

# **Table of Contents**

## **MI Peer-Delivered or Peer-Operated Support Services**

### **State Plan Amendment (SPA) #: 19-0004**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
233 N. Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519



## **Regional Operations Group**

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July 10, 2019

Kate Massey, State Medicaid Director  
Medical Services Administration  
Michigan Department of Health and Human Services  
400 South Pine Street, P.O. Box 30479  
Lansing, Michigan 48909-7979

ATTN: Erin Black

Dear Ms. Massey:

Enclosed for your records is an approved copy of the following State Plan Amendment:

- Transmittal #: 19-0004: Peer-Delivered or Peer-Operated Support Services
- Effective Date: October 1, 2019
- Approval Date: July 9, 2019

If you have any questions, please contact Keri Toback at (312) 353-1754 or [keri.toback@cms.hhs.gov](mailto:keri.toback@cms.hhs.gov).

Sincerely,

/s/

Ruth A. Hughes  
Deputy Director  
Center for Medicaid & CHIP Service  
Regional Operations Group

cc: Erin Black, MDHHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: 19 - 0004	2. STATE: Michigan
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE October 1, 2019	

TO: REGIONAL ADMINISTRATOR  
HEALTH FINANCING ADMINISTRATION  
DEPARTMENT OF HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

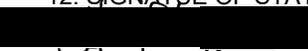
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1905 (a)(13)	7. FEDERAL BUDGET IMPACT: a. FFY 2020 \$0 b. FFY 2021 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A, Page 27c.1 Attachment 4.19-B, Page 6a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Supplement to Attachment 3.1-A, Page 27c.1 Attachment 4.19-B, Page 6a

10. SUBJECT OF AMENDMENT:  
This SPA allows for the provision of peer-delivered or peer-operated support services for mental health and substance use disorders.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Kathleen Stiffler, Acting Director  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Medical Services Administration Actuarial Division - Federal Liaison Capitol Commons Center - 7 <sup>th</sup> Floor 400 South Pine Lansing, Michigan 48933  Attn: Erin Black
13. TYPED NAME: Kathleen Stiffler	
14. TITLE: Acting Director, Medical Services Administration	
15. DATE SUBMITTED: May 23, 2019	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: May 23, 2019	18. DATE APPROVED: July 9, 2019
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**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPE NAME: Ruth A. Hughes	22. TITLE: Deputy Director

23. REMARKS:

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of MICHIGAN

***Amount, Duration and Scope of Medical and Remedial Care Services Provided to the Categorically and Medically Needy***

13d. 7)

<p>Peer-Delivered or -Operated Support Services</p>	<p>Peers are self-identified consumers in recovery from, serious mental illness, serious emotional disturbance, substance use disorders, and/or lived experience with intellectual and developmental disabilities; or a parent/adult with personal experience on-going or in the past of a child or family member with similar mental illness, intellectual and developmental disabilities, and/or substance use; and have experience and perspectives with navigating human service systems and supports.</p> <p>Peer support providers must complete the approved MDHHS training, application and certification requirements, demonstrate competencies necessary to perform the peer support service function, and complete ongoing peer continuing education trainings to maintain skills, expand knowledge base, and remain up to date on best practices/supports within the human service system of care. Individuals providing Peer support services must be able to demonstrate their experience in relationship to the types of guidance, support and mentoring activities they will provide. Peer support providers are supervised by licensed mental health Professionals working within their scope of practice and applicable state law.</p> <p><u>Components</u></p> <ul style="list-style-type: none"> <li>• Empowering individuals to take an active role in the development, amending, and implementation of their person-centered plan to promote self-advocacy, self-reliance, and confidence.</li> <li>• Promoting skills for self-determination to assist in community inclusion/participation, independence, and productivity.</li> <li>• Assisting individuals and families in the use of strategies for coping, recovery, resiliency, advocacy, symptom management, crisis support, and recovery.</li> <li>• Building capacity and Providing support to individuals and families so they have new competencies and understanding of the persons individual needs, human service system navigation, and staying actively engaged in the recovery process. Serving as an advocate, mentor, or facilitator for barriers and skill necessary to increase the health and outcomes of the individual with serious mental illness, intellectual and developmental disability, serious emotional disturbance, and/or substance use disorder.</li> </ul>
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TN NO.: 19-0004

Approval Date: 7/9/19

Effective Date: 10/01/2019

Supersedes  
TN No.: 07-03

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates Other than  
Inpatient Hospital and Long-Term-Care Facilities***

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**13. Rehabilitation Services**

e. Intensive/Crisis Residential Services

Reimbursement will be the provider's usual and customary charge to the general public or a maximum allowable cost, on a per diem basis, whichever is less. Preliminary fee screens are adjusted to final once each year. The per diem rate will be an inclusive rate for the covered services provided in the residential setting. Separate rates will be established for persons who attend out of home day programs and those who do not. Medicaid will not pay for room, board and routine supervision for any crisis residential participant.

f. Intensive/Crisis Stabilization Services

Reimbursement will be the provider's usual and customary charge to the general public or a maximum allowable cost, whichever is less. Preliminary fee screens are adjusted to final once each year. The reimbursement rate is an inclusive rate for the covered services provided during the crisis stabilization service and is based on a half-hour of intensive/crisis stabilization services.

g. Peer-Delivered or -Operated Support Services

Peer-Delivered or -Operated Support Services, furnished by enrolled providers or provider agencies, shall be reimbursed on a direct service by service basis and billed in 15 minute units, Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Michigan Medicaid fee schedule is effective for dates of service on or after October 1, 2019 and may be found at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders).

Note: Page 6b has been deleted. The next page is 6c.