

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

AUG 19 2010

Stephen Fitton, Director
Medical Services Administration
Federal Liaison Unit
Michigan Department of Community Health
400 South Pine
Lansing, Michigan 48933

ATTN: Nancy Bishop

Dear Mr. Fitton:

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

Transmittal #10-009 Clarifies the prior authorization requirements for customized wheelchairs for all beneficiaries regardless of place of residency Effective June 1, 2010.

If you have any questions, please contact Leslie Campbell by telephone at (312) 353-1557 or by e-mail at Leslie.Campbell@cms.hhs.gov.

Sincerely,



Acting Verlon Johnson
Associate Regional Administrator
Division of Medicaid & children's Health Operations

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>10 - 09</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 June 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.70		7. FEDERAL BUDGET IMPACT: a. FFY 10 _____ \$ -0- b. FFY 11 _____ \$ -0-	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A, pages 18a and 18b		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement to Attachment 3.1-A, pages 18a and 25a	
10. SUBJECT OF AMENDMENT: clarification of prior authorization requirements for customized wheelchairs for all beneficiaries regardless of place of residency			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Stephen Fitton, Director Medical Services Administration	
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Stephen Fitton</i>		16. RETURN TO: Medical Services Administration Program/Eligibility Policy Division - Federal Liaison Unit Capitol Commons Center - 7 th Floor 400 South Pine Lansing, Michigan 48933 Attn: Nancy Bishop	
13. TYPED NAME: Stephen Fitton			
14. TITLE: Director, Medical Services Administration			
15. DATE SUBMITTED: May 21, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: May 21, 2010		18. DATE APPROVED: AUG 19 2010	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: June 1, 2010		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Verlon Johnson</i>	
21. TYPE NAME: Verlon Johnson		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***

7. Home Health Care (continued)

Covered services

3. Medical supplies (continued)

Supplies

Coverage includes: Hypodermic syringes/needles, ostomy supplies, dressings necessary for the medical management of the beneficiary, etc.

Certain items require prior authorization.

Exclusion: Incidental first-aid supplies (e.g., adhesive bandages).

Freedom of choice of providers is waived in authority with 1015(a) for diapers and selected incontinence supplies (medical devices) in acceptance of certification that adequate services and devices will be provided. Diapers and selected incontinence supplies must be obtained for the State's contractor.

Durable Medical Equipment

Durable medical equipment (DME) is a benefit for beneficiaries under age 21. DME is a benefit for beneficiaries age 21 or older under the following conditions:

- When a beneficiary is enrolled in Medicare Part B and Medicare has made payment on the equipment, Medicaid may cover the co-insurance and/or deductible amounts as described in Attachment 3.2-A.
- When the equipment is needed to prevent frequent hospitalization or institutionalization, is life sustaining or replaces a malfunctioning body member, Medicaid may cover the equipment.

Prior authorization of DME is required for beneficiaries of all ages except where exempted for selected diagnostic codes.

Program coverage of mobility and custom fabricated seating systems for all beneficiaries must be ordered by a physician and prior authorized. Prior authorization is determined based on a completed standardized mobility assessment performed by a licensed/certified medical professional defined as an Occupational Therapist, Physical Therapist or Rehabilitation Registered Nurse who has at least 2 years experience in rehabilitation.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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The Program determines if the equipment is to be rented or purchased. Such determination includes consideration of cost versus benefit.

Oxygen

Oxygen is covered for the beneficiary residing in his/her home when medically necessary and when ordered by a physician.

TN NO.: 10-09

Approval Date: AUG 19 2010

Effective Date: 06/01/2010

Supersedes

TN No.: N/A – new page