

# Medicaid Alternative Benefit Plan

## Medicaid Alternative Benefit Plan: General Information

State/Territory name: **Michigan**  
Transmittal Number: **MI-22-1004**

### General Information:

#### Submission Title:

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

MI Alternative Benefit Plan (ABP) MI-22-1004

#### Description:

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

- ☐ The state attests that this SPA does not make a substantive change and therefore does not require the state to provide public notice in accordance with 42 CFR 440.386.
- ☒ Public notice has been conducted prior to SPA submission pursuant to 42 CFR 440.386.

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

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

Upload Public Notice Documents	
Please provide a short description of this public notice:	
Public Notice Clip, December 4, 2022	
Uploaded Document Name:	Date Uploaded:
Tearsheet for NF Non-Routine Therapy - Flint Journal.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.*

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## Medicaid Alternative Benefit Plan: File Management Summary

State/Territory name: **Michigan**  
Transmittal Number: **MI-22-1004**

Form Code	Form Name	Uploaded Form Count
ABP1	Alternative Benefit Plan Populations	1
ABP2a	Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act	1
ABP2b	Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under Section 1902(a)(10)(A)(i)(VIII) of the Act	0
ABP2c	Enrollment Assurances - Mandatory Participants	0
ABP3	ABP3-Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package (Use only if ABP has an effective date prior to 1/1/2020 or if only changing the section 1937 Coverage Option of an ABP implemented prior to 1/1/2020) or ABP3.1-Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package (Use only for ABP's effective on or after 1/1/2020)	1
ABP4	Alternative Benefit Plan Cost-Sharing	1
ABP5	Benefits Description	1
ABP6	Benchmark-Equivalent Benefit Package	0
ABP7	Benefits Assurances	1
ABP8	Service Delivery Systems	1
ABP9	Employer Sponsored Insurance and Payment of Premiums	1
ABP10	General Assurances	1
ABP11	Payment Methodology	1

## Medicaid Alternative Benefit Plan: File Management Detail

### Form ABP1: Alternative Benefit Plan Populations

#### ABP1 Forms List

Form
<p>Please provide a short description of this ABP1 form:</p> <p>This state plan page identifies and defines eligible Medicaid populations that will receive their Medicaid coverage through an Alternative Benefit Plan (ABP).</p> <p><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

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

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

### ABP2a Forms List

<b>Form</b>
Please provide a short description of this ABP2a form: This is the first in the series of Alternative Benefit Plan (ABP) fillable PDFs (state plan pages) in which the state or territory provides assurances concerning the enrollment of
<b>Uploaded Form Name:</b> ABP2a Voluntary Benefit Package Selection Assurances FINAL (03-14-14).pdf
<b>Date Uploaded:</b> 01/22/2014

### Support Documents

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

### ABP2b Forms List

<b>Form</b>
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### Support Documents

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

### ABP2c Forms List

<b>Form</b>
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### Support Documents

<b>Document</b>
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## 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).**

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**ABP3 Forms List**

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

**Support Documents**

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

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**ABP4 Forms List**

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

**Support Documents**

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

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**ABP5 Forms List**

<b>Form</b>
Please provide a short description of this ABP5 form: This state plan page is used to indicate that Michigan's Alternative Benefit Plan's (ABP) benefits are provided as part of a benchmark benefit package. It also provides details
<b>Uploaded Form Name:</b> ABP5 Benefits Description November 2022 Nursing Facility Services.pdf
<b>Date Uploaded:</b> 01/22/2014

**Support Documents**

<b>Document</b>
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## Form ABP6: Benchmark-Equivalent Benefit Package

### ABP6 Forms List

Form
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### Support Documents

Document
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## Form ABP7: Benefits Assurances

### ABP7 Forms List

Form
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Please provide a short description of this ABP7 form:

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

**Uploaded Form Name:**

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

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

### Support Documents

Document
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## Form ABP8: Service Delivery Systems

### ABP8 Forms List

Form
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Please provide a short description of this ABP8 form:

This state plan page indicates and describes the service delivery system(s) Michigan will use to deliver benefits to its Alternative Benefit Plan's (ABP) participants.

