STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

AMY EPKEY
ACTING DIRECTOR

October 1, 2026

TO: Interested Party

RE: Consultation Summary for MI Coordinated Health 1915(b)/(c) Draft Amendment Applications with Proposed Effective Date January 1, 2027

Thank you for your comment(s) to the Health Services Administration related to the MI Coordinated Health (MICH) 1915(b)/(c) draft amendment applications with the proposed effective date of January 1, 2027. Your comment has been considered in the preparation of the final application, a copy of which is attached for your information.

Responses to specific comments are addressed below.

Comment: As respiratory care services are being incorporated in association with Private Duty Nursing (PDN) services, consideration should be given to identifying the applicable Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) modifier(s) that Highly Integrated Dual Eligible Special Needs Plans (HIDE SNPs) and providers should use to support consistent identification and administration of these services.

Response: **The** MICH program added Respiratory Care (and associated provider type of Respiratory Therapist) to the PDN service definition in alignment with the equivalent MI Choice service and will also adopt the HCPCS/CPT modifier(s) currently utilized in MI Choice for this service.

The following HCPCS/CPT codes will be utilized:

- PDN/Respiratory Services G0237: Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring)
- PDN/Respiratory Services G0238: Therapeutic procedures to improve respiratory function other than described by G0237, face-to-face, one-on-one, per 15 minutes (includes monitoring)
- PDN/Respiratory Services G0239: Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)

Comment: As operational and terminology changes are finalized, we would appreciate advanced communication regarding the anticipated implementation timeline and any corresponding updates to state guidance, contractual documents, resource guides, and other program materials. This will help us appropriately update internal processes, systems, training materials, member/provider communications, and operational workflows. For example, the proposed inclusion of respiratory care to PDN may necessitate updates across multiple plan documents and processes.

Response: The Michigan Department of Health and Human Services (MDHHS) will update all necessary parties as this proposal moves forward and will notify all HIDE SNPs as soon as the final amendment applications are approved and associated guidance documents are available.

Comment: Pg 179-180 - We noted the addition of "emotional and psychological" as a critical incident category and would appreciate clarification regarding the intended scope of this category. As currently written, the language may be interpreted broadly, which could result in inconsistent application and reporting across health plans and providers. To provide greater clarity and to align with terminology used in other programs and states, MDHHS may wish to consider specifying whether the intent is to capture emotional or psychological abuse. Including the term "abuse" would help establish clearer parameters for reporting and promote more consistent interpretation and operationalization of the requirement.

Response: MDHHS clarified the new critical incident type to be “emotional abuse” in the amendment application.

Comment: Pg 194 – The commenter requests clarification of what the MDHHS parameters are regarding corrective actions needed as it relates to Critical Incidents.

Response: MDHHS will review the critical incident quarterly reports submitted by HIDE SNPs and provide health plans with their current scores for each applicable critical incident performance measure based on their numerators and denominators. Following completion of the waiver year, if the health plan's performance is below the required threshold for any performance measure, MDHHS will issue the need for the plan to complete a corrective action plan. The HIDE SNP will be provided with the same corrective action plan template used for other performance measures identified as deficient and will be required to submit a corrective action plan within 30 days. See Appendix A of the waiver application, Quality Improvement, for more information.

Comment: Pg 180 - Although not noted as a change in the document, clarification regarding the language requiring reporting of the type of critical incident, responses, outcomes, and resolution within 30 days is requested. Specifically, we would appreciate confirmation as to whether the 30-day requirement refers to the timeframe for entering and reporting the incident in the state's incident management system.

We would also appreciate confirmation that the existing expectation regarding incident resolution remains unchanged and that HIDE SNPs continue to have up to 90 days to fully investigate and resolve a critical incident, as appropriate. Clarification of these timelines would help ensure consistent interpretation and compliance with the reporting requirements.

Response: MDHHS requires critical incidents to be reported within 30 days of the occurrence, with the exception of Suspicious/Unexpected Death, which must be reported within two days. We expect each report to include the initial responses, outcomes, and any resolution within 30 days. HIDE SNPs have up to 90 days to fully investigate and resolve an incident.

The following language was added to Appendix G of the waiver amendment application, section 1-b to clarify the reporting timelines and the distinction between initial reporting requirements and the resolution period:

(Inclusion of resolution within 30 days is expected whenever possible. However, HIDE SNPs have up to 90 days to fully resolve an incident.)

Comment: In reference to the 1915(b) MI Coordinated Health Waiver application that went out for comment, there is a typo in the geographic areas listed. Chippewa, Gogebic, and Menominee need to be listed as areas in Region 1 for January 1, 2027. Please make this correction.

Response: This correction has been made in the 1915(b) MI Coordinated Health Waiver application.

Thank you for your inquiries. If you wish to comment further, send your comments to Aimee Miller at MillerA64@michigan.gov.

Sincerely,

Meghan E. Groen, Chief Deputy Director
Health Services