

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

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER

24 — 0004

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

October 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.60

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$0

b. FFY 2025 \$0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplemental 1 to Attachment 3.1-A Pages 1-H-1 to 1-H-6

Attachment 4.19-B Page 4

8. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B Page 4 (TN# 22-0018)

9. SUBJECT OF AMENDMENT

This SPA provides authority to cover targeted case management services for Children's Special Health Care Services (CSHCS) beneficiaries under 21 years of age with qualifying medical complexity.

10. GOVERNOR'S REVIEW (Check One)

☐

GOVERNOR'S OFFICE REPORTED NO COMMENT

☒

OTHER, AS SPECIFIED:

☐

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL



11. TYPED NAME

Meghan Groen

12. TITLE

Senior Deputy Director

13. DATE SUBMITTED

July 1, 2024

15. RETURN TO

Behavioral and Physical 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

State Plan under Title XIX of the Social Security Act
State/Territory: Michigan

TARGETED CASE MANAGEMENT SERVICES

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Target group consists of individuals, under 21 years of age, enrolled in the Medicaid program and who meet the enrollment criteria as established by the Department for medical complexity and high resource utilization. Children with medical complexity enrolled in this program must be currently participating in Children's Special Health Care Services (CSHCS); have at least one chronic medical condition that involves three or more body organ systems; have functional limitations, are technologically dependent and/or a transplant candidate; require the use of medication, durable medical equipment, therapy, surgery and/or other treatments; and receive treatment from three or more different medical and/or surgical specialties at the enrolled tertiary hospital or medical university with a full array of pediatric medical and surgical specialty areas, including neonatal and/or pediatric intensive care unit and pediatric emergency department. They must also have one or more hospital admissions with at least one hospital stay of five or more days; OR ten or more visits to tertiary specialty clinics (clinic visits only count if they are with a medical or surgical specialist) during the previous 12 months from the date of referral to the program.

Individuals not in the target group include:

- persons who are receiving mental and/or behavioral health case management services. These persons have a primary diagnosis of either mental illness or developmental disability and a documented need for access to the continuum of mental health services offered by a Medicaid-enrolled mental health clinic services provider, or
- beneficiaries receiving the MI Care Team Health Home, Behavioral Health Home, or Opioid Health Home benefits;
- beneficiaries receiving Collaborative Care Management services;
- beneficiaries receiving Hospice services;
- incarcerated individuals of public institutions; or
- beneficiaries who are dually enrolled in Medicaid and CSHCS and receive similar case management services from another provider.

X Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

- X Entire State
 Only in the following geographic areas:

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

- Services are provided in accordance with §1902(a)(10)(B) of the Act.
X Services are not comparable in amount duration and scope (§1915(g)(1)).

State Plan under Title XIX of the Social Security Act
State/Territory: Michigan

TARGETED CASE MANAGEMENT SERVICES

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual.

Comprehensive assessments are covered no more than once every two (2) years, unless otherwise approved by MDHHS.

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual;

At a minimum, care plans must be comprehensive and individualized and reflect the beneficiary's and/or parent's/guardian's preferences.

- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate; and

State Plan under Title XIX of the Social Security Act
State/Territory: Michigan

TARGETED CASE MANAGEMENT SERVICES

- changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Monitoring and follow-up activities shall occur monthly, and more often if needed, to ensure individual needs are met; as well as to maintain a continuing relationship between the individual, parent and/or guardian, providers, and any entities responsible for services.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.
(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Targeted Case Management Provider Qualifications:

Targeted Case Management services for Children with Medical Complexity operate under the authority of a Michigan Medicaid enrolled tertiary hospital or medical university that offers a full array of pediatric medical and surgical specialty areas, including a neonatal and/or pediatric intensive care unit and pediatric emergency department, and can support the full integration of psychosocial and clinical care. The provider must be able to demonstrate the following criteria:

- a. the capacity to provide all core elements of case management services including:
 - comprehensive client assessment
 - comprehensive care/service plan development
 - linking/coordination of services
 - monitoring and follow-up of services
 - reassessment of the client's status and needs;
- b. case management experience in coordinating and linking such community resources as required by the target population;
- c. experience with the target population;
- d. the sufficient number of staff to meet the case management service needs of the target population;
- e. an administrative capacity to ensure quality of services in accordance with State and Federal requirements;
- f. a financial management capacity and system that provides a record of services and costs; and
- g. the capacity to document and maintain individual case records in accordance with State and Federal requirements.

