

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: <u>13 - 11</u>	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 October 1, 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement to Attachment 3.1-A, Page 4a Supplement to Attachment 3.1-A, Page 13a.3a Attachment 4.19-B, Page 14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       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: 	16. RETURN TO: Medical Services Administration Actuarial Division Capitol Commons Center - 7th Floor 400 South Pine Street Lansing, Michigan 48933  Attn: Loni Hackney
13. TYPED NAME: Stephen Fitton	
14. TITLE: Director, Medical Services Administration	
15. DATE SUBMITTED: September 25, 2013	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED:

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

***Policy and Methods for Establishing Payment Rates  
(Other than Inpatient Hospital and Long Term Care Facilities)***

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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 ASHA-certified speech and 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:

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TN NO.: 13-11

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

Effective Date: 10/01/2013

Supersedes

TN No.: 07-03

**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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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 qualified 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 CCG), under the direction of LICENSED SPEECH-LANGUAGE PATHOLOGIST ~~an ASHA certified SLP~~ or licensed audiologist. All documentation must be reviewed and signed by the appropriately LICENSED SUPERVISING SPEECH-LANGUAGE PATHOLOGIST ~~credentialed supervising SLP~~ 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. ~~when acting under the direction of a qualified ASHA certified SLP or licensed audiologist who meets the requirements of 42 CFR §440.110 and in accordance with other applicable state and federal law.~~
- D. A licensed audiologist.

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TN NO.: 13-11

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

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State of Michigan

***Amount, Duration and Scope of Medical and Remedial Care  
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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 possessing a current Certificate of Clinical Competence or Letter of Equivalency from the American Speech-Language Hearing Association, 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.

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TN NO.: 13-11

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

Effective Date: 10/01/2013

Supersedes  
TN No.: 06-17



STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
LANSING

RICK SNYDER  
GOVERNOR

JAMES K. HAVEMAN  
DIRECTOR

July 11, 2013

NAME  
TITLE  
ADDRESS  
CITY STATE ZIP

Dear Tribal Chair and Health Director:

**RE:** Licensure Requirements for Speech-Language Pathologists

This letter, in compliance with Section 6505 of the Affordable Care Act, serves as notice of intent to all Tribal Chairs and Health Directors of the request by the Michigan Department of Community Health (MDCH) to submit a State Plan Amendment.

Effective December 7, 2013, all speech-language pathologists in Michigan will be required by Public Act 254 of 2008 to hold a license, issued by the Department of Licensing and Regulatory Affairs. Prior to the licensure requirement, speech-language pathologists were not regulated by the State and were able to practice by possessing a current Certificate of Clinical Competence, issued by the American Speech-Language Hearing Association. Michigan Medicaid's State Plan will need to be revised to reflect this change.

You may submit comments regarding this Notice of Intent to [msapolicy@michigan.gov](mailto:msapolicy@michigan.gov). If you would like to discuss the Notice of Intent, please contact Mary Anne Tribble, Medicaid Liaison to the Michigan Tribes. Mary Anne can be reached at (517) 241-7185 or via e-mail at [tribblem1@michigan.gov](mailto:tribblem1@michigan.gov).

There is no public hearing scheduled for this SPA.

Sincerely,

Stephen Fitton, Director  
Medical Services Administration

cc: Leslie Campbell, Region V, CMS  
Pamela Carson, Region V, CMS  
Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family Services of Southeastern Michigan  
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.  
Jenny Jenkins, Acting Area Director, Indian Health Service - Bemidji Area Office  
Mary Anne Tribble, MDCH

**Distribution List for L 13-29  
July 11, 2013**

Mr. Kurt Perron, Tribal Chairman, Bay Mills Indian Community  
Ms. Laurel Keenan, Health Director, Bay Mills (Ellen Marshall Memorial Center)  
Mr. Alvin Pedwaydon, Tribal Chairman, Grand Traverse Band Ottawa & Chippewa Indians  
Ms. Loi Chambers, Health Director, Grand Traverse Band Ottawa/Chippewa  
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community  
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center  
Mr. W. Chris Swartz, President, Keweenaw Bay Indian Community  
Ms. Carole LaPointe, Health Director, Keweenaw Bay Indian Community - Donald Lapointe Health/Educ Facility  
Mr. James Williams, Jr., Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians  
Ms. Terry Fox, Health Director, Lac Vieux Desert Band  
Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians  
Mr. Robin Carufel, Health Director, Little River Band of Ottawa Indians  
Mr. Dexter McNamara, Tribal Chairman, Little Traverse Bay Band of Odawa Indians  
Ms. Sharon Sierzputowski, Health Director, Little Traverse Bay Band of Odawa  
Mr. DK Sprague, Tribal Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)  
Ms. Phyllis Davis, Health Director, Match-E-Be-Nash-She-Wish Potawatomi  
Mr. Homer Mandoka, Vice Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians  
Health Director, Huron Potawatomi Inc.- Tribal Health Department  
Mr. Matt Wesaw, Tribal Chairman, Pokagon Band of Potawatomi Indians  
Mr. Arthur Culpepper, Health Director, Pokagon Potawatomi Health Services  
Mr. Dennis V. Kequom Sr, Tribal Chief, Saginaw Chippewa Indian Tribe  
Ms. Gail George, Health Director, Nimkee Memorial Wellness Center  
Mr. Aaron Payment, Tribal Chairman, Sault Ste. Marie Tribe of Chippewa Indians  
Ms. Bonnie Culfa, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC: Leslie Campbell, Region V, CMS  
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