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State/Territory Name: Michigan

State Plan Amendment (SPA)#: 21-0001a

This file contains the following documents in the order listed

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



May 7, 2021

Ms. Kate Massey
Medicaid Director
Medical Services Administration
400 S Pine St 7th Fl
Lansing, MI 48933-2250
Re: Michigan State Plan Amendment (SPA) 21-0001a

Dear Ms. Massey:

We have reviewed the proposed amendment to add section 7.4.A Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to your Medicaid state plan, as submitted under transmittal number (TN) MI 21-0001a. This amendment proposes to rescind a temporary policy previously approved in section 7.4 of the Medicaid state plan through the submission of a Medicaid Disaster Relief SPA.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority for this provision and is intended to be in effect only for the duration of the COVID-19 public health emergency (PHE). Due to the temporary nature of this provision and because Michigan has elected to rescind the election at Section E.2. of Payments of section 7.4 (approved on 06/05/2020 in SPA Number MI-20-0005) of the state plan to provide supplemental payments for Nursing Facility COVID-19 Regional Hub as designated by the State of Michigan prior to the end of the COVID-19 PHE, Medicaid SPA TN 21-0001a is approved effective January 1, 2021.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Keri Toback at 312 353 1754 or by email at keri.toback@cms.hhs.gov if you have any questions about this approval.

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2021.05 07
08:03:08 -04'00'

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 21 - 0001a	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 January 1, 2021	

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: Sections 201 and 301 of the National Emergencies Act (50 U.S.C.1601 et seq.) Section 1135 of the Social Securing Act	7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$48,832,400 b. FFY 2022 \$0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 7.4.A Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>):
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10. SUBJECT OF AMENDMENT:
This SPA provides authority to rescind the prior approved additional payments for specific COVID-19 nursing facilities

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Kate Massey, Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Medical Services Administration

13. CONTACT AGENCY OFFICIAL:  Kate Massey	16. RETURN TO: Medical Services Administration Actuarial Division - Federal Liaison Capitol Commons Center - 7 th Floor 400 South Pine Lansing, Michigan 48933 Attn: Erin Black
14. TITLE: Director, Medical Services Administration	
15. DATE SUBMITTED: February 12, 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 02/12/2021	18. DATE APPROVED: 05/07/2021
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2021	20. SIGNATURE OF REGIONAL OFFICIAL: Alissa M. Deboy <small>Digitally signed by Alissa M. Deboy -S Date: 2021.05.07 08:03:42 -04'00'</small>
21. TYPE NAME: Alissa Mooney DeBoy On Behalf of Anne Marie Costello	22. TITLE: Acting Director Center for Medicaid & CHIP Services

23. REMARKS:
Pen and Ink Changes made to update SPA number plan section and description based on splitting out rescission request from initial submission of MI SPA 21-0001. State approved Pen and Ink Change request on 3/25/21. Changes made by Keri Toback.

State/Territory: Michigan

7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency

Effective January 1, 2021, the agency rescinds the election at Section E.2. of Payments of section 7.4 (approved on 06/05/2020 in SPA Number MI-20-0005) of the state plan to provide supplemental payments for Nursing Facility COVID-19 Regional Hub as designated by the State of Michigan.

TN: 21-0001a

Approval Date: 05/07/2021

Effective Date: 01/01/2021