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State/Territory Name: Michigan

State Plan Amendment (SPA)#: 20-0008

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 0300
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

December 04, 2020

Ms. Kate Massey
Medicaid Director
Medical Services Administration
400 S Pine St 7th Fl
Lansing, MI 48933-2250

RE: State Plan Amendment (SPA) Transmittal Number 20-0008

Dear Ms. Massey:

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

Transmittal #20-1001 Effective Date: 8/1/2020
Approval Date: 12/03/2020

If you have any questions regarding this State Plan Amendment, please have a member of your staff contact Keri Toback at 312 353 1754 or by email at keri.toback@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

Cc: Erin Black, MDHHS

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

1. TRANSMITTAL NUMBER: 20 - 0008	2. STATE: Michigan
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE August 1, 2020	

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1945 of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2020 \$0 b. FFY 2021 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A Page 18 Supplement to Attachment 3.1-A Page 18a Supplement to Attachment 3.1-A Page 18b Supplement to Attachment 3.1-A Page 19	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement to Attachment 3.1-A Page 18 Supplement to Attachment 3.1-A Page 18a Supplement to Attachment 3.1-A Page 18b Supplement to Attachment 3.1-A Page 19

10. SUBJECT OF AMENDMENT:
The purpose of this SPA is to implement CMS Final Rule CMS-5531, which amends CMS Rule 2348-F. The new federal regulations permit non-physician practitioners (e.g., nurse practitioners, physician assistants, and clinical nurse specialist) to order home health services and durable medical equipment.

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

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:
[Redacted]

13. TYPED NAME:
Kate Massey

14. TITLE:
Director, Medical Services Administration

15. DATE SUBMITTED:
September 30, 2020

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

Attn: Erin Black

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 30, 2020	18. DATE APPROVED: December 03, 2020
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: August 01, 2020	20. SIGNATURE OF REGIONAL OFFICIAL: [Redacted]
21. TYPE NAME: James G. Scott	22. TITLE: Director, Division of Program Operations

23. REMARKS:

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***

7. Home Health Care Services (Same for categorically needy and medically needy beneficiaries)

a. Covered Services

The services and items listed below are covered by Medicare certified home health agency when provided to a beneficiary in any setting in which normal activities take place and does not include services in a hospital, nursing facility including Nursing Facility for Mentally Ill (NF/MI), or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

All services must be ordered by the beneficiary's physician or permitted Non-Physician Practitioner (NPP), which is defined as a Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), or Physician Assistant (PA), pursuant to a face-to-face or telemedicine encounter occurring within in 90 days prior or 30 days after the start of services, and documented in a comprehensive written plan of care, which is reviewed at least every 60 days. An exception to this rule applies to medical supplies and durable medical equipment when provided by a Medicaid enrolled medical supplier. For these items, the physician or NPP must review the medical need on an annual basis.

Medicaid will not cover any services provided by a home health agency that are not medically necessary.

1) Intermittent or part-time nursing services provided by a Medicaid enrolled home health agency. In areas where no home health agency exists, nursing services may be covered when provided by a registered nurse who:

- is licensed to practice in Michigan;
- receives written ordered from the beneficiary's physician or NPP;
- documents the services provided; and,
- has received instructions in acceptable clinical and administrative record keeping from a public health department nurse.

2) Home health aide services are not covered for beneficiaries:

- In a hospital, nursing facility including Nursing Facility for Mentally Ill (NF/MI), or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID);
- In a home for the aged or adult foster care facility such services are already provided as part of residential care; or,
- When not medically necessary.

3) Medical supplies, equipment and appliances suitable for use in any setting in which normal activities take place and does not include services in a hospital, nursing facility including Nursing Facility for Mentally Ill (NF/MI), or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

A Medicaid enrolled home health agency is allowed to provide a select number of medical supply items when:

- Medical supplies, durable medical equipment and oxygen suitable for use in any setting in which normal activities take place and does not include services in a home for the aged, adult foster care facility, hospital, nursing facility, or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID);
- Medically necessary; and,
- Provided by a Medicaid enrolled medical supplier. The following outlines Medicaid policies for a medical supplier dispensing items.

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***

7. Home Health Care (continued)

Covered services

3. Medical supplies (continued)

Supplies

Supplies are health care related items that are consumable or disposable, or cannot withstand the repeated use by more than one individual, that are required to address an individual medical disability, illness or injury.

Certain items require prior authorization.

Freedom of choice of providers is waived in authority with 1915(a) for diapers and selected incontinence supplies (medical devices) in acceptance of certification that adequate services and devices will be provided. Diapers and selected incontinence supplies must be obtained for the State's contractor.

Durable Medical Equipment

Equipment and appliances are items that are primarily and customarily used to serve a medical purpose, generally are not useful to an individual in the absence of a disability, illness or injury, can withstand repeated use, and can be reusable or removable. State Medicaid coverage of equipment and appliances is not restricted to the items covered as Durable Medical Equipment in the Medicare program.

Prior authorization of DME is required for beneficiaries of all ages except where exempted for selected diagnostic codes.

Program coverage for all beneficiaries must be ordered by a physician or permitted Non-Physician Practitioner (NPP), which is defined as a Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), or Physician Assistant (PA), and prior authorized. Prior authorization is determined based on a completed standardized mobility assessment performed by a licensed/certified medical professional defined as an Occupational Therapist, Physical Therapist or Rehabilitation Registered Nurse who has at least 2 years experience in rehabilitation.

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***

The program determines if the equipment is to be rented or purchased. Such determination includes consideration of costs versus benefit.

Oxygen

Oxygen is covered for the beneficiary residing in any setting in which normal activities take place and does not include services in a hospital, nursing facility including Nursing Nacility for Mentally Ill (NF/MI), or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) when medically necessary and when ordered by a physician or Non-Physician Practitioner (NPP).

TN NO.: 20-0008

Approval Date: 12-03-2020

Effective Date: 08-01-2020

Supersedes
TN No.: 18-0003

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) Physical therapy, as described in 1.a of Supplement to Attachment 3.1-A when provided by a Medicaid-enrolled home health agency. Prior approval is required if services exceed the time or frequency for:
 - initial treatment (24 times in 60 consecutive calendar days) or
 - maintenance/monitoring (four times in the 60-day allowed period)
- 5) Occupational therapy services, as described in 1.a of Supplement to Attachment 3.1-A, of a restorative nature, are covered when ordered in writing by a physician or Non-Physician Practitioner (NPP), and provided by a Medicaid-enrolled home health agency. Prior approval is the same as presented at 4) above.
- 6) Home health aide services when provided by a Medicare certified and Medicaid enrolled home health agency. Prior authorization is required if services exceed the initial 90-day period. Prior authorization is based on medical necessity, physician's or Non-Physician Practitioner's (NPP) orders, the plan of care, related documentation, and cost-effectiveness when compared with other care options.

b. Excluded services

"Non-covered care" under the Medical Assistance Program, Le., care which is designed essentially to assist the individual in meeting the activities of daily living and does not require the additional services of trained medical or paramedical personnel.