

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

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Refer to:

DEC 07 2006

Paul Reinhart, Director  
Medical Services Administration  
Michigan Department of Community Health  
Federal Liaison Unit  
400 South Pine, 7<sup>th</sup> Fl.  
P. O. Box 30479  
Lansing, Michigan 48933

ATTN: Nancy Bishop

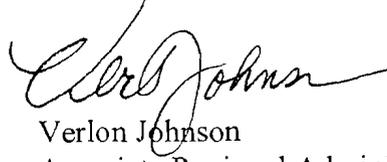
Dear Mr. Reinhart:

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

Transmittal #06-017 – Prescriptive Authority – Therapies -- Effective January 1, 2007

If you have any additional questions, please have a member of your staff contact Cynthia Garraway by telephone at (312) 353-8583 or e-mail at [Cynthia.Garraway@cms.hhs.gov](mailto:Cynthia.Garraway@cms.hhs.gov).

Sincerely,



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

Enclosure

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

06 - 17

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  
January 1, 2007

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 07 \_\_\_\_\_ \$ -0- \_\_\_\_\_  
b. FFY 08 \_\_\_\_\_ \$ -0- \_\_\_\_\_

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Supplement to Attachment 3.1-A, pgs 4 and 4a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Supplement to Attachment 3.1-A, pgs 4 and 4a

10. SUBJECT OF AMENDMENT:

prescriptive authority - therapies

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:  
Paul Reinhart, Director  
Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Paul Reinhart*

13. TYPED NAME:  
Paul Reinhart

14. TITLE:  
Director, Medical Services Administration

15. DATE SUBMITTED:

*October 11, 2006*

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

Attn: Nancy Bishop

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

*October 12, 2006*

18. DATE APPROVED

**DEC 07 2006**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

*January 1, 2007*

20. SIGNATURE OF REGIONAL OFFICIAL:

*Verlon Johnson*

21. TYPE NAME:

**Verlon Johnson**

22. TITLE:

**Associate Regional Administrator**

23. REMARKS:

**RECEIVED**

**OCT 12 2006**

**DMGH - MI/MN/WI**

**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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1. Inpatient Hospital Services

a. Covered Services – Specific Items of Services Covered are (continued):

General nursing service incidental to the care and treatment of the patient.

Whole blood (when not available from other sources).

Other items and services ordinarily provided by the hospital for the care and treatment of inpatients.

The use of all prosthetic and surgical appliances and any other equipment essential to the treatment of the patient.

Physical therapy services must be either restorative or specialized maintenance programs to be covered. Physical therapy must be ordered, in writing, by a physician or other Medicaid approved licensed practitioner within the scope of his or her practice under State law. Therapy services must be provided by a physician, a physical therapist currently licensed in Michigan, or physical therapy assistant under the appropriate supervision of an appropriately licensed physical therapist. A treatment plan must be developed, identifying the individual modalities to be employed and how they relate to the condition being treated. Each restorative plan must include the expected results of the therapy and the time frames needed to achieve those results.

Inpatient occupational therapy services of a restorative nature, ordered, in writing, by a physician or other Medicaid approved licensed practitioner within the scope of his or her practice under State law, are covered. Therapy services must be performed by an occupational therapist currently registered in Michigan, an appropriately supervised certified occupational therapy assistant, or an appropriately supervised student completing his/her clinical affiliation.

Inpatient psychiatric occupational/recreational therapy is covered when ordered, in writing, by a physician or other Medicaid approved licensed practitioner within the scope of his or her practice under State law as part of the beneficiary's active psychiatric treatment plan. It must be provided by a psychiatrist, an occupational therapist currently registered in Michigan, an appropriately supervised certified occupational therapy assistant, or an appropriately supervised student completing his/her clinical affiliation, in a psychiatric hospital or a psychiatric unit of a general hospital.

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TN NO.: 06-17

Approval Date: DEC 07 2006

Effective Date: 01/01/2007

Supersedes  
TN No.: 02-06

**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***

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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 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 the 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.: 06-17

Approval Date: DEC 07 2006

Effective Date: 01/01/2007

Supersedes  
TN No.: 02-06