

Table of Contents

State/Territory Name: Michigan

State Plan Amendment (SPA)#: 24-0007

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

September 18, 2024

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) 24-0007

Dear Director Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0007. This SPA provides authority to move parent support partner services to EPSDT from the behavioral health 1915(i).

We conducted our review of your submittal according to the statutory requirements at 42 CFR 440.225. We hereby inform you that Medicaid State plan amendment 24-0007 is approved effective October 1, 2024. We are enclosing the CMS-179 and the amended plan pages.

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

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations


Enclosures
cc: Erin Black

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>24</u> — <u>0007</u>	2. STATE <u>MI</u>
	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 C.F.R. Part 440.225	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2025 \$ 2,320,000 b. FFY 2026 \$ 2,420,000	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement to Attachment 3.1-A Page 13a continued (p.9) Attachment 4.19-B Page 9b	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) New	

9. SUBJECT OF AMENDMENT
This SPA provides authority to move parent support partner services to EPSDT from the behavioral health 1915(i).

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 th Floor 400 South Pine Lansing, Michigan 48933 Attn: Erin Black
---	---

FOR CMS USE ONLY	
16. DATE RECEIVED 07/01/2024	17. DATE APPROVED 09/18/2024

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2024	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

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

4b. EPSDT (continued)

Parent Support Partner Services

1905(a)(4)(b) of the Act provides early and periodic screening, diagnostic, and treatment (EPSDT) services (as defined in subsection (r)) for individuals who are eligible under the state plan and are under the age of 21. EPSDT services include medically necessary Parent-to-Parent support for parents/caregivers of children with Serious Emotional Disturbance or an Intellectual/Developmental Disability. In accordance with 42 CFR 440.130(d), parent support services are recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law.”

A. Services

- Providing support to parent(s), guardians(s), or caregiver(s) on advocating for their child and family’s needs with systems that support youth with mental health, behavioral and emotional needs.
- Fostering empowerment of parent(s), guardian(s), or caregiver(s) through connection around shared lived experience for parent(s), guardian(s), or caregiver(s) of youth with mental health needs and encouraging participation in peer/parent support;
- Modeling self-advocacy and empowerment skill-building support skills for parent(s), guardians(s), or caregiver(s);

B. Provider Criteria

Services are provided by individuals who meet the following criteria:

- Lived experience as a parent or primary caregiver of a child with behavioral or mental health needs and/or intellectual/developmental disability, including autism.
- Willing and able to use their experiences as a peer parent to support others.
- Experience receiving services for their child in a variety of systems (such as child welfare, special education, juvenile justice system, etc.) is preferred.
- Trained in the MDHHS approved curriculum, certification and re-certification model.
- Receives regular supervision by a child mental health professional or qualified intellectual disabilities professional as defined by the State.

C. Prior Authorization

parents, guardians, and caregivers of Medicaid-eligible children can receive parent support partner services when the service is directed exclusively toward the benefit of a Medicaid-eligible child. Parent Support Partner Services are authorized for a period not to exceed 12 months. Medically necessary services may be re-authorized at the request of a clinician within their scope of practice.

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)***

17 (EPSDT Continued).

Parent Support Partner Services

Parent Support Partner Services furnished by certified providers or provider agencies, shall be reimbursed on a direct service by service basis and billed by encounter. 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 is effective for dates of service on or after October 1, 2024, and may be found at www.michigan.gov/medicaidproviders.

TN NO.: 24-0007

Approval Date: **09/18/2024**

Effective Date: 10/01/2024

Supersedes

TN No.: N/A-New Page