

# Medicaid Alternative Benefit Plan

## Medicaid Alternative Benefit Plan: General Information

State/Territory name: **Michigan**

Transmittal Number: **MI-18-1002**

### General Information:

#### Submission Title:

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

MI Alternative Benefit Plan (ABP) MI-18-1002

#### Description:

The State Plan Amendment(SPA) establishes the Alternative Benefit Plan(ABP) MI uses to implement requirements of the Healthy Michigan Plan as stated in Michigan's Public Act 107 of 2013.

The Act allows for 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 Healthy Michigan Plan which provides access to the 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.

Amendment 1 changes ABP5 to allow enrollment of psychologists, social workers&professional counselors as Medicaid providers.

Amendment 2 authorizes the MI Care Team primary health homes program effective 7/1/16.

Amendment 3 changes ABP5 allow enrollment of marriage&family therapists as Medicaid providers effective 4/1/2016. Amendment adds TCM group coverage for children 19&20 years old and 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.

Amendment 4 changes ABP5 allow enrollment of Physical Therapists, Occupational Therapists, & Audiologists as Medicaid providers effective 4/1/17,& Speech-Language Pathologists effective 7/1/17. Related SPA 17-0001. This amendment allows qualified pharmacists to provide Medication Therapy Management services effective 4/1/17. Related SPA 17-0005

Amendment 5 changes ABP5 remove the 20 visit limit for behavioral health services. SPA 17-0012 is related

Amendment 6 changes to ABP5 allow intensive pediatric feeding services. SPA 17-0006 is related

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

☒ 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.

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.

## Medicaid Alternative Benefit Plan: File Management Summary

State/Territory name: Michigan  
Transmittal Number: MI-18-1002

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
Please provide a short description of this ABP1 form:

**Form**

This state plan page identifies and defines eligible Medicaid populations that will receive their Medicaid coverage through an Alternative Benefit Plan (ABP).

**Uploaded Form Name:**

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

ABP1 Alternative Benefit Plan Populations FINAL (1-22-14).pdf

**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

**Uploaded Document Name:**

**Date Uploaded:** 03/21/2014

ABP State Plan Amendment Public Notice\_438191\_7.pdf

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

**ABP2a Forms List****Form**

Please provide a short description of this ABP2a form:

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

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

**Uploaded Form Name:**

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

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

**Support Documents****Document**

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

**ABP2b Forms List****Form**

**Support Documents**

<b>Document</b>
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**Form ABP2c: Enrollment Assurances - Mandatory Participants****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****ABP3 Forms List**

<b>Form</b>
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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:**

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

ABP3 Selection of Benchmark Benefit Package or Benchmark Equivalent Package F
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**Support Documents**

<b>Document</b>
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**Form ABP4: Alternative Benefit Plan Cost-Sharing****ABP4 Forms List**

<b>Form</b>
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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:**

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

ABP4 Alternative Benefit Plan Cost Sharing FINAL (3-14-14).pdf
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**Support Documents**

<b>Document</b>
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**Form ABP5: Benefits Description****ABP5 Forms List**

Form
Please provide a short description of this ABP5 form: This state plan page is used to indicate that Michigan's Alternative Benefit Plan's (ABP) benefits are provided as part of a benchmark benefit package. It also provides details concerning the benefits that are included in that benefit package.
<b>Uploaded Form Name:</b> ABP5_Benefits_Description 10-24-18.pdf
<b>Date Uploaded:</b>

**Support Documents**

Document
Please provide a short description of this support document: Sample of Public notice in multiple papers on February 1, 2018.
<b>Uploaded Document Name:</b> PN-Clip Grand Rapids.pdf
<b>Date Uploaded:</b>

**Form ABP6: Benchmark-Equivalent Benefit Package****ABP6 Forms List**

Form
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**Support Documents**

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

**Support Documents**

Document
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**Form ABP8: Service Delivery Systems****ABP8 Forms List**

Form
<p>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.</p> <p><b>Uploaded Form Name:</b></p> <p style="text-align: right;"><b>Date Uploaded: 01/22/2014</b></p> <p>ABP8 Service Delivery Systems FINAL 4-22-14 v2.pdf</p>

**Support Documents**

Document
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**Form ABP9: Employer Sponsored Insurance and Payment of Premiums****ABP9 Forms List**

Form
<p>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.</p> <p><b>Uploaded Form Name:</b></p> <p style="text-align: right;"><b>Date Uploaded: 01/22/2014</b></p> <p>ABP9 Employer Sponsored Insurance and Payment of Premiums FINAL (1-22-14).f</p>

**Support Documents**

Document
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**Form ABP10: General Assurances****ABP10 Forms List**

Form
<p>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.</p> <p><b>Uploaded Form Name:</b></p> <p style="text-align: right;"><b>Date Uploaded: 01/22/2014</b></p> <p>ABP10 General Assurances FINAL (1-22-14).pdf</p>

**Support Documents**

Document
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**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><b>Uploaded Form Name:</b></p> <p style="text-align: right;"><b>Date Uploaded: 01/22/2014</b></p> <p>ABP11 Payment Methodology FINAL (1-22-14).pdf</p>

**Support Documents**

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

**State/Territory name:** Michigan

**Transmittal Number:** MI-18-1002

☒ **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 September 3, 2013.</p> <p><b>Uploaded Document Name:</b></p> <p style="text-align: right;"><b>Date Uploaded: 01/22/2014</b></p>

Document	
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 February 16, 2018.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
L 18-08.pdf	

Indicate the key issues raised in Indian consultative activities:

☐

**Access**

**Summarize Comments**

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v

**Summarize Response**

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v

☐

**Quality**

**Summarize Comments**

^

v

**Summarize Response**

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v

☐

**Cost**

**Summarize Comments**

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**Summarize Response**

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**Payment methodology**

**Summarize Comments**

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**Summarize Response**

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**Eligibility**

**Summarize Comments**

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**Summarize Response**

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**Benefits**

**Summarize Comments**

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**Summarize Response**

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**Service delivery**

**Summarize Comments**

**Summarize Response**

☐ **Other Issue**

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

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**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
<b>First Year</b>	<input type="text" value="2019"/>	\$ <input type="text" value="0.00"/>
<b>Second Year</b>	<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 allow for the Opioid Health Home Program effective 10/1/18 (related SPA 18-1500). In addition, the SPA updates ABP 5 to reflect changes required in the Home Health Rule effective 7/1/18 (related SPA 18-0003).

