

Medicaid Alternative Benefit Plan

Medicaid Alternative Benefit Plan: General Information

State/Territory name: **Michigan**

Transmittal Number: **MI-19-1001**

General Information:

Submission Title:

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

MI Alternative Benefit Plan (ABP) MI-19-1001

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 Act allows expansion of Medicaid eligibility to people ages 19-64 with incomes at or below 133% of federal poverty level not enrolled in or eligible for Medicare. The ABP is applicable to people eligible for the program known as HMP which provides access to federally mandated Essential Health Benefits, EPSDT services, other medically necessary services as prior authorized, and services required to be covered according to state or federal law, regulation or policy.

Amend1 changes ABP5 allow enrollment of psychologists, social workers & professional counselors

Amend2 authorizes MI Care Team health homes effective 7/1/16

Amend3 changes ABP5 allow enrollment of marriage & family therapists effective 4/1/2016. Adds TCM group coverage for children 19 & 20 years old & pregnant women effective 5/9/16. This TCM group coverage is to

further the Flint, Michigan demonstration project authorized under § 1115 of the Act (Project No. 11W 00302/5)

Amend4 changes ABP5 allow enrollment of Physical Therapists, Occupational Therapists, Audiologists

effective 4/1/17, & Speech-Language Pathologists effective 7/1/17. Related SPA 17-0001. Allows qualified

pharmacists to provide Medication Therapy Management services effective 4/1/17. Related SPA 17-0005

Amend5 changes ABP5 remove behavioral health services visit limit. Related SPA 17-0012

Amend6 changes to ABP5 allow pediatric feeding services. Related SPA 17-0006

Amend7 changes ABP5 allow Opioid Health Home program effective 10/1/18 & reflect Home Health Rule effective 7/1/18. Related SPAs 18-1500 & 18-0003

Amend8 changes ABP5 allow enrollment of Clinical Nurse Specialists 12/1/18 & NF Transition Services effective 10/1/18. Related SPAs 18-0011 & 18-0008

Amend9 changes ABP5 modify EPSDT description 1/1/19 & Certified Nurse Midwives description effective 4/1/19 consistent with State Plan. Related SPAs 18-0013 & 19-0001

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

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, 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, ABP4, ABP6, and ABP8 for each benchmark-equivalent benefit package.*

0

Medicaid Alternative Benefit Plan: File Management Summary

State/Territory name: **Michigan**
Transmittal Number: **MI-19-1001**

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	Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package	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
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: 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:</p> <p style="text-align: right;">Date Uploaded: 01/22/2014</p> <p>ABP1 Alternative Benefit Plan Populations FINAL (1-22-14).pdf</p>

Support Documents

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

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

ABP2a Forms List

Form
<p>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 completed if the ABP population includes the Adult eligibility group under section 1902(a)(10)(A)(i)(VIII) of the Act, either alone or in combination with other eligibility groups.</p> <p>The ABP2a – Voluntary Benefit Package Selection Assurances – Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act state plan page pertaining to individuals otherwise exempt from mandatory participation in a section 1937 ABP who are eligible in the Adult eligibility group under section 1902(a)(10)(A)(i)(VIII) of the Act</p> <p>Uploaded Form Name:</p> <p style="text-align: right;">Date Uploaded: 01/22/2014</p> <p>ABP2a Voluntary Benefit Package Selection Assurances FINAL (03-14-14).pdf</p>

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: Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package**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: <div>Date Uploaded: 01/22/2014</div> <div>ABP3 Selection of Benchmark Benefit Package or Benchmark Equivalent Package F</div>

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: <div>Date Uploaded: 01/22/2014</div> <div>ABP4 Alternative Benefit Plan Cost Sharing FINAL (3-14-14).pdf</div>

Support Documents

Document

Form ABP5: Benefits Description**ABP5 Forms List**

Form
Please provide a short description of this ABP5 form:

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 3-20-19 Simplify.pdf

Support Documents**Document**

Please provide a short description of this support document:
Public Notice Dated 12/30/18 - Newspaper Clip

Uploaded Document Name:**Date Uploaded:**

C5-Clip GR.pdf

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**

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

ABP8 Service Delivery Systems FINAL 4-22-14 v2.pdf

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 or by purchasing other commercial insurance coverage directly.

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

ABP9 Employer Sponsored Insurance and Payment of Premiums FINAL (1-22-14).f

Support Documents**Document****Form ABP10: General Assurances****ABP10 Forms List****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
<p>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.</p> <p>Uploaded Form Name: Date Uploaded: 01/22/2014</p> <p>ABP11 Payment Methodology FINAL (1-22-14).pdf</p>

Support Documents

Document

Medicaid Alternative Benefit Plan: Tribal Input

State/Territory name: **Michigan**

Transmittal Number: **MI-19-1001**

☒ **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
<p>Please provide a short description of this support document: Michigan's Tribal Notification letter dated December 20, 2018.</p> <p>Uploaded Document Name: Date Uploaded: 01/22/2014</p> <p>L 18-75.pdf</p>
<p>Please provide a short description of this support document: Michigan's Tribal Notification letter dated September 26, 2018.</p>

Document	
Uploaded Document Name:	Date Uploaded:
L 18-51.pdf	
Please provide a short description of this support document: Michigan's Tribal Notification letter dated November 16, 2018.	
Uploaded Document Name:	Date Uploaded:
L_18-65_638699_7.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

☐

Payment methodology

Summarize Comments

Summarize Response

☐

Eligibility

Summarize Comments

Summarize Response

☐

Benefits

Summarize Comments

Summarize Response

☐ **Service delivery****Summarize Comments****Summarize Response**☐ **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.***Proposed Effective Date** (mm/dd/yyyy)**Federal Statute/Regulation Citation****Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	<input type="text" value="2019"/>	<input type="text" value="\$ 0.00"/>
Second Year	<input type="text" value="2020"/>	<input type="text" value="\$ 0.00"/>

Subject of Amendment

This State Plan Amendment (SPA) is submitted to make changes to ABP5 to modify the description for EPSDT to be consistent with the Medicaid State Plan effective 1/1/19 (related SPA 18-0013). In addition, the SPA updates ABP 5 to modify the description for Certified Nurse Midwives to be consistent with the Medicaid State Plan effective 4/1/19 (related SPA 19-0001).

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:

Kathleen Stiffler, Acting Director
Medical Services Administration

Signature of State Agency Official

Submitted By:	Erin Black
Last Revision Date:	Mar 28, 2019
Submit Date:	Mar 28, 2019



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C- ☐

Benefits Description

ABP5

The state/territory proposes a “Benchmark-Equivalent” benefit package. ☐ No

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Priority Health HMO

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter “Secretary-Approved.”

Secretary-Approved

For any Home and Community Based Services benefits as permitted in 1915(i) in ABP 5, the state assures that:

1. The service(s) are provided in settings that meet HCB setting requirements;
2. The services(s) meet the person-centered service planning requirements;
3. Individuals receiving these services meet the state-established needs-based criteria that are not related solely to age, disability, or diagnosis, and are less stringent than criteria for entry into institutions. Services can be accessed as needed, even if the individuals have needs that are below institutional level of care.



Alternative Benefit Plan

☒ Essential Health Benefit 1: Ambulatory patient services

Collapse All ☐

Benefit Provided:

Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

Services must be related to a diagnosed mental or physical health condition calling for therapeutic management, an exam to diagnose a mental deficiency, or family planning.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Includes Primary Care and Specialist/Referral Physician Services; Other Practitioner Services (e.g. Nurse Practitioner, Physician Assistant). No payments for services of staff in residence (e.g. interns and residents) or for staff functioning in an administrative capacity. Physician services related to a diagnosed mental health condition in an inpatient setting are covered only when rendered by a psychiatrist or physician (MD or DO), or psychological testing by a licensed psychologist under the direction of a psychiatrist or physician (MD or DO). Laboratory services performed in the physician office are limited to those determined to be reasonable and appropriate for that site. Physician visits in a nursing home setting are limited to one visit per month; additional visits must be documented as medically necessary.

