

Medicaid Alternative Benefit Plan

Medicaid Alternative Benefit Plan: General Information

State/Territory name: **Michigan**
Transmittal Number: **MI-23-1001**

General Information:

Submission Title:

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

MI Alternative Benefit Plan (ABP) MI-23-1001

Description:

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

- ☐ The 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, November 20, 2022	
Uploaded Document Name:	Date Uploaded:
Tearsheet for TCM for Incar - Grand Rapids Press.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.*

0

Medicaid Alternative Benefit Plan: File Management Summary

State/Territory name: Michigan
Transmittal Number: MI-23-1001

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

Medicaid Alternative Benefit Plan: File Management Detail

Form ABP1: Alternative Benefit Plan Populations

ABP1 Forms List

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

Support Documents

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

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

ABP2a Forms List

Form
Please provide a short description of this ABP2a form: pages) in which the state or territory provides assurances concerning the enrollment of Medicaid beneficiaries into an ABP. This particular state plan page must be completed if the ABP population includes the Adult eligibility group under section 1902(a)(10)(A)(i)
Uploaded Form Name: ABP2a Voluntary Benefit Package Selection Assurances FINAL (03-14-14).pdf
Date Uploaded: 01/22/2014

Support Documents

Document

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

ABP2b Forms List

Form

Support Documents

Document

Form ABP2c: Enrollment Assurances - Mandatory Participants

ABP2c Forms List

Form

Support Documents

Document

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

ABP3 Forms List

Form

Please provide a short description of this ABP3 form:

This state plan page selects the Alternative Benefit Plan's (ABP) section 1937 coverage option and its base benchmark plan that Michigan used to establish the benefit package

Uploaded Form Name:

Date Uploaded: 01/22/2014

Current ABP3 Selection of Benchmark Benefit Package or Benchmark Equivalent Package 9-

Support Documents

Document

Form ABP4: Alternative Benefit Plan Cost-Sharing

ABP4 Forms List

Form

Please provide a short description of this ABP4 form:

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

Uploaded Form Name:

Date Uploaded: 01/22/2014

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

Support Documents

Document

Form ABP5: Benefits Description

ABP5 Forms List

Form

Please provide a short description of this ABP5 form:

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
Uploaded Form Name:
Date Uploaded: 01/22/2014
ABP5 Benefits Description TCM Justice Involved Individuals.pdf

Support Documents

Document

Form ABP6: Benchmark-Equivalent Benefit Package

ABP6 Forms List

Form

Support Documents

Document

Form ABP7: Benefits Assurances

ABP7 Forms List

Form
Please provide a short description of this ABP7 form:
This state plan page provides a number of assurances concerning the benefits provided under the Alternative Benefit Plan (ABP).
Uploaded Form Name:
Date Uploaded: 01/22/2014
ABP7 Benefits Assurances FINAL (1-22-14).pdf

Support Documents

Document

Form ABP8: Service Delivery Systems

ABP8 Forms List

Form
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

Form ABP9: Employer Sponsored Insurance and Payment of Premiums

ABP9 Forms List

Form

Please provide a short description of this ABP9 form:

This state plan page indicates the State's decision to provide Alternative Benefit Plan (ABP) coverage, in whole or in part, by paying for employer sponsored health plans for

Uploaded Form Name:

Date Uploaded: 01/22/2014

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

Support Documents

Document

Form ABP10: General Assurances

ABP10 Forms List

Form

Please provide a short description of this ABP10 form:

This state plan page provides Michigan's assurances concerning compliance with general Medicaid requirements for a section 1937 Alternative Benefit Plan (ABP) state plan

Uploaded Form Name:

Date Uploaded: 01/22/2014

ABP10 General Assurances FINAL (1-22-14).pdf

Support Documents

Document

Form ABP11: Payment Methodology

ABP11 Forms List

Form

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

Uploaded Form Name:

Date Uploaded: 01/22/2014

ABP11 Payment Methodology FINAL (1-22-14).pdf

Support Documents

Medicaid Alternative Benefit Plan: Tribal Input

State/Territory name: Michigan
Transmittal Number: MI-23-1001

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

- ☐ This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.
- ☒ The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.