**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:

Kathy Stiffler, Acting Director  
Medical Services Administration

**Signature of State Agency Official**
**Submitted By:** Erin Black

**Last Revision Date:** Oct 24, 2018

**Submit Date:**

**Jun 18, 2018**



# 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

Add



# 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:

The nurse midwife must have an alliance agreement that provides a safe mechanism for physician consultation, collaboration and referral.

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

Services include family planning, limited laboratory work, minor gynecological services, and maternity care for normal uncomplicated deliveries. The scope of nurse-midwifery involves the independent management of care of essentially normal pregnancies.

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

☒ Essential Health Benefit 10: Pediatric services including oral and vision care

Collapse All ☐

Benefit Provided:  
Medicaid State Plan EPSDT Benefits

Source:  
State Plan 1905(a)

Authorization:  
Other

Amount Limit:  
None

Scope Limit:  
EPSDT services are provided to beneficiaries under the age of 21.

Provider Qualifications:  
Medicaid State Plan

Duration Limit:  
N/A

Remove

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:  
EPSDT services are provided as defined in section 1905 (r) (5) of the Social Security Act. Certain limited services may be provided by Intermediate School Districts, such as OT, PT, speech therapy, psychological counseling and social work services, physician and nursing care, personal care, and specialized transportation as identified in an Individualized Education Program (IEP). Religious non-medical health care nursing services and private duty nursing services may be prior authorized for beneficiaries under age 21. Dental services and blood lead follow-up services are covered.

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"/>
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Primary Care Provider Services -Duplication</div>	<p>Source:</p> <p>Base Benchmark</p>	<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">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 style="border: 1px solid black; padding: 5px; margin-top: 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>		
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Referral Care Services -Duplication</div>	<p>Source:</p> <p>Base Benchmark</p>	<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">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 style="border: 1px solid black; padding: 5px; margin-top: 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>		
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Outpatient Hospital Services-Duplication</div>	<p>Source:</p> <p>Base Benchmark</p>	<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">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 style="border: 1px solid black; padding: 5px; margin-top: 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>		
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Home Health Care -Duplication</div>	<p>Source:</p> <p>Base Benchmark</p>	<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">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 style="border: 1px solid black; padding: 5px; margin-top: 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>		
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Hospice -Duplication</div>	<p>Source:</p> <p>Base Benchmark</p>	<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">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 style="border: 1px solid black; padding: 5px; margin-top: 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>		
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Services by Other Health Professional -Duplication</div>	<p>Source:</p> <p>Base Benchmark</p>	



# 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>		<a href="#">Remove</a>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Medical Emergency Care -Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	<a href="#">Remove</a>
<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>	<a href="#">Remove</a>
<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>	<a href="#">Remove</a>
<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>	<a href="#">Remove</a>
<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>	<a href="#">Remove</a>
<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> <p>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.</p>		<a href="#">Remove</a>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Laboratory Services - Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	<a href="#">Remove</a>
<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>Laboratory services are mapped to the "laboratory services" EHB category. The services are a duplication of laboratory services from the existing state Medicaid plan.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Tobacco Cessation Treatment - Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	<a href="#">Remove</a>
<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>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.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Other Services Provided by Health Profess. -Duplic</p>	<p>Source:</p> <p>Base Benchmark</p>	<a href="#">Remove</a>
<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>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.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Home Health Care -Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	<a href="#">Remove</a>
<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>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.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Family Planning/Reproductive Services -Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	<a href="#">Remove</a>
<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>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.</p>		



# 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 &amp; 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.

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

February 16, 2018

NAME  
TITLE  
ADDRESS  
CITY STATE ZIP

Dear Tribal Chair and Health Director:

**RE:** Opioid Health Home Pilot

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 and Alternative Benefit Plan Amendment.

The Opioid Health Home (OHH) pilot will provide comprehensive care management and coordination services to Medicaid beneficiaries with opioid use disorder and the risk of developing another chronic condition in Michigan's Prepaid Inpatient Health Plan (PIHP) Region 2 (21 counties comprising the upper half of Michigan's lower peninsula). The program will utilize opioid treatment programs and office based opioid treatment providers and operate akin to other successfully implemented OHH models. The region's PIHP will coordinate enrollment and care with selected providers. Qualifying entities seeking designation as an OHH provider must sign an agreement with MDHHS attesting to meet all requirements cited in the State Plan Amendment, Alternative Benefit Plan Amendment, and MDHHS policy and corresponding protocols. Tribal Health Centers and Urban Health Centers that meet OHH provider qualifications and standards are encouraged to participate and must adhere to the same agreement as mentioned above.

The OHH will function as the central point of contact for directing patient-centered care across all the broader health care system. Designated providers will be required to maintain a robust care coordination program in an effort to reduce avoidable health care costs and improve the overall quality of life for the beneficiary. This may include referrals to appropriate community and support services as needed. Native American beneficiaries with a qualifying health condition will be eligible to enroll in the pilot program if they wish. Participation is voluntary, and enrolled beneficiaries may opt-out

at any time. The anticipated effective date of the State Plan Amendment and Alternative Benefit Plan Amendment is October 1, 2018.

