

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

17 - 0001

2. STATE:

Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2017

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 440.60

7. FEDERAL BUDGET IMPACT:

a. FFY 2017 \$0

b. FFY 2018 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 4

Supplement to Attachment 3.1-A, Page 22

Supplement to Attachment 3.1-A, Page 25b

Supplement to Attachment 3.1-A, Page 27j

Supplement to Attachment 3.1-A, Page 27k

Attachment 4.19-B, Page 5c

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

Attachment 3.1-A, Page 4

Supplement to Attachment 3.1-A, Page 22

Supplement to Attachment 3.1-A, Page 25b

Supplement to Attachment 3.1-A, Page 27j

Supplement to Attachment 3.1-A, Page 27k

10. SUBJECT OF AMENDMENT:

Allows for enrollment of Physical Therapists, Occupational Therapists, Speech-Language Pathologists, and Audiologists as Medicaid providers. A corresponding ABP SPA 17-1000 has been submitted as well.

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

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

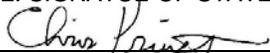
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

Chris Priest, Director

Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Chris Priest

14. TITLE:

Director, Medical Services Administration

15. DATE SUBMITTED:

February 22, 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:

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPE NAME:

22. TITLE:

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***

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. **SPEECH-LANGUAGE THERAPY**/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

TN NO.: 17-0001

Approval Date: _____ Effective Date: 04/01/2017

Supersedes
TN No.: 05-06

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***

11. Physical Therapy and Related Services

A. Physical Therapy – ~~not provided~~

1. REHABILITATIVE SERVICE – OUTPATIENT THERAPY SERVICES:
REHABILITATIVE SERVICES DO NOT INCLUDE AND FFP IS NOT AVAILABLE
FOR HABILITATION SERVICES.
 - a) SERVICES ARE PROVIDED IN ACCORDANCE WITH 42 CFR 440.110 AND
COVERED AS DEFINED IN 1.A OF SUPPLEMENT TO ATTACHMENT 3.1-A.
PRIOR APPROVAL IS REQUIRED WHEN SERVICES ARE MEDICALLY
NECESSARY AND EXCEED THE TIME OR FREQUENCY LIMITS AS
DESCRIBED IN MEDICAID POLICY FOR:
 1. INITIAL TREATMENT (144 UNITS IN 12 MONTHS); OR,
 2. MAINTENANCE/MONITORING (FOUR TIMES IN THE 90 DAY
ALLOWED PERIOD)
 - b) SERVICES MAY BE PROVIDED AND BILLED BY ANY OF THE FOLLOWING:
 1. ~~OUTPATIENT HOSPITAL;~~
 2. MEDICARE-ENROLLED COMPREHENSIVE OUTPATIENT
REHABILITATION FACILITY AS DEFINED UNDER 42 CFR 485.58;
 3. MEDICARE-ENROLLED OUTPATIENT REHABILITATION AGENCY AS
DEFINED UNDER 42 CFR 485.717;
 4. COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES
(CARF) ACCREDITED OUTPATIENT MEDICAL REHABILITATION
PROGRAM; OR
 5. INDEPENDENT PHYSICAL THERAPIST

B. Occupational Therapy – ~~not provided~~

1. REHABILITATIVE SERVICE – OUTPATIENT THERAPY SERVICES:
REHABILITATIVE SERVICES DO NOT INCLUDE AND FFP IS NOT AVAILABLE
FOR HABILITATION SERVICES.
 - a) SERVICES ARE PROVIDED IN ACCORDANCE WITH 42 CFR 440.110 AND
COVERED AS DEFINED IN 1.A OF SUPPLEMENT TO ATTACHMENT 3.1-A.
PRIOR APPROVAL IS REQUIRED WHEN SERVICES ARE MEDICALLY
NECESSARY AND EXCEED THE TIME OR FREQUENCY LIMITS AS
DESCRIBED IN MEDICAID POLICY FOR:
 1. INITIAL TREATMENT (144 UNITS IN 12 MONTHS); OR,
 2. MAINTENANCE/MONITORING (FOUR TIMES IN THE 90 DAY
ALLOWED PERIOD)
 - b) SERVICES MAY BE PROVIDED AND BILLED BY ANY OF THE FOLLOWING.
 1. ~~OUTPATIENT HOSPITAL;~~
 2. MEDICARE-ENROLLED COMPREHENSIVE OUTPATIENT
REHABILITATION FACILITY AS DEFINED UNDER 42 CFR 485.58;
-

