

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

19 - 0010

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 1902(a)(70) of the SSA

7. FEDERAL BUDGET IMPACT:

a. FFY 2020 \$0

b. FFY 2021 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-D, Pages 1 and 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

Attachment 3.1-D, Pages 1 and 2

10. SUBJECT OF AMENDMENT:

The purpose of this SPA is to allow other licensed providers to verify the need for Non-Emergency Medical Transportation (NEMT) and only require medical verification for special transportation needs.

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:

Kate Massey, Director

Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Kate Massey

14. TITLE:

Director, Medical Services Administration

15. DATE SUBMITTED:

October 15, 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

***Methods of Providing Transportation
for the Categorically and Medically Needy***

In addition to ambulance benefits covered under the Medical Assistance Program, provision is made for assuring other essential medical transportation to and from providers of service of recipients not receiving transportation under the brokerage program, by the following methods:

- a) For all eligible beneficiaries, transportation expenses related to the beneficiary's use of medical services are paid if not otherwise available without cost to the client. Transportation costs for all Medicaid covered services are allowable for this purpose. A medical transportation payment requires an initial verification of need for the trip by the beneficiary's LICENSED AND treating PROVIDER physician IF THE BENEFICIARY REQUIRES SPECIAL TRANSPORTATION.
- b) For applicants or beneficiaries requiring medical examinations to determine factors of eligibility, i.e., employability, incapacity or disability, transportation related to receiving the medical examination is paid as a part of the administrative cost of the program.
- c) For applicants or beneficiaries requiring a medical examination to meet the particular needs of children for protective services, child care services or foster care services, transportation related to receiving the necessary medical examination is paid as an administrative cost.
- d) FOR ~~for~~ beneficiaries released from mental institutions, transportation is arranged through relatives and friends, if feasible, or conveyors, when necessary, and paid as a part of administrative costs.
- e) Volunteers of the DHHS ~~DHS~~-volunteer services program provide transportation for many beneficiaries in need of such service, and are paid as administrative costs.
- f) For all eligible beneficiaries, the DHHS ~~DHS~~-worker is required, when appropriate, to enlist the aid of relatives and friends for the purpose of helping the beneficiary obtain needed care, including meeting the beneficiary's needs for transportation initially and on an ongoing basis. Workers are also permitted, if necessary and practical, to transport clients as part of program administrative costs.
- g) For all medically needy eligible beneficiaries, the application of available income provides for income in excess of that needed for maintenance, be applied to the costs of necessary medical transportation as well as other necessary medical or remedial care.
- h) An eligible beneficiary's transportation expenses to and from EPSDT screening sites, and to and from initial referrals made by the screening site for diagnosis and treatment, are included as administrative costs of the Title XIX Program. ~~The Michigan Department of Community Health (MDCH) has an Agreement with the Michigan Department of Human Services (DHS) which sets forth the responsibilities and assigned functions to be carried out by both departments for the administration and oversight of transportation services in order to insure compliance with the statutory and regulatory requirements of MDCH policies and Michigan's approved State Plan.~~

Transportation is an administrative service, except in the areas where Michigan has an approved Brokerage program under 440.170(a)(4). Clients or the medical provider can request non-emergency transportation. The request goes to the local DHHS ~~DHS~~-office and the transportation service is screened and approved.

TN NO.: 19-0010

Approval Date: _____

Effective Date: 10/01/2019

Supersedes

TN No.: 10-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Methods of Providing Transportation
for the Categorically and Medically Needy***

- i) Transportation expenses to and from medical providers for ongoing medically necessary treatment are included as administrative costs of the Title XIX Program.
- j) Transportation expenses to and from medical providers for dual (Medicare/Medicaid) eligibles are included as administrative costs of the Title XIX program.
- k) Related travel expenses, including meals, lodging, and an attendant, are reimbursed if necessary to obtain medical services, and are included as an administrative cost.
- l) Transportation services are requested through county DHHS ~~DHS~~ offices. DHHS ~~DHS~~ screens requests and approves the least costly, most appropriate mode of transportation available to meet the beneficiary's need, including, as appropriate, commercial, public, and not-for-profit providers and agencies.

TN NO.: 19-0010

Approval Date: _____

Effective Date: 10/01/2019

Supersedes

TN No.: 10-10



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

August 13, 2019

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Change to Medical Verification for Non-Emergency Medical Transportation (NEMT)

This letter, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, serves as notice to all Tribal Chairs and Health Directors of the intent by the Michigan Department of Health and Human Services (MDHHS) to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS).

The purpose of the SPA is to allow other licensed providers to verify the need for NEMT and only require medical verification for special transportation needs. MDHHS expects this change to reduce administrative paperwork and increase access to transportation services for Native American beneficiaries. The anticipated effective date of this SPA is October 1, 2019.

There is no public hearing scheduled for this SPA. Input regarding this SPA 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 September 27, 2019.**

In addition, MDHHS is offering to set up group or individual consultation meetings to discuss the amendment, according to tribe 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.

L 19-26
August 13, 2019
Page 2

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

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Massey', with a long horizontal flourish extending to the right.

