

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



July 31, 2012

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

ATTN: Loni Hackney

Dear Mr. Fitton:

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

Transmittal #12-008 - Moves optometry services from optional coverage to mandatory physician service.

Effective date: April 1, 2012

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](mailto:Leslie.Campbell@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink that reads "Verlon Johnson".

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

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: <b>12 - 08</b>	2. STATE: <b>Michigan</b>
	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 <b>April 1, 2012</b>	

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: <b>42 CFR 441.30</b>	7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ 0 b. FFY 2013 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 3.1-A, Page 3</b> <b>Supplement to Attachment 3.1-A, Page 15, 17</b> <b>Section 3 - Services, 3.1 (f)(1), Page 27</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 3.1-A, Page 3</b> <b>Supplement to Attachment 3.1-A, Page 15, 17</b> <b>Section 3 - Services, 3.1 (f)(1), Page 27</b>

10. SUBJECT OF AMENDMENT:

Moves optometry services from optional coverage to a mandatory physician service in order to allow Optometrists the ability to participate in Michigan's Medicaid Electronic Health Record (EHR) Incentive program.

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: <i>Stephen Fitton</i>	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: <b>Stephen Fitton</b>	
14. TITLE: <b>Director, Medical Services Administration</b>	
15. DATE SUBMITTED: <b>May 2, 2012</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: <b>May 2, 2012</b>	18. DATE APPROVED: <b>7/31/12</b>
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>April 1, 2012</b>	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Alan Freund</i>
21. TYPE NAME: <b>Alan Freund</b>	22. TITLE: <i>Acting Associate Regional Administrator</i>
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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6. Medical Care Furnished by Practitioners within the Scope of their Practice as Defined by State Law  
(continued)

b. Optometry Services:

i) Covered services as limited by the department, are those provided to individuals under the EPSDT program.

c. Chiropractor Services:

Chiropractic services as limited by the department are those provided to individuals under the EPSDT program.

d. Other Practitioner Services:

~ Certified Nurse Anesthetists (CRNAs)

Services provided by registered nurses certified by the council on Certification of Nurse Anesthetists or re-certified by the Council on Re-certification of Nurse Anesthetists are covered. Services are limited to those provided on an inpatient or outpatient basis and reimbursement is directed through to the provider or the provider's employer.

~ Registered/Licensed Dental Hygienists

Services provided by registered dental hygienists (RDHs) are covered when those services are rendered on behalf of an organization, clinic or group practice. Covered services are limited to those allowed under the RDH's scope of practice as defined by State law.

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TN NO.: 12-08

Approval Date: JUL 31 2012

Effective Date: 04/01/2012

Supersedes  
TN No.: 10-24

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State/Territory:       MICHIGAN      

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

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7. **PHYSICIANS' SERVICES** (same for categorically needy and medically needy clients).

Physicians' services are defined as services provided with the scope of his/her profession by a doctor of medicine or osteopathy licensed under State law where the services are performed:

No payment will be made for services of staff in residence (e.g., interns and residents) or medical staff functioning in an administrative capacity for a hospital, nursing home, or medical care facility, including physician-owners. In relation to outpatient services, physicians' fees for covered services are payable only when such payment does not duplicate payment to the facility.

Physicians' services are covered whether furnished in the office, a patient's home, a hospital, a nursing facility or elsewhere, except that:

- a) Services must be related to either:
  - 1) a diagnosed mental or physical health condition calling for therapeutic management; or
  - 2) an examination to diagnose a mental deficiency or retardation; or
  - 3) family planning;
- b) Physician visits in the nursing home setting are limited to one visit per patient per month; additional visits must be documented as medically necessary;
- c) Speech and/or language evaluations by a physician are limited to a not more than two in a 12 month period unless documented as medically necessary.

Physician services include services of the type which an optometrist is also legally authorized to perform and such services are reimbursed whether furnished by a physician or an optometrist.

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TN NO.: 12-08

Approval Date:       JUL 31 2012      

Effective Date:       04/01/2012      

Supersedes  
TN No.: 92-22

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: MICHIGAN

<u>Citation</u> 42 CFR 441.30 AT-78-90	3.1 (f)(1)	<u>Optometric Services</u> Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.
10/01/74 (TN74-44)		<input checked="" type="checkbox"/> <b>YES.</b>  <input type="checkbox"/> No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.  <input type="checkbox"/> Not applicable. The conditions in the first sentence do not apply.
1903(i)(1) of the Act, P.L. 99-272 (Section 9507)	(2)	<u>Organ Transplant Procedures</u>  <input checked="" type="checkbox"/> No.  <input checked="" type="checkbox"/> Yes. Similarly situated individuals are treated alike and any restrictions on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at <u>ATTACHMENT 3.1-E</u> .

TN NO.: 12-08Approval Date: JUL 31 2012Effective Date: 04/01/2012Supersedes  
TN No.: 87-11