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State/Territory Name: MI

State Plan Amendment (SPA) #: 16-0011

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
Chicago Regional Office
233 N. Michigan
Suite 600
Chicago, Illinois 60601



October 31, 2016

Chris Priest
Medical Services Administration
Michigan Department of Health and Human Services
400 South Pine Street, P.O. Box 30479
Lansing, Michigan 48909-7979

ATTN: Erin Black

Dear Mr. Priest:

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

- Transmittal #: 16-0011: Early Periodic Screening, Diagnosis and Treatment (EPSDT) regarding private duty nursing.
- Effective Date: July 1, 2016

If you have any questions, please contact Keri Toback at (312) 353-1754 or keri.toback@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

File Name: [MI SPA 16-0011 Approval Letter.docx](#)

CC: Erin Black, black@michigan.gov

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

16 - 0011

2. STATE:

Michigan

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

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2016

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:
1905(r) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2016 \$0

b. FFY 2017 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement to Attachment 3.1-A, Page 13

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement to Attachment 3.1-A, Page 13

10. SUBJECT OF AMENDMENT:

Updates the current language for EPSDT regarding private duty nursing to ensure compliance with current CMS regulations, statutes, and guidance per companion letter dated March 28, 2016 for SPA 10-0025.

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:
Chris Priest, Director
Medical Services Administration

13. TYPED NAME:
Chris Priest

14. TITLE:
Director, Medical Services Administration

15. DATE SUBMITTED:
September 29, 2016

16. RETURN TO:

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

Attn: Erin Black

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
September 29, 2016

18. DATE APPROVED:
October 31, 2016

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPE NAME:
Ruth A. Hughes

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. The EPSDT program is available to all Medicaid beneficiaries under the age of 21. This program was established to detect and correct or ameliorate defects and physical and mental illnesses and conditions discovered in children.

EPSDT visits are recommended according to the periodicity schedule by the American Academy of Pediatrics.

EPSDT services are provided as defined in section 1905 (r) (5) of the Act. Medically necessary screening, preventive, diagnostic services and treatment will be covered under other appropriate service categories.

Of the services listed on 3.1-A preprint pages of the State Plan, religious non-medical health care nursing services (formerly Christian Science nurses' services) and private duty nursing services may be prior authorized by the single state agency for medically necessary follow-up services to treat detected conditions for beneficiaries under the age of 21 years when the following requirements are met:

- the beneficiary requires continuous skilled nursing care on a daily basis and is either dependent daily on technology-based medical equipment to sustain life or has had frequent episodes of medical instability within the past 3 to 6 months, requiring skilled nursing assessments, judgments or interventions due to a substantiated progressively debilitating physical disorder
- the beneficiary is eligible for Medicaid in the home/community setting; and appropriate nursing services, considering the beneficiary's health and medical care needs, can be safely provided in the home/community setting
- the beneficiary, his/her family (or guardian), the beneficiary's physician, the Medicaid case manager, and the care giving nurse have collaborated and developed an integrated plan of care that identifies and addresses the beneficiary's need for nursing services

Private duty nursing services must be provided by a registered nurse (RN), or licensed practical nurse (LPN) under the supervision of an RN, under the direction of the beneficiary's physician.

Determinations regarding the quantity of services provided will consider the beneficiary's care needs which establish medical necessity for nursing services, ~~the beneficiary's and family's circumstances, and other resources available to provide or pay for the daily care.~~

Blood lead follow-up services are not listed in the preprint pages but are covered for children discovered to have elevated blood lead levels. The on-site investigation of a child's home or primary residence to determine the environmental source of lead is covered under the diagnostic service benefit at 42 CFR 440.130(a).

Assessments are performed by assessors certified by the state.

Diagnostic services are limited to lead investigation to determine the source of lead poisoning for a child who is diagnosed with an elevated blood lead level. The investigation will be conducted in the child's home or primary residence. A maximum of two sites may be investigated. Lead investigations beyond the child's home or primary residence, such as in community settings, or schools, are not reimbursable. The state follows recommended guidelines established by the Centers for Disease Control and Prevention (CDC) for assessment and investigation activities associated with elevated blood lead levels.