



Michigan Department of Health and Human Services  
**Medicaid State Plan**



The Michigan Medicaid State Plan is an agreement between the State of Michigan and the federal government which identifies the general health care services, reimbursement of those services and the beneficiary and provider eligibility policies in effect under Michigan’s Medicaid program.

The Centers for Medicare and Medicaid Services (CMS) of the Department of Health and Human Services is the federal agency with oversight responsibility of the Medicaid Program. All parts, including updates or changes to the Plan, must be approved by CMS in order to become effective. Federal regulations detailing the State Plan purpose and maintenance procedures may be found at 42 CFR 430 Subpart B.

The State Plan posted here is available for information purposes only; it does not replace the official version and does not contain any pending amendment information or amendments approved since January 1, 2022.

Amendments pending approval or approved since January 1, 2022 may be found at:

[www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs) >> Inside MDHHS >> Budget and Finance >> Medicaid Waiver & State Plan Amend. Notification

[http://www.michigan.gov/mdhhs/0,1607,7-132-2946\\_5080-108153--,00.html](http://www.michigan.gov/mdhhs/0,1607,7-132-2946_5080-108153--,00.html)

Questions regarding the State Plan may be e-mailed to:

[MSAPolicy@michigan.gov](mailto:MSAPolicy@michigan.gov)

The following table identifies the sections of the State Plan and a brief overview of each.

<b>1</b>	Single State Agency Organization	provides information regarding the State's designation of the Michigan Medicaid Single State Agency, the authority under which it operates and a description of the organization.
<b>2</b>	Coverage & Eligibility	outlines Michigan Medicaid’s eligibility conditions such as income, resources, assets and the various groups (i.e. aged, blind, disabled and family independence program)
<b>3</b>	Amount, Duration and Scope of Services Provided	Attachment 3.1-A lists the services covered under the Michigan Medicaid program and the Supplements to Attachment 3.1-A provide a more detailed description of those services, including any limitations or requirements to/for that coverage
<b>4</b>	General Program Administration	Medicaid reimbursement methodologies takes up the bulk of Section 4; specifically Attachment 4.19. Attachment 4.19-A provides a full description of inpatient hospital reimbursement, Attachment 4.19-B explains reimbursement to all providers except inpatient hospital and long term care facilities. Attachment 4.19-D covers Medicaid payment for long term care facilities.
<b>5</b>	Personnel Administration	provides assurances the State is in compliance with Federal Regulations regarding personnel administration standards and training.

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State MICHIGAN

Citation  
42 CFR 431.615 (c)  
AT-78-90

4.16 Relations with State Health and Vocational  
Rehabilitation Agencies and Title V  
Grantees

The Medicaid agency has cooperative arrangements with State health and vocational rehabilitation agencies and with title V grantees, that meet the requirements of 42 CFR 431.615.

ATTACHMENT 4.16-A describes the cooperative arrangements with the health and vocational rehabilitation agencies.

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TN # 74-2  
Supersedes  
TN # \_\_\_\_\_

Approval Date 7/05/74 Effective Date 1/15/74

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

COOPERATIVE ARRANGEMENTS WITH STATE HEALTH AND STATE  
VOCATIONAL REHABILITATION AGENCIES AND WITH TITLE V GRANTEES

- I. MICHIGAN DEPARTMENT OF PUBLIC HEALTH  
Agreement, effective December 26, 1980
- II. MICHIGAN DEPARTMENT OF MENTAL HEALTH  
Agreement, effective September 22, 1977
- III. MICHIGAN DEPARTMENT OF EDUCATION, BUREAU OF  
REHABILITATION  
Interim agreement, effective September 30, 1980
- IV. MICHIGAN DEPARTMENT OF PUBLIC HEALTH, AND MICHIGAN  
DEPARTMENT OF STATE POLICE, FIRE MARSHAL DIVISION  
Agreement, effective May 24, 1979

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4. Program Coordination

Designate a staff member to serve as EPSDT coordinator and liaison with Public Health and with the Division of Family Services, Social Services.

5. Auxiliary Services

- a. At both central office and local levels, develop publicity for the program to increase client participation and facilitate clients' access to health care by assuring availability of medical/dental resources through adequate provider participation and arrangement of other services as needed.
- b. Provide training for outreach necessary in the program, when outreach functions are performed by local departments of social services; and, as appropriate, coordinate efforts with Public Health in outreach training.

E. Medical Assistance and the Crippled Children Program

This section provides for casefinding and case management of crippled children eligible for Medical Assistance. It also provides for additional certification of certain facilities for the care of children eligible for Medical Assistance and delegation of the Title V fiscal intermediary responsibility.

The crippled children program is a state/federal funded program administered by Public Health, Bureau of Personal Health Services, Division of Services to Crippled Children (DSCC). The crippled children program is authorized by the Michigan Public Health Code (Act 368 of the Public Acts of 1978, as amended) to serve single or married individuals "under 21 years of age whose activity is or may become so restricted by disease or deformity as to reduce the individual's normal capacity for education and self-support". Cooperation between the Medical Assistance Program and the Crippled Children Program is required for effective delivery of services to those individuals eligible for both programs.

PUBLIC HEALTH WILL:

1. Determine which children in, or eligible for, the Medical Assistance Program qualify as crippled children under legislative mandate and Public Health's rules and procedures.
2. Provide case management including approval of physicians, hospitals and other providers for the provision of services, to those determined to be eligible for Crippled Children Program benefits. This management will be provided by physicians, nurses, and other health professionals in the central and regional offices that serve crippled children.
3. Utilize the same method of payment for services rendered to crippled children (including rates of reimbursement) used by Social Services to pay for services rendered to Medical Assistance recipients.
4. Provide to Social Services, on a timely basis, all information relating to eligibility, authorization and other information as required, which would enable invoices for services rendered to be processed for prompt payment.
5. Certify to Social Services hospitals and nursing-care facilities approved for the inpatient care of children eligible for Medical Assistance benefits.
6. Certify to Social Services the speech and hearing centers approved for

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the evaluation of recipients suspected of being hard of hearing.

