

# Medicaid Alternative Benefit Plan

## Medicaid Alternative Benefit Plan: General Information

**State/Territory name:** Michigan

**Transmittal Number:** MI-20-1001

### General Information:

#### Submission Title:

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

MI Alternative Benefit Plan (ABP) MI-20-1001

#### Description:

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

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

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

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

Amend3 changes ABP5 allow enrollment of marriage&family therapists effective 4/1/2016. Adds TCM group coverage for children 19&20 years old&pregnant women effective 5/9/16. This TCM group coverage is to further Flint, Michigan demonstration project authorized under §1115 of the Act (Project No. 11W 00302/5)

Amend4 changes ABP5 allow enrollment of Physical Therapists, Occupational Therapists, Audiologists effective 4/1/17, & Speech-Language Pathologists effective 7/1/17. Related SPA 17-0001. Allows qualified pharmacists to provide Medication Therapy Management effective 4/1/17. Related SPA 17-0005

Amend5 changes ABP5 remove behav hlth services visit limit. Related SPA 17-0012

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

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

Amend8 changes ABP5 allow enrollment of Clinical Nurse Specialists 12/1/18&NF Transitions effective 10/1/18.

Amend9 changes ABP5 modify EPSDT descrip 1/1/19&Certified Nurse Midwives descrip effective 4/1/19.

Amend10 change ABP3,5&8 align with Behav Hlth Waiver and SPA auth effect 10/1/19&simplify

Amend11 change ABP5 Home Hlth&DME. Related SPA 20-0008.

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

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

- ☒ The state/territory assures that it has provided the public with advance notice of the amendment and reasonable opportunity to comment.
- ☒ The state/territory assures that it has included in the notice a description of the method for assuring compliance with 42CFR 440.345 related to full access to EPSDT services.
- ☒ The state/territory assures that it has included in the notice a description of the method for complying with the provisions of section 5006(e) of the American Recovery and Reinvestment Act of 2009.
- ☒ The state/territory assures that it has performed any required tribal consultation.

Upload Public Notice Documents	
Please provide a short description of this public notice:	
<div></div>	
Uploaded Document Name:	Date Uploaded:
C5 Kalamazoo.pdf	

**ABP Screening Statements to Indicate Required Forms**

Select one of the following options for eligibility group coverage:

- ☒ **The population group for this Alternative Benefit Plan includes only the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act. *If the state selects this option, the state must complete form ABP2a to indicate agreement to voluntary benefit package selection assurances for the adult group.***
- ☐ **The population group for this Alternative Benefit Plan includes the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act, and also includes other groups. *If the state selects this option, the state must complete forms ABP2a and ABP2b to indicate agreement to voluntary benefit package selection assurances for the adult group and voluntary enrollment assurances for other eligibility groups.***
- ☐ **The population for this Alternative Benefit Plan does not include the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act. *If the state selects this option, the state must complete form ABP2b to indicate agreement to voluntary enrollment assurances for these eligibility groups.***

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

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

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

## Medicaid Alternative Benefit Plan: File Management Summary

---

State/Territory name:

Michigan

Transmittal Number:

MI-20-1001

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

Form Code	Form Name	Uploaded Form Count
ABP6	Benchmark-Equivalent Benefit Package	0
ABP7	Benefits Assurances	1
ABP8	Service Delivery Systems	1
ABP9	Employer Sponsored Insurance and Payment of Premiums	1
ABP10	General Assurances	1
ABP11	Payment Methodology	1

## Medicaid Alternative Benefit Plan: File Management Detail

### Form ABP1: Alternative Benefit Plan Populations

#### ABP1 Forms List

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

#### Support Documents

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

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

#### ABP2a Forms List

Form
<p>Please provide a short description of this ABP2a form: This is the first in the series of Alternative Benefit Plan (ABP) fillable PDFs (state plan pages) in which the state or territory provides assurances concerning the enrollment of Medicaid beneficiaries into an ABP. This particular state plan page must be completed if the ABP population includes the Adult eligibility group under section 1902(a)(10)(A)(i)(VIII) of the Act, either alone or in combination with other eligibility groups.</p> <p>The ABP2a – Voluntary Benefit Package Selection Assurances – Eligibility Group under Section 1092(a)(10)(A)(i)(VIII) of the Act state plan page pertaining to individuals otherwise exempt from mandatory participation in a section 1937 ABP</p>

<b>Form</b>
who are eligible in the Adult eligibility group under section 1902(a)(10)(A)(i)(VIII) of the Act <b>Uploaded Form Name:</b> <span style="float: right;"><b>Date Uploaded: 01/22/2014</b></span>
<div style="border: 1px solid black; padding: 2px;">ABP2a Voluntary Benefit Package Selection Assurances FINAL (03-14-14).pdf</div>
<b>Support Documents</b>
<div style="border: 1px solid black; padding: 2px; width: 100%;">Document</div>

---

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

---

**ABP2b Forms List**

Form

**Support Documents**

Document

---

**Form ABP2c: Enrollment Assurances - Mandatory Participants**

---

**ABP2c Forms List**

Form

**Support Documents**

Document

---

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

---

**ABP3 Forms List**

**Form**

Please provide a short description of this ABP3 form:  
 This state plan page selects the Alternative Benefit Plan's (ABP) section 1937 coverage option and its base benchmark plan that Michigan used to establish the benefit package provided through the ABP.

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

Current ABP3 Selection of Benchmark Benefit Package or Benchmark Equivalent P



**Form****Support Documents****Document****Form ABP4: Alternative Benefit Plan Cost-Sharing****ABP4 Forms List****Form**

Please provide a short description of this ABP4 form:

This state plan page provides the State's assurances related to the imposition of any cost-sharing or premium requirements on beneficiaries participating in the Alternative Benefit Plan (ABP).

