

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: <b>18 - 0013</b>	2. STATE: <b>Michigan</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH FINANCING ADMINISTRATION DEPARTMENT OF HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>January 1, 2019</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*)

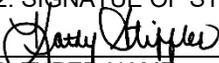
6. FEDERAL STATUTE/REGULATION CITATION: <b>1905(a)(4)(b) (EPSDT)</b>	7. FEDERAL BUDGET IMPACT: a. FFY 2019 \$6,250,000 b. FFY 2020 \$25,000,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplemental to Attachment 3.1-A Pages 13a.1, 13a.1a, 13a.2, 13a.2a, 13a.3, 13a.3a, 13a.4, 13a.5, 13a.5a, 13a.6, 13a.7, 13a.7a, 13a.7b, 13a.8, 13a.9 Attachment 4.16-A Pages G-1, G-2, G-3, G-4, G-5, G-6, G-7, G-8, G-9 Attachment 4.19-B Pages 14, 15, 16, 17	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Supplemental to Attachment 3.1-A Pages 13a.1, 13a.1a, 13a.2, 13a.2a, 13a.3, 13a.3a, 13a.4, 13a.5, 13a.5a, 13a.6, 13a.7, 13a.8, 13a.9 Attachment 4.16-A Pages G-1, G-2, G-3, G-4, G-5, G-6, G-7, G-8, G-9 Attachment 4.19-B Pages 14, 15, 16, 17

10. SUBJECT OF AMENDMENT:

This SPA will provide authority to expand health related services in the school setting, with nursing and behavioral health services to general education students being the primary focus of the expansion. Language was also added to clarify cost report timelines and licensure requirements.

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

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Kathleen Stiffler, Acting Director Medical Services Administration
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12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Medical Services Administration Actuarial Division - Federal Liaison Capitol Commons Center - 7 <sup>th</sup> Floor 400 South Pine Lansing, Michigan 48933
13. TYPED NAME: Kathleen Stiffler	Attn: Erin Black
14. TITLE: Acting Director, Medical Services Administration	
15. DATE SUBMITTED: December 27, 2018	

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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4.b. Medicaid Services that may be provided by Intermediate School Districts FOR GENERAL EDUCATION AND SPECIAL EDUCATION STUDENTS:

1. Occupational Therapy

Definition:

Occupational therapy services are available to Medicaid-eligible beneficiaries when ~~medically necessary and as documented in an Individualized Education Program/Individualized Family Service Plan~~ IDENTIFIED AS MEDICALLY NECESSARY IN THE INDIVIDUALIZED EDUCATION PLAN (IEP), A SECTION 504 ACCOMMODATION PLAN PURSUANT TO 34 C.F.R. SEC. 104.36, AN INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP), OR AN INDIVIDUALIZED HEALTH CARE PLAN. To be covered, occupational therapy services must require the skills, knowledge and education of an occupational therapist registered (OTR), certified occupational therapist assistant (COTA) or a certified orientation and mobility specialist.

Services:

Occupational therapy services must be prescribed by ~~a physician~~ A QUALIFIED LICENSED MEDICAL PROFESSIONAL ACTING WITHIN THEIR SCOPE OF PRACTICE IN ACCORDANCE WITH STATE LAW. Medically necessary services are health care SERVICES TO DETECT AND CORRECT OR AMELIORATE DEFECTS AND PHYSICAL AND MENTAL ILLNESSES OR CONDITIONS. ~~diagnostic services, treatments and other measures to correct or ameliorate any disability and/or chronic condition.~~ Services include:

- A. Evaluations and assessments for the identification of beneficiaries with occupational therapy needs;
  - B. Evaluation for the purpose of determining the nature, extent and degree of the need for occupational therapy services (or for the assessment of performance levels e.g. strength, dexterity, range of motion, sensation perception, etc.);
  - C. Evaluations, assessments and training for beneficiaries with loss or lack of vision;
  - D. Improving, developing, or restoring functions impaired or lost through illness, injury or deprivation;
  - E. Improving ability to perform tasks for independent functioning when functions are impaired or lost;
  - F. Direct assistance with selection, acquisition or use of assistive technology device. Training and coordination using therapies, interventions or services with the device.
  - G. Preventing, through early intervention, initial or further impairment or loss of function;
  - H. Evaluation of the needs related to assistive technology device services including a functional evaluation of the beneficiary;
  - I. Direct assistance with the selection, acquisition or use of assistive technology device. Training and coordination using therapies, interventions or services with the device;
  - J. Assessment of the beneficiary's skill and performance levels affecting their ability to function or comprehend;
  - K. Manual therapies (e.g. mobilization/manipulation, manual lymphatic drainage, manual traction, one or more regions).
  - L. Wheelchair management/propulsion training.
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Occupational Therapy services may be provided in an individual or group setting

Providers:

Occupational therapy services must be provided by a qualified Medicaid provider who meets the requirements of 42 CFR 440.110(b) and in accordance with applicable state and federal law or regulation. Services may be provided by:

- A. An occupational therapist currently LICENSED ~~registered~~ in Michigan.
- B. AN ~~certified and registered~~ occupational therapy assistant under the direction of a ~~N certified and registered~~ occupational therapist (i.e., the ~~COTA's~~ services must follow the evaluation and treatment plan developed by the ~~OTR~~ and the ~~OTR~~ must supervise and monitor the ~~COTA's~~ performance with continuous assessment of the beneficiary's progress). All documents must be reviewed and signed by the appropriate supervising ~~OTR~~.
- C. An orientation and mobility specialist certified by the Academy for Certification of Vision Rehabilitation and Education Professionals ~~under the direction of a certified and registered occupational therapist.~~

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4.b. Medicaid Services that may be provided by Intermediate School Districts FOR GENERAL EDUCATION AND SPECIAL EDUCATION STUDENTS:

2. Physical Therapy

Definition

Physical therapy services are available to Medicaid-eligible beneficiaries when ~~medically necessary and as documented in an Individualized Education Program/Individualized Family Service Plan~~ IDENTIFIED AS MEDICALLY NECESSARY IN THE INDIVIDUALIZED EDUCATION PLAN (IEP), A SECTION 504 ACCOMMODATION PLAN PURSUANT TO 34 C.F.R. SEC. 104.36, AN INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP), OR AN INDIVIDUALIZED HEALTH CARE PLAN. To be covered, physical therapy services must require the skills, knowledge and education of a ~~Licensed~~ Physical Therapist (LPT) or an appropriately supervised ~~Certified~~ Physical Therapy Assistant (CPTA). ~~Medically necessary services are health care, diagnostic services, treatments and other measures to correct or ameliorate any disability and/or chronic conditions.~~

Services

Physical therapy services must be prescribed by a ~~physician and updated annually~~ A QUALIFIED LICENSED MEDICAL PROFESSIONAL ACTING WITHIN THEIR SCOPE OF PRACTICE IN ACCORDANCE WITH STATE LAW. MEDICALLY NECESSARY SERVICES ARE HEALTH CARE SERVICES TO DETECT AND CORRECT OR AMEILIORATE DEFECTS AND PHYSICAL AND MENTAL ILLNESSES OR CONDITIONS. These services include:

- A. Evaluations and assessment for the identification of beneficiaries with physical therapy needs;
- B. Evaluation for the purpose of determining the nature, extent and degree of the need for physical therapy services;
- C. Physical therapy services provided for the purpose of preventing or alleviating movement dysfunction and related functional problems;
- D. Obtaining, interpreting and integrating information appropriate to program planning;
- E. Direct assistance with the selection, acquisition or use of assistive technology device. Training and coordination using therapies, interventions or services with the device.
- F. Training in functional mobility skills (e.g. ambulation, transfers and wheelchair mobility);
- G. Stretching and improved flexibility;
- H. Instruction of family or caregivers;
- I. Training in the use of orthotic/prosthetic devices.

