

## **Table of Contents**

**State/Territory Name: MI**

**State Plan Amendment (SPA) #: 10-0025**

This file contains the following documents in the order listed:

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

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



---

March 28, 2016

Chris Priest, Medicaid Director  
Medical Services Administration  
Federal Liaison Unit  
Michigan Department of Community Health  
400 South Pine  
Lansing, Michigan 48933

ATTN: Erin Black

Dear Mr. Priest:

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

- Transmittal #: 10-0025 – Blood Lead Investigation
- Effective: October 1, 2010

If you have any questions, please contact Leslie Campbell at (312) 353-1557 or [Leslie.Campbell@cms.hhs.gov](mailto:Leslie.Campbell@cms.hhs.gov).

Sincerely,

/s/

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

Enclosures



---

March 28, 2016

Chris Priest, Medicaid Director  
Medical Services Administration  
Federal Liaison Unit  
Michigan Department of Community Health  
400 South Pine  
Lansing, Michigan 48933

ATTN: Erin Black

This letter is being sent as a companion to our approval of your Michigan State Plan Amendment (SPA 10-0025), approved on March 28, 2016. During our processing of MI SPA 10-0025, we also reviewed the services that appeared on the submitted pages and the associated coverage provisions corresponding to those same services. Based on that review, we determined that Attachment 3.1-A page 13 is not in compliance with current Centers for Medicare and Medicaid Services (CMS) regulations, statute, or guidance.

Section 1902 of the Social Security Act (the Act) requires that states have a state plan for medical assistance that meets certain federal requirements that set out a framework for the state program. Implementing regulations at 42 CFR 430.10 require that the state plan be a comprehensive written statement containing all information necessary for CMS to determine whether the plan can be approved as a basis for Federal financial participation (FFP) in the state program.

To that end, CMS welcomes the opportunity to work with you and your staff to discuss options for resolving concerns as outlined below:

Supplement to Attachment 3.1-A, Page 13, ninth paragraph: In accordance with 1905(r) of the Social Security Act, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services must be provided solely on the basis of medical necessity for the child. The current state plan language states, "Determinations regarding the quantity of services provided will consider the beneficiary's care needs which establish medical necessity for nursing services, the beneficiary's and family's circumstances, and other resources available to provide or pay for the daily care." The additional requirements regarding the beneficiary's family circumstances and ability to pay or provide daily care may not be a consideration when determining if Private Duty Nursing (PDN) services may be furnished, as services should be furnished based solely on the medical necessity of the beneficiary. As a result, please amend the sentence to read as follows: "Determinations regarding the quantity of services provided will consider the beneficiary's care needs which establish medical necessity for nursing services."



The state has 90 days from the date of this letter – until June 29, 2016 – to address the issues described above. Within this 90-days period, the State may submit a SPA to address these issues or may submit a corrective action plan describing in detail how the State will resolve the issues identified above in a timely manner. Failure to respond within the 90 days will result in the initiation of a formal compliance process. During the 90-days period, CMS will provide any required technical assistance to assist you in resolving these issues. If you have any additional questions or require any further assistance, please contact Leslie Campbell at (312) 353-1557 or [Leslie.Campbell@cms.hhs.gov](mailto:Leslie.Campbell@cms.hhs.gov).

Sincerely,

/s/

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



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

1. TRANSMITTAL NUMBER:

2. STATE:

10 - 25

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  
October 1, 2010

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 440.130

7. FEDERAL BUDGET IMPACT:

a. FFY 11 \$ 0

b. FFY 12 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Supplement to Attachment 3.1-A, pp 13 and Attachment 4.19-  
B pg 8

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

Supplement to Attachment 3.1-A, pp 13 and Attachment 4.19-  
B pg 8

10. SUBJECT OF AMENDMENT:

EPSDT Blood Lead Investigations

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:

Stephen Fitton, Director

Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Stephen Fitton

14. TITLE:

Director, Medical Services Administration

15. DATE SUBMITTED:

December 22, 2010

16. RETURN TO:

Medical Services Administration

Actuarial Division

Capitol Commons Center - 7th Floor

400 South Pine Street

Lansing, Michigan 48933

Attn: Loni Hackney

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

December 22, 2010

18. DATE APPROVED:

March 28, 2016

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2010

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. The EPSDT program is available to all Medicaid beneficiaries under the age of 21. This program was established to detect and correct or ameliorate defects and physical and mental illnesses and conditions discovered in children.