Benefit Provided:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Outpatient hospital services and supplies, including services performed by physicians and other health professionals; received on an outpatient basis. Certain services require prior authorization.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit also includes ambulatory surgery center facility services.

Benefit Provided:

Home Health Care

Source:

State Plan 1905(a)

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

Described Below

Duration Limit:

Described Below

Remove

Scope Limit:

Home health services must be medically necessary, ordered by a physician, and provided in any setting in which normal activities take place. Covered services are provided in the same manner as the approved Medicaid State plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Intermittent skilled services are covered, including nursing services, home health aide services, physical therapy, and occupational therapy. Home health care services are not covered for beneficiaries in a hospital, nursing facility or intermediate care facility.

Benefit Provided:

Hospice

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

See below

Scope Limit:

Hospice is a program of care and support for beneficiaries who are terminally ill.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefits are subject to an enrollment determination process. Terminally ill beneficiaries have the option to enroll in a hospice program if their life expectancy is 6 months or less, as determined by a physician and the Hospice Medical Director. For beneficiaries under age 21, in accordance with Section 2302 of the Affordable Care Act, hospice care for children concurrent with curative treatment of the child's terminal illness is covered.

Benefit Provided:

Podiatry -Other Licensed Practitioners

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services are limited to those necessary to diagnose and/or treat illness, injury, the prevention of disability, or services provided to patients suffering from specific systemic diseases for which self-treatment would be hazardous.



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Remove

Benefit Provided:

Tobacco Cessation Treatment

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Face-to-face tobacco cessation counseling services must be performed by or under the supervision of a physician or other health care professional licensed under state law.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Cert. Nurse Anesesth -Other Licensed Practitioners

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services are limited to those provided on an inpatient or outpatient basis and reimbursement is directed through to the provider or the provider's employer.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Family Planning Services & Supplies

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

Family planning services include any medically approved means of voluntarily preventing or delaying pregnancy, including diagnostic evaluation, drugs, and supplies. Infertility treatment is not a covered benefit.

Remove

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Chiropractic Services-Other Licensed Practitioners

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

18 visits per calendar year

Duration Limit:

None

Scope Limit:

Chiropractic services are limited to spinal manipulation. Benefit includes one set of spinal x-rays per beneficiary, per year.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Psychologists - Other Licensed Providers

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services are limited to those necessary to diagnosis and/or treat behavioral health disorders within the Psychologist's scope of practice as defined by State law.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Social Workers - Other Licensed Providers

Source:

State Plan 1905(a)



Alternative Benefit Plan

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services are limited to those necessary to diagnosis and/or treat behavioral health disorders within the Social Worker's scope of practice as defined by State law.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Professional Counselors - Other Licensed Providers

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services are limited to those necessary to diagnosis and/or treat behavioral health disorders within the Professional Counselor's scope of practice as defined by State law.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Marriage&Family Therapist-Other Licensed Providers

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services are limited to those necessary to diagnosis and/or treat behavioral health disorders within the Marriage and Family Therapist's scope of practice as defined by State law.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:



Alternative Benefit Plan

Benefit Provided:		Source:	<div>Remove</div>
<div>Clinical Nurse Specialist-Other Licensed Providers</div>		<div>State Plan 1905(a)</div>	
Authorization:	Provider Qualifications:		
<div>None</div>	<div>Medicaid State Plan</div>		
Amount Limit:	Duration Limit:		
<div>None</div>	<div>None</div>		
Scope Limit:		<div></div>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
<div>See Attachment 3.1-A, Item 6d. Other Practitioner Services in Michigan's Medicaid State plan. Benefit is effective 12/01/2018.</div>			
			<div>Add</div>



Alternative Benefit Plan

☒ Essential Health Benefit 2: Emergency services

Collapse All ☐

Benefit Provided:

Emergency Services -Other Medical Care

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Benefit is limited to services that are necessary to evaluate or stabilize an emergency medical condition.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Emergency Transp./ Ambulance - Other Medical Care

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Benefit is limited to services that are necessary to evaluate or stabilize an emergency medical condition.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Urgent Care Services - Clinics

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Benefit is limited to unscheduled diagnosis and treatment of illnesses for ambulatory beneficiaries requiring immediate medical attention for non-life-threatening conditions.



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Remove

Add



Alternative Benefit Plan

☒ Essential Health Benefit 3: Hospitalization

Collapse All ☐

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services are covered when furnished by a certified hospital under the direction of a physician. Laboratory and radiology services performed as routine procedures or physician standing orders are excluded.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medical, surgical, and rehabilitation inpatient services: elective admissions, readmissions, and transfers for inpatient hospital services must be authorized through the Admissions and Certification Review Contractor. Transplant Services are covered and certain transplant procedures require prior authorization. Admissions and continued stays for rehabilitation units and freestanding rehabilitation hospitals require prior authorization.

Add



Alternative Benefit Plan

☒ Essential Health Benefit 4: Maternity and newborn care

Collapse All ☐

Benefit Provided:

Maternity Care - Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit includes physician services related to maternity care, including prenatal care, delivery related services, and postpartum care.

Benefit Provided:

Maternity Care - Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services are covered when furnished by a certified hospital under the direction of a physician.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit includes inpatient hospital services related to maternity care, including prenatal care, delivery related services, and postpartum care.

Benefit Provided:

Maternity Care- Outpatient Hospital Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Benefit includes outpatient hospital services related to maternity care, including prenatal care, delivery related services, and postpartum care.



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Remove

Benefit Provided:

Nurse Midwife Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A, Item 17. Nurse Midwife Services in Michigan's Medicaid State plan.

Add



Alternative Benefit Plan

☒ Essential Health Benefit 5: Mental health and substance use disorder services including behavioral health treatment

Collapse All ☐

Benefit Provided:

Mental/Behavioral Health -Inpatient Hospital Serv.

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services are covered when furnished by a certified hospital under the direction of a physician.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

PIHPs are responsible for inpatient psychiatric hospital admission authorizations/certifications. Reimbursement will be excluded for services provided to individuals who are inpatients of an IMD.

Benefit Provided:

Mental/Behavioral Health - Rehabilitation Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services must be provided under the direction of a physician and delivered according to a physician-approved plan of service, under client services management, and by staff meeting appropriate professional qualifications.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Mental health outpatient rehabilitation services include diagnosis and evaluation, medication monitoring and administration, crisis intervention, individual group, and/or family therapy; behavioral management and occupational therapy.

Mental health outpatient-partial hospitalization services: intensive, highly coordinated, multi-modal ambulatory care with active psychiatric supervision. Treatment, services and supports are provided for six or more hours per day, five days a week, in a licensed setting. PIHPs are responsible for all authorizations and continuing stay reviews.

Benefit Provided:

Substance Use Disorder -Inpatient Hospital Service

Source:

State Plan 1905(a)



Alternative Benefit Plan

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Medically necessary acute care substance abuse detoxification in the inpatient hospital setting is covered.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Admission to an acute care setting for a diagnosis of SUD must meet medical necessity criteria as reflected in the physician's orders and patient care. Once the beneficiary's condition is stabilized, he or she must be referred to an appropriate treatment service. Reimbursement will be excluded for services provided to individuals who are inpatients of an IMD.

Benefit Provided:

Substance Use Disorder -Rehabilitation Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

The program covers medically necessary rehabilitation services for persons with a chemical dependency diagnosis. Medical necessity is documented by physician referral or approval of the treatment plan.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Substance Abuse Treatment Programs must meet program criteria to provide services that include residential sub-acute detoxification, residential rehabilitation, intensive outpatient programs (IOP) and/or individual or group counseling. Detoxification, rehabilitation, and IOP require prior authorization.

Reimbursement will be excluded for services provided to individuals who are inpatients of an IMD.

Opiate-dependent beneficiaries may be provided approved pharmacological chemotherapy as an adjunct to a treatment service. Provision of such services must meet program criteria.

