

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

1. TRANSMITTAL NUMBER
24 — 0011

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
July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447.201

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 (\$246,872,900)
b. FFY 2025 \$0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A Page 21
Attachment 4.19-A Page 23
Attachment 4.19-A Page 24a.1
Attachment 4.19-A Page 24b
Attachment 4.19-A Page 24c
Attachment 4.19-A Page 24e-f

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-A Page 21 (TN 00-05)
Attachment 4.19-A Page 23 (TN 22-0003)
Attachment 4.19-A Page 24a.1 (TN 09-16)
Attachment 4.19-A Page 24b (TN 22-0003)
Attachment 4.19-A Page 24c (TN 18-0010)
Attachment 4.19-A Page 24e-f (TN 22-0003)

9. SUBJECT OF AMENDMENT

This SPA provides authority to remove the regular and special pools contained in the DSH program except for the Institute for Mental Disease (IMD) special DSH pool. The significant expansion of the Hospital Rate Adjustment (HRA) supplemental payment program limits hospital capacity for DSH payments.


10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL


11. TYPED NAME
Meghan Groen

12. TITLE
Senior Deputy Director

13. DATE SUBMITTED
August 5, 2024

15. RETURN TO
Behavioral and Physical Health and Aging Services
Administration
Office of Strategic Partnerships & Medicaid Administrative
Services – Federal Liaison
Capitol Commons Center – 7th 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 of MICHIGAN

***Methods of Payment of Reasonable Costs -
Inpatient Hospital Services***

In order to qualify for DSH payments, hospitals must have at least one percent Medicaid inpatient days to total inpatient days.

Hospitals that fail to supply indigent volume data will not be eligible to receive disproportionate share payments.

For new hospitals, disproportionate share payments will be withheld until the hospital's indigent volume can be calculated and applied in the normal update process.

For new distinct part psychiatric units of general hospitals, the indigent volume data from the general hospital will be used to determine DSH payments applicable to the distinct part psychiatric units until the unit's indigent volume can be calculated and applied in the normal update process.

To be eligible to receive DSH payments, hospitals must also meet at least one of the following criteria. Except for hospitals and distinct part psychiatric units eligible under the fourth criteria listed below, hospitals will be contacted annually by letter and asked to report their status on these criteria.

The hospital must:

- have at least two (2) obstetricians with staff privileges at the hospital who have agreed to provide obstetric services to individuals who are eligible for Medicaid services; or
- be located in a rural area (as defined for purposes of section 1886 of the Social Security Act) and have at least two (2) physicians with staff privileges at the hospital who have agreed to provide obstetric services to individuals who are eligible for Medicaid services; or
- serve as inpatients a population predominantly comprised of individuals under 18 years of age; or
- as of December 22, 1987, not have offered non-emergency obstetric services to the general population.

1. Inpatient Hospitals

EFFECTIVE STATE PLAN RATE YEAR 2024, THE DISPROPORTIONATE SHARE HOSPITAL POOLS AND METHODOLOGY DESCRIBED IN THE INPATIENT HOSPITALS SECTION ARE DISCONTINUED. State fiscal year 1997 disproportionate share hospital payments for services in all hospitals, except for state-owned mental hospitals, are fixed at \$45 million. The pool allocations were determined as follows:

$$\frac{\sum \text{DSH Shares for Group}}{\text{Total DSH Shares}} \times \$45 \text{ Million}$$

The determination of the share of the allocated DSH pool will be made using the DSH share. The payment will be made by:

TN NO.: 24-0011

Approval Date:

Effective Date: 7/1/2024

Supersedes

TN No.: 00-05

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Methods and Standards for Establishing Payment Rates
Inpatient Hospital Care***

c. Distinct Part Rehab Units

Distinct part rehab units are allocated approximately \$500,000 for DSH payments. The share of the DSH payment paid to hospitals with IV of at least 20 percent is based on a DSH share of the following:

Title XIX Charges x Operating Ratio x (IV - 0.2)

2. Special Pools

In addition to the regular DSH pools of \$45,000,000, the single state agency (SSA) is establishing the following special pools:

Note: Subsection "a." has been deleted. The next subsection is "b." **EFFECTIVE STATE PLAN RATE YEAR 2024, THE REGULAR DISPROPORTIONATE SHARE HOSPITAL POOLS AND METHODOLOGY DESCRIBED IN THE INPATIENT HOSPITALS SECTION ARE DISCONTINUED.**

b. **EFFECTIVE STATE PLAN RATE YEAR 2024, THE SPECIAL DISPROPORTIONATE SHARE HOSPITAL POOL AND METHODOLOGY DESCRIBED IN THIS SECTION IS DISCONTINUED.**

The single state agency (SSA) is creating a special DSH payment pool of \$2,772,003 million in fiscal year 2005, \$2,764,340 for fiscal years 2006 – 2012, and \$3,500,000 for each subsequent fiscal year.

The purpose of this pool is to:

- Assure continued access to medical care for indigents, and
- Increase the efficiency and effectiveness of medical practitioners providing services to Medicaid beneficiaries under managed care.

The SSA will approve one (1) agreement statewide each state fiscal year. To be eligible for the pool, a hospital must meet the following criteria:

- Meet the minimum federal requirements for DSH eligibility listed in Section III.H.
- Have in place an approved agreement between itself and a university with both a college of allopathic medicine and a college of osteopathic medicine that specifies all services and activities to be conducted.

This agreement shall not require the hospital to donate money or services to the other party in the agreement.

TN NO.: 24-0011

Approval Date: _____

Effective Date: 7/1/2024

Supersedes

TN No.: 22-0003

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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***Methods and Standards for Establishing Payment Rates
Inpatient Hospital Care***

e. Institute for Mental Disease

A special DSH pool ~~of \$144,665,900~~ will be established to take into account the situation of State psychiatric hospitals that serve indigent persons with serious mental illness requiring inpatient treatment. ~~For fiscal year 2010 and subsequent fiscal years, T~~he pool size will equal the calculated Institutions for Mental Diseases (IMD) DSH limit (including the state share), reduced by all other DSH payments that IMDs are scheduled to receive that fiscal year. To qualify for this pool, a hospital must comply with all of the following conditions:

- 1) Meet minimum federal requirements for Medicaid DSH Payments including
 - a. requirements for participation as a hospital under 42 CFR 482.1(a)(5)
 - b. a valid provider agreement under 42 CFR 431.107
 - c. at least a one percent Medicaid inpatient utilization rate based on active participation in the Medicaid program as required under section 1923(d) of the Social Security Act
 - d. when calculating DSH limits at 1923(g) excluding uncompensated costs incurred in providing inpatient and outpatient hospital services to Medicaid and uninsured patients who are considered prisoners consistent with Section 1905(a) of the Social Security Act and the regulations at 42 CFR 435.1008 and 435.1009 which prohibit (FFP) for services provided to inmates of public institutions.
- 2) Function as one of the following stand-alone psychiatric hospitals operated by the state:
 1. Walter P. Reuther Psychiatric Hospital
 2. Caro Regional Mental Health Center – Psychiatric Hospital
 3. Kalamazoo Psychiatric Hospital
 4. Hawthorn Center – Psychiatric Hospital
 5. Center for Forensic Psychiatry

Payments from the pool will be distributed sequentially to the hospitals listed in condition two above based on the order they are listed. They will be distributed up to each qualified hospital's DSH ceiling as specified below. Payments will be distributed to the first hospital meeting the minimum Federal requirements for Medicaid DSH funding up to its DSH ceiling. Once this occurs, payments will be distributed to the second hospital meeting the minimum Federal requirements for Medicaid DSH funding up to its DSH ceiling. Payments will continue to be distributed to the third, fourth and fifth hospitals using the same methodology until all hospitals have reached their DSH ceilings or until the pool is exhausted of funds.

