### Medicaid Alternative Benefit Plan

### Medicaid Alternative Benefit Plan: General Information

State/T	erritory name:	Michigan	
Transm	nittal Number:	MI-23-1003	
Genera	al Information: Submission Title: short (under 100 characters) label used to ide MI Alternative Benefit Plan (ABP) MI		
	Description:		
	SPA estab Alternative Benefit Plan(AB stated in MI's PA 107 of 2013.	BP) MI uses to implement requirements of the Healthy Michigan Plan(HMP	)as 💂
	public notice in accordance with 4	s not make a substantive change and therefore does not require the state to p 22 CFR 440.386. prior to SPA submission pursuant to 42 CFR 440.386.	orovide
	Date public notice was issued 02/09/	(mm/dd/yyyy)	
✓ Tl	he state/territory assures that it has provi	ided the public with advance notice of the amendment and reasonable oppo	rtunity to
TI  44  TI  se	40.345 related to full access to EPSDT se	ided in the notice a description of the method for complying with the provis y and Reinvestment Act of 2009.	
	Jpload Public Notice Documents	· · ·	
P	Please provide a short description of this Public Notice Clip, February 9, 2023	public notice:	
τ	Jploaded Document Name:	Date Uploaded:	
t	tearsheet - MiDPP - Kalamazoo Gazette	.pdf	
	(i)(VIII) of the Act. If the state selection voluntary benefit package selection.  The population group for this Alternative (VIII) of the Act, and also include ABP2a and ABP2b to indicate agree voluntary enrollment assurances for the population for this Alternative voluntary.	Iternative Benefit Plan includes only the adult group under section 1902(a sects this option, the state must complete form ABP2a to indicate agreement on assurances for the adult group.  Iternative Benefit Plan includes the adult group under section 1902(a)(a les other groups. If the state selects this option, the state must complete for the reement to voluntary benefit package selection assurances for the adult group groups.	to  10)(A)(i)  ms  up and  (10)(A)
<b></b> Eı	voluntary enrollment assurances fo		
m	andatory enrollment assurances.		
amend	y the number of <u>benchmark</u> benefit paced with this submission. <i>The state must</i> of <i>ABP3.1. ABP4. ABP5. and ABP8 for ea</i>	submit one version of forms	

### Medicaid Alternative Benefit Plan: File Management Summary

State/Territory name: Michigan
Transmittal Number: MI-23-1003

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	
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: Alternat	ive Benefit P	lan Populations
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**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:**

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

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

#### **Support Documents**

#### **Document**

Please provide a short description of this support document:

MI Public Notice regarding a State Plan Amendment for an Alternative Benefit Plan for an Expanded Adult Population

#### **Uploaded Document Name:**

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

ABP State Plan Amendment Public Notice 438191 7.pdf

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

#### **ABP2a Forms List**

#### Form

Please provide a short description of this ABP2a form:

This is the first in the series of Alternative Benefit Plan (ABP) fillable PDFs (state plan pages) in which the state or territory provides assurances concerning the enrollment of



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

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

#### **Support Documents**

**Document** 

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

#### **ABP2b Forms List**

Form

#### **Support Documents**

Document

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

**ABP2c Forms List** 

1

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**

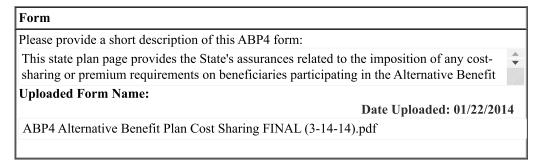
# Please provide a short description of this ABP3 form: This state plan page selects the Alternative Benefit Plan's (ABP) section 1937 coverage option and its base benchmark plan that Michigan used to establish the benefit package Uploaded Form Name: Date Uploaded: 01/22/2014 Current ABP3 Selection of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

#### **Support Documents**

Document

#### Form ABP4: Alternative Benefit Plan Cost-Sharing

#### **ABP4 Forms List**



#### **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 MI Diabetes Prevention Program.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



