

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

1. TRANSMITTAL NUMBER: 10 - 25	2. STATE: Michigan
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE October 1, 2010	

TO: REGIONAL ADMINISTRATOR  
HEALTH FINANCING ADMINISTRATION  
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:  
42 CFR 440.130

7. FEDERAL BUDGET IMPACT:  
a. FFY 11 \_\_\_\_\_ \$ 0 \_\_\_\_\_  
b. FFY 12 \_\_\_\_\_ \$ 0 \_\_\_\_\_

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Supplement to Attachment 3.1-A, pp 13-13a and Attachment 4.19-B pg 8

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  
Supplement to Attachment 3.1-A, pp 13-13a and Attachment 4.19-B pg 8

10. SUBJECT OF AMENDMENT:  
EPSDT Blood Lead Investigations

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Stephen Fitton, Director  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:  
*Stephen Fitton*

13. TYPED NAME:  
Stephen Fitton

14. TITLE:  
Director, Medical Services Administration

15. DATE SUBMITTED:  
December 22, 2010

16. RETURN TO:  
Medical Services Administration  
Actuarial Division  
Capitol Commons Center - 7th Floor  
400 South Pine Street  
Lansing, Michigan 48933  
Attn: Jacqueline Coleman

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:	18. DATE APPROVED:
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPE NAME:	22. TITLE:

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**

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- 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 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 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

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 be lead burdened. ~~Epidemiological investigations and in-home education visits are covered for lead burdened children.~~ ONE-TIME INVESTIGATIONS TO DETERMINE THE ENVIRONMENTAL SOURCE OF LEAD AND IN-HOME EDUCATION VISITS ARE COVERED UNDER THE DIAGNOSIS SERVICE BENEFIT AT 42 CFR 440.130(a).

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TN NO.: 10-25

Approval Date: \_\_\_\_\_

Effective Date: 10-01-2010

Supersedes  
TN No.: 02-03

**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***

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4b. EPSDT (continued)

THE SERVICE INCLUDES ONE FOLLOW UP ON-SITE INVESTIGATION PER DWELLING TO DETERMINE THAT LEAD ABATEMENT INTERVENTIONS WERE PERFORMED. IF A SECOND SITE IS IDENTIFIED AS A POSSIBLE SOURCE OF LEAD AND INTERVENTION ACTIONS ARE TAKEN, A SECOND FOLLOW-UP ENVIRONMENTAL INVESTIGATION IS COVERED TO ENSURE THAT RISKS ARE ABATED.

ASSESSMENTS ARE PERFORMED BY ASSESSORS CERTIFIED BY THE STATE'S LEAD HAZARD REMEDIATION PROGRAM. ASSESORS MUST FOLLOW PROTOCOL THAT IS ESTABLISHED IN STATE LAW.

THIS SERVICE IS LIMITED TO BENEFICIARIES UNDER THE AGE OF 21 WITH CONFIRMED ELEVATED BLOOD LEVELS OF GREATER THAN 10 ug/dL.

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.

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TN NO.: 10-25

Approval Date: \_\_\_\_\_

Effective Date: 10/01/2010

Supersedes  
TN No.: 09-07

**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)***

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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.~~ **ONE-TIME INVESTIGATIONS FOR THE ABATEMENT OF BLOOD LEAD RISKS ARE REIMBURSED AT A FLAT RATE TAKING INTO ACCOUNT COSTS ASSOCIATED WITH ASSESSMENT OF THE SITE, ON-SITE TESTING, AND PROFESSIONAL SERVICES USED PER ENVIRONMENTAL INVESTIGATION. EXTERNAL LABORATORY TESTING OF WATER, PAINT, AND SOIL ARE NOT COVERED. PAYMENT IS LIMITED TO SERVICES PROVIDED BY ASSESSORS CERTIFIED BY THE STATE'S LEAD HAZARD REMEDIATION PROGRAM.**

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.

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State of MICHIGAN

***Policy and Methods for Establishing Payment Rates  
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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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