



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

February 5, 2024

NAME  
TITLE  
ADDRESS  
CITY STATE ZIP

Dear Tribal Chair and Health Director:

**RE:** Extension Request for Michigan §1115 Behavioral Health Demonstration

This letter, in compliance with Section 1902(a)(73) of the Social Security Act, 42 CFR § 431.408(b), and the Michigan Medicaid State Plan serves as notice to all Tribal Chairs and Health Directors of the intent of the Michigan Department of Health and Human Services (MDHHS) to submit an extension application to the Centers for Medicare & Medicaid Services (CMS) to extend the Michigan §1115 Behavioral Health Demonstration (Project Number 11-W-00305/5) for five years. The Demonstration currently expires September 30, 2024.

In addition to seeking a five-year extension of the current Demonstration authorities, MDHHS will be seeking authority through the Demonstration to provide contingency management (CM) benefit as part of a comprehensive treatment model for Medicaid beneficiaries living with a substance use disorder (SUD). If approved by CMS, the State initially intends to provide CM benefit on a pilot basis to individuals with a stimulant use disorder (StimUD) and/or an opioid use disorder (OUD), but may consider extending the service on a mandatory, statewide basis after gaining experience with the intervention. CM will consist of small, non-cash rewards given to individuals living with a StimUD and/or OUD when they avoid the use of specified substances or otherwise take steps to engage in recovery. The Demonstration extension will take effect on October 1, 2024.

Extension of the current Demonstration authorities will not impact Tribal Health Centers (THCs) or tribal citizens as services will continue as approved and operated under the current Demonstration. Native American Indian beneficiaries not enrolled in a Prepaid Inpatient Health Plan (PIHP) may continue to obtain SUD services directly from Medicaid enrolled Indian Health Service (IHS) facilities and THCs, as specified in the Michigan Medicaid Provider Manual. Any Native American Indian beneficiary who needs specialty behavioral health, Intellectual and Developmental Disability, or SUD services may also elect to receive such care under this waiver through the PIHP. The PIHPs must assure that Indian health programs are included in the PIHP provider panel, to ensure culturally competent specialty care for beneficiaries in those areas in

accordance with 42 CFR §438.14. Upon CMS approval of CM, any Michigan Medicaid member, including tribal citizens, will be eligible for CM as long as they meet the following service-specific criteria:

- Assessed and determined to have a StimUD or OUD for which the CM benefit is medically appropriate.
- Living in a PIHP region that elects and is approved by MDHHS to provide the CM benefit.
- Receive services from a non-residential provider that offers the CM benefit in accordance with MDHHS policies and procedures.

THCs and tribal providers who participate in the CM pilot will provide CM benefit services to Medicaid beneficiaries. THCs and tribal providers may bill their contracted PIHP for CM benefit services or they may bill MDHHS directly on a fee-for-service (FFS) basis. The CM benefit is not subject to the all-inclusive rate and will therefore be reimbursed at a rate determined by MDHHS. The rate will be posted on the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing and Reimbursement.

MDHHS expects to make the extension application available for public comment in mid-late February. Once the document is available for public review, MDHHS will provide an update to the tribal chairs and health directors, as well as other stakeholders, and share additional information on the public comment process.

Input regarding this extension application is encouraged, and comments regarding this notice or the extension application that will be provided later this month may be submitted to Lorna Elliott-Egan, MDHHS liaison to the Michigan tribes. Lorna can be reached at 517-512-4146, or via email at [Elliott-EganL@michigan.gov](mailto:Elliott-EganL@michigan.gov). Please provide all input by **March 21, 2024**.

MDHHS met with representatives from Tribal health and behavioral health programs twice to receive input on the development of the CM Pilot. A virtual meeting was held on May 24, 2023, and MDHHS staff joined an in-person Behavioral Health Communication Network meeting on July 13, 2023. In addition, MDHHS is offering to set up group or individual consultation meetings to discuss the demonstration extension application according to the tribes' preference. Consultation meetings allow tribes the opportunity to address any concerns and voice any suggestions, revisions, or objections. 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.

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An electronic copy of this letter is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >>  
Policy, Letters & Forms.

A copy of the extension application will also be available at [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs)  
>> Keeping Michigan Healthy >> Adult Behavioral Health & Developmental Disability.

Sincerely,



Meghan E. Groen, Director  
Behavioral and Physical Health and Aging Services Administration

CC: Keri Toback, CMS  
Nancy Grano, CMS  
Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan  
Daniel Frye, Director, Indian Health Service - Bemidji Area Office  
Lorna Elliott-Egan, MDHHS

**Distribution List for L 24-02  
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Ms. Whitney Gravelle, President, Bay Mills Indian Community  
Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center)  
Mr. David M. Arroyo, Chairman, Grand Traverse Band Ottawa & Chippewa Indians  
Ms. Doris Winslow, Health Director, Grand Traverse Band Ottawa/Chippewa  
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community  
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center  
Ms. Doreen G. Blaker, Tribal President, Keweenaw Bay Indian Community  
Ms. Deanna Foucault, 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. Phyllis Davis, Tribal Council Member, Match-E-Be-Nash-She-Wish Potawatomi  
Ms. Mariah Austin, Tribal Council Member, 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  
Ms. Rebecca Richards, Tribal Chairwoman, Pokagon Band of Potawatomi Indians  
Ms. Priscilla Gatties, Interim Health Director, Pokagon Potawatomi Health Services  
Ms. Theresa Peters-Jackson, Tribal Chief, Saginaw Chippewa Indian Tribe  
Mrs. Karmen Fox, Executive Health Director, Nimkee Memorial Wellness Center  
Mr. Austin Lowes, Tribal Chairperson, Sault Ste. Marie Tribe of Chippewa Indians  
Mr. Leonid Chuginov, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC: Keri Toback, CMS  
Nancy Grano, CMS  
Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan  
Daniel Frye, Director, Indian Health Service - Bemidji Area Office  
Lorna Elliott-Egan, MDHHS