TN NO.: 17-0001

Approval Date: _____ Effective Date: 04/01/2017

Supersedes
TN No.: 05-22

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

11. PHYSICAL THERAPY AND RELATED SERVICES (CONTINUED)

B. Occupational Therapy (continued)

3. MEDICARE-ENROLLED OUTPATIENT REHABILITATION AGENCY AS DEFINED UNDER 42 CFR 485.717;
4. COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) ACCREDITED OUTPATIENT MEDICAL REHABILITATION PROGRAM; OR
5. INDEPENDENT OCCUPATIONAL THERAPIST

C. SPEECH-LANGUAGE THERAPY/Services for individuals with speech, hearing and language disorders (provided by or under the direction of a qualified speech pathologist or audiologist).

1. REHABILITATIVE SERVICE – OUTPATIENT THERAPY SERVICES:

REHABILITATIVE SERVICES DO NOT INCLUDE AND FFP IS NOT AVAILABLE FOR HABILITATION SERVICES.

- a) SERVICES ARE PROVIDED IN ACCORDANCE WITH 42 CFR 440.110 AND COVERED AS DEFINED IN 1.A OF SUPPLEMENT TO ATTACHMENT 3.1-A. PRIOR APPROVAL IS REQUIRED WHEN SERVICES ARE MEDICALLY NECESSARY AND EXCEED THE TIME OR FREQUENCY LIMITS AS DESCRIBED IN MEDICAID POLICY FOR:
 1. INITIAL TREATMENT (36 VISITS IN 12 MONTHS); OR,
 2. MAINTENANCE/MONITORING (FOUR TIMES IN THE 90 DAY ALLOWED PERIOD)
 - b) SERVICES MAY BE PROVIDED AND BILLED BY ANY OF THE FOLLOWING.
 1. ~~OUTPATIENT HOSPITAL;~~
 2. MEDICARE-ENROLLED COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY AS DEFINED UNDER 42 CFR 485.58;
 3. MEDICARE-ENROLLED OUTPATIENT REHABILITATION AGENCY AS DEFINED UNDER 42 CFR 485.717;
 4. UNIVERSITY SPEECH-LANGUAGE PATHOLOGY GRADUATE EDUCATION PROGRAM ACCREDITED BY THE AMERICAN SPEECH-LANGUAGE HEARING ASSOCIATION COUNCIL ON ACADEMIC ACCREDITATION IN SPEECH- LANGUAGE PATHOLOGY;
 5. COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) ACCREDITED MEDICAL REHABILITATION PROGRAM; OR
 6. INDEPENDENT SPEECH-LANGUAGE PATHOLOGIST
 - c) 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.
 - d) Providers must meet the minimum federal requirements as outlined at 42 CFR 440.110(3).
-

TN NO.: 17-0001

Approval Date: _____ Effective Date: 04/01/17

Supersedes

TN No.: N/A - New Page

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***

Note: page 23 has been deleted. The next page is 24.

