DEPARTMENT OF HEALTH ANDHUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER
22 — 0002

2. STATE
MI

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

3. PROPOSED EFFECTIVE DATE
March 1, 2020

5. FEDERAL STATUTE/REGULATION CITATION
Sections 201 and 301 of the National Emergencies Act (50 U.S.C.1601 et seq.)
Section 1135 of the Social Securing Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 $0
b. FFY 2023 $0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Section 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency

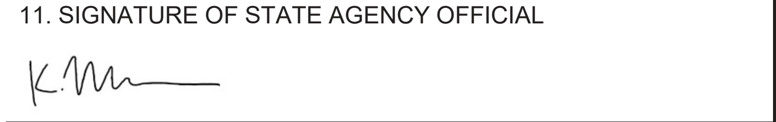
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTIONOR ATTACHMENT *(If Applicable)*

9. SUBJECT OF AMENDMENT

This SPA provides authority to address the National Emergency by allowing for a temporary waiving of pharmacy signature requirements.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL



11. TYPED NAME
Kate Massey

12. TITLE
Director, Health and Aging Services Administration

13. DATE SUBMITTED
March 2, 2022

15. RETURN TO
Health and Aging Services Administration
Office of Strategic Partnerships & Medicaid Administrative Services – Federal Liaison
Capitol Commons Center – 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Erin Black

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Section 7 – General Provisions
7.4. Medicaid Disaster Relief for the COVID-19 National Emergency

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

Michigan reserves the right to terminate any of the emergency provisions in this amendment prior to the end of the emergency period through submission of a disaster relief SPA rescission to CMS. Michigan Medicaid policy will provide detail on which requirements are amended.

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

__X__ The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

a. ___X_ SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.

b. __X__ Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans),

42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

c. __X_ Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in [insert name of state] Medicaid state plan, as described below:

Michigan conducted Tribal consultation when the language was originally submitted in SPA 20-0005. The State sent a written notice June 1, 2020.

Section A – Eligibility

1. ____ The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

Include name of the optional eligibility group and applicable income and resource standard.

2. _____ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

   a. _____ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

   Income standard: _____________

   -or-

   b. _____ Individuals described in the following categorical populations in section 1905(a) of the Act:

   Income standard: _____________

3. _____ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

   Less restrictive income methodologies:

Less restrictive resource methodologies:

4. _____ The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).

5. _____ The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

6. _____ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistences or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

1. _____ The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.

2. _____ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

Please describe any limitations related to the populations included or the number of allowable PE periods.

3. _____ The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in

accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods.

4. _____ The agency adopts a total of _____ months (not to exceed 12 months) continuous eligibility for children under age enter age _____ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.

5. _____ The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every _____ months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).

6. _____ The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).

   a. _____ The agency uses a simplified paper application.

   b. _____ The agency uses a simplified online application.

   c. _____ The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

1. ____ The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

2. _____ The agency suspends enrollment fees, premiums and similar charges for:

   a. _____ All beneficiaries

   b. _____ The following eligibility groups or categorical populations:

Please list the applicable eligibility groups or populations.

3. _____ The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

Please specify the standard(s) and/or criteria that the state will use to determine undue hardship.

Section D – Benefits

Benefits:

1. _____ The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

2. ____ The agency makes the following adjustments to benefits currently covered in the state plan:

3. _____ The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

4. _____ Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

   a. ____ The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.

   b. ____ Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

   Please describe.

Telehealth:

5. ____ The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

State/Territory: ____Michigan_____

Drug Benefit:

6. __X__ The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

State is requesting to be allowed to waive signature requirements to promote mailing or shipping medications as permitted by law and in lieu of face-to-face pickup at outpatient pharmacies.

7. ____ Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.

8. _____ The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

Please describe the manner in which professional dispensing fees are adjusted.

9. ____ The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

1. _____ Newly added benefits described in Section D are paid using the following methodology:

   a. ____ Published fee schedules –

      Effective date (enter date of change): _________________

      Location (list published location): ____________________________

   b. ___Other:

State/Territory: ____Michigan_____

Increases to state plan payment methodologies:

2. _____ The agency increases payment rates for the following services:

Please list all that apply.

   a. ____ Payment increases are targeted based on the following criteria:

Please describe criteria.

   b. Payments are increased through:

      i. _____ A supplemental payment or add-on within applicable upper payment limits:

Please describe.

      ii. ____ An increase to rates as described below.

      Rates are increased:

      _____ Uniformly by the following percentage: _____________

      _____ Through a modification to published fee schedules –

         Effective date (enter date of change): _____________

         Location (list published location): _____________

      _____ Up to the Medicare payments for equivalent services.

      _____ By the following factors:

Please describe.