There is no public hearing scheduled for this State Plan Amendment and Alternative Benefit Plan Amendment. Input 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](mailto:Elliott-EganL@michigan.gov). **Please provide all input by April 3, 2018.**

In addition, MDHHS is offering to set up group or individual meetings for the purposes of consultation in order to discuss these Amendments, according to the tribes' preference. Consultation meetings will 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,



Kathy Stiffler, Acting Director  
Medical Services Administration

cc: Keri Toback, Region V, CMS  
Leslie Campbell, 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 18-08  
February 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  
Ms. Kathy Mayo, Interim Health Administrator, 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. Donald MacDonald, 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. 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. John Warren, 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  
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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**FOUND**  
Job Fair! Medallion of  
Westwood will be holding a  
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10am-2p

**PUBLIC NOTICES**  
**PUBLIC NOTICE**  
Michigan Department of  
Health and Human  
Services  
Medical Services  
Administration  
Opioid Health Home Pilot

Contingent upon approval of  
State Plan and Alternative  
Benefit Plan Amendments  
from the Centers for Medi-  
care & Medicaid Services,  
the Michigan Department of  
Health and Human Services  
(MDHHS) intends to imple-  
ment an Opioid Health Home  
(OHH) per Section 2703 of  
the Affordable Care Act in  
Michigan's Prepaid Inpatient  
Health Plan (PIHP) Region 2  
(21 counties comprising the  
upper half of Michigan's  
lower peninsula). This region is  
disproportionately affected  
by the opioid crisis, which is  
exacerbated by its lack of  
opioid treatment resources  
and access issues related to  
its rural geography.

The anticipated effective date  
of these State Plan and Al-  
ternative Benefit Plan  
Amendments is October 1,  
2018.

The OHH will provide compre-  
hensive care management  
and coordination services to  
Medicaid beneficiaries with  
opioid use disorder and the  
risk of developing another  
chronic condition. The pro-  
gram will utilize Opioid Health  
Home Treatment Programs and  
Office Based Opioid Treatment  
providers and operate in ad-  
dition to other successfully im-  
plemented Opioid Health Home  
models. The region's PIHP  
will coordinate enrollment  
and care with selected pro-  
viders. For enrolled individ-  
uals, the OHH will function as  
the central point of contact  
for directing patient-  
centered care across all the  
broader health care system.  
Participation is voluntary  
and enrolled beneficiaries  
may opt-out at any time.  
Qualifying entities seeking  
designation as an OHH pro-  
vider must sign an agree-  
ment with MDHHS attesting  
to meet all requirements cit-  
ed in the State Plan Amend-  
ment, Alternative Benefit  
Plan Amendment, and  
MDHHS Policy and corre-  
sponding protocols.

In compliance with 42 CFR 5  
440.345, individuals under 21  
years of age receiving the  
OHH benefit will continue to  
have access to services  
within the full early and pe-  
riodic screening, diagnostic  
and treatment (EPSDT) ben-  
efit as defined in 1905(f) of  
the Social Security Act.

The estimated gross cost to  
the State of Michigan for the  
State and Alternative  
Benefit Plan Amendments is  
\$2.2 million per year. Select-  
ed sites will receive an in-  
itial recovery plan develop-  
ment rate for the beneficiar-  
y's first month of enroll-  
ment, and in subsequent  
months will receive an on-  
going care management rate  
for each beneficiary enrolled,  
contingent on meeting pro-  
gram requirements. These  
payments are designed to  
only reimburse for the deliv-  
ery of services that are not  
covered by any other cur-  
rently available Medicaid re-  
imbursement mechanism.

There is no public meeting  
scheduled regarding this no-  
tice. 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 [MSADraftPol@mdhhs.gov](mailto:MSADraftPol@mdhhs.gov) by March 5,  
2018. A copy of the pro-  
posed State Plan Amend-  
ment will also be available  
for review at <http://mdhhs.gov/mdhhs/05885733973970508010815300.html>.

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**PUBLIC NOTICES**  
STATE OF MICHIGAN  
9TH JUDICIAL CIRCUIT  
FAMILY DIVISION  
KALAMAZOO COUNTY  
PUBLICATION OF  
HEARING  
CASE NO. 2017-0568NA  
PETITION NO. A

TO: Robert Nichols and Elizabeth  
Terry  
IN THE MATTER OF:  
Angelique Nichols  
A hearing regarding Angelique  
Nichols will be conducted by  
the court on February 15,  
2018 at 9:00 a.m. in the 9th  
Circuit Court-Family Divi-  
sion, 1536 Gull Rd., Kalamazoo,  
MI 49008 before Referee  
Douglas Cannon and on  
March 16, 2018 at 9:00 a.m.  
in the 9th Circuit Court-  
Family Division, 1536 Gull  
Rd., Kalamazoo, MI 49048  
before the Honorable Julie  
Phillips.  
IT IS THEREFORE ORDERED  
that Robert Nichols and Eliza-  
beth Terry personally ap-  
pear before the court at the  
time and place stated above.  
This hearing may result in the  
child being placed in the  
temporary custody of the 9th  
Circuit Court.

**MERCHANDISE**  
**COLLECTIBLE TOY SHOW**  
Saturday, Feb. 3, 9am-3pm.  
Jackson Fair Grounds,  
200 W. Ganson St. \$3/person.  
Bring ad for \$1 off admission  
1, 2018.

**ESTATE SALES**  
**Portage Basement Sale**  
5260 Bronson Blvd. 49024  
Saturday Feb. 3rd 8-5:30  
Records, Tools, CD's, DVD's,  
Glass, Collectibles, Books,  
and much more! Please park  
parallel to curb!