Notwithstanding the above, no payment will be made to the Center for Forensic Psychiatry until the State demonstrates to the Secretary that all the Federal conditions for Medicaid DSH payment listed above have been met.

Payments to individual hospitals are limited to hospital specific DSH limits defined in section 1923(g) of the Social Security Act.

TN NO.: 24- 0011

Approval Date: _____

Effective Date: 07/01/2024

Supersedes

TN No.: 09-16

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Methods and Standards for Establishing Payment Rates
Inpatient Hospital Care***

f. Government Provider DSH Pool

EFFECTIVE STATE PLAN RATE YEAR 2024, THE SPECIAL DISPROPORTIONATE SHARE HOSPITAL POOL AND METHODOLOGY DESCRIBED IN THIS SECTION IS DISCONTINUED. A special pool for non-state government-owned or operated hospitals will be established and renewed annually. The purpose of the pool is to assure funding for costs incurred by public facilities providing inpatient hospital services which serve a disproportionate number of low-income patients with special needs. The size of the pool will be the lesser of \$88,168,000 for fiscal year 2006, \$62,064,198 for fiscal year 2007, \$49,172,890 for fiscal year 2008, \$73,117,228 for fiscal year 2009 and 2010, \$82,086,703 for fiscal year 2011 through fiscal year 2018, \$94,649,000 for fiscal year 2019 and each subsequent fiscal year, or the calculated Medicaid and uninsured inpatient hospital and outpatient hospital uncompensated care amounts eligible for Federal financial participation. Allocations for individual hospitals will be determined based upon non-reimbursed costs certified as public expenditures in accordance with 42 CFR 433.51.

To be eligible for the Government Provider DSH Pool, the following must apply:

1. Hospitals must meet minimum federal requirements for Medicaid DSH payments; and
2. Hospitals must be non-state government-owned or operated.

TN NO.: 24-0011

Approval Date: _____

Effective Date: 7/1/2024

Supersedes

TN No.: 22-0003

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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***Methods and Standards for Establishing Payment Rates
Inpatient Hospital Care***

Aggregate DSH expenditures will be made in accordance with Section 1923(g)(1)(A) of the Social Security Act. Prior to computing the amount of payment each individual hospital is eligible to receive from this pool, all other DSH and Medicaid payments that the hospital is scheduled to receive will be counted against the hospital's DSH limit.

g. Outpatient Uncompensated Care DSH Pool

EFFECTIVE STATE PLAN RATE YEAR 2024, THE SPECIAL DISPROPORTIONATE SHARE HOSPITAL POOL AND METHODOLOGY DESCRIBED IN THIS SECTION IS DISCONTINUED. A special pool will be created annually for the purpose of reimbursing hospitals for a portion of their uncompensated care. The pool amount will be \$185,000,000 in fiscal year 2018 and each subsequent fiscal year. Payments from the pool will be made annually.

In order to qualify for a payment from the Outpatient Uncompensated Care DSH Pool, hospitals must meet the minimum requirements for Medicaid DSH payments as specified in Section H. Funds will be distributed from the Outpatient Uncompensated Care DSH Pool to qualifying Privately-Owned or Operated and Non-State Government-Owned or Operated DSH eligible hospitals in Michigan.

The Outpatient Uncompensated Care DSH Pool will be split into Small and Rural and Large-Urban components as follows:

Component	FY 2018 and Subsequent Fiscal Years
Small and Rural components	\$60,000,000
Large-Urban components	\$125,000,000
TOTALS	\$185,000,000

For purposes of distributions from this pool, any qualifying DSH hospital located in Michigan with less than 100 acute care beds or any qualifying DSH hospital located in a Michigan rural or Micropolitan County will be eligible to receive a proportional share of the Small and Rural components of the pool.

Also for purposes of distributions from this pool, any qualifying DSH hospital with 100 or more acute care beds and located in an urban Michigan county will be eligible to receive a proportional share of the Large-Urban components of the pool.

