

Medicaid Alternative Benefit Plan

Medicaid Alternative Benefit Plan: General Information

State/Territory name: **Michigan**

Transmittal Number: **22-1001**

General Information:

Submission Title:

short (under 100 characters) label used to identify this submission in the web application

MI Alternative Benefit Plan (ABP) MI-22-1001

Description:

SPA estab Alternative Benefit Plan(ABP) MI uses to implement requirements of the Healthy Michigan Plan(HMP)as stated in MI's PA 107 of 2013.

The state attests that this SPA does not make a substantive change and therefore does not require the state to provide public notice in accordance with 42 CFR 440.386.

Public notice has been conducted prior to SPA submission pursuant to 42 CFR 440.386.

Date public notice was issued (mm/dd/yyyy)

The state/territory assures that it has provided the public with advance notice of the amendment and reasonable opportunity to comment.

The state/territory assures that it has included in the notice a description of the method for assuring compliance with 42CFR 440.345 related to full access to EPSDT services.

The state/territory assures that it has included in the notice a description of the method for complying with the provisions of section 5006(e) of the American Recovery and Reinvestment Act of 2009.

The state/territory assures that it has performed any required tribal consultation.

Upload Public Notice Documents

Please provide a short description of this public notice:

Sample of public notice provided

Uploaded Document Name:

Saginaw Public Notice B4-Clip.pdf

Date Uploaded:

ABP Screening Statements to Indicate Required Forms

Select one of the following options for eligibility group coverage:

- The population group for this Alternative Benefit Plan includes only the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act. *If the state selects this option, the state must complete form ABP2a to indicate agreement to voluntary benefit package selection assurances for the adult group.***
- The population group for this Alternative Benefit Plan includes the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act, and also includes other groups. *If the state selects this option, the state must complete forms ABP2a and ABP2b to indicate agreement to voluntary benefit package selection assurances for the adult group and voluntary enrollment assurances for other eligibility groups.***

The population for this Alternative Benefit Plan does not include the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act. *If the state selects this option, the state must complete form ABP2b to indicate agreement to voluntary enrollment assurances for these eligibility groups.*

Enrollment is mandatory for some or all participants. *If selected, the state must complete form ABP2c to indicate agreement to mandatory enrollment assurances.*

Specify the number of **benchmark** benefit packages that will be created or amended with this submission. *The state must submit one version of forms ABP3, ABP3.1, ABP4, ABP5, and ABP8 for each benchmark benefit package.*

1

Specify the number of **benchmark-equivalent** benefit packages that will be created or amended with this submission. *The state must submit one version of forms ABP3, ABP3.1, ABP4, ABP6, and ABP8 for each benchmark-equivalent benefit package.*

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Medicaid Alternative Benefit Plan: File Management Summary

State/Territory name: Michigan
Transmittal Number: 22-1001

Form Code	Form Name	Uploaded Form Count
ABP1	Alternative Benefit Plan Populations	1
ABP2a	Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act	1
ABP2b	Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under Section 1902(a)(10)(A)(i)(VIII) of the Act	0
ABP2c	Enrollment Assurances - Mandatory Participants	0
ABP3	ABP3-Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package (Use only if ABP has an effective date prior to 1/1/2020 or if only changing the section 1937 Coverage Option of an ABP implemented prior to 1/1/2020) or ABP3.1-Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package (Use only for ABP's effective on or after 1/1/2020)	1
ABP4	Alternative Benefit Plan Cost-Sharing	1
ABP5	Benefits Description	1
ABP6	Benchmark-Equivalent Benefit Package	0
ABP7	Benefits Assurances	1
ABP8	Service Delivery Systems	1

Form Code	Form Name	Uploaded Form Count
ABP9	Employer Sponsored Insurance and Payment of Premiums	1
ABP10	General Assurances	1
ABP11	Payment Methodology	1

Medicaid Alternative Benefit Plan: File Management Detail

Form ABP1: Alternative Benefit Plan Populations

ABP1 Forms List

Form
<p>Please provide a short description of this ABP1 form:</p> <p>This state plan page identifies and defines eligible Medicaid populations that will receive their Medicaid coverage through an Alternative Benefit Plan (ABP).</p> <p>Uploaded Form Name: ABP1 Alternative Benefit Plan Populations FINAL (1-22-14).pdf</p> <p>Date Uploaded: 01/22/2014</p>

Support Documents

Document
<p>Please provide a short description of this support document:</p> <p>MI Public Notice regarding a State Plan Amendment for an Alternative Benefit Plan for an Expanded Adult Population</p> <p>Uploaded Document Name: ABP State Plan Amendment Public Notice_438191_7.pdf</p> <p>Date Uploaded: 03/21/2014</p>

Form ABP2a: Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act

ABP2a Forms List

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Form

Please provide a short description of this ABP2a form:

This is the first in the series of Alternative Benefit Plan (ABP) fillable PDFs (state plan pages) in which the state or territory provides assurances concerning the enrollment of Medicaid beneficiaries into an ABP. This particular state plan page must be

Uploaded Form Name:**Date Uploaded: 01/22/2014**

ABP2a Voluntary Benefit Package Selection Assurances FINAL (03-14-14).pdf

Support Documents**Document****Form ABP2b: Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under Section 1902(a)(10)(A)(i)(VIII) of the Act****ABP2b Forms List****Form****Support Documents****Document****Form ABP2c: Enrollment Assurances - Mandatory Participants****ABP2c Forms List****Form****Support Documents****Document**

Form ABP3: ABP3-Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package (Use only if ABP has an effective date prior to 1/1/2020 or if only changing the section 1937 Coverage Option of an ABP implemented prior to 1/1/2020). Or ABP3.1-Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package (Use only for ABP's effective on or after 1/1/2020).