**Uploaded Form Name:**

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

Current ABP8 Service Delivery Systems BH 1915i Update PRINT.pdf

### Support Documents

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

### ABP9 Forms List

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

#### Support Documents

<b>Document</b>
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## Form ABP10: General Assurances

#### ABP10 Forms List

<b>Form</b>
Please provide a short description of this ABP10 form: This state plan page provides Michigan's assurances concerning compliance with general Medicaid requirements for a section 1937 Alternative Benefit Plan (ABP) state plan
<b>Uploaded Form Name:</b> ABP10 General Assurances FINAL (1-22-14).pdf
<b>Date Uploaded: 01/22/2014</b>

#### Support Documents

<b>Document</b>
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## Form ABP11: Payment Methodology

#### ABP11 Forms List

<b>Form</b>
Please provide a short description of this ABP11 form: This state plan page provides Michigan's assurances concerning payment methodologies that will be used for the Alternative Benefit Plan's (ABP) benefits when the benefits are
<b>Uploaded Form Name:</b> ABP11 Payment Methodology FINAL (1-22-14).pdf
<b>Date Uploaded: 01/22/2014</b>

#### Support Documents

<b>Document</b>
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## Medicaid Alternative Benefit Plan: Tribal Input

State/Territory name:

Michigan

Transmittal Number:

MI-22-1004

☒ 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 September 26, 2022.
Uploaded Document Name: L 22-27.pdf
Date Uploaded: 01/22/2014

Indicate the key issues raised in Indian consultative activities:

☐ Access

Summarize Comments

Summarize Response

☐ Quality

Summarize Comments

Summarize Response

☐ Cost

Summarize Comments

Summarize Response

☐ Payment methodology

Summarize Comments

Summarize Response

☐ Eligibility
 Summarize Comments
 
 Summarize Response

☐ Benefits
 Summarize Comments
 
 Summarize Response

☐ Service delivery
 Summarize Comments
 
 Summarize Response

☐ Other Issue

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name:

Michigan

Transmittal Number:

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

MI-22-1004

Proposed Effective Date

01/01/2023

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

Federal Budget Impact		
	Federal Fiscal Year	Amount
First Year	2023	\$ 324500.00
Second Year	2024	\$ 312500.00

Subject of Amendment

This State Plan Amendment (SPA) is submitted in order to provide more flexibility with regards to prior authorization requirements for non-routine therapy services for beneficiaries residing in nursing facilities. The related Medicaid SPA is

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:

Farah Hanley  
Chief Deputy Director for Health

**Signature of State Agency Official**

<b>Submitted By:</b>	<b>Erin Black</b>
<b>Last Revision Date:</b>	<b>Dec 19, 2022</b>
<b>Submit Date:</b>	<b>Dec 19, 2022</b>



# 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.

### Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Priority Health HMO

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

Secretary-Approved

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

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



# Alternative Benefit Plan

☒ Essential Health Benefit 1: Ambulatory patient services

Collapse All ☐

Benefit Provided:

Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

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

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

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

Benefit Provided:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

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

Benefit also includes ambulatory surgery center facility services.

Benefit Provided:

Home Health Care

Source:

State Plan 1905(a)

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

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

<input checked="" type="checkbox"/> Essential Health Benefit 2: Emergency 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;">Emergency Services -Other Medical Care</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 is limited to services that are necessary to evaluate or stabilize an emergency medical condition.</div><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p><div style="border: 1px solid black; height: 20px; margin-top: 5px;"></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="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;">Emergency Transp./ Ambulance - Other Medical Care</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 is limited to services that are necessary to evaluate or stabilize an emergency medical condition.</div><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p><div style="border: 1px solid black; height: 20px; margin-top: 5px;"></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="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;">Urgent Care Services - Clinics</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 is limited to unscheduled diagnosis and treatment of illnesses for ambulatory beneficiaries requiring immediate medical attention for non-life-threatening conditions.</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

Add



# Alternative Benefit Plan

☒ Essential Health Benefit 3: Hospitalization

Collapse All ☐

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

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

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

Add



# Alternative Benefit Plan

<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: 30px;">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: 30px;">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:

Laboratory

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

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

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

Add



# Alternative Benefit Plan

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

Collapse All ☐

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

Benefit Provided:

Preventive Services

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

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

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

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

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

Add



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 10: Pediatric services including oral and vision care		Collapse All <input type="checkbox"/>	
Benefit Provided: Medicaid State Plan EPSDT Benefits		Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>		
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="N/A"/>		
Scope Limit: <input type="text" value="None"/>			
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."/>			
			<input type="button" value="Add"/>