State Plan under Title XIX of the Social Security Act
State/Territory: Michigan

TARGETED CASE MANAGEMENT SERVICES

Targeted Case Management Team Qualifications:

Services are provided by a multi-disciplinary team working under the authority of a targeted case management provider that consists of licensed medical and behavioral health professionals operating within their State law defined scope of practice. Teams must have adequate knowledge and experience to provide comprehensive and specialized case management services to children with complex medical and psychosocial needs.

Licensed providers assume professional responsibility for the services provided by any unlicensed practitioners under their supervision and delegation, consistent with applicable state law. At a minimum, the team must include the following:

- A Medicaid enrolled, licensed Pediatrician in possession of or eligible for pediatric specialty board certification. Experience and/or training in palliative care recommended.
- A Medicaid enrolled, licensed NPP with at least two years of professional pediatric experience. A NPP is a healthcare professional licensed as a nurse practitioner, physician assistant, or a clinical nurse specialist.
- Licensed master's prepared Clinical Social Worker with at least two years of professional pediatric experience; and
- Licensed Registered Nurse with at least two years of professional pediatric experience; and
- Bachelor's prepared Clinic Coordinator with a background in health care who is knowledgeable about clinic operations and care coordination services; and
- Program Assistant with a background in health care operations, referrals, scheduling and patient services.

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

_____ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

State Plan under Title XIX of the Social Security Act
State/Territory: Michigan

TARGETED CASE MANAGEMENT SERVICES

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

State Plan under Title XIX of the Social Security Act
State/Territory: Michigan

TARGETED CASE MANAGEMENT SERVICES

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c)).

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)

9. Case Management Services

- A.** Reimbursement for Targeted Group A case management services will be on a Fee-for-Service basis. For mental health, preliminary fee screens are adjusted to final once each year. 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 effective for dates of service on or after May 1, 2005, may be found at www.michigan.gov/medicaidproviders.
- B.** Reimbursement for Targeted Group C case management services will be on a Fee-for-Service basis. 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 effective for dates of service on or after May 1, 2005, may be found at www.michigan.gov/medicaidproviders.
- C.** Reimbursement for Targeted Group D case management services will be on a Fee-for-Service basis. 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 effective for dates of service on or after April 14, 2004, may be found at www.michigan.gov/medicaidproviders.
- D.** Reimbursement for Targeted Group E case management services will be through an Annual Reconciliation Cost based Settlement Process after the end of the school fiscal year.
- E.** Reimbursement for Targeted Group F case management services will be on a Fee-for-Service basis. 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 effective for dates of service on or after May 9, 2016, may be found at www.michigan.gov/medicaidproviders.
- F.** Reimbursement for Targeted Group G case management services will be on a fee-for-service basis. The case management services are reimbursed separate from the prospective payment system for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics and separate from the all-inclusive rate reimbursement methodology for Tribal FQHCs and Tribal Health Centers. 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 effective for dates of service on or after April 1, 2023, may be found at www.michigan.gov/medicaidproviders.
- G.** REIMBURSEMENT FOR TARGETED GROUP H CASE MANAGEMENT SERVICES WILL BE ON A FEE-FOR-SERVICE BASIS. 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 EFFECTIVE FOR DATES OF SERVICE ON OR AFTER OCTOBER 1, 2024, MAY BE FOUND AT WWW.MICHIGAN.GOV/MEDICAIDPROVIDERS.

MI Response to Funding Questions for
SPA 24-0004 New CSHCS Medical Complexity TCM
Submitted July 1, 2024

Funding Questions

1. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.)?

State Response: *Providers receive and retain the total Medicaid expenditures claimed.*

2. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share.

State Response: *The state share is funded with general fund as appropriated by the Legislature to the Medicaid State agency.*

3. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.

State Response: *Not applicable.*

MI Response to Funding Questions for
SPA 24-0004 New CSHCS Medical Complexity TCM
Submitted July 1, 2024

4. For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e.,applicable to the current rate year) UPL demonstration.

State Response: *Not applicable.*

5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?

State Response: *No.*



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Apartment
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ANNOUNCEMENTS

PUBLIC NOTICES

NOTICE OF A PUBLIC HEARING ON PROPOSED 2024-2025 BUDGET OF CARMAN-AINSWORTH COMMUNITY SCHOOLS

PLEASE TAKE NOTICE that on June 25, 2024, at 6:00 p.m. at G-3475 W Court St., Flint, Michigan, the Board of Education of Carman-Ainsworth Community Schools will hold a public hearing to consider the District's proposed 2024-2025 budget.

