

# MI - Submission Package - MI2024MS0004O - (MI-24-0130) - Administration

Summary Reviewable Units **Approval Letter** News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
Department of Health and Human Services; Centers for Medicare and Medicaid Services  
601 E. 12th St; Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

October 02, 2024

Meghan Groen  
Senior Deputy Director, Behavioral and Physical Health and Aging Services  
Administration  
Michigan Department of Health and Human Services  
400 S Pine St  
7th Floor  
Lansing, MI 48933

Re: Approval of State Plan Amendment MI-24-0130

Dear Meghan Groen,

On September 17, 2024, the Centers for Medicare and Medicaid Services (CMS) received Michigan State Plan Amendment (SPA) MI-24-0130 to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15.

We approve Michigan State Plan Amendment (SPA) MI-24-0130 with an effective date(s) of December 31, 2024.

If you have any questions regarding this amendment, please contact kerri rosenbloom at [kerri.toback@cms.hhs.gov](mailto:kerri.toback@cms.hhs.gov)

Sincerely,  
James G. Scott  
Director, Division of Program Operations  
Center for Medicaid & CHIP Services

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- Summary
- Reviewable Units
- Approval Letter
- News
- Related Actions

CMS-10434 OMB 0938-1188

## Package Information

|                     |   |                 |                       |
|---------------------|---|-----------------|-----------------------|
| Package ID          | MI2024MS0004O   | Submission Type | Official              |
| Program Name        | N/A   | State           | MI                    |
| SPA ID              | MI-24-0130  | Region          | Chicago, IL           |
| Version Number      | 1   | Package Status  | Approved              |
| Submitted By        | Erin Black  | Submission Date | 9/17/2024             |
| Package Disposition |  | Approval Date   | 10/2/2024 6:29 PM EDT |

# Submission - Summary

MEDICAID | Medicaid State Plan | Administration | MI2024MS0004O | MI-24-0130

## Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
| <b>Package ID</b>        | MI2024MS0004O | <b>SPA ID</b>                  | MI-24-0130 |
| <b>Submission Type</b>   | Official      | <b>Initial Submission Date</b> | 9/17/2024  |
| <b>Approval Date</b>     | 10/02/2024    | <b>Effective Date</b>          | N/A        |
| <b>Superseded SPA ID</b> | N/A           |                                |            |

## State Information

|                              |          |                              |  |
|------------------------------|----------|------------------------------|--|
| <b>State/Territory Name:</b> | Michigan | <b>Medicaid Agency Name:</b> | Michigan Department of Health and Human Services |
|------------------------------|----------|------------------------------|--|

## Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

# Submission - Summary

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| <b>Superseded SPA ID</b> | N/A           |                                |            |

## SPA ID and Effective Date

**SPA ID** MI-24-0130

|                 |                         |                   |
|-----------------|-------------------------|-------------------|
| Reviewable Unit | Proposed Effective Date | Superseded SPA ID |
| Reporting       | 12/31/2024              | New               |

Page Number of the Superseded Plan Section or Attachment (If Applicable):

# Submission - Summary

MEDICAID | Medicaid State Plan | Administration | MI2024MS0004O | MI-24-0130

## Package Header

|                   |               |                         |            |
|-------------------|---------------|-------------------------|------------|
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| Submission Type   | Official      | Initial Submission Date | 9/17/2024  |
| Approval Date     | 10/02/2024    | Effective Date          | N/A        |
| Superseded SPA ID | N/A           |                         |            |

## Executive Summary

**Summary Description Including Goals and Objectives** This SPA attests to mandatory annual state reporting of the Child Core Set and the Adult Core Set as required.

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

|        | Federal Fiscal Year | Amount |
|--------|---------------------|--------|
| First  | 2025                | \$0    |
| Second | 2026                | \$0    |

### Federal Statute / Regulation Citation

42 CFR § 431.16 and §§ 437.10 through 437.15

Supporting documentation of budget impact is uploaded (optional).

| Name               | Date Created |  |
|--------------------|--------------|--|
| No items available |              |  |

# Submission - Summary

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| <b>Superseded SPA ID</b> | N/A           |                                |            |

## Governor's Office Review

- ☐ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☒ Other

**Describe** Meghan Groen, Director  
Behavioral and Physical Health and  
Aging Services Administration  
Michigan Department of Health and  
Human Services

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Administration | MI2024MS0004O | MI-24-0130

CMS-10434 OMB 0938-1188

The submission includes the following:

- ☒ Administration
- ☐ Organization
- ☒ General Administration

☒ Reporting

| Reviewable Unit Name | Included in Another Source Type Submission Package |
|----------------------|--|
| Reporting            | APPROVED   |

- ☐ Eligibility
- ☐ Benefits and Payments

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration | MI2024MS0004O | MI-24-0130

## Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
| <b>Package ID</b>        | MI2024MS0004O | <b>SPA ID</b>                  | MI-24-0130 |
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| <b>Approval Date</b>     | 10/02/2024    | <b>Effective Date</b>          | N/A        |
| <b>Superseded SPA ID</b> | N/A           |                                |            |

Indicate whether public comment was solicited with respect to this submission.

- ☒ Public notice was not federally required and comment was not solicited
- ☐ Public notice was not federally required, but comment was solicited
- ☐ Public notice was federally required and comment was solicited



# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Administration | MI2024MS0004O | MI-24-0130

## Package Header

|                   |               |                         |            |
|-------------------|---------------|-------------------------|------------|
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| Submission Type   | Official      | Initial Submission Date | 9/17/2024  |
| Approval Date     | 10/02/2024    | Effective Date          | N/A        |
| Superseded SPA ID | N/A           |                         |            |

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- ☒ Yes  
☐ No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- ☒ Yes  
☐ No

☒ The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:


- ☐ All Indian Health Programs  
☐ All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- ☒ All Indian Tribes

|                       |   |
|-----------------------|---|
| Date of consultation: | Method of consultation:                               |
| 9/5/2024              | Michigan Tribal Notification letter September 5, 2024 |

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

| Name                                    | Date Created           |   |
|---|------------------------|---|
| <a href="#">Numbered Letter L 24-51</a> | 9/10/2024 12:43 PM EDT |  |

Indicate the key issues raised (optional)

- ☐ Access  
☐ Quality  
☐ Cost  
☐ Payment methodology  
☐ Eligibility  
☐ Benefits  
☐ Service delivery  
☐ Other issue

# Medicaid State Plan Administration

## General Administration

### Reporting

#### Package Header

|                   |               |                         |            |
|-------------------|---------------|-------------------------|------------|
| Package ID        | MI2024MS00040 | SPA ID                  | MI-24-0130 |
| Submission Type   | Official      | Initial Submission Date | 9/17/2024  |
| Approval Date     | 10/02/2024    | Effective Date          | 12/31/2024 |
| Superseded SPA ID | New           |                         |            |
|                   | User-Entered  |                         |            |

#### A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

- ☒ 1. The agency assures that all requirements of 42 CFR 431.16 are met.

#### B. Annual Reporting on the Child and Adult Core Sets

- ☒ 1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.
- ☒ 2. The agency reports annually, by December 31, on:
- a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.
  - b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

#### C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 11/14/2024 11:30 AM EST*