EPSDT visits are recommended according to the periodicity schedule by the American Academy of Pediatrics.

EPSDT services are provided as defined in section 1905 (r) (5) of the Act. Medically necessary screening, preventive, diagnostic services and treatment will be covered under other appropriate service categories.

Of the services listed on 3.1-A preprint pages of the State Plan, religious non-medical health care nursing services (formerly Christian Science nurses' services) and private duty nursing services may be prior authorized by the single state agency for medically necessary follow-up services to treat detected conditions for beneficiaries under the age of 21 years when the following requirements are met:

- the beneficiary requires continuous skilled nursing care on a daily basis and is either dependent daily on technology-based medical equipment to sustain life or has had frequent episodes of medical instability within the past 3 to 6 months, requiring skilled nursing assessments, judgments or interventions due to a substantiated progressively debilitating physical disorder
- the beneficiary is eligible for Medicaid in the home/community setting; and appropriate nursing services, considering the beneficiary's health and medical care needs, can be safely provided in the home/community setting
- the beneficiary, his/her family (or guardian), the beneficiary's physician, the Medicaid case manager, and the care giving nurse have collaborated and developed an integrated plan of care that identifies and addresses the beneficiary's need for nursing services

Private duty nursing services must be provided by a registered nurse (RN), or licensed practical nurse (LPN) under the supervision of an RN, under the direction of the beneficiary's physician.

Determinations regarding the quantity of services provided will consider the beneficiary's care needs which establish medical necessity for nursing services, the beneficiary's and family's circumstances, and other resources available to provide or pay for the daily care.

Blood lead follow-up services are not listed in the preprint pages but are covered for children discovered to have elevated blood lead levels. The on-site investigation of a child's home or primary residence to determine the environmental source of lead is covered under the diagnostic service benefit at 42 CFR 440.130(a).

Assessments are performed by assessors certified by the state.

Diagnostic services are limited to lead investigation to determine the source of lead poisoning for a child who is diagnosed with an elevated blood lead level. The investigation will be conducted in the child's home or primary residence. A maximum of two sites may be investigated. Lead investigations beyond the child's home or primary residence, such as in community settings, or schools, are not reimbursable. The state follows recommended guidelines established by the Centers for Disease Control and Prevention (CDC) for assessment and investigation activities associated with elevated blood lead levels.



## 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. An EPSDT visit is paid a flat rate for the visit, and if the following are performed, reimbursement is made over and above of the visit rate:

- urine test
- hematocrit or hemoglobin
- TB test
- hearing test using a pure tone audiometer
- developmental test
- immunizations

EPSDT is paid on a weekly cycle through the invoice processing system using established HCPCS codes and the normal Medicaid methods.

Whenever an EPSDT component that has an HCPCS code is provided outside of an EPSDT package, it is billed under regular Medicaid. An example would be if the only service provided to a child is a developmental test, it is billed separately to Medicaid because there is no method for tracking the child to assure that the rest of the components are performed.

EPSDT visit rates are set under individual practitioner services for given HCPCS codes. (See Attachment 4.19-B, Page 1, 1)

Investigations to determine the necessity for the abatement of blood lead risks are reimbursed at a flat rate taking into account costs associated with assessment of the site, on-site testing, and professional services used per environmental investigation. External laboratory testing of water, paint and soil are not covered. Payment is limited to services provided by certified assessors in accordance with state law.

Medicaid covers the on-site investigation of a child's home or primary residence as a diagnostic service. A maximum of two sites may be investigated.

Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers of lead investigations. The Michigan Medicaid fee schedule was last updated July 1, 2009 and may be found at <http://www.michigan.gov/medicaidproviders>.

The following services are covered when prior authorized by the single state agency:

- private duty nursing – reimbursement will be made on a fee for service basis
- religious non-medical health care nursing services (formerly Christian Science nursing services) – reimbursement will be on a fee for service basis

Screening and preventive services' reimbursement is governed by the applicable category of the specific service.

Reimbursement for EPSDT support services is on a fee for service basis, within Medicaid established frequency limits, to providers that have been certified by the single state agency as qualified to provide these services.

---

TN NO.: 10-25  
2010

Approval Date: 3/28/16

Effective Date: 10-01-

Supersedes  
TN No.: 09-07