Payment for services delivered via telehealth:

3. _____ For the duration of the emergency, the state authorizes payments for telehealth services that:

   a. ____ Are not otherwise paid under the Medicaid state plan;

   b. ____ Differ from payments for the same services when provided face to face;

c. ______ Differ from current state plan provisions governing reimbursement for telehealth;

d. _____ Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:

i. _____ Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.

ii. _____ Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

Other:

4. ____ Other payment changes:

Please describe.

Section F – Post-Eligibility Treatment of Income

1. _____ The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:

   a. _____ The individual's total income

   b. _____ 300 percent of the SSI federal benefit rate

   c. _____ Other reasonable amount: ________________

2. _____ The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

   The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.

State/Territory: ____Michigan______

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

PRA Disclosure Statement

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 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. 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. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

June 1, 2020

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Michigan Department of Health and Human Services (MDHHS) Response to Address COVID-19 Public Health Emergency

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 MDHHS to submit Section 1135 Waiver, Disaster Relief Children's Health Insurance Program (CHIP), Medicaid State Plan Amendments (SPAs), Appendix K Preprints, and Section 1115 Demonstration requests to the Centers for Medicare & Medicaid Services (CMS).

The purpose of the Waiver and SPA requests is to obtain the authority to utilize flexibilities in connection with the COVID public health emergency. These flexibilities will allow MDHHS the ability to fully address the health needs of Medicaid beneficiaries during this public health emergency.

The list of authorities that can be used by MDHHS includes Section 1113 Waiver, Disaster Relief State Plan Amendment for the Medicaid Program and CHIP, Appendix K and Section 1115 Waiver to allow temporary flexibilities requested in these authorities are as follows:

<u>Section 1135 Waiver</u>

The Section 1135 Waiver allows MDHHS to request the flexibility to modify or waive Medicaid requirements during COVID-19. The requested flexibilities during COVID-19 are:

- Suspend prior authorization and extend pre-exiting authorizations per Michigan Medicaid policy.
- Modify provider enrollment requirements per Michigan Medicaid policy.
- Modify deadlines for Outcome & Assessment Information Set (OASIS) and Minimum Data Set (MDS) assessments and transmission.
- Provide flexibility for options for use of nursing facility beds.

- Relax current Medicaid policy to allow the transfer of beneficiaries to lower acuity facilities in an effort to free hospital resources for incoming COVID-19 cases. Interfacility hospital transfers to lower acuity facilities via ambulance transports will be allowed in an effort to free hospital resources for incoming COVID-19 cases.
- Suspend Scope of Practice Laws, allowing qualified physician assistants, nurses to treat COVID-19 patients.
- Allow provision of services in alternative settings.
- Allow verbal permission in lieu of required written consent or beneficiary signatures per Michigan Medicaid policy.
- Modify the requirement to submit SPAs related to the COVID-19 emergency by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020.
- Waive the public notice requirements applicable to the SPA and waiver submission process.
- Modify the timeframes associated with tribal consultation, including shortening the number of days before submission or conducting consultation after submission of the SPA or waiver.

SPA for Disaster Relief of COVID-19

The Disaster Relief SPA allows MDHHS to request temporary flexibility in addressing health care needs and support for Medicaid beneficiaries during COVID-19. The requested flexibilities during COVID-19 are:

- Allow telehealth/telemedicine including telephony to replace face-to-face visits and assessments.
- Waive quantity limits for durable medical equipment (DME), medical supplies, and prescription drugs.
- Waive cost sharing for testing services, testing-related services, and treatments for COVID-19, including vaccines, specialized equipment and therapies (including drugs), for any quarter in which the increased Financial Medical Assistance Percentage (FMAP) is claimed.
- Allow early refill for prescription drugs per Michigan Medicaid policy.
- The State allows physicians and other licensed practitioners, in accordance with State law, to order Medicaid home health services as authorized in the COVID-19 Public Health Emergency Medicare Interim Final Rule.
- Suspend the requirement for written order for non-emergency interfacility ambulance transfers and ambulance transportation to place of residence after hospital discharge.
- Suspend the requirement for medical verification for transportation for beneficiaries who requires special non-emergency medical transportation (vehicle or attendant) for round trip and mileage rates more than the fee-for-service (FFS) fee schedule, and transportation reimbursement requests for medical care outside a beneficiary's community when comparable care is available locally.
- Extend pre-existing person-centered services plans.

