

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
09 - 07

2. STATE:
Michigan

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

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2009

5. TYPE OF PLAN MATERIAL (Check One):
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.210 and 42 CFR 440.220

7. FEDERAL BUDGET IMPACT:
a. FFY 09 \$ -0-
b. FFY 10 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement to Attachment 3.1-A, pages 13a and 35
4.19 b page 8

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Supplement to Attachment 3.1-A, pages 13a and 35

10. SUBJECT OF AMENDMENT:
Maternal Infant Health Program

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Paul Reinhart, Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Stephen Fitton

14. TITLE:
Acting Director, Medical Services Administration

15. DATE SUBMITTED:
March 26, 2009

16. RETURN TO:
Medical Services Administration
Program/Eligibility Policy Division - Federal Liaison Unit
Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933
Attn: Nancy Bishop

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
March 27, 2009

18. DATE APPROVED:
SEP 24 2009

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
01/01/09

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPE NAME:
Verlon Johnson

22. TITLE:
Associate Regional Administrator

23. 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***

4b. EPSDT (continued)

In addition, the EPSDT program covers medically necessary screening and preventive support services for children, including nutritional and at-risk assessments as well as resulting health education, mental health and transportation-arranging services. These services are directed to the treatment of Medicaid-eligible children whose health and well-being are at risk due to serious health problems or conditions which exist with either the mother or child. These conditions include drug or alcohol abuse, child abuse or neglect, failure to thrive, low birth weight, low functioning/impaired parent, or homeless or dangerous living situations. The services are provided by Maternal Infant Health Program (MIHP) providers certified to render this service by the Michigan Department of Community Health, Public Health Administration.

Transportation is an administrative service. When needed, MIHP licensed providers arrange for transportation to medically necessary appointments.

TN NO.: 09-07

Approval Date: SEP 24 2009 Effective Date: 01/01/2009

Supersedes
TN No.: 94 -08

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***

19. Case Management

See Supplement 1 to Attachment 3.1-A

20. Extended Services to Pregnant Women

- a. The Program covers extended services for 60 days after delivery.
- b. All necessary medical services related to pregnancy or services associated with medical conditions that may complicate pregnancy are covered, including
 - 1) Psychosocial/nutritional screening and assessments are covered when the service is provided through a Maternal Infant Health Program (MIHP) provider certified to render this service by the Department of Community Health, Public Health Administration. The assessment is administered by a licensed social worker and/or licensed public health nurse. The assessment process identifies the existence, nature or extent of psychosocial/nutritional deviation, if any, in a beneficiary.
 - 2) The MIHP provider, must be certified by the Department of Community Health, Public Health Administration. Practitioners rendering the service must be either staff of the certified MIHP provider or under direct contract to that certified agency and must be state licensed, rendering services within the scope of practice as defined by state law. MIHP services consist of:
 - a) professional visits/interventions of a licensed social worker and/or a licensed public health nurse for counseling to prevent disease, disability, other health conditions or their progression and coordination of care to promote physical and mental health and efficiency, and
 - b) childbirth/parenting education programs that have been certified by the Department of Community Health, Public Health Administration and delivered by a licensed practitioner as defined under this item.

21. Ambulatory Prenatal Care for Pregnant Women during Presumptive Eligibility

Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider eligible for payment under the State plan.

TN NO.: 09-07

Approval Date: SEP 24 2009

Effective Date: 01/01/2009

Supersedes
TN No.: 05-05

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates
(Other than Inpatient Hospital and Long-Term Care Facilities)***

17. An EPSDT visit is paid a flat rate for the visit, and if the following are performed, reimbursement is made over and above of the visit rate:

- urine test
- hematocrit or hemoglobin
- TB test
- hearing test using a pure tone audiometer
- developmental test
- immunizations

EPSDT is paid on a weekly cycle through the invoice processing system using established HCPCS codes and the normal Medicaid methods.

Whenever an EPSDT component that has an HCPCS code is provided outside of an EPSDT package, it is billed under regular Medicaid. An example would be if the only service provided to a child is a developmental test, it is billed separately to Medicaid because there is no method for tracking the child to assure that the rest of the components are performed.

EPSDT visit rates are set under individual practitioner services for given HCPCS codes. (See Attachment 4.19-B, Page 1, 1)

In consultation with providers of in-home blood lead investigations, we obtained costs and established an average to be used as the rate for the initial and follow-up epidemiological investigations. The in-home educational visit rate is the same as for a home health nurse visit. This method of reimbursement will end effective September 30, 2010.

The following services are covered when prior authorized by the single state agency:

- private duty nursing – reimbursement will be made on a fee for service basis
- religious non-medical health care nursing services (formerly Christian Science nursing services) – reimbursement will be on a fee for service basis

Screening and preventive services' reimbursement is governed by the applicable category of the specific service.

Reimbursement for EPSDT support services is on a fee for service basis, within Medicaid established frequency limits, to providers that have been certified by the single state agency as qualified to provide these services.

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Approval Date: SEP 24 2009

Effective Date: 01/01/2009

Supersedes
TN No.: 04-17