The distribution of funding from the Outpatient Uncompensated Care DSH Pool will be based on each hospital's proportion of outpatient uncompensated care relative to other hospitals in the pool. The formula below will be used to calculate the distribution of payments from the Outpatient Uncompensated Care DSH Pool.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Methods and Standards for Establishing Payment Rates
Inpatient Hospital Care***

4. DSH Process

EFFECTIVE STATE PLAN RATE YEAR 2024, DSH PAYMENTS WILL BE LIMITED TO THE INSTITUTE FOR MENTAL DISEASE (IMD) POOL. ALL OTHER REGULAR AND SPECIAL DSH POOLS WILL BE DISCONTINUED EFFECTIVE STATE PLAN RATE YEAR 2024.

The State will implement a multiple-step DSH process as follows.

Step 1: Initial DSH Calculation Step

Hospital-specific DSH limits, DSH payment allocations and Medicaid utilization rates will be calculated during the State FY as part of its Initial DSH Calculation. Inpatient and outpatient cost and payment data from the hospital's cost reporting period ending during the second previous State FY will be used for the DSH limit, DSH payment and Medicaid utilization rate calculations. The data will be trended to the current FY for DSH limit calculation purposes. The State will trend base year hospital costs using the CMS Hospital Prospective Reimbursement Market Basket to approximate current year costs. Costs will be prorated on a quarterly basis based on the fiscal years of the respective hospitals. The State will also trend base year costs and payments using a volume trend based on changes in the Medicaid caseload from the base year period to the current year to approximate current year volume.

Beginning with State FY 2013, **non-IMD** hospitals will be able to decline DSH funds and also request a downward adjustment to their DSH limit during the Initial DSH calculation. Upon receipt of this feedback from hospitals, each hospital's calculated DSH limit will be reduced to the requested amount. If a hospital declines the DSH funds, the State will recalculate DSH amounts with that hospital's limit at zero. To the extent that payment allocations are affected by a hospital's request to reduce its DSH limit or decline DSH payments altogether, payments from the applicable pool(s) will be allocated to other hospitals eligible for payments from the pool(s). If no hospital is eligible to accept the DSH payment during this step, the unpaid amount will be paid to eligible hospitals during the Step 2: Final DSH Settlement calculations. No hospital will receive a DSH payment in excess of its initial DSH limit.

TN NO.: 24-0011

Approval Date: _____

Effective Date: 7/1/2024

Supersedes

TN No.: 22-0003

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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EFFECTIVE STATE PLAN RATE YEAR 2024, DSH PAYMENTS WILL BE LIMITED TO THE INSTITUTE FOR MENTAL DISEASE POOL. ALL OTHER REGULAR AND SPECIAL DSH POOLS WILL BE DISCONTINUED EFFECTIVE STATE PLAN RATE YEAR 2024.

DSH payments will be applied against a hospital's DSH limit in the following order:

1. Institute for Mental Disease Pool
2. \$45 Million Pool
3. Outpatient Uncompensated Care DSH Pool
4. University with Both a College of Allopathic Medicine and a College of Osteopathic Medicine Pool (University Pool)
5. Government Provider DSH Pool (GP Pool)

Step 2: Final DSH Settlement Step

EFFECTIVE STATE PLAN RATE YEAR 2024, DSH PAYMENTS WILL BE LIMITED TO THE INSTITUTE FOR MENTAL DISEASE POOL. ALL OTHER REGULAR AND SPECIAL DSH POOLS WILL BE DISCONTINUED EFFECTIVE STATE PLAN RATE YEAR 2024.