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

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

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

Document	
Please provide a short description of this support document: Michigan's Tribal Notification letter dated November 15, 2022.	
Uploaded Document Name:	Date Uploaded: 01/22/2014
L 22-64.pdf	

Indicate the key issues raised in Indian consultative activities:

☐ Access

Summarize Comments

Summarize Response

☐ Quality

Summarize Comments

Summarize Response

☐ Cost

Summarize Comments

Summarize Response

☐

Payment methodology

Summarize Comments

Summarize Response

☐

Eligibility

Summarize Comments

Summarize Response

☐

Benefits

Summarize Comments

Summarize Response

☐

Service delivery

Summarize Comments

Summarize Response

☐

Other Issue

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: Michigan

Transmittal Number:

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

MI-23-1001

Proposed Effective Date

04/01/2023 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2023	\$ 0.00
Second Year	2024	\$ 0.00

Subject of Amendment

This State Plan Amendment (SPA) is submitted in order to cover and to reimburse for a new Targeted Case Management (Group G) for formerly incarcerated individuals.

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

Submitted By:

Erin Black

Last Revision Date:

Feb 21, 2023

Submit Date:

Feb 21, 2023



Alternative Benefit Plan

Attachment 3.1-C- ☐

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

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)

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.

Remove

Add



Alternative Benefit Plan

☒ Essential Health Benefit 4: Maternity and newborn care

Collapse All ☐

Benefit Provided:

Maternity Care - Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Maternity Care - Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

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

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

Benefit Provided:

Maternity Care- Outpatient Hospital Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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



Alternative Benefit Plan

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

Remove

Benefit Provided:

Nurse Midwife Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Add



Alternative Benefit Plan

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

Collapse All ☐

Benefit Provided:

Mental/Behavioral Health -Inpatient Hospital Serv.

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Mental/Behavioral Health - Rehabilitation Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Substance Use Disorder -Inpatient Hospital Service

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

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

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

Remove

Benefit Provided:

Substance Use Disorder -Rehabilitation Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Add



Alternative Benefit Plan

☒ Essential Health Benefit 6: Prescription drugs

Benefit Provided:

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

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

☒ Limit on days supply

State licensed

☐ Limit on number of prescriptions

☒ Limit on brand drugs

☒ Other coverage limits

☒ Preferred drug list

Coverage that exceeds the minimum requirements or other:

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



Alternative Benefit Plan

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

Collapse All ☐

Benefit Provided:

Rehabilitation Services: Outpatient Services

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

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

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

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

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

Benefit Provided:

Habilitative Services -Outpatient Services

Source:

Other state-defined

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

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

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

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

Benefit Provided:

Home Health Svcs.-Med Supplies, Equip, Appliances

Source:

State Plan 1905(a)



Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

Described below

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

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

Benefit Provided:

Prosthetics and Orthotics; Eyeglasses, Hearing Aid

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

Described below

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

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

Benefit Provided:

Nursing Facility Services -Other Medical Service

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

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

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



Alternative Benefit Plan

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

Remove

Benefit Provided:

Home Health -Rehab

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

Described below

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

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

Add



Alternative Benefit Plan

☒ Essential Health Benefit 8: Laboratory services

Collapse All ☐

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

Add



Alternative Benefit Plan

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

Collapse All ☐

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

Benefit Provided:

Preventive Services

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

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

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

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

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

Add



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 10: Pediatric services including oral and vision care		Collapse All <input type="checkbox"/>	
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

☐ Other Covered Benefits from Base Benchmark

Collapse All ☐



Alternative Benefit Plan

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



Alternative Benefit Plan

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



Alternative Benefit Plan

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



Alternative Benefit Plan

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



Alternative Benefit Plan

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



Alternative Benefit Plan

☐ Other Base Benchmark Benefits Not Covered

Collapse All ☐



Alternative Benefit Plan

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

Other 1937 Benefit Provided:

Dental Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

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

Other:

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

Other 1937 Benefit Provided:

Vision/Optomtrist Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

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

Other:

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

Other 1937 Benefit Provided:

Personal Care Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Provider Qualifications:

Medicaid State Plan

Authorization:

Prior Authorization

Amount Limit:

Varies

Duration Limit:

Varies



Alternative Benefit Plan

Scope Limit:

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

[Remove](#)

Other:

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

Other 1937 Benefit Provided:

Extended Services to Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

[Remove](#)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 assessment visit; up to 9 professional visits

Duration Limit:

Varies

Scope Limit:

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

Other:

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

Other 1937 Benefit Provided:

Nursing Facility Services - Long Term Care

Source:

Section 1937 Coverage Option Benchmark Benefit Package

[Remove](#)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

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: <div>Program of All-Inclusive Care for Elderly (PACE)</div> <div>Authorization: <div>Other</div></div> <div>Amount Limit: <div>See below</div></div> <div>Scope Limit: <div>PACE services are provided to beneficiaries age 55 or older meeting program criteria.</div></div> <div>Other: <div>The State of Michigan's ABP PACE Program benefit is the same as under the approved Medicaid state plan for this benefit. This benefit is included for individuals in accordance with 42 CFR 440.315(f).</div></div>		Source: Section 1937 Coverage Option Benchmark Benefit Package <div>Remove</div> Provider Qualifications: <div>Medicaid State Plan</div> Duration Limit: <div>See below</div>
Other 1937 Benefit Provided: <div>Rehabilitation -Mental Health Crisis Residential</div> <div>Authorization: <div>Other</div></div> <div>Amount Limit: <div>None</div></div> <div>Scope Limit: <div>None</div></div> <div>Other: <div>See Supplement to Attachment 3.1-A, Item 13d. Rehabilitative Services in Michigan's Medicaid State plan.</div></div>		Source: Section 1937 Coverage Option Benchmark Benefit Package <div>Remove</div> Provider Qualifications: <div>Medicaid State Plan</div> Duration Limit: <div>None</div>
Other 1937 Benefit Provided: <div>Mental Health Outpatient Community Support</div> <div>Authorization: <div>Other</div></div> <div>Amount Limit: <div>Varies</div></div> <div>Scope Limit: <div>None</div></div> <div>Other: <div>See Supplement to Attachment 3.1-A, Item 13d. Rehabilitative Services in Michigan's Medicaid State plan.</div></div>		Source: Section 1937 Coverage Option Benchmark Benefit Package <div>Remove</div> Provider Qualifications: <div>Medicaid State Plan</div> Duration Limit: <div>Varies</div>



Alternative Benefit Plan

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



Alternative Benefit Plan

Other:

Effective 10/1/19 Services are authorized via Section 1115 expenditure authority and are provided as described in Attachment 3.1–i.2. 1915(i) Home and Community-Based Services in Michigan’s Medicaid State plan. Effective 10/1/23 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

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

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

Other 1937 Benefit Provided: <div>NF Transition Community Based Services 1915(i)</div>		Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: <div>Other</div>		Provider Qualifications: <div>Medicaid State Plan</div>	
Amount Limit: <div>Varies</div>		Duration Limit: <div>Varies</div>	
Scope Limit: <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.



Alternative Benefit Plan

Other 1937 Benefit Provided:

Targeted Case Management- Recently Incarcerated

Authorization:

Other

Amount Limit:

Varies

Scope Limit:

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

Other:

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

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Provider Qualifications:

Medicaid State Plan

Duration Limit:

Varies

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



Searching for that perfect item? Go to classifieds.mlive.com

Classified

➦ **Place your classified ad with us**

If you have an ad you'd like to place:
Visit us online at mlive.com/placead, or
call us at 800-878-1511.

ANNOUNCEMENTS



ANNOUNCEMENTS

PUBLIC NOTICES

The Flint Housing Commission is requesting bids (RFQ 2022-21) for Mince Manor 3 Unit Reno. Bid packets will be available beginning Thurs., Nov. 10, 2022. Bids are due no later than 2:00 p.m. EDS1 on Tues., Nov. 29, 2022 at 3820 Richfield Road, Flint, MI 48506. A detailed packet may be obtained by contacting Jenny Cooper via email at RFP@flinthc.org.

STATE OF MICHIGAN PROBATE COURT KENT COUNTY

NOTICE TO CREDITORS Decedent's Estate

CASE NO. and JUDGE 22-212310-DE

Court address: 180 Ottawa Ave. NW Suite 2500 Grand Rapids, MI 49503

Court telephone no.: (616) 632-5440

Estate of Pamela Denyse Bayes, deceased. Date of birth: 03/18/1944.

TO ALL CREDITORS: NOTICE TO CREDITORS: The decedent, Pamela Denyse Bayes, died 08/03/2022. Creditors of the decedent are notified that all claims against the estate will be forever barred unless presented to David A. Wiltse, personal representative, or to both the probate court at 180 Ottawa Ave. NW, Suite 2500, Grand Rapids and the personal representative within 4 months after the date of publication of this notice. Date: November 20, 2022.

