

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519

**CMS**

CENTERS for MEDICARE & MEDICAID SERVICES

Refer to:

*12-19-05*  
*Red*

NOV 11 2005

Paul Reinhart, Director  
Medical Services Administration  
Federal Liaison Unit  
Michigan Department of Community Health  
400 South Pine  
Lansing, Michigan 48913

*Nancy*  
*Med 1/9*

ATTN: Nancy Bishop

Dear Mr. Reinhart:

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

Transmittal #05-006 Access To Care - Outpatient Therapy and Audiology  
Services--Effective Date January 1, 2005

If you have any additional questions, please have a member of your staff contact  
Cynthia Garraway at (312) 353-8583.

Sincerely,



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

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER:  0 5 - 0 6	2. STATE:  Michigan
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

FO: REGIONAL ADMINISTRATOR HEALTH FINANCING ADMINISTRATION DEPARTMENT OF HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2005
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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 431.51	7. FEDERAL BUDGET IMPACT: a. FFY 05 _____ \$ -0- b. FFY 06 _____ \$ -0-
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, pg 4, Supplement to Attachment 3.1-A, pgs 21, 27h, 27h.1, 27j and 27k.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, pg 4, Supplement to Attachment 3.1-A, pgs 21 and 27h
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10. SUBJECT OF AMENDMENT:  
Access to care - outpatient therapy and audiology services

11. GOVERNOR'S REVIEW (Check One):

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

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Paul Reinhart</i>	16. RETURN TO: Medical Services Administration Program/Eligibility Policy Division - Federal Liaison Unit Capitol Commons Center - 7 <sup>th</sup> Floor 400 South Pine Lansing, Michigan 48933
13. TYPED NAME: Paul Reinhart	
14. TITLE: Director, Medical Services Administration	
15. DATE SUBMITTED: <i>March 18, 2005</i>	Attn: Nancy Bishop

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: <b>3/21/05</b>	18. DATE APPROVED: <i>NOV 30 2005</i>
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Cheryl A. Harris</i>
21. TYPE NAME: <i>Verlon Johnson</i> <b>Cheryl A. Harris</b>	22. TITLE: <b>Associate Regional Administrator</b> <b>Division of Medicaid and Children's Health</b>

23. REMARKS:

**MAR 21 2005**  
DMCH - ADMINISTRATION

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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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. 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

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TN NO.: 05-06

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

Effective Date: 01/01/2005

Supersedes

TN No.: 94-25

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: MICHIGAN

***Amount, Duration and Scope of Medical and Remedial Care  
Services Provided to the Categorically and Medically Needy***

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10. Dental Services

Services provided within the scope of his/her profession, as defined by State law by a licensed dentist, are

A. covered for beneficiaries under the EPSDT program as follows:

1. Diagnostic and therapeutic services necessary to diagnose and treat conditions relating to a specific medical problem. Approval for these services will be given only when the physician and the dentist concur that the dental care is critical to the treatment of the medical problem for which the attending physician is treating the client.
2. Emergency treatment such as extraction of teeth or palliative treatment for relief of pain or acute infection.
3. Examinations and preventive and therapeutic services as needed for relief of pain and infections, restoration of teeth and maintenance of dental health.
4. Preparation for, adjustments to, and repair of necessary dentures as described in item 12.b. of this attachment.

B. covered for eligible beneficiaries 21 years of age and older, but limited to emergency treatment such as extraction of teeth or palliative treatment for relief of pain or acute infection.

11. Physical Therapy and Related Services

- A. Physical Therapy – not provided
- B. Occupational Therapy – not provided
- C. Services for individuals with speech, hearing and language disorders (provided by or under the direction of a qualified speech pathologist or audiologist).
  - 1.) 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.
  - 2.) Providers must meet the minimum federal requirements as outlined at 42 CFR 440.110(3).

Note: pages 22 and 23 have been deleted. The next page is 24.

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TN NO. 05-06

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

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TN No. 03-11

**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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**13. Other Diagnostic, Screening, Preventive and Rehabilitative Services (continued)**

d. Rehabilitative Services (continued)

8) Outpatient Hearing Services

Services are covered as defined in 11.C of Supplement to Attachment 3.1-A.

