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State/Territory Name: Michigan

State Plan Amendment (SPA)#: 24-0003

This file contains the following documents in the order listed

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#### **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

June 27, 2024

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) 24-0003

Dear Director Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0003. This SPA provides authority to expand eligibility for Group D Targeted Case Management to beneficiaries age 21 to 26, as well as to beneficiaries over age 26 with inherited red blood cell disorders.

We conducted our review of your submittal according to the statutory requirements at 42 CFR 440.60. We hereby inform you that Medicaid State plan amendment 24-0003 is approved effective April 1, 2024. We are enclosing the CMS-179 and the amended plan pages.

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

Sincerely

James G. Scott, Director Division of Program Operations

**Enclosures** 

cc: Erin Black

FORM CMS-179 (09/24)

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES  TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.60  7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT		nts in WHOLE dollars)
Supplemental 1 to Attachment 3.1-A Page 1-D-1	Supplemental 1 to Attachment 3.1-A Page 1-D-1 (TN# 08-09)	
<ol> <li>SUBJECT OF AMENDMENT         This SPA provides authority to expand eligibility for Group D 3 as to beneficiaries over age 26 with inherited red blood cell dis     </li> </ol>		ries age 21 to 26, as well
10. 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:	
11. TOPED NAME  **eg' an Groen  12. TITLE  Senior Deputy Director  13. DATE SUBMITTED  April 8, 2024	chavioral and Physical Health and Aging Services ministration fice of Strategic Partnerships & Medicaid Administrative ervices – Federal Liaison upitol Commons Center – 7th Floor 0 South Pine nsing, Michigan 48933	
FOR CMS USE ONLY		
16. DATE RECEIVED 04/08/2024	17. DATE APPROVED 06/27/2024	
PLAN APPROVED - O		
18. EFFECTIVE DATE OF APPROVED MATERIAL 04/01/2024	SIG	
20. TYPED NAME OF APPROVING OFFICIAL  James G. Scott	TITLE OF APPROVING OFFICIAL  Director, Division of Program Operations	
22. REMARKS	Director, Division of Program Op	GI AUVI IS

# State Plan under Title XIX of the Social Security Act State/Territory: Michigan

#### TARGETED CASE MANAGEMENT SERVICES

<u>Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):</u> <u>Target Group D</u> consists of persons who are:

- aged 0 through 25 with a Michigan Department of Health and Human Services (MDHHS), Children's Special Health Care Services (CSHCS) medically eligible diagnosis, or
- 2. SSI-Disabled Children's Program clients age 0-16, or
- 3. Aged 26 and over with cystic fibrosis, inherited red blood cell disorders, or coagulation defects.

-
Target group includes individuals transitioning to a community setting. Casemanagement services will be made available for up to[insert a number; not to exceed 180] consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)
Areas of State in which services will be provided (§1915(g)(1) of the Act):  X Entire State Only in the following geographic areas: [Specify areas]
Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))  Services are provided in accordance with §1902(a)(10)(B) of the Act.  Services are not comparable in amount duration and scope (§1915(g)(1)).
<u>Definition of services (42 CFR 440.169)</u> : Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted

Case Management includes the following assistance:

Comprehensive assessment and periodic reassessment of individual needs, to

- determine the need for any medical, educational, social or other services. These assessment activities include
  - taking client history;
  - identifying the individual's needs and completing related documentation; and
  - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

It is expected that face-to-face assessments are performed annually, however, the frequency should be based on the needs and circumstances of the individual and/or family.

- Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
  - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;

TN# 24-0003 Approval Date: 06/27/2024 Effective Date: 04/01/2024