**Uploaded Form Name:**

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

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

**Support Documents****Document****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.

**Uploaded Form Name:**

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

ABP5\_Benefits\_Description September 2020 Home Health and DME Update.pdf

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

**Form ABP7: Benefits Assurances****ABP7 Forms List**

Form
<p>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).</p> <p><b>Uploaded Form Name:</b> <span style="float: right;"><b>Date Uploaded: 01/22/2014</b></span></p> <p>ABP7 Benefits Assurances FINAL (1-22-14).pdf</p>

**Support Documents**

Document

**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> <span style="float: right;"><b>Date Uploaded: 01/22/2014</b></span></p> <p>Current ABP8 Service Delivery Systems 9-25-19 Update 2.pdf</p>

**Support Documents**

Document

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

**Support Documents**

Document

**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> <span style="float: right;"><b>Date Uploaded: 01/22/2014</b></span></p> <p>ABP10 General Assurances FINAL (1-22-14).pdf</p>

**Support Documents**

Document
----------

**Form ABP11: Payment Methodology****ABP11 Forms List**

Form
<p>Please provide a short description of this ABP11 form:  This state plan page provides Michigan's assurances concerning payment methodologies that will be used for the Alternative Benefit Plan's (ABP) benefits when the benefits are provided through a service delivery system other than managed care.</p> <p><b>Uploaded Form Name:</b> <span style="float: right;"><b>Date Uploaded: 01/22/2014</b></span></p> <p>ABP11 Payment Methodology FINAL (1-22-14).pdf</p>

**Support Documents**

Document
----------

**Medicaid Alternative Benefit Plan: Tribal Input**

**State/Territory name:** Michigan

**Transmittal Number:** MI-20-1001

☒ **One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.**

☐ **This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.**

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

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

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

- ☐ Indian Tribes
- ☐ Indian Health Programs
- ☐ Urban Indian Organization

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

Document	
Please provide a short description of this support document: Michigan's Tribal Notification letter dated July 30, 2020.	
Uploaded Document Name:	Date Uploaded: 01/22/2014
L 20-47.pdf	

**Indicate the key issues raised in Indian consultative activities:**

<input type="checkbox"/>	<b>Access</b>	
	<b>Summarize Comments</b>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
	<b>Summarize Response</b>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
<input type="checkbox"/>	<b>Quality</b>	
	<b>Summarize Comments</b>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
	<b>Summarize Response</b>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
<input type="checkbox"/>	<b>Cost</b>	
	<b>Summarize Comments</b>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
	<b>Summarize Response</b>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
<input type="checkbox"/>	<b>Payment methodology</b>	
	<b>Summarize Comments</b>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
	<b>Summarize Response</b>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
<input type="checkbox"/>	<b>Eligibility</b>	
	<b>Summarize Comments</b>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>

**Summarize Response**

☐ **Benefits****Summarize Comments**

**Summarize Response**

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

**Summarize Response**

☐ **Other Issue****Medicaid Alternative Benefit Plan: Summary Page (CMS 179)****State/Territory name:** Michigan**Transmittal Number:**

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

**Proposed Effective Date**
 (mm/dd/yyyy)
**Federal Statute/Regulation Citation**

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	<input type="text" value="2020"/>	\$ <input type="text" value="0.00"/>
Second Year	<input type="text" value="2021"/>	\$ <input type="text" value="0.00"/>

**Subject of Amendment**

This State Plan Amendment (SPA) is submitted in order to implement CMS Final Rule CMS-5531, which amends CMS Rule 2348-F. The new federal regulations permit non-physician practitioners (e.g., nurse practitioners, physician assistants, and clinical nurse specialist) to order home health services and durable medical equipment.

**Governor's Office Review**

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

Describe:

☐ **No reply received within 45 days of submittal**

☒ **Other, as specified**

Describe:

Kate Massey, Director

Medical Services Administration

**Signature of State Agency Official**

**Submitted By:**

**Erin Black**

**Last Revision Date:**

**Sep 30, 2020**

**Submit Date:**

**Sep 30, 2020**



# 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. <input type="checkbox"/> No	
<b>Benefits Included in Alternative Benefit Plan</b>	
Enter the specific name of the base benchmark plan selected:	
<input type="text" value="Priority Health HMO"/>	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter “Secretary-Approved.”	
<input type="text" value="Secretary-Approved"/>	
For any Home and Community Based Services benefits as permitted in 1915(i) in ABP 5, the state assures that:	
<ol style="list-style-type: none"><li>1. The service(s) are provided in settings that meet HCB setting requirements;</li><li>2. The services(s) meet the person-centered service planning requirements;</li><li>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.</li></ol>	



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 1: Ambulatory patient services		Collapse All <input type="checkbox"/>
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Physician Services</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">See below</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">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.</div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">State Plan 1905(a)</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Medicaid State Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div><div style="width: 10%; text-align: center; margin-top: 20px;"><div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">Remove</div></div></div> <p style="margin-top: 10px;">Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">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.</div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Outpatient Hospital Services</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Other</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Outpatient hospital services and supplies, including services performed by physicians and other health professionals; received on an outpatient basis. Certain services require prior authorization.</div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">State Plan 1905(a)</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Medicaid State Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div><div style="width: 10%; text-align: center; margin-top: 20px;"><div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">Remove</div></div></div> <p style="margin-top: 10px;">Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Benefit also includes ambulatory surgery center facility services.</div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Home Health Care</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Authorization required in excess of limitation</div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">State Plan 1905(a)</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Medicaid State Plan</div></div></div>		





# Alternative Benefit Plan

Amount Limit:

Varies

Duration Limit:

Varies

Remove

Scope Limit:

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:

See Supplement to Attachment 3.1-A, Item 7. Home Health Care Services in Michigan's Medicaid State plan.

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)

Remove

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.

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



# Alternative Benefit Plan

Benefit Provided:		Source:	Remove
Tobacco Cessation Treatment		State Plan 1905(a)	
Authorization:	Provider Qualifications:		
None	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	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:		Source:	Remove
Cert. Nurse Anesesth -Other Licensed Practitioners		State Plan 1905(a)	
Authorization:	Provider Qualifications:		
None	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	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:		Source:
Family Planning Services & Supplies		State Plan 1905(a)
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
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.		



# 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:

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)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



# Alternative Benefit Plan

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.

Remove

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:

Benefit Provided:

Clinical Nurse Specialist-Other Licensed Providers

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Remove

Scope Limit:

None

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

See Attachment 3.1-A, Item 6d. Other Practitioner Services in Michigan's Medicaid State plan.  
Benefit is effective 12/01/2018.

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: HospitalizationCollapse All ☐

Benefit Provided:  
Inpatient Hospital Services

Authorization:  
Prior Authorization

Amount 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.