The Board may not adopt its proposed 2024-2025 budget until after the public hearing. A copy of the proposed 2024-2025 budget, including the proposed property tax millage rate, is available for public inspection during normal business hours at G-3475 W. Court St., Flint, Michigan.

The property tax millage rate proposed to be levied to support the proposed budget will be a subject of this hearing.

This notice is given by order of the Board of Education.

Gary Cousins, Secretary
Carman-Ainsworth
Community Schools

Office of the Minnesota Secretary of State Certificate of Assumed Name

Minnesota Statutes,
Chapter 333

The filing of an assumed name does not provide a user with exclusive rights to that name. The filing is required for consumer protection in order to enable customers to be able to identify the true owner of a business.

ASSUMED NAME:
MINDY MAY GRIWATSCHE

**PRINCIPAL PLACE OF
BUSINESS:** 6231 Bristol
Road Swartz Creek Michigan
00000 USA

APPLICANT(S):

Name:
Griwatsch Mindy May

Address:
c/o 6231 Bristol Road
Swartz Creek Michigan
USA

Name:
Mindy May Griwatsch

Address:
c/o 6231 Bristol Road
Swartz Creek Michigan
USA

Name:
mindy-may: griwatsch,
Statutory Agent

Address:
c/o 6231 Bristol Road
Swartz Creek Michigan
USA

If you submit an attachment, it will be incorporated into this document. If the attachment conflicts with the information specifically set forth in this document, this document supersedes the data referenced in the attachment.

By typing my name, I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

SIGNED BY:
Mindy Griwatsch, Statutory Agent

MAILING ADDRESS:
None Provided
**EMAIL FOR OFFICIAL
NOTICES:**
freedomnow2024@gmail.com

Work Item 1476185000023
Original File Number
1476185000023
**STATE OF MINNESOTA
OFFICE OF THE SECRETARY
OF STATE FILED**
05/28/2024 11:59 PM
Steve Simon
Secretary of State

Office of the Minnesota Secretary of State Certificate of Assumed Name

Minnesota Statutes,
Chapter 333

The filing of an assumed name does not provide a user with exclusive rights to that name. The filing is required for consumer protection in order to enable customers to be able to identify the true owner of a business.

ASSUMED NAME:
DAVID RICHARD
GRIWATSCHE

**PRINCIPAL PLACE OF
BUSINESS:** 7326 Lennon Road
Swartz Creek Michigan USA

APPLICANT(S):

Name:
Griwatsch David Richard

Address:
c/o 7326 Lennon Road
Swartz Creek Michigan USA

Name:
David Richard Griwatsch

Address:
c/o 7326 Lennon Road
Swartz Creek Michigan USA

Name:
david-richard: griwatsch,
Statutory Agent

Address:
c/o 7326 Lennon Road
Swartz Creek Michigan USA

If you submit an attachment, it will be incorporated into this document. If the attachment conflicts with the information specifically set forth in this document, this document supersedes the data referenced in the attachment. By typing my name, I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

SIGNED BY: David Griwatsch,
Statutory Agent
MAILING ADDRESS:
None Provided
**EMAIL FOR OFFICIAL
NOTICES:**
davegitile@yahoo.com

Work Item 1476185700027
Original File Number
1476185700027
**STATE OF MINNESOTA
OFFICE OF THE SECRETARY
OF STATE FILED**
05/28/2024 11:59 PM
Steve Simon
Secretary of State

Sealed bids will be received until 2:00 p.m. (EST), Thursday, July 11, 2024, at the Genesee County Purchasing Department, 1101 Beach Street, Room 361, Flint, MI, 48902 for Architectural & Engineering Services for Jail Security Screening.

AND

Sealed proposals will be received until 12:00 p.m. (EST), Thursday, July 11, 2024, at the Genesee County Purchasing Department, 1101 Beach Street, Room 361, Flint, MI, 48902 for Medical Examiner Investigator Services for the Genesee County Medical Examiner Office Re-bid.

A copy of ITB #24-388 and RFP #24-392, may be downloaded from the following site: Genesee County Purchasing Department Bids (geneseecounty.gov/bids) choose Current Bids and then click on the name of the RFP/ITB or contact the Clerk of the Genesee County Purchasing Department at (810) 257-3030.

