FORM CMS-179 (09/24)

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER 23 — 0028	2. STATE MI			
STATE PLAN MATERIAL					
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	SECURITY ACT	3. PROGRAM IDENTIFICATION: TITLE XIXOF THE SOCIAL SECURITY ACT			
TO: CENTER DIRECTOR	3. PROPOSED EFFECTIVE DATE				
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2024				
5. FEDERAL STATUTE/REGULATION CITATION	FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2023 \$0				
1902(a) of the Social Security Act and 42 CFR 447	b. FFY 2024 \$0				
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	PAGE NUMBER OF THE SUPERSEDED PLAN SECTIONOR ATTACHMENT (If Applicable)				
Supplement to Attachment 3.1-A.1 Page 8	Supplement to Attachment 3.1-A.1 Page 8				
Supplement to Attachment 3.1-A.1 Page 12a	(TN# 14-0016)				
Supplement to Attachment 3.1-A.1 Page 22	Supplement to Attachment 3.1-A.1 Page 12a (TN# 22-0017)				
	Supplement to Attachment 3.1 (TN# 17-0001)	-A.1 Page 22			
9. SUBJECT OF AMENDMENT					
This SPA clarifies language regarding prior authority requireme	nts and maximum benefits for skilled n	naintenance therapy.			
10. GOVERNOR'S REVIEW (Check One)					
GOVERNOR'S OFFICE REPORTED NO COMMENT	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 1	5. RETURN TO				
1 Meghouse Grocu	havioral and Physical Health and Aging Services				
11. TOED NAME	Administration Office of Strategic Portnerships & Medicaid Administrative				
S S	Services – Federal Liaison				
12. TITLE Senior Deputy Director 4	apitol Commons Center – 7 th Floor 00 South Pine				
	Lansing, Michigan 48933				
Octob on 22, 2022	tn: Erin Black				
FOR CMS US	EONLY				
16. DATE RECEIVED 1	7. DATE APPROVED				
PLAN APPROVED - ONE COPY ATTACHED					
18. EFFECTIVE DATE OF APPROVED MATERIAL 1	9. SIGNATURE OF APPROVING OFFICIA	AL .			
20. TYPED NAME OF APPROVING OFFICIAL 2	TITLE OF APPROVING OFFICIAL				
22. REMARKS					
ZZ. INLIMITATIO					

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

2. OUTPATIENT HOSPITAL SERVICES

Professional fees for services provided in the outpatient department of a hospital will be paid only when such payment does not duplicate payment to the hospital.

Educational costs associated with the outpatient department will be reimbursed to hospitals with approved training programs (as described in 404.1 of the HIM-15 manual).

Payment will not be made for services of staff in residence, e.g., interns and residents or medical staff functioning in an administrative or supervisory capacity (including physician - owners) who are paid by the hospital or other sources.

Outpatient services relating to routine examinations only, i.e., unrelated to a specific illness, symptom, complaint, or injury, are not covered, except when provided to eligible children under age 21 as part of a program of early and periodic screening, diagnosis and treatment. (See Item 4b.)

Outpatient hospital services include prenatal and postnatal care; and services listed below when medically necessary for the diagnosis or treatment of an illness or injury when ordered by and under the direction of a physician (M.D. or D.O.), and services performed by the physician and/or physical therapist for physical therapy only:

- 1) radium treatment
- 2) therapeutic x-ray
- 3) diagnostic x-ray
- 4) emergency treatment
- 5) physical therapy, provided in accordance with 42 CFR 440.110, and as defined in 1.a of Supplement to Attachment 3.1-A. Prior approval is required if services are medically necessary and exceed the time or frequency limits as described in Medicaid policy for:
 - initial treatment (144 units in 12 months) or
 - maintenance/monitoring (four times, UP TO 16 UNITS, in the 90-day allowed period)
- 6) laboratory tests
- 7) electrocardiogram
- 8) electroencephalogram
- 9) basal metabolism
- 10) hemodialysis

NOTE: The patient who receives hemodialysis in his home is considered to be a hospital outpatient. Therefore, payment for the cost of hemodialysis supplies, such as plastic tubing, chemicals, disposable coils, etc., may be made under the Program.

