CENTERS FOR MEDICARE & MEDICAID SERVICES	OMB No. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER 2. STATE
STATE PLAN MATERIAL	<u></u> <u></u> <u></u> <u></u> <u></u> <u></u>
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
	SECURITY ACT
TO: CENTER DIRECTOR	3. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES	October 1, 2023
DEPARTMENT OF HEALTH AND HUMAN SERVICES	
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 \$4,020,800
42CFR §440.130	b. FFY 2025 \$4,006,300
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN
	SECTIONOR ATTACHMENT (If Applicable)
Supplement to Attachment 3.1-A Pages 26.1.b to 26.1.d	
Attachment 4.19-B Page 6i	
9. SUBJECT OF AMENDMENT	
This SPA provides authority to recognize Community Health W	Vorkers (CHWs) as Medicaid providers of necessary CHW
services.	
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	
A1 SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
VIAN SO (STOPLE)	
	Behavioral and Physical Health and Aging Services Administration
Maghan Croon	Office of Strategic Partnerships & Medicaid Administrative
	Services – Federal Liaison Capitol Commons Center – 7 th Floor
	400 South Pine
13. DATE SUBMITTED	Lansing, Michigan 48933
huly 28, 2022	Attn: Erin Black
FOR CMS U	SE ONLY
16. DATE RECEIVED	17. DATE APPROVED
PLAN APPROVED - ON	
	19. SIGNATURE OF APPROVING OFFICIAL
10. EFFECTIVE DATE OF AFFROVED WATERIAL	19. SIGNATURE OF AFFROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
22. REMARKS	

State of Michigan

Amount, Duration and Scope of Medical and Remedial Care Services Provided to the Categorically and Medically Needy

13. OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND REHABILITATIVE SERVICES

C. PREVENTIVE SERVICES (CONTINUED) - COMMUNITY HEALTH WORKER

Effective October 1, 2023, the program covers the Community Health Worker (CHW) as a preventive service as defined in 42 CFR 440.130(c), to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and mental health and efficiency. CHWs are trusted members of their community who help address chronic conditions, preventive health care needs, and health-related social needs.

DESCRIPTION OF SERVICES:

The following component services are covered when performed by CHWs within the scope of their practice:

Care Coordination and System Navigation

Care coordination is the organization of activities between participants responsible for different aspects of a beneficiary's care designed to facilitate delivery of appropriate services across all elements of the broader health care system. It includes management of integrated primary and specialty medical services, behavioral health services, and social, educational, vocational, and community services and supports to attain the goals of holistic, high quality, cost-effective care and improved patient outcomes.

System navigation serves to provide information, training, referrals, or support to assist beneficiaries to access health care, understand the health care system, or engage in their own care needs. This can also include transitional care support, which includes assisting a beneficiary when moving from one community or institutional setting to another.

The following are examples of health system navigation and resource coordination services:

- Helping to engage, re-engage, or ensure patient-led follow-up in primary care; routine preventive care; adherence to treatment plans; and/or self-management of chronic conditions.
- Helping a beneficiary find the appropriate Medicaid provider to receive a recommended covered service.
- Helping a beneficiary make and keep an appointment for a Medicaid covered service.
- Arranging transportation to an appointment for a Medicaid covered service.
- Helping a beneficiary find and access other relevant community resources.
- Helping a beneficiary with a telehealth appointment and/or educating a member on the use of telehealth technology.

TN NO.: 23-0020

Approval Date: _____

State of Michigan

Amount, Duration and Scope of Medical and Remedial Care Services Provided to the Categorically and Medically Needy

Health Promotion and Education

Health education to promote the beneficiary's health or address barriers to physical and mental health care, including providing information or instruction on health topics. The content of health education must be consistent with established or recognized health care standards and best practices. Health education may include coaching and goal-setting to improve a beneficiary's health or ability to self-manage health conditions.

The following are examples of Health Promotion and Education topics:

- Injury prevention
- Addressing family violence/inter-partner violence
- Control of certain health conditions (i.e., asthma, high blood pressure, etc.)
- Dementia
- Diabetes prevention and control
- Chronic pain self-management
- Chronic disease self-management
- Family planning
- Immunizations
- Improvement in safety and the environmental health of housing, for example to mitigate asthma risk, risk of injury from unsafe housing, lead exposure, etc.
- Improvement in nutrition
- Improvement of physical fitness
- Occupational safety and health
- Prevention of fetal alcohol syndrome/neonatal abstinence syndrome
- Reduction in the misuse of alcohol or drugs
- Tobacco cessation
- Promotion of preventative screenings, such as cancer screenings

Other billable services may be applicable based on individual, or community need and within the CHW scope of practice.