# Alternative Benefit Plan

<input type="checkbox"/> Other Covered Benefits from Base Benchmark	Collapse All <input type="checkbox"/>
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# Alternative Benefit Plan

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





# Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Services by Other Health Professional (Podiatry) are mapped to the "ambulatory patient services" EHB category. The services are a duplication of podiatry services -other licensed practitioner- from the existing state Medicaid plan.</p>		<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

<input checked="" type="checkbox"/> Other 1937 Covered Benefits that are not Essential Health Benefits		Collapse All <input type="checkbox"/>
<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;">Dental 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;">Varies</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Preventive dental services are covered every six months. Radiograph limits vary based on type of view (eg. bitewing, panorex, etc.).</div><p>Other:</p><div style="border: 1px solid black; padding: 2px;">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.</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;">Varies</div></div><div style="width: 10%; text-align: center;"><div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div></div></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;">Vision/Optomtrist Services</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Authorization required in excess of limitation</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Varies</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">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).</div><p>Other:</p><div style="border: 1px solid black; padding: 2px;">Vision/Optomtrist Services are covered for adults. Certain services and supplies may be subject to meeting stipulated criteria and/or prior authorization.</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;">Varies</div></div><div style="width: 10%; text-align: center;"><div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div></div></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;">Personal Care Services</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Prior Authorization</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Varies</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;">Varies</div></div><div style="width: 10%;"></div></div>		



# 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:

Varies

## Duration Limit:

Varies

## Scope Limit:

See Supplement to Attachment 3.1-A, Item 4a. Nursing Facility Services in Michigan's Medicaid State plan.

## Other:

See Supplement to Attachment 3.1-A, Item 4a. Nursing Facility Services in Michigan's Medicaid State plan.

## Other 1937 Benefit Provided:

Clinic Services

## Source:

Section 1937 Coverage Option Benchmark Benefit Package



# Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See scope limit below.

Other:

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

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

Other 1937 Benefit Provided:

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

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

Other:

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

Other 1937 Benefit Provided:

Behavioral Health Targeted Case Mgmt Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Provider Qualifications:

Medicaid State Plan

Authorization:

Other

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None





# Alternative Benefit Plan

Other:

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

Remove

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

Other 1937 Benefit Provided:

Program of All-Inclusive Care for Elderly (PACE)

Authorization:

Other

Amount Limit:

See below

Scope Limit:

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

Other:

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

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Provider Qualifications:

Medicaid State Plan

Duration Limit:

See below

Other 1937 Benefit Provided:

Rehabilitation -Mental Health Crisis Residential

Authorization:

Other

Amount Limit:

None

Scope Limit:

None

Other:

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

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Provider Qualifications:

Medicaid State Plan

Duration Limit:

None

Other 1937 Benefit Provided:

Mental Health Outpatient Community Support

Authorization:

Other

Amount Limit:

Varies

Scope Limit:

None

Other:

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

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Provider Qualifications:

Medicaid State Plan

Duration Limit:

Varies



# Alternative Benefit Plan

<input type="text"/>		<input type="button" value="Remove"/>
<hr/>		
Other 1937 Benefit Provided:	Source:	
<input type="text" value="Substance Use Disorder Residential Services"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="Other"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:		
<input type="text" value="None"/>		
Other:		
<input type="text" value="See Supplement to Attachment 3.1-A, Item 13d. Rehabilitative Services in Michigan's Medicaid State plan."/>		
<hr/>		
Other 1937 Benefit Provided:	Source:	
<input type="text" value="Subst Use Disorder Sub-Acute Detox Services"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="Other"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:		
<input type="text" value="None"/>		
Other:		
<input type="text" value="See Supplement to Attachment 3.1-A, Item 13d. Rehabilitative Services in Michigan's Medicaid State plan."/>		
<hr/>		
Other 1937 Benefit Provided:	Source:	
<input type="text" value="Behavioral Health Community Based Services 1915(i)"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Other"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:		
<input type="text" value="None"/>		



# 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 10/1/23 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.

Other 1937 Benefit Provided:

Medication-Assisted Treatment (MAT)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

None

Scope Limit:

None

Other:

See Supplement to Attachment 3.1-A, Item 29. Medication-Assisted Treatment Services in Michigan's Medicaid State plan.

