

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: 19 - 0007	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: 42 CFR 440.60	7. FEDERAL BUDGET IMPACT: a. FFY 2020 \$0 b. FFY 2021 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 3.1-A, Page 1-A-1 to 1-A-5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement 1 to Attachment 3.1-A, Page 1-A-1 to 1-A-5

10. SUBJECT OF AMENDMENT:
This SPA modifies the qualifications of the behavioral health providers for Targeted Case Management Group A to include supports coordination.

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

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:


13. TYPED NAME:
Kate Massey

14. TITLE:
Director, Medical Services Administration

15. DATE SUBMITTED:
August 5, 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/Territory: Michigan

TARGETED CASE MANAGEMENT SERVICES

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Target Group A: The target group consists of functionally limited persons with multiple needs or a high level of vulnerability who, as shown by an assessment, require mental health case management. Such persons must have a primary diagnosis of either mental illness or developmental disability and a documented need for access to the continuum of mental health services offered by a Medicaid-enrolled mental health clinic services provider. Moreover, these persons must have a documented lack of capacity for independently accessing and sustaining involvement with needed services.

Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 120 180 **[insert a number; not to exceed 180]** consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

- Entire State
 Only in the following geographic areas: **[Specify areas]**

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

- Services are provided in accordance with §1902(a)(10)(B) of the Act.
 Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

It is ~~expected~~ REQUIRED that face-to-face assessments are performed annually, however, the frequency should be based on the needs and circumstances of the individual and/or family.
- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;

State Plan under Title XIX of the Social Security Act
State/Territory: Michigan

TARGETED CASE MANAGEMENT SERVICES

- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. The case manager must determine, on an ongoing basis, if the services and supports have been delivered, and if they are adequate to meet the needs/wants of the beneficiary. Frequency and scope (face-to-face and telephone) of case management monitoring activities must reflect the intensity of the beneficiary's health and welfare needs identified in the individual plan of services.

 X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers and supports coordinators/brokers with useful feedback, and alerting case managers to changes in the eligible individual's needs.
(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Case Management and Provider Organizations - Must be certified by the single state agency as meeting the following criteria:

- a. demonstrate a capacity to provide all core elements of case management services and including
 - Comprehensive client assessment
 - Comprehensive care/service plan development

State Plan under Title XIX of the Social Security Act
State/Territory: Michigan

TARGETED CASE MANAGEMENT SERVICES

- Linking/coordination of services
 - Monitoring and follow-up of services
 - Reassessment of the client's status and need
- b. demonstrated case management experience in coordinating and linking such community resources as required by the target population
 - c. demonstrated experience with the target population
 - d. a sufficient number of staff to meet the case management service needs of the target population
 - e. an administrative capacity to ensure quality of services in accordance with State and federal requirements
 - f. a financial management capacity and system that provides documentation of services and costs.
 - g. capacity to document and maintain individual case records in accordance with State and federal requirements.

Qualified Intellectual Disability Professional (QIDP) - Individual with specialized training (including fieldwork and/or internships associated with the academic curriculum where the student works directly with individuals with intellectual or developmental disabilities as part of that experience) or one year experience in treating or working with a person who has intellectual disability; **and** is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst, registered nurse, registered dietician, therapeutic recreation specialist, or a licensed or limited-licensed professional counselor OR A HUMAN SERVICES PROFESSIONAL WITH **AT LEAST A BACHELOR'S DEGREE OR HIGHER IN A HUMAN SERVICES FIELD (INCLUDING BUT NOT LIMITED TO CRIMINAL JUSTICE, PSYCHOLOGY, BEHAVIOR ANALYSIS, OR SOCIOLOGY) IN WHICH THE CURRICULUM PROVIDED A GOOD UNDERSTANDING OF HUMAN BEHAVIOR AND THE NEEDS OF THE POPULATION THAT THEY WILL BE SERVING, AS WELL AS TRAINING IN INTERVENTION METHODS THAT ARE USEFUL IN THE PUBLIC BEHAVIORAL HEALTH SYSTEM.**