Physical therapy services may be provided in an individual or group setting.

Providers

Physical therapy services must be provided by a qualified Medicaid provider who meets the requirements of 42 CRF 440.110(a) and in accordance with applicable state and federal law or regulation. Services may be provided by:

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- A. A qualified physical therapist licensed by the State of Michigan (LPT);
- B. A Michigan ~~certified~~ physical therapy assistant when the assistant is acting under the direction of a ~~licensed~~ physical therapist (i.e., the LPT supervises and monitors the CPTA's performance with continuous assessment of the student's progress). All documentation must be reviewed and signed by the appropriately licensed supervising LPT.

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4.b. Medicaid Services that may be provided by Intermediate School Districts FOR GENERAL EDUCATION AND SPECIAL EDUCATION STUDENTS:

3. Speech, Language and Hearing

Definition

Speech therapy services are available to Medicaid-eligible beneficiaries when ~~medically necessary and as documented in an Individualized Education Program/Individualized Family Service Plan~~ IDENTIFIED AS MEDICALLY NECESSARY IN THE INDIVIDUALIZED EDUCATION PLAN (IEP), A SECTION 504 ACCOMMODATION PLAN PURSUANT TO 34 C.F.R. SEC. 104.36, AN INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP), OR AN INDIVIDUALIZED HEALTH CARE PLAN. Medically necessary health services are health care, diagnostic services, treatments and other measures to correct or ameliorate any disability ~~and/or~~ chronic condition. To be covered, services must require the skills, knowledge and education of a ~~qualified~~ LICENSED speech language pathologist (SPLSLP) or audiologist.

Services

Speech and language services require a referral from ~~a physician~~ A QUALIFIED LICENSED MEDICAL PROFESSIONAL ACTING WITHIN THEIR SCOPE OF PRACTICE IN ACCORDANCE WITH STATE LAW. MEDICALLY NECESSARY SERVICES ARE HEALTH CARE SERVICES TO DETECT AND CORRECT OR AMEILIORATE DEFECTS AND PHYSICAL AND MENTAL ILLNESS OR CONDITIONS. Covered services include:

- A. Evaluations and assessments for the identification of beneficiaries with speech, language or hearing disorders;
- B. Diagnosis and appraisal of specific speech or language disorders;
- C. Determination of the range, nature and degree of hearing loss, including the referral for medical or other professional attention for the amelioration of hearing;
- D. Provision of amelioration activities, such as language amelioration, auditory training, speech reading (lip reading), hearing evaluation and speech conversation;
- E. Speech defect corrective therapy;
- F. Needs assessment for group and individual amplification;
- G. Fitting and testing of hearing aids and other communication devices;
- H. Referral for medical or other professional attention necessary for the habilitation of speech or language disorders;
- I. Provision of speech or language services for the habilitation or prevention of communicative disorders;
- J. Direct assistance with the selection acquisition or use of assistive technology devices. Training and coordination using therapies, interventions or services with the device;
- K. Esophageal speech training rehabilitation;
- L. Speech reading/aural rehabilitation;
- M. Fitting and testing of hearing aids.

Speech and language therapy services may be provided in an individual or group setting.

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Services Provided to the Categorically and Medically Needy***

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Providers

Services must be provided by a Medicaid qualified provider who meets the requirements of 42 CFR §440.110(c) and in accordance with other applicable state or federal law.

Services may be provided by:

- A. A licensed speech-language pathologist possessing a current ~~Certificate of Clinical Competence (CCC) from the American Speech-Language Hearing Association~~ LICENSE IN THE STATE OF MICHIGAN;
- B. An appropriately supervised speech-language pathologist and/or audiology candidate (i.e., in his/her clinical fellowship year or having completed all requirements for but has not yet obtained a state-issued license), under the direction of licensed speech-language pathologist or licensed audiologist. All documentation must be reviewed and signed by the appropriately licensed supervising speech-language pathologist or audiologist.
- ~~C. A qualified teacher of students with speech and language impairments with a current Michigan Department of Education specialty certificate of endorsement for speech and language impairments in the school setting.~~
- C. AN licensed audiologist POSSESSING A CURRENT LICENSE IN THE STATE OF MICHIGAN.

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***AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE  
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4.b. Medicaid Services that may be provided by Intermediate School Districts FOR GENERAL EDUCATION AND SPECIAL EDUCATION STUDENTS:

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4.b. Medicaid Services that may be provided by Intermediate School Districts FOR GENERAL EDUCATION AND SPECIAL EDUCATION STUDENTS:

5. Psychological, Counseling and Social Work

Definition

Psychological, Counseling and Social Work, AND BEHAVIORAL HEALTH services are available to Medicaid-eligible beneficiaries when ~~medically necessary and as documented in an Individualized Education Program/Individualized Family Service Plan~~ IDENTIFIED AS MEDICALLY NECESSARY, INCLUDING, BUT NOT LIMITED TO THOSE IDENTIFIED IN THE INDIVIDUALIZED EDUCATION PLAN (IEP), A SECTION 504 ACCOMMODATION PLAN PURSUANT TO 34 C.F.R. SEC. 104.36, AN INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP), OR AN INDIVIDUALIZED HEALTH CARE PLAN. To be covered, services must require the skills, knowledge and education of a physician, psychiatrist, psychologist, SCHOOL PSYCHOLOGIST, MARRIAGE AND FAMILY THERAPIST, BOARD CERTIFIED BEHAVIORAL ANALYST, counselor, SOCIAL WORKER or SCHOOL social worker.