Blaque W. Hough P-47697 300 South State St., Ste. 11 Zeeland, MI 49464 (616) 212-9336

David A. Wiltse 738 Clark Crossing SE Grand Rapids MI 49506 (616) 368-4996

Public Notice

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

Targeted Case Management Services for Recently Incarcerated Individuals State Plan Amendment Requests

The Michigan Department of Health and Human Services

MERCHANDISE

(MDHHS) plans to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS). The request includes a SPA to provide targeted case management services to individuals recently incarcerated in a prison or county jail, and a corresponding alternative benefit plan (ABP) SPA. The anticipated effective date for the recently incarcerated targeted case management SPAs is April 1, 2023.

Targeted case management services will be provided for any individual who is 18 years of age and older; meets Medicaid eligibility requirements; has a chronic or complex physical or behavioral health care need; and was recently incarcerated in a prison or county jail.

Targeted case management services will help to bridge the gap in connecting individuals recently released from incarceration to both physical and behavioral health care services as they reintegrate back into the community. Targeted case management services are provided by a multidisciplinary team of licensed medical and behavioral health professionals operating within their state law defined scope of practice.

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 savings to the State of Michigan for the State Plan Amendments is \$1,125,000 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 submitting a request in writing to: MDHHS/Behavioral and Physical Health and Aging Services Administration, Policy Division, PO Box 30479, Lansing, MI 48909-7979 or e-mail MSADr aftPolicy@michigan.gov by December 17, 2022. A copy of the proposed State Plan Amendment will also be available for review at <https://www.michigan.gov/mdhhs/> and via email to bids@kentcountyyroads.net



Kent County Road Commission, 1500 Grinner Avenue NW, Grand Rapids, MI 49504 will receive sealed proposals/bids until Tuesday, November 29, 2022 @ 8:30 A.M. deadline via email to bids@kentcountyyroads.net

for the following:

- Contract #23-04: Website Design Services
- Contract #23-05: Third Party Testing Services
- Contract #23-07: Concrete Construction
- Bid #23-EQU-13: Walk 'N' Roll Roller Attachment

Specifications are available at www.kentcountyyroads.net/doing-business/bids.

The Kent County Road Commission, in accordance with Title VI of the Civil Rights Act of 1964, 78 Stat. 252, 42 USC 2000d to 2000d-4 and Title 49, Code of Federal Regulations, Department of Federally-assisted programs of the Department of Transportation issued pursuant to such Act, hereby notifies all bidders that it will affirmatively insure that in any contract entered into pursuant to this advertisement, minority business enterprises will be afforded full opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of gender, disability, race, color, or national origin in consideration for an award.

Andrew Nordstrom, Purchasing Manager, (616) 242-6928 anordstrom@kentcountyyroads.net



STATE OF MICHIGAN COUNTY OF KENT 17TH JUDICIAL CIRCUIT FAMILY DIVISION ORDER FOR PUBLICATION ON HEARING

TO: LUIS MIGUEL MOLINA ALVAREZ Child's Name: KIMBERLY MOLINA ROSALES Case No.: 20-50117-NA-104722701 Hearing: JANUARY 4, 2023 AT 9:30 A.M. Referee KULAS-DOMINGUEZ FOR JUDGE FEENEY, 4TH FLOOR, COURTROOM 4-E Due to the Covid 19 pandemic, this hearing may be conducted via Zoom. Please contact julie.bailey@kentcountymt.mi.gov to participate remotely.

TO: MARIA HORTENCIA ROSALES ZUNIGA Child's Name: KIMBERLY MOLINA ROSALES Case No.: 20-50117-NA-104722701 Hearing: JANUARY 4, 2023 AT 9:30 A.M. Referee KULAS-DOMINGUEZ FOR JUDGE FEENEY, 4TH FLOOR, COURTROOM 4-E Due to the Covid 19 pandemic, this hearing may be conducted via Zoom. Please contact julie.bailey@kentcountymt.mi.gov to participate remotely.