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

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

#### **Support Documents**

Docume	nt
licaid Alternativ	re Benefit Plan: Tribal Input
State/Territory name	: Michigan
Transmittal Number:	: MI-23-1003
One or more Ind	lian Health Programs or Urban Indian Organizations furnish health care services in this State.
	e Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indi
Organizat  The State	tions. has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal
Complete the formal tribal consults governments, but the land tribal tri	ents prior to submission of this State Plan Amendment.  Sollowing information regarding any tribal consultation conducted with respect to this submission: ation was conducted in the following manner. States are not required to consult with Indian tribal but if such consultation was conducted voluntarily, provide information about such consultation below: dian Tribes  dian Health Programs  ban Indian Organization
require well as Indian Alterna	the must upload copies of documents that support the solicitation of advice in accordance with statut tements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, a attendee lists if face-to-face meetings were held. Also upload documents with comments received from Health Programs or Urban Indian Organizations and the state's responses to any issues raised. In actively indicate the key issues and summarize any comments received below and describe how the state or attended them into the design of its program.
<u> </u>	ocument
	lease provide a short description of this support document:  Aichigan's Tribal Notification letter dated November 22, 2022.
$oldsymbol{\mathbf{U}}_{1}$	ploaded Document Name:  Date Uploaded: 01/22/2014
L	. 22-65.pdf
	ey issues raised in Indian consultative activities:
	mmarize Comments
Su	mmarize Response
Qu	ıality
Su	mmarize Comments
Su	mmarize Response
Co	
Su	mmarize Comments
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$\bigcap$ P	ayment methodology			
	ummarize Comments			
S	ummarize Response			
	licibility			
	ligibility ummarize Comments			
3	ummarize Comments			
S	ummarize Response			
	enefits			
S	ummarize Comments			
C	ummarize Response			
S	ummarize Kesponse			
S	ervice delivery			
	ummarize Comments			
S	ummarize Response			
	ther Issue			
Medicaid Alternati	ve Benefit Plan: Sumn	nary Page (CMS 179	)	
State/Territory nam		Aichigan		
Transmittal Numb		format ST-YY-0000 where ST= th	e state abbreviation, YY = the last t	wo digits of the submission
year, and 0000 =	a four digit number with leading	zeros. The dashes must also be o	entered.	3
MI-23-1003				
Proposed Effective	e Date			
05/01/2023	(mm/dd/yyyy)			
Federal Statute/Re	egulation Citation			
Section 1937	of the Social Security Act			
Federal Budget In	npact			
<b></b>	Federal Fiscal Yea	nr	Amount	
T2 4 % 7				
First Year	2023	\$ 0.00		
Cana J V	2024			
Second Year	2024	\$ 0.00		

#### **Subject of Amendment**

This State Plan Amendment (SPA) is submitted in order to provide as a benefit and preventive service, the Michigan Diabetes Prevention Program (MiDPP) within ABP5. This SPA is related to SPA 23-0005 and updates the same section

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▼	ì

Govern	or's	Office	Re	view
GUVELII	UI 3	OHICE	1/6	VICTO

Governor's office reported no comment
Comments of Governor's office received  Describe:
Other, as specified
Describe: Farah Hanley Senior Chief Deputy Director of Health

#### **Signature of State Agency Official**

Submitted By: Erin Black
Last Revision Date: Apr 13, 2023
Submit Date: Apr 13, 2023



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. No

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Priority Health HMO

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

Secretary-Approved

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

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



■ Essential Health Benefit 1: Ambulatory patient services	C	ollapse All 🗌
Benefit Provided:	Source:	
Physician Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	None	
Scope Limit:		
Services must be related to a diagnosed mental or phymanagement, an exam to diagnose a mental deficience		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Includes Primary Care and Specialist/Referral Physici Practitioner, Physician Assistant). No payments for se or for staff functioning in an administrative capacity. In health condition in an inpatient setting are covered on or DO), or psychological testing by a licensed psychological (MD or DO). Laboratory services performed determined to be reasonable and appropriate for that so limited to one visit per month; additional visits must be	ervices of staff in residence (e.g. interns and residents) Physician services related to a diagnosed mental ly when rendered by a psychiatrist or physician (MD plogist under the direction of a psychiatrist or d in the physician office are limited to those site. Physician visits in a nursing home setting are	
Benefit Provided:	Source:	
Outpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Outpatient hospital services and supplies, including s professionals; received on an outpatient basis. Certain		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Benefit also includes ambulatory surgery center facility	ty services.	
Benefit Provided:	Source:	
Home Health Care	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	