Qualified Mental Health Professional (QMHP) - Individual with specialized training (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience) or one year experience in treating or working with a person who has mental illness; **and** is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst, registered nurse, therapeutic recreation specialist, licensed or limited-licensed professional counselor, licensed or limited licensed marriage and family therapist, or a licensed physician's assistant OR A HUMAN SERVICES PROFESSIONAL WITH **AT LEAST A BACHELOR'S DEGREE OR HIGHER IN A HUMAN SERVICES FIELD (INCLUDING BUT NOT LIMITED TO CRIMINAL JUSTICE, PSYCHOLOGY, BEHAVIOR ANALYSIS, OR SOCIOLOGY) IN WHICH THE CURRICULUM PROVIDED A GOOD UNDERSTANDING OF HUMAN BEHAVIOR AND THE NEEDS OF THE POPULATION THAT THEY WILL BE SERVING, AS WELL AS TRAINING IN INTERVENTION METHODS THAT ARE USEFUL IN THE PUBLIC BEHAVIORAL HEALTH SYSTEM.**

State Plan under Title XIX of the Social Security Act
State/Territory: Michigan

TARGETED CASE MANAGEMENT SERVICES

Primary Case Manager: Must be a qualified mental health or intellectual disability professional (QMHP or QIDP) or, if the case manager has only a bachelor's degree but without the specialized training or experience, they must be supervised by a QMHP or QIDP who does possess the training or experience. Services to a child with serious emotional disturbance must be provided by a QMHP who is also a child mental health professional. Services to children with developmental disabilities must be provided by a QIDP.

SUPPORTS COORDINATOR: A MINIMUM OF A BACHELOR'S DEGREE IN A HUMAN SERVICES FIELD AND ONE YEAR OF EXPERIENCE WORKING WITH PEOPLE WITH DEVELOPMENTAL DISABILITIES IF SUPPORTING THAT POPULATION; OR A BACHELOR'S DEGREE IN A HUMAN SERVICES FIELD AND ONE YEAR OF EXPERIENCE WITH PEOPLE WITH MENTAL ILLNESS IF SUPPORTING THAT POPULATION.

SUPPORTS COORDINATOR ASSISTANTS AND INDEPENDENT SERVICES AND SUPPORTS BROKERS: MINIMUM OF A HIGH SCHOOL DIPLOMA AND EQUIVALENT EXPERIENCE (I.E., POSSESSES KNOWLEDGE, SKILLS AND ABILITIES SIMILAR TO SUPPORTS COORDINATOR QUALIFICATIONS) AND FUNCTIONS UNDER THE SUPERVISION OF A QUALIFIED SUPPORTS COORDINATOR. INDEPENDENT SERVICES AND SUPPORTS BROKERS MUST MEET THESE QUALIFICATIONS AND FUNCTION UNDER THE GUIDANCE AND OVERSIGHT OF A QUALIFIED SUPPORTS COORDINATOR OR CASE MANAGER.

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

_____ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services: **[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services.]**

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case services, condition receipt of case management (or targeted case management)/supports coordination services on the receipt of other Medicaid services, or condition receipt of other

State Plan under Title XIX of the Social Security Act
State/Territory: Michigan

TARGETED CASE MANAGEMENT SERVICES

Medicaid services on receipt of case management (or targeted case management) services; and

- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c)).



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

April 18, 2019

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Submissions of Renewal Applications for Children's Waiver Program (CWP), Habilitation Supports Waiver (HSW), Waiver for Children with Serious Emotional Disturbances (SEDW), Section 1915(i) State Plan Amendment (SPA) for Community Support Services, Alternative Benefit Plan (ABP) SPA and Targeted Case Management (TCM) SPA

This letter, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, serves as notice of intent to all Tribal Chairs and Health Directors of the request by the Michigan Department of Health and Human Services (MDHHS) to submit the following for Centers for Medicare & Medicaid Services (CMS) approval: Renewal applications for the Section 1915(c) CWP, HSW and SEDW; Section 1915(i) SPA for Community Support Services; ABP SPA; and TCM SPA. The anticipated effective date for the waiver renewal applications and SPAs is October 1, 2019.

Renewal Waiver Applications

The following changes will be made to the renewal applications for CWP, HSW, and SEDW:

- 1) Overnight Health & Safety Supports will be added as a new service to CWP.
- 2) Overnight Health & Safety Supports, Non-Family Training and Fiscal Intermediary, will be added as new services to HSW.
- 3) Overnight Health & Safety Supports and Fiscal Intermediary will be added as new services to SEDW.
- 4) Removal of Transitional Services from SEDW since the services have not been utilized
- 5) Increasing number of beneficiaries that can be served by CWP.
- 6) Change to a capitated reimbursement model from a fee-for-service reimbursement model for CWP and SEDW. The beneficiary impact will be seamless as the eligibility determination process will not change.