Add



Alternative Benefit Plan

☒ Essential Health Benefit 6: Prescription drugs

Benefit Provided:

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.): Authorization: Provider Qualifications:

☒ Limit on days supply

State licensed

☐ Limit on number of prescriptions

☒ Limit on brand drugs

☒ Other coverage limits

☒ Preferred drug list

Coverage that exceeds the minimum requirements or other:

The State of Michigan's ABP prescription drug benefit is the same as under the approved Medicaid state plan for prescribed drugs.



Alternative Benefit Plan

☒ Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All ☐

Benefit Provided:

Rehabilitation Services: Outpatient Services

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

Rehabilitative therapy services must be either restorative or specialized maintenance programs to be covered. Therapy must be ordered, in writing, by a physician or other Medicaid approved licensed practitioner within the scope of their practice.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Rehabilitative physical therapy and occupational therapy are each limited to 144 units (15 minute increments) per 12 month consecutive period. Speech therapy services in the outpatient setting are limited to 36 visits in a 12 month consecutive period. Outpatient rehabilitative services also includes medically necessary diabetic patient education and services for persons with neurological damage per program criteria. Enrollment of Speech-Language Pathologists as Medicaid Providers is effective 7/1/17.

Additional approved state plan sources for outpatient rehabilitation services include 1905(a)(5); 1905(a)(7); and 1905(a)(13) respectively.

Benefit Provided:

Habilitative Services -Outpatient Services

Source:

Other state-defined

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

Habilitative therapy services include those that help a person keep, learn or improve skills and functioning for daily living.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Habilitative physical therapy and occupational therapy are each limited to 144 units (15 minute increments) per 12 month consecutive period. Speech therapy services in the outpatient setting are limited to 36 visits in a 12 month consecutive period. Enrollment of Speech-Language Pathologists as Medicaid Providers is effective 7/1/17.

Benefit Provided:

Home Health Svcs.-Med Supplies, Equip, Appliances

Source:

State Plan 1905(a)



Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

Described below

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Prior authorization of DME is required except where exempted for selected diagnosis codes. Certain medical supplies may require prior authorization. All must meet medical necessity criteria.

Benefit Provided:

Prosthetics and Orthotics; Eyeglasses, Hearing Aid

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

Described below

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Certain medical supplies may require prior authorization. Eye glasses and contact lenses are covered benefits based upon specified medical necessity criteria; replacement lens coverage limits vary based on age and type of lens. Services also include hearing aids and auditory osseointegrated devices.

Benefit Provided:

Nursing Facility Services -Other Medical Service

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

This is intended to be a short-term rehabilitation benefit.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Eligibility determination based upon a Level I Preadmission Screening/annual Resident Review (PASARR); and a determination of medical/functional assessment using the Medicaid Nursing Facility



Alternative Benefit Plan

Level of Care Determination (LOCD). Benefit includes bed and board; nursing care; routine PT/OT/SLT consisting of repetitive services to maintain function.

Remove

Benefit Provided:

Home Health -Rehab

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

Described below

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Physical therapy and occupational therapy as provided by a home health agency are each limited to 24 visits per 60 days; additional services require prior authorization.

Add



Alternative Benefit Plan

☒ Essential Health Benefit 8: Laboratory services

Collapse All ☐

Benefit Provided:

Laboratory

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covered services include laboratory tests which are medically necessary for diagnosis and treatment of illness or injury when ordered by a physician or other licensed practitioner.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Screening or routine laboratory testing, except as specified for the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program or Preventive Medicine services, or by Medicaid policy, is not a benefit. A limited number of laboratory services require prior authorization.

Add



Alternative Benefit Plan

☒ Essential Health Benefit 9: Preventive and wellness services and chronic disease management

Collapse All ☐

The state/territory must provide, at a minimum, a broad range of preventive services including: “A” and “B” services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA’s Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided:

Preventive Services

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

One preventive medicine visit per year; other preventive services as per recommended guidelines of the referenced authorities.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

“A” and “B” services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA’s Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

The base-benchmark provides for the full range of preventive benefits as required under current federal requirements.

Add



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 10: Pediatric services including oral and vision care		Collapse All <input type="checkbox"/>
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided: Medicaid State Plan EPSDT Benefits</p><p>Authorization: <input type="text" value="Other"/></p><p>Amount Limit: <input type="text" value="None"/></p><p>Scope Limit: <input type="text"/></p></div><div style="width: 45%;"><p>Source: <input type="text" value="State Plan 1905(a)"/></p><p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p><p>Duration Limit: <input type="text" value="N/A"/></p></div><div style="width: 10%; text-align: center;"><input type="button" value="Remove"/></div></div> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px; min-height: 20px;">See Supplement to Attachment 3.1-A, Item 4b. EPSDT in Michigan's Medicaid State plan.</div>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

☐ Other Covered Benefits from Base Benchmark

Collapse All ☐



Alternative Benefit Plan

<input checked="" type="checkbox"/> Base Benchmark Benefits Not Covered due to Substitution or Duplication		Collapse All <input type="checkbox"/>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark Benefit that was Substituted:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Primary Care Provider Services -Duplication</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Source:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark</div>	<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div>
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</div> <div style="border: 1px solid black; padding: 5px;">Primary Care Provider Services were bundled with Specialist/Referral Care and mapped to the "ambulatory patient services" EHB category. The bundled services are a duplication of physician services from the existing state Medicaid plan.</div>		
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark Benefit that was Substituted:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Referral Care Services -Duplication</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Source:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark</div>	<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div>
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</div> <div style="border: 1px solid black; padding: 5px;">Referral Care Services were bundled with Primary Care Provider services and mapped to the "ambulatory patient services" EHB category. The bundled services are a duplication of physician services and other licensed practitioner services from the existing state Medicaid plan.</div>		
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark Benefit that was Substituted:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Outpatient Hospital Services-Duplication</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Source:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark</div>	<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div>
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</div> <div style="border: 1px solid black; padding: 5px;">Outpatient hospital services are mapped to the "ambulatory patient services" EHB category. The services are a duplication of outpatient hospital services from the existing state Medicaid plan.</div>		
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark Benefit that was Substituted:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Home Health Care -Duplication</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Source:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark</div>	<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div>
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</div> <div style="border: 1px solid black; padding: 5px;">Home health care services are mapped to the "ambulatory patient services" EHB category. The services are a duplication of Home health care services from the existing state Medicaid plan.</div>		
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark Benefit that was Substituted:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Hospice -Duplication</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Source:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark</div>	<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div>
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</div> <div style="border: 1px solid black; padding: 5px;">Hospice services are mapped to the "ambulatory patient services" EHB category. The services are a duplication of hospice services from the existing state Medicaid plan.</div>		
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark Benefit that was Substituted:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Services by Other Health Professional -Duplication</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Source:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark</div>	