Source:  
State Plan 1905(a)

Provider Qualifications:  
Medicaid State Plan

Duration Limit:  
None

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.

Remove

Add





# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 4: Maternity and newborn care		Collapse All <input type="checkbox"/>
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Maternity Care - Physician Services</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">State Plan 1905(a)</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Medicaid State Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div><div style="width: 10%; text-align: center; margin-top: 20px;"><div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">Remove</div></div></div> <div style="margin-top: 10px;"><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p><div style="border: 1px solid black; padding: 5px; min-height: 20px;">Benefit includes physician services related to maternity care, including prenatal care, delivery related services, and postpartum care.</div></div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Maternity Care - Inpatient Hospital Services</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Services are covered when furnished by a certified hospital under the direction of a physician.</div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">State Plan 1905(a)</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Medicaid State Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div><div style="width: 10%; text-align: center; margin-top: 20px;"><div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">Remove</div></div></div> <div style="margin-top: 10px;"><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p><div style="border: 1px solid black; padding: 5px; min-height: 20px;">Benefit includes inpatient hospital services related to maternity care, including prenatal care, delivery related services, and postpartum care.</div></div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Maternity Care- Outpatient Hospital Services</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Benefit includes outpatient hospital services related to maternity care, including prenatal care, delivery related services, and postpartum care.</div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">State Plan 1905(a)</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Medicaid State Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div></div>		



# 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:

None

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

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

Add



# Alternative Benefit Plan

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

Collapse All ☐

Benefit Provided:

Mental/Behavioral Health -Inpatient Hospital Serv.

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

See Supplement to Attachment 3.1-A, Item 1.a. Inpatient Hospital Services in Michigan's Medicaid State plan.

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:

None

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

See Supplement to Attachment 3.1-A, Item 13d. Rehabilitative Services in Michigan's Medicaid State plan.

Benefit Provided:

Substance Use Disorder -Inpatient Hospital Service

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



# Alternative Benefit Plan

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

See Supplement to Attachment 3.1-A, Item 1.a. Inpatient Hospital Services in Michigan's Medicaid State plan.

Remove

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:

None

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

See Supplement to Attachment 3.1-A, Item 13d. Rehabilitative Services in Michigan's Medicaid State plan.

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:

See Supplement to Attachment 3.1-A, Item 7.a.(3) Medical Supplies under Home Health Care Covered Services in Michigan's Medicaid State plan.

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:	Source:	Remove
Laboratory	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Covered services include laboratory tests which are medically necessary for diagnosis and treatment of illness or injury when ordered by a physician or other licensed practitioner.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Screening or routine laboratory testing, except as specified for the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program or Preventive Medicine services, or by Medicaid policy, is not a benefit. A limited number of laboratory services require prior authorization.		

Add



# Alternative Benefit Plan

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

Collapse All ☐

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

Benefit Provided:

Preventive Services

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

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

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

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

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

Add



# Alternative Benefit Plan

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



# Alternative Benefit Plan

<input type="checkbox"/> Other Covered Benefits from Base Benchmark	Collapse All <input type="checkbox"/>
---	---------------------------------------



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Base Benchmark Benefits Not Covered due to Substitution or Duplication		Collapse All <input type="checkbox"/>
<div style="margin-bottom: 10px;">Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; min-height: 1.2em;">Primary Care Provider Services -Duplication</div></div> <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 style="border: 1px solid black; padding: 2px; min-height: 1.2em;">Primary Care Provider Services were bundled with Specialist/Referral Care and mapped to the "ambulatory patient services" EHB category. The bundled services are a duplication of physician services from the existing state Medicaid plan.</div></div>	<div style="margin-bottom: 10px;">Source: Base Benchmark</div> <div style="text-align: right; margin-top: 10px;"><div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div></div>	
<div style="margin-bottom: 10px;">Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; min-height: 1.2em;">Referral Care Services -Duplication</div></div> <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 style="border: 1px solid black; padding: 2px; min-height: 1.2em;">Referral Care Services were bundled with Primary Care Provider services and mapped to the "ambulatory patient services" EHB category. The bundled services are a duplication of physician services and other licensed practitioner services from the existing state Medicaid plan.</div></div>	<div style="margin-bottom: 10px;">Source: Base Benchmark</div> <div style="text-align: right; margin-top: 10px;"><div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div></div>	
<div style="margin-bottom: 10px;">Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; min-height: 1.2em;">Outpatient Hospital Services-Duplication</div></div> <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 style="border: 1px solid black; padding: 2px; min-height: 1.2em;">Outpatient hospital services are mapped to the "ambulatory patient services" EHB category. The services are a duplication of outpatient hospital services from the existing state Medicaid plan.</div></div>	<div style="margin-bottom: 10px;">Source: Base Benchmark</div> <div style="text-align: right; margin-top: 10px;"><div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div></div>	
<div style="margin-bottom: 10px;">Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; min-height: 1.2em;">Home Health Care -Duplication</div></div> <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 style="border: 1px solid black; padding: 2px; min-height: 1.2em;">Home health care services are mapped to the "ambulatory patient services" EHB category. The services are a duplication of Home health care services from the existing state Medicaid plan.</div></div>	<div style="margin-bottom: 10px;">Source: Base Benchmark</div> <div style="text-align: right; margin-top: 10px;"><div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div></div>	
<div style="margin-bottom: 10px;">Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; min-height: 1.2em;">Hospice -Duplication</div></div> <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 style="border: 1px solid black; padding: 2px; min-height: 1.2em;">Hospice services are mapped to the "ambulatory patient services" EHB category. The services are a duplication of hospice services from the existing state Medicaid plan.</div></div>	<div style="margin-bottom: 10px;">Source: Base Benchmark</div> <div style="text-align: right; margin-top: 10px;"><div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div></div>	
<div style="margin-bottom: 10px;">Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; min-height: 1.2em;">Services by Other Health Professional -Duplication</div></div>	<div style="margin-bottom: 10px;">Source: Base Benchmark</div>	