TN NO.: 17-0001

Approval Date: _____ Effective Date: 04/01/17

Supersedes

TN No.: N/A - New Page

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***

12. Drug Products, Dentures, Prosthetic and Orthotic Devices, Eyeglasses (continued)

h. Hearing Aids

- i.) Under the EPSDT program, hearing aids and accessories are provided under the following conditions:
- A physician provides medical concurrence that there are no contraindications to the use of a hearing aid(s). A medical concurrence must be within six months prior to dispensing the hearing aid(s).
 - A licensed audiologist must complete a written recommendation for the hearing aid. Services ~~must~~ **MAY** be provided **AND BILLED BY AN AUDIOLOGISTS OR** ~~under the auspices of (and be billed by)~~ a Medicaid enrolled outpatient hospital or hearing center.
- ii) Effective for dates of service on and after July 1, 2009, hearing aids will not be covered for beneficiaries age 21 and over.

TN NO.: 17-0001

Approval Date: _____

Effective Date: 04/01/2017

Supersedes

TN No. 09-15

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***

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

~~d. Rehabilitative Service (continued)~~

~~11) Out Patient Therapy Services: Rehabilitative services do not include and FFP is not available for habilitation services.~~

~~A. Physical Therapy~~

~~1) Services are provided in accordance with 42 CFR 440.110 and covered as defined in 1.a of Supplement to Attachment 3.1-A. Prior approval is required if services are medically necessary and exceed the time or frequency limits as described in Medicaid policy for:~~

- ~~A) Initial treatment (144 units in 12 months); 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 provided in accordance with 42 CFR 440.110 and covered as defined in 1.a of Supplement to Attachment 3.1-A. Prior approval is required if services are medically necessary and exceed the time or frequency limits as described in Medicaid policy for:~~

- ~~A) Initial treatment (144 units in 12 months); 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~~

MOVED TO SECTION 11 – PHYSICAL THERAPY AND RELATED SERVICES – DELETE PAGE.

TN NO.: 17-0001

Approval Date: _____

Effective Date: 4/01/2017

Supersedes

TN No.: 14-0016

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***

~~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 provided in accordance with 42 CFR 440.110 and covered as defined in 1.a of Supplement to Attachment 3.1-A. Prior approval is required if services are medically necessary and exceed the time or frequency limits as described in Medicaid policy for:~~

- ~~A) Initial treatment (36 visits in 12 months); 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~~

MOVED TO SECTION 11 – PHYSICAL THERAPY AND RELATED SERVICES – DELETE PAGE.

TN NO.: 17-0001

Approval Date: _____

Effective Date: 4/01/2017

Supersedes

TN No.: 14-0016

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***

12.1 PHYSICAL THERAPY AND RELATED SERVICES

A. PHYSICAL THERAPISTS

EXCEPT AS OTHERWISE NOTED IN THE PLAN, STATE-DEVELOPED FEE SCHEDULE RATES ARE THE SAME FOR BOTH GOVERNMENTAL AND PRIVATE PROVIDERS OF PHYSICAL THERAPY SERVICES. THE AGENCY'S FEE SCHEDULE RATE WAS SET AS OF 4/1/2017 AND IS EFFECTIVE FOR SERVICES PROVIDED ON OR AFTER THAT DATE. ALL RATES ARE PUBLISHED ON THE AGENCY'S WEBSITE AT WWW.MICHIGAN.GOV/MEDICAIDPROVIDERS.

B. OCCUPATIONAL THERAPISTS

EXCEPT AS OTHERWISE NOTED IN THE PLAN, STATE-DEVELOPED FEE SCHEDULE RATES ARE THE SAME FOR BOTH GOVERNMENTAL AND PRIVATE PROVIDERS OF OCCUPATIONAL THERAPY SERVICES. THE AGENCY'S FEE SCHEDULE RATE WAS SET AS OF 4/1/2017 AND IS EFFECTIVE FOR SERVICES PROVIDED ON OR AFTER THAT DATE. ALL RATES ARE PUBLISHED ON THE AGENCY'S WEBSITE AT WWW.MICHIGAN.GOV/MEDICAIDPROVIDERS.