ABP3 Forms List

Form
Please provide a short description of this ABP3 form: This state plan page selects the Alternative Benefit Plan's (ABP) section 1937 coverage option and its base benchmark plan that Michigan used to establish the benefit package provided through the ABP.
Uploaded Form Name: Current ABP3 Selection of Benchmark Benefit Package or Benchmark Equivalent Package 9-23-19.pdf
Date Uploaded: 01/22/2014

Support Documents

Document

Form ABP4: Alternative Benefit Plan Cost-Sharing

ABP4 Forms List

Form
Please provide a short description of this ABP4 form: This state plan page provides the State's assurances related to the imposition of any cost-sharing or premium requirements on beneficiaries participating in the Alternative Benefit Plan (ABP).
Uploaded Form Name: ABP4 Alternative Benefit Plan Cost Sharing FINAL (3-14-14).pdf
Date Uploaded: 01/22/2014

Support Documents

Document

Form ABP5: Benefits Description

ABP5 Forms List

Form

Form

Please provide a short description of this ABP5 form:

This state plan page is used to indicate that Michigan's Alternative Benefit Plan's (ABP) benefits are provided as part of a benchmark benefit package. It also provides details concerning the benefits that are included in that benefit package.

Uploaded Form Name:**Date Uploaded: 01/22/2014**

ABP5_Benefits_Description Winter 2022 - Clinical Trials.pdf

Support Documents**Document****Form ABP6: Benchmark-Equivalent Benefit Package****ABP6 Forms List****Form****Support Documents****Document****Form ABP7: Benefits Assurances****ABP7 Forms List****Form**

Please provide a short description of this ABP7 form:

This state plan page provides a number of assurances concerning the benefits provided under the Alternative Benefit Plan (ABP).

Uploaded Form Name:**Date Uploaded: 01/22/2014**

ABP7 Benefits Assurances FINAL (1-22-14).pdf

Support Documents**Document**

Form ABP8: Service Delivery Systems

ABP8 Forms List

Form
Please provide a short description of this ABP8 form: This state plan page indicates and describes the service delivery system(s) Michigan will use to deliver benefits to its Alternative Benefit Plan's (ABP) participants.
Uploaded Form Name: Current ABP8 Service Delivery Systems 9-25-19 Update 2.pdf
Date Uploaded: 01/22/2014

Support Documents

Document

Form ABP9: Employer Sponsored Insurance and Payment of Premiums

ABP9 Forms List

Form
Please provide a short description of this ABP9 form: This state plan page indicates the State's decision to provide Alternative Benefit Plan (ABP) coverage, in whole or in part, by paying for employer sponsored health plans for individuals with access to such employer sponsored private health insurance
Uploaded Form Name: ABP9 Employer Sponsored Insurance and Payment of Premiums FINAL (1-22-14).pdf
Date Uploaded: 01/22/2014

Support Documents

Document

Form ABP10: General Assurances

ABP10 Forms List

Form

Form

Please provide a short description of this ABP10 form:

This state plan page provides Michigan's assurances concerning compliance with general Medicaid requirements for a section 1937 Alternative Benefit Plan (ABP) state plan submission.

Uploaded Form Name:**Date Uploaded: 01/22/2014**

ABP10 General Assurances FINAL (1-22-14).pdf

Support Documents**Document****Form ABP11: Payment Methodology****ABP11 Forms List****Form**

Please provide a short description of this ABP11 form:

This state plan page provides Michigan's assurances concerning payment methodologies that will be used for the Alternative Benefit Plan's (ABP) benefits when the benefits are provided through a service delivery system other than managed care.

Uploaded Form Name:**Date Uploaded: 01/22/2014**

ABP11 Payment Methodology FINAL (1-22-14).pdf

Support Documents**Document****Medicaid Alternative Benefit Plan: Tribal Input**

State/Territory name:

Michigan

Transmittal Number:

22-1001

- One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.
- This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.

- The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.

Complete the following information regarding any tribal consultation conducted with respect to this submission:

Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- Indian Tribes
 Indian Health Programs
 Urban Indian Organization

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Document	
Please provide a short description of this support document: Michigan's Tribal Notification letter dated November 2, 2021.	
Uploaded Document Name:	Date Uploaded: 01/22/2014
L 21-71.pdf	

Indicate the key issues raised in Indian consultative activities:

- Access

Summarize Comments

Summarize Response

- Quality

Summarize Comments

Summarize Response

- Cost

Summarize Comments

Summarize Response

<input type="checkbox"/>	
<input type="checkbox"/>	Payment methodology Summarize Comments
	Summarize Response
<input type="checkbox"/>	Eligibility Summarize Comments
	Summarize Response
<input type="checkbox"/>	Benefits Summarize Comments
	Summarize Response
<input type="checkbox"/>	Service delivery Summarize Comments
	Summarize Response
<input type="checkbox"/>	Other Issue

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name:

Michigan

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

22-1001

Proposed Effective Date

01/01/2022 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2022	\$ 0.00
Second Year	2023	\$ 0.00

Subject of Amendment

This State Plan Amendment (SPA) is submitted in order to establish the new mandatory clinical trials benefit.

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Kate Massey, Director
Health and Aging Services Administration

Signature of State Agency Official

Submitted By:	Erin Black
Last Revision Date:	Feb 18, 2022
Submit Date:	Feb 18, 2022