An initial and/or supplemental child protective petition has been filed in the above matter. A hearing on the pe-

tition, including petition to terminate your parental rights will be conducted by the Court on the date and time stated above in the 17th Judicial Circuit Court, Family Division, Kent County Courthouse, 180 Ottawa NW, Grand Rapids, Michigan. IT IS THEREFORE ORDERED that you personally appear before the court at the time and place stated above and exercise your right to participate in the proceedings.

THIS HEARING MAY RESULT IN THE TERMINATION OF YOUR PARENTAL RIGHTS.

Dated: November 18, 2022

DEBORAH L. MCNABB CIRCUIT COURT JUDGE

GRAND RAPIDS HOUSING COMMISSION

REQUEST FOR PROPOSALS AUDITING AND TAX PREPARATION SERVICES

The Grand Rapids Housing Commission (GRHC) requests proposals from qualified firms of Certified Public Accountants to audit the financial statements of the Commission and its affiliate corporations and partnerships: Ransom Avenue Development Corporation, Antoine Court LDHA Limited Partnership, Creston Plaza Limited Partnership I and Creston Plaza Limited Partnership II. The audits and tax returns will cover the calendar years ending 12/31/2023 and 12/31/2024 for the limited partnerships. The audits for the GRHC and Ransom Avenue Development Corp. will cover the fiscal years ending 6/30/2023 and 6/30/2024. In addition, three separate Agreed-Upon Procedures are required. The contracts will have an option for year-by-year extensions for each of the three subsequent fiscal years. These audits are to be performed in accordance with generally accepted auditing standards.

A copy of the Request for Proposals may be printed from www.grhousing.org or may be picked up at the GRHC office, 1420 Fuller SE in Grand Rapids.

Proposals will be accepted until 4:00 pm EST on 12/20/2022.

Find more stories on mlive.com

Local sports news on mlive.com/sports



MERCHANDISE

ANTIQUES, ART & COLLECTIBLES

Collectable Toy Show Sat. Nov. 26th, 9AM-2PM. Kalamazoo Fairgrounds, 2900 Lake St. Tables/info. 262-366-1314

AUCTIONS & AUCTIONEERS

Jewelry Online Auction. Bidding Ends Nov. 30, 2022. Featuring Rings; Brooches; Necklaces; Bracelets; Earrings; Watches; Cufflinks and more! Registered bidders call Shannon for pre-view appointment. 248-376-4474. Details: www.EstateSaleExperts.com

John Deere Riding Mower w/snow blower, vehicles, Hand tools, Milling equipment, Building materials, Hallmark & Disney collectibles, Real estate, Antiques, Decorations, Household.

Details at: bid.sherwoodauctionservices@mlive.com Call 1-800-835-0495 to schedule your auction.

John Peck Auctions has multiple quality 1 owner auctions happening now. Beat the cold, bid anywhere anytime. Shipping available. View 1,000's of photos johnpeckauctions.com Selling? Call John 989-426-8061. Auctioneers since 1979.

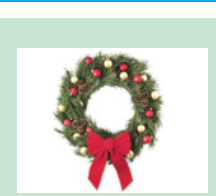
Find more stories on mlive.com



Live Public Black Friday AUCTION
The Outstanding Estate of Darin Watkins
Friday November 25th - 10:00am
10061 Ivanrest Byron Center, MI
Vehicles o Motorcycles o ATV o Power Equipment o Firearms o Sporting Goods o Furniture o Tools o Household o MORE
Join us Black Friday for this fantastic auction featuring: 2019 Ford F250 4x4, diesel with 7652 miles, 2017 Ford Escape 35k miles, 2012 Harley Davidson Electra Glide Classic, 2006 Honda Rubicon ATV, 1977 Harley Davidson Sportster, Sea Nymph FM146 boat, John Deere X350, R&R aluminum trailer, (14) Firearms, Tools, Power Equipment, Sporting Goods, Collectibles, Very nice furniture, Household and MORE! You do not want to miss this auction!
Photos and information on our website: Vander Kolk Auctions
www.VKauctions.com
(616) 437-1047

Unique Art, Sports Memorabilia and Military Online Auction Ends Nov. 29, 2022. Oil On Canvas Painting, Original prints, Lithographs, Etchings, WWII US China-Burma Conflict Leather, many sport collectibles. 313-737-0025
Details: www.EstateSaleExperts.com

CRAFTS & BAZAARS



49th ANNUAL CHRISTMAS Arts & Craft Show - at the Central Park Place (Formerly Grand Haven Community Center). Sat., Dec. 3rd, 9a-3p. 421 Columbia St. \$1 donation at the door.