Public Notice

**Michigan Department of
Health and Human
Services
Behavioral and Physical
Health and Aging
Services Administration**

**Targeted Case
Management Services for
Children's Special Health
Care Services (CSHCS)**
Beneficiaries of
Medical Complexity
State Plan Amendment
Request

The Michigan Department of Health and Human Services (MDHHS) plans to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS) to establish coverage for Children with Medical Complexity Targeted Case Management (CMC TCM) program services for CSHCS beneficiaries under the age of 21 years who meet additional complexity and fragility criteria.

The anticipated effective date for the Targeted Case Management Services for CSHCS Beneficiaries with Medical Complexity SPA is October 1, 2024.

The purpose of this SPA is to establish coverage and reimbursement of Targeted Case Management (TCM) Services for CSHCS beneficiaries under 21 years of age with qualifying medical complexity. The TCM provider will function as the central point of contact for comprehensive, individualized care across the broader health care system. TCM providers will be required to maintain an intensive care coordination program to improve the overall quality of life for the beneficiary and reduce avoidable health care costs. Beneficiary participation is voluntary.

The SPA is estimated to be budget neutral.

There is no public meeting scheduled regarding this notice. Any interested party

wishing to request a written copy of the SPA or wishing to submit comments may do so by sending an e-mail to MSADraftPolicy@mdhhs.gov or submitting a request in writing to: MDHHS/Behavioral and Physical Health and Aging Services Administration, Program Policy Division, PO Box 30479, Lansing, MI 48909-7979 by July 15, 2024. A copy of the proposed SPA will also be available for review at: <https://www.michigan.gov/mdhhs/inside-mdhhs/budgetfinance/264/s> tate-plan-amendments.

Public Notice

**Michigan Department of
Health and Human
Services
Behavioral and Physical
Health and Aging
Services Administration**

**Recuperative Care
Targeted Case
Management State Plan
Amendment Requests**

The Michigan Department of Health and Human Services (MDHHS) plans to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS). The request includes a Targeted Case Management (TCM) SPA to provide intensive case management services for Medicaid beneficiaries who are experiencing homelessness and are too ill or frail to return to their living environment, but not ill enough to continue to need hospital level care or skilled nursing care, and a corresponding alternative benefit plan (ABP) SPA.

The anticipated effective date for the recuperative care TCM SPAs is September 1, 2024.

Recuperative care services include, but are not limited to, comprehensive assessment and periodic reassessment, development of a specific care plan, referral and related activities, and monitoring/follow-up activities. It is a short-term program that allows beneficiaries to recover post-hospitalization, receive Medicaid services, access medical care, and supportive services. Payments will be made on per diem basis.

In compliance with 42 CFR § 440.345, individuals under 21 years of age receiving Medicaid benefits will continue to have access to services within the full early and periodic screening, diagnosis and treatment (EPSDT) benefit as defined in Section 1905(r) of the Social Security Act.

The estimated gross cost to the State of Michigan for the SPAs is \$5 million per year.

There is no public meeting scheduled regarding this notice. Any interested party wishing to request a written copy of the SPA or wishing to submit comments may do so by sending an e-mail to MSADraftPolicy@mdhhs.gov or submitting a request in writing to: MDHHS/Behavioral and Physical Health and Aging Services Administration, Program Policy Division, PO Box 30479, Lansing, MI 48909-7979 by June 30, 2024. A copy of the proposed SPA will also be available for review at: <https://www.michigan.gov/mdhhs/inside-mdhhs/budgetfinance/264/s> tate-plan-amendments .

**TOWNSHIP OF FOREST
130 E. MAIN ST.
OTISVILLE, MI 48463
BOARD OF TRUSTEES
MEETING
DATE: June 13, 2024
TIME: 06:00 P.M.
PHONE: 810-631-4997
FAX: 810-631-6162
WEB PAGE:
www.foresttwp.com**

Per MCL 42.8 the draft Minutes from the June 13, 2024 6:00 P.M. Regular Meeting may be viewed on the internet at www.foresttwp.com or a paper copy may be obtained by calling the Township Clerk's Office at 810-631-4997 during regular business hours.

