

# MI - Submission Package - MI2021MS0002O - (MI-21-1500) - Health Homes

[Summary](#) [Reviewable Units](#) [Approval Letter](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	MI2021MS0002O	<b>Submission Type</b>	Official
<b>Program Name</b>	Opioid Health Home	<b>State</b>	MI
<b>SPA ID</b>	MI-21-1500	<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>	8/5/2021
<b>Package Disposition</b>		<b>Approval Date</b>	11/2/2021 11:12 AM EDT

# Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MI2021MS0002O | MI-21-1500 | Opioid Health Home

## Package Header

<b>Package ID</b>	MI2021MS0002O	<b>SPA ID</b>	MI-21-1500
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	8/5/2021
<b>Approval Date</b>	11/2/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## State Information

**State/Territory Name:** Michigan

**Medicaid Agency Name:** Michigan Department of Health and Human Services

## Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MI2021MS00020 | MI-21-1500 | Opioid Health Home

### Package Header

<b>Package ID</b>	MI2021MS00020	<b>SPA ID</b>	MI-21-1500
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	8/5/2021
<b>Approval Date</b>	11/2/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### SPA ID and Effective Date

**SPA ID** MI-21-1500

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Geographic Limitations	10/1/2021	MI-20-1501

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MI2021MS0002O | MI-21-1500 | Opioid Health Home

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<b>Approval Date</b>	11/2/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

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

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$599500
Second	2023	\$599500

#### 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

MEDICAID | Medicaid State Plan | Health Homes | MI2021MS00020 | MI-21-1500 | Opioid Health Home

### Package Header

**Package ID** MI2021MS00020

**SPA ID** MI-21-1500

**Submission Type** Official

**Initial Submission Date** 8/5/2021

**Approval Date** 11/2/2021

**Effective Date** N/A

**Superseded SPA ID** N/A

### Governor's Office Review

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

**Describe** Kate Massey, Director  
Medical Services Administration

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Health Homes | MI2021MS00020 | MI-21-1500 | Opioid Health Home

CMS-10434 OMB 0938-1188

The submission includes the following:

- Administration
- Eligibility
- Benefits and Payments
- Health Homes Program

**Do not use "Create New Health Homes Program" to amend an existing Health Homes program. Instead, use "Amend existing Health Homes program," below.**

- Create new Health Homes program
- Amend existing Health Homes program
- Terminate existing Health Homes program

Opioid Health Home

## Health Homes SPA - Reviewable Units

Only select Reviewable Units to include in the package which you intend to change.

\*

<input type="checkbox"/>	Reviewable Unit Name	Included in Another Submission Package	Source Type
<input type="checkbox"/>	Health Homes Intro	(	APPROVED
<input checked="" type="checkbox"/>	Health Homes Geographic Limitations	(	APPROVED
<input type="checkbox"/>	Health Homes Population and Enrollment Criteria	(	APPROVED
<input type="checkbox"/>	Health Homes Providers	(	APPROVED
<input type="checkbox"/>	Health Homes Service Delivery Systems	(	APPROVED
<input type="checkbox"/>	Health Homes Payment Methodologies	(	APPROVED
<input type="checkbox"/>	Health Homes Services	(	APPROVED
<input type="checkbox"/>	Health Homes Monitoring, Quality Measurement and Evaluation	(	APPROVED

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Health Homes | MI2021MS0002O | MI-21-1500 | Opioid Health Home

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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	3/30/2021	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="#">Kalamazoo B6-Clip (002)</a>	7/22/2021 1:01 PM EDT	

### 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 | MI2021MS0002O | MI-21-1500 | Opioid Health Home

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

### Name of Health Homes Program:

Opioid Health Home

### 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>
5/24/2021	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 21-41	7/22/2021 1:09 PM EDT	

### 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 | MI2021MS0002O | MI-21-1500 | Opioid Health Home

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

## SAMHSA Consultation

### Name of Health Homes Program

Opioid Health Home

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
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4/26/2018
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# Health Homes Geographic Limitations

MEDICAID | Medicaid State Plan | Health Homes | MI2021MS0002O | MI-21-1500 | Opioid Health Home

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<b>Superseded SPA ID</b>	MI-20-1501		
	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:

- Alcona
- Alger
- Alpena
- Antrim
- Baraga
- Benzie
- Calhoun
- Charlevoix
- Cheboygan
- Chippewa
- Crawford
- Delta
- Dickinson
- Emmet
- Genesee
- Gogebic
- Grand Traverse
- Houghton
- Iosco
- Iron
- Kalamazoo
- Kalkaska
- Keweenaw
- Lapeer
- Leelanau
- Lenawee
- Livingston
- Luce
- Mackinac
- Macomb
- Manistee
- Marquette
- Menominee
- Missaukee
- Monroe
- Montmorency
- Ogemaw
- Ontonagon
- Oscoda
- Otsego
- Presque Isle
- Roscommon
- St. Clair
- Sanilac
- Schoolcraft
- Washtenaw
- Wayne
- 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 11/17/2021 4:26 PM EST*