DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTHCARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 1 0 - 0 9

2. STATE: Michigan

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

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
June 1. 2010

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

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.70

7. FEDERAL BUDGET IMPACT:
a. FFY 10 $ -0-
b. FFY 11 $ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement to Attachment 3.1-A, pages 18a and 18b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Supplement to Attachment 3.1-A, pages 18a and 25a

10. SUBJECT OF AMENDMENT:
clarification of prior authorization requirements for customized wheelchairs for all beneficiaries regardless of place of residency

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

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:
Stephen Fitton

13. TYPED NAME:
Stephen Fitton

14. TITLE:
Director, Medical Services Administration

15. DATE SUBMITTED:
May 21, 2010

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

Attn: Nancy Bishop

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

7. Home Health Care (continued)

Covered services

3. Medical supplies (continued)

Supplies

Coverage includes: Hypodermic syringes/needles, ostomy supplies, dressings necessary for the medical management of the beneficiary, etc.

Certain items require prior authorization.

Exclusion: Incidental first-aid supplies (e.g., adhesive bandages).

Freedom of choice of providers is waived in authority with 1015(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

Durable medical equipment (DME) is a benefit for beneficiaries under age 21. DME is a benefit for beneficiaries age 21 or older under the following conditions:

- When a beneficiary is enrolled in Medicare Part B and Medicare has made payment on the equipment, Medicaid may cover the co-insurance and/or deductible amounts as described in Attachment 3.2-A.

- When the equipment is needed to prevent frequent hospitalization or institutionalization, is life sustaining or replaces a malfunctioning body member, Medicaid may cover the equipment.

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

Program coverage of mobility and custom fabricated seating systems for all beneficiaries must be ordered by a physician 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

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Amount, Duration and Scope of Medical and Remedial Care 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 cost versus benefit.

Oxygen

Oxygen is covered for the beneficiary residing in his/her home when medically necessary and when ordered by a physician.