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State/Territory Name: Michigan

State Plan Amendment (SPA) #: 17-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Chicago Regional Office
233 N. Michigan
Suite 600
Chicago, Illinois 60601



January 30, 2018

Kathy Stiffler, Acting State Medicaid Director
Medical Services Administration
Michigan Department of Health and Human Services
400 South Pine Street, P.O. Box 30479
Lansing, Michigan 48909-7979

ATTN: Erin Black

Dear Ms. Stiffler:

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

- Transmittal #: 17-0006: Pediatric Intensive Feeding Services
- Effective Date: May 1, 2018
- Approval Date: January 30, 2018

If you have any questions, please contact Keri Toback at (312) 353-1754 or keri.toback@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Erin Black, MDHHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: 17 - 0006	2. STATE: Michigan
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE May 1, 2018	

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

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:
1905(r) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2017 \$0
b. FFY 2018 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement to Attachment 3.1-A, Page 13a continued (p.8)
Attachment 4.19-B, Page 9a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

New

10. SUBJECT OF AMENDMENT:

This SPA will provide authority to reimburse eligible providers for intensive outpatient pediatric feeding services through EPSDT.

11. GOVERNOR'S REVIEW (*Check One*):

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Chris Priest

14. TITLE:
Director, Medical Services Administration

15. DATE SUBMITTED:
August 24, 2017

16. RETURN TO:

Medical Services Administration
Actuarial Division - Federal Liaison
Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Erin Black

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: August 24, 2017	18. DATE APPROVED: January 30, 2018

PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: May 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPE NAME: Ruth A. Hughes	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***

4b. EPSDT (continued)

Pediatric Outpatient Intensive Feeding Services

1905(a)(4)(b) of the Act provides early and periodic screening, diagnostic, and treatment (EPSDT) services (as defined in subsection (r)) for individuals who are eligible under the state plan and are under the age of 21. EPSDT services include medically necessary pediatric outpatient intensive feeding services.

A. Services

Individualized services for the evaluation and treatment of the beneficiary for significant feeding disorders are provided within an outpatient day program, generally five days per week, six to eight hours per day for a period up to six weeks. Covered services are comprised of:

- Physician services as defined under 42 CFR §440.50; and
- Medical or remedial care provided by licensed practitioners as defined under 42 CFR §440.60; and
- Rehabilitative services as defined under 42 CFR § 440.130(d); and
- Occupational therapy as defined under 42 CFR §440.110(b); and
- Services for individuals with speech, hearing and language disorders, 42 CFR §440.110(c).

B. Provider Criteria

Services are provided by a multi-disciplinary team of licensed medical and behavioral health professionals operating within their State law defined scope of practice. Licensed providers assume professional responsibility for the services provided by any unlicensed practitioners under their supervision and delegation, consistent with applicable state law. At a minimum, the team must include the following:

- Licensed Pediatrician in possession of or eligible for pediatric specialty board certification; and
- Licensed physician subspecialist in possession of or eligible for pediatric subspecialty board certification; and
- Licensed behavioral health professional including a licensed psychologist, or licensed master's social worker with at least two years of professional pediatric experience; and
- Licensed speech Pathologist with at least one year of professional pediatric experience; and
- Licensed occupational therapist with at least one year of professional pediatric experience; and
- Registered Dietitian or registered dietitian nutritionist in possession of a master degree of one of the following; human nutrition, public health or a health-related field, and one year of professional pediatric experience.

In addition, the team may also include the services of the following:

- Licensed Advanced Practice Nurse; and
- Licensed physician assistant; and
- Licensed physical Therapist; and
- Licensed Registered Nurse.

C. Prior Authorization

Pediatric outpatient intensive feeding services are authorized for a period not to exceed six weeks. Medically necessary services may be re-authorized at the request of a physician.

TN NO.: 17-0006

Approval Date 1/30/18

Effective Date: 5/01/2018

Supersedes

TN No.: N/A – New Page

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)***

17 (EPSDT Continued).

Pediatric Outpatient Intensive Feeding Services

Reimbursement for the pediatric outpatient intensive feeding services is a bundled rate based on the covered services provided by a multidisciplinary team. This service is reimbursed as a daily rate comprised of all costs associated with the services provided within the day program including: indirect support and patient care expenses compliant with 2 CFR 200; medical care services provided by the physician and other licensed practitioners; and diagnostic, screening and rehabilitative services.

The state assures that it will monitor the provision of services paid under the bundled rate to ensure that beneficiaries receive the types, quantity and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient. Except as otherwise noted in the plan, state developed fee schedule rates for pediatric outpatient intensive feeding program services are uniform for both private and governmental providers. The reimbursement methodology applies to services delivered on or after May 1, 2018. All rates are published at www.michigan.gov/medicaidproviders.

TN NO.: 17-0006

Approval Date: 1/30/18

Effective Date: 5/01/2018

Supersedes

TN No.: N/A-New Page