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State/Territory Name: Michigan

State Plan Amendment (SPA)#: 24-0005

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) Form 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

September 17, 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 Street, 7th Floor
Lansing, MI 48933-2250

Re: Michigan State Plan Amendment (SPA) 24-0005

Dear Senior Deputy Director Groen:

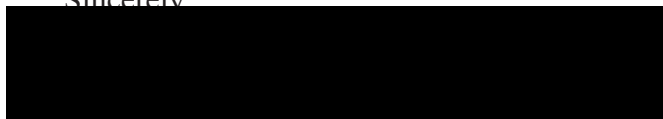
The Centers for Medicare & Medicaid Services (CMS) reviewed your State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0005. This SPA recognizes the shift to require managed care plans to cover transportation to all Medicaid-covered services, clarifies coverage language, and reflects other technical adjustments.

We conducted our review of your submittal according to the statutory requirements at Section 1902(a)(70) of the Social Security Act. This letter informs you that Michigan's Medicaid SPA TN 24-0005 was approved on September 16, 2024, effective October 1, 2024.

Enclosed are copies of Form CMS-179 and the approved SPA pages to be incorporated into the Michigan State Plan.

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

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
24 — 0005

2. STATE
MI

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

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

3. PROPOSED EFFECTIVE DATE
October 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
Section 1902(a)(70) of the SSA

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$0
b. FFY 2026 \$0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachment 3.1-A Pages 36 and 36a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Supplement to Attachment 3.1-A Pages 36 and 36a (TN# 10-10)

9. SUBJECT OF AMENDMENT
This SPA recognizes the shift to require managed care plans to cover transportation to all Medicaid covered services, clarifies coverage language, and reflects other technical adjustments.

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. TYPED NAME
Meghan Green

12. TITLE
Senior Deputy Director

13. DATE SUBMITTED
July 1, 2024

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

FOR CMS USE ONLY

16. DATE RECEIVED
July 01, 2024

17. DATE APPROVED
09/16/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 01, 2024

19. SIGNATURE
[Redacted]

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

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

24. OTHER MEDICAL CARE

Any other medical care, and any other type of remedial care recognized under State law, and specified by the Secretary in accordance with section 1905(a)(28) of the Social Security Act and 42 CFR 440.170.

a. Transportation (Same for categorically needy and medically needy clients)

Ambulance service to a hospital for inpatient services, or from a hospital on completion of an inpatient stay, is an allowable benefit when a physician has ordered the service. The physician's name must be indicated on the claim for payment when submitted by the provider service.

Ambulance service to a hospital for emergency care is an allowable benefit. (Emergency is defined as any condition in which a delay in treatment may result in permanent injury or loss of life.) A physician's order is not required if the definition of emergency is met. However, the nature of the affliction which gave cause for emergency service must be clearly described on the claim for payment when submitted by the provider of the service. The return trip from an emergency situation is a covered service, if ordered by a physician because the patient required ambulance transportation based on his medical condition, whether or not there was an inpatient stay.

If the ambulance service is by air, it is covered only under the following circumstances:

- 1) Time and distance would be hazard to the life of the patient, either to or from the hospital, and
- 2) The reason for hospitalization at the distantly located hospital is that comparable care and medical services are not available locally, and the reason for hospital admission is for medical or surgical therapy, not for diagnosis only.

a.1 Non-emergency transportation is provided in accordance with 42 CFR 431.53 as an administrative service.

Without limitations With limitations

The Non-Emergency Medical Transportation (NEMT) program includes transportation for all beneficiaries. The Michigan Department of Health and Human Services (MDHHS) administers the provision of Fee For Service (FFS) NEMT. MDHHS administers NEMT in all Michigan counties except Wayne, Oakland, and Macomb, where NEMT is administered through a brokerage program.

TN NO.: 24-0005

Approval Date: 09/16/2024

Effective Date: 10/01/2024

Supersedes

TN No.: 10-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Amount, Duration and Scope of Medical and Remedial Care
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Transportation is requested through the county MDHHS office. MDHHS reviews the request for appropriateness and approves accordingly. MDHHS conducts all activities necessary to administer the NEMT program, including provider registration, receipt, screening, and approval of requests for transportation; and payment to providers and beneficiaries for approved transportation services. MDHHS administrative oversight includes examination and evaluation of monthly and quarterly financial reports; and monitoring, tracking and responding to client contacts in order to identify and resolve transportation access issues.

- Non-Emergency transportation is provided without a broker in accordance with 42 CFR 440.170 as an optional medical service), excluding “school-based” transportation.

WITHOUT LIMITATIONS WITH LIMITATIONS

- Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4).

MDHHS contracts with a single broker to administer FFS NEMT In Wayne, Oakland, and Macomb Counties.

- The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36(b)(i).

- 1) The State will operate the broker program without REGARD TO the requirements of the following paragraphs of section 1902(a):

- (1) state-wideness – the State operates the broker program in Wayne, Oakland and Macomb counties.
 (10)(B) comparability
 (23) freedom of choice

- 2) Transportation services provided will include:

- wheelchair van
 taxi
 stretcher car
 bus passes
 tickets
-

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