

**From:** [MACPRO Notification Service](#)  
**To:** [Black, Erin \(DHHS\)](#)  
**Subject:** Notice: Official Submission Package Approval - (MI-22-1501)  
**Date:** Tuesday, October 25, 2022 10:28:44 PM

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**CAUTION: This is an External email. Please send suspicious emails to [abuse@michigan.gov](mailto:abuse@michigan.gov)**

Erin Black,

The following package has been approved. Please log into MACPro to view the record of the Approved Package, including the Approval Letter.

**Package Information:**

- **State:** Michigan
- **Package ID:** MI2022MS00030
- **SPA ID:** MI-22-1501
- **Health Homes Program:** Opioid Health Home
- **Approval Date:** 10/26/2022

Sincerely,

Ruth Hughes - [ruth.hughes@cms.hhs.gov](mailto:ruth.hughes@cms.hhs.gov)

# MI - Submission Package - MI2022MS00030 - (MI-22-1501) - Health Homes

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
7500 Security Blvd  
Baltimore, MD 21244



## Center for Medicaid & CHIP Services

October 26, 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-22-1501 Opioid Health Home

Dear Mrs. Hertel,

On September 21, 2022, the Centers for Medicare and Medicaid Services (CMS) received Michigan State Plan Amendment (SPA) MI-22-1501 for Opioid Health Home to revise the current Opioid Health Home (OHH) SPA to optimize and expand the OHH in select Michigan counties. The specific counties include: Arenac, Barry, Bay, Berrien, Branch, Cass, Clare, Clinton, Eaton, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Isabella, Mecosta, Midland, Montcalm, Newaygo, Oakland, Osceola, Saginaw, Shiawassee, St. Joseph, Tuscola, and Van Buren.

We approve Michigan State Plan Amendment (SPA) MI-22-1501 with an effective date(s) of October 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% applies to such payments for the period 10/1/2022 to 9/30/2024.

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](mailto:kerri.toback@cms.hhs.gov)

Sincerely,  
Ruth A. Hughes  
Deputy Director, Division of Program  
Operations  
Center for Medicaid & CHIP Services

# MI - Submission Package - MI2022MS0003O - (MI-22-1501) - Health Homes

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

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	MI2022MS0003O	<b>Submission Type</b>	Official
<b>Program Name</b>	Opioid Health Home	<b>State</b>	MI
<b>SPA ID</b>	MI-22-1501	<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>	9/21/2022
<b>Package Disposition</b>		<b>Approval Date</b>	10/25/2022 10:28 PM EDT

# Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MI2022MS0003O | MI-22-1501 | Opioid Health Home

## Package Header

<b>Package ID</b>	MI2022MS0003O	<b>SPA ID</b>	MI-22-1501
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/21/2022
<b>Approval Date</b>	10/26/2022	<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 | MI2022MS00030 | MI-22-1501 | Opioid Health Home

### Package Header

<b>Package ID</b>	MI2022MS00030	<b>SPA ID</b>	MI-22-1501
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/21/2022
<b>Approval Date</b>	10/26/2022	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### SPA ID and Effective Date

**SPA ID** MI-22-1501

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Geographic Limitations	10/1/2022	MI-21-1500

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MI2022MS00030 | MI-22-1501 | Opioid Health Home

### Package Header

<b>Package ID</b>	MI2022MS00030	<b>SPA ID</b>	MI-22-1501
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/21/2022
<b>Approval Date</b>	10/26/2022	<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	2023	\$15100000
Second	2024	\$24500000

#### 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 | MI2022MS0003O | MI-22-1501 | Opioid Health Home

### Package Header

**Package ID** MI2022MS0003O  
**Submission Type** Official  
**Approval Date** 10/26/2022  
**Superseded SPA ID** N/A

**SPA ID** MI-22-1501  
**Initial Submission Date** 9/21/2022  
**Effective Date** N/A

### Governor's Office Review

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

**Describe** Farah Hanley, Chief Deputy for Health Michigan Department of Health and Human Services

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Health Homes | MI2022MS00030 | MI-22-1501 | 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 Source Type Submission Package
<input type="checkbox"/>	Health Homes Intro	( APPROVED
<input 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

1 - 8 of 8



# Submission - Public Comment

MEDICAID | Medicaid State Plan | Health Homes | MI2022MS00030 | MI-22-1501 | Opioid Health Home

## Package Header

<b>Package ID</b>	MI2022MS00030	<b>SPA ID</b>	MI-22-1501
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/21/2022
<b>Approval Date</b>	10/26/2022	<b>Effective Date</b>	N/A
<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	9/2/2022	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	
Public Notice The Saginaw News	9/21/2022 5:15 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 | MI2022MS00030 | MI-22-1501 | Opioid Health Home

## Package Header

<b>Package ID</b>	MI2022MS00030	<b>SPA ID</b>	MI-22-1501
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/21/2022
<b>Approval Date</b>	10/26/2022	<b>Effective Date</b>	N/A
<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

Date of consultation:	Method of consultation:
9/8/2022	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	
<a href="#">L 22-42</a>	9/13/2022 9:45 AM 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 | MI2022MS00030 | MI-22-1501 | Opioid Health Home

## Package Header

<b>Package ID</b>	MI2022MS00030	<b>SPA ID</b>	MI-22-1501
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/21/2022
<b>Approval Date</b>	10/26/2022	<b>Effective Date</b>	N/A
<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
4/26/2018

# Health Homes Geographic Limitations

MEDICAID | Medicaid State Plan | Health Homes | MI2022MS00030 | MI-22-1501 | Opioid Health Home

## Package Header

<b>Package ID</b>	MI2022MS00030	<b>SPA ID</b>	MI-22-1501
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/21/2022
<b>Approval Date</b>	10/26/2022	<b>Effective Date</b>	10/1/2022
<b>Superseded SPA ID</b>	MI-21-1500		
	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
- Arenac
- Baraga
- Barry
- Bay
- Benzie
- Berrien
- Branch
- Calhoun
- Cass
- Charlevoix
- Cheboygan
- Chippewa
- Clare
- Clinton
- Crawford
- Delta
- Dickinson
- Eaton
- Emmet
- Genesee
- Gladwin
- Gogebic
- Grand Traverse
- Gratiot
- Hillsdale
- Houghton
- Huron
- Ingham
- Ionia
- Iosco
- Iron
- Isabella
- Jackson
- Kalamazoo
- Kalkaska
- Keweenaw
- Lapeer
- Leelanau
- Lenawee
- Livingston
- Luce
- Mackinac
- Macomb
- Manistee
- Marquette
- Mecosta
- Menominee
- Midland
- Missaukee
- Monroe

55. Montcalm  
56. Montmorency  
57. Newaygo  
58. Oakland  
59. Ogemaw  
60. Ontonagon  
61. Osceola  
62. Oscoda  
63. Otsego  
64. Presque Isle  
65. Roscommon  
66. Saginaw  
67. St. Clair  
68. St. Joseph  
69. Sanilac  
70. Schoolcraft  
71. Shiawassee  
72. Tuscola  
73. Van Buren  
74. Washtenaw  
75. Wayne  
76. 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 10/26/2022 8:40 AM EDT*