C. SPEECH-LANGUAGE PATHOLOGISTS

EXCEPT AS OTHERWISE NOTED IN THE PLAN, STATE-DEVELOPED FEE SCHEDULE RATES ARE THE SAME FOR BOTH GOVERNMENTAL AND PRIVATE PROVIDERS OF SPEECH THERAPY SERVICES. THE AGENCY'S FEE SCHEDULE RATE WAS SET AS OF 7/1/2017 AND IS EFFECTIVE FOR SERVICES PROVIDED ON OR AFTER THAT DATE. ALL RATES ARE PUBLISHED ON THE AGENCY'S WEBSITE AT WWW.MICHIGAN.GOV/MEDICAIDPROVIDERS.

D. AUDIOLOGISTS

EXCEPT AS OTHERWISE NOTED IN THE PLAN, STATE-DEVELOPED FEE SCHEDULE RATES ARE THE SAME FOR BOTH GOVERNMENTAL AND PRIVATE PROVIDERS OF AUDIOLOGY SERVICES. THE AGENCY'S FEE SCHEDULE RATE WAS SET AS OF 4/1/2017 AND IS EFFECTIVE FOR SERVICES PROVIDED ON OR AFTER THAT DATE. ALL RATES ARE PUBLISHED ON THE AGENCY'S WEBSITE AT WWW.MICHIGAN.GOV/MEDICAIDPROVIDERS.

TN NO.: 17-0001

Approval Date: _____

Effective Date: 04/01/2017

Supersedes TN No.: N/A – New Page



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

November 7, 2016

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Notice of Intent to Submit a State Plan Amendment to Enroll Private Practice Physical Therapists (PTs), Occupational Therapists (OTs), Speech-Language Pathologists (SLPs) and Audiologists as Medicaid Providers

This letter, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, serves as notice of intent to all Tribal Chairs and Health Directors of the request by the Michigan Department of Health and Human Services (MDHHS) to submit a State Plan Amendment.

Pending approval by the Centers for Medicare and Medicaid Services (CMS), the State Plan Amendment will allow private practice PTs, OTs, SLPs and audiologists to enroll with Michigan Medicaid and receive direct reimbursement for services provided to all eligible Medicaid beneficiaries. Enrolling private practice providers will increase the availability of services to beneficiaries, including Native Americans. MDHHS will continue to enroll and reimburse PTs, OTs, SLPs and audiologists practicing in Tribal Health Centers. The anticipated effective date of this State Plan Amendment is January 1, 2017.

Providers in Michigan must be currently licensed by the Department of Licensing and Regulatory Affairs. To comply with 42 CFR 431.110, licensed health professionals employed by a Tribal Health Program must be licensed in good standing in at least one state, but do not need to be licensed in the state where they are practicing for Tribal Health Centers. Out-of-state providers must be licensed by the appropriate standard-setting authority in the state where they are practicing.

There is no public hearing scheduled for this State Plan Amendment. Input regarding this Amendment is highly encouraged, and comments regarding this Notice of Intent may be submitted to Lorna Elliott-Egan, MDHHS Liaison to the Michigan Tribes. Lorna can be reached at 517-284-4034 or via email at Elliott-EganL@michigan.gov. **Please provide all input by December 22, 2016.**

In addition, MDHHS is offering to set up group or individual meetings for the purposes of consultation in order to discuss this Amendment, according to the tribes' preference. This consultation meeting will allow tribes the opportunity to address any concerns and voice any suggestions, revisions, or objections to be relayed to the author of the proposal. If you would like additional information or wish to schedule a consultation meeting, please contact Lorna Elliott-Egan at the telephone number or email address provided above.

MDHHS appreciates the continued opportunity to work collaboratively with you to care for the residents of our state.

Sincerely,

A handwritten signature in black ink that reads "Chris Priest". The signature is written in a cursive style with a large initial "C" and a long, sweeping underline.

