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State/Territory Name: Michigan

State Plan Amendment (SPA)#: 21-0005

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 28, 2021

Ms. Kate Massey
Medicaid Director
Medical Services Administration
400 S Pine St 7th Fl
Lansing, MI 48933-2250

Re: Michigan State Plan Amendment (SPA) 21-0005

Dear Ms. Massey:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0005. This amendment proposes to add medication-assisted treatment (MAT) as a mandatory benefit in the Medicaid state plan. This letter is to inform you that Michigan's Medicaid SPA TN 21-0005 is approved effective October 1, 2020 until September 30, 2025, pursuant to 1905(a)(29) of the Social Security Act and Section 1006(b) of the SUPPORT Act.

Section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act ("SUPPORT Act"), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Social Security Act (the Act) to require state Medicaid plans to include coverage of MAT for all individuals eligible to enroll in the state plan or waiver of the state plan. Section 1006(b) also added a new paragraph 1905(a)(29) to the Act to include the new required benefit in the definition of "medical assistance" and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

Section 1006(b) of the SUPPORT Act also added section 1905(ee)(1) to the Act to define MAT, for purposes of the new required coverage, as:

. . . all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders; and[,] . . . with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 public health emergency (PHE), CMS issued an approval letter on March 12, 2021 allowing Michigan to modify the SPA submission requirements at 42 C.F.R. 430.20, to allow the state to submit a

SPA implementing section 1905(a)(29) of the Act by March 31, 2021 that would take effect on October 1, 2020.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 PHE, CMS issued an approval letter on March 12, 2021 allowing Michigan to modify the public notice time frames set forth at 42 C.F.R. 447.205, in order to obtain an effective date of October 1, 2020 for its SPA implementing statewide methods and standards for setting payment rates for the benefit described at section 1905(a)(29) of the Act. The state issued public notice on March 4, 2021.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations.

If you have any questions, please contact Keri Toback at 312 353 1754 or via email at keri.toback@cms.hhs.gov.

Sincerely,

James G Scott, Director
Division of Program Operations

cc: Erin Black, MDHHS

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|--|--|------------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | 1. TRANSMITTAL NUMBER: 21 - 0005 | 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, 2020 | |

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)(73) and Section 2107(e)(1)(C) of the Social Security Act 1905(a)(29) of the Social Security Act | 7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$0 b. FFY 2022 \$0 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A Pages 40-42 Supplement to Attachment 3.1-A Pages 43-48 Attachment 4.19-B Page 20-22 Attachment 4.19-B Page 23 Attachment 4.19-B Appendix A Page 1 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement to Attachment 3.1-A Pages 40-42 Attachment 4.19-B Page 20-22 Attachment 4.19-B Appendix A Page 1 |

10. SUBJECT OF AMENDMENT:
This SPA updates authority by recognizing Medication-Assisted Treatment as a new mandatory benefit, consolidating existing coverage.

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:  | 16. RETURN TO: Medical Services Administration Actuarial Division - Federal Liaison Capitol Commons Center - 7 th Floor 400 South Pine Lansing, Michigan 48933 |
| 13. TYPED NAME: Kate Massey | Attn: Erin Black |
| 14. TITLE: Director, Medical Services Administration | |
| 15. DATE SUBMITTED: March 31, 2021 | |

| FOR REGIONAL OFFICE USE ONLY | |
|---|--------------------------------------|
| 17. DATE RECEIVED: 03/31/2021 | 18. DATE APPROVED: 06/28/2021 |

| PLAN APPROVED – ONE COPY ATTACHED | |
|---|---|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/2020 | 20. SIGNATURE OF REGIONAL OFFICIAL: |
| 21. TYPE NAME: James G Scott | 22. TITLE: Director Division of Program Operations |

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

***Amount, Duration and Scope of Medical and Remedial Care
Services Provided to the Categorically and Medically Needy***

RESERVED

TN NO.: 21-0005

Approval Date: 06/28/2021

Effective Date: 10/01/2020

Supersedes

TN No. 12-06

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

***Amount, Duration and Scope of Medical and Remedial Care
Services Provided to the Categorically and Medically Needy***

RESERVED

TN NO.: 21-0005

Approval Date: 06/28/2021

Effective Date: 10/01/2020

Supersedes

TN No. 12-06

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

***Amount, Duration and Scope of Medical and Remedial Care
Services Provided to the Categorically and Medically Needy***

RESERVED

TN NO.: 21-0005

Approval Date: 06/28/2021

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TN No. 12-06

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Amount, Duration and Scope of Medical and Remedial Care And
Services Provided to the Categorically and Medically Needy***

29. 1905(a)(29) Medication-Assisted Treatment (MAT)

1905(a)(29) X MAT as described and limited in Supplement to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

TN NO.: 21-0005

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Supersedes

TN No.: New

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Amount, Duration and Scope of Medical and Remedial Care And
Services Provided to the Categorically and Medically Needy***

29. 1905(a)(29) Medication-Assisted Treatment (MAT) – Continued

- i. General Assurance
MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.
- ii. Assurances
 - a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
 - b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
 - c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- iii. Service Package
The state covers the following counseling services and behavioral health therapies as part of MAT.
 - A) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Amount, Duration and Scope of Medical and Remedial Care And
Services Provided to the Categorically and Medically Needy***