**ESTATE SALES**  
**Local sports news on**  
[mlive.com/sports](http://mlive.com/sports)

**Public Notice**  
**Michigan Department of Health and Human Services**  
**Medical Services Administration**

**MI Marketplace Option State Plan Amendment Request**

The Michigan Department of Health and Human Services  
(MDHHS) provides notice of its intent to submit a State Plan  
Amendment (SPA) to define the Alternative Benefit Plan (ABP)  
that will be used to implement sections of Michigan's Public Act  
107 of 2013. The law allows for expansion of Medicaid  
eligibility to individuals aged 19-64 with incomes at or below  
133% of the federal poverty level (FPL) who are not enrolled in  
or eligible for Medicare. This ABP will be applicable to  
individuals eligible for the program known as the "MI  
Marketplace Option." Enrollment in the Marketplace Option  
will be for beneficiaries who meet all of the following criteria:

- Enrolled in a Healthy Michigan Plan (HMP) health plan for 12 months;
- Income above 100% of the Federal Poverty Level (FPL);
- Did not complete a healthy behavior as set forth in the Healthy Behaviors Protocol of the HMP Section 1115 Waiver;
- Are not medically frail consistent with 42 CFR 440.315; and
- Are not exempt from premiums and cost-sharing pursuant to 42 CFR 447.56.

Pending approval by the Centers for Medicare & Medicaid  
Services, MDHHS expects individuals in this expanded  
population to be eligible to receive services on or around April  
1, 2018.

The MI Marketplace Option will provide eligible individuals  
with access to the federally mandated Essential Health Benefits  
(EHBs). These EHBs include the following:

- Ambulatory Patient Services
- Emergency Services
- Hospitalization
- Maternity and Newborn Care
- Mental health and substance abuse disorder services, including behavioral treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care.

In compliance with 42 CFR § 440.345, individuals under 21  
years of age receiving Medicaid benefits will continue to have  
access to services within the full early and periodic screening,  
diagnosis and treatment (EPSDT) benefit as defined in Section  
1905(f) of the Social Security Act.

It is anticipated that this State Plan Amendment will be budget  
neutral.

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 [healthymichiganplan@mdhhs.gov](mailto:healthymichiganplan@mdhhs.gov) by March 2,  
2018. A copy of the proposed State Plan Amendment  
will also be available for review at <http://mdhhs.gov/mdhhs/05885733973970508010815300.html>

**ESTATE SALES**  
Schoolcraft Estate sale  
327 Cedar St  
Feb 1st 12-6pm, Feb 2nd 9am-  
5pm Feb 3rd 9-5pm  
Antique Doll Collection,  
Household items, antiques,  
and 30 years of accumulation

**GARAGE SALES**  
**AUGUSTA - 204 S. Webster**  
St., Fri & Sat, Feb. 2-3, 11a-  
5p. Marijuana growers, total  
liquidation of grow shop in-  
ventory, below wholesale sale  
prices on nutrients & equip.,  
everything must go, building  
also for sale.

**JEWELRY & DIAMONDS**  
**DIAMOND FOR SALE - 1 ct.**  
Also, 3-1/2 ct. Please call  
269-870-6301.

**PETS & FARMS**  
**PETS & SUPPLIES**

10 week old AKC Weimaraner  
puppies: 5 silver Males, 1  
blue Male, 2 blue females.  
UTD on shots & wormer.  
\$500/male, \$600/female.  
OBO 260-768-4367 ext. 4

**AKC LAB PUPS**  
English Bloodline, beautiful  
all colors. Blocky &  
stocky Vet checked!  
Retired females, 3-5 yrs.  
Family pet discount.  
810-638-7265/810-955-8905.

**AKC MINIATURE POODLES**  
-DNA testing,  
Beautiful, Tails snipped, first  
shots, chip in them, Apricot  
1 boy & 2 girls. \$900 ea. Call  
231-571-9994 or 231-220-  
4382. Must see!

**Beagles AKC Champion**  
Sired Puppies tri-colored  
Parents on site \$300  
616-610-2623

**BICHON/SHIH TZU MIX**  
(Teddy Bear), shots, wormed,  
hypoallergenic, non shed  
ding, parents on site. Good  
with kids. Females/males.  
Call or text: 616-214-2847

**PETS & SUPPLIES**  
**Black Labs, AKC, 3 WEEKS**  
OLD, now taking deposits.  
avail in February. Parents  
OFA certified. [www.labs4forever.com](http://www.labs4forever.com) 231-830-7000

**BorderDoodle**  
2 smartest breeds  
non-shedding \$600  
616-610-2623

**ENGLISH MASTIFF PUPS**  
- AKC. Fawns/Apricots. Large  
pups, \$1100. Grand Rapids  
(616 area code) 821-0005.  
[riversidemastiffsgmail.com](mailto:riversidemastiffsgmail.com)  
[www.riversidemastiffsgmail.com](http://www.riversidemastiffsgmail.com)

**ENGLISH SHEPHERD, 7 wks**  
Great pets, smart, can be  
used for farm dogs, they will  
make a good house dog.  
517-542-3050 ASK FOR  
MARTIN. Mornings preferred.

**ENTLEBUCHER**  
**MOUNTAIN DOG**  
- AKC. Smaller short hair  
coats of Bernese, super  
smart & friendly, \$1000.  
Call 616-610-2623

**GERMAN SHEPHERD**  
**PUPS - AKC** - Training  
started. \$1,500. Full Reg.  
w/foxburggermanshepherds.  
com. (989) 464-4811

**German Short Hair Pups**  
AKC - Very outstanding  
Pedigrees, over 30 versatile  
champions, 12 master hunt-  
ers. Outstanding Pups with  
some of the best blood lines  
in the USA Shoemaker short  
hairs, reasonable. Call now  
(Jonesville, MI) 517-315-8505

**Photo Coming Soon**  
**LAB PUPPIES - YELLOW**  
Adorable with great tem-  
perament family raised.  
Great addition to your fam-  
ily. Have first shots and dew-  
ormed. 269-910-8025 or 269-  
657-1809.

**MALTESE PUPPIES!**  
Shots/wormed/vet checked.  
Also, Cocker Spaniel puppies.  
Ready now! Call Karen at:  
989-426-3866/989-965-4278.

**Miniature Golden Doodles**  
**PUPPIES** - 11wks, IM/IF  
socialized, home raised,  
dewes, 3 vet, 2nd worm and  
shots CKC mom OFA, ped-  
egrees, hypoallergenic, non  
shedding, ready for their  
forever homes. Karen-616-  
465-9544.