# Alternative Benefit Plan

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





# Alternative Benefit Plan

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

<b>Other 1937 Benefit Provided:</b> <div>Clinic Services</div>		<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<div>Remove</div>
<b>Authorization:</b> <div>Other</div>		<b>Provider Qualifications:</b> <div>Medicaid State Plan</div>	
<b>Amount Limit:</b> <div>None</div>		<b>Duration Limit:</b> <div>None</div>	
<b>Scope Limit:</b> <div>See scope limit below.</div>			
<b>Other:</b> <div>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.</div>			
<b>Other 1937 Benefit Provided:</b> <div>Reg./Lic. Dental Hygienists -Other Licensed Pract.</div>		<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<div>Remove</div>
<b>Authorization:</b> <div>Other</div>		<b>Provider Qualifications:</b> <div>Medicaid State Plan</div>	
<b>Amount Limit:</b> <div>None</div>		<b>Duration Limit:</b> <div>None</div>	
<b>Scope Limit:</b> <div>Limited to services rendered on behalf of an organization, clinic or group practice.</div>			
<b>Other:</b> <div>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.</div>			
<b>Other 1937 Benefit Provided:</b> <div>Behavioral Health Targeted Case Mgmt Services</div>		<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	
<b>Authorization:</b> <div>Other</div>		<b>Provider Qualifications:</b> <div>Medicaid State Plan</div>	
<b>Amount Limit:</b> <div>None</div>		<b>Duration Limit:</b> <div>None</div>	



# Alternative Benefit Plan

Scope Limit:

None

Remove

Other:

See Supplement 1 to Attachment 3.1-A, Targeted Case Management Services - Target Group A - in Michigan's Medicaid State plan.

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

Remove

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



# Alternative Benefit Plan

<b>Other 1937 Benefit Provided:</b> <div>Program of All-Inclusive Care for Elderly (PACE)</div> <div>Authorization: <div>Other</div></div> <div>Amount Limit: <div>See below</div></div> <div>Scope Limit: <div>PACE services are provided to beneficiaries age 55 or older meeting program criteria.</div></div> <div>Other: <div>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).</div></div>		<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package <div>Remove</div> <b>Provider Qualifications:</b> <div>Medicaid State Plan</div> <b>Duration Limit:</b> <div>See below</div>
<b>Other 1937 Benefit Provided:</b> <div>Rehabilitation -Mental Health Crisis Residential</div> <div>Authorization: <div>Other</div></div> <div>Amount Limit: <div>None</div></div> <div>Scope Limit: <div>None</div></div> <div>Other: <div>See Supplement to Attachment 3.1-A, Item 13d. Rehabilitative Services in Michigan's Medicaid State plan.</div></div>		<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package <div>Remove</div> <b>Provider Qualifications:</b> <div>Medicaid State Plan</div> <b>Duration Limit:</b> <div>None</div>
<b>Other 1937 Benefit Provided:</b> <div>Mental Health Outpatient Community Support</div> <div>Authorization: <div>Other</div></div> <div>Amount Limit: <div>Varies</div></div> <div>Scope Limit: <div>None</div></div> <div>Other: <div>See Supplement to Attachment 3.1-A, Item 13d. Rehabilitative Services in Michigan's Medicaid State plan.</div></div>		<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package <b>Provider Qualifications:</b> <div>Medicaid State Plan</div> <b>Duration Limit:</b> <div>Varies</div>



# Alternative Benefit Plan

		<a href="#" style="background-color: #cccccc; padding: 2px 5px; text-decoration: none;">Remove</a>
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Other 1937 Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Substance Use Disorder Residential Services</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Other</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Other:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">See Supplement to Attachment 3.1-A, Item 13d. Rehabilitative Services in Michigan's Medicaid State plan.</div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Section 1937 Coverage Option Benchmark Benefit Package</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Medicaid State Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div></div> <div style="text-align: right; border: 1px solid black; margin-top: 10px;"><a href="#" style="background-color: #cccccc; padding: 2px 5px; text-decoration: none;">Remove</a></div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Other 1937 Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Subst Use Disorder Sub-Acute Detox Services</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Other</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Other:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">See Supplement to Attachment 3.1-A, Item 13d. Rehabilitative Services in Michigan's Medicaid State plan.</div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Section 1937 Coverage Option Benchmark Benefit Package</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Medicaid State Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div></div> <div style="text-align: right; border: 1px solid black; margin-top: 10px;"><a href="#" style="background-color: #cccccc; padding: 2px 5px; text-decoration: none;">Remove</a></div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Other 1937 Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Behavioral Health Community Based Services 1915(i)</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Other</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Section 1937 Coverage Option Benchmark Benefit Package</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Medicaid State Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div></div>		





# Alternative Benefit Plan

Other:

Effective 10/1/19 Services are authorized via Section 1115 expenditure authority and are provided as described in Attachment 3.1–i.2. 1915(i) Home and Community-Based Services in Michigan’s Medicaid State plan. Effective 10/1/22 expenditure authority for 1915(i) services will no longer be provided under the 1115 and will be provided under state plan authority.

Remove

Other 1937 Benefit Provided:

Health Home Services for Chronic Conditions

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

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.



# Alternative Benefit Plan

<b>Other 1937 Benefit Provided:</b> <div>Audiology/Hearing Services</div>		<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<div>Remove</div>
<b>Authorization:</b> <div>Other</div>	<b>Provider Qualifications:</b> <div>Medicaid State Plan</div>		
<b>Amount Limit:</b> <div>Varies</div>	<b>Duration Limit:</b> <div>Varies</div>		
<b>Scope Limit:</b> <div>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.</div>			
<b>Other:</b> <div>Covered services are provided in the same manner as the approved Medicaid State plan.</div>			

<b>Other 1937 Benefit Provided:</b> <div>Pediatric Outpatient Intensive Feeding Services</div>		<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<div>Remove</div>
<b>Authorization:</b> <div>Prior Authorization</div>	<b>Provider Qualifications:</b> <div>Medicaid State Plan</div>		
<b>Amount Limit:</b> <div>None</div>	<b>Duration Limit:</b> <div>Varies</div>		
<b>Scope Limit:</b> <div>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.</div>			
<b>Other:</b> <div>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.</div>			

<b>Other 1937 Benefit Provided:</b> <div>NF Transition Community Based Services 1915(i)</div>		<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	
<b>Authorization:</b> <div>Other</div>	<b>Provider Qualifications:</b> <div>Medicaid State Plan</div>		
<b>Amount Limit:</b> <div>Varies</div>	<b>Duration Limit:</b> <div>Varies</div>		
<b>Scope Limit:</b> <div>None</div>			



# Alternative Benefit Plan

Other:

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

Remove

Other 1937 Benefit Provided:

Peer-Delivered or Peer-Operated Support 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:

None

Other:

See Supplement to Attachment 3.1-A, Item 13d. Rehabilitative Services in Michigan's Medicaid State plan.

