

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

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

24 — 0009 — —

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

September 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.60

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$243,000

b. FFY 2025 \$2,936,300

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplemental 1 to Attachment 3.1-A Pages 1-J-1 to 1-J-5  
Attachment 4.19-B Page 4b

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 PAGE NUMBER OF THE SUPERSEDED PLAN  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

9. SUBJECT OF AMENDMENT

This SPA provides authority to cover targeted case management services for recuperative care.

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 22, 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)):

Target Group consists of persons who are:

- beneficiaries over 18
- homeless as defined by Housing and Urban Development, homeless category 1, literally homeless (§ 578.3)
- discharging from an inpatient hospital admission for an acute condition that can be addressed in a relatively short time.
- medically stable, independently mobile, and be able to perform their own activities of daily living (ADLs).
- able to manage medications and durable medical equipment independently.
- Have a need for supportive services and intensive case coordination.
- be at risk for re-hospitalization or severe complications without the support of recuperative care services.
- not eligible for continued hospital admission, skilled nursing facility admission, in-patient psychiatric admission, or other Medicaid inpatient services.

\_\_\_ Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to \_\_\_\_\_ 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: **[Specify 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)).

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;

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TN# 24-0009 Approval Date \_\_\_\_\_ Effective Date 09/01/2024

Supersedes TN# New Page

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

**TARGETED CASE MANAGEMENT SERVICES**

- completing initial assessments and periodic reassessments that evaluate a range of service needs to help establish and update what is important for the individual in a way that is important to the individual, with the following frequency:
  - an initial assessment
  - a reassessment is conducted sooner when there are significant changes in the individual's health or functional status, or significant changes in the individual's network of allies (i.e. death of a primary caregiver)
- ❖ 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.
    - Monitoring must be an in-person encounter and is provided on at least a weekly basis, unless otherwise indicated by the needs and circumstances of the individual and/or family.

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)):

**Case Management Provider Organizations** - Must be enrolled as a Michigan Medicaid provider and can 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.

The targeted case management provider must have the capability to coordinate with the individual's health plan and the individual facilitating discharge post-hospitalization. The targeted case management provider must employ a qualified case manager who is licensed to practice in accordance with Michigan law. Documentation of the provider's qualifications and credentials must be maintained by the targeted case management provider.

**Qualified Case Manager**

Qualified case managers may provide all components of targeted case management within their scope of practice. A qualified case manager must meet one of the following criteria:

- Licensure as a Registered Nurse by the Michigan Department of Licensing and Regulatory Affairs and at least one year of experience providing community health or case management services; or
- Licensure as a fully licensed Clinical Social Worker by the Michigan Department of Licensing and Regulatory Affairs and at least one year of experience providing social work or case management services.

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

**TARGETED CASE MANAGEMENT SERVICES**

**Physician or Non-Physician Practitioner (NPP)**

A Medicaid enrolled physician or NPP licensed by the Michigan Department of Licensing and Regulatory Affairs must provide general supervision of the case manager. An NPP is a healthcare professional licensed as a nurse practitioner, physician assistant, or a clinical nurse specialist.

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: **[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups 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 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

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

**TARGETED CASE MANAGEMENT SERVICES**

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**

- I. REIMBURSEMENT FOR TARGETED GROUP J 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 SEPTEMBER 1, 2024, MAY BE FOUND AT [WWW.MICHIGAN.GOV/MEDICAIDPROVIDERS](http://WWW.MICHIGAN.GOV/MEDICAIDPROVIDERS).

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TN NO.: 24-0009

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

Effective Date: 9/01/2024

Supersedes

TN No.: N/A-New Page

MI Response to Funding Questions for  
SPA 24-0009 Recuperative Care TCM  
Submitted July 22, 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 24-0009 Recuperative Care TCM  
Submitted July 22, 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

#### 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:**  
davegtile@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](https://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 Targeted Case Management (CMC TCM) program services for CSHCS beneficiaries under the age of 21 years who meet additional complexity and fragility criteria.

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](mailto: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](mailto: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](http://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](http://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



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## TRANSPORTATION

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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:** State Plan Amendment and Alternative Benefit Plan State Plan Amendment  
Request for Recuperative Care Targeted Case Management

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

MDHHS is seeking coverage and reimbursement of 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. This benefit will be authorized through a Targeted Case Management SPA. 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 for no longer than 90 days. The recuperative care transitional program will help Michigan identify and treat a highly vulnerable population whose condition may be exacerbated without intensive case management. MDHHS expects this program will expand access to services for qualifying Native American beneficiaries. The anticipated effective date of this SPA and ABP SPA is September 1, 2024.

There is no public hearing scheduled for these Amendments. Input regarding these Amendments 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 the SPA and ABP 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](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

Sincerely,

A handwritten signature in black ink that reads "Meghan E. Groen". The signature is fluid and cursive, with the first name "Meghan" and last name "Groen" clearly legible.

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 24-26**  
**May 1, 2024**

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. 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