1 ·	Duration Limit:		
Varies	Varies	Remove	
Scope Limit:			
Covered services are provided in the sam	ne manner as the approved Medicaid State plan		
Other information regarding this benefit, i benchmark plan:	including the specific name of the source plan if it is not the base		
See Supplement to Attachment 3.1-A, Iterplan.	m 7. Home Health Care Services in Michigan's Medicaid State		
Benefit Provided:	Source:		
Hospice	State Plan 1905(a)	Remove	
Authorization:	Provider Qualifications:		
Other	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	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:			
enroll in a hospice program if their life ex the Hospice Medical Director. For benefit	rmination process. Terminally ill beneficiaries have the option to pectancy is 6 months or less, as determined by a physician and ciaries under age 21, in accordance with Section 2302 of the ldren concurrent with curative treatment of the child's terminal		
enroll in a hospice program if their life ex the Hospice Medical Director. For benefi Affordable Care Act, hospice care for chil	pectancy is 6 months or less, as determined by a physician and ciaries under age 21, in accordance with Section 2302 of the		
enroll in a hospice program if their life ex the Hospice Medical Director. For benefi Affordable Care Act, hospice care for chil illness is covered.	pectancy is 6 months or less, as determined by a physician and ciaries under age 21, in accordance with Section 2302 of the ldren concurrent with curative treatment of the child's terminal	Remove	
enroll in a hospice program if their life ex the Hospice Medical Director. For benefi Affordable Care Act, hospice care for chil illness is covered.	pectancy is 6 months or less, as determined by a physician and leciaries under age 21, in accordance with Section 2302 of the ldren concurrent with curative treatment of the child's terminal  Source:	Remove	
enroll in a hospice program if their life ex the Hospice Medical Director. For benefi Affordable Care Act, hospice care for chil illness is covered.  Benefit Provided:  Podiatry -Other Licensed Practitioners	pectancy is 6 months or less, as determined by a physician and ciaries under age 21, in accordance with Section 2302 of the Idren concurrent with curative treatment of the child's terminal  Source:  State Plan 1905(a)	Remove	
enroll in a hospice program if their life exthe Hospice Medical Director. For benefit Affordable Care Act, hospice care for chilillness is covered.  Benefit Provided:  Podiatry -Other Licensed Practitioners  Authorization:	pectancy is 6 months or less, as determined by a physician and ciaries under age 21, in accordance with Section 2302 of the Idren concurrent with curative treatment of the child's terminal  Source:  State Plan 1905(a)  Provider Qualifications:	Remove	
enroll in a hospice program if their life exthe Hospice Medical Director. For benefit Affordable Care Act, hospice care for chilillness is covered.  Benefit Provided:  Podiatry -Other Licensed Practitioners  Authorization:  None	pectancy is 6 months or less, as determined by a physician and ciaries under age 21, in accordance with Section 2302 of the Idren concurrent with curative treatment of the child's terminal  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan	Remove	
enroll in a hospice program if their life ex the Hospice Medical Director. For benefit Affordable Care Act, hospice care for chillillness is covered.  Benefit Provided:  Podiatry -Other Licensed Practitioners  Authorization:  None  Amount Limit:  None	pectancy is 6 months or less, as determined by a physician and ciaries under age 21, in accordance with Section 2302 of the Idren concurrent with curative treatment of the child's terminal  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove	
enroll in a hospice program if their life ex the Hospice Medical Director. For benefit Affordable Care Act, hospice care for chil illness is covered.  Benefit Provided: Podiatry -Other Licensed Practitioners  Authorization: None  Amount Limit: None  Scope Limit: Services are limited to those necessary to	pectancy is 6 months or less, as determined by a physician and ciaries under age 21, in accordance with Section 2302 of the Idren concurrent with curative treatment of the child's terminal  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove	
enroll in a hospice program if their life ex the Hospice Medical Director. For benefit Affordable Care Act, hospice care for chil illness is covered.  Benefit Provided: Podiatry -Other Licensed Practitioners  Authorization: None  Amount Limit: None  Scope Limit:  Services are limited to those necessary to or services provided to patients suffering be hazardous.	pectancy is 6 months or less, as determined by a physician and liciaries under age 21, in accordance with Section 2302 of the lidren concurrent with curative treatment of the child's terminal  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  diagnose and/or treat illness, injury, the prevention of disability,	Remove	



Benefit Provided:	Source:	
Tobacco Cessation Treatment	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Face-to-face tobacco cessation counseling services physician or other health care professional licensed		
Other information regarding this benefit, including the benchmark plan:	the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Cert. Nurse Anesesth -Other Licensed Practitioners	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services are limited to those provided on an inpatienthrough to the provider or the provider's employer.	nt or outpatient basis and reimbursement is directed	
Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base	
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 appregnancy, including diagnostic evaluation, drugs, a benefit.		



benchmark plan:		Remov
Benefit Provided:	Source:	
Chiropractic Services-Other Licensed Practitioners	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
18 visits per calendar year	None	
Scope Limit:		
Chiropractic services are limited to spinal manipulation beneficiary, per year.	ation. Benefit includes one set of spinal x-rays per	
	the specific name of the source plan if it is not the base	
benchmark plan:		
Benefit Provided:	Source:	
Psychologists - Other Licensed Providers	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	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 benchmark plan:	the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Social Workers - Other Licensed Providers	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	



