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State/Territory Name: Michigan

State Plan Amendment (SPA)#: 21-0012

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 East 12th Street, Suite 0300
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

November 18, 2021

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

RE: State Plan Amendment (SPA) Transmittal Number 21-0012

Dear Ms. Massey:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #21-0012	Effective Date: 11/01/2021
	Approval Date: 11/18/2021

If you have any questions regarding this State Plan Amendment, please have a member of your staff contact Keri Toback at 312 353 1754 or by email at keri.toback@cms.hhs.gov.

Sincerely,

Ruth A. Huges, Acting Director
Division of Program Operations

Enclosures

cc: Erin Black, MDHHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

21 - 0012

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

November 1, 2021

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:

42 CFR 440.6

7. FEDERAL BUDGET IMPACT:

a. FFY 2022 \$0

b. FFY 2023 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement to Attachment 3.1-A Page 17a.3
Attachment 4.19-B, Page 5b.2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

10. SUBJECT OF AMENDMENT:

This SPA provides authority for licensed Genetic Counselors to become enrolled with Michigan Medicaid and be reimbursed for their services. There will also be a corresponding ABP SPA.

11. 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:

Kate Massey, Director

Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Kate Massey

14. TITLE:

Director, Medical Services Administration

15. DATE SUBMITTED:

August 24, 2021

16. RETURN TO:

Medical Services Administration
Actuarial Division - Federal Liaison
Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Erin Black

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

08/24/2021

18. DATE APPROVED:

11/18/2021

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

11/01/2021

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPE NAME:

Ruth A. Hughes

22. TITLE: **Acting 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***

6. Medical Care Furnished by Practitioners within the Scope of their Practice as Defined by State Law
(continued)

d. Other Practitioner Services (continued)

Genetic counseling services - genetic counseling services are covered when furnished by a licensed master's or doctoral level genetic counselor, certified by the American Board of Genetic Counseling, Inc. (ABGC) or the American Board of Medical Genetics and Genomics (ABMGG), or by a temporary licensed genetic counselor under the appropriate supervision of a qualified licensed genetic counselor. Covered services are limited to those under the genetic counselors' scope of practice as defined by state law.

TN NO.: 21-0012

Approval Date: 11/18/2021

Effective Date: 11/01/2021

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***

N. Genetic counseling services

Except as otherwise noted in the plan, state-developed payment rates are the same for both governmental and private providers of genetic counseling services. Rates are established utilizing the same methodology described for physician services located in attachment 4.19-b page 1. The agency's fee schedule rate was set as of 11/1/2021 and are effective for services provided on or after that date. All rates are published on the agency's website at www.michigan.gov/medicaidproviders.

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Approval Date: 11/18/2021

Effective Date: 11/01/2021

Supersedes

TN No.: NEW