MAT is provided as defined in the approved state plan 3.1-A (and if applicable, 3.1B pages).

MAT is exclusively provided in accordance with 1905(a)(29) for the period beginning October 1, 2020, and ending September 30, 2025.

Other 1937 Benefit Provided:

Genetic Counselors - Other Licensed Practitioners

Source:

Section 1937 Coverage Option Benchmark Benefit Package



# Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Limited to providing genetic counseling services as defined by state law under the genetic counselor's scope of practice.

Other:

See Supplement to Attachment 3.1-A, Item 6d. Other Practitioner Services in Michigan's Medicaid State plan.

Other 1937 Benefit Provided:

Routine Patient Cost in Qualifying Clinical Trials

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

Varies

Other:

See Supplement to Attachment 3.1-A, Item 30. Coverage of Routine Patient Cost in Qualifying Clinical Trials in Michigan's Medicaid State Plan.

Other 1937 Benefit Provided:

Doula Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

Services are limited to pregnant and postpartum beneficiaries.

Other:

See Supplement to Attachment 3.1-A, Item 13. Preventive Services - Doula 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





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## ANNOUNCEMENTS

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Homes for Sale  
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Commercial



## BARGAIN CORNER

Business Bargains  
Items \$1,000 or  
Less Wanted to Buy



## ANNOUNCEMENTS

### PUBLIC NOTICES

#### BISHOP INTERNATIONAL AIRPORT AUTHORITY

Notice of Public Hearing on Proposed 2023 Budget

The Board of Bishop International Airport Authority will hold a public hearing at 11:30 a.m. on Tuesday, December 13, 2022, or as soon thereafter as the order of business will permit, on its proposed 2023 budget.

The public hearing will be held in the Sharp Conference Room at Bishop International Airport, which is located on the second floor of the main terminal building G-3425 West Bristol Road, Flint, Michigan.

A copy of the 2023 Proposed Budget of the Authority is available for public inspection at the Administrative Offices. The property tax millage rate proposed to be levied to support the proposed budget will be a subject of this hearing.

**BEECHER COMMUNITY SCHOOL DISTRICT INVITATION TO BID**  
Design Services Proposal  
2023  
November 30, 2022

The Beecher Community School District Board of Education is accepting proposals to provide BCSD with designs for renovation of Old Beecher High School, Ira A. Rutherford, III Administration Building and/or new construction in accordance with the specifications, terms, and conditions stated herein. The district will reject all bids that arrive late. For the complete Request for Proposal, please visit our website at [www.beecherschools.org](http://www.beecherschools.org) or bidnetdirect at [www.bidnetdirect.com](http://www.bidnetdirect.com)

### Public Notice

Michigan Department of Health and Human Services Behavioral and Physical Health and Aging Services Administration

Non-routine Therapy for Nursing Facility Residents State Plan Amendment Requests

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 to change the prior authorization requirements for non-routine therapy services for beneficiaries residing in nursing facilities and a corresponding alternative benefit plan (ABP) SPA.

The anticipated effective date for the Non-routine Therapy for Nursing Facility Residents SPAs is January 1, 2023.

Current policy requires prior authorization for any non-routine therapy services provided to a nursing facility resident. New policy would require prior authorization for non-routine therapy services rendered more than 60 days from the admission date to the facility.

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.

The estimated gross cost to the State of Michigan for the State Plan Amendments is \$480,000 per year.

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 sending an e-mail to [MSADraftPolicy@michigan.gov](mailto:MSADraftPolicy@michigan.gov) or submitting a request in writing to: MDHHS/Behavioral and Physical Health and Aging Services Administration, Program Policy Division, PO Box 30479, Lansing MI 48909-7979 by December 16, 2022. A copy of the proposed State Plan Amendment will also be available for review at: [www.michigan.gov/mdhhs/inside-mdhhs/budget/finance/264/state-plan-amendments](http://www.michigan.gov/mdhhs/inside-mdhhs/budget/finance/264/state-plan-amendments)



## ANNOUNCEMENTS

### PUBLIC NOTICES

#### CHARTER TOWNSHIP OF FLINT PLANNING COMMISSION

NOTICE OF PUBLIC HEARING FOR SPECIAL LAND USE

CASE#: PSLU22-0004  
ADDRESS: 1501 and 1519 W Bristol Rd + adjacent Vacant lot South

LEGAL: 07-36-100-001, 07-36-100-002, 07-36-100-012

PROPOSED Storage of New Production General Motors Vehicles

Notice is hereby given of a proposed Special Land Use pursuant to Public Act 110 of 2006 (Zoning Enabling Act).

