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State/Territory Name: MI

State Plan Amendment (SPA) #: 19-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
233 N. Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



Regional Operations Group

March 5, 2019

Kathy Stiffler, Acting State Medicaid Director
Medical Services Administration
Michigan Department of Health and Human Services
400 South Pine Street, P.O. Box 30479
Lansing, Michigan 48909-7979

ATTN: Erin Black

Dear Ms. Stiffler:

Enclosed for your records is an approved copy of the following State Plan Amendment:

- Transmittal #: 19-0001: Certified Nurse Midwives Update
- Effective Date: April 1, 2019
- Approval Date: March 5, 2019

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

Sincerely,

/s/

Todd McMillion
Acting Deputy Director
Division of Medicaid Field Operations North

cc: Erin Black, MDHHS

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

19 - 0001

2. STATE:

Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2019

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.165

7. FEDERAL BUDGET IMPACT:

a. FFY 2019 \$0

b. FFY 2020 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplemental to Attachment 3.1-A Page 33

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

Supplemental to Attachment 3.1-A Page 33

10. SUBJECT OF AMENDMENT:

This SPA will update language regarding coverage of services provided by certified nurse midwives (CNMs). There will also be a corresponding ABP SPA.

11. 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:

Kathleen Stiffler, Acting Director

Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Kathleen Stiffler

14. TITLE:

Acting Director, Medical Services Administration

15. DATE SUBMITTED:

February 4, 2019

16. RETURN TO:

Medical Services Administration
Actuarial Division - Federal Liaison
Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Erin Black

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

February 4, 2019

18. DATE APPROVED:

March 5, 2019

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPE NAME:

Todd McMillion

22. TITLE:

Acting Deputy Director

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Amount, Duration and Scope of Medical and Remedial Care And
Services Provided to the Categorically and Medically Needy***

17. NURSE-MIDWIFE SERVICES

CERTIFIED NURSE MIDWIFE SERVICES ARE COVERED WHEN MEDICALLY NECESSARY AND PROVIDED BY A QUALIFIED, LICENSED PROVIDER WITHIN THEIR SCOPE OF PRACTICE AS DEFINED BY STATE LAW.

COVERED SERVICES INCLUDE: OBSTETRIC AND NEWBORN CARE, WOMEN'S PRIMARY HEALTH CARE, AND GYNECOLOGICAL AND FAMILY PLANNING SERVICES. SERVICES MUST BE FURNISHED WITHIN AN ALLIANCE AGREEMENT THAT PROVIDES FOR PHYSICIAN CONSULTATION, COLLABORATION, AND REFERRAL AS INDICATED BY THE HEALTH OF THE BENEFICIARY.

TN NO.: 19-0001

Approval Date: 3/5/19

Effective Date: 04/01/2019

Supersedes

TN No.: SPA page dated 04/01/1989