**PEKINGESE Puppies** - Beau-  
tiful babies ready to go,  
1shots, wormed, vet check-  
ed, for more info call 616-735-  
4776

**Treeling Walker Coon**  
Full blooded, 3 months old,  
\$250, 269-659-5733

**WEST HIGHLAND**  
**TERRIER PUPPIES!**  
Beautiful, family raised, very  
socialized. Only 2 left! \$600 -  
\$700 Both parents on site.  
(989) 387-0772

**WEST HIGHLAND WHITE**  
**TERRIERS** - AKC, 3girls,  
1boy, born 1/9/18. Taking  
deposits now! Ready to go  
3/4/18, lovingly home raised,  
Call 989-823-2113

**RECREATION**  
**MOTOR HOME**  
**FOR SALE**

**WANTED** Florida area near  
orlando do you have mobile  
home for sale or to donate?  
CALL 810-874-2674

**SNOWMOBILES & ACCESSORIES**  
2012 XF 1100 turbo, artic cap  
excellent condition, 1200  
miles, \$4500, 269-329-8873

**Snow Mobile** - 2002 Polaris  
550, 2up, electric start and  
reverse, very good condition.  
1993 340 Polaris, needs help.  
Both on clamshell trailer,  
\$2600 OBO 269-626-8022

**Local sports news on**  
[mlive.com/sports](http://mlive.com/sports)

**TRANSPORTATION**  
**CARS DOMESTIC**

Car for sale. 2006 Buick Lu-  
cerne, V8 CXL. 106,000  
miles. Light brown/beige.  
Great car. Well maintained.  
Has had 100,000 mile serv-  
ice. Oil changed every 3,000  
miles. Relocating soon and  
have no garage space for  
this vehicle. \$5,000 for  
quick sale. 269 375-7895.

**MOTORCYCLES & SERVICE**  
**VINTAGE Motorcycles**  
Wanted - Cash Paid!  
1900-1980. All makes.  
Any condition. No title?  
No problem! 920-202-2201

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

**SUVs**  
2008 Buick Enclave CXL FWD.  
151,000 Hwy Miles, 1-  
Owner, Nonsmoker. Options  
= 19" Rims, Dual Sun Roofs,  
Remote Start, 7-seats. Price  
= \$8875, Call 616-450-3384

**GENERAL HELP WANTED**  
**Now Hiring Sales Professionals**  
for full-time and part-time po-  
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Attendant in Kalamazoo MI.  
Our Sales Attendants earn a  
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**Wanted:**  
**Class A CDL Driver**  
Good CSA/MVR  
OTR/Regional  
Flexible runs  
Min 1yr exp.  
Call John: 269-674-1181

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# Classified

PAGE C7 / THE SAGINAW NEWS / THURSDAY, FEBRUARY 1, 2018

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**PETS & FARMS**  
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Campers  
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**REAL ESTATE**  
Homes for Sale  
Apartment  
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**BARGAIN CORNER**  
Business Bargains  
Items \$1,000 or Less  
Wanted to Buy



## PUBLIC NOTICES

### PUBLIC NOTICE

Michigan Department of Health and Human Services Medical Services Administration

#### Opioid Health Home Pilot

Contingent upon approval of State Plan and Alternative Benefit Plan Amendments from the Centers for Medicare & Medicaid Services, the Michigan Department of Health and Human Services (MDHHS) intends to implement an Opioid Health Home (OHH) per Section 2703 of the Affordable Care Act in Michigan's Prosopid Inpatient Health Plan (PIHP) Region 2 (21 counties comprising the upper half of Michigan's lower peninsula). This region is disproportionately affected by the opioid crisis, which is exacerbated by its lack of opioid treatment resources and access issues related to its rural geography.

The anticipated effective date of these State Plan and Alternative Benefit Plan Amendments is October 1, 2018.

The OHH will provide comprehensive care management and coordination services to Medicaid beneficiaries with opioid use disorder, which is a chronic condition. The program will utilize Opioid Treatment Programs and Office Based Opioid Treatment providers and operate akin to other successfully implemented Opioid Health Home models. The region's PIHP will coordinate enrollment and care with selected providers. For enrolled individuals, the OHH will function as the central point of contact directing patient-centered care across all the broader health care system. Participation is voluntary and enrolled beneficiaries may opt-out at any time. Qualifying entities seeking designation as an OHH provider must sign an agreement with MDHHS attesting to meet all requirements cited in the State Plan Amendment, Alternative Benefit Plan Amendment, and MDHHS Policy and corresponding protocols.

In compliance with 42 CFR § 440.345, individuals under 21 years of age receiving the OHH benefit will continue to have access to services within the full early and periodic screening, diagnostic and treatment (EPSDT) benefit as defined in 1905(r) of the Social Security Act.

The estimated gross cost to the State of Michigan for the State and Alternative Benefit Plan Amendments is \$2.2 million per year. Selected sites will receive an initial recovery plan development rate for the beneficiary's first month of enrollment and in subsequent months will receive an ongoing care management rate for each beneficiary enrolled, contingent on meeting program requirements. These payments are designed to only reimburse for the delivery of services that are not covered by any other currently available Medicaid reimbursement mechanism.

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@mdhhs.michigan.gov](mailto:MSAdraft@mdhhs.michigan.gov) by March 5, 2018. A copy of the proposed State Plan Amendment will also be available for review at <http://mlive.com/michigansbest>.

## PUBLIC NOTICES

### SPECIAL MEETING NOTICE

To present the Village of St. Charles 2018 - 2022 Recreation Plan

The St. Charles Area Park Commission will hold a public hearing to review the Village of St. Charles 2018 - 2022 Recreation Plan. The purpose of the plan is to provide direction for the Village regarding the future development of its recreational resources. The meeting is scheduled for Wednesday, February 14, 2018 at 6:00 p.m., in the Village Council Chambers located at 110 W. Spruce Street, St. Charles, Michigan.