Kate Massey, Director
Medical Services Administration

cc: Tannisse Joyce, CMS
Keri Toback, CMS
Leslie Campbell, CMS
Justyna Redlinski, 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 19-26
August 13, 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: Tannisse Joyce, CMS
Keri Toback, CMS
Leslie Campbell, CMS
Justyna Redlinski, 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



Order Confirmation

Ad Order Number 0009271028

Customer

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
Account:1000734123
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
235 S GRAND AVE, PO BOX 30037
LANSING MI 48909 USA
(855)275-6424

Payor Customer

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
Account: 1000734123
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
235 S GRAND AVE, PO BOX 30037
LANSING MI 48909 USA
(855)275-6424

PO Number
Sales Rep. Toni Ponzo
Order Taker Toni Ponzo
Order Source E-Mail
Special Pricing

FAX:

<i>Tear Sheets</i> 1	<i>TearsheetsCost</i>	\$7.00	<i>Net Amount</i>	\$626.37
<i>Proofs</i> 0			<i>Tax Amount</i>	\$0.00
<i>Affidavits</i> 0	<i>AffidavitsCost</i>	\$0.00	<i>Total Amount</i>	\$626.37
<i>Blind Box</i>			<i>Payment Method</i>	Invoice
<i>Promo Type</i>			<i>Payment Amount</i>	\$0.00
<i>Materials</i>			<i>Amount Due</i>	\$626.37
<i>Invoice Text</i>				

Ad Schedule

<i>Product</i> Flint Journal	<i>Placement/Class</i> Announcements
<i># Inserts</i> 1	<i>POS/Sub-Class</i> Public Notices
<i>Cost</i> \$188.95	<i>AdNumber</i> 0009271028-01
<i>Ad Type</i> MI CLS Liner	<i>Ad Size</i> 1 X 61 li
<i>Pick Up #</i>	<i>Ad Attributes</i>
<i>External Ad #</i>	<i>Color</i> <NONE>
<i>Production Method</i> AdBooker	<i>Production Notes</i>
<i>Run Dates</i> 08/02/2019	<i>Sort Text</i> PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONNO

<i>Product</i> Grand Rapids Press	<i>Placement/Class</i> Announcements
<i># Inserts</i> 1	<i>POS/Sub-Class</i> Public Notices
<i>Cost</i> \$253.00	<i>AdNumber</i> 0009271028-02
<i>Ad Type</i> MI CLS Liner	<i>Ad Size</i> 1 X 61 li
<i>Pick Up #</i>	<i>Ad Attributes</i>
<i>External Ad #</i>	<i>Color</i> <NONE>
<i>Production Method</i> AdBooker	<i>Production Notes</i>
<i>Run Dates</i> 08/02/2019	<i>Sort Text</i> PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONNO

<i>Product</i> Kalamazoo Gazette	<i>Placement/Class</i> Announcements
<i># Inserts</i> 1	<i>POS/Sub-Class</i> Public Notices
<i>Cost</i> \$74.94	<i>AdNumber</i> 0009271028-03
<i>Ad Type</i> MI CLS Liner	<i>Ad Size</i> 1 X 61 li
<i>Pick Up #</i>	<i>Ad Attributes</i>
<i>External Ad #</i>	<i>Color</i> <NONE>
<i>Production Method</i> AdBooker	<i>Production Notes</i>
<i>Run Dates</i> 08/02/2019	<i>Sort Text</i> PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONNO

<i>Product</i>	Saginaw News	<i>Placement/Class</i>	Announcements
<i># Inserts</i>	1	<i>POS/Sub-Class</i>	Public Notices
<i>Cost</i>	\$102.48	<i>AdNumber</i>	0009271028-04
<i>Ad Type</i>	MI CLS Liner	<i>Ad Size</i>	1 X 61 li
<i>Pick Up #</i>		<i>Ad Attributes</i>	
<i>External Ad #</i>		<i>Color</i>	<NONE>
<i>Production Method</i>	AdBooker	<i>Production Notes</i>	
<i>Run Dates</i>	<i>Sort Text</i>	PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONNO	
08/02/2019			

Ad Content Proof

**PUBLIC NOTICE
MICHIGAN DEPARTMENT
OF HEALTH AND HUMAN
SERVICES
MEDICAL SERVICES
ADMINISTRATION**

Non-Emergency Medical
Transportation (NEMT) Au-
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Amendment Request

The Michigan Department of Health and Human Services (MDHHS) plans to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS) to allow other licensed providers to verify the need for NEMT and only require medical verification for special transportation needs. The anticipated effective date for the NEMT authorization SPA is Oct. 1, 2019.

MDHHS expects this change to reduce administrative paperwork and increase access to transportation for Medicaid beneficiaries. This change is expected to be budget neutral for the State of Michigan.

There is no public meeting scheduled regarding this notice. Any interested party wishing to request a written copy of the SPA or wishing to submit comments may do so by submitting a request in writing to: MDHHS/ Medical Services Administration, Program Policy Division, P.O. Box 30479, Lansing, MI 48909-7979 or e-mail MSADraftPolicy@michigan.gov by Sept. 8, 2019. A copy of the proposed State Plan Amendment will also be available for review at http://michigan.gov/mdhhs/0,5885,7-339-73970_5080-108153-,00.html

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