

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

24 — 0006

2. STATE

MI3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACTTO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES3. PROPOSED EFFECTIVE DATE  
October 1, 20245. FEDERAL STATUTE/REGULATION CITATION  
42 CFR 440.606. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2025 \$ 7,620,000  
b. FFY 2026 \$ 8,270,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplemental 1 to Attachment 3.1-A Pages 1-I-1 to 1-I-5  
Attachment 4.19-B Page 4a8. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (If Applicable)

New Pages

9. SUBJECT OF AMENDMENT

This SPA provides authority to cover targeted case management for children, youth, and young adults ages 0-21 with either a serious mental illness (SMI), serious emotional disturbance (SED), or intellectual/developmental disability (I/DD), and their families.

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 – 7<sup>th</sup> 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)):

The target group consists of children under 21 years of age with a serious mental illness (SMI), serious emotional disturbance (SED), or intellectual or developmental disability (I/DD), and their families.

The target group will consist of children, youth, and young adults and their families who are served by multiple child, youth or young adult-serving systems with high intensity behavioral health needs and have minimal improvement in functioning through other behavioral health interventions. Additionally, the identified children, youth, and young adults and their families to be served may be at risk of out-of-home placement if not for the provision of Intensive Care Coordination with Wraparound (ICCW).

ICCW is an evidence-informed approach to ensuring comprehensive coordination and holistic planning for children, youth, young adults, and their families with the most intensive needs. Care Coordination includes the organization, coordination, linkage, and monitoring of services and supports and advocacy on behalf of the child, youth or young adult and their family. Coordination and collaboration span across multiple systems, programs, and resources in alignment with systems of care philosophy. Wraparound is the individualized, family-driven, and youth-guided planning process utilized by facilitators of ICCW.

☒ 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):

- ☒ 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.  
☒ Services are not comparable in amount duration and scope (§1915(g)(1)).

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

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

**TARGETED CASE MANAGEMENT SERVICES**

- 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;

The Intensive Care Coordination with Wraparound planning process will assess strengths and needs face-to-face no less than quarterly during team meetings. However, the frequency should be based on the needs and circumstances of the child, youth, or young adult and their families, or whenever there is a significant change in the child, youth, or young adult and their family's needs or circumstances.

- ❖ 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;
- ❖ 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
    - 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.

The Facilitator of Intensive Care Coordination with Wraparound must determine, at a minimum, once per month, during team meetings if the services and supports have been delivered, and if they are adequate to meet the needs/wants of the child/youth/young adult and their family. Frequency and scope (face-to-face) of monitoring activities must reflect the intensity of the child, youth, or young adult and their family's health and welfare needs. The needs of the child, youth, or young adult and their family are continually monitored and addressed at team meetings as needed.

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

**TARGETED CASE MANAGEMENT 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)):

**Intensive Care Coordination with Wraparound Providers:**

- Medicaid providers must request and receive MDHHS approval through a certification process defined by MDHHS, prior to Intensive Care Coordination with Wraparound provision.

**Facilitators of Intensive Care Coordination with Wraparound:**

- Must hold a bachelor's degree in any field and be supervised by a Child Mental Health Professional (CMHP) when providing to SED youth or Qualified Intellectual Disability Professional (QIDP) when providing to I/DD youth who does possess the training or experience.
- Achieve and maintain MDHHS certification in the Wraparound planning process, prior to provision.
  - Provisional approval may be granted to facilitators through a MDHHS provisional approval process.
- Must complete Person-Centered Planning and Self-Determination trainings, prior to provision.

**Supervisors of Intensive Care Coordination with Wraparound:**

- Must be a CMHP when overseeing provision to SED youth or QIDP when overseeing provision to I/DD youth.
- Achieve and maintain MDHHS certification in the Wraparound planning process, prior to provision and/or supervision.
- Must complete Person-Centered Planning and Self-Determination trainings, prior to provision.

**Child Mental Health Professional (CMHP)** - Individual with specialized training<sup>3</sup> and one year of experience in the examination, evaluation, and treatment of minors and their families **and** who is a physician, psychologist, licensed or limited-licensed master's social worker, licensed or limited-licensed professional counselor, or registered nurse; or an individual with at least a bachelor's degree in a mental health-related field from an accredited school who is trained and has three years supervised experience in the examination, evaluation, and treatment of minors and their families; or an individual with at least a master's degree in a mental health-related field from an accredited school who is trained and has one year of experience in the examination, evaluation and treatment of minors and their families. For the Behavioral Health Treatment/Applied Behavior Analysis (BHT/ABA) services individuals must be a Board Certified Assistant Behavior Analyst (BCaBA), Board Certified Behavior Analyst (BCBA) or Psychologist working within their scope of practice with extensive knowledge and training on behavior analysis and BCBA certified by 9/30/2020.