29. 1905(a)(29) Medication-Assisted Treatment (MAT) – Continued

| Service Components | description |
|--|--|
| Medication Management | Assessing, ordering, administering, reassessing, and regulating medication and dose levels appropriate to the individual, and overseeing and facilitating access to appropriate treatment for opioid use disorder |
| Individual, Group, and/or Family Therapy | Helps patients identify treatment goals and potential solutions to problems that cause emotional stress and trigger opioid use; seeks to restore communication and coping skills; strengthens self-esteem; builds recovery capital and promotes behavior change and sustained recovery. Individual, group, and/or family therapy that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. there may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service |
| Psychotherapy | Behavioral cognitive services and other opioid use disorder-focused counseling |
| Care Coordination | Includes integrating behavioral health into primary care and specialty medical settings through interdisciplinary care planning and monitoring beneficiary progress and tracking beneficiary outcomes; linking beneficiaries with community resources to facilitate referrals and respond to peer supports; and tracking and supporting beneficiaries when they obtain medical or behavioral health outside the practice. |
| Peer Recovery Support Services | Nonmedical peer-to-peer activities that engage and support an individual's and as applicable the caregiver's self-help efforts to improve health recovery, resiliency, and wellness. Peer Recovery Support Services that involve the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service |

TN NO.: 21-0005

Approval Date: 06/28/2021

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Supersedes

TN No.: New

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Amount, Duration and Scope of Medical and Remedial Care And
Services Provided to the Categorically and Medically Needy***

29. 1905(a)(29) Medication-Assisted Treatment (MAT) – Continued

B) Please include each practitioner and provider entity that furnishes each service and component service.

| Service Component | Practitioner and Provider Entity that Furnishes Each Service and Component Service |
|---|---|
| Medication Management | Physician, Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse Midwife, Physician Assistant |
| Individual, Group and/or Family Therapy | SUD Treatment Professional |
| Psychotherapy | SUD Treatment Professional |
| Care Coordination | Peer Recovery Coach, Physician, Pharmacist, Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse Midwife, Physician Assistant, Registered Nurse, or Practical Nurse |
| Peer Recovery Support Services | Peer Recovery Coach |

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29. 1905(a)(29) Medication-Assisted Treatment (MAT) – Continued

- C) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.
1. SUD treatment professional – Certified Addiction Treatment Professional, Certified Alcohol and Drug Counselor (CADC), Certified Advanced Alcohol and Drug Counselor (CAADC), Certified Clinical Supervisor (CCS), appropriately supervised individuals with development plans for these International Certification & Reciprocity Consortium (IC&RC) certifications and Other providers who, Working within their Scope of practice, are Licensed or certified to render behavioral and counseling services.
 2. Peer Recovery coach – Certified through the MDHHS peer recovery coach certification program
 3. Practitioner, including Physician, Pharmacist, Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse Midwife, Physician Assistant, Registered Nurse, or Practical Nurse – Licensed, Buprenorphine-waivered, And Enrolled in the program

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***Amount, Duration and Scope of Medical and Remedial Care And
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29. 1905(a)(29) Medication-Assisted Treatment (MAT) – Continued

iv. Utilization Controls

The state has drug utilization controls in place. (Check each of the following that apply)

- Generic first policy
 Preferred drug lists
 Clinical criteria
 Quantity limits

The state does not have drug utilization controls in place.

v. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

Clinical prior authorization is required on claims for MAT drugs that exceed quantity limits, and for products that do not have a Federal Medicaid Drug Rebate.

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN NO.: 21-0005

Approval Date: 06/28/2021

Effective Date: 10/01/20

Supersedes
TN No.: New

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates
(Other than Inpatient Hospital and Long Term Care Facilities)***

RESERVED

TN NO.: 21-0005

Approval Date 06/28/2021

Effective Date: 10/01/2020

Supersedes
TN No.: 12-06

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates
(Other than Inpatient Hospital and Long Term Care Facilities)***

RESERVED

TN NO.: 21-0005

Approval Date 06/28/2021

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Supersedes
TN No.: 12-06

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates
(Other than Inpatient Hospital and Long Term Care Facilities)***

RESERVED

TN NO.: 21-0005

Approval Date 06/28/2021

Effective Date: 10/01/2020

Supersedes
TN No.: 14-0017

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates
Other than Inpatient Hospital and Long-Term-Care Facilities***

29. Medication-Assisted Treatment (MAT)

A. Unbundled Drug Reimbursement

1. The State will cover all forms of drugs and biologicals that the Food and Drug Administration has approved or licensed for MAT to treat opioid use disorder (OUD).
2. The reimbursement for unbundled prescribed drugs and biologicals used to treat opioid use disorder will be reimbursed using the same methodology as described for drug product reimbursement on Attachment 4.19-B (2), Pages 1c and 1d, for drugs that are dispensed or administered.
3. Payment for unbundled office-based opioid treatment services provided by practitioners not associated with a PIHP or MCO will be reimbursed per the methodology in Attachment 4.19-B, Page 1.

B. Opioid Treatment Program (OTP)

- a. The State will cover all forms of drugs and biologicals that the FDA has approved or licensed for MAT to treat OUD.
- b. Payment for unbundled OTP Provider services are reimbursed on a direct service by service basis and billed in 15 minute units. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Michigan Medicaid fee schedule is effective for dates of service on or after October 1, 2020 and may be found at www.michigan.gov/medicaidproviders.

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State of MICHIGAN

***Policy and Methods for Establishing Payment Rates
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Approval Date: 06/28/2021

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