- Allow covered laboratory services to include tests used to diagnose or detect SARS-CoV-2 or antibodies to SARS-CoV-2 that do not meet certain conditions per Michigan Medicaid policy.
- Allow for temporary premium payment of $2.00 for self-employed providers of personal care services and behavioral health treatment behavior technician services for in-person care and of $2.24 per hour for agency employed providers of personal care services and behavioral health treatment behavior technician services for in-person care effective April 1, 2020 through June 30, 2020.
- Allow for Nursing Facility COVID-19 Regional Hubs effective April 16, 2020, as designated by the State of Michigan will receive a $5,000 per bed payment the first month to address immediate staffing needs and infrastructure changes required to assure the facilities are able to meet the patient safety protocols necessary with this higher level of care. After the first month, a supplemental payment of $200 per beneficiary per day will be built into the per diems for nursing facility COVID-19 Regional Hubs to account for the higher costs of serving this population.
- Allow licensed registered nurses and licensed practical nurses to order COVID-19 laboratory testing without being required to enroll as participating providers.
- Modify long term care facilities cost reporting deadlines.

Appendix K Preprint

The Appendix K Preprint allows MDHHS to request an emergency amendment to its home and community-based services (HCBS) programs during COVID-19. The HCBS Programs that require an Appendix K Preprint are Behavioral Health Demonstration, Children's Waiver Program, Habilitation Supports Waiver, MI Choice, HCBS MI Health Link Programs during COVID-19. The approval by CMS for these flexibilities will continue until February 28, 2021. The requested flexibilities in operating the HCBS Programs during COVID-19 are:

- Ability to pay higher rates for HCBS providers in order to maintain capacity.
- Allow payment for personal, community living, behavioral and communication supports [e.g., services to promote activities of daily living (ADLs) and instrumental activities of daily living (IADLs)], not otherwise provided in that setting, to support individuals in an acute care hospital or short-term institutional setting, when MDHHS identifies that no other alternatives are available, and an institution or hospital is the only setting that service may be offered to meet an individual's health and safety needs. Services provided will not be duplicative of hospital or short-term institutional services provided in those settings.
- Temporarily suspend the limit on respite services.
- Allow for verbal or e-mail approval in order to authorize and commence services, while awaiting the written or electronic signed document.
- Allow an extension for HCBS reassessments and reevaluations for up to one year past the due date.
- Temporarily suspend quantity limit for private duty nursing services for waiver beneficiaries.

- Temporarily relax HCBS provider training requirements.
- Temporarily suspend limitations on who may receive a home delivered meal so that any MI Choice and HCBS MI Health Link beneficiaries in need may receive a home delivered meal during this emergency.
- Allow telehealth/telemedicine including telephony to replace face-to-face visits and assessments.

Section 1115 Waiver Amendment

The Section 1115 Waiver Amendment will allow MDHHS to request flexibility in addressing health care needs and support for behavioral health beneficiaries during COVID-19. The requested flexibilities during COVID-19 are:

- Ability to pay higher rates for HCBS providers in order to maintain capacity.
- Allow payment for personal, community living, behavioral and communication supports [e.g., services to promote activities of daily living (ADLs) and instrumental activities of daily living (IADLs)], not otherwise provided in that setting, to support individuals in an acute care hospital or short-term institutional setting, when MDHHS identifies that no other alternatives are available, and an institution or hospital is the only setting that service may be offered to meet an individual's health and safety needs. Services provided will not be duplicative of hospital or short-term institutional services provided in those settings
- Temporarily suspend the limit on respite services.
- Allow for verbal or e-mail approval in order to authorize and commence services, while awaiting the written or electronic signed document.
- Allow an extension for HCBS reassessments and reevaluations for up to one year past the due date.
- Temporarily suspend quantity limit for private duty nursing services for waiver beneficiaries.
- Temporarily relax HCBS provider training requirements.
- Allow telehealth/telemedicine including telephony to replace face-to-face visits and assessments.

The approval by CMS for these flexibilities will continue until the public health emergency is over unless otherwise stated above.

The impact on the Native American beneficiaries, tribal health clinics and urban Indian organizations is to address the healthcare needs and support during this public health emergency.

The anticipated effective date of these temporary changes is March 1, 2020, unless otherwise stated above.

The documents are available online at www.michigan.gov/coronavirus >> Resources >> For Residents.

Due to the public health emergency, the Tribal consultation timeline requirements identified in the State Plan and Waiver have been modified per the approved Section 1135 Waiver. There is no public hearing scheduled for these submissions. Input 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 July 16, 2020.**

In addition, MDHHS provided a brief overview of the authority flexibilities being requested related to the public health emergency during the Tribal Health Directors Quarterly Consultation Conference Call on May 18, 2020, and is offering to set up additional group or individual consultation meetings to discuss the temporary changes, 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,

Kate Massey, Director
Medical Services Administration

cc: Tannisse Joyce, CMS
Keri Toback, CMS
Leslie Campbell, CMS
Nancy Grano, CMS
Chastity 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 20-34
June 1, 2020

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
Mr. Soumit Pendharkar, 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
Ms. Kathy Mayo, Interim 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. Tim Davis, 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
Nancy Grano, CMS
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Lorna Elliott-Egan, MDHHS