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State/Territory Name: Michigan

State Plan Amendment (SPA)#: 23-0012

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 16, 2023

Meghan E. Groen
Senior Deputy Director
Behavioral and Physical Health and Aging Services Administration
Michigan Department of Health and Human Services
400 S Pine St 7th Fl
Lansing, MI 48933-2250

Re: Michigan State Plan Amendment (SPA) 23-0012

Dear Ms. Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0012. This amendment proposes to provide a temporary extension to specific COVID-19 disaster relief provisions for specific glove and incontinence supply competitive bid payments authorized in DR SPAs 20-0012 and 22-0010.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that MI Medicaid SPA Transmittal Number 23-0012 was approved on June 16, 2023, with an effective date of May 12, 2023 to September 30, 2024.

If you have any questions, please contact Keri Toback at (312) 353-1754 or via email at keri.toback@cms.hhs.gov.

Sincerely,

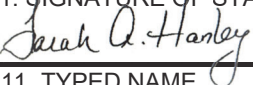
Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2023.06.16
10:37:13 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

cc: Erin Black

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <div style="text-align: center;"> 23 — 0012 </div>	2. STATE <div style="text-align: center;"> MI </div>
		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 Effective May 12, 2023 until September 30, 2024	
5. FEDERAL STATUTE/REGULATION CITATION Sections 201 and 301 of the National Emergencies Act (50 U.S.C.1601 et seq.)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2023 \$521,200 b. FFY 2024 \$675,100	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 7.4.B Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) New	
9. SUBJECT OF AMENDMENT This SPA provides a temporary extension to specific COVID-19 disaster relief provisions for specific glove and incontinence supply competitive bid payments currently authorized in DR SPAs 20-0012 and 22-0010.			
10. GOVERNOR'S REVIEW (Check One)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Behavioral and Physical Health and Aging Services Administration Office of Strategic Partnerships & Medicaid Administrative Services – Federal Liaison Capitol Commons Center – 7 th Floor 400 South Pine Lansing, Michigan 48933 Attn: Erin Black	
11. TYPED NAME Farah Hanley			
12. TITLE Senior Chief Deputy Director for Health			
13. DATE SUBMITTED May 15, 2023			
FOR CMS USE ONLY			
16. DATE RECEIVED 05/15/2023		17. DATE APPROVED 06/16/2023	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL May 12, 2023 until September 30, 2024		19. SIGNATURE OF APPROVING OFFICIAL Alissa M. Deboy — Digitally signed by Alissa M. Deboy -S S <small>Date: 2023.06.16 10:37:32 -04'00'</small>	
20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy On Behalf of Anne Marie Costello		21. TITLE OF APPROVING OFFICIAL Deputy Director, Center for Medicaid and CHIP Services	
22. REMARKS			

State/Territory: Michigan

Section 7 – General Provisions

7.4. B. Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency

Effective May 12, 2023 until September 30, 2024, the agency temporarily extends the following election(s) of section 7.4 (approved 12/14/2020 in SPA number MI-20-0012 and approved 10/26/2022 in SPA number MI-22-0010) of the state plan:

Payments:

X The agency makes the following adjustments to payment rates currently covered in the state plan:

Glove Payment Rates

Payment adjustment to the DME provider rate for the existing code for non-sterile gloves to reflect increased cost during the emergency period due to increased demand for personal protective equipment, including non-sterile gloves. Except as otherwise noted in the state plan, Michigan's Medicaid payment rates are uniform for both private and governmental providers. Reimbursement is made in accordance with Medicaid's fee screens or the usual and customary charge for these services, whichever amount is less. All rates are published at www.michigan.gov/medicaidproviders.

Incontinence Supply Competitive Bid Rates

Payment adjustment to incontinence supply competitive bid rates for contracted Healthcare Common Procedure Coding System (HCPCS) codes during the emergency period due to increased global market costs. Except as otherwise noted in the state plan, Michigan's Medicaid payment rates are uniform for both private and governmental providers. Reimbursement is made in accordance with Medicaid's fee screens or the usual and customary charge for these services, whichever amount is less. All rates are published at www.michigan.gov/medicaidproviders.

TN: 23-0012

Supersedes TN: NEW

Approval Date: 06/16/2023

Effective Date: May 12, 2023
until September 30, 2024