Services

Medically necessary services are health care SERVICES TO DETECT AND CORRECT OR AMEILIORATE DEFECTS AND PHYSICAL AND MENTAL ILLNESSES OR CONDITIONS. ~~diagnostic services, treatments and other measures to correct or ameliorate any disability and/or chronic condition.~~ These services are intended for the benefit of the Medicaid eligible beneficiary and include:

- A. Services provided to assist the beneficiary ~~and/or~~ parents in understanding the nature of the beneficiary's disability OR DIAGNOSIS;
- B. Services provided to assist the beneficiary ~~and/or~~ parents in understanding the special needs of the beneficiary, INCLUDING BEHAVIORAL HEALTH NEEDS OF THE STUDENT;
- C. Services provided to assist the beneficiary ~~and/or~~ parents in understanding the beneficiary's development;
- D. Health and behavior interventions to identify the psychological, behavioral, emotional, cognitive and social factors important to the prevention, treatment or management of physical OR PSYCHOLOGICAL health problems;
- E. Counseling services;
- F. Psychotherapy services to include interactive, insight-oriented or supportive psychotherapy;
- G. Administering psychological and developmental SCREENS (USING A VALIDATED AND STANDARDIZED SCREENING TOOL), testS and other assessment procedures, interpreting testing and assessment results;
- H. Obtaining, integrating and interpreting information about beneficiary behavior and conditions related to learning and functional needs, planning and managing a program of psychological services AND SUPPORTS NECESSARY FOR SUCCESS IN SCHOOL;
- I. Evaluating a beneficiary for the purpose of determining the needs for specific psychological health or related services;

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- J. Assessing the effectiveness of the delivered services on achieving the goals and objectives of the beneficiary's ~~individual educational program~~ TREATMENT PLAN;
- K. Assessing needs, INCLUDING THE USE OF VALIDATED SCREENING TOOLS, for specific counseling services;
- L. Crisis intervention;
- M. PROVIDING ACCESS TO SOCIAL SUPPORT GROUPS AS INDICATED;
- N. ASSISTING WITH ACCESS TO RELEVANT RESOURCES IN THE COMMUNITY.

Psychological, Counseling and Social Work services may be provided in an individual or group setting.

Providers

Services must be provided by qualified providers who meet the requirements of, and in accordance with, 42 CFR 440.50, through 440.60(a) and other applicable state and federal law or regulations. Services may be provided by:

- A. A licensed Psychologist;
- B. A limited licensed Psychologist; under the supervision of a licensed Psychologist;
- C. A CERTIFIED SCHOOL PSYCHOLOGIST;
- D. A LICENSED MARRIAGE AND FAMILY THERAPIST;
- E. A BOARD-CERTIFIED BEHAVIOR ANALYST (BCBA);
- F. A BOARD-CERTIFIED ASSISTANT BEHAVIOR ANALYST (BCABA), UNDER THE SUPERVISION OF A BOARD-CERTIFIED BEHAVIOR ANALYST;
- G. A licensed Psychiatrist (MD OR DO);
- H. A licensed Physician (MD or DO);
- I. A licensed Counselor;
- J. A limited licensed Counselor, under the supervision of a licensed Counselor;
- K. A licensed Social Worker
- L. A LICENSED SCHOOL SOCIAL WORKER;
- M. A limited licensed Social Worker, under the supervision of a licensed Social Worker OR A LICENSED SCHOOL SOCIAL WORKER.

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### **AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY**

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4.b. Medicaid Services that may be provided by Intermediate School Districts FOR GENERAL EDUCATION AND SPECIAL EDUCATION STUDENTS:

#### 6. Nursing

##### Definition

Nursing services are available to Medicaid-eligible beneficiaries ~~medically necessary and as documented in an Individualized Education Program/Individualized Family Service Plan~~ IDENTIFIED AS MEDICALLY NECESSARY INCLUDING, BUT NOT LIMITED TO, THOSE IDENTIFIED IN THE INDIVIDUALIZED EDUCATION PLAN (IEP), A SECTION 504 ACCOMMODATION PLAN PURSUANT TO 34 C.F.R. SEC. 104.36, AN INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP), OR AN INDIVIDUALIZED HEALTH CARE PLAN. COVERED nursing services are MEDICALLY NECESSARY professional services PROVIDED ~~relevant to the medical needs of the beneficiary, provided through direct intervention. Direct nursing service interventions are provided within the scope of the professional practice of the~~ BY A MICHIGAN LICENSED Registered Nurse (RN) or Licensed Practical Nurse (LPN); ~~during a face-to-face encounter. Services considered observational or stand-by in nature are not covered. Medicaid policy will follow current Michigan Public Health Code scope of practice guidelines for nursing services.~~

##### Services

Covered services include, BUT ARE NOT LIMITED TO:

- A. Catheterization or catheter care
- B. Care and maintenance of tracheotomies
- C. Prescribed medication administration that is part of the nursing plan of care
- D. Oxygen administration
- E. Tube feeding
- F. Suctioning
- G. Ventilator care
- H. Evaluations and assessments (RNs only)
- I. CHRONIC DISEASE EDUCATION AND SUPPORT, INCLUDING SUPPORTING THE BENEFICIARY IN THE DEVELOPMENT OF SELF-MANAGEMENT GOALS
- J. CARE COORDINATION INCLUDING THE DEVELOPMENT AND SUBSEQUENT MAINTENANCE OF AN INDIVIDUALIZED HEALTH CARE PLAN
- K. SCREENING USING VALIDATED TOOLS, ASSESSMENT AND RECOMMENDATION FOR SUBSTANCE USE OR MENTAL HEALTH PROGRAMS AS NEEDED.
- L. NURSING CARE, COUNSELING AND HEALTH TEACHING OF INDIVIDUALS EXPERIENCING CHANGES IN HEALTH STATUS.

Providers – Nursing services must be provided by a qualified nurse who meets the requirements of, ~~and in accordance with~~, 42 CFR 440.60 IN ACCORDANCE WITH THEIR SCOPE OF PRACTICE AS DEFINED IN STATE LAW ~~and other applicable state and federal law or regulations~~. Services may be provided by:

- A. A licensed registered nurse (RN);
- B. A licensed practical nurse (LPN).

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4.b. Medicaid Services that may be provided by Intermediate School Districts

7. Physician

Definition

Physician services are available to Medicaid-eligible beneficiaries when ~~medically necessary and as documented in an Individualized Education Program/Individualized Family Service Plan~~ IDENTIFIED AS MEDICALLY NECESSARY IN THE INDIVIDUALIZED EDUCATION PLAN (IEP), A SECTION 504 ACCOMMODATION PLAN PURSUANT TO 34 C.F.R. SEC. 104.36, AN INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP), OR AN INDIVIDUALIZED HEALTH CARE PLAN. Physician services ~~are provided with the intent to diagnose, identify or determine the nature and extent of a student's medical or other health related condition.~~ MUST BE RELATED TO ONE OF THE FOLLOWING:

- A. A DIAGNOSED MENTAL OR PHYSICAL HEALTH CONDITION REQUIRING THERAPEUTIC MANAGEMENT;
- B. AN EXAMINATION TO DIAGNOSE A MENTAL CONDITION;
- C. SCREENING AND PREVENTION AS DEFINED IN SECTION 1905 R OF THE SOCIAL SECURITY ACT.

Services

Covered services ~~include:~~ ARE THOSE WITHIN THE PHYSICIAN'S SCOPE OF PRACTICE, INCLUDING BUT NOT LIMITED TO:

- A. Evaluation and consultation with providers of covered services for diagnostic and prescriptive services including participation in a multi-disciplinary team assessment;
- B. MEDICAL Record review for diagnostic prescriptive services
- C. ~~Diagnostic and evaluation services to determine a beneficiary's medically related condition that results in the beneficiary's need for Medicaid services.~~
- D. CHRONIC DISEASE EDUCATION AND SUPPORT INCLUDING SUPPORTING THE BENEFICIARY IN THE DEVELOPMENT OF SELF-MANAGEMENT GOALS
- E. CARE COORDINATION
- F. SCREENING USING VALIDATED TOOLS, AND ASSESSMENT AND REFERRAL TO SUBSTANCE USE OR MENTAL HEALTH PROGRAMS AS NEEDED
- G. MEDICALLY NECESSARY SERVICES TO DIAGNOSE OR TREAT ILLNESS, INJURY OR THE PREVENTION OF DISABILITY.