MISCELLANEOUS ITEMS

Adjustable Bed Brand New with mattress. Made in U.S.A., in plastic, with warranty. Retail cost \$3,995.00, sacrifice for \$875.00. Call for showing or delivery: DanDerTheHill@mlive.com 989-615-2951

Find more stories on mlive.com

American Standard Walk-In Tubs. Buy from a brand you trust. Patented Quick-Drain® technology. 44 hydrotherapy jets. Lifetime warranty on tub and installation! FREE in-home consultation at your convenience. Limited time offer - \$1,500 in savings includes a FREE right-height toilet. Call 1-833-591-1961

AMISH BUILT storage sheds and mini cabins delivered to your site anywhere in Michigan! Starting at \$2,500.00 mynextbarn.com 989-832-1866

BATH & SHOWER UPDATES in as little as ONE DAY! Affordable prices - No payments for 18 months! Lifetime warranty o professional installs. Senior & Military Discounts available. Call: 877-401-2404

BUILT BEST BARN'S Best Quality, Best Service, NOW IN OUR 25TH YEAR! OVER 4,000 BUILDINGS in MID MICHIGAN.

Call for QUOTES. License/Insured 989-205-2534

DIRECTV for \$79.99/mo for 12 months with CHOICE Package. Watch your favorite live sports, news & entertainment anywhere. First 3 months of HBO Max. Cinemax, Showtime, Starz and Epix included! Directv is #1 in Customer Satisfaction (JD Power & Assoc.) Some restrictions apply. Call 1-888-352-0154

DISH Network. \$64.99 for 190 Channels! Blazing Fast Internet, \$19.99/mo. (where available.) Switch & Get a FREE \$100 Visa Gift Card. FREE Voice Remote. FREE HD DVR. FREE Streaming on ALL Devices. Call today! 1-866-950-6757

Eliminate gutter cleaning forever! LeafFilter, the most advanced debris-blocking gutter protection. Schedule a FREE LeafFilter estimate today. 15% off Entire Purchase. 10% Senior & Military Discounts. Call 1-844-369-2501

METAL ROOFING regular and shingle style. HALF OFF ON SPECIAL COLORS! Also, lifetime asphalt shingles available. Licensed and insured builders. Quality work for 40 years! AMISH CREW. 517-575-3695.

Prepare for power outages today with a GENERAC home standby generator \$0 Money Down + Low Monthly Payment Options. Request a FREE Quote ? Call now before the next power outage: 1-855-922-0420

Replace your roof with the best looking and longest lasting material - steel from Erie Metal Roofs! Three styles and multiple colors available. Guaranteed to last a lifetime! Limited Time Offer - \$500 Discount + Additional 10% off install (for military, health workers & 1st responders.) Call Erie Metal Roofs: 1-888-718-1856

Safe Step. North America's #1 Walk-In Tub. Comprehensive lifetime warranty. Top-of-the-line installation and service. Now featuring our FREE shower package and \$1600 Off for a limited time! Call today! Financing available. Call Safe Step 1-866-319-1374

Switch and save up to \$250/year on your talk, text and data. No contract and no hidden fees. Unlimited talk and text with flexible data plans. Premium nationwide coverage. 100% U.S. based customer service. Limited time offer - get \$50 off on any new account. Use code GIFTS0. For more information, call 1-855-947-2891

The Generac PWRcell, a solar plus battery storage system. SAVE money, reduce your reliance on the grid, prepare for power outages and power your home. Full installation services available. \$0 Down Financing Option. Request a FREE, no obligation, quote today. Call 1-855-476-9698

Trouble hearing your TV? Try TV EARS's Voice Clarifying Wireless TV Speaker. Better than a soundbar and/or turning the tv volume way up. Special, limited time \$50 off offer. Call TV Ears. Use code MBSPS60. Call 1-844-532-0612

VIAGRA and CIALIS USERS! 50 Generic PDE5A \$99.00 100% guaranteed. 24/7 CALL NOW! 888-835-7273 Hablamos Espanol



PETS & FARMS

AKC Beautiful Yellow/White Labrador puppies. Shots & dewormed, DOB 6/29th Males & Females Avail 720-320-1665 www.southshorelabs.com

Bernedoodles And Poodles- Training started, UTD on shots, All Sizes & Ages available, Health tested parents, Allergy Friendly Health guarantee. From \$600 & up. 810-252-3016

Bichon Frise Pups - AKC. Rare Breed! 3 months, Shots & dewormed. \$800 firm. 248-625-7107

Bischon Frise Puppies- Cute & Playful, First Shots, Dewormed, Non-Shedding. \$525 231-825-8212 No Sunday calls.