#### The St. Charles Area Park Commission

will provide a forum for persons interested in commentary on the proposed plan and will also receive and consider any written communications. Written comments should be received no later than 4 p.m. Monday, February 12, 2018, and should be directed to the address listed above. Such communications will also be available at the hearing and will become part of the minutes of said hearing. Copies of the proposed Recreation Plan are available at the Village Office for inspection by the public.

#### STATE OF MICHIGAN PROBATE COURT

##### COUNTY OF SAGINAW NOTICE TO CREDITORS

Decedent's Estate

FILE NO. 18-137019-DE

Estate of Bertha Le Keidel

Date of birth: August 29, 1944

TO ALL CREDITORS:

NOTICE TO CREDITORS

The decedent, Bertha Le Keidel, died August 29, 2017.

Creditors of the decedent are notified that all claims against the estate will be forever barred unless presented to Marva Guster, personal representative, or to both the probate court at 111 S. Michigan Ave., Saginaw, MI and the personal representative within 4 months after the date of publication of this notice.

Date: January 29, 2018

Philip C. Johnson P69758

30665 Northwestern Highway, Suite 175

Farmington Hills, MI 48334

248-432-8000

Marva Guster

4273 Applian Way West

Gahanna, OH 43230

989-293-4496

## PETS & FARMS

### PETS & SUPPLIES

#### AKC LAB PUPS

English Bloodline, beautiful all colors. Black & stocky Vet check!

Retired females. 3-5 yrs. Family pet discount.

810-638-7265/810-955-905.

#### AKC MINIATURE POODLES

- DNA testing. Beautiful, tails snipped, first shots, chip in them. Apricot 1 boy & 2 girls. \$900 ea. Call 251-571-9999 or 251-220-4382. Must see!

#### Beagles AKC Champion

Sired Puppies Tri-colored Parents on site \$300 616-610-2623

#### BICHON/SHIH TZU MIX

(Teddy Bear), shots, wormed, hypoallergenic, non shedding, parents on site. Good with kids. Females/males. Call or text: 616-214-2847

#### ENGLISH MASTIFF PUPS

AKC. Fawns/Apricots. Large pups. \$1,100. Grand Rapids (616 area code) 621-0005. [riversidemastiffs@gmail.com](mailto:riversidemastiffs@gmail.com) www.riversidemastiffs.com

#### WANTED VEHICLES

CORVETTES WANTED

CL, C2, C3. Cars, Project Cars, NOS Parts, Parts. Cash Paid! 920-202-2201

## PETS & SUPPLIES

### ENTLEBUCHER MOUNTAIN DOG

AKC. Smaller short hair cousin of Bernese, super smart & friendly. \$1,000. Call 616-610-2623

#### GERMAN SHEPHERD PUPS

AKC - AKC - Training started. \$1,500. Full Reg. wolfsburggermanshepherds.com. (989) 464-4811

#### German Short Hair Pups

AKC - Very outstanding Pedigree, over 30 vestite champions, 12 master hunters. Outstanding Pups with some of the best blood lines in the USA Shoemaker short hairs, reasonable ready now (Jonesville, MI) 517-315-8505

#### MALTESE PUPPIES!

Shots/wormed/ vet checked. Also, Cocker Spaniel puppies. Ready now! Call Karen at: 989-426-3866/989-965-4278.

#### MINI DACHSHUND PUPS

- all black and tan, ready Feb. 1st \$800 Call 810-790-0780 810-790-0992

#### PEKINGESE Puppies

Beautiful, family raised, very socialized. Only 2 left! \$600 - \$700 Both parents on site. (989) 387-0772

#### WEST HIGHLAND TERRIER PUPS!

Beautiful, family raised, very socialized. Only 2 left! \$600 - \$700 Both parents on site. (989) 387-0772

#### WEST HIGHLAND WHITE TERRIERS

- AKC, 3 girls, 1 boy, born 1/9/18. Taking deposits now! Ready to go 3/6/18, lovingly home raised. Call 989-823-2113

#### WANTED VEHICLES

GOT CARS?

Rifkin scrap iron and metal co.

Saginaw, Bay, Midland Counties ONLY! Buying JUNK CARS Call 989-752-7646 FREE Pick-Up

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#### REAL ESTATE FOR RENT

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BAY CITY - West side, 1800 sq ft, stove & fridge, water & heat incl. Call 989-686-0987 or 989-280-3601

GREEN BRIAR APTS-2 Bed Deluxe twynhse w/gar \$730 3 Bed twynhse w/gar \$750, 793-2168

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Busy, professional office seeking a unique person. Individual must possess great people skills and be able to work under pressure. Must also be a team player in a fast pace work place. Good communication skills, proofing skills and work ethic are a must.

Send resumes to [professionatworld@yahoo.com](mailto:professionatworld@yahoo.com)

#### TRUCKS

CHEVROLET 2004 SILVERADO 1500 EXT - Blue, matching caper, 193k, small v8, very little rust, hwy miles, 2wd, \$5300 Frankenmuth, 989-397-4056

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## WANTED VEHICLES

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BAY CITY - West side, 1800 sq ft, stove & fridge, water & heat incl. Call 989-686-0987 or 989-280-3601

GREEN BRIAR APTS-2 Bed Deluxe tw





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FLINT MEMORIAL PARK -  
Side-by-Side, 2 plots, 2  
vaults, \$3500. Buyer pays  
closing cost. (810) 577-0561.

## PUBLIC NOTICES

### PUBLIC NOTICE

Michigan Department of  
Health and Human  
Services  
Medical Services  
Administration

### Opioid Health Home Pilot

Contingent upon approval of  
State Plan and Alternative  
Benefit Plan Amendments  
from the Centers for Medi-  
care & Medicaid Services,  
the Michigan Department of  
Health and Human Services  
(MDHHS) intends to imple-  
ment an Opioid Health Home  
(OHH) per Section 2703 of  
the Affordable Care Act in  
Michigan's Prepaid Inpatient  
Health Plan (PIHP) Region 2  
(21 counties comprising the  
upper half of Michigan's lower  
peninsula). This region is  
disproportionately affected  
by the opioid crisis, which is  
exacerbated by its lack of  
opioid treatment resources  
and access issues related to  
its rural geography.