State Plan under Title XIX of the Social Security Act  
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**TARGETED CASE MANAGEMENT SERVICES**

**Qualified Intellectual Disability Professional (QIDP)** - Individual with specialized training<sup>2</sup> (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons with intellectual or developmental disabilities as part of that experience) OR one year of experience in treating or working with a person who has intellectual disability; **AND** is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst, registered nurse, dietician, therapeutic recreation specialist, a licensed/limited-licensed professional counselor, OR a human services professional with at least a bachelor's degree in a human services field.

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.

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

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

**TARGETED CASE MANAGEMENT SERVICES**

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))

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)***

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**9. Case Management Services Continued**

- H. REIMBURSEMENT FOR TARGETED GROUP I 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](http://WWW.MICHIGAN.GOV/MEDICAIDPROVIDERS).

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TN NO.: 24-0006

Approval Date: \_\_\_\_\_

Effective Date: 10/01/2024

Supersedes

TN No.: N/A-New Page

MI Response to Funding Questions for  
SPA 24-0006 Integrated Care Coordination with Wraparound 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 24-0006 Integrated Care Coordination with Wraparound 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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**ANNOUNCEMENTS**  
**PUBLIC NOTICES**

STATE OF MICHIGAN IN THE JUDICIAL DISTRICT COURT FOR THE COUNTY OF GENESEE  
**BERNARD CASON, an individual, Plaintiff, vs MARK W. WHITE, JACQUELINE P. WHITE and all unknown persons claiming an interest in real property located at 4514 Warrington Drive, Flint, Michigan, 48903 Defendants**  
**CASE NO.: 24-120827-CH By: Poznak, Dyer, Kanar, Schefsky, Thompson PLC Andrew C. Thompson (P67924) Attorney for Plaintiff 143 McDonald Street Midland, MI 48640 (989) 832-1770 ORDER FOR SERVICE BY PUBLICATION AND NOTICE OF ACTION TO: All Defendants & all others interested in above named property. IT IS ORDERED: 1. You are being sued in this court by the plaintiff to Quiet Title for the property described herein. You must file your answer or take other action permitted by law in this court at the court address of 900 S. Saginaw St., 2nd floor, Flint, MI 48902 on or before 28 days after last day of publication. If you fail to do so, a default judgement may be entered against you for the relief demanded in the complaint filed in this case. 2. A copy of this order shall be published once each week in Flint Journal for three consecutive weeks, and proof of publication shall be filed in this court. 3. A copy of this Order need not be sent to the defendants. Dated: May 13, 2024 Hon. Brian S. Pickell (P57411) Judicial Court Judge Genesee County Published in Flint Journal May 16, 23, 30, 2024.**

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

Submissions of Renewal Applications for Children's Waiver Program (CWP), Habilitation Supports Waiver (HSW), Waiver for Children with Serious Emotional Disturbances (SEDW); Section 1915(i) State Plan Amendment (SPA), Parent Support Partner (PSP) SPA, and Targeted Case Management (TCM) SPA.  
The Michigan Department of Health and Human Services (MDHHS) plans to submit renewal applications for the CWP, HSW and SEDW, 1915(i) SPA, PSP SPA, and TCM SPA to the Centers for Medicare & Medicaid Services (CMS).  
The anticipated effective date for the renewal applications and SPAs is October 1, 2024. Renewal Applications The following changes will be made to the renewal applications for CWP, HSW, and SEDW.