7. Prior authorize those selected services for Social Services program recipients which may from time to time be mutually agreed upon.
8. Provide to Social Services, on a timely basis, all reports necessary to fulfill federal reporting requirements.
9. Designate appropriate personnel to work on a Public Health/Social Services task force to examine issues of reimbursement, claims processing, cost-accounting, and systems development.

**SOCIAL SERVICES WILL:**

1. Determine the financial eligibility of children for whom application has been made for Medical Assistance and who are or have been determined medically eligible for assistance under the Crippled Children Program.
2. Serve as the fiscal intermediary, and make payments for covered services authorized by Public Health for eligible Crippled Children Program recipients, and bring to the attention of Public Health for resolution, before payment, invoices for services that appear to be inconsistent with program requirements.
3. Provide Public Health with the opportunity to review modifications of standards used to authorize payments so that the standards may be justified or revised jointly before implementation.
4. Provide data processing support to maintain computer systems relative to eligibility, government and management reporting for Crippled Children Program activities as mutually agreed upon.
5. Provide reimbursement to Public Health for the cost of covered services provided in the Crippled Children Program's diagnostic clinics to individuals eligible for Medical Assistance in accordance with mutually agreed upon procedures.
6. Provide reimbursement to Public Health by interaccounting for the cost of medical management and prior authorization of services provided to children eligible for Medical Assistance.
7. Provide Public Health, on a timely basis, all reports necessary to fulfill federal reporting requirements.
8. Review with Public Health, in advance, all initial and final cost settlements for hospitals, which affect Crippled Children Program expenditures.
9. Review with Public Health, in advance, all gross adjustments as may be mutually agreed upon, which affect Crippled Children Program expenditures.
10. Designate appropriate personnel to work on a Public Health/Social Services task force to examine issues of reimbursement, claims processing, cost-accounting, and systems development.

**F. Medical Assistance and Title V Projects**

The purpose of this section is to provide for cooperative arrangements

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between the program of projects administered by Public Health (Title V grantee) and the Medical Assistance Program. The program of projects carried out under Title V of the Social Security Act include:

Maternity and Infant Care

- initial assessment and plan of care for duration of pregnancy
- post partum care
- nursing services
- nutrition services

Intensive Infant Care

Health of Children and Youth

Family Planning

Dental Health of Children and Youth

These projects have as their purpose the reduction of infant mortality and morbidity and the reduction of the incidence of mental retardation and other handicapping conditions.

PUBLIC HEALTH WILL:

1. Promote cooperative program planning and monitoring efforts at the state and local levels.
2. Identify individuals in need of preventive, diagnostic, treatment and medical care and services.
3. Identify and refer to Social Services individuals who may be eligible for Medical Assistance Program benefits.
4. Provide or arrange for health care and services mandated by the program of projects incorporating appropriate diagnostic, preventive, prenatal, delivery and postnatal services, surgical and specialized perinatal services to the high-risk obstetrical patient and neonate including long-term development assessment; family planning counseling and medical services; medical and dental care for children and youth including screening, diagnosis, preventive services, treatment, correction of defects and aftercare.
5. In accordance with mutually agreed upon procedures, request from Social Services reimbursement for the cost of covered Medical Assistance care and services provided by Title V projects to individuals eligible for Medical Assistance.
6. Establish, maintain standards and guidelines for quality of health care rendered by Title V projects.
7. Certify to Social Services public providers of family planning services.
8. Designate hospitals, physicians, and transportation providers for eligibility for the newborn intensive care program.
9. Designate appropriate personnel to work on a Public Health/Social Services task force to examine issues of coordination, policy develop-

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ment, quality assurance, and reporting and evaluation.

**SOCIAL SERVICES WILL:**

1. Promote cooperative planning at the state and local levels.
2. Determine the financial eligibility of individuals for whom application has been made for Medical Assistance.
3. Identify and refer individuals in need of health care and services available by and through Title V projects to Public Health.
4. Establish the scope of services and reimbursement levels available under the State Plan for Medical Assistance.
5. Reimburse, as first payor, the cost of care and services furnished by or through the Title V grantee to individuals eligible for Medical Assistance.
6. Designate appropriate personnel to work on a Public Health/Social Services task force to examine issues of coordination, policy development, quality assurance, and reporting and evaluation.

**G. Trust Fund Procedures**

This section provides a procedure for verification of compliance of trust fund records pursuant to Act 368 of the Public Acts of 1978, as amended, Sections 21321 and 21721.

**SOCIAL SERVICES WILL:**

1. Audit the patient trust funds on a continuing basis, concurrent with the financial audit of each Michigan nursing home.
2. At the conclusion of the audit, direct a written statement indicating evidence of compliance or non-compliance to Public Health.

**PUBLIC HEALTH WILL:**

1. Determine facility compliance with Act 368 of the Public Acts of 1978, as amended.
2. Support Social Services' budget request for the cost of the above audit functions.

**ARTICLE IV**

Assigned functions will be carried out by Public Health and Social Services in full compliance with Michigan's approved State Plan for Medical Assistance and the statutory and regulatory requirements of the Department of Health and Human Services. The respective responsibilities of Public Health and Social Services detailed in Sections A through G above are not meant to exclude any other delegations of function that are mutually agreed to and within the scope of this contract. Each section of this contract will be reviewed at least annually and, in the absence of revision, will be noted with the date of the review.

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ST.PLAN-4.16-A/Sec.A; Kuerbitz; 9/27/88