The anticipated effective date  
of these State Plan and Al-  
ternative Benefit Plan  
Amendments is October 1,  
2018.

The OHH will provide compre-  
hensive care management  
and coordination services to  
Medicaid beneficiaries with  
opioid use disorder and the  
risk of developing a chronic  
condition. The pro-  
gram will utilize Opioid  
Treatment Programs and Of-  
fice Based Opioid Treatment  
providers and operate akin  
to other successfully imple-  
mented Opioid Health Home  
models. The region's PIHP  
will coordinate enrollment  
and care with selected pro-  
viders. For enrolled individ-  
uals, the OHH will function as  
the central point of contact  
for directing patient-  
centered care across all the  
broader health care system.  
Participation is voluntary  
and enrolled beneficiaries  
may opt-out at any time.  
Qualifying entities seeking  
designation as an OHH pro-  
vider must sign an agree-  
ment with MDHHS attesting  
to meet all requirements cit-  
ed in the State Plan Amend-  
ment, Alternative Benefit  
Plan, Amendment, and  
MDHHS Policy and corre-  
sponding protocols.

In compliance with 42 CFR 5  
440.345, individuals under 21  
years of age receiving the  
OHH benefit will continue to  
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y's first month of enroll-  
ment, and in subsequent  
months will receive an on-  
going care management rate  
for each beneficiary enrolled,  
contingent on meeting pro-  
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only reimburse for the deliv-  
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covered by any other cur-  
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imbursement mechanism.

There is no public meeting  
scheduled regarding this no-  
tice. 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 [MSADraftPol@mdhhs.michigan.gov](mailto:MSADraftPol@mdhhs.michigan.gov) by March 5,  
2018. A copy of the pro-  
posed State Plan Amend-  
ment will also be available  
for review at [http://mdhhs.michigan.gov/mdhhs/0,5885,7-339-73970\\_5080-108153--,00.html](http://mdhhs.michigan.gov/mdhhs/0,5885,7-339-73970_5080-108153--,00.html).



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stands. For more info call  
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Subscribe today at  
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AKC LAB PUPS -  
English Bloodline, beautiful  
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Retired females, 3-5 yrs.  
Family pet discount.  
810-638-7265/810-955-8905.

AKC MINIATURE POO-  
DLES - DNA testing,  
Beautiful, Tails snipped, first  
shots, chip in them, Apricot  
1 boy & 2 girls. \$900 ea. Call  
231-571-9994 or 231-220-  
4562. Must see!

Beagles AKC Champion  
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Parents on site \$300  
616-610-2623

BICHON/SHIH TZU MIX -  
(Teddy Bear), shots, wormed,  
hypoallergenic, non shed-  
ding, parents on site. Good  
with kids. Females/males.  
Call or text: 616-214-2847



ENGLISH MASTIFF PUPS -  
AKC. Fawns/Ayckes. Lan-  
pups, \$1100. Grand Rapids  
(616 area code) 821-0005.  
[versidemastiff@gmail.com](mailto:versidemastiff@gmail.com)

ENTLEBUCHER  
MOUNTAIN DOG-  
AKC. Smaller short hair  
cousin of Bernese, super  
smart & friendly, \$1000.  
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GERMAN SHEPHERD  
PUPS - AKC. Training  
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[wolfsburgershepherds.com](mailto:wolfsburgershepherds.com)  
(989) 464-4811

German Short Hair Pups  
AKC - Very outstanding  
Pedigrees, over 30 vantage  
champion, 12 master hunt-  
ers. Outstanding Pups with  
some of the best blood lines  
in the USA Shoemaker short  
hairs, reasonable, ready now  
(Jonesville, MI) 517-315-9505

MALTESE PUPPIES!  
Shots/wormed/ vet checked.  
Also, Cocker Spaniel puppies.  
Ready now! Call Karen at:  
989-426-3866/989-965-4278.

MINI DACHSHUND PUPS -  
all black and tan, ready Feb.  
1st \$800 Call 810-790-0780  
810-790-0992

PEKINGESE Puppies- Beau-  
tiful babies ready to go,  
1shots, wormed, vet check,  
for more info call 616-735-  
4776

WEST HIGHLAND  
TERRIER PUPS!  
Beautiful, family raised, very  
socialized. Only 2 left! \$600 -  
\$700 Both parents on site.  
(989) 387-0772

## PETS & SUPPLIES

WEST HIGHLAND WHITE  
TERRIERS - AKC, 3girls,  
1boy, born 1/9/18. Taking  
deposits now! Ready to go  
3/4/18, lovingly home raised,  
Call 989-823-2113



## TRANSPORTATION

### CARS DOMESTIC

CHEVY 2008 IMPALA LTZ  
3.9L V6. Sale Price  
\$3,900.00. BEST PRICE  
GUARANTEED! Call Graff  
Durand 810-232-9157.

CHEVY 2004 IMPALA  
V6. Sale Price \$2,900.00.  
BEST PRICE GUARANTEED!  
Call Graff Durand 810-232-  
9157.

