

The Michigan Department of Health and Human Services appreciates the opportunity to submit comments on the proposed CCBHC SPA template. We appreciate CMS's efforts to provide a permanent avenue to sustain Medicaid coverage of CCBHC services and respectfully submit the following questions and comments for consideration:

1. The SPA template includes a coverage page but no corresponding payment page. Is the expectation that each service has a different payment page elsewhere for each CCBHC service? There may be situations where services are not covered elsewhere.
2. Where should a state describe their rate development and payment methodology for CCBHC services?
3. Are there any requirements regarding the use of a prospective payment system (PPS) methodology? Michigan recommends that states are allowed to choose to continue their payment model established under the demonstration.
4. Is a corresponding Alternative Benefit Plan (ABP) SPA update required in addition to this template if a state selects this option?
5. The CCBHC assurances section requires states to confirm that the state provides coverage for the nine mandatory CCBHC services, and also all services specified in the SAMHSA CCBHC certification criteria. The initial list specifies "intensive case management services" and the Certification Criteria specifies "targeted case management." Please clarify the expectations around intensive case management services, and if both intensive case management and targeted case management are required.
6. When SAMHSA last updated the CCBHC Certification criteria, some of Michigan's CCBHCs needed a full year to meet the new requirements. We recommend adapting language to state the CCBHCs may be actively working toward meeting the certification requirement changes, with oversight from the state.

Thank you for your time and consideration.

The Michigan CCBHC Demonstration Team
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Michigan Department of Health and Human Services