

Table of Contents

State/Territory Name: MI

State Plan Amendment (SPA) #: 17-0001

This file contains the following documents in the order listed:

- 1) Technical Correction Approval Letter
- 2) Original Approval Letter
- 3) Revised Companion Letter
- 4) CMS 179 Form
- 5) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Chicago Regional Office
233 N. Michigan
Suite 600
Chicago, Illinois 60601



August 17, 2018

Kathy Stiffler, Acting State Medicaid Director
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 Ms. Stiffler:

The approval package for MI SPA 17-0001 is being reissued to correct an error in the companion letter. The initial companion letter erroneously referenced the approval date of this SPA as April 1, 2017. It has now been revised with the accurate approval date of January 1, 2018. No substantive changes have been made to this package.

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

- Transmittal #: 17-0001: Provider Enrollment
- Effective Date: January 1, 2018
- Approval Date: August 6, 2018

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

Sincerely,

/s/

Alan Freund
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Chicago Regional Office
233 N. Michigan
Suite 600
Chicago, Illinois 60601



August 6, 2018

Kathy Stiffler, Acting State Medicaid Director
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 Ms. Stiffler:

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

- Transmittal #: 17-0001: Provider Enrollment
- Effective Date: January 1, 2018
- Approval Date: August 6, 2018

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



August 17, 2018

Kathy Stiffler, Acting State Medicaid Director
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 Ms. Stiffler:

This letter is being sent as a companion to our approval of Michigan state plan amendment Transmittal Number (TN) 17-0001, submitted February 22, 2017, to allow for enrollment of Physical Therapists, Occupational Therapists, and Audiologists and Speech-language Pathologists effective January 1, 2018. At the request of the Centers for Medicare & Medicaid Services, the state addressed concerns related to the coverage of items such as hearing aids under the mandatory 42 CFR 440.70(b)(3) home health benefit for medical supplies, equipment and appliances, but the state opted to resolve the two concerns regarding hearing aids payments on a separate track. Our concerns identified a lack of comprehensive language for the hearing aid payments and the certification letter required by regulations.

The state submitted the Attachment 4.19-B hearing aids payment page with TN 18-0003 to address the first concern regarding comprehensive language required by 42 CFR 430.10. By amending the Attachment 4.19-B page 3, the state made the required additions of the effective date and references to the section 1915(a)(1)(b) of the Social Security Act and 42 Code of Federal Regulations at 431.54(d) in TN 18-0003 on the Attachment 4.19-B page 3. This issue is resolved with the approval of TN 18-0003 issued July 26, 2018.

In accordance with section 1915(a)(1)(b) of the Social Security Act and 42 Code of Federal Regulations at 431.54(d), the state must address the second concern by the submission of a certification letter to the Chicago Regional Office. This letter serves as certification that the statutory safeguards and requirements of Section 1915(a)(1)(B) of the Social Security Act will be met by this volume purchase contract.

The state has 90 days from the date of this letter to respond to this letter. Within that period, the state may submit SPAs to address the inconsistencies or submit a corrective action plan describing in detail how the state will resolve the issues identified above in a timely manner. Failure to respond may result in the initiation of a formal compliance process. During the 90 days, CMS will provide any required technical assistance.

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

Sincerely,

/s/

Alan Freund
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

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

1. TRANSMITTAL NUMBER:

17 – 0001

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
January 1, 2018

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

7. FEDERAL BUDGET IMPACT:

- a. FFY 2017 \$0
b. FFY 2018 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 4
Supplement to Attachment 3.1-A, Page 22and 22a
Supplement to Attachment 3.1-A, Page 25b
Supplement to Attachment 3.1-A, Page 27j
Supplement to Attachment 3.1-A, Page 27k
Attachment 4.19-B, Page 5c

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

Attachment 3.1-A, Page 4
Supplement to Attachment 3.1-A, Page 22
Supplement to Attachment 3.1-A, Page 25b
Supplement to Attachment 3.1-A, Page 27j
Supplement to Attachment 3.1-A, Page 27k

10. SUBJECT OF AMENDMENT:

Allows for enrollment of Physical Therapists, Occupational Therapists, Speech-Language Pathologists, and Audiologists as Medicaid providers. A corresponding ABP SPA 17-1000 has been submitted as well.

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Chris Priest

14. TITLE:
Director, Medical Services Administration

15. DATE SUBMITTED:
February 21, 2017

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:
February 21, 2017

18 DATE APPROVED:
August 6, 2018

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2018

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***

9. Clinic Services

☒ Provided ☐ No Limitations ☒ With Limitations*

☐ Not Provided

10. Dental services

☒ Provided ☐ No Limitations ☒ With Limitations*

☐ Not Provided

11. Physical therapy and related services:

a. Physical therapy

☒ Provided ☐ No Limitations ☒ With Limitations*

☐ Not Provided

b. Occupational therapy

☒ Provided ☐ No Limitations ☒ With Limitations*

☐ Not Provided

c. Speech-Language Therapy/Services for individuals with speech, hearing, and language disorders
(provided by or under the supervision of a speech pathologist or audiologist)