Section 1915(i) State Plan Amendment

MDHHS will submit a Section 1915(i) SPA for the provision of Community Supports Services to Medicaid beneficiaries that are currently provided as Section 1915(b)(3) services under the Managed Specialty Services and Supports Program.

The Community Supports Services are:

- Community Living Supports
- Enhanced Pharmacy
- Environmental Modifications
- Family Support & Training
- Fiscal Intermediary
- Housing Assistance
- Overnight Health and Safety Support
- Respite Care
- Skill Building Assistance
- Specialized Medical Equipment & Supplies
- Supported/Integrated Employment
- Vehicle Modification

Alternative Benefit Plan State Plan Amendment

The purpose of the amendment is to make sure the description of behavioral health and substance use disorder benefits within the ABP SPA align with current Medicaid authorities.

Targeted Case Management (TCM) State Plan Amendment

The purpose of the amendment to the TCM SPA is to modify the qualifications of behavioral health providers. If the tribal members choose to participate in the CWP, HSW or SEDW or receive Community Supports Services benefit through the Section 1915(i) SPA, these services will be available to them.

There is no public hearing scheduled for these waiver and SPA changes. Input regarding these waiver and SPA changes is highly encouraged, and comments regarding this notice of intent may be submitted to Lorna Elliott-Egan, MDHHS liaison to the Michigan tribes. Lorna can be reached at 517-284-4034, or via email at Elliott-EganL@michigan.gov. **Please provide all input by June 3, 2019.**

In addition, MDHHS is offering to set up group or individual consultation meetings to discuss these waiver renewals according to the tribes' preference. Consultation meetings allow tribes the opportunity to address any concerns and voice any suggestions, revisions, or objections to be relayed to the author of the proposal. If you would like additional information or wish to schedule a consultation meeting, please contact Lorna Elliott-Egan at the telephone number or email address provided above.

MDHHS appreciates the continued opportunity to work collaboratively with you to care for the residents of our state.

Sincerely,



Kathy Stiffler, Acting Director
Medical Services Administration

cc: Eowyn Ford, Region V, CMS
Tannisse Joyce, Region V, CMS
Keri Toback, Region V, CMS
Leslie Campbell, Region V, CMS
Justyna Redlinski, Region V, CMS
Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family Services of Southeastern Michigan
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.
Keith Longie, Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

Distribution List for L 19-09
April 18, 2019

Mr. Bryan Newland, Tribal Chairman, Bay Mills Indian Community
Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center)
Mr. Thurlow Samuel McClellan, Chairman, Grand Traverse Band Ottawa & Chippewa Indians
Ms. Ruth Bussey, Health Director, Grand Traverse Band Ottawa/Chippewa
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center
Mr. Warren C. Swartz, Jr., President, Keweenaw Bay Indian Community
Mr. Soumit Pendharkar, Health Director, Keweenaw Bay Indian Community - Donald Lapointe Health/Educ Facility
Mr. James Williams, Jr., Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians
Ms. Sadie Valliere, Health & Human Services Director, Lac Vieux Desert Band
Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians
Mr. Daryl Wever, Health Director, Little River Band of Ottawa Indians
Ms. Regina Gasco-Bentley, Tribal Chairman, Little Traverse Bay Band of Odawa Indians
Ms. Jodi Werner, Health Director, Little Traverse Bay Band of Odawa
Mr. Bob Peters, Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)
Ms. Kelly Wesaw, Health Director, Match-E-Be-Nash-She-Wish Potawatomi
Mr. Jamie Stuck, Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department
Mr. Matthew Wesaw, Tribal Chairman, Pokagon Band of Potawatomi Indians
Mr. Matt Clay, Health Director, Pokagon Potawatomi Health Services
Mr. Ronald Ekdahl, Tribal Chief, Saginaw Chippewa Indian Tribe
Mrs. Karmen Fox, Executive Health Director, Nimkee Memorial Wellness Center
Mr. Aaron Payment, Tribal Chairman, Sault Ste. Marie Tribe of Chippewa Indians
Mr. Leonid Chugunov, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC: Eowyn Ford, Region V, CMS
Tannisse Joyce, Region V, CMS
Keri Toback, Region V, CMS
Leslie Campbell, Region V, CMS
Justyna Redlinski, Region V, CMS
Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family Services of Southeastern Michigan
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.
Keith Longie, Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