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Services by Other Health Professional (Podiatry) are mapped to the "ambulatory patient services" EHB category. The services are a duplication of podiatry services -other licensed practitioner- from the existing state Medicaid plan.</p>		Remove
<p>Base Benchmark Benefit that was Substituted:</p> <p>Medical Emergency Care -Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Medical emergency care is mapped to the "emergency services" EHB category. The services are a duplication of emergency services -other medical care- from the existing state Medicaid plan.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Emergency Ambulance Services -Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Emergency ambulance care is mapped to the "emergency services" EHB category. The services are a duplication of emergency transportation services -other medical care- from the existing state Medicaid plan.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Urgent Care Services -Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Urgent care services are mapped to the "emergency services" EHB category. The services are a duplication of clinic services from the existing state Medicaid plan.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Hospital Inpatient Care -Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Inpatient hospital care is mapped to the "hospitalization" EHB category. The services are a duplication of inpatient hospital services from the existing state Medicaid plan.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Maternity and Newborn Care -Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Maternity and newborn care is mapped to the "maternity and newborn care" EHB category. The services are a duplication of physician, outpatient, and inpatient hospital services from the existing state Medicaid plan.</p>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <div>Mental Health Acute Inpt. Hospitalization. -Dupl.</div>	Source: Base Benchmark	<div>Remove</div>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <div>Mental Health acute inpatient hospitalization is mapped to the "mental health and substance use disorder services" EHB category. The services are a duplication of psychiatric inpatient hospital services from the existing state Medicaid plan.</div>		
Base Benchmark Benefit that was Substituted: <div>Outpatient Rehabilitation - Duplication</div>	Source: Base Benchmark	<div>Remove</div>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <div>Outpatient Rehabilitation services are mapped to the "rehabilitative and habilitative services and devices" EHB category. The services are a duplication of Rehabilitation Services: Outpt. Hospital Services from the existing state Medicaid plan.</div>		
Base Benchmark Benefit that was Substituted: <div>Durable Medical Equipment and Supplies- Dupl.</div>	Source: Base Benchmark	<div>Remove</div>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <div>Durable Medical Equipment and Supplies are mapped to the "rehabilitative and habilitative services and devices" EHB category. The services are a duplication of Home Health Services.-Med Supplies, Equip, Appliances from the existing state Medicaid plan.</div>		
Base Benchmark Benefit that was Substituted: <div>Prosthetics and Orthotics - Duplication</div>	Source: Base Benchmark	<div>Remove</div>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <div>Prosthetics and Orthotics are mapped to the "rehabilitative and habilitative services and devices" EHB category. The services are a duplication of Prosthetics and Orthotics from the existing state Medicaid plan.</div>		
Base Benchmark Benefit that was Substituted: <div>Chiropractic Services - Duplication</div>	Source: Base Benchmark	<div>Remove</div>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <div>Chiropractic Services are mapped to the "ambulatory patient service" EHB category. The services are a duplication of Chiropractic Services-Other Licensed Practitioners from the existing state Medicaid plan.</div>		
Base Benchmark Benefit that was Substituted: <div>Skilled Nsg. Facility - Facility Rehab. Care-Dupl.</div>	Source: Base Benchmark	



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div>Skilled Nursing Facility - Facility Rehabilitation services are mapped to the "rehabilitative and habilitative services and devices" EHB category. The services are a duplication of nursing facility services -other medical services- from the existing state Medicaid plan.</div>		<div>Remove</div>
<p>Base Benchmark Benefit that was Substituted:</p> <div>Laboratory Services - Duplication</div>	<p>Source:</p> <p>Base Benchmark</p>	<div>Remove</div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div>Laboratory services are mapped to the "laboratory services" EHB category. The services are a duplication of laboratory services from the existing state Medicaid plan.</div>		
<p>Base Benchmark Benefit that was Substituted:</p> <div>Tobacco Cessation Treatment - Duplication</div>	<p>Source:</p> <p>Base Benchmark</p>	<div>Remove</div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div>Tobacco Cessation Treatment is mapped to the "ambulatory patient services" EHB category. The services are a duplication of Tobacco Cessation Treatment from the existing state Medicaid plan.</div>		
<p>Base Benchmark Benefit that was Substituted:</p> <div>Other Services Provided by Health Profess. -Duplic</div>	<p>Source:</p> <p>Base Benchmark</p>	<div>Remove</div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div>Other services provided by health professionals (e.g. allergy testing, diabetic services, pain management, etc.) is mapped to the "ambulatory patient services" EHB category. These services are a duplication of physician services, outpatient hospital services from the existing state Medicaid plan.</div>		
<p>Base Benchmark Benefit that was Substituted:</p> <div>Home Health Care -Duplication</div>	<p>Source:</p> <p>Base Benchmark</p>	<div>Remove</div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div>Home Health services are mapped to the are mapped to the "ambulatory patient services" EHB category. The services are a duplication of home health services from the existing state Medicaid plan.</div>		
<p>Base Benchmark Benefit that was Substituted:</p> <div>Family Planning/Reproductive Services -Duplication</div>	<p>Source:</p> <p>Base Benchmark</p>	<div>Remove</div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div>Family Planning/Reproductive Services is mapped to the "ambulatory patient services" EHB category. The services are a duplication of Family Planning Services and supplies from the existing state Medicaid plan.</div>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <div>Referral Care Services -Duplication</div>	Source: Base Benchmark	<div>Remove</div>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <div>Referral Care Services is mapped to the "ambulatory patient services" EHB category. The services are a duplication of Certified Nurse Anesthetists -Other Licensed Practitioner services from the existing state Medicaid plan.</div>		
Base Benchmark Benefit that was Substituted: <div>Nurse Midwife Services -Duplication</div>	Source: Base Benchmark	<div>Remove</div>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <div>Nurse Midwife Services is mapped to the "maternity and newborn care" EHB category. The services are a duplication of Nurse Midwife services from the existing state Medicaid plan.</div>		
Base Benchmark Benefit that was Substituted: <div>Mental Health Outpatient Treatment -Duplication</div>	Source: Base Benchmark	<div>Remove</div>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <div>Mental Health Outpatient Treatment services are mapped to the "mental health and substance use disorder services" EHB category. The services are a duplication of mental/behavioral health outpatient - rehabilitation services from the existing state Medicaid plan.</div>		
Base Benchmark Benefit that was Substituted: <div>Substance Abuse Services - Duplication</div>	Source: Base Benchmark	<div>Remove</div>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <div>Substance Abuse Services covering inpatient hospital services are mapped to the "mental health and substance use disorder services" EHB category. Substance Abuse Services covering outpatient treatment is also mapped to the "mental health and substance use disorder services" EHB category. These services are a duplication of Substance use disorder -Inpatient Hospital Service & Outpatient Services- Rehabilitation from the existing state Medicaid plan.</div>		
		<div>Add</div>



Alternative Benefit Plan

☐ Other Base Benchmark Benefits Not Covered

Collapse All ☐



Alternative Benefit Plan

☒ Other 1937 Covered Benefits that are not Essential Health Benefits Collapse All ☐

Other 1937 Benefit Provided:

Dental Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

Preventive dental services are covered every six months. Radiograph limits vary based on type of view (eg. bitewing, panorex, etc.).

Other:

Dental treatment for adults, including diagnostic, therapeutic, and restorative care, are covered for conditions relating to a specific medical problem. All prosthodontics (dentures) require prior authorization.

Other 1937 Benefit Provided:

Vision/Optomtrist Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

Routine eye exam once every two years; non-routine exams limited to those services relating to eye trauma and eye disease and low vision evaluations, services and aids (which must be prior authorized).

Other:

Vision/Optomtrist Services are covered for adults. Certain services and supplies may be subject to meeting stipulated criteria and/or prior authorization.

Other 1937 Benefit Provided:

Personal Care Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Provider Qualifications:

Medicaid State Plan

Authorization:

Prior Authorization

Amount Limit:

Varies

Duration Limit:

Varies



Alternative Benefit Plan

Scope Limit:

Requires certification by a licensed health care professional and a plan of care to determine medical necessity for services.

[Remove](#)

Other:

Personal Care Services, under the Home Help Program, include assistance with eating, toileting, bathing, grooming, dressing, transferring, self-administered medication, meal preparation, shopping/errands, laundry and light housekeeping for beneficiaries requiring physical help to perform activities of daily living. Program eligibility criteria applies. This benefit is included for individuals in accordance with 42 CFR 440.315(f).

Other 1937 Benefit Provided:

Extended Services to Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

[Remove](#)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 assessment visit; up to 9 professional visits

Duration Limit:

Varies

Scope Limit:

Services must be related to or associated with maternal and infant health conditions that may complicate pregnancy.

Other:

Maternal Infant Health Plan (MIHP) services are preventive health services that include social work, nutrition counseling, nursing services (including health education and nutrition education) and beneficiary advocacy services as provided by program criteria. Prior authorization is generally not required.

Other 1937 Benefit Provided:

Nursing Facility Services - Long Term Care

Source:

Section 1937 Coverage Option Benchmark Benefit Package

[Remove](#)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Period of covered services is the minimum period necessary in this type of facility for proper care and treatment of the patient; benefit includes bed and board; nursing care; routine PT/OT/SLT consisting of repetitive services to maintain function.