Said meeting will be held at the Charter Township of Flint, on Monday, December 19, 2022 at 5:00 p.m.

Interested parties should plan to attend. Written comment may be addressed to Charter Township of Flint, 1490 South Dye Road, Flint, Michigan 48932, Attention: Building Department. Please include the Case # at the top of your written response.

Interested parties may inspect all documentation relative to this request at the Flint Township Building Department, Monday through Thursday, between 8:00 a.m. and 5:30 p.m.

Larry Ford, Chairman  
Charter Township of Flint Planning Commission

Sealed bids will be received until 2:00 p.m. (EST), Monday, January 9, 2023, at the Genesee County Purchasing Department, 1101 Beach Street, Room 361, Flint, MI, 48902 for Legal and Social Work Services for Genesee County Circuit Court. A copy of the RFP #22-308 may be downloaded from the following site: [https://www.geneseecountymi.gov/departments/fiscal\\_services/purchasing\\_department/current\\_bids2022.php](https://www.geneseecountymi.gov/departments/fiscal_services/purchasing_department/current_bids2022.php) choose Current Bids and then click on the name of the RFP or contact the offices of the Genesee County Purchasing Department at (810) 257-3030.

Sealed bids will be received until 2:00 p.m. (EST), Monday, January 9, 2023, at the Genesee County Purchasing Department, 1101 Beach Street, Room 361, Flint, MI, 48902 for the Network Infrastructure @ Genesee County Jail. A copy of the ITB #22-309 may be downloaded from the following site: [https://www.geneseecountymi.gov/departments/fiscal\\_services/purchasing\\_department/current\\_bids2022.php](https://www.geneseecountymi.gov/departments/fiscal_services/purchasing_department/current_bids2022.php) choose Current Bids and then click on the name of the RFP/ITB or contact the offices of the Genesee County Purchasing Department at (810) 257-3030.



## MERCHANDISE

### AUCTIONS & AUCTIONEERS

**LOUIE'S TOWING POLICE AUCTION- Wed, Dec 7th @ 1PM, 7121 N. Saginaw Rd., Mt. Morris. \$100 refundable reg. fee. Registration begins at Noon. See [LouiesTowing.com](http://LouiesTowing.com) for pics and vin #'s.**

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**WANTED GUN RELOADING EQUIP.- PRESSES, MOLDS, DIES, OLD AMMO, OLD GUNS & PARTS. TOTAL ESTATE, CASH PAID! CALL 517-623-0416**



## PETS & FARMS

**AKC Golden Retriever Puppies!** Beautiful AKC Golden Retriever puppies will be ready for their forever homes the first part of January just in time for the new year! Males and females available. \$1500.00 each. Located in Midland, MI. Sire and Dam have both been raised in our home with lots of socialization. DNA clearances on both Sire and Dam for common golden retriever disorders and diseases. Visit our website for more details. We are hands-on with our puppies for the first 8 weeks of their life to ensure they are prepared for their forever homes. Our puppies have a 1 year health guarantee, will be vet checked with their first vaccinations and worming schedule. Call or text 989-802-1208. Visit our website at [greystonegoldens.com](http://greystonegoldens.com). Email: [lcenote.sj@gmail.com](mailto:lcenote.sj@gmail.com). We require a \$250 deposit to hold a puppy for you. Puppy pictures will be available soon on our social media!

