

## **Table of Contents**

**State/Territory Name: MI**

**State Plan Amendment (SPA) #: 18-1000**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Chicago Regional Office  
233 N. Michigan  
Suite 600  
Chicago, Illinois 60601



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February 21, 2018

Kathy Stiffler  
Acting Medicaid Director  
Medical Services Administration  
Michigan Department of Health and Human Services  
400 South Pine Street, P.O. Box 30479  
Lansing, Michigan 48909-7979

ATTN: Erin Black

Dear Ms. Stiffler:

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

- Transmittal #:18-1000 – Intensive Pediatric Feeding Services
- Effective: May 1, 2018
- Approval Date: February 21, 2018

If you have any questions, please contact Keri Toback at (312) 353-1754 or [keri.toback@cms.hhs.gov](mailto:keri.toback@cms.hhs.gov).

Sincerely,

/s/

Alan Freund  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

# 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.

MI-18-1000

Proposed Effective Date

05/01/2018 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2018	\$0.00
Second Year	2019	\$0.00

Subject of Amendment

This State Plan Amendment (SPA) is submitted to make changes to ABP5 to allow eligible providers to be reimbursed for intensive pediatric feeding services. A corresponding SPA 17-0006 was approved.

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: Feb 13, 2018  
Submit Date: Feb 13, 2018

Date Received: February 13, 2018

Date Approved: February 21, 2018

Signature of Regional Official: /s/

Effective Date of Approved Material: May 1, 2018

Typed Name: Alan Freund

Title: Acting Associate Regional Administrator

# Medicaid Alternative Benefit Plan

## Medicaid Alternative Benefit Plan: General Information

State/Territory name: Michigan  
Transmittal Number: MI-18-1000

### General Information:

#### Submission Title:

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

MI Alternative Benefit Plan (ABP) MI-18-1000

#### Description:

This State Plan Amendment (SPA) is submitted in order to establish the Alternative Benefit Plan (ABP) Michigan will use to implement requirements of the Healthy Michigan Plan (HMP) as stated in Michigan's Public Act 107 of 2013.

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-18-1000

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

TN: 18-1000

Approval Date: 2/21/2018

Michigan

Effective Date: 5/1/18

Form Code	Form Name	Uploaded Form Count
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
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).
<b>Uploaded Form Name:</b> ABP1 Alternative Benefit Plan Populations FINAL (1-22-14).pdf
<b>Date Uploaded:</b> 01/22/2014

#### Support Documents

Document
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
<b>Uploaded Document Name:</b> ABP State Plan Amendment Public Notice_438191_7.pdf
<b>Date Uploaded:</b> 03/21/2014

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

#### ABP2a Forms List

Form
TN: 18-1000 Michigan
Approval Date: 2/21/2018 Effective Date: 5/1/18

<b>Form</b>
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
<b>Uploaded Form Name:</b> ABP2a Voluntary Benefit Package Selection Assurances FINAL (03-14-14).pdf
<b>Date Uploaded: 01/22/2014</b>

**Support Documents**

<b>Document</b>
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**Form ABP2b: Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under Section 1902(a)(10)(A)(i)(VIII) of the Act**

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**ABP2b Forms List**

<b>Form</b>
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**Support Documents**

<b>Document</b>
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**Form ABP2c: Enrollment Assurances - Mandatory Participants**

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**ABP2c Forms List**

<b>Form</b>
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**Support Documents**

<b>Document</b>
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**Form ABP3: Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package**

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**ABP3 Forms List**

<b>Form</b>
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
<b>Uploaded Form Name:</b> ABP3 Selection of Benchmark Benefit Package or Benchmark Equivalent Package FINAL (3
<b>Date Uploaded: 01/22/2014</b>

**Support Documents**

<b>Document</b>
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## Form ABP4: Alternative Benefit Plan Cost-Sharing

### ABP4 Forms List

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

### Support Documents

<b>Document</b>
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## Form ABP5: Benefits Description

