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State/Territory Name: MI

State Plan Amendment (SPA) #: 13-011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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



December 13, 2013

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: #13-011 Speech Pathologist Licensure
- Effective: December 7, 2013

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

Sincerely,

/s/

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

Enclosures

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

1. TRANSMITTAL NUMBER:

13 - 11

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

December 7, 2013

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 440.110(c)

7. FEDERAL BUDGET IMPACT:

a. FFY 2013 \$ 0

b. FFY 2014 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement to Attachment 3.1-A, Page 4a
Supplement to Attachment 3.1-A, Page 13a.3a
Attachment 4.19-B, Page 14

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement to Attachment 3.1-A, Page 4a
Supplement to Attachment 3.1-A, Page 13a.3a
Attachment 4.19-B, Page 14

10. SUBJECT OF AMENDMENT:

Effective December 7, 2013, any person practicing as a speech-language pathologist in Michigan must be licensed as required by Public Act 524 of 2008. Currently, practicing individuals must hold a Certificate of Clinical Competence (CCC), issued by the American Speech-Language Hearing Association. This amendment brings the State Plan into compliance with current State law.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Stephen Fitton, Director
Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Stephen Fitton

14. TITLE:

Director, Medical Services Administration

15. DATE SUBMITTED:

September 25, 2013

16. RETURN TO:

Medical Services Administration
Actuarial Division
Capitol Commons Center - 7th Floor
400 South Pine Street
Lansing, Michigan 48933

Attn: Loni Hackney

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 25, 2013

18. DATE APPROVED:

12/13/13

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

12/7/13

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

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***

1. Inpatient Hospital Services

a. Covered Services - Specific Items of Services Covered are (continued):

Speech-language therapy services must be restorative and ordered, in writing, by a physician or other Medicaid approved licensed practitioner within the scope of his or her practice under State law to be covered. Services must be rendered by a licensed speech-language pathologist an appropriately supervised speech-language pathologist candidate or an appropriately supervised student completing his/her clinical affiliation.

Substance Abuse Services

If a hospital has a sub-acute substance unit, that unit must meet the requirements in Attachment 3.1-A, pp. 26, 26a, 13(d) 1 to receive reimbursement for these services described in that section.

If acute care detoxification is warranted, it will be covered. However, once the beneficiary's condition is stabilized, he or she must be referred to an appropriate treatment service.

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***

Providers

Services must be provided by a Medicaid qualified provider who meets the requirements of 42 CFR §440.110(c) and in accordance with other applicable state or federal law.

Services may be provided by:

- A. A licensed speech-language pathologist possessing a current Certificate of Clinical Competence (CCC) from the American Speech-Language Hearing Association;
- B. An appropriately supervised speech-language pathologist and/or audiology candidate (i.e., in his/her clinical fellowship year or having completed all requirements for but has not yet obtained a state-issued license), under the direction of licensed speech-language pathologist or licensed audiologist. All documentation must be reviewed and signed by the appropriately licensed supervising speech-language pathologist or audiologist.
- C. A qualified teacher of students with speech and language impairments with a current Michigan Department of Education specialty certificate of endorsement for speech and language impairments in the school setting.
- D. A licensed audiologist.

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)***

22. Intermediate School Districts Services (ISD)

Reimbursement for services provided in the school setting is based on a provider specific, cost-based methodology that is reconciled annually.

An interim payment is issued based on the following determination of estimated cost. The interim payments are based on previous year cost reports and paid to the ISDs on a schedule determined by the ISDs.

Services include: Occupational Therapy, Physical Therapy, Speech Language and Hearing, Psychological, Physician, Nursing, Personal Care, Targeted Case Management and Transportation. Descriptions of each service are included in the Supplement to Attachment 3.1-A section of this State Plan.

The following providers with current credentials may provide services in the school setting:

- Certified and registered occupational therapists
- Certified occupational assistants
- Certified orientation and mobility specialists
- Licensed physical therapists
- Certified physical therapist assistants
- Licensed speech-language pathologists
- Teachers of students with speech and language impairments
- Licensed audiologists
- Licensed psychologist
- Limited-licensed psychologist
- Licensed counselor
- Limited-licensed counselor
- Licensed social worker
- Limited-licensed social worker
- Licensed psychiatrist
- Licensed physician (M.D. & D.O)
- Registered nurse
- Licensed practical nurse
- Aides (providing personal care)
- Bachelors degree case managers

**A. Direct Medical Services Payment Methodology
Determination of Total Medicaid Reimbursable Cost:**

1. Data capture for the cost of providing health-related services is accomplished utilizing various sources. Medicaid allowable non-federal costs are captured from the following reports: