

**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)

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2019

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

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

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

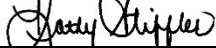
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

Kathleen Stiffler, Acting Director

Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Kathleen Stiffler

14. TITLE:

Acting Director, Medical Services Administration

15. DATE SUBMITTED:

May 23, 2019

16. RETURN TO:

Medical Services Administration
Actuarial Division - Federal Liaison
Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Erin Black

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPE NAME:

22. TITLE:

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)

~~This item (7) has been deleted. The next page is 27h (SPA TN 05-06).~~

<p>PEER- DELIVERED OR - OPERATED SUPPORT SERVICES</p>	<p>PEERS ARE SELF-IDENTIFIED CONSUMERS IN RECOVERY FROM, SERIOUS MENTAL ILLNESS, INTELLECTUAL AND DEVELOPMENTAL DISABILITY, SERIOUS EMOTIONAL DISTURBANCE, AND/OR SUBSTANCE USE DISORDERS; OR A PARENT/ADULT WITH PERSONAL EXPERIENCE ON-GOING OR IN THE PAST OF A CHILD OR FAMILY MEMBER WITH SIMILAR MENTAL ILLNESS, 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">• 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.• PROMOTING SKILLS FOR SELF-DETERMINATION TO ASSIST IN COMMUNITY INCLUSION/PARTICIPATION, INDEPENDENCE, AND PRODUCTIVITY.• ASSISTING INDIVIDUALS AND FAMILIES IN THE USE OF STRATEGIES FOR COPING, RECOVERY, RESILIENCY, ADVOCACY, SYMPTOM MANAGEMENT, CRISIS SUPPORT, AND RECOVERY.• 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.
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TN NO.: 19-0004

Approval Date: _____

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*****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.

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

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