CHW services must be recommended by licensed practitioner of the healing arts within the scope of their practice under State law.

Noncovered services include the following:

- Case management
- Transportation services
- Personal care services/Home Help, including shopping and cooking meals
- Companion services
- Employment services

TN NO.: <u>23-0020</u>

Approval Date: _____

Effective Date: <u>10/01/2023</u>

Supersedes TN No.:<u>NEW</u>

State of Michigan

Amount, Duration and Scope of Medical and Remedial Care Services Provided to the Categorically and Medically Needy

- Helping a beneficiary enroll in government or other assistance programs that are not related to improving their health as part of a provider's recommendation
- Delivery of medication, medical equipment, or medical supply
- Respite care
- Services that require a license
- Services that duplicate another covered Medicaid service already being provided to the beneficiary
- Discharge planning
- Community transition services
- Support services covered under behavioral health services programs by Certified Peer Support Specialists (CPSS) or Certified Peer Recovery Coaches (CPRC)

Coverage Limitations

CHW services can be submitted for a maximum of 128 units per month, per beneficiary. This limit may be exceeded based on medical necessity determined in collaboration with the recommending licensed provider and require prior authorization. Group services are limited to eight unique beneficiaries at one time. There are no Place of Service restrictions for CHW services.

PROVIDER QUALIFICATIONS:

An individual is eligible to deliver CHW services and seek reimbursement if the individual meets the following criteria:

- Must be 18 years of age or older;
- Possess at least a high school diploma or high school equivalency diploma/certification;
- Have completed a skills-based Community Health Worker training program or curriculum
- Have completed 1,000 hours of experiential learning in the previous three years Have completed an initial CHW application ; and
- Maintain six (6) hours of continuing education directly related to CHW core competencies with educational objectives that exceed an introductory level of knowledge;

Core competencies refers to curriculum that at a minimum aligns with national standards as outlined in The Community Health Worker Core Consensus Project (C3 Project), facilitating advancing knowledge to develop core skills and assume job responsibilities.

TN NO.: <u>23-0020</u>

State of MICHIGAN Policy and Methods for Establishing Payment Rates (Other than Inpatient Hospital and Long-Term-Care Facilities)

16. Other Services (continued)

Community Health Worker Services

Community health worker services will be on a fee-for- service basis. Community health worker 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 October 1, 2023, may be found at www.michigan.gov/medicaidproviders.

MI Response to Funding Questions for SPA 23-0020 Community Health Worker Submitted July 28, 2023

Funding Questions

 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.)?

<u>State Response</u>: 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.

<u>State Response</u>: 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 23-0020 Community Health Worker Submitted July 28, 2023

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.

<u>State Response</u>: 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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STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

GRETCHEN WHITMER GOVERNOR

LANSING

ELIZABETH HERTEL DIRECTOR

March 8, 2023

NAME TITLE ADDRESS CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Intent to Submit a State Plan Amendment (SPA) request for Community Health Worker (CHW) Services

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 Traditional SPA and Alternate Benefit Plan (ABP) SPA request to the Centers for Medicare & Medicaid Services (CMS).

Community Health Workers (CHWs) are non-licensed public health providers who facilitate access to needed health and social services for beneficiaries. CHW services focus on preventing disease, disability, and other chronic conditions or their progression, and promoting physical and mental health. MDHHS intends to recognize CHWs as Medicaid providers of necessary CHW services. The anticipated effective date of these SPAs is August 1, 2023.

There is no public hearing scheduled for these SPAs. Input regarding these SPAs 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 April 22, 2023.

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

L 23-16 March 8, 2023 Page 2

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

Sincerely,

Jarah Q. Hanley

Farah Hanley Chief Deputy Director for Health

 CC: Christine J. Davidson, CMS Nancy Grano, CMS
 Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan
 Daniel Frye, Director, Indian Health Service - Bemidji Area Office Lorna Elliott-Egan, MDHHS

Distribution List for L 23-16 March 8, 2023

Ms. Whitney Gravelle, President, Bay Mills Indian Community Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center) Mr. David M. Arroyo, Chairman, Grand Traverse Band Ottawa & Chippewa Indians 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 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. Kelly Wesaw, Health Director, 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 Ms. Theresa Peters-Jackson, 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: Christine J. Davidson, CMS Nancy Grano, CMS
 Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan
 Daniel Frye, Director, Indian Health Service - Bemidji Area Office
 Lorna Elliott-Egan, MDHHS