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State/Territory Name: Michigan

State Plan Amendment (SPA)#: 23-0024

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 22, 2023

Meghan E. Groen
Senior Deputy Director
Behavioral and Physical Health and Aging Services Administration
Michigan Department of Health and Human Services
400 S Pine St 7th Fl
Lansing, MI 48933-2250

Re: Michigan State Plan Amendment (SPA) 23-0024

Dear Ms. Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0024. This amendment provides a temporary extension to continue the supplemental payment for in-person direct care services provided in Skilled Nursing Facilities, Adult Foster Care Homes, and Homes for the Aged currently authorized in Disaster Relief (DR) SPA 21-0019.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Michigan's Medicaid SPA Transmittal Number 23-0024 is approved effective October 1, 2023.

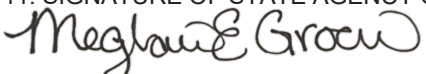
If you have any questions, please contact Keri Toback at 312-353-1754 or via email at keri.toback@cms.hhs.gov.

Sincerely,

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

cc: Erin Black

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>		<p>1. TRANSMITTAL NUMBER <u>23</u> — <u>0024</u></p>	<p>2. STATE <u>MI</u></p>						
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>		<p>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT</p>							
<p>5. FEDERAL STATUTE/REGULATION CITATION Sections 201 and 301 of the National Emergencies Act (50 U.S.C.1601 et seq.) Section 1135 of the Social Security Act</p>		<p>3. PROPOSED EFFECTIVE DATE October 1, 2023</p>							
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 7.4. C. Temporary Policies in Effect Following the COVID-19 National Emergency</p>		<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <table style="width:100%; border: none;"> <tr> <td style="width: 50%;">a. FFY 2024</td> <td style="width: 50%; text-align: right;">\$39,500,000</td> </tr> <tr> <td>b. FFY 2025</td> <td style="text-align: right;">\$0</td> </tr> </table>		a. FFY 2024	\$39,500,000	b. FFY 2025	\$0		
a. FFY 2024	\$39,500,000								
b. FFY 2025	\$0								
<p>9. SUBJECT OF AMENDMENT This SPA updates temporary authority related to in-person premium payments for skilled nursing facilities, adult foster care homes, and homes for the aged by amending SPA 23-0019.</p>		<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Section 7.4.B Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency (TN: 23-0019)</p>							
<p>10. GOVERNOR'S REVIEW (Check One)</p> <table style="width:100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</td> <td style="width: 50%;"><input checked="" type="checkbox"/> OTHER, AS SPECIFIED:</td> </tr> <tr> <td><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</td> <td></td> </tr> <tr> <td><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</td> <td></td> </tr> </table>				<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
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<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL									
<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>		<p>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</p>							
<p>11. TYPED NAME Meghan Groen</p>		<p>13. DATE SUBMITTED October 9, 2023</p>							
<p>12. TITLE Senior Deputy Director</p>									
<p>13. DATE SUBMITTED October 9, 2023</p>									
<p>FOR CMS USE ONLY</p>									
<p>16. DATE RECEIVED 10/09/2023</p>		<p>17. DATE APPROVED 11/22/2023</p>							
<p>PLAN APPROVED - ONE COPY ATTACHED</p>									
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2023</p>		<p>19. SIGNATURE OF APPROVING OFFICIAL</p>							
<p>20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy On Behalf of Anne Marie Costello</p>		<p>21. TITLE OF APPROVING OFFICIAL Deputy Director, Center for Medicaid and CHIP Services</p>							
<p>22. REMARKS</p>									

State/Territory: Michigan

Section 7 – General Provisions

7.4. C. Temporary Policies in Effect Following the COVID-19 National Emergency

Effective October 1, 2023 until September 30, 2024, the agency is amending the temporarily policies of the following election(s) of section 7.4 (approved 07/12/2023 in SPA number MI-23-0019) of the state plan:

Payments:

X The agency makes the following adjustments to payment rates currently covered in the state plan:

Personal Care Services:

A supplemental payment of \$3.20 per hour will be paid for in-person care provided by registered nurses, licensed practical nurses, competency-evaluated nursing assistants, and respiratory therapists employed by Medicaid-certified nursing facilities, as well as for in-person direct care services provided in Adult Foster Care Homes and Homes for the Aged serving Medicaid beneficiaries. In addition, in-person premium payments in the amount of \$0.85 per hour will be paid to non-clinical direct care workers in skilled nursing facilities. The supplemental payment for these providers will also include any associated share of employer Federal Insurance Contributions Act (FICA) payroll taxes.

Except as otherwise noted in the state plan, Michigan's Medicaid payment rates are uniform for both private and governmental providers. Reimbursement is made in accordance with Medicaid's fee screens or the usual and customary charge for these services, whichever amount is less. All rates are published at www.michigan.gov/medicaidproviders.

TN: 23-0024

Supersedes TN: 23-0019

Approval Date: 11/22/2023

Effective Date: 10/01/2023