☒ Provided ☐ No Limitations ☒ With Limitations*

☐ Not Provided

*Description provided in Supplement to Attachment 3.1-A

TN NO.: 17-0001

Approval Date: 8/6/18 Effective Date: 01/01/2018

Supersedes

TN No.: 05-06

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***

11. Physical Therapy and Related Services

A. Physical Therapy –

1. Rehabilitative Service – Outpatient Therapy Services: Rehabilitative services do not include and FFP is not available for habilitation services.
 - a) Services are provided in accordance with 42 CFR 440.110 and covered as defined in 1.a of Supplement to Attachment 3.1-A. Prior approval is required when services are medically necessary and exceed the time or frequency limits as described in Medicaid policy for:
 1. Initial treatment (144 units in 12 months); or,
 2. Maintenance/monitoring (four times in the 90 day allowed period)
 - b) Services may be provided and billed by any of the following:
 1. Medicare-enrolled comprehensive outpatient rehabilitation facility as defined under 42 CFR 485.58;
 2. Medicare-enrolled outpatient rehabilitation agency as defined under 42 CFR 485.717;
 3. Commission on Accreditation of Rehabilitation Facilities (CARF) accredited outpatient medical rehabilitation program; or
 4. Independent physical therapist

B. Occupational Therapy –

1. Rehabilitative Service – Outpatient Therapy Services: Rehabilitative services do not include and FFP is not available for habilitation services.
 - a) Services are provided in accordance with 42 CFR 440.110 and covered as defined in 1.a of Supplement to Attachment 3.1-A. Prior approval is required when services are medically necessary and exceed the time or frequency limits as described in Medicaid policy for:
 1. Initial treatment (144 units in 12 months); or,
 2. Maintenance/monitoring (four times in the 90 day allowed period)
 - b) Services may be provided and billed by any of the following.
 1. Medicare-enrolled comprehensive outpatient rehabilitation facility as defined under 42 CFR 485.58;

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***

11. Physical Therapy and Related Services (continued)

B. Occupational Therapy (continued)

2. Medicare-enrolled outpatient rehabilitation agency as defined under 42 CFR 485.717;
3. Commission on Accreditation of Rehabilitation Facilities (CARF) accredited outpatient medical rehabilitation program; or
4. Independent occupational therapist

C. Speech-Language Therapy/Services for individuals with speech, hearing and language disorders (provided by or under the direction of a qualified speech pathologist or audiologist).

1. Rehabilitative Service – Outpatient Therapy Services: Rehabilitative services do not include and FFP is not available for habilitation services.

- a) Services are provided in accordance with 42 CFR 440.110 and covered as defined in 1.a of Supplement to Attachment 3.1-A. Prior approval is required when services are medically necessary and exceed the time or frequency limits as described in Medicaid policy for:

1. Initial treatment (36 visits in 12 months); or,
2. Maintenance/monitoring (four times in the 90 day allowed period)

- b) Services may be provided and billed by any of the following.

1. Medicare-enrolled comprehensive outpatient rehabilitation facility as defined under 42 CFR 485.58;
2. Medicare-enrolled outpatient rehabilitation agency as defined under 42 CFR 485.717;
3. University Speech-Language Pathology graduate education program accredited by the American Speech-Language Hearing Association Council on Academic Accreditation in Speech- Language Pathology;
4. Commission on Accreditation of Rehabilitation Facilities (CARF) accredited medical rehabilitation program; or
5. Independent speech-language pathologist

- c) Covered audiology services include hearing screening, diagnostic and evaluative services, hearing aid selection, hearing aid conformity check, cochlear implant analysis, fitting and programming/reprogramming and hearing therapy when referred in writing by a physician.

- d) Providers must meet the minimum federal requirements as outlined at 42 CFR 440.110(3).

Note: page 23 has been deleted. The next page is 24.

TN NO.: 17-0001

Approval Date: 8/6/18

Effective Date: 01/01/18

Supersedes

TN No.: N/A - New Page

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***

12. Drug Products, Dentures, Prosthetic and Orthotic Devices, Eyeglasses (continued)

h. Hearing Aids

- i.) Under the EPSDT program, hearing aids and accessories are provided under the following conditions:
 - A physician provides medical concurrence that there are no contraindications to the use of a hearing aid(s). A medical concurrence must be within six months prior to dispensing the hearing aid(s).
 - A licensed audiologist must complete a written recommendation for the hearing aid. Services may be provided and billed by an audiologists or a Medicaid enrolled outpatient hospital or hearing center.
- ii) Effective for dates of service on and after September 1, 2018, hearing aids will be covered for beneficiaries age 21 and over. The same conditions apply as stated in 12. h. i.) above.

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***

Moved to Section 11 – Physical Therapy and Related Services.

TN NO.: 17-0001

Approval Date: 8/6/18

Effective Date: 1/01/2018

Supersedes

TN No.: 14-0016

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***

Moved to Section 11 – Physical Therapy and Related Services.

TN NO.: 17-0001

Approval Date: 8/6/18

Effective Date: 1/01/2018

Supersedes

TN No.: 14-0016

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***

12.1 Physical Therapy and Related Services

A. Physical therapists

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of physical therapy services. The agency's fee schedule rate was set as of 1/1/2018 and is effective for services provided on or after that date. All rates are published on the agency's website at www.michigan.gov/medicaidproviders.

B. Occupational therapists

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of occupational therapy services. The agency's fee schedule rate was set as of 1/1/2018 and is effective for services provided on or after that date. All rates are published on the agency's website at www.michigan.gov/medicaidproviders.

C. Speech-language pathologists

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of speech therapy services. The agency's fee schedule rate was set as of 1/1/2018 and is effective for services provided on or after that date. All rates are published on the agency's website at www.michigan.gov/medicaidproviders.

D. Audiologists

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of audiology services. The agency's fee schedule rate was set as of 1/1/2018 and is effective for services provided on or after that date. All rates are published on the agency's website at www.michigan.gov/medicaidproviders.