Providers – Physician services must be provided by a qualified physician or psychiatrist who meets the requirements of, and in accordance with, 42 CFR 440.50 OR A QUALIFIED PHYSICIAN ASSISTANT WHO MEETS THE REQUIREMENTS OF, AND IN ACCORDANCE WITH, 42 CFR 410.74 and other applicable state and federal law or regulation. Services may be provided by:

- A. A MICHIGAN licensed DOCTOR OF MEDICINE OR OSTEOPATHY ~~physician~~ (MD or DO);
- B. A MICHIGAN licensed psychiatrist (MD OR DO).
- C. A MICHIGAN LICENSED PHYSICIAN ASSISTANT (PA)

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4.b. MEDICAID SERVICES THAT MAY BE PROVIDED BY INTERMEDIATE SCHOOL DISTRICTS FOR GENERAL EDUCATION AND SPECIAL EDUCATION STUDENTS:

8. NURSE PRACTITIONER

DEFINITION

NURSE PRACTITIONER SERVICES ARE AVAILABLE TO MEDICAID ELIGIBLE BENEFICIARIES, TO THE EXTENT THE SERVICE IS COVERED WHEN PROVIDED BY AN MD OR DO AND IDENTIFIED IN THE INDIVIDUALIZED EDUCATION PLAN (IEP), A SECTION 504 ACCOMMODATION PLAN PURSUANT TO 34 C.F.R. SEC. 104.36, AN INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP), OR AN INDIVIDUALIZED HEALTH CARE PLAN. NURSE PRACTITIONER SERVICES MUST BE RELATED TO ONE OF THE FOLLOWING:

- A. A DIAGNOSED MENTAL OR PHYSICAL HEALTH CONDITION REQUIRING THERAPEUTIC MANAGEMENT;
- B. AN EXAMINATION TO DIAGNOSE A MENTAL DEFICIENCY;
- C. SCREENING AND PREVENTION AS IDENTIFIED IN SECTION 1905 R OF THE SOCIAL SECURITY ACT.

COVERED SERVICES INCLUDE:

COVERED SERVICES ARE THOSE WITHIN THE NURSE PRACTITIONER'S SCOPE OF PRACTICE INCLUDING:

- A. EVALUATION AND CONSULTATION WITH PROVIDERS OF COVERED SERVICES FOR DIAGNOSTIC AND PRESCRIPTIVE SERVICES INCLUDING PARTICIPATION IN A MULTI-DISCIPLINARY TEAM ASSESSMENT;
- B. MEDICAL RECORD REVIEW FOR DIAGNOSTIC PRESCRIPTIVE SERVICES
- C. CHRONIC DISEASE EDUCATION AND SUPPORT INCLUDING SUPPORTING THE BENEFICIARY IN THE DEVELOPMENT OF SELF-MANAGEMENT GOALS
- D. CARE COORDINATION
- E. SCREENING USING VALIDATED TOOLS, ASSESSMENT AND REFERRAL TO SUBSTANCE USE OR MENTAL HEALTH PROGRAMS AS NEEDED
- F. MEDICALLY NECESSARY SERVICES TO DIAGNOSE OR TREAT ILLNESS, INJURY OR THE PREVENTION OF DISABILITY.

Providers

NURSE PRACTITIONER SERVICES MUST BE PROVIDED BY A QUALIFIED MICHIGAN LICENSED NURSE PRACTITIONER WHO MEETS THE REQUIREMENTS OF, AND IN ACCORDANCE WITH 42 CFR §440.166, AND OTHER APPLICABLE STATE AND FEDERAL LAW OR REGULATION.

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4.b. MEDICAID SERVICES THAT MAY BE PROVIDED BY INTERMEDIATE SCHOOL DISTRICTS FOR GENERAL EDUCATION AND SPECIAL EDUCATION STUDENTS:

9. CLINICAL NURSE SPECIALIST

DEFINITION

CLINICAL NURSE SPECIALIST SERVICES ARE AVAILABLE TO MEDICAID ELIGIBLE BENEFICIARIES, TO THE EXTENT THE SERVICE IS COVERED WHEN PROVIDED BY AN MD OR DO AND IDENTIFIED AS MEDICALLY NECESSARY IN THE INDIVIDUALIZED EDUCATION PLAN (IEP), A SECTION 504 ACCOMMODATION PLAN PURSUANT TO 34 C.F.R. SEC. 104.36, AN INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP), OR AN INDIVIDUALIZED HEALTH CARE PLAN. CLINICAL NURSE SPECIALIST SERVICES MUST BE RELATED TO ONE OF THE FOLLOWING:

- A. A DIAGNOSED MENTAL OR PHYSICAL HEALTH CONDITION REQUIRING THERAPEUTIC MANAGEMENT;
- B. AN EXAMINATION TO DIAGNOSE A MENTAL DEFICIENCY;
- C. SCREENING AND PREVENTION AS IDENTIFIED IN SECTION 1905 R OF THE SOCIAL SECURITY ACT.

COVERED SERVICES INCLUDE:

- A. EVALUATION AND CONSULTATION WITH PROVIDERS OF COVERED SERVICES FOR DIAGNOSTIC AND PRESCRIPTIVE SERVICES INCLUDING PARTICIPATION IN A MULTI-DISCIPLINARY TEAM ASSESSMENT;
- B. MEDICAL RECORD REVIEW FOR DIAGNOSTIC PRESCRIPTIVE SERVICES
- C. CHRONIC DISEASE EDUCATION AND SUPPORT INCLUDING SUPPORTING THE BENEFICIARY IN THE DEVELOPMENT OF SELF-MANAGEMENT GOALS
- D. CARE COORDINATION
- E. SCREENING USING VALIDATED TOOLS, ASSESSMENT AND REFERRAL TO SUBSTANCE USE OR MENTAL HEALTH PROGRAMS AS NEEDED
- F. MEDICALLY NECESSARY SERVICES TO DIAGNOSE OR TREAT ILLNESS, INJURY OR THE PREVENTION OF DISABILITY.

Providers

CLINICAL NURSE SPECIALIST SERVICES MUST BE PROVIDED BY A QUALIFIED MICHIGAN LICENSED CLINICAL NURSE SPECIALIST WHO MEETS THE REQUIREMENTS OF, AND IN ACCORDANCE WITH 42 CFR §440.166, AND OTHER APPLICABLE STATE AND FEDERAL LAW OR REGULATION.

