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State/Territory Name: MI

State Plan Amendment (SPA) #: 12-011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

Department of Health & Human Services Centers for Medicare & Medicaid Services 233 North Michigan Avenue, Suite 600 Chicago, Illinois 60601-5519



September 21, 2012

Stephen Fitton, Medicaid Director Medical Services Administration Federal Liaison Unit Michigan Department of Community Health 400 South Pine Lansing, Michigan 48933

ATTN: Loni Hackney

Dear Mr. Fitton:

Enclosed for your records is an approved copy of the following State Plan Amendment:

➤ Transmittal: #12-011 Reinstatement of Chiropractic Services to Adults

Effective: June 1, 2012.

If you have any questions, please contact Leslie Campbell at (312) 353-1557 or Leslie.Campbell@cms.hhs.gov.

Sincerely,

Verlon Johnson Associate Regional Administrator Division of Medicaid & Children's Health Operations

Enclosures

TEACHTO ARE THANKS ADMINISTRATION	4 TO ANIONAITTAL NILINADED	OTATE	
TRANSMITTAL AND NOTICE OF ADDROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:	
TRANSMITTAL AND NOTICE OF APPROVAL OF	F 1 2 - 11	Michigan	
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION:		
FOR: HEALTH CARE FINANCING ADMINISTRATION	TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH FINANCING ADMINISTRATION	June 1, 2012		
DEPARTMENT OF HUMAN SERVICES			
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:	7. FEDERAL BUDGET IMPACT:		
42 CFR 440.225	a. FFY 2012 \$ 297,600		
O DACE NUMBER OF THE REAN SECTION OF ATTACHMENT.	b. FFY 2013 \$597,5000 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		OR ATTACHMENT (If Applicable):	
Supplement to Attachment 3.1-A, Page 17			
	Supplement to Attachment 3.1-A, Page 17		
10. SUBJECT OF AMENDMENT:			
Reinstatement of chiropractic services for beneficiaries age 21 and older.			
44 COMEDNODIO DEMIENA (Obserta Oscala			
11. GOVERNOR'S REVIEW (Check One):			
GOVERNOR'S OFFICE REPORTED NO COMMENT Standar Eitten Director			
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Stephen Fitton, Director Medical Services Administration			
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Medical Services Administration			
1,—————NCY OFFICIAL:	16. RETURN TO:		
13. TYPED NAME:	Medical Services Administration		
Stephen Fitton	etuarial Division		
·	apitol Commons Center - 7th Floor		
Discrete Market Continue A Indiator	00 South Pine Street		
	ansing, Michigan 48933		
15. DATE SUBMITTED:	Attor Loni Hadray		
June 26, 2012	Attn: Loni Hackney		
FOR REGIONAL OFFICE USE ONLY			
	18 DATE APPROVED:		
6/28/12	9/21/12		
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SI <u>GNATURE OF REGIONAL</u> OFFICIAL:		
6/1/12			
21. TYPE NAME:	22. TITLE:		
Alan Freund	Acting 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

- 6. Medical Care Furnished by Practitioners within the Scope of their Practice as Defined by State Law (continued)
 - b. Optometry Services:
 - i) Covered services as limited by the department, are those provided to individuals under the EPSDT program.
 - ii) Covered for beneficiaries 21 years of age and older are limited to those services relating to eye trauma and eye disease and low vision evaluations, services and aids (which must be prior authorized).
 - c. Chiropractor Services:

Covered services are limited to those allowed under the chiropractor's scope of practice as defined by State law.

- d. Other Practitioner Services:
 - Certified Nurse Anesthetists (CRNAs)

Services provided by registered nurses certified by the council on Certification of Nurse Anesthetists or re-certified by the Council on Re-certification of Nurse Anesthetists are covered. Services are limited to those provided on an inpatient or outpatient basis and reimbursement is directed through to the provider or the provider's employer.

~ Registered/Licensed Dental Hygienists (RDHs)

Services provided by registered dental Hygienists (RDHs) are covered when those services are rendered on behalf of an organization, clinic or group practice. Covered services are limited to those allowed under the RDH's scope of practice as defined by State law.

TN NO.: <u>12-11</u> Approval Date: <u>SEP 21 2012</u> Effective Date: <u>06/01/2012</u>

Supersedes TN No.: 10-24