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

GRETCHEN WHITMER  
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ROBERT GORDON  
DIRECTOR

July 30, 2020

NAME  
TITLE  
ADDRESS  
CITY STATE ZIP

Dear Tribal Chair and Health Director:

**RE:** Notice of Intent to Submit Traditional State Plan and Alternative Benefit Plan (ABP) Amendments to Allow Non-Physician Practitioners to Order Home Health Services and Durable Medical Equipment

This letter, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, serves as notice to all Tribal Chairs and Health Directors of the intent by the Michigan Department of Health and Human Services (MDHHS) to submit State Plan and ABP amendment requests to the Centers for Medicare & Medicaid Services (CMS).

The amendments will allow MDHHS to implement CMS Final Rule CMS-5531, which amends CMS Rule 2348-F. The new federal regulations permit non-physician practitioners (e.g., nurse practitioners, physician assistants and clinical nurse specialists) to order home health services and durable medical equipment. These changes are expected to have a positive impact by expanding access to home health care and durable medical equipment for Native American beneficiaries. The anticipated effective date of the amendments is August 1, 2020.

There is no public hearing scheduled for these authorization changes. Input regarding these changes 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 September 13, 2020.**

In addition, MDHHS is offering to set up group or individual consultation meetings to discuss these changes, according to the tribes' preference. Consultation meetings allow tribes the opportunity to address any concerns and voice any suggestions, revisions, or objections to be relayed to the author of the proposal. If you would like additional information or wish to schedule a consultation meeting, please contact Lorna Elliott-Egan at the telephone number or email address provided above.

MDHHS appreciates the continued opportunity to work collaboratively with you to care for the residents of our state.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Massey', with a horizontal line extending to the right.

Kate Massey, Director  
Medical Services Administration

CC: Keri Toback, CMS  
Nancy Grano, CMS  
Chastity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan  
Daniel Frye, Director, Indian Health Service - Bemidji Area Office  
Lorna Elliott-Egan, MDHHS

**Distribution List for L 20-47**  
**July 30, 2020**

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  
Mr. Soumit Pendharkar, 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 Director, Keweenaw Bay Indian Community - Donald Lapointe Health/Educ Facility  
Mr. James Williams, Jr., Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians  
Ms. Sadie Valliere, Health & Human Services Director, Lac Vieux Desert Band  
Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians  
Mr. Daryl Wever, Health Director, Little River Band of Ottawa Indians  
Ms. Regina Gasco-Bentley, Tribal Chairman, Little Traverse Bay Band of Odawa Indians  
Ms. Jodi Werner, Health Director, Little Traverse Bay Band of Odawa  
Mr. Bob Peters, Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)  
Ms. Kelly Wesaw, Health Director, Match-E-Be-Nash-She-Wish Potawatomi  
Mr. Jamie Stuck, Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians  
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department  
Mr. Matthew Wesaw, Tribal Chairman, Pokagon Band of Potawatomi Indians  
Mr. Matt Clay, Health Director, Pokagon Potawatomi Health Services  
Mr. Tim Davis, 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, CMS  
Nancy Grano, CMS  
Chastity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan  
Daniel Frye, Director, Indian Health Service - Bemidji Area Office  
Lorna Elliott-Egan, MDHHS



# Classified

PAGE C5 / KALAMAZOO GAZETTE / TUESDAY, JULY 28, 2020



## ANNOUNCEMENTS

### PUBLIC NOTICES

COMSTOCK TOWNSHIP  
PLANNING COMMISSION  
PUBLIC HEARING NOTICE

REZONING, SPECIAL  
EXCEPTION USE REQUESTS  
AND ZONING ORDINANCE  
TEXT AMENDMENTS

TO: THE RESIDENTS AND  
PROPERTY OWNERS OF  
THE CHARTER TOWNSHIP  
OF COMSTOCK, KALAMAZOO  
COUNTY, MI AND ANY  
OTHER INTERESTED PERSONS:

PLEASE TAKE NOTICE that a public hearing regarding a special exception use request and two rezoning requests will be held on Aug. 13, 2020 commencing at 7:00 p.m. at the Comstock Township Hall, 6138 King Highway, within the Township, as required under the provisions of the Michigan Zoning Enabling Act, the Zoning Ordinance for the Township.

PLEASE TAKE FURTHER NOTICE that, pursuant to Executive Orders 2020-119 and 2020-129 (unless otherwise lifted), the Township Planning Commission may hold this meeting (including public hearing) electronically, in order to limit in person government activities, to protect critical infrastructure workers to the extent possible and to limit the number of individuals gathering together. If the meeting is held electronically, information to electronically attend the meeting will be posted on the Township's website at <https://comstockmi.gov> a reasonable amount of time before the meeting. In addition to participation during an electronically held public hearing, members of the public may also provide comments for the Planning Commission's consideration by emailing or mailing those comments to the Planning Commission for receipt prior to the meeting, in care of Community Development Director Stefania (stefania@comstockmi.gov) or by leaving a phone message prior to the meeting for Community Development Director Stefania at the number below.

PLEASE TAKE FURTHER NOTICE that the items to be considered at said public hearing include, in brief, the following:

- Special exception use request of Jon Wright of Utility Contracting Company pursuant to Section 18.03 of the Zoning Ordinance, to allow a heavy equipment contractor's yard. Subject property is 8975 East K Ave. in the LM, Light Manufacturing District. Tax ID numbers: 3907-15-480-100 and 3907-15-480-110.
- Rezoning request of Vince Shayone of CJP, Inc. to rezone 2.99 acres on the north side of East ML Avenue immediately east of and abutting I-94 from O-1, Office District to LM, Light Manufacturing. Tax ID number 3907-30-260-100.
- Rezoning request of Haji Tehrani of Drive & Shine Development, Inc. to rezone an additional 2.09 acres of depth (approximately 2.29 acres) from B-1, Neighborhood Business District to B-2, Community Business District. Subject property is 5309 Gull Road. Tax ID number 3907-06-330-071.
- Zoning Ordinance text amendments addressing the definition of and placement standards for billboards.

Anyone interested in reviewing the applications pertinent to the foregoing may review the applications upon request to the Community Development Director before the Planning Commission meeting. All interested persons are invited to be present at the aforesaid time and place, or, if an electronic meeting is held, to participate via the electronic meeting.

Comstock Charter Township will provide necessary reasonable auxiliary aids and services, such as signers for the hearing impaired and audio tapes of printed material being considered at the hearing, to individuals with disabilities at the hearing upon four (4) days' notice to the Township Clerk. Individuals with disabilities requiring auxiliary aids or services should contact the Township Clerk at the address or telephone number listed below.

COMSTOCK CHARTER  
TOWNSHIP PLANNING  
COMMISSION  
By: Allan Faust, Secretary  
Comstock Charter Township  
Hall  
6138 King Highway,  
P.O. Box 449  
Comstock, Michigan 49048  
(269) 381-2360

### PUBLIC NOTICE

Schoolcraft Community Schools is accepting students from Cass, St. Joseph and Van Buren Counties under Section 105C School of Choice. Our open enrollment period is from August 1, 2020 - August 21, 2020.

Find more stories on [mlive.com](http://mlive.com)



### PUBLIC NOTICES

PUBLIC NOTICE  
MICHIGAN DEPARTMENT OF  
HEALTH AND HUMAN  
SERVICES  
MEDICAL SERVICES  
ADMINISTRATION

Submission of Traditional and Alternative Benefit Plan (ABP) State Plan Amendments (SPAs), Consistent with Interim Final Rule CMS-5531, to Permanently Amend 42 CFR 440.70 (a)(2) to Allow Non-physician Practitioners Order Medicaid Home Health Services and Durable Medical Equipment

The Michigan Department of Health and Human Services (MDHHS) plans to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS). The request includes a SPA and a corresponding ABP SPA to implement CMS Rule 5531 Modification to Medicare Rules and Medicaid Concerning Certification and Provision of Home Health Services. CMS-5531 amends CMS-2348 to allow non-physician practitioners (i.e. nurse practitioners, physician assistants and clinical nurse specialists) working within their scope of practice to order home health and durable medical equipment services.

The anticipated effective date for the SPAs is August 1, 2020, pending CMS approval.

CMS Rule 5531 improves access to home health and durable medical equipment services by allowing non-physician practitioners working within their scope of practice to order home health and durable medical equipment services.

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(r) of the Social Security Act.

These changes are budget neutral to the State of Michigan for the State Plan Amendments.

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, P.O. Box 30679, Lansing, MI 48909-7979 or e-mail MSADraftPolicy@michigan.gov, policy MSA 20-35, by July 31, 2020. A copy of the proposed State Plan Amendment will also be available for review at [http://michigan.gov/mdhhs/0,5885,7-33973970\\_5080-108153--,00.html](http://michigan.gov/mdhhs/0,5885,7-33973970_5080-108153--,00.html)

STATE OF MICHIGAN  
9TH CIRCUIT COURT  
FAMILY DIVISION  
KALAMAZOO COUNTY  
PUBLICATION OF  
HEARING  
CASE NO. 2020-0151-NA  
PETITION NO. A

TO: Roy Snyder  
IN THE MATTER OF:  
Roy Benjamin Snyder Jr.  
02/11/2005

A hearing regarding pre-trial will be conducted by the court on 10/22/2020 at 9:00 AM in the 9th Circuit Court-Family Division 1536 Gull Road, Kalamazoo, MI 49008 before Referee Paul J. Yanco.

A hearing regarding 182 day review will be conducted by the court on 12/08/2020 at 9:00 AM in the 9th Circuit Court-Family Division 1536 Gull Road, Kalamazoo, MI 49008 before Referee Robin V. King.

You have the right to an attorney and the right to a trial by judge or jury. IT IS THEREFORE ORDERED that Roy Snyder personally appear before the court at the time and place stated above. Roy Snyder shall immediately call 269-385-6042 to arrange appearance for this hearing due to COVID-19 circumstances. This hearing may result in the termination of your parental rights.

THE FOLLOWING VEHICLES WILL BE SOLD AT PUBLIC AUCTION UNDER THE AUTHORITY OF MCL SEC 257.25(2) ON TUESDAY JULY 30, 2020 FROM 8:00 A.M. TO 8:10 A.M. AT 159 10TH ST., PLAINWELL, MI 49080. Dodge 1B3H4B4A59D199572 Honda 5FNYF185X48010789



### PETS & FARMS

#### PETS & SUPPLIES

Photo Coming Soon

AKC American Cocker Spaniel Puppies. Born 6-12-20. Male and females. UTD on shots, dewormed. Friendly. Ready 8-7-20. Most sable. 616-636-8175.

AKC LAB PUPS 4 Cream & 2 Black. Shots, Vet Checked, Micro Chip, Health Guarantee \$1750.00 231-397-2701 or visit [perfectionpuppies.com](http://perfectionpuppies.com)

Blue Heeler Puppies, 1st shots & wormed, very nice! \$500 517-726-0706

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



## RECREATION

### BOATS, MOTORS & ACCESSORIES

15 ft Smoker Craft, fishing boat, with 40 hp mercury engine, \$3000 616-738-0893



## TRANSPORTATION

### MOTORCYCLES & SERVICE

WANTED : Vintage Motorcycles: 1900-1979. Dead or alive. Located in MI. We pay CASH! Russ Call 517-490-9676

### SUVs

JEEP 1989 WRANGLER-Soft top, 4x4, 2-door, 350 corvette engine in it, has a lift kit underneath, new tires, \$9,000. Or Very Good Offers! Call 989-798-8733



## EMPLOYMENT

### DRIVERS & TRANSPORTATION

DRIVER Experienced CDL Class A Driver wanted for Kalamazoo Metal Recyclers. 401K and healthcare available. Apply within at 1525 King Highway, Kalamazoo, MI. NO PHONE CALLS PLEASE.

WRECKER DRIVER 401K and healthcare available. Apply within at 1525 King Highway, Kalamazoo, MI. NO PHONE CALLS OR EMAILS PLEASE.

### GENERAL HELP WANTED

GENERAL LABORERS and YARD WORK 401k and health benefits available. Apply within at Kalamazoo Metal Recyclers, 1525 King Highway, Kalamazoo MI. NO PHONE CALLS PLEASE.

Hydraulic Crane Operator Experience recommended but will train. 401K & Healthcare available. Apply within: Kalamazoo Metal Recyclers, 1525 King Hwy. NO PHONE CALLS PLEASE.

MECHANIC Light & Heavy Truck Mechanic Some truck experience needed but will train. Tools required. 401K & health care available. Apply within: Kalamazoo Metal Recyclers, 1525 King Highway No phone calls please

TIRE REPAIR PERSON Experienced tire person to work on heavy-duty Equipment, Trucks & Trailers Apply within: 1525 King Hwy. 401k and health care available NO PHONE CALLS

TORCH PERSON 401k and health benefits available. Apply within at Kalamazoo Metal Recyclers, 1525 King Highway, Kalamazoo MI. NO PHONE CALLS PLEASE

WELDER - Experience required. Apply in person: Kalamazoo Metal Recyclers, 1525 King Highway, 401K & Health Benefits available! No phone calls please.



## REAL ESTATE FOR SALE

### ALL REAL ESTATE ADVERTISING IN THIS NEWSPAPER IS SUBJECT TO THE FEDERAL FAIR HOUSING AMENDMENTS ACT, AND THE MICHIGAN CIVIL RIGHTS ACT, AND THE GRAND RAPIDS MUNICIPAL CODE WHICH MAKE IT ILLEGAL TO ADVERTISE ANY PREFERENCE, LIMITATIONS OR DISCRIMINATION BASED ON RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP, FAMILIAL STATUS, AGE, MARITAL STATUS, SOURCE OF LAWFUL INCOME OR PUBLIC ASSISTANCE RECIPIENT STATUS, OR AN INTENTION TO MAKE ANY SUCH PREFERENCE, LIMITATION OR DISCRIMINATION. FAMILIAL STATUS INCLUDES CHILDREN UNDER THE AGE OF 18 LIVING WITH PARENTS OR LEGAL CUSTODIANS, PREGNANT WOMEN AND PEOPLE SECURING CUSTODY OF CHILDREN UNDER 18.

This newspaper will not knowingly accept any advertising for real estate which is in violation of the law. To report discrimination, call the Office of Fair Housing and Equal Opportunity of the U.S. Department of Housing and Urban Development (HUD) at 1-800-669-7777. The HUD TTY telephone number for the hearing impaired is 1-212-708-1455.

### WATERFRONT PROPERTIES

Photo Coming Soon

Lake Front Home Furnished 2BR 2BA WO Bsmt. Sale by owner: cottage or year-around home on all-sports Campbell Lake. Located 30min N. of Muskegon. Info @ [lakefrontlifelife.com](http://lakefrontlifelife.com) 220K or BO 231-286-4893



## REAL ESTATE FOR RENT

### APARTMENT UNFURNISHED

RIVERVIEW CO-OP 1628D Waiting list now open for Section 8 units. 3648D Market rate Townhouses, call on availability. Applications outside door @ 1028 Bridge St, Kzoo 269-549-6631 TTY: 711

### RIVERVIEW CO-OP

Lista de espera abierta para apartamentos de 1 y 2 habitaciones en Sección 8. Casas de 3 y 4 habitaciones a precio de mercado, llame para disponibilidad. Aplicaciones disponibles en la puerta. 1028 Bridge St, Kalamazoo 269-349-6631 TTY: 711

### RIVERVIEW COOPERATIVE

Aplicaciones disponibles en la puerta. 1028 Bridge St, Kalamazoo 269-349-6631 TTY: 711

### MECHANIC

Light & Heavy Truck Mechanic Some truck experience needed but will train. Tools required. 401K & health care available. Apply within: Kalamazoo Metal Recyclers, 1525 King Highway No phone calls please

TIRE REPAIR PERSON Experienced tire person to work on heavy-duty Equipment, Trucks & Trailers Apply within: 1525 King Hwy. 401k and health care available NO PHONE CALLS

TORCH PERSON 401k and health benefits available. Apply within at Kalamazoo Metal Recyclers, 1525 King Highway, Kalamazoo MI. NO PHONE CALLS PLEASE

WELDER - Experience required. Apply in person: Kalamazoo Metal Recyclers, 1525 King Highway, 401K & Health Benefits available! No phone calls please.



### PUBLIC NOTICE

Schoolcraft Community Schools is accepting students from Cass, St. Joseph and Van Buren Counties under Section 105C School of Choice. Our open enrollment period is from August 1, 2020 - August 21, 2020.

Find more stories on [mlive.com/sports](http://mlive.com/sports)

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



### PUBLIC NOTICE

Schoolcraft Community Schools is accepting students from Cass, St. Joseph and Van Buren Counties under Section 105C School of Choice. Our open enrollment period is from August 1, 2020 - August 21, 2020.

Unlimited FREE Bargain Corner Ads for items under \$300  
Ads are ONLY unlimited when placed on our ONLINE tool at [www.mlive.com/placead](http://www.mlive.com/placead)

## Bargain Corner

List each item and its bargain price. The highest priced item determines the cost of your ad. Prices are for an 8-line ad for 7 days in print and online subject to availability.

Item Price	Ad Cost
Free - \$300	FREE*
Under \$1,000	\$6
Under \$2,000	\$12

\*One ad per week per household.  
\*Bargain Corner ads that are placed over the phone through our call center are subject to a \$10 Service Charge in addition to ad cost.  
No dealer ads, pets or living things please.  
Pre-payment is required. We're happy to accept:  
VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER  
Place your own ad at: [www.mlive.com](http://www.mlive.com)

Call (616) 222-5555  
800-878-1511

### BARGAIN CORNER

1950's Western Electric Telephone. Model: 500. Color: black. Excellent condition. \$45.00. Call (269) 343-4870

Subscribe today at [members.mlive.com](http://members.mlive.com)

### BAKING DISH - LARGE - NEVER USED - REAL LUCITE & CHROME CRADLE - COLLECTABLE. Large glass baking dish - easy clean up. Carrying/Serving Cradle is stunning. In Museum collections. Only \$100 set. 616-724-6704.

BUYING BASEBALL CARD COLLECTIONS AND ALL OTHER SPORTS  
Paying Cash!!!  
(616) 638-2105

### CDs - Cassettes - Never Used

- non-Christmas & Christmas Music - Stocking Stuffers. Does Mom & Dad or Grandma & Grandpa have a Cassette/CD player in their car or home? Never-used. \$10. 616-724-6704

Chair and Ottoman by Flex Steel, neutral print pattern \$40, also Entertainment center Amish Crafted solid oak. Glass enclosed storage shelves, \$100. 269-629-4050.

COMIC BOOKS  
Buying large or small collections.  
Paying Cash!!!  
(616) 658-2105

CROSSBOW - Horton Storm RDX, by ten point, package deal, \$100. Call for info (269) 377-2346.

Ethan Allen Dark pine 48" round dining set with 6 chairs 2 1/2" leafs \$250.00. Pfaltzgraff York Town 10 pc. plus services dishes \$110.00 269-372-2888

Fireplace-Brick, \$50. 42" TV, \$75. Winback- Burgundy chairs \$40 for the pair. Tables- \$15-\$25. Lamps- \$5-\$10. Mirrors- \$10-\$25. 4-Drawer dresser- matching nightstand \$25. Boxes of misc. old & new items, boxes of books. 1 item or all, Must sell. 269-552-6348

Gadco- 8x7 mini storage roll up garage door model 400. Never been used. Asking \$125 269-624-6262

GLADIOLAS - NEVER USED - CORAL - OVER 3 FEET TALL - LARGE VASE - DECORATOR PEBBLES - GREAT GIFT. Never buy flowers again. So realistic you will sniff them. One of a kind. Stunning. Only \$300 Firm 616-329-0942.

HANDBAGS - All Designer - Never Used - Sleeper Bags included. Collectable. Never Used. Multiple price ranges. \$25 & up Firm. 616-329-0942

JEWELRY - Sterling Silver - Never Worn - Large Pieces - Great Gifts. Sterling Silver pieces are \$100 or less. All pieces from Fine Jewelry stores or Art Galleries. Not junk jewelry. >\$100. Call 616-329-0942.

### JOG/LOUNGE Sets - Designer

- Never Worn - Fully Lined - Great Gifts. Women's (generous) Small. Only 2 sets left. High-end. Must see. Evening out, Jogging, Errands or just Lounging. \$75 each Firm. Call 616-724-6704.

JUMPER CABLES Heavy Duty. Heavy Duty Jumper Cables - Must for Everyone. Be Safe. \$25 Call 616-329-0942.

Moved out-for sale Fire-place bricks, 42" TV, wing back burgundy chairs. Cables, lamps, mirrors, 1 four or dressers, & 2 matching night stands, bookcase, Raggen shelving. Boxes of Knickknacks and books call for details 269-624-6348 1 item for sale or one price for all. Ready to Sale Very nice Stuff!!!!

ORGANIZER - CAR - SUV - TRUCK - NEVER USED - HIGH END - GREAT GIFT. Use inside vehicle or trunk. Best in the industry. ONLY 1 Left. \$40 Firm. 616-724-6704.

Outboard for sale. 9.8 HP Nissan / Tohatsu short shaft 4 stroke outboard with electric start and power tilt, used less than one hour and stored inside. Would not work on infested application. \$1500.00 OBO call

RIFLE - Savage model 10 Predator with accurast, 243 cal. \$600. Package deal also available. Call (269) 377-2346.

WANTED GUN RELOADING EQUIP.- PRESSES, MOLDS, DIES, OLD AMMO, OLD GUNS & PARTS. TOTAL ESTATE, CASH PAID! Call 517-625-0416

### MOONLIGHT BARGAINS

DIABETIC TEST STRIPS WANTED - CASH PAID !! Local pickup, cash payment Area's oldest most trusted Bob, The Test Strip Guy 616-298-8556

A convenient list of local service providers

# BUSINESS directory

To advertise your business in this directory call Brenda Sardison at 877-366-0048 or [bsardison@mlive.com](mailto:bsardison@mlive.com)

MAKE SURE YOU MENTION TO YOUR SERVICE PROVIDER YOU SAW THEM HERE

### CEMENT WORK

**Complete Care Concrete**

Sidewalks, Driveways, Steps, Walls, Stucco, Basements, Patios, Pole Barns, Masonry, Grading

Stamped Decorative Concrete  
RESIDENTIAL & COMMERCIAL  
269-282-1766

### PAINTING

**INTERIOR/EXTERIOR**  
Painting and Power Washing  
Senior Citizen Discount  
Retired Teacher  
Call Don (269) 324-0712

### MISCELLANEOUS SERVICES

**We Buy Autos**  
Paying \$200 to \$5,000  
for your unwanted, running or not vehicle.  
Free Pickup.  
Call (269) 223-3588

### REMODELING

**REMODELING - All aspects**  
Additions, Garages, Decks & Maint.  
Lic. & Ins. 30+ yrs exp. Tri Square Builders  
(269) 501-7664

### WINDOWS

**SPRING SAVINGS EVENT!**

- SPECIAL FINANCING
- UP TO 50% OFF LABOR
- \$200 TARGET GIFT CARD WITH QUALIFYING PURCHASE\*

We can provide you with a quote without ever setting foot inside your home. Serving Western and Northern Michigan for nearly 40 years

Ask how you can get up to 12 months no payments and no interest! Get your project done now, and don't pay until 2021!

Get 10 windows for as low as \$99/month

Enter to win our annual \$15,000 home improvement giveaway!

100% lifetime guarantee on products and parts  
100% lifetime guarantee on labor!

**FREE ESTIMATES!**

Window Replacement

\*See in-home rep for details on qualifying purchase, finance offer good on approved credit only. This promotion cannot be combined with any other offer, and is not valid on previous purchases.

We can provide you with a quote without ever setting foot inside your home. Serving Western and Northern Michigan for nearly 40 years

Call us today!  
**(616) 552-8165**  
**AllWeatherSealinc.com**  
319 E Main St. | Lowell, MI 49331