Chris Priest, Director
Medical Services Administration

cc: Keri Toback, Region V, CMS
Leslie Campbell, Region V, CMS
Pamela Carson, Region V, CMS
Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family
Services of Southeastern Michigan
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.
Keith Longie, Acting Area Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

**Distribution List for L 16-61
November 7, 2016**

Mr. Levi Carrick, Sr., Tribal Chairman, Bay Mills Indian Community
Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center)
Mr. Thurlow Samuel McClellan, Chairman, Grand Traverse Band Ottawa & Chippewa Indians
Ms. JoAnne Cook, Tribal Vice Chair, Grand Traverse Band Ottawa & Chippewa Indians
Ms. Ruth Bussey, Health Director, Grand Traverse Band Ottawa/Chippewa
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center
Mr. Warren C. Swartz, Jr., President, Keweenaw Bay Indian Community
Ms. Carole LaPointe, Health Director, Keweenaw Bay Indian Community - Donald Lapointe Health/Educ Facility
Mr. James Williams, Jr., Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians
Ms. Sadie Valliere, Health & Human Services Director, Lac Vieux Desert Band
Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians
Mr. Donald MacDonald, Health Director, Little River Band of Ottawa Indians
Ms. Regina Gasco-Bentley, Tribal Chairman, Little Traverse Bay Band of Odawa Indians
Ms. Sharon Sierzputowski, Health Director, Little Traverse Bay Band of Odawa
Ms. Leah Fodor, Chairperson, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)
Ms. Phyllis Davis, Health Director, Match-E-Be-Nash-She-Wish Potawatomi
Mr. Jamie Struck, Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department
Mr. John Warren, Tribal Chairman, Pokagon Band of Potawatomi Indians
Mr. Matt Clay, Health Director, Pokagon Potawatomi Health Services
Mr. Frank Cloutier, Tribal Chief, Saginaw Chippewa Indian Tribe
Mrs. Karmen Fox, Executive Health Director, Nimkee Memorial Wellness Center
Mr. Aaron Payment, Tribal Chairman, Sault Ste. Marie Tribe of Chippewa Indians
Ms. Bonnie Culfa, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC: Keri Toback, Region V, CMS
Leslie Campbell, Region V, CMS
Pamela Carson, Region V, CMS
Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family Services of Southeastern Michigan
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.
Keith Longie, Acting Area Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS



Joseph Puplis
Joseph Puplis
Phone

Special Pricing

FAX:
smithp2@michigan.gov

<i>Tear Sheets</i>	1	<i>Net Amount</i>	\$1,239.14
<i>Proofs</i>	0	<i>Tax Amount</i>	\$0.00
<i>Affidavits</i>	0	<i>Total Amount</i>	\$1,239.14
<i>Blind Box</i>		<i>Payment Method</i>	Invoice
<i>Promo Type</i>		<i>Payment Amount</i>	\$0.00
<i>Materials</i>		<i>Amount Due</i>	\$1,239.14
<i>Invoice Text</i>	ENROLLMENT		

Ad Schedule

<i>Product</i>	Grand Rapids Press	<i>Placement/Class</i>	Announcements
<i># Inserts</i>	1	<i>POS/Sub-Class</i>	Public Notices
<i>Cost</i>	\$443.78	<i>AdNumber</i>	0007965948-01
<i>Ad Type</i>	CLS Liner	<i>Ad Size</i>	1 X 107 li
<i>Pick Up #</i>	0007953915	<i>Ad Attributes</i>	
<i>External Ad #</i>		<i>Color</i>	<NONE>
<i>Production Method</i>	AdBooker	<i>Production Notes</i>	
<i>Run Dates</i>	<i>Sort Text</i>	PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONENR	
		12/15/2016	

<i>Product</i>	Kalamazoo Gazette	<i>Placement/Class</i>	Announcements
<i># Inserts</i>	1	<i>POS/Sub-Class</i>	Public Notices
<i>Cost</i>	\$165.15	<i>AdNumber</i>	0007965948-01
<i>Ad Type</i>	CLS Liner	<i>Ad Size</i>	1 X 107 li
<i>Pick Up #</i>	0007953915	<i>Ad Attributes</i>	
<i>External Ad #</i>		<i>Color</i>	<NONE>
<i>Production Method</i>	AdBooker	<i>Production Notes</i>	
<i>Run Dates</i>	<i>Sort Text</i>	PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONENR	
		12/15/2016	