Services are furnished in an institution that is licensed or formally approved as a hospital by an officially designated authority for state standard-setting and meets the requirements for participation in Medicare as a hospital.

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ININI().	フィーロロンス	Approval Date:	HITACTIVA I JOTA:	1/111/711/7/1
TN NO.:	20-0020	Apploval Date.	Effective Date:	1/01/2024

Supersedes TN No.: 14-0016

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

Except For State Veterans Homes, the following services are excluded from the nursing facility per diem rate:

- Physical therapy, as defined in 1.a. Prior Authorization is required for services, OTHER THAN SPECIALIZED MAINTENANCE THERAPY, rendered more than 60 days from the admission date to the facility.
- Occupational therapy, as defined in 1.a. Prior Authorization is required for services, OTHER THAN SPECIALIZED MAINTENANCE THERAPY, rendered more than 60 days from the admission date to the facility.
- 3. Speech pathology, as defined in 1.a. Prior Authorization is required for services, OTHER THAN SPECIALIZED MAINTENANCE THERAPY, rendered more than 60 days from the admission date to the facility.

The following service may be covered when billed by county medical care facilities and/or hospital long term care units:

Oxygen

Medicare and Medicaid Coordination

For nursing facilities, county medical care facilities, hospital long term care units, ventilator dependent care units, hospital swing beds and nursing facilities for the mentally ill, Medicaid will reimburse consistent with the methodology for coordination of Title XIX with Title XVIII as specified in Supplement 1 to Attachment 4.19-B, page 1 of this plan. The services subject to co-insurance and deductible payments, and how to bill the co-insurance and deductible for these services, are listed in the Medicaid Nursing Facility Procedure Code Appendix.

A dually eligible beneficiary who resides in a Medicaid-only certified bed may be admitted to a hospital for acute care services and, at the time of the beneficiary's hospital discharge, may be eligible for Medicare-reimbursed Skilled Nursing Facility (SNF) benefits. However, the beneficiary may wish to return to the Medicaid NF bed from which he was originally transferred. In these situations, Medicaid will reimburse the Nursing Facility for any days (i.e. 100 days) that would have been covered by Medicare.

Medicaid will reimburse for all medically necessary nursing facility days and other medically necessary services for dually eligible beneficiaries who wish to return to their Medicaid NF bed and refuse their Medicare SNF benefit.

TN NO.: 23-0028 Approval Date: _____ Effective Date: <u>01/01/2024</u>

Supersedes TN No.: 22-0017

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

11. Physical Therapy and Related Services

- A. Physical Therapy -
 - 1. Rehabilitative Service Outpatient Therapy Services: Rehabilitative services do not include and FFP is not available for habilitation services.
 - a) Services are provided in accordance with 42 CFR 440.110 and covered as defined in 1.a of Supplement to Attachment 3.1-A. Prior approval is required when services are medically necessary and exceed the time or frequency limits as described in Medicaid policy for:
 - 1. Initial treatment (144 units in 12 months); or,
 - 2. Maintenance/monitoring (four times, UP TO 16 UNITS, in the 90 day allowed period)
 - b) Services may be provided and billed by any of the following:
 - 1. Medicare-enrolled comprehensive outpatient rehabilitation facility as defined under 42 CFR 485.58;
 - 2. Medicare-enrolled outpatient rehabilitation agency as defined under 42 CFR 485.717;
 - 3. Commission on Accreditation of Rehabilitation Facilities (CARF) accredited outpatient medical rehabilitation program; or
 - 4. Independent physical therapist

B. Occupational Therapy –

- 1. Rehabilitative Service Outpatient Therapy Services: Rehabilitative services do not include and FFP is not available for habilitation services.
 - a) Services are provided in accordance with 42 CFR 440.110 and covered as defined in 1.a of Supplement to Attachment 3.1-A. Prior approval is required when services are medically necessary and exceed the time or frequency limits as described in Medicaid policy for:
 - 1. Initial treatment (144 units in 12 months); or,
 - 2. Maintenance/monitoring (four times, UP TO 16 UNITS, in the 90 day allowed period)
 - b) Services may be provided and billed by any of the following.
 - 1. Medicare-enrolled comprehensive outpatient rehabilitation facility as defined under 42 CFR 485.58;