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

State of MICHIGAN

***AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY***

---

4.b. Medicaid Services that may be provided by Intermediate School Districts FOR GENERAL EDUCATION AND SPECIAL EDUCATION STUDENTS:

§ 10. Personal Care

Definition

Personal care services are available to Medicaid-eligible beneficiaries when ~~medically necessary and documented in an Individualized Education Program/Individualized Family Service Plan~~ IDENTIFIED AS MEDICALLY NECESSARY IN THE INDIVIDUALIZED EDUCATION PLAN (IEP), A SECTION 504 ACCOMMODATION PLAN PURSUANT TO 34 C.F.R. SEC. 104.36, AN INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP), AN INDIVIDUALIZED HEALTH CARE PLAN. Personal care services are a range of human assistance services provided to persons with disabilities and chronic conditions. The provision of such services enables them to accomplish tasks that they, if they did not have a disability, would normally do for themselves. Assistance may be in the form of hands on assistance or cueing so that the person MAY BE ABLE TO perform the task by him/herself.

Services

Covered services include, BUT ARE NOT LIMITED TO:

- A. Eating/feeding
- B. Toileting
- C. Bathing
- D. Grooming
- E. Dressing
- F. Transferring
- G. Ambulation
- H. Assistance with self-administered medications
- I. Maintaining continence
- J. Personal hygiene
- K. Mobility
- L. Positioning
- M. Assistance with food, nutrition and diet activities
- N. BEHAVIORAL SUPPORT SERVICES

Providers – Personal care services must be provided in accordance with, 42 CFR 440.167, by a qualified provider who is 18 years or older and has been trained to provide the personal care services required by the client. Services may be provided by:

- A. Teacher Aides
- B. Health Care Aides
- ~~C. Instructional Aides~~
- ~~D. Bilingual Aides~~
- E. Program Assistants
- ~~F. Trainable Aides~~
- G. PARA PROFESSIONALS

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

State of MICHIGAN

***AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY***

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4.b. Medicaid Services that may be provided by Intermediate School Districts FOR GENERAL EDUCATION AND SPECIAL EDUCATION STUDENTS:

9- 11. Specialized Transportation

Definition

Specialized transportation services are available to Medicaid-eligible beneficiaries when medically necessary and documented in an Individualized Education Program/Individualized Family Service Plan.

Services

Services must be provided on the same date that a Medicaid covered services is received. Transportation must be on a specially adapted school bus and provided to transport the beneficiary to and/or from the location where the Medicaid service is received. Transportation services are not covered on a regular school bus, UNLESS ALL PASSENGERS HAVE AN IEP OR IFSP WITH A SPECIALIZED TRANSPORTATION REQUIREMENT.

Providers

Transportation services include direct services personnel (e.g. bus drivers, aides, etc.) employed by or under contract with the school district.

RESERVED

**AGREEMENT BETWEEN  
THE MICHIGAN DEPARTMENT OF SOCIAL SERVICES AND  
THE MICHIGAN DEPARTMENT OF EDUCATION**

~~Pursuant to Act 280, Public Acts of Michigan of 1939, as amended, a Medical Assistance Program has been implemented in the State of Michigan as authorized by Title XIX of the federal *Social Security Act*, as amended.~~

~~In order to comply fully with the provisions of the above legislation with reference to appropriate and related federal requirements, this agreement is entered into by the Michigan Department of Social Services, hereinafter referred to as "Social Services," and the Michigan Department of Education, hereinafter referred to as "Education."~~

**ARTICLE I**

~~It is the intent and purpose of the parties hereto, by entering into this agreement, to promote high *quality* of health care and services for recipients of Michigan's Medical Assistance Program, to assure the proper expenditure of public funds for health care services provided said recipients, and to conform with applicable state and federal requirements. The extent of responsibilities and duties of the parties to this agreement are subject to the terms and conditions contained in the specific schedules attached hereto.~~

**ARTICLE II**

~~Assigned functions will be carried out by Education and Social Services in full compliance with Michigan's approved State Plan for Medical Assistance, provider manuals, enrollment agreements, and the statutory and regulatory requirements of the U.S. Department of Health and Human Services. The respective responsibilities of Education and Social Services are detailed in schedules, as amended from time to time, which will be attached and which, when signed and dated by the directors of the two departments, are hereby incorporated as part of this agreement.~~

~~It is understood and agreed that the parties shall have the right to examine all physical records originated or prepared pursuant to this agreement, including working papers, reports, charts, and any other documentation arising out of this agreement. Said records shall be made available for review by the parties upon reasonable notice. The parties shall, for six years from the date of origination, maintain all pertinent data, information, and reports.~~

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Agreement between DSS and DOE

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ARTICLE III

~~In the performance of the functions, Education is not authorized and may not change, disapprove, or delay action on any administrative decision of Social Services or otherwise substitute its judgment for that of Social Services as to the application of policies, rules, and regulations promulgated or otherwise initiated by Social Services.~~

~~It is further agreed and understood between the parties that, in recognizing the ultimate authority of Social Services as the single State agency for administration of the Medical Assistance Program, Social Services shall solicit recommendation of policies and procedures for the Medical Assistance Program coverage of School Based Services. However, decisions of Social Services within its authority shall be final and binding on all parties to this agreement.~~

ARTICLE IV

~~It is agreed that each party to this agreement shall provide the other with data necessary to carry out its responsibilities under this agreement. It is also agreed that Education will assign appropriate professional personnel, when indicated, to coordinate with financial auditors when questions regarding School Based Services to Medical Assistance recipients are identified.~~

ARTICLE V

~~It is agreed that each party will consult and cooperate on budget issues. It is also agreed that the State portion of the total reimbursement for services rendered to Medical Assistance recipients will be the responsibility of the cooperating school districts. Social Services will reimburse the cooperating school districts for the federal portion of said reimbursement according to the medical assistance provider enrollment agreement and the provider manual for School Based Services.~~

~~The parties further agree that, whatever audits or financial management reviews may be deemed appropriate; such audits or reviews may be initiated in order to assure that local funds certified as being available are actually available, or that other Federal funds received at the local level are not supplanted as the State's share of the match.~~

ARTICLE VI

~~This agreement supersedes any prior agreement between the parties and shall continue *in* effect until or unless the two parties agree to modify or terminate it. Any change in the agreement requires at least thirty (30) days prior written notice by either party.~~

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~~Agreement between DSS and DOE~~

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ARTICLE VII

~~This instrument, including the schedules, contains the entire agreement between the parties and shall not be modified in any manner except by an instrument in writing executed by the parties. If any term or provision of this agreement or application thereof to any person or circumstance shall, to any extent, be invalid or unenforceable, the remainder of this agreement, or the application of such term or provision to such person or circumstance other than those to which it is held invalid or unenforceable, shall not be affected thereby: and each term and provision of this agreement shall be valid and be enforced to the fullest extent permitted by law.~~

~~This agreement, and attached schedules, is effective August 1, 1993, and will remain in effect unless modified or canceled by mutual consent of both parties.~~

Gerald H. Miller, Director

\_\_\_\_\_  
Michigan Department of Social Services

Date \_\_\_\_\_

Robert E. Schiller, State Superintendent of Public Instruction  
Michigan Department of Education