<i>Product</i>	Flint Journal	<i>Placement/Class</i>	Announcements
<i># Inserts</i>	1	<i>POS/Sub-Class</i>	Public Notices
<i>Cost</i>	\$331.43	<i>AdNumber</i>	0007965948-01
<i>Ad Type</i>	CLS Liner	<i>Ad Size</i>	1 X 107 li
<i>Pick Up #</i>	0007953915	<i>Ad Attributes</i>	
<i>External Ad #</i>		<i>Color</i>	<NONE>
<i>Production Method</i>	AdBooker	<i>Production Notes</i>	
<i>Run Dates</i>	<i>Sort Text</i>	PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONENR	
		12/15/2016	

Product MLive.com *Placement/Class* Announcements
Inserts 1 *POS/Sub-Class* Public Notices
Cost \$112.02 *AdNumber* 0007965948-01
Ad Type CLS Liner *Ad Size* 1 X 107 li
Pick Up # 0007953915 *Ad Attributes*
External Ad # *Color* <NONE>
Production Method AdBooker *Production Notes*
Run Dates *Sort Text* PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONENR
12/15/2016

Product Saginaw News *Placement/Class* Announcements
Inserts 1 *POS/Sub-Class* Public Notices
Cost \$179.76 *AdNumber* 0007965948-01
Ad Type CLS Liner *Ad Size* 1 X 107 li
Pick Up # 0007953915 *Ad Attributes*
External Ad # *Color* <NONE>
Production Method AdBooker *Production Notes*
Run Dates *Sort Text* PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSERVICESADMINISTRATIONENR
12/15/2016

Ad Content Proof

PUBLIC NOTICE

Michigan Department of Health and Human Services Medical Services Administration

Enrollment and Direct Reimbursement of Physical Therapists (PTs), Occupational Therapists (OTs), Speech-Language Pathologists (SLPs), and Audiologists State Plan Amendment Request

The Michigan Department of Health and Human Services (MDHHS) plans to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS). The request includes a SPA to enroll and directly reimburse licensed PTs, OTs, SLPs, and audiologists and a corresponding Alternative Benefit Plan (ABP) SPA.

The anticipated effective date for the enrollment/reimbursement SPAs is January 1, 2017. MDHHS, Medical Services Administration, intends to begin enrolling SLPs as Medicaid providers and allowing PTs, OTs, audiologists, and newly enrolled SLPs be directly reimbursed for services they provide to eligible Medicaid Fee for Service beneficiaries.

Providers in Michigan must be currently licensed by the Department of Licensing and Regulatory Affairs. Out-of-state providers must be licensed by the appropriate standard-setting authority in the state they are practicing. Tribal Health Centers Only - To comply with 42 CFR 431.110, licensed health professionals employed by a Tribal Health Program must be licensed in good standing in at least one state, but do not need to be licensed in the state where they are practicing.

Reimbursement for covered services will be established through a fee schedule, which will be published on the MDHHS website. It is anticipated that this policy will be budget neutral.

In compliance with 42 CFR § 440.946

440.242, individuals under 24 years of age receiving Medicaid benefits will continue to have access to services within the full early and periodic screening, diagnosis and treatment (EPSDT) benefit as defined in Section 1905(r) of the Social Security Act.

There is no public meeting scheduled regarding this notice. Any interested party wishing to request a written copy of the SPA or wishing to submit comments may do so by submitting a request in writing to: MDHHS/Medical Services Administration, Program Policy Division, PO Box 30479, Lansing MI 48909-7979 or e-mail MSADraftPolicy@michigan.gov by January 15, 2017.