Lisa Margrifi, Clerk
Forest Township



PETS & FARMS

AKC Poodles- Training started, UTD on shots, All Sizes & Ages available, Health tested parents, Allergy Friendly Health guarantee. From \$500 & up. 810-252-3016

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French Bulldog Beautiful looking Black Male, 19 months old, Asking \$800. Also a Fawn Male that is 7 months old, Asking \$1250. AKC registered and 1 year health guarantee. 231-788-3762

Purebred German Shepherd Puppies Solid Black, Born April 1st, Both parents on site, 1st shots and de-wormed, Located near Clare, MI. Willing to meet. \$400 (989) 802-2460

True Micro-Goldendoodle Puppies Ready for forever home 6-21. Vet has cert, Dewormed, shots, Mom wt. 14 lbs, Dad wt. 7 lbs. 1 Male \$2600 1 Female \$2900 with breeding rights. 303-907-0207 Traverse City, MI \$2600-\$2900 303-907-0207



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STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

April 22, 2024

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Targeted Case Management Services for Children's Special Health Care Services (CSHCS) Beneficiaries with Qualifying Medical Complexity and Fragility

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 the Michigan Department of Health and Human Services (MDHHS) to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS).

The purpose of this SPA is to establish coverage and reimbursement of Targeted Case Management (TCM) Services for Children's Special Health Care Services (CSHCS) beneficiaries up to 21 years of age with qualifying medical complexity.

The TCM provider will function as the central point of contact for patient-centered care across all the broader health care system. TCM providers will be required to maintain an intensive care coordination program in an effort to improve the overall quality of life for the beneficiary and reduce avoidable health care costs. This may include referrals to appropriate community and support services as needed. Native American beneficiaries enrolled in CSHCS and with qualifying medical complexity will be eligible to participate in the program if they wish. Participation is voluntary, and beneficiaries may opt-out at any time. MDHHS expects this new program will expand access to care coordination services for qualifying Native American beneficiaries. The anticipated effective date of this SPA is July 1, 2024.

There is no public hearing scheduled for this SPA. Input regarding this SPA 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 517-512-4146, or via email at Elliott-EganL@michigan.gov. **Please provide all input by June 6, 2024.**

In addition, MDHHS is offering to set up group or individual consultation meetings to discuss the SPA, 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.

An electronic copy of this letter is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Sincerely,

A handwritten signature in black ink that reads "Meghan E. Groen". The signature is written in a cursive, flowing style.

Meghan E. Groen, Director
Behavioral and Physical Health and Aging Services Administration

CC: Keri Toback, CMS
Nancy Grano, CMS
Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan
Asha Petoskey, Acting Area Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

Distribution List for L 24-18
April 22, 2024

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Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center)
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Ms. Doris Winslow, Health Director, Grand Traverse Band Ottawa/Chippewa
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center
Ms. Doreen G. Blaker, Tribal President, Keweenaw Bay Indian Community
Ms. Deanna Foucault, 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
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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)
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Ms. Mariah Austin, Tribal Council Member, 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
Ms. Rebecca Richards, Tribal Chairwoman, Pokagon Band of Potawatomi Indians
Ms. Priscilla Gatties, Interim 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. Austin Lowes, Tribal Chairperson, Sault Ste. Marie Tribe of Chippewa Indians
Mr. Leonid Chugunov, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC: Keri Toback, CMS
Nancy Grano, CMS
Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan
Asha Petoskey, Acting Area Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

Public Notice

**Michigan Department of Health and Human Services
Behavioral and Physical Health and Aging Services Administration**

**Targeted Case Management Services for Children's Special Health Care
Services (CSHCS) Beneficiaries with Medical Complexity
State Plan Amendment Request**

The Michigan Department of Health and Human Services (MDHHS) plans to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS) to establish coverage for Children with Medical Complexity Targeted Case Management (CMC TCM) program services for CSHCS beneficiaries under the age of 21 years who meet additional complexity and fragility criteria.

The anticipated effective date for the Targeted Case Management Services for CSHCS Beneficiaries with Medical Complexity SPA is October 1, 2024.

The purpose of this SPA is to establish coverage and reimbursement of Targeted Case Management (TCM) Services for CSHCS beneficiaries under 21 years of age with qualifying medical complexity. The TCM provider will function as the central point of contact for comprehensive, individualized care across the broader health care system. TCM providers will be required to maintain an intensive care coordination program to improve the overall quality of life for the beneficiary and reduce avoidable health care costs. Beneficiary participation is voluntary.

The SPA is estimated to be budget neutral.

There is no public meeting scheduled regarding this notice. Any interested party wishing to request a written copy of the SPA or wishing to submit comments may do so by sending an e-mail to MSADraftPolicy@michigan.gov or submitting a request in writing to: MDHHS/ Behavioral and Physical Health and Aging Services Administration, Program Policy Division, PO Box 30479, Lansing, MI 48909-7979 by July 15, 2024. A copy of the proposed SPA will also be available for review at <https://www.michigan.gov/mdhhs/inside-mdhhs/budgetfinance/264/state-plan-amendments>.