1. Revision to assessment tools utilized for the SEDW
2. Revision of Overnight Health and Safety Supports eligibility and coverage
3. Removal of Enhanced Transportation from CWP since the service has been underutilized
4. Removal of Wraparound from SEDW
5. Removal of Family Support and Training from SEDW and transition to the PSP SPA
6. Increasing number of beneficiaries that can be served by CWP
7. Addition of Equine Therapy as a new service type under Specialty Therapies in CWP



**ANNOUNCEMENTS**  
**PUBLIC NOTICES**

- and Therapeutic Activities in SEDW
8. Change in name from "Children's Therapeutic Foster Care" to "Children's Therapeutic Family Care" and update to the best practice model under SEDW
9. Elimination of Prevocational Services for HSW
10. Revision and addition of some performance measures for the Quality Improvement Strategy (All Waivers)
11. Update of Electronic Visit Verification language (All Waivers)
12. Update of HCBS implementation language for HSW
13. Update of Goods and Services language for HSW
14. Addition of adaptive clothing to Goods and Services for HSW
15. Update of Enhanced Medical Equipment and Supplies language, including vehicle modifications for HSW
16. Update of Conflict Free Access and Planning requirements (All Waivers)
17. Language change from "Fiscal Intermediary" to "Financial Management Services" (All Waivers)
18. Updates to Supported Employment language for HSW
19. Expanding eligibility group to TEFLA (Tax Equality and Fiscal Responsibility Act of 1982) for HSW
20. Change in frequency of provider qualification verifications from 2 years to 3 years (All Waivers)
21. Change in site review frequency from biennially to annually (All Waivers)

- Section 1915(i) SPA The following changes will be made to the Section 1915(i) SPA:
1. Removal of Parent Support Partner from Family Support and Training and transition it to the Parent Support Partner SPA
  2. Revision of provider qualifications for Housing Assistance
  3. Revision to assessment tools utilized
  4. Change in name from "Fiscal Intermediary" to "Financial Management Services"
  5. Change in frequency of provider qualification verifications from 2 years to 3 years
  6. Change in site review frequency from biennially to annually
  7. Update of Conflict Free Access and Planning language
  8. Revisions to Vehicle Modifications
  9. Revisions to Skill Building
  10. Revisions to Supported Integrated Employment

Parent Support Partner SPA The purpose of the amendment is to transition the Parent Support Partner service from the SEDW and 1915(i) SPA to a State Plan service. This will allow beneficiaries greater access to this service.

Targeted Case Management SPA The purpose of the amendment is to add a TCM group for Intensive Care Coordination with Wraparound (ICCW). This will remove the Wraparound service under the SEDW.

A copy of the proposed CWP/HSW/SEDW renewal applications can be viewed at <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/medwaivers>.

The expected budget impact of the various changes are listed below:

Program SFY 2025 Budget



**ANNOUNCEMENTS**  
**PUBLIC NOTICES**

	Impact (Gross)
CWP	\$ 6,017,000
SEDW	\$ (7,053,000)
HSW	\$ 810,000
Section 1915(i) SPA	\$ (3,080,000)
PSP SPA	\$ 3,550,000
TCM SPA	\$ 11,700,000
Total (Gross)	\$ 11,944,000

There is no public meeting scheduled regarding this notice.

Any interested party wishing to request a written copy of the waiver renewal applications or SPA, or wishing to submit comments, may do so by sending an e-mail to [MSADraftPolicy@michigan.gov](mailto: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. Copies of the proposed SPAs will also be available at:

<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/medwaivers>.

All comments on this should include "Submissions of Renewal Applications for Children's Waiver Program (CWP), Habilitation Supports Waiver (HSW), Waiver for Children with Serious Emotional Disturbances (SEDW); Section 1915(i) State Plan Amendment (SPA), Parent Support Partner (PSP) SPA, and Targeted Case Management (TCM) SPA" in the Subject Line.

For additional information regarding non-electronic access to the public comment information or to provide a comment through non-electronic methods, please call 517-241-0010.

The deadline for public comment is June 19, 2024.

On Thursday May 23, 2024 at 10:00 a.m. at the Brighton Towing Yard 9842 E. Grand River, Brighton MI 48116. 8102256697

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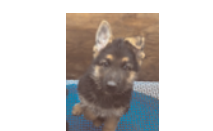
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STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ELIZABETH HERTEL  
DIRECTOR

May 1, 2024

NAME  
TITLE  
ADDRESS  
CITY STATE ZIP

Dear Tribal Chair and Health Director:

**RE:** Submissions of Renewal Applications for Children's Waiver Program (CWP), Habilitation Supports Waiver (HSW), Waiver for Children with Serious Emotional Disturbances (SEDW); Section 1915(i) State Plan Amendment (SPA), Parent Support Partner (PSP) SPA, and Targeted Case Management (TCM) SPA

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 renewal applications for the Section 1915(c) CWP, HSW, and SEDW; Section 1915(i) SPA, PSP SPA, and TCM SPA requests to the Centers for Medicare & Medicaid Services (CMS). It is expected that these changes will increase access to these services and improve the quality of behavioral health services for beneficiaries. The anticipated effective date of the waiver renewal applications and SPAs is October 1, 2024.