Other:

Eligibility determination based upon a Level I Preadmission Screening/Annual Resident Review (PASARR); and a determination of medical functional assessment using the Medicaid Nursing Facility Level of Care Determination (LOCD). This benefit is included for individuals in accordance with 42 CFR 440.315(f).



Alternative Benefit Plan

Other 1937 Benefit Provided:

Clinic Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See scope limit below.

Other:

Preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services are covered with the same limitations as services provided in the practitioner's office, when furnished to an outpatient by or under the direction of a physician or dentist in a facility which is not part of a hospital but which is organized and operated to provide medical care to outpatients. Prior authorization is generally not required.

Mental Health Clinic Services are covered benefits when provided under the auspices of an approved mental health clinic.

Other 1937 Benefit Provided:

Reg./Lic. Dental Hygienists -Other Licensed Pract.

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Limited to services rendered on behalf of an organization, clinic or group practice.

Other:

Covered services are limited to those allowed under the RDH's scope of practice as defined by State law. Prior authorization is generally not required. However, authorization required in excess of limitation.

Other 1937 Benefit Provided:

Behavioral Health Targeted Case Mgmt Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Provider Qualifications:

Medicaid State Plan

Authorization:

Other

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

Targeted group populations as defined in the state plan specify services and provider qualifications.

Remove

Other:

Services include comprehensive client assessment; care/services plan development; linking/coordination of services; reassessment/follow-up; monitoring of services as defined by program. Prior authorization is generally not required.

Other 1937 Benefit Provided:

Pharmacists -Other Licensed Practitioners

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Limited to administration of vaccines and toxoids and the provision of medication therapy management services as allowed by applicable state authority. The provision of medication therapy management services is effective 4/1/17.

Other:

Prior authorization is generally not required.

Other 1937 Benefit Provided:

ICF/IID Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Service is provided for individuals who are developmentally disabled (or for persons with related conditions) in properly certified and/or licensed public or private institutions (or distinct part thereof) for the developmentally disabled.

Other:

Intermediate care services are provided based on the level of care appropriate to the patient's medical needs. Admission to an intermediate care facility must be upon the written direction of a physician, who must periodically recertify the need for care. Admission must also be prior authorized by the Michigan Department of Community Health or its designee. The period of covered services is the minimum period necessary for the proper care and treatment of the patient.

Services regularly provided in these settings are in compliance with the provisions of 42 CFR 440.150 and



Alternative Benefit Plan

include health related and programmatic care, supervised personal care, as well as room and board.

Remove

Other 1937 Benefit Provided:

Program of All-Inclusive Care for Elderly (PACE)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

PACE services are provided to beneficiaries age 55 or older meeting program criteria.

Other:

The State of Michigan's ABP PACE Program benefit is the same as under the approved Medicaid state plan for this benefit. This benefit is included for individuals in accordance with 42 CFR 440.315(f).

Other 1937 Benefit Provided:

Rehabilitation -Mental Health Crisis Residential

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

PIHPs are responsible for all authorizations and continuing stay reviews. Treatment services must be clinically-supervised by a psychiatrist. The program must include on-site nursing services.

Other:

Short-term alternative to inpatient psychiatric services for beneficiaries experiencing an acute psychiatric crisis when clinically indicated. Services may only be used to avert an inpatient psychiatric admission, or to shorten the length of an inpatient stay. Services must be provided to beneficiaries in licensed crisis residential foster care or group home settings not exceeding 16 beds in size. Homes/settings must have appropriate licensure from the state and must be approved by MDCH to provide specialized crisis residential services. Covered crisis services include: psychiatric supervision; therapeutic support services; medication management/stabilization and education; behavioral services; milieu therapy; and nursing services. Reimbursement will be excluded for services provided to individuals who are inpatients of an IMD.

Other 1937 Benefit Provided:

Mental Health Outpatient Community Support

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

ABP Services are limited to individual program criteria as identified under the approved Medicaid state plan.

Other:

Mental Health Outpatient Community Support Services as included the following services:

- **Assertive Community Treatment:** Assertive Community Treatment (ACT) is a set of intensive clinical, medical and psychosocial services provided by a mobile multi-disciplinary treatment team. Utilization of ACT services in high acuity conditions/situations allows beneficiaries to remain in their community residence and may prevent the use of more restrictive alternatives which may be detrimental to a beneficiary's existing natural supports and occupational roles. (This benefit is described in the current approved state plan as Mental Health Community Rehabilitation Services, Supplement to attachment 3.1-A, pg. 27a.)
- **Clubhouse Psychosocial Rehabilitation Programs:** Clubhouse Psychosocial Rehabilitation Programs – a program in which the beneficiary, with staff assistance, is engaged in operating all aspects of the clubhouse. Elements of the program include: Member-choice involvement, informal setting, program structure and services, ordered day, employment services and educational support, member supports, and social supports. (This benefit is described in the current approved state plan as Mental Health Psychosocial Rehabilitation Program, Supplement to attachment 3.1-A, pg. 27c.)
- **Intensive Crisis Stabilization:** Intensive Crisis Stabilization provides structured treatment and support activities provided by a multidisciplinary team. Component services include: Intensive individual counseling/psychotherapy; Assessments (rendered by the treatment team); Family therapy; Psychiatric supervision; and Therapeutic support services by trained paraprofessionals. (This benefit is described in the current approved state plan as Intensive/Crisis Residential Services, Supplement to attachment 3.1-A, pg. 27h.)

Other 1937 Benefit Provided:

Substance Use Disorder Residential Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

Medically necessary rehabilitation services for persons with a chemical dependency diagnosis as documented by physician referral/or approval of the treatment plan.



Alternative Benefit Plan

Other:

Substance Abuse Treatment Programs must meet program criteria to provide services that include residential sub-acute detoxification, residential rehabilitation, intensive outpatient programs (IOP) and/or individual or group counseling. Detoxification, rehabilitation, and IOP require prior authorization. Reimbursement will be excluded for services provided to individuals who are inpatients of an IMD.

Remove

Other 1937 Benefit Provided:

Subst Use Disorder Sub-Acute Detox Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

Limited to the stabilization of the medical effects of the withdrawal and to the referral to necessary ongoing treatment and/or support services. Licensure as a sub-acute detoxification program is required.

Other:

Detoxification can take place in both residential and outpatient settings, and at various levels of intensity within these settings. Client placement must be based on ASAM Patient Placement Criteria and individualized determination of client need. Reimbursement will be excluded for services provided to individuals who are inpatients of an IMD.

Other 1937 Benefit Provided:

Behavioral Health Community Based Services 1915(i)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Other

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

Services are limited to individual program criteria and are based on a person centered planning process and available for Mental Health and Substance Use Disorders.

Other:

For any Home and Community Based Services benefits as permitted in 1915(i) in ABP5, the state assures that:

1. The service(s) are provided in settings that meet HCB setting requirements;
2. The services(s) meet the person-centered service planning requirements;
3. Individuals receiving these services meet the state-established needs-based criteria that are not related solely to age, disability, or diagnosis, and are less stringent than criteria for entry into institutions. Services can be accessed as needed, even if the individuals have needs that are below institutional level of care.

Alternative Benefit Plan

The Medicaid state plan defines provider qualifications for all but the following: aides, mental health professionals, peer support specialists, psychologists, qualified intellectual disability professionals, qualified mental health professionals, social workers, and substance abuse treatment specialists. All providers must be: at least 18 years of age; able to prevent transmission of communicable disease; able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific emergency procedures, and to report on activities performed; and in good standing with the law (i.e., not a fugitive from justice, a convicted felon who is either under jurisdiction or whose felony relates to the kind of duty to be performed, or an illegal alien). Licensed professionals must act within the scope of practice defined by their licenses. "Supervision" is defined by the Occupational Regulations Section of the Michigan Public Health Code at MCL§333.16109 and, as appropriate, in the administrative rules that govern licensed, certified and registered professionals. Training, and fieldwork experience may be required as defined by the Michigan Department of Community Health.

