

**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)

TO: REGIONAL ADMINISTRATOR  
HEALTH FINANCING ADMINISTRATION  
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2018

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:

42CFR §440.345

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):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

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

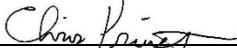
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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:

August 24, 2017

16. RETURN TO:

Medical Services Administration  
Actuarial Division - Federal Liaison  
Capitol Commons Center - 7<sup>th</sup> 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***

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4b. EPSDT (continued)

PEDIATRIC OUTPATIENT INTENSIVE FEEDING SERVICES

MEDICAID COVERS MEDICALLY NECESSARY PEDIATRIC OUTPATIENT INTENSIVE FEEDING SERVICES FOR BENEFICIARIES WITH SIGNIFICANT FEEDING AND SWALLOWING DIFFICULTIES AS PART OF THE EPSDT BENEFIT.

INDICATIONS FOR SERVICES

SERVICES MAY BE CONSIDERED MEDICALLY NECESSARY FOR BENEFICIARIES WHO EXPERIENCE SIGNIFICANT FEEDING DIFFICULTIES DUE TO ANATOMICAL, CONGENITAL, COGNITIVE CONDITIONS, OR COMPLICATIONS OF SEVERE ILLNESS AND MEET THE FOLLOWING CRITERIA:

- NEUROLOGICAL OR ORAL-MOTOR PROBLEMS EXIST; AND
- NORMAL FEEDING MILESTONES HAVE NOT BEEN MET; AND
- DOCUMENTED SUBOPTIMAL NUTRITIONAL ASSESSMENT; AND
- UNRESPONSIVENESS TO LESS INTENSIVE TREATMENT EFFORTS.

PROVIDER CRITERIA AND SERVICES

QUALIFYING SERVICES ARE OFFERED WITHIN A COMPREHENSIVE, ONSITE, DAY TREATMENT PROGRAM UTILIZING THE SERVICES OF A MULTI-DISCIPLINARY TEAM OF MEDICAL AND BEHAVIORAL HEALTH PROFESSIONALS TO ADDRESS COMPLEX FEEDING AND SWALLOWING DIFFICULTIES THROUGH INTEGRATED, INDIVIDUALIZED CARE. THE TEAM MUST INCLUDE, AT A MINIMUM, THE SERVICES OF A PEDIATRIC SUBSPECIALIST, LICENSED BEHAVIORAL HEALTH SPECIALIST, LICENSED SPEECH OR OCCUPATIONAL THERAPIST, AND REGISTERED DIETITIAN OR NUTRITIONIST WITH A GRADUATE DEGREE IN NUTRITIONAL SCIENCES.

SERVICES CONSIST OF AN INITIAL COMPREHENSIVE EVALUATION, INDIVIDUALIZED PLAN OF CARE, TREATMENT, MONITORING, AND CAREGIVER/PATIENT EDUCATION.

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 OR OTHER LICENSED PRACTITIONER.

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TN NO.: 17-0006

Approval Date \_\_\_\_\_

Effective Date: 10/01/2017

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)***

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17 (Continued).

PEDIATRIC OUTPATIENT INTENSIVE FEEDING SERVICES

REIMBURSEMENT FOR THE PEDIATRIC OUTPATIENT INTENSIVE FEEDING PROGRAM IS A BUNDLED PAYMENT 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 PROGRAM INCLUDING THE INITIAL COMPREHENSIVE EVALUATION; DIRECT PATIENT SERVICES, INCLUDING ALL PROFESSIONAL SERVICES; INDIRECT CLINICAL SUPPORT; FOOD AND THERAPY EQUIPMENT; AND FOLLOW-UP SESSIONS. THE REIMBURSEMENT METHODOLOGY APPLIES TO SERVICES DELIVERED ON OR AFTER JANUARY 1, 2018.

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. ALL RATES ARE REVIEWED AND UPDATED ANNUALLY AND PUBLISHED AT [WWW.MICHIGAN.GOV/MEDICAIDPROVIDERS](http://WWW.MICHIGAN.GOV/MEDICAIDPROVIDERS).

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TN NO.: 17-0006

Approval Date: \_\_\_\_\_

Effective Date: 10/01/2017

Supersedes

TN No.: N/A-New Page



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

RICK SNYDER  
GOVERNOR

NICK LYON  
DIRECTOR

June 22, 2017

NAME  
TITLE  
ADDRESS  
CITY STATE ZIP

Dear Tribal Chair and Health Director:

**RE: Coverage Parameters for Pediatric Intensive Feeding Services**

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.