9) Intensive/Crisis Residential Services

Intensive/crisis residential services are intended to provide a short-term alternative to psychiatric inpatient services. Services are intended to avert psychiatric admissions or to shorten the length of stay in a psychiatric inpatient setting. Services will be available to adults and children who meet psychiatric inpatient admission criteria, but who can be appropriately served in settings less intensive than a hospital. Intensive /crisis residential services may be provided to beneficiaries who are assessed by, and admitted through the authority of an enrolled mental health clinic (Provider Type 21).

Services will be provided under the auspices of a Medicaid-enrolled mental health clinic. Services will be provided in licensed residential settings that do not exceed 16 beds. Services will not be provided in hospitals or institutional settings. Services in the crisis residential setting will be time limited. Appropriate follow-up services will be provided by the mental health clinic, under its responsibilities as the mental health case management agency.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

*Amount, Duration and Scope of Medical and Remedial Care  
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**13. Other Diagnostic, Screening, Preventive and Rehabilitative Services (continued)**

d. Rehabilitative Services (continued)

9.) Intensive/Crisis Residential Services (continued)

Medicaid covered intensive/crisis residential services include: psychiatric supervision, therapeutic support services, nursing services, medication management/stabilization and education, behavioral services and milieu therapy. Services will be provided by qualified mental health staff, under psychiatric supervision, and according to an individual plan of service.

Services may be provided for a period up to 14 calendar days per crisis residential episode and may be extended for up to 30 days per admission, if justified by clinical need as determined by the inter-disciplinary team.

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State of MICHIGAN

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**13. Other Diagnostic, Screening, Preventive and Rehabilitative Services (continued)**

d. Rehabilitative Services (continued)

11) Out Patient Therapy Services

A. Physical Therapy

1) Services are covered as defined in 1.a of Supplement to Attachment 3.1-A.  
Prior approval is required if services exceed the time or frequency for:

- A) Initial treatment (36 times in 90 consecutive days); or,
- B) Maintenance/monitoring (four times in the 90 day allowed period)

2) Services may be provided under the auspices of (and billed by) any of the following:

- A) Outpatient hospital;
- B) Medicare-enrolled comprehensive outpatient rehabilitation facility as defined under 42 CFR 485.58;
- C) Medicare-enrolled outpatient rehabilitation agency as defined under 42 CFR 485.717;
- D) Commission on Accreditation of Rehabilitation Facilities (CARF) accredited outpatient medical rehabilitation program

B. Occupational Therapy

1) Services are covered as defined in 1.a of Supplement to Attachment 3.1-A.  
Prior approval is required if services exceed the time or frequency for:

- A) Initial treatment (36 times in 90 consecutive days); or,
- B) Maintenance/monitoring (four times in the 90 day allowed period)

2) Services may be provided under the auspices of (and billed by) any of the following:

- A) Outpatient Hospital;
- B) Medicare-enrolled comprehensive outpatient rehabilitation facility as defined under 42 CFR 485.58;
- C) Medicare-enrolled outpatient rehabilitation agency as defined under 42 CFR 485.717;
- D) Commission on Accreditation of Rehabilitation Facilities (CARF) accredited outpatient medical rehabilitation program

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13. Other Diagnostic, Screening, Preventive and Rehabilitative Services (continued)

d. Rehabilitative Services (continued)

11) Out Patient Therapy Services (continued)

C. Speech-Language Therapy

- 1) Services are covered as defined in 1.a of Supplement to Attachment 3.1-A. Prior approval is required if services exceed the time or frequency for:
  - A) Initial treatment (36 times in 90 consecutive days); or,
  - B) Maintenance/monitoring (four times in the 90 day allowed period)
- 2) Services may be provided under the auspices of (and billed by) any of the following:
  - A) Outpatient hospital;
  - b) Medicare-enrolled comprehensive outpatient Rehabilitation facility as defined under 42 CFR 485.58;
  - c) Medicare-enrolled outpatient Rehabilitation Agency as defined under 42 CFR 485.717
  - d) University Speech-Language Pathology graduate education program accredited by the American Speech-Language Hearing Association Council on Academic Accreditation in Speech-Language Pathology;
  - e) Commission on Accreditation of Rehabilitation Facilities (CARF) accredited medical rehabilitation program

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