BEHAVIORAL HEALTH COMMUNITY BASED SUPPORTS AND SERVICES:

- **Assistive Technology:** Assistive technology is an item or set of items that enable the individual to increase his ability to perform activities of daily living with a greater degree of independence than without them; to perceive, control, or communicate with the environment in which he lives. Assistive technology items are not available through other Medicaid coverage or through other insurances. These items must be specified in the individual plan of service. All items must be ordered by a physician on a prescription.
- **Community Living Supports:** Community Living Supports are used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his goals of community inclusion and participation, independence or productivity. Community Living Supports may be provided in the participant's residence or in community settings.
- **Enhanced Pharmacy:** Enhanced pharmacy items are physician-ordered, nonprescription "medicine chest" items as specified in the individual's plan of service. Enhanced pharmacy needs must have documented evidence that the item is not available through Medicaid or other insurances, and is the most cost effective alternative to meet the beneficiary's needs.
- **Environmental Modifications:** Environmental Modifications are physical adaptations to the beneficiary's own home or apartment and/or work place. Environmental modifications must have documented evidence that the modification is the most cost-effective alternative to meet the beneficiary's need/goal based on the results of a review of all options.
- **Family Support and Training:** Family-focused services provided to family of persons with serious mental illness, serious emotional disturbance or developmental disability for the purpose of assisting the family in relating to and caring for a relative with one of these disabilities. Services target the family members who are caring for and/or living with an individual receiving mental health services. These services include education and training, counseling and peer support, Family Psycho-Education and Parent-to-Parent Support.
- **Housing Assistance:** Housing assistance is assistance with short-term, interim, or one-time-only expenses for beneficiaries transitioning from restrictive settings and homelessness into more independent, integrated living arrangements. Housing assistance coverage includes assistance with utilities, insurance, and moving expenses; limited term or temporary assistance with living expenses for beneficiaries transitioning from restrictive settings and homelessness, interim assistance with utilities, insurance or living expenses; home maintenance when, without a repair, the individual would be unable to move there, or if already living there, would be forced to leave for health and safety reasons.
- **Peer Delivered or Operated Support Services:** Peer-delivered or peer-operated support services are programs and services that provide individuals with opportunities to learn and share coping skills and



Alternative Benefit Plan

strategies, move into more active assistance, and to build and/or enhance self-esteem and self-confidence. Peer delivered/specialist services provide support and assist beneficiaries to achieve community inclusion, participation, independence, recovery, resiliency and/or productivity.

Remove

- **Drop In Centers:** Peer-Run Drop-In Centers provide an informal, supportive environment to assist beneficiaries with mental illness in the recovery process. Peer-Run Drop-In Centers provide opportunities to learn and share coping skills and strategies, to move into more active assistance and away from passive beneficiary roles and identities, and to build and/or enhance self-esteem and self-confidence.
- **Prevention Direct Service Models:** Prevention-direct service models are programs using individual, family and group interventions designed to reduce the incidence of behavioral, emotional or cognitive dysfunction. Prevention direct service models reduce the need for individuals to seek treatment through the public mental health system. This service includes the programs of Child Care Expulsion Prevention, School Success Programs, Children of Adults with Mental Illness/Integrated Services, Infant Mental Health when not enrolled as a Home-Based program, and Parent Education.
- **Respite Care Services:** Respite care services are intended to assist in maintaining a goal of living in a natural community home. Respite care services are provided on a short-term, intermittent basis to relieve the beneficiary's family or other primary caregiver(s) from daily stress and care demands during times when they are providing unpaid care.
- **Skill Building Assistance:** Skill-building assistance consists of activities identified in the individual plan of services and designed by a professional within his/her scope of practice that assist a beneficiary to increase his economic self-sufficiency and/or to engage in meaningful activities such as school, work, and/or volunteering. The services provide knowledge and specialized skill development and/or support. Skill building services may be provided in the beneficiary's residence or in community settings.
- **Support and Service Coordination:** Supports and service coordination are functions performed by a supports coordinator, supports coordinator assistant, services and supports broker, or otherwise designated representative of the PIHP that include assessing the need for support and service coordination. Supports and service coordination includes planning and/or facilitating planning using person-centered principles, developing an individual plan of service using the person-centered planning process, linking to, coordinating with, follow-up of, advocacy with, and/or monitoring of Specialty Services and Supports and other community services/supports. brokering of providers of services/supports, assistance with access to entitlements and/or legal representation, coordination with the Medicaid Health Plan, Medicaid fee-for-service, or other health care providers.
- **Supported / Integrated Employment Services:** Employment services provide job development, initial and ongoing support services, and activities as identified in the individual plan of services that assist beneficiaries to obtain and maintain paid employment that would otherwise be unachievable without such supports. Employment support services are provided continuously, intermittently, or on a diminishing basis as needed throughout the period of employment. Supported/ integrated employment must be provided in integrated work settings where the beneficiary works alongside people who do not have disabilities.
- **Fiscal Intermediary Services:** Fiscal Intermediary Services are services that assist the adult beneficiary, or a representative identified in the beneficiary's individual plan of services, to meet the beneficiary's goals of community participation and integration, independence or productivity while controlling his individual budget and choosing staff who will provide the services and supports identified in the IPOS and authorized by the PIHP.

Other 1937 Benefit Provided:

Health Home Services for Chronic Conditions

Source:

Section 1937 Coverage Option Benchmark Benefit Package



Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

None

Duration Limit:

Varies

Scope Limit:

Health Home services are limited to chronic conditions identified in the approve Medicaid state plan.

Other:

Health Home services include a comprehensive system of care coordination utilizing an interdisciplinary care team approach to person and family-centered integrated primary medical care, behavioral health care, and community-based social services and supports for beneficiaries with specified chronic conditions or for beneficiaries with opioid use disorder and risk of developing another chronic condition.

Other 1937 Benefit Provided:

Targeted Case Management- Flint Water Group

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

Targeted Group F populations as defined in the state plan specify services and provider qualifications.

Other:

Services include comprehensive client assessment; care/services plan development; linking/coordination of services; reassessment/follow-up; monitoring of services as defined by program.

Services by designated providers are limited to 1 face to face comprehensive assessment/reassessment visit per year and 5 face to face monitoring visits per year. Additional services require prior authorization.

This coverage is to further the Flint, Michigan demonstration project authorized under section 1115 of the Act (Project No. 11W 00302/5). Freedom of choice has been waived pursuant to the authority approved under the Flint Michigan Section 1115 Demonstration (Project No. 11W 00302/5). This benefit is effective 5/9/16.

Other 1937 Benefit Provided:

Audiology/Hearing Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies



Alternative Benefit Plan

Scope Limit:

Limited to those that are medically necessary and allowed under the Audiologist scope of practice as defined by State law. Prior authorization is generally not required. However, authorization is required for services in excess of limitations.

Remove

Other:

Covered services are provided in the same manner as the approved Medicaid State plan.

Other 1937 Benefit Provided:

Pediatric Outpatient Intensive Feeding Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Varies

Scope Limit:

Limited to medically necessary services provided to pediatric beneficiaries who experience significant feeding difficulties due to anatomical, congenital, cognitive conditions, or complications of severe illness.

Other:

Pediatric intensive feeding program services consist of an initial comprehensive evaluation, individualized plan of care, treatment, monitoring and education to address complex feeding and swallowing difficulties. Services are provided by a multi-disciplinary team of medical and behavioral health professionals. Program services are effective 05/01/2018.

Other 1937 Benefit Provided:

NF Transition Community Based Services 1915(i)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

Other:

See Attachment 3.1-i.1. 1915(i) Home and Community-Based Services in Michigan's Medicaid State plan. Program services are effective 10/01/2018.