Subscribe today at members.mlive.com



GRAND RAPIDS HOUSING COMMISSION

Quality Assurance Coordinator

Come work as a Quality Assurance Coordinator with the largest housing authority in West Michigan that offers great benefits as well as opportunities for professional development and advancement.

THE ORGANIZATION:

Grand Rapids Housing Commission (GRHC) was established to provide affordable housing for low-income residents and to eliminate substandard housing conditions. GRHC owns and administer approximately 4,200 housing units, including family and senior communities, a rapid re- housing program that serves women and children experiencing homelessness, and housing voucher programs that provide rental assistance to thousands of households.

THE POSITION:

We are looking for two full-time Quality Assurance Coordinators who have experience with analyzing data and problem solving. Salary is \$50,109 per year.

THE LOCATION:

Grand Rapids Housing Commission is in Grand Rapids, Michigan, a community ranked by U.S. News & World Report as #16 out of 150 metro areas in a “best places to live in the U.S.” assessment.

WHY SHOULD YOU APPLY?

- Competitive salary
- Top benefits
- Professional development
- Growth opportunities
- Tuition reimbursement

MORE INFORMATION: www.grhousing.org

11090112-01



GRAND RAPIDS HOUSING COMMISSION

HOUSING CHOICE VOUCHER INSPECTOR

Come work as an HCV Inspector with the largest housing authority in West Michigan that offers great benefits as well as opportunities for professional development and advancement.

THE ORGANIZATION:

Grand Rapids Housing Commission (GRHC) was established to provide affordable housing for low-income residents and to eliminate substandard housing conditions. GRHC owns and administer approximately 4,200 housing units, including family and senior communities, a rapid re- housing program that serves women and children experiencing homelessness, and housing voucher programs that provide rental assistance to thousands of households.

THE POSITION:

We are looking for one full-time HCV Inspector who have experience with residential and multi-family building maintenance, inspections, and code enforcement. Salary is \$46,734 per year.

THE LOCATION:

Grand Rapids Housing Commission is in Grand Rapids, Michigan, a community ranked by U.S. News & World Report as #16 out of 150 metro areas in a “best places to live in the U.S.” assessment.

WHY SHOULD YOU APPLY?

- Competitive salary
- Top benefits
- Professional development
- Growth opportunities
- Tuition reimbursement

MORE INFORMATION: www.grhousing.org

1010900101



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

November 15, 2022

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: State Plan Amendment (SPA) and Alternative Benefit Plan (ABP) Amendment
Regarding Targeted Case Management Services for Individuals Recently
Released from Incarceration

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 SPA and a corresponding ABP Amendment request to the Centers for Medicare & Medicaid Services (CMS).

The purpose of the SPA and ABP amendment is to provide targeted case management services for any individual who is 18 years of age and older; meets Medicaid eligibility requirements; has at least one chronic or complex physical or behavioral health care need; and was a recently incarcerated in a prison or county jail. The amendments will affect Native Americans who were recently incarcerated in a prison or county jail by improving access to care upon their release. A previous notice regarding this SPA and ABP Amendment was sent via letter [L 19-27](#) on August 13, 2019. The anticipated effective date of the SPA and ABP amendment is April 1, 2023.

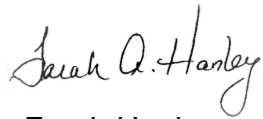
There is no public hearing scheduled for this SPA and ABP amendment. Input regarding this SPA or ABP amendment is highly encouraged, and comments regarding this notice of intent may be submitted to Lorna Elliott-Egan, MDHHS Liaison to the Michigan tribes. Lorna can be reached at 517-512-4146, or via email at Elliott-EganL@michigan.gov. **Please provide all input by January 3, 2023.**

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

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

An electronic copy of this letter is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Sincerely,

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

Farah Hanley
Chief Deputy Director 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 22-64
November 15, 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. Deanna Foucault, 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