CHEVY 2004 MALIBU MAXX  
LS, 3.5L V6. 1 Owner! Sale  
Price \$2,900.00. Mechanic's  
Special! Call Graff Durand  
810-232-9157

CHEVY 2001 CAVALIER  
2.2L 4Cyl. Sale Price  
\$1,200.00. Mechanic's Spe-  
cial! Call Graff Durand  
810-232-9157

CHRYSLER 2010 300, 4-DR.  
Charcoal grey, 90,501 miles.  
Good cond., runs well.  
\$12,000. Call 810-874-0312

PONTIAC 2008 G6 SEI, 3.5L  
V6. 1 Owner! Sale Price  
\$3,900.00. BEST PRICE  
GUARANTEED! Call Graff  
Durand 810-232-9157

PONTIAC 2004 GRAND  
AM SE, 2.2L 4Cyl. Sale  
Price \$2,900.00. BEST  
PRICE GUARANTEED! Call  
Graff Durand 810-232-9157

PONTIAC 2003 VIBE, 1.8L  
4 Cyl. SALE PRICE  
\$2,200.00. MECHANIC'S  
SPECIAL! CALL GRAFF  
DURAND 810-232-9157

SATURN 2001 SC1, 1.9L  
4 Cyl. Sale Price \$2,500.00.  
Mechanic's Special!  
Call Graff Durand  
810-232-9157

### CARS IMPORTS

BUICK 2006 LACROSSE  
CXL, 3.8L V6. Sale Price  
\$11,000.00. BEST PRICE  
GUARANTEED! Call Graff  
Durand 810-232-9157

Mercedes Benz- (2000)  
CLK430 super low miles  
(77100), black exterior, grey  
interior, 8 cyl, new  
wheels, loaded, 2 door sport  
sedan, Vehicle looks and per-  
forms at an elite level, ask-  
ing \$7595 Cash only 248-  
705-7677

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1900-1980. All makes.  
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No problem! 920-202-2201

## MOTORCYCLES & SERVICE

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

## SUVs

CHEVY 2004 VENTURE  
LT, 3.4L V6. Sale Price  
\$3,900.00. Mechanic's  
Special! Call Graff Durand  
810-232-9157.

CHEVY 1999 SUBURBAN  
2500, 7.4L V8. Sale Price  
\$3,500.00. BEST PRICE  
GUARANTEED! Call Graff  
Durand 810-232-9157

DODGE 2010 GRAND  
CARAVAN SXT, 3.8L V6.  
Sale Price \$7,900.00. BEST  
PRICE GUARANTEED! Call  
Graff Durand 810-232-9157.

DODGE 2010 JOURNEY  
SE, 2.4L 4Cyl. Sale Price  
\$3,250.00. BEST PRICE  
GUARANTEED! Call Graff  
Durand 810-232-9157.

FORD 2008 EXPLORER  
XLT 4.0L V6. Sale Price  
\$4,900.00. BEST PRICE  
GUARANTEED! Call Graff  
Durand 810-232-9157

GMC 2003 ENVOY SLT  
4.2L V6. Sale Price \$6,900.00.  
BEST PRICE GUARANTEED!  
Call Graff Durand 810-232-  
9157

PONTIAC 2006 TORRENT  
3.4L V6. 1 Owner! Sale  
Price \$4,900.00. BEST  
PRICE GUARANTEED! Call  
Graff Durand 810-232-9157.

## TRUCKS

CHEVY 2011 SILVERADO  
WT 4.3L V6. 1 Owner Sale  
Price \$12,900.00. BEST  
PRICE GUARANTEED! Call  
Graff Durand 810-232-9157

CHEVY 2001 SILVERADO  
LS 5.3L V8. Sale Price  
\$5,900.00. BEST PRICE  
GUARANTEED! Call Graff  
Durand 810-232-9157

## VANS

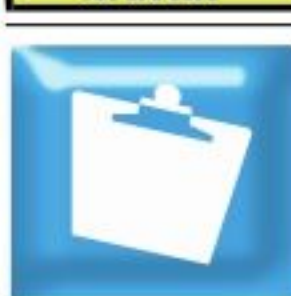
MERCURY 2004 MONT  
E-REY, 4.2L V6. Sale Price  
\$5,900.00. BEST PRICE  
GUARANTEED! Call Graff  
Durand 810-232-9157.

OLDSMOBILE 2004 SIL-  
HOUETTE GLS, 3.4L V6  
Sale Price \$3,900.00. BEST  
PRICE GUARANTEED! Call  
Graff Durand 810-232-9157

## WANTED VEHICLES



CORVETTES WANTED  
CL, C2, C3. Call - Project  
Cars, NOS Parts, Parts.  
Cash Paid!  
920-202-2201



## EMPLOYMENT

### GENERAL HELP WANTED

CAREGIVERS - part time 2-4  
days/week (Sunday). Experi-  
enced! \$9/hr. 810-919-9903

Direct Care Staff  
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Now hiring for Newspaper Kiosk  
Sales positions at local  
grocery and retail locations in  
the Flint area. Looking for  
sales professionals. Must be  
social and reliable to join our  
already successful program.  
Position starts at \$10/hour  
and, with commissions and  
bonuses, earn up to \$40/hour.  
No telephone cold-calling.  
Hiring Full-Time and Part-  
Time, year-round contracted  
positions. Flexible Schedules.  
Get paid weekly. Candidates  
should have reliable transpor-  
tation and some sales back-  
ground. Experience in news-  
paper sales is a plus but not  
required. Management possi-  
bilities. Work with the public  
representing the local news-  
paper. Paid training provided.  
Excellent job for social people.  
Email your resume or contact  
information to  
[rick@frontlinepromotion.com](mailto:rick@frontlinepromotion.com)  
or call 989-397-6562 for an im-  
mediate interview.

U.S. District Court, East-  
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4 Current Vacancies:

- Financial Technician
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These positions are located  
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## SALES

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BEST KEPT SECRET IN  
GRAND BLANC...  
Independent living for adults  
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Apartments.  
Located at 12624 Pagels Drive  
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RENT Starting As Low As  
\$619 A Month.  
1 & 2 bedroom units with  
Heat, water, trash included  
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EHO Handicap accessible.  
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FLINT TWP.  
WEST COURT RANCHES  
Move in Special -  
call for details  
1 & 2 BR's NO Flint Water!  
810-732-1000 M-F 9am-5pm.

Flushing Near - bills paid,  
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1 & 2 BR's NO Flint Water!  
810-732-1000 M-F 9am-5pm.

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AFFORDABLE  
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2 bedrooms from \$435  
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