TN NO.: 23-0028	Approval Date:	Effective Date: 01/01/2024
11V IVO 23-0020	Approvar Date.	Ellective Date. U1/U1/2024

Supersedes TN No.: 17-0001

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ANNOUNCEMENTS

ANNOUNCEMENTS

PUBLIC NOTICES

ORDER TO ANSWER OR APPEAR

APPEAR
CASE NO. 23-001328-CH
JUDGE MANVEL TRICE, III
In the 10TH Circuit Court for
the County of Saginaw
Melody Smith, Plaintiff,

MERCHANDISE

FINANCIAL

PETS & FARMS

RECREATION

TRANSPORTATION

EMPLOYMENT

REAL ESTATE

BARGAIN CORNER

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 SPA to clarify benefit maximums and prior authorization requirements for skilled maintenance therapy performed in outpatient and nursing facility settings and a corresponding alternative benefit plan (ABP) SPA.

The anticipated effective date for the maintenance therapy SPAs is January 1, 2024. The SPAs are estimated to be budget neutral.

the County of Saginaw Melody Smith, Plaintiff, V. V. Albert A. Austin, and his unknown heirs, devisees, or assignees, Defendants. At a session of said Court held in the courtroom thereof on July 13, 2023. PRESENT: HONORABLE MANVEL TRICE, III A Complaint for Claim and Delivery having been filed with the said Court by Plaintiff, wherein it is alleged that Albert Austin moved to the State of Florida several years ago, and Plaintiff is unable to locate his status or whereabouts. It appears from an Affidavit on file in said cause that Defendants cannot be person ally served, NOW, THEREFORE IT IS ORDERED that the Defendants shall be and appear at the said 10th Circuit Court located at 111 South Michigan Avenue, Saginaw, MI 48602 on September 8, 2023 (not less than 28 days After publication is completed) to answer to take other action as permitted by law or court rule. Failure to appear will result in the entry of Judgment by default in favor of Plaintiff. This Order shall be published once each week for (3) consecutive weeks, beginning on July 25, 2023. be budget neutral.

The purpose of the SPAs is to align Medicaid State Plan information with current nursing facility prior authorization requirements and to clarify benefit maximums for services reported under time-based procedure codes. Maintenance therapy performed in an outpatient setting is covered four times, up to 16 units, per 90-day period without prior authorization, and maintenance therapy provided in a nursing facility setting is covered four times, up to 16 units, per 60-day period.

In compliance with 42 CFR § 440.345, individuals under 21 years of age receiving Medicald 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.

PUBLIC NOTICE
Notice is hereby given that
the entire contents of the
following stoage unitswill be
sold to highest bidder by
way of an open bid on
08/24/23 at approximately
1:00 pm at Shattuck Self
Storage located at 3213
Shattuck Road, Saginaw, MI
48603.

1092 Debra Clark Vacume,Kitchen Items,suitcase,bags and boxes 1167 Jason Matura Leaf filters, stero stand, ice fishing gear, shelves, misc bags, boxes IN THE MATTER OF

1057 Miyea Beachum bed, table set, bedroom set

Dated: July 19, 2023 Prepared By: Patrick J. Greenfelder (P 44663) Attorney at Law 233 W. Broad Street Chesaning, MI 48616 (989) 845-4333

1158 Suprina Burns Washer,dryer,speakers,bed,b oxes and bins

1010 Sam Donald drawers,cruthes,printer

2393 Saraphina Crayton Bags and bins

2214 Ellen Haenlein, 2 couches, dresser, ladder, tv stand,

1128 Lindsay Madaj Bedroom set, dishes, desk, table chairs, crutches, bags, boxes

3520 Marlon McKinny car ramps,tires,rims,battery charger,heaters 3 floor scrubbers,3 shop vacs, lawn mower, refridgerator, pool table, floor scrubbers chain saw, stroller, toolbox