Scope Limit:		
Services are limited to those necessary to diagnosis a Social Worker's scope of practice as defined by State		Remove
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Professional Counselors - Other Licensed Providers	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services are limited to those necessary to diagnosis a Professional Counselor's scope of practice as defined		
Other information regarding this benefit, including th	e specific name of the source plan if it is not the base	
Other information regarding this benefit, including th benchmark plan:	e specific name of the source plan if it is not the base	
	e specific name of the source plan if it is not the base  Source:	
benchmark plan:		Remove
benchmark plan:  Benefit Provided:	Source:	Remove
benchmark plan:  Benefit Provided:  Marriage&Family Therapist-Other Licensed Providers	Source: State Plan 1905(a)	Remove
benchmark plan:  Benefit Provided:  Marriage&Family Therapist-Other Licensed Providers  Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
benchmark plan:  Benefit Provided:  Marriage&Family Therapist-Other Licensed Providers  Authorization:  None	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan	Remove
benchmark plan:  Benefit Provided:  Marriage&Family Therapist-Other Licensed Providers  Authorization:  None  Amount Limit:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
benchmark plan:  Benefit Provided:  Marriage&Family Therapist-Other Licensed Providers  Authorization:  None  Amount Limit:  None	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  and/or treat behavioral health disorders within the	Remove
benchmark plan:  Benefit Provided:  Marriage&Family Therapist-Other Licensed Providers  Authorization:  None  Amount Limit:  None  Scope Limit:  Services are limited to those necessary to diagnosis a	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  and/or treat behavioral health disorders within the stdefined by State law.	Remove
benchmark plan:  Benefit Provided:  Marriage&Family Therapist-Other Licensed Providers  Authorization:  None  Amount Limit:  None  Scope Limit:  Services are limited to those necessary to diagnosis a Marriage and Family Therapist's scope of practice as Other information regarding this benefit, including th	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  and/or treat behavioral health disorders within the stdefined by State law.	Remove
Benefit Provided:  Marriage&Family Therapist-Other Licensed Providers  Authorization:  None  Amount Limit:  None  Scope Limit:  Services are limited to those necessary to diagnosis a Marriage and Family Therapist's scope of practice as Other information regarding this benefit, including th benchmark plan:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  and/or treat behavioral health disorders within the state defined by State law.  e specific name of the source plan if it is not the base	Remove
benchmark plan:  Benefit Provided:  Marriage&Family Therapist-Other Licensed Providers  Authorization:  None  Amount Limit:  None  Scope Limit:  Services are limited to those necessary to diagnosis a Marriage and Family Therapist's scope of practice as Other information regarding this benefit, including th benchmark plan:  Benefit Provided:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  and/or treat behavioral health disorders within the state defined by State law.  e specific name of the source plan if it is not the base  Source:	Remove



None	None	Remov
Scope Limit:		
None		
Other information regarding this benefit, including penchmark plan:	ng the specific name of the source plan if it is not the base	
Deficilinark plan.		1
See Attachment 3.1-A, Item 6d. Other Practitione Benefit is effective 12/01/2018.	er Services in Michigan's Medicaid State plan.	



Essential Health Benefit 2: Emergency services		Collapse All
Benefit Provided:	Source:	
Emergency Services -Other Medical Care	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Benefit is limited to services that are necessary to	o evaluate or stabilize an emergency medical condition.	
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Emergency Transp./ Ambulance - Other Medical Care	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Benefit is limited to services that are necessary to	o evaluate or stabilize an emergency medical condition.	
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Urgent Care Services - Clinics	State Plan 1905(a)	
Authorization:	Provider Qualifications:	_
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		
Benefit is limited to unscheduled diagnosis and tr requiring immediate medical attention for non-life		



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



ssential Health Benefit 3: Hospitalization		Collapse All
Benefit Provided:	Source:	
Inpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services are covered when furnished by a certified I and radiology services performed as routine procedure.	nospital under the direction of a physician. Laboratory ures or physician standing orders are excluded.	
Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base	
inpatient hospital services must be authorized throug Transplant Services are covered and certain transpla	es: elective admissions, readmissions, and transfers for the Admissions and Certification Review Contractor on the procedures require prior authorization. Admissions tanding rehabilitation hospitals require prior	

Page 10 of 40



Essential Health Benefit 4: Maternity and newborn care		Collapse All
Benefit Provided:	Source:	
Maternity Care - Physician Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Benefit includes physician services related to mater services, and postpartum care.	nity care, including prenatal care, delivery related	
Benefit Provided:	Source:	
Maternity Care - Inpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services are covered when furnished by a certified	hospital under the direction of a physician.	
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Benefit includes inpatient hospital services related trelated services, and postpartum care.	o maternity care, including prenatal care, delivery	
Benefit Provided:	Source:	
Maternity Care- Outpatient