DSH limits, DSH payments and Medicaid utilization rates are recalculated during the final DSH settlement step. DSH funds will be reallocated in the following manner:

1. Institute for Mental Disease Pool
2. \$45 Million Pool
3. Outpatient Uncompensated Care DSH pool
4. University with Both a College of Allopathic Medicine and a College of Osteopathic Medicine Pool (University Pool)
5. Government Provider DSH pool (GP Pool)
6. Unspent funds not applicable to Step 1

The State will recalculate hospital-specific DSH limits, DSH payment allocations and Medicaid utilization rates upon completion of the DSH audit for the applicable DSH year. Inpatient and outpatient cost and payment data utilized from Step 1 will be refreshed to account for any cost report changes that occurred between steps during the cost report acceptance process. DSH limits and Medicaid utilization rates will be calculated using the final DSH audit.

No hospital will receive a DSH payment in excess of its audited DSH Settlement limit.

- A. Upon completion of the calculations for the first five pools outlined in the order above, any remaining unspent federal DSH allotment will be distributed through a new pool. The remaining allotment will be distributed to all remaining eligible hospitals proportionately based on their share of remaining audited hospital-specific DSH limit capacity adjusted to exclude the DSH payment amounts hospitals received from the University and GP DSH pools. No hospital will receive an allocation in excess of its remaining audited hospital-specific DSH limit capacity or other federal limits. The formulas to distribute these funds are as follows:

1. $(\text{Eligible hospital's remaining audited DSH limit capacity} + \text{University DSH payment amount} + \text{GP DSH payment amount}) / (\sum \text{of all eligible hospitals' audited remaining DSH limit capacity} + \text{University DSH payment amount} + \text{GP DSH payment amount}) = (\text{Hospital Pool Factor})$
2. $(\text{Hospital Pool Factor}) \times (\text{Pool Amount}) = \text{Pool Payment}$

TN NO.: 24-0011

Approval Date: _____

Effective Date: 7/1/2024

Supersedes

TN No.: 22-0003

Public Notice

Michigan Department of Health and Human Services Behavioral and Physical Health and Aging Services Administration

Disproportionate Share Hospital (DSH) Pools State Plan Amendment Request

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 remove the regular and special pools contained in the DSH program except for the Institute for Mental Disease (IMD) special DSH pool. The significant expansion of the Hospital Rate Adjustment (HRA) supplemental payment program limits hospital capacity for DSH payments. Discontinuing all but the IMD DSH pool will improve the ability of the department to effectively distribute DSH payments given the limited future capacity of qualified hospitals. The anticipated effective date for the DSH Pools SPA is July 1, 2024. The estimated gross reduction in state funds allocated to the State of Michigan DSH program for the SPA is \$133,282,464 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@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 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/state-plan-amendments> .

RELEASED: May 31, 2024



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

June 6, 2024

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Disproportionate Share Hospital (DSH) Pools

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) request to the Centers for Medicare & Medicaid Services (CMS).

The purpose of this SPA is to remove the regular and special pools contained in the DSH program except for the Institute for Mental Disease (IMD) special DSH pool. The significant expansion of the Hospital Rate Adjustment (HRA) supplemental payment program limits hospital capacity for DSH payments. Discontinuing all but the IMD DSH pool will improve the ability of the department to effectively distribute DSH payments given the limited future capacity of qualified hospitals. MDHHS expects this change to have little to no impact on Native American beneficiaries, tribal health clinics, and urban Indian organizations. The anticipated effective date of this SPA is July 1, 2024.

There is no public hearing scheduled for this SPA. Input regarding this SPA 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 July 22, 2024.**

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

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June 6, 2024
Page 2

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 >>
Policy, Letters & Forms.

Sincerely,

A handwritten signature in black ink that reads "Meghan E. Groen". The signature is written in a cursive style with a large, stylized 'M' and 'G'.

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 24-31
June 6, 2024**

Ms. Whitney Gravelle, President, Bay Mills Indian Community
Ms. Lucy DeWildt, Health Director, Bay Mills (Ellen Marshall Memorial Center)
Ms. Sandra Witherspoon, Chairperson, 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
Ms. Dorie Rios, Tribal Chairperson, 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