Date \_\_\_\_\_

RESERVED

- SCHEDULE A  
DEFINITIONS

~~The following definitions are to be used with this agreement.~~

- ~~1. "Social Services" is the Michigan Department of Social Services, the single state agency responsible for the administration of the Medical Assistance Program.~~
- ~~2. "Education" is the Michigan Department of Education, the agency responsible for the administration of the special education program within the public school system.~~
- ~~3. "Cooperating School District" means a Medicaid-enrolled provider of School Based Services that is also:  
(a) An intermediate school district, or a local school district as defined in Section 5 of Act 451 of 1976, as amended, and/or;  
(b) The Michigan School for the Deaf and/or the Michigan School for the Blind.~~
- ~~4. "Recipient" means a person receiving medical assistance, Social Security Income, or aid to families with dependent children.~~
- ~~5. "Child" or "Pupil" is any individual between the ages of 0 (zero) and 26 enrolled in school.~~
- ~~6. "School Based Services" means those medical, nursing, and related services provided to a child with a handicapping condition; requested in the IEP or IFSP; or as determined through coordination of services; and provided in the school setting.~~
- ~~7. "Physician" means any person licensed as a Medical Doctor or Doctor of Osteopathy to practice medicine in the State of Michigan.~~
- ~~8. "Professional Team" means the staff of at least three individuals representative of different professions or service areas that are relevant to the recipient's needs.~~

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Schedule A, DEFINITIONS Page 2~~

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9. ~~"Individual Education Plan (IEP) Related Services" or "Individual Family Service Plan (IFSP) Related Services" are:~~
- ~~(a) Medically necessary diagnostic services;~~
  - ~~(b) Medically necessary health services, which means a health service that is consistent with the child's diagnosis or condition, and:~~
    - ~~(1) is recognized as the prevailing standard or current practice by the provider's peer group, and~~
    - ~~(2) is rendered in response to a life-threatening condition or pain; or to treat an injury, illness or infection; disability; or to achieve a level of physical or mental function consistent with prevailing community standards for diagnosis or condition.~~
  - ~~(c) provided in the school district in which the child/pupil is enrolled.~~
  - ~~(d) determined through the Individual Educational Planning Committee or Individual Family Service Planning Committee.~~
  - ~~(e) prescribed/provided by eligible licensed/certified providers.~~
10. ~~"Medical Assistance" means any program for which the Medical Services Administration acts as the fiscal intermediary. This includes the Medical Assistance (Medicaid); State Medical Program; Children's Special Health Care Services; and Refugee and Repatriate Programs.~~

RESERVED

~~SCHEDULE B  
SCHOOL-BASED SERVICES~~

~~Schedule B is explanatory of the provision of, and reimbursement for, School Based Services covered by the Medical Assistance Program for recipients receiving such services under terms of the contract with Education and/or cooperating school districts under agreement with Education.~~

~~Education and Social Services agree, as specified in 42 CFR 431.615(d)(5)(vi) through (viii), to the following:~~

- ~~• Semiannually review and jointly plan for needed changes in this agreement,~~
- ~~• Designate staff as liaison between the respective departments,~~
- ~~• Conduct monthly or more frequent discussions by liaison staff to monitor the cooperative work by the departments contained in this agreement, and~~
- ~~• Solicit comments and jointly evaluate proposed changes in policies that affect the cooperative work by the departments.~~

~~Education and Social Services hereby agree to the following division of responsibilities for billing and preparation of claims for federal financial participation, for assurance of compliance with standards and certifications required for billing, and for documentation of such compliance.~~

~~A. Education will have an agreement with cooperating districts to provide assurances that the districts, in the provision of services under this agreement, will be responsible for:~~

- ~~1. Assuring that the services billed to the Medical Assistance Program conform to the definition and purpose of School Based Services as specified by Social Services.~~
- ~~2. Verifying that the cooperating school district responsible for providing such services, and specific sites for the delivery of services, have met the appropriate operating, management, and physical plant standards required by Education and Social Services for operation and certification.~~
- ~~3. Assuring that each recipient for whom a claim is processed for School Based Services, has an individual education plan for related services or an individual family service plan for related services, developed by the appropriate professional team, concurred with as necessary by the parents, and ordered and approved by a physician when required.~~
- ~~4. Assuring that the recipient for whom a claim is made is eligible for Medical Assistance.~~

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~~Agreement between DSS and DOE  
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Page 2~~

- ~~5. Producing the detailed billing and maintaining the historical file of School Based Services charges by recipient.~~
- ~~6. Assuring that the original documentation of School Based Services provided is in accordance with the recipient's individual education plan or individual family service plan, and the verification of compliance with licensing and operational standards is maintained for subsequent audit.~~

~~B. Education will be responsible for:~~

- ~~1. Providing consultation to Social Services, when so requested, for the development of general surveillance and utilization review procedures.~~
- ~~2. Providing field consultation services as it determines necessary and appropriate to maintain contact with Medical Assistance providers.~~
- ~~3. Assist Social Services to establish a process of quality assurance which includes the following elements:
 
  - ~~i. Certification criteria for cooperating school districts providing School Based Services;~~
  - ~~ii. Provider staff qualifications and validation of cooperating school district's listing of staff providing covered School Based Services to students;~~
  - ~~iii. Content and format for site survey (s) to determine ability and readiness of an applicant agency to become a cooperating school district; and~~
  - ~~iv. Policies and procedures to address cooperating school district noncompliance with certification criteria.~~~~
- ~~4. Monitoring cooperating school districts to determine that services rendered to Medical Assistance recipients meet requirements as specified in the policies and procedures for the Medical Assistance Program for School Based Services.~~
- ~~5. Conduct site surveys as needed and in cooperation with the Department of Education Monitoring Model to determine cooperating school districts' continued compliance with certification criteria;~~
- ~~6. Notify Social Services that a cooperating school district has met the certification criteria.~~

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- C. ~~Social Services will be responsible for:~~
- ~~1. Preparing the claim for federal financial participation.~~
  - ~~2. Making services or facilities available to permit verification by cooperating school districts of recipient eligibility for Medical Assistance as required by Social Services.~~
  - ~~3. Enrolling with Medical Assistance those agencies who have received approval from Education.~~
  - ~~4. Processing claims from the cooperating school districts for Medicaid reimbursement, in accordance with Medical Assistance policies.~~
  - ~~5. Acting as the central control point for all Medicaid financial audits and investigations, including processing of referrals in a timely manner. In carrying out this responsibility, Social Services will:  
(a) record, coordinate, and investigate referrals of possible fraud, abuse or misutilization.  
(b) provide Education with status reports on financial audits, investigations, and reviews upon request in a timely manner.~~
  - ~~6. Initiating litigation, when indicated.~~
  - ~~7. Developing and promulgating program policy on covered services, limitations, procedures, and public disclosure, consistent with state and federal statutes and regulations.~~
  - ~~8. Establish a process of quality assurance which includes the following elements:  
i. Certification criteria for cooperating school districts providing School Based Services;  
ii. Provider staff qualifications and validation of cooperating school district's listing of staff providing covered School Based Services to students;  
iii. Content and format for site survey (s) to determine ability and readiness of an applicant agency to become a cooperating school district; and  
iv. Policies and procedures to address cooperating school district noncompliance with certification criteria.~~

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Page 4~~

- ~~9. Reviewing and taking timely and appropriate action upon recommendation made by Education to Social Services.~~
- ~~10. Providing the necessary data to ensure that Education is able to carry out its responsibilities under this agreement and to meet the state's responsibilities under applicable statutes and regulations.~~

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**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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22. Intermediate School Districts Services (ISD)

Reimbursement for services provided in the school setting is based on a provider specific, cost-based methodology that is reconciled annually.