MDHHS anticipates that Tribal Citizens and Native Americans will experience increased access to Medicaid home and community-based services as a result of the aforementioned changes. This includes the addition of new services and expansion of existing services and programs. MDHHS also anticipates that the quality and effectiveness of Medicaid home and community-based services will increase through the strengthening the provider oversight and beneficiary protections. Finally, MDHHS is pursuing several clarifications to service provision which may shift specific services between different federal authorities (e.g. state plan, 1915(i), 1915(c), etc.), and MDHHS anticipates that these changes (1) will not disrupt or delay access to services for Tribal Citizens and Native Americans and (2) may instead reduce barriers to access in some circumstances.

### **Renewal Applications**

The following changes will be made to the renewal applications for CWP, HSW, and SEDW:



1. Revision to assessment tools utilized for SEDW.
2. Revision of Overnight Health and Safety Supports eligibility and coverage.
3. Removal of Enhanced Transportation from CWP since the service has been underutilized.
4. Removal of Wraparound from SEDW.
5. Removal of Family Support and Training from SEDW and transition to the PSP SPA.
6. Increasing number of beneficiaries that can be served by CWP.
7. Addition of Equine Therapy as a new service type under Specialty Therapies in CWP and Therapeutic Activities in SEDW.
8. Change in name from “Children’s Therapeutic Foster Care” to “Children’s Therapeutic Family Care” and update to the best practice model under SEDW.
9. Elimination of Prevocational Services for HSW.
10. Revision and addition of some performance measures for the Quality Improvement Strategy (All Waivers).
11. Update of Electronic Visit Verification language (All Waivers).
12. Update of HCBS implementation language for HSW.
13. Update of Goods and Services language for HSW.
14. Addition of adaptive clothing to Enhanced Medical Equipment and Supplies for HSW.
15. Update of Enhanced Medical Equipment and Supplies language including vehicle modifications for HSW.
16. Update of Conflict Free Access and Planning requirements (All Waivers).
17. Language change from “Fiscal Intermediary” to “Financial Management Services” (All Waivers).
18. Updates to Supported Employment language for HSW.
19. Expanding eligibility group to TEFRA for HSW.
20. Change in frequency of provider qualification verifications from 2 years to 3 years (All Waivers).
21. Change in site review frequency from biennially to annually (All Waivers).

### **Section 1915(i) SPA**

The following changes will be made to Section 1915(i) SPA:

1. Removal of Parent Support Partner from Family Support and Training and transition it to the Parent Support Partner SPA.
2. Revision of provider qualifications for Housing Assistance.
3. Revision to assessment tools utilized.
4. Change in name from “Fiscal Intermediary” to “Financial Management Services”.
5. Change in frequency of provider qualification verifications from 2 years to 3 years.
6. Change in site review frequency from biennially to annually.
7. Update of Conflict Free Access and Planning language.
8. Revisions to Vehicle Modifications.
9. Revisions to Skill Building.
10. Revisions to Supported Integrated Employment.

### **Parent Support Partner SPA**

The purpose of the SPA is to transition the Parent Support Partner service from the SEDW and 1915(i) SPA to a State Plan service. This will allow beneficiaries greater access to this service.

### **Targeted Case Management SPA**

The purpose of the SPA is to add a TCM group for Intensive Care Coordination with Wraparound (ICCW). This will remove the Wraparound service under the SEDW.

There is no public hearing scheduled for these waiver and SPA changes. Input regarding these waiver and SPA changes 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](mailto:Elliott-EganL@michigan.gov). **Please provide all input by June 17, 2024.**

In addition, MDHHS is offering to set up group or individual consultation meetings to discuss these waiver renewals and SPAs 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](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms. A copy of the proposed CWP/HSW/SEDW renewal applications will be available at <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/medwaivers>. A copy of the proposed SPAs will be available at <https://www.michigan.gov/mdhhs/inside-mdhhs/budgetfinance/264/state-plan-amendments>.

Sincerely,



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 24-21**  
**May 1, 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  
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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  
Ms. Regina Gasco-Bentley, Tribal Chairman, Little Traverse Bay Band of Odawa Indians  
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)  
Ms. Phyllis Davis, Tribal Council Member, Match-E-Be-Nash-She-Wish Potawatomi  
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