### ABP5 Forms List

<b>Form</b>
Please provide a short description of this ABP5 form: This state plan page is used to indicate that Michigan's Alternative Benefit Plan's (ABP) benefits are provided as part of a benchmark benefit package. It also provides details
<b>Uploaded Form Name:</b> ABP5_Benefits_Description 2-6-1.pdf
<b>Date Uploaded:</b> 01/22/2014

### Support Documents

<b>Document</b>
Please provide a short description of this support document: Michigan's Tribal Notification Letter Dated June 22, 2017.
<b>Uploaded Document Name:</b> L 17-23.pdf
<b>Date Uploaded:</b>
Please provide a short description of this support document: Public Notice August 20, 2017
<b>Uploaded Document Name:</b> Public Notice M Live Feeding Services.pdf
<b>Date Uploaded:</b>

## Form ABP6: Benchmark-Equivalent Benefit Package

### ABP6 Forms List

TN: 18-1000	Approval Date: 2/21/2018
Michigan	Effective Date: 5/1/18

Form
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**Support Documents**

Document
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## Form ABP7: Benefits Assurances

**ABP7 Forms List**

<b>Form</b>
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). //
<b>Uploaded Form Name:</b> ABP7 Benefits Assurances FINAL (1-22-14).pdf
<b>Date Uploaded: 01/22/2014</b>

**Support Documents**

Document
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## Form ABP8: Service Delivery Systems

**ABP8 Forms List**

<b>Form</b>
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. //
<b>Uploaded Form Name:</b> ABP8 Service Delivery Systems FINAL 4-22-14 v2.pdf
<b>Date Uploaded: 01/22/2014</b>

**Support Documents**

Document
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## Form ABP9: Employer Sponsored Insurance and Payment of Premiums

**ABP9 Forms List**

<b>Form</b>
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 //
<b>Uploaded Form Name:</b> ABP9 Employer Sponsored Insurance and Payment of Premiums FINAL (1-22-14).pdf
<b>Date Uploaded: 01/22/2014</b>



**Support Documents**

Document

**Form ABP10: General Assurances**

**ABP10 Forms List**

<b>Form</b>
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
<b>Uploaded Form Name:</b> ABP10 General Assurances FINAL (1-22-14).pdf
<b>Date Uploaded:</b> 01/22/2014

**Support Documents**

Document

**Form ABP11: Payment Methodology**

**ABP11 Forms List**

<b>Form</b>
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
<b>Uploaded Form Name:</b> ABP11 Payment Methodology FINAL (1-22-14).pdf
<b>Date Uploaded:</b> 01/22/2014

**Support Documents**

Document

**Medicaid Alternative Benefit Plan: Tribal Input**

State/Territory name: Michigan  
Transmittal Number: MI-18-1000

- 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:*

TN: 18-1000

Approval Date: 2/21/2018

Michigan

Effective Date: 5/1/18

- 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.

<b>Document</b>	
Please provide a short description of this support document: Michigan's Tribal Notification letter dated September 3, 2013.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded: 01/22/2014</b>
ABP SPA Tribal Notification Letter L13-46 (9-3-13).pdf	
Please provide a short description of this support document: Michigan's Tribal Notification letter dated June 22, 2017.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
L 17-23.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**

**Service delivery**  
**Summarize Comments**

**Other Issue**

## Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: **Michigan**

Transmittal Number:

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MI-18-1000

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Describe:

TN: 18-1000

Michigan

Approval Date: 2/21/2018

Effective Date: 5/1/18

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

Describe:

Kathleen Stiffler, Acting Director  
Medical Services Administration

**Signature of State Agency Official**

<b>Submitted By:</b>	<b>Erin Black</b>
<b>Last Revision Date:</b>	<b>Feb 13, 2018</b>
<b>Submit Date:</b>	<b>Feb 13, 2018</b>