An interim payment is issued based on the following determination of estimated cost. The interim payments are based on previous year cost reports and paid to the ISDs on a schedule determined by the ISDs.

Services include: Occupational Therapy, Physical Therapy, Speech Language and Hearing, Psychological, Physician, Nursing, Personal Care, Targeted Case Management and Transportation. Descriptions of each service are included in the Supplement to Attachment 3.1-A section of this State Plan.

The following providers with current credentials may provide services in the school setting:

- ~~Certified and registered~~ LICENSED occupational therapists
- ~~Certified~~ LICENSED occupational THERAPY therapist assistants
- Certified orientation and mobility specialists
- Licensed physical therapists
- ~~Certified~~ LICENSED physical THERAPY therapist assistants
- Licensed speech-language pathologists
- LIMITED LICENSED SPEECH-LANGUAGE PATHOLOGISTS
- ~~Teachers of students with speech and language impairments~~
- Licensed audiologists
- Licensed psychologist
- Limited-licensed psychologist
- CERTIFIED SCHOOL PSYCHOLOGIST
- BOARD CERTIFIED BEHAVIOR ANALYST
- BOARD CERTIFIED ASSISTANT BEHAVIOR ANALYST
- LICENSED MARRIAGE AND FAMILY THERAPISTS
- Licensed counselor
- Limited-licensed counselor
- Licensed social worker
- Limited-licensed social worker
- LICENSED SCHOOL SOCIAL WORKER
- Licensed psychiatrist (M.D. & D.O)
- Licensed physician (M.D. & D.O)
- LICENSED PHYSICIAN ASSISTANT
- LICENSED NURSE PRACTITIONER
- LICENSED CLINICAL NURSE SPECIALIST
- Registered nurse
- Licensed practical nurse
- Aides (providing personal care & BEHAVIORAL SUPPORT)
- ~~Bachelors degree~~ Case managers

A. Direct Medical Services Payment Methodology

Determination of Total Medicaid Reimbursable Cost:

1. Data capture for the cost of providing health-related services is accomplished utilizing various sources. Medicaid allowable non-federal costs are captured from the following reports:

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## 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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- a. Medicaid allowable costs ARE reported on the annual MEDICAID COST REPORT. ~~SE 4096 Special Education Actual Cost Report Medical Costs Supplement~~, †This is an ISD specific report that identifies direct costs specified in item #2. Each ISD reports costs only for the specific staff that are identified and included in each staff pool. This report does not include any federal dollars.
  - b. Cost data reports received from the ISD financial contacts. The cost for Personal Care service staff and Targeted Case Management staff is not included in the MEDICAID COST ~~SE-4096 Medicaid supplemental cost report~~. These related salaries, fringes benefits are gleaned from financial worksheets submitted by the ISDs. This cost data is captured utilizing the same methodology currently utilized for the Administrative Outreach Program cost reporting.
  - c. Michigan Department of Education Indirect Cost Rate.
2. Allowable Direct Costs  
Direct costs for direct medical services
- I. Salaries
  - II. Benefits
  - III. Other medically-related costs directly related to the approved direct services personnel for the delivery of medical services such as purchased services/contract costs, travel, materials and supplies.
3. Indirect Cost Rate  
Apply the Michigan Department of Education (MDE) Cognizant Agency Indirect Cost Rate to the net direct costs.
4. Net direct costs and indirect costs calculated in steps 2 and 3 are combined. Random Moment Time Study (RMTS) Discount
5. Random Moment Time Study (RMTS) Discount  
Apply the appropriate direct service percentage obtained from the CMS approved RMTS methodology to determine the percentage of time that approved service personnel spend on direct services, that include Medicaid covered services, general and administrative time and all other activities to account for 100% of time to assure there is no duplicate claiming for all covered services. The RMTS methodology utilizes mutually exclusive staff pool(s) and statewide random moment samples are pulled each quarter to include a sufficient number of personnel from each staff pool to ensure the time study results will be statistically valid.
6. Medicaid Eligibility Rate (MER) Discount  
Medicaid's portion of total net costs is identified by applying the ISD specific MER to the total net costs.

The MER is calculated using the following methodology ~~methodology~~ **METHODOLOGIES**:

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***Policy and Methods for Establishing Payment Rates (Other than  
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SPECIAL EDUCATION MEDICAID ELIGIBILITY RATE

- Using the Fall General Collection Student Count data, a file containing the names and birthdates of the special education students within the ISD with health related IEP is transmitted to the Michigan Department of HEALTH AND HUMAN SERVICES (MDHHS). ~~Community Health (MDCH).~~
- MDHHSCH uses this list to run an eligibility match process against the Medicaid eligibility system. The ratio of the total number of Medicaid eligible students with health-related IEPs to the total number of students with health-related IEPs is used to determine the Medicaid Eligibility Rate percentage.

GENERAL EDUCATION MEDICAID ELIGIBILITY RATE

- USING THE FALL GENERAL COLLECTION STUDENT COUNT DATA, A FILE CONTAINING THE NAMES AND BIRTHDATES OF GENERAL EDUCATION STUDENTS WITHIN THE ISD IS TRANSMITTED TO THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS).
- MDHHS USES THIS LIST TO RUN AN ELIGIBILITY MATCH PROCESS AGAINST THE MEDICAID ELIGIBILITY SYSTEM. THE RATIO OF THE TOTAL NUMBER OF MEDICAID ELIGIBLE STUDENTS TO THE TOTAL NUMBER OF STUDENTS IS USED TO DETERMINE THE MEDICAID ELIGIBILITY RATE PERCENTAGE.
- Specialized Transportation Services Payment Methodology Determination of Total Medicaid Reimbursable Cost:
  1. Medicaid allowable direct costs are captured utilizing the following reports:
    - a. SE-4094: Special Education costs as reported in the current, CMS approved, SE-4094 Transportation Expenditure Report and identified in Step #2. This report contains only the costs associated with Special Education buses used for the specific purpose of transporting only Special Education children. This report does not include any federal dollars.
    - b. Michigan Department of Education Indirect Cost Rate as identified in Step #3.
  2. Allowable direct costs as reported on the SE-4094:
    - a. Salaries (Sec 52 & Sec 53a; Bus Drivers, Aides & Purchased Service – Staff [Bus Drivers & Aides portion only] lines)
    - b. Benefits (Sec 53a; 52 & Sec Employee Benefits line)
    - c. Purchased Services - Vehicle Related Costs (Sec 52 & Sec 53a; Pupil Trans. By Carrier, Pupil Trans. By Carrier (b/y), Family Vehicle K Costs, Contracted Taxis, Pupil Trans. Fleet Ins., & Contracted/Leased Busses lines)
    - d. Supplies (gasoline, oil/grease, tires, etc.) (Sec 52 & Sec 53a; Gasoline/Fuel, Oil/Grease, & Tires/Batteries lines)
    - e. Other expense/Adjustments (Sec 52 & Sec 53a; Other Expense/Adjustment line, only the costs associated with adjustments to allowable costs)
    - f. Bus Amortization (Sec 52 & Sec 53a; Bus Amortization line)
  3. Indirect Costs  
Apply the Michigan Department of Education Cognizant Agency Indirect Cost Rate to the net direct costs.
  4. Net direct costs and indirect costs are combined.
  5. Apply Medicaid Eligibility Rate (MER). See Section A, step 6 above.
- C. Annual Reconciliation and Cost Settlement Process Health-related services cost reconciliation and settlement:

Within ~~90 days~~ SIX MONTHS after the end of the school fiscal year, the ISDs submit the annual MEDICAID cost report (~~SE-4096 and SE-4094~~) to the Michigan Department OF Health and Human Services (MDHHS) ~~of Education (MDE) and the Michigan Department of Community Health (MDCH).~~ This filed cost report is used by

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

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***Policy and Methods for Establishing Payment Rates  
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MDCH MDHHS to calculate an interim payment for the following year. Within nine months after the end of the State's SCHOOL fiscal year, the filed cost reports are reviewed by MDHHS MDE and finalized. AN INITIAL SETTLEMENT IS ISSUED. The initial settlement is calculated within THREE MONTHS ninety days of the receipt of the finalized cost reports and may result in either an additional payment or recovery of funds.

Within thirty days MDCH MDHHS completes the Medicaid Cost Settlement Summary data sheet and Cost Certification form and forwards to the ISDs for approval and signature WITHIN 15 MONTHS AFTER THE END OF THE SCHOOL FISCAL YEAR. The final cost settlement is processed TWO MONTHS sixty days following the date of the Cost Settlement Summary. If the ISD does not agree with the calculated cost settlement totals they must submit an appeal to MDCH MDHHS within the first ONE MONTH thirty days after receipt of the Cost Settlement Summary. Any discrepancies must be resolved within the THREE MONTHS ninety days between the initial and the final settlement at which time any under/over adjustments are made.

Specialized transportation cost reconciliation and settlement:

On an annual basis the cost per trip is calculated by dividing the total Medicaid reimbursable cost (Section B, steps 1 through 4) by the number of "allowable" one-way tripS is provided to a Medicaid-eligibly beneficiary and fulfills all of the following requirements: documentation of ridership is on file, the need for the specialized transportation service is identified in the Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP), and a Medicaid-covered service is provided on the same date of service.

The Medicaid cost settlement amount is obtained by multiplying the total allowable one-way trips billed through the Medicaid Invoice Processing system times the total cost per trip. This total is compared to the interim payments and any over/under settlements are made.

D. Cost Certification:

TWO MONTHS Sixty days prior to the final settlement the ISDs receive the Medicaid Cost Settlement Summary report and cost certification form. Both forms must be signed, dated and returned to MDCH MDHHS prior to the final settlement.



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

RICK SNYDER  
GOVERNOR

NICK LYON  
DIRECTOR

September 26, 2018

NAME  
TITLE  
ADDRESS  
CITY STATE ZIP

Dear Tribal Chair and Health Director:

**RE:** School Health Services Program

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 (SPA) and Alternative Benefit Plan (ABP) amendment.

These amendments would allow intermediate school districts to receive Medicaid reimbursement for services provided by school nurses and non-physician behavioral health providers to students enrolled in Medicaid. The proposed change will increase access to these services for Native American children attending public schools. The anticipated effective date of the SPA and ABP amendment is October 1, 2018.

There is no public hearing scheduled for the SPA or ABP amendment. Input regarding these amendments 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 November 13, 2018.**

In addition, MDHHS is offering to set up group or individual consultation meetings in order to discuss the SPA and ABP amendment, according to the tribes' preference. Consultation meetings 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 "Kathy Stiffler". The signature is written in a cursive, flowing style.

Kathy Stiffler, Acting Director  
Medical Services Administration

cc: Keri Toback, Region V, CMS  
Leslie Campbell, Region V, CMS  
Kyle Straley, 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, Director, Indian Health Service - Bemidji Area Office  
Lorna Elliott-Egan, MDHHS

**Distribution List for L 18-51  
September 26, 2018**

Mr. Bryan Newland, 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  
Mr. Soumit Pendharkar, 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  
Ms. Regina Gasco-Bentley, Tribal Chairman, Little Traverse Bay Band of Odawa Indians  
Ms. Jodi Werner, Health Director, Little Traverse Bay Band of Odawa  
Mr. Scott Sprague, Chairman, 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 Stuck, Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians  
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department  
Mr. Matthew Wesaw, Tribal Chairman, Pokagon Band of Potawatomi Indians  
Mr. Matt Clay, Health Director, Pokagon Potawatomi Health Services  
Mr. Ronald Ekdahl, 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. Leonid Chugunov, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC: Keri Toback, Region V, CMS  
Leslie Campbell, Region V, CMS  
Kyle Straley, Region V, CMS  
Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family Services of Southeastern Michigan  
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Keith Longie, Director, Indian Health Service - Bemidji Area Office  
Lorna Elliott-Egan, MDHHS



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

RICK SNYDER  
GOVERNOR

NICK LYON  
DIRECTOR

December 20, 2018

NAME  
TITLE  
ADDRESS  
CITY STATE ZIP

Dear Tribal Chair and Health Director:

**RE:** Amendment to Letter L 18-51 – School Health Services Program

On September 26, 2018, the Michigan Department of Health and Human Services (MDHHS) issued letter L 18-51 to all Tribal Chairs and Health Directors, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, providing notice of the department's intent to submit a State Plan Amendment (SPA) and corresponding Alternative Benefit Plan (ABP) Amendment to the Centers for Medicare & Medicaid Services (CMS) to expand nursing and non-physician behavioral health services in the schools. This letter provides additional information regarding these proposed amendments.

These amendments would expand services currently provided in the intermediate school districts to additional Medicaid eligible students. This change would also expand behavioral health and nursing services for general education students. Other changes in these amendments include clarification of service prescription requirements and annual settlement timeline clarifications. The proposed changes will increase access to intermediate school district services for Native American children attending public schools beyond those proposed in the previous letter. The proposed effective date of the SPA and ABP amendment is January 1, 2019, with an effective date of July 1, 2019 for all random moment time study methodology changes.

There is no public hearing scheduled for the SPA or ABP amendment. Input regarding these amendments 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 February 4, 2019.**

In addition, MDHHS is offering to set up group or individual consultation meetings in order to discuss the SPA and ABP amendment, according to the tribes' preference. Consultation meetings 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,

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Kathy Stiffler, Acting Director  
Medical Services Administration

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Southeastern Michigan  
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.  
Keith Longie, Director, Indian Health Service - Bemidji Area Office  
Lorna Elliott-Egan, MDHHS

**Distribution List for L 18-75  
December 20, 2018**

Mr. Bryan Newland, 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  
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