**BEAUTIFUL GOLDEN RETRIEVER PUPPIES**  
AKC, Male & Female, UTD Shots & Vet Checked, Ready To Leave  
Call 574-538-9082

**Bichon Frise Pups - AKC. Rare Breed! 3 months, Shots & dewormed. \$800 firm. 248-623-7107**

**French Bulldog Puppies**  
They have been health checked, microchipped, vaccinated, defleed & wormed. very well socialised with children & other dogs..Call/Text...(213)-536-7504

**German Short Hair Pointer Pups, Excellent pedigree**  
**Older German Short Hairs Free Shoemaker kennel 517-315-8505**



**Labradoodle Puppies Mini F1B**  
Both parents 20-25 lbs and live onsite. Taking deposits now - ready to go January 13th. PayPal/credit cards accepted. Vet checked twice, calm & healthy 616-446-0780 [www.labradoodlesite.com](http://www.labradoodlesite.com)

**Morkie & Maltipoo puppies, Tiny Teacup - Also Toy sizes**  
Vaccinated & Health Guaranteed. Siamese kittens available. 1-616-443-6004

**Toy Poodles- Shots, Wormed, Vet Checked. Also Shih-Poo Puppy**  
Call Karen  
989-426-3866 or 989-965-4278

**Yorkie Pups- Cute & Playful, UTD Shots/Dewormed, Vet Checked \$650 231-825-0214**



## TRANSPORTATION

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[bjxj222@aol.com](mailto:bjxj222@aol.com)



Wheelchair Accessible Mini Van. 2010 Chrysler Town and Country Wheelchair Accessible Minivan with 14K actual miles. Lowered floor with power side ramp for easy loading a wheelchair or scooter. Removable passenger seat so you can ride in your chair right next to driver seat. Power everything. Very well cared for! LIKE NEW! I will deliver to you for free. Call me 517-230-8865.



## EMPLOYMENT

### COMPUTER & TECHNOLOGY

EaseSeating Systems has an opening for an IT Product Manager position in Clio, MI. Reqs US Bachelor of Science degree. Analyze/interpret/translate product strategies for mobile based medical devices. Use .Net and front-end tools to create interactive UX/UI. Use Agile techniques to leverage performance indicators. E-mail resume to [easeseatingsd@mail.com](mailto:easeseatingsd@mail.com) with ref no 2023-19 & ref this ad



## REAL ESTATE FOR RENT

### APARTMENT UNFURNISHED



## RIDGECREST VILLAGE

Has availability for 2 and 3 Bedroom Townhomes Rent based on income. Approval is subject to credit check.

Call 810-785-7061 TTY/TDD 711 for info & application. Equal Housing Opportunity



**River Village Apartments**  
Has availability for 1&2 Bdrm Apartments Affordable Housing for Elderly, Handicapped & Disabled.  
**2&3 Bdrm Townhouses**  
Approval subject to credit background approval. Rent is based on income. Call 810.232.4548 TTY/TDD 711 for information & application.



## HOMES UNFURNISHED

Flint- 4406 Greenlawn. 3BR Very Clean. \$650/mo + \$650 Deposit. 810-423-7232

# Headliners

## 767-0680

**COOKIE WALK - Ethnic cookies and many other baked goods. Cookies sold at \$12.00 pound. Sat., Dec. 10th, 10am-1pm. St. Nicholas Church, 2143 S Center Rd., Burton. Hot beverages available. CASH OR CHECK ONLY**



## SHIAWASSEE COUNTY ROAD COMMISSION

# DIRECTOR OF FINANCE AND HUMAN RESOURCES/CLERK OF THE BOARD

The Shiawassee County Road Commission is seeking qualified applicants for the position of Director of Finance and Human Resources/Clerk of the Board. This is a full-time position. Applicants should possess, at a minimum, an Associate's Degree in accounting/finance/business or equivalent and at least five years' experience or Bachelor's Degree in accounting or business administration with two years' work-related experience. Previous work experience in the field of public road transportation is highly desired. The qualifications listed above are guidelines. Other combinations of education and experience which could provide the necessary knowledge, skills, and abilities to perform the job may be considered.

The position of Director of Finance and Human Resources/Clerk of the Board operates under the general direction of the Managing Director of the Shiawassee County Road Commission. The Finance Director/Clerk of the Board operates as the Chief Financial Officer of the Shiawassee County Road Commission and is responsible for all financial documentation as well as the preparation of annual Act 51 Reports, annual report, audits, oversees the processing of invoices, statements and accounts payable, and the preparation and recommendation of the annual budget to the Shiawassee County Road Commission Board. The Director of Finance and Human Resources/Clerk of the Board oversees the business office of the Road Commission, as well as the preparation of all bank deposits and transmittals to the County Treasurer. The Director of Finance & Human Resources/Clerk of the Board is responsible to oversee payroll processing, all investments, accounts, end of month and end of year closing statements, and any or all other duties and responsibilities as may be assigned by the Managing Director and/or the Shiawassee County Road Commission Board. In addition, the Director of Finance and Human Resources/Clerk of the Board handles all Human Resource related duties of the Road Commission, including administration of health insurance, sick and accident, retirement plans, and any employee related concerns or issues. The Director of Finance and Human Resources/Clerk of the Board is responsible for attending all Shiawassee County Road Commission Board meetings and the minutes of these meetings.