The purpose of the amendment is to establish coverage parameters for pediatric outpatient intensive feeding program services for beneficiaries with significant feeding and swallowing difficulties. The anticipated effective date of this State Plan Amendment is January 1, 2018. The State of Michigan expects this change to have a positive impact on eligible Native American beneficiaries by increasing access to program services.

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](mailto:Elliott-EganL@michigan.gov). **Please provide all input by August 7, 2017.**

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 cursive script that reads "Chris Priest".

Chris Priest, Director  
Medical Services Administration

cc: Keri Tobak, 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 17-23**  
**June 22, 2017**

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. 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. Jodi Werner, Health Director, Little Traverse Bay Band of Odawa  
Ms. Leah Fodor, Chairperson, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)  
Ms. Kelly Wesaw, 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  
Mr. Joel Lumzden, 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



## Order Confirmation

Ad Order Number 0008313461

### Customer

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Account: 1000560354

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVI

PO BOX 30479

LANSING MI 48909 USA

(517)241-9444

FAX:

smithp2@michigan.gov

### Payor Customer

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Account: 1000560354

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

PO BOX 30479

LANSING MI 48909 USA

(517)241-9444

PO Number

Sales Rep. Joseph Pupilis

Order Taker Joseph Pupilis

Order Source Phone

Special Pricing

Tear Sheets	1	Net Amount	\$1,354.90
Proofs	0	Tax Amount	\$0.00
Affidavits	0	Total Amount	\$1,354.90
Blind Box		Payment Method	Invoice
Promo Type		Payment Amount	\$0.00
Materials		Amount Due	\$1,354.90
Invoice Text	MEDICAL SERVICES ADMINISTRATION		

## Ad Schedule

Product	Grand Rapids Press	Placement/Class	Announcements
# Inserts	1	POS/Sub-Class	Public Notices
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External Ad #		Color	<NONE>
Production Method	AdBooker	Production Notes	
Run Dates	Sort Text	TRADITIONALANDABPSPAPUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSER	
		08/20/2017	

Product	Kalamazoo Gazette	Placement/Class	Announcements
# Inserts	1	POS/Sub-Class	Public Notices
Cost	\$155.89	AdNumber	0008313461-01
Ad Type	MI CLS Liner	Ad Size	1 X 100 li
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External Ad #		Color	<NONE>
Production Method	AdBooker	Production Notes	
Run Dates	Sort Text	TRADITIONALANDABPSPAPUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSER	
		08/20/2017	

Product	Flint Journal	Placement/Class	Announcements
# Inserts	1	POS/Sub-Class	Public Notices
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Ad Type	MI CLS Liner	Ad Size	1 X 100 li
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External Ad #		Color	<NONE>
Production Method	AdBooker	Production Notes	
Run Dates	Sort Text	TRADITIONALANDABPSPAPUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMANSERVICESMEDICALSER	
		08/20/2017	

*Product* Saginaw News

*Placement/Class* Announcements

*# Inserts* 1

*POS/Sub-Class* Public Notices

*Cost* \$169.68

*AdNumber* 0008313461-01

*Ad Type* MI CLS Liner

*Ad Size* 1 X 100 li

*Pick Up #* 0008302571

*Ad Attributes*

*External Ad #*

*Color* <NONE>

*Production Method* AdBooker

*Production Notes*

*Run Dates* *Sort Text* TRADITIONALANDABPSPAPUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMAN SERVICESMEDICALSER  
08/20/2017

Ad Content Proof

**Traditional and ABP SPA  
Public Notice**

**Michigan Department of  
Health and Human  
Services  
Medical Services  
Administration**

**Pediatric Intensive Feed-  
ing Services State Plan  
Amendment Requests**

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 update the state plan language with coverage parameters for outpatient pediatric intensive feeding program services and a corresponding alternative benefit plan (ABP) SPA.

The anticipated effective date for the Pediatric Intensive Feeding Services SPAs is January 1, 2018.

The SPAs propose coverage of the medically necessary services of a multidisciplinary team of medical and behavioral health professionals provided within an MDHHS-approved comprehensive, onsite, day treatment program to address complex feeding and swallowing difficulties. Reimbursement is a bundled payment rate based on the covered services provided by the multidisciplinary team. The service is reimbursed as a daily rate comprised of all costs associated with the services provided within the program.

In compliance with 42 CFR § 440.345, individuals under 21 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.

The SPAs are budget neutral with no predicted gross cost to the State of Michigan.

**There is no public meeting**

scneaurea regarding this notice. Any interested party wishing to request a written copy of the SPAs 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 September 30, 2017. A copy of the proposed State Plan Amendments will also be available for review at [http://michigan.gov/mdhhs/0,5885,7-339-73970\\_5080-108153--,00.html](http://michigan.gov/mdhhs/0,5885,7-339-73970_5080-108153--,00.html).