Add



Alternative Benefit Plan

☐ Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)

Collapse All ☐

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130814



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. **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, appearing to read "Kathy Stiffler". The signature is fluid and cursive, with the first name "Kathy" and last name "Stiffler" clearly distinguishable.

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
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.
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. **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

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 18-75
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
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
Mr. Bob Davis, Health Director, Little River Band of Ottawa Indians
Ms. Regina Gasco-Bentley, Tribal Chairman, Little Traverse Bay Band of Odawa Indians
Ms. Jodi Werner, Health Director, Little Traverse Bay Band of Odawa
Mr. Bob Peters, 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
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Mr. Leonid Chugunov, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

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L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.
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

November 16, 2018

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Coverage of Certified Nurse Midwife Professional Services

This letter, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, serves as notice of intent to all Tribal Chairs and Health Directors of the request by the Michigan Department of Health and Human Services (MDHHS) to submit both a State Plan Amendment (SPA) and an Alternative Benefit Plan (ABP) Amendment.

The purpose of the amendments is to update the Medicaid State Plan and ABP language regarding coverage of services provided by certified nurse midwives (CNMs). MDHHS expects this change to have little or no impact on Native American beneficiaries, tribal health clinics and urban Indian organizations. The anticipated effective date of the SPA and ABP amendment is April 1, 2019.

There is no public hearing scheduled for these amendments. 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. **Please provide all input by January 2, 2019.**

In addition, MDHHS is offering to set up group or individual consultation meetings to discuss these amendments, 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, appearing to read "Kathy Stiffler". The signature is fluid and cursive, with the first name "Kathy" being more prominent than the last name "Stiffler".

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 18-65
November 16, 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
Mr. Bob Davis, Health Director, Little River Band of Ottawa Indians
Ms. Regina Gasco-Bentley, Tribal Chairman, Little Traverse Bay Band of Odawa Indians
Ms. Jodi Werner, Health Director, Little Traverse Bay Band of Odawa
Mr. Bob Peters, 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
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.
Keith Longie, Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS



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PAGE C5 / THE GRAND RAPIDS PRESS / SUNDAY, DECEMBER 30, 2018

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Christmas and New Years HOLIDAY DEADLINES

The Classified Department will close at noon on Monday, December 24th, and will be CLOSED Tuesday, December 25th, and January 1st to observe the holidays. Please check the following schedule for early deadlines:

NEW LINE ADS, CORRECTIONS AND CANCELLATIONS FOR:

Edition	Deadline
Monday	After 3pm and 5pm
Tuesday	3pm
Wednesdays	5pm
Thursday	5pm Wednesday

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THE MUSKEGON CHRONICLE
THE SAGINAW NEWS

552850-04

NOTICE OF SECOND MEETING EDSON DRIVE EAST, CHAPTER 20 DRAIN

NOTICE IS HEREBY GIVEN, that pursuant to the provisions of Chapter 20 of Act 40 of the Public Acts of 1956, as amended, a petition was filed with the Water Resources Commissioner of the County of Ottawa, Michigan, by the Township of Georgetown, Ottawa County, Michigan, requesting the said Water Resources Commissioner to construct intra-county drain improvements, located within the township of Georgetown as follows:

Beginning in Edson Drive at Totten Drain (22nd Avenue) thence easterly approximately 360 feet of 30 inch diameter storm sewer, continuing easterly in Edson Drive approximately 1140 feet of 24 inch diameter storm sewer, continuing easterly in Edson Drive approximately 470 feet of 18 inch diameter storm sewer, continuing easterly in Edson Drive approximately 320 feet of 15 inch diameter storm sewer to the place of ending. Also including all catch basin leads and catch basins within the same Edson Drive right-of-way connected to the said storm sewer system.

Also beginning in Edson Drive at West Bay Court thence westerly approximately 170 feet of 12 inch diameter storm sewer, thence northerly approximately 50 feet of 12 inch diameter storm sewer to the place of ending. Also including all catch basin leads and catch basins within the same Edson Drive right-of-way connected to the said storm sewer system.

NOTICE IS FURTHER GIVEN that the Drainage Board for said Drain has considered the said petition and made a tentative determination that said petition is sufficient and that the said Project is practicable; has designated the name "EDSON DRIVE EAST DRAIN DRAINAGE DISTRICT" to the drainage district therefore; and has made a tentative determination that the following public corporations should be assessed for the cost of said Project, to wit:

Edson Drive East, Chapter 20 Drain	
Georgetown Township	58.50%
Ottawa County	20.75%
Read Commission	20.75%

NOTICE IS FURTHER GIVEN that the Drainage Board will meet on the 8th day of January, 2019 at 1:00 p.m. at the Ottawa County Fillmore St. Complex, 12220 Fillmore St., Room 141, West Olive, MI, for the purpose of hearing any objections to said Project, to the petition therefore, and to the matter of assessing the cost to the public corporations abovenamed. At said hearing, any public corporation to be assessed or any taxpayer thereof will be entitled to be heard.

THIS NOTICE HEREBY GIVEN BY ORDER OF THE SAID DRAINAGE BOARD.

Joe Bush, Chairman
Chapter 20 Intra-County Drainage Board
Ottawa County Water Resources Commissioner
12220 Fillmore Street, Room 141
West Olive, MI 49460
616-994-4530

PUBLIC NOTICES

PUBLIC NOTICE
Michigan Department of Health and Human Services
Medical Services Administration

Expansion of Services Provided by Intermediate School Districts (ISDs), Detroit Public Schools Community District, and Michigan School for the Deaf to All Medicaid Eligible Students State Plan Amendment Requests

Effective for dates of service on and after May 1, 2019, the program will update the coverage of medically necessary services provided by CNMs operating within their scope of practice as defined in State law. It is anticipated that the State Plan Amendments will be budget neutral.

In compliance with 42 CFR § 40.345, individuals receiving this benefit will continue to have access to services within the full early and periodic screening, diagnosis and treatment (EPSDT) benefit as defined in Section 1905(r) of the Social Security Act.

There is no public meeting scheduled regarding this notice. Any interested party wishing to request a written copy of the SPA or wishing to submit comments may do so by submitting a request in writing to: MDHHS/Medical Services Administration, Program Policy Division, PO Box 30479, Lansing MI 48909-7979 or e-mail MSADraft@poli cy@michigan.gov by February 1, 2019. A copy of the proposed State Plan Amendment will also be available for review at http://michigan.gov/mdhhs/0,5885,7-339-73970_5080-108153--,00.html.

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PUBLIC NOTICES

STATE OF MICHIGAN PROBATE COURT COUNTY OF KENT NOTICE TO CREDITORS Decedent's Estate FILE NO. 18-204522-DE

Estate of Robert Wayne Phillips

Date of Birth: March 26, 1947

TO ALL CREDITORS: The decedent, Robert Wayne Phillips, died November 30, 2018. Creditors of the decedent are notified that all claims against the estate will be forever barred unless presented to Lynnanne M. Phillips, personal representative, or to both the probate court at 180 Ottawa Avenue NW, Suite 2500, Grand Rapids, MI 49503 and the personal representative within 4 months after the date of publication of this notice.

Date: December 30, 2018

Jackie Bake Sturgis P76955 (attorney) 137 W. State St. Hastings, MI 49058 269-945-3999
Lynnanne M. Phillips (personal representative) 827 E. Jaeger St. Mesa, AZ 85207 616-291-2532

SENIOR SERVICES

A PLACE FOR MOM
Has helped over a Million families find Senior Living. Our Trusted, Local advisors help find solutions to your unique needs at no cost to you. 616-648-9731

There is no public meeting scheduled regarding this notice. Any interested party wishing to request a written copy of the SPA or wishing to submit comments may do so by submitting a request in writing to: MDHHS/Medical Services Administration, Program Policy Division, PO Box 30479, Lansing MI 48909-7979 or e-mail MSADraft@poli cy@michigan.gov by February 1, 2019. A copy of the proposed State Plan Amendment will also be available for review at http://michigan.gov/mdhhs/0,5885,7-339-73970_5080-108153--,00.html.