1180 Angelita Schneller couch, fishing gear, dresser, cart

STATE OF MICHIGAN
JUDICIAL CIRCUIT
FAMILY DIVISION
COUNTY OF SAGINAW
PUBLICATION OF NOTICE
OF HEARING
FILE NO. 23-1629-NC

In the matter of: RACHEL KAY THIEVIN

TO ALL INTERESTED PERSONS whose addresses are unknown and whose interest in the matter may be barred or affected by the following:

TAKE NOTICE: A hearing will be held on SEPTEMBER 18, 2023 AT 1:30PM before Judge MCGRAW for THE NAME CHANGE OF RACHEL KAY THIEVIN to RACHEL KAY THIEVIN to RACHEL KAY RABIDEAU.

AUGUST 8, 2023.

Skilled Maintenance Therapy State Plan Amendment

ty Act.

There is no public meeting scheduled regarding this notice. Any interested party wishing to request a written copy of the SPAs or wishing to submit comments may do so by sending an e-mail to M SADraftPolicy@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 August 31, 2023. A copy of the proposed SPAs will also be available for review at: https://www.michigan.gov/mdhhs/inside_mdhhs/budgetfinance/ 264/state-plan-amendments plan- amendments

STATE OF MICHIGAN
JUDICIAL CIRCUIT
FAMILY DIVISION
MIDLAND COUNTY
PUBLICATION OF HEARING
CASE NO.23-5496-NA
PETITION NO.
23002248-23002250

IN THE MATTER OF: Ka'Riah Cummings, Malakai Connyer, and Makayla Connyer

A Bench Trial regarding allegations in a petition regarding abuse and/or neglect will be conducted by the court on August 22, 2023 at 1:00 PM in the 42nd Circuit Court, Family Division, Level 2, before Attorney Referee Lori L. Bommarito.

You have the right to an attorney and the right to a tri-

IT IS THEREFORE ORDERED that Mi Kyella Connyer-Cummings personally appear before the court at the time and place stated above.

This hearing may result in the termination of your parental rights.



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

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Round shape without leaf.
Light Brown Finish. In immaculate condition. From a non-smoking & no pet home. \$5! or Best Offer. Cash only task or call me for pricing. Cash Only. Call or Text 989-284-6329.

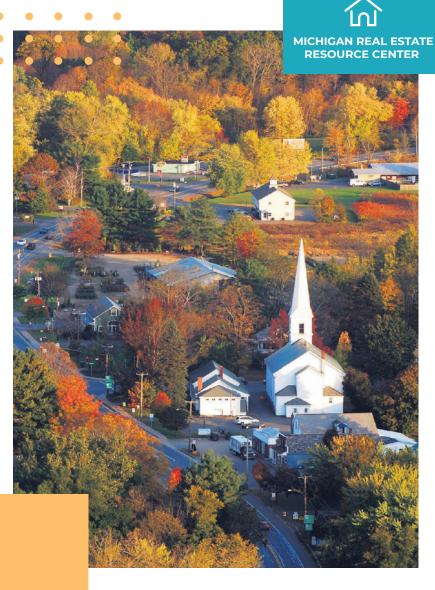
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STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES LANSING

ELIZABETH HERTEL
DIRECTOR

August 24, 2023

GRETCHEN WHITMER

GOVERNOR

NAME TITLE ADDRESS CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Skilled Maintenance Therapy State Plan Amendment Request

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

The purpose of the SPAs is to update prior authorization requirements for skilled maintenance therapy performed in outpatient and nursing facility settings and clarify benefit maximums when services are reported under a time-based procedure code. Outpatient maintenance therapy may be provided up to four times per 90 day period without prior authorization, and nursing facility maintenance therapy may be provided up to four times per 60 day period without prior authorization. Services reported under a time-based procedure code should not exceed 16 units per period. The anticipated effective date of these SPAs is January 1, 2024. MDHHS expects these changes to have no impact on Native American beneficiaries, tribal health clinics, and urban Indian organizations.

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 October 9, 2023.

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

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

Sincerely,

Meghan Groen, Director

Megloui & Grocu

Behavioral and Physical Health and Aging Services Administration

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 23-48 August 24, 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. 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

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