


# MI - Submission Package - MI2022MS0001O - (MI-22-1500) - Health Homes

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CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	MI2022MS0001O	<b>Submission Type</b>	Official
<b>Program Name</b>	Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions	<b>State</b>	MI
<b>SPA ID</b>	MI-22-1500	<b>Region</b>	Chicago, IL
<b>Version Number</b>	1	<b>Package Status</b>	Approved
<b>Submitted By</b>	Erin Black	<b>Submission Date</b>	3/1/2022
<b>Package Disposition</b>		<b>Approval Date</b>	4/1/2022 4:18 PM EDT
<b>Priority Code</b>	P2		



## Center for Medicaid & CHIP Services

April 01, 2022

Elizabeth Hertel  
Director, Department of Health and Human Services  
Michigan Department of Health and Human Services  
400 S Pine  
Lansing, MI 48909

Re: Approval of State Plan Amendment MI-22-1500 Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

Dear Elizabeth Hertel,

On March 01, 2022, the Centers for Medicare and Medicaid Services (CMS) received Michigan State Plan Amendment (SPA) MI-22-1500 for Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions to expand its Health Home for Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions in select Michigan Counties.

We approve Michigan State Plan Amendment (SPA) MI-22-1500 with an effective date(s) of April 01, 2022.

For payments made to Health Homes providers for Health Homes participants who newly qualify based on the Health Homes program's increased geographical coverage under this amendment, a medical assistance percentage (FMAP) rate of 90 percent applies to such payments for the period 4/1/2022 to 3/31/2024.

The FMAP rate for payments made to health homes providers will return to the state's published FMAP rate at the end of the enhanced match period. The Form CMS-64 has a designated category of service Line 43 for states to report health homes services expenditures for enrollees with chronic conditions.

If you have any questions regarding this amendment, please contact kerri rosenbloom at kerri.toback@cms.hhs.gov

Sincerely,  
James G. Scott  
Director, Division of Program Operations  
Center for Medicaid & CHIP Services

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MI2022MS0001O | MI-22-1500 | Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

### Package Header

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<b>Approval Date</b>	4/1/2022	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

<b>State/Territory Name:</b>	Michigan	<b>Medicaid Agency Name:</b>	Michigan Department of Health and Human Services
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### Submission Component

- State Plan Amendment  Medicaid  CHIP

# Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MI2022MS0001O | MI-22-1500 | Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

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<b>Superseded SPA ID</b>	N/A		

## SPA ID and Effective Date

**SPA ID** MI-22-1500

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Geographic Limitations	4/1/2022	MI-20-1500

# Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MI2022MS0001O | MI-22-1500 | Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

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<b>Superseded SPA ID</b>	N/A		

## Executive Summary

**Summary Description** The Michigan Department of Health and Human Services (MDHHS) is seeking approval from Centers of Medicare and Medicaid Services (CMS) to expand the Health Home in select Michigan counties.  
**Including Goals and Objectives**

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$26000000
Second	2023	\$26000000

### Federal Statute / Regulation Citation

Section 1945 of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

## Submission - Summary

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### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Describe** Kate Massey, Director  
Health and Aging Services Administration

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Health Homes | MI2022MS0001O | MI-22-1500 | Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

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<b>Superseded SPA ID</b> N/A	

### Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited


### Indicate how public comment was solicited:

- Newspaper Announcement

Name of Paper:	Date of Publication:	Locations covered:
Multiple	11/28/2021	Multiple

- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice
- Public Hearing or Meeting
- Other method

### Upload copies of public notices and other documents used

Name	Date Created	
<a href="#">Flint Public Notice A15-Clip</a>	2/7/2022 4:05 PM EST	

### Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

### Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | MI2022MS0001O | MI-22-1500 | Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

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**SPA ID** MI-22-1500

**Submission Type** Official

**Initial Submission Date** 3/1/2022

**Approval Date** 4/1/2022

**Date**

**Superseded SPA ID** N/A

**Effective Date** N/A

### Name of Health Homes Program:

Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state**

Yes

No

**This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.**

Yes

No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

**Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:**

**Solicitation of advice and/or Tribal consultation was conducted in the following manner:**

All Indian Health Programs

All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

<b>Date of consultation:</b>	<b>Method of consultation:</b>
11/10/2021	Letter of Notification to Tribal Chairs and Health Directors

**The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.**

Name	Date Created	
L 21-75	2/7/2022 4:08 PM EST	

**Indicate the key issues raised (optional)**

Access

Quality

Cost

Payment methodology

Eligibility

Benefits

Service delivery

Other issue

# Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | MI2022MS0001O | MI-22-1500 | Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

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## SAMHSA Consultation

### Name of Health Homes Program

Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

Date of consultation
3/27/2014



# Health Homes Geographic Limitations

MEDICAID | Medicaid State Plan | Health Homes | MI2022MS0001O | MI-22-1500 | Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

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	System-Derived		

- Health Homes services will be available statewide
- Health Homes services will be limited to the following geographic areas
- Health Homes services will be provided in a geographic phased-in approach

### Specify the geographic limitations of the program

- By county
- By region
- By city/municipality
- Other geographic area

### Specify which counties:

1. Alcona
2. Alger
3. Alpena
4. Antrim
5. Baraga
6. Benzie
7. Charlevoix
8. Cheboygan
9. Chippewa
10. Crawford
11. Delta
12. Dickinson
13. Emmet
14. Gogebic
15. Grand Traverse
16. Houghton
17. Iosco
18. Iron
19. Kalkaska
20. Keweenaw
21. Leelanau
22. Lenawee
23. Livingston
24. Luce
25. Mackinac
26. Manistee
27. Marquette
28. Menominee
29. Missaukee
30. Monroe
31. Montmorency
32. Oakland
33. Ogemaw
34. Ontonagon
35. Oscoda
36. Otsego
37. Presque Isle
38. Roscommon
39. Schoolcraft
40. Washtenaw
41. Wayne
42. Wexford

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 4/19/2022 7:55 AM EDT*