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MERCHANDISE

ANTIQUES, ART & COLLECTIBLES

DEPOT ANTIQUES
January Sale
14599 Cleveland Ave., Spring Lake, MI 49783
30% off store wide (616) 847-7100

AUCTIONS & AUCTIONEERS

LARGE NEW YEARS AUCTION TUESDAY - JANUARY 1 - 10:00 A.M.
5075 Russcher Road, Holland, MI 49423

Brief Listing: lots of vintage furniture; Red Wing 12 crock; marble top dresser w/handle drawers; wood stitching horse cobbler's bench; Silverstone upright radio; brass statues; marble lighted smoke stand; complete vintage toys; pedal tractors; PLUS MUCH MORE!!

Check the web for listing and pictures-Sale held indoors with heat and seating. Doors open at 9:00. Payment cash, check, or credit card (3% chg)

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PETS & SUPPLIES

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AKC Labrador retriever . AKC Puppies 5 months old , 1 yellow female, 1 yellow male, 2 black males all shots and papers , all house trained , very lovable , Great with children , Military veterans special , call 231-424-1878, or can be seen at 3655 E 128th st Grant, MI 49327

AKC NEWFOUNDLAND PUPPIES, Family raised. Vet - Ready for Christmas \$1,150. Call: 989-386-9082

AKC POMERANIAN - Male White, w/blue eyes, vet checked, 1st shot-Ready to go. 12/22 Call 231-215-3755

Photo Coming Soon

American Bulldog Puppies BEAUTIFUL AB pups looking for forever homes.Old Southern Whites! 8005 Call today to see these beautiful pups 269-169554. Perfect Xmas gift

Bernadoodles & AKC Poodles- All sizes, Phantom & Tri-Color Health tested parents, UTD shots, Allergy friendly! \$1200 810-252 3016

Bichon Frise Pups- AKC. Shots & dewormed. M/F, 6 weeks. \$600-700 firm. Get them just in time for Christmas! Call 248-623-7107

BORDER COLLIE PUPS World's smartest breed. Bk/white, Red/white, Tri-color. Multi-champion pedigree. Health guaranteed. 616-610-2623

BugChie Puppies AKC French Bulldog is the dad, the mom is a BUG (AKC Pug/Boston Terrier) 4 female, 1 male \$ 1200-1500. 231-224-3380

Darling Purebred Yorkie Puppies Up for adoption are these adorable and loving Yorkie pups that just love to cuddle and play. Males and Females have had their first shots Tails bobbed and dew-claws have been removed pricing is \$300 to \$800. Home: 616-805-1392 Cell/ Text: 231-742-0072 Email: go idcoastcomputers1@gmail.com

PETS & SUPPLIES

ENTLEBUCHER MOUNTAIN DOG PUPPIES- Much smaller short haired cousin of the Bernese Super Smart & Loving \$500-\$800 616-610-2623

F1B Mini Goldendoodle puppies , UTD on shots, dewormed, beautiful red curly haired, ready to go \$700, for a visit call 260-585-7124

FREE TO GOOD HOME- Going into nursing home, must find homes for several friendly cats. 616-477-4834

GERMAN SHEPHERD PUPS - Red/bk. Ready now. 2F, 2M, AKC, Wormed & shots. Parents on site. Very friendly & great with kids! \$1,000. Serious inquiries ONLY. Call: 616-299-3499

Golden Doodle pups - \$475. **Golden Retriever** - \$475. Please call 517-852-1945 or 517-852-2173

LAB PUPPIES - 2-yellow males, 8 weeks old, ready for pickup, AKC & OFA, dew-claws removed, Championship pedigree & strong hunting background, first shots given, vet - , amazing family pets, great w/ children & awesome temperaments. \$1000, 616-249-9606

LABRADOR PUPPIES! AKC, 1st shots, dew claws, de-wormed, Good pedigree, parents on site, hips/eyes guaranteed. Please call (269) 270-9799



Old English - Bulldog Puppies **MALES & FEMALES** Reg. thru IOEBA, First shots, tails docked, dewclaws removed. 989-239-9513

SHIH TZU AKC - 2 weeks old. Ready on Feb. 14th! 7-Female, 7-Male. Home raised. Vet ✓. Shots & wormed. \$750. Taking dep. Call: 616-952-0093

Standard Poodle Puppies - UTD Shots, Playful & Lovable. Ready Now! \$600. 231-734-5680

WEST HIGHLAND TERRIER PUPS! Beautiful, family raise, very socialized, just in time for Christmas \$600-\$700 Both parents on site. (989) 387-0772 or (989) 846-0929



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8TH ANNUAL MOTORCYCLE SWAP MEET- Barry Expo Center, Hastings, MI Sun., Jan. 6th, 10a-3p. New & used motorcycle parts, bikes, leather. BUY-SELL-TRADE. Has tings motorcycles wapmeet.com, 800-800-6034

WANTED: Vintage Motorcycles: 1900-1979. Dead or alive. Vintage Cycles: 1940's-1960's Located in MI. We pay CASH! Russ 517-490-9676



EMPLOYMENT

COMPUTER & TECHNOLOGY

Systems Designer (Grand Rapids, MI), responsible for analyzing customer specifications; conceptualizing material handling systems; preparing /coordinating technical content of proposals such as schedules, equipment lists, functional description of operation, installation requirements, basis of quotations, specification clarification, and pricing, among other duties. BS & 5 yrs. of exp. Send resume to Leigh Baker (Code SD - GRM), TGW Systems, 3001 Orchard Vista Dr. SE, Suite 300, Grand Rapids, MI 49546. No phone calls please. EOE

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COMPUTER & TECHNOLOGY

TECHNOLOGY
Deloitte Consulting LLP seeks a Project Delivery Specialist, Enterprise Operations, SAP in Grand Rapids, MI and various unanticipated Deloitte office locations and client sites nationally for. Function as an integrator between business needs and technology solutions and help to create technology solutions to meet clients' business needs and define systems strategy and develop system requirements. Reqs: Bachelor's degree or foreign equivalent degree in Engineering (any), Computer Science, MIS, CIS, or a related field. Two years of experience as a Project Delivery Specialist, Consultant, Associate, Analyst, or a related occupation. 80% travel required. Telecommuting permitted. To apply, visit <https://jobs2.deloitte.com/us/en> and enter XGGS19FC1218GRR1 in the "Search jobs" field. "Deloitte" means Deloitte LLP & its subsidiaries. Please see www.deloitte.com/us/about for a detailed description of the legal structure of Deloitte LLP & its subsidiaries. Deloitte LLP & its subsidiaries are equal opportunity employers.

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GENERAL HELP WANTED

Ada Township Parks Recreation Program Assistant Position

Ada Township is seeking a qualified candidate to assist with the planning, implementation and instruction of recreation and education programs for a wide range of audiences. Background in recreation services and outdoor education desired.

This is a year round, 3/4-time position, 30 hours per week, paid an hourly wage of \$14.86 per hour. The position is housed at Ada Township Park in Ada, MI. A position description is available at: <http://rg.township.gov/employment/job-postings>

Interested applicants should submit a cover letter and resume by email or hard copy no later than Tuesday, January 15, 2018 to: George Haga, Township Supervisor, Ada Township, PO Box 370, Ada, MI 49301. ghaga@adatownship.com

Join A Team Making a Difference in the Lives of Youth! Sign on bonus! Make between \$28,000 and \$30,000 at your first year anniversary!
Kalamazoo - Lakeside Academy is a program for residential treatment of at-risk youth. We have immediate openings for full-time Youth Counselors. This is an entry level position and hours may include some evenings, weekends and holidays. Starting pay is \$25,000/annually (with high school diploma) and \$27,000/annually (with bachelor's degree). Employees are eligible for \$1,000 annual pay increases at 90, 180 and 365 days. Apply by sending resume to erin.newton@sequoyiaservices.com or visiting us at 3921 Oakland Dr., Kalamazoo, MI 49008.

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