The salary range for this position will be determined based upon qualifications and experience. The Shiawassee County Road Commission offers an excellent benefit package. Salary and benefit reviews are undertaken annually by the Shiawassee County Road Commission Board. We will accept applications starting on Monday, November 28th, 2022. An application form and job description can be obtained at the Shiawassee County Road Commission, 701 West Corunna Avenue, Corunna, MI 48817, Monday-Friday from 7:00 a.m. to 3:30 p.m. They can also be requested by email at [generalmail@shiawasseeroads.com](mailto:generalmail@shiawasseeroads.com) or found on our website at [www.shiawasseeroads.com](http://www.shiawasseeroads.com). The deadline to submit an application, letter of interest and resume is **December 16th, 2022 at 3:00 p.m.** Applications will be accepted at our location or by email and US Postal Service. Candidates requiring confidentiality should so indicate.

*The Shiawassee County Road Commission is an equal opportunity employer.*

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STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ELIZABETH HERTEL  
DIRECTOR

September 26, 2022

NAME  
TITLE  
ADDRESS  
CITY STATE ZIP

Dear Tribal Chair and Health Director:

**RE:** Non-routine Therapy Prior Authorization Requirements for Nursing Facility Residents

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 a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS).

The purpose of the SPA is to reduce the delays in obtaining non-routine therapy services once a beneficiary is admitted to a nursing facility. The intent is for beneficiaries to be assessed quickly and to reduce access to care issues created by the previous authorization process. Long-term Care facilities will need to obtain prior authorization for non-routine therapy services rendered more than 60 days from the beneficiary's admission date to the facility. Facilities will then be required to re-certify every 60 days after the initial request. There will be no impact to tribal health clinics and urban Indian organizations. The anticipated effective date of this SPA is January 1, 2023.

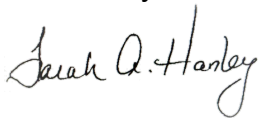
There is no public hearing scheduled for this SPA. Input regarding this SPA is highly encouraged, and comments regarding this notice of intent may be submitted to Lorna Elliott-Egan, MDHHS Liaison to the Michigan tribes. Lorna can be reached at 517-512-4146, or via email at [Elliott-EganL@michigan.gov](mailto:Elliott-EganL@michigan.gov). **Please provide all input by November 10, 2022.**

In addition, MDHHS is offering to set up group or individual consultation meetings to discuss the SPA, 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.

An electronic copy of this letter is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >>  
Policy, Letters & Forms.

Sincerely,

A handwritten signature in cursive script, appearing to read "Farah Q. Hanley".

Farah Hanley  
Chief Deputy for Health

CC: Keri Toback, CMS  
Nancy Grano, CMS  
Chasity 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 22-27  
September 26, 2022**

Ms. Whitney Gravelle, President, Bay Mills Indian Community  
Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center)  
Mr. David M. Arroyo, Chairman, Grand Traverse Band Ottawa & Chippewa Indians  
Ms. Doris Winslow, Health Director, Grand Traverse Band Ottawa/Chippewa  
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community  
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center  
Ms. Kim Klopstein, President, Keweenaw Bay Indian Community  
Ms. Elizabeth 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  
Ms. Rebecca Richards, Tribal Chairwoman, Pokagon Band of Potawatomi Indians  
Ms. Priscilla Gatties, Interim Health Director, Pokagon Potawatomi Health Services  
Ms. Theresa Peters-Jackson, Tribal Chief, Saginaw Chippewa Indian Tribe  
Mrs. Karmen Fox, Executive Health Director, Nimkee Memorial Wellness Center  
Mr. Austin Lowes, Tribal Vice Chairperson, 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  
Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan  
Daniel Frye, Director, Indian Health Service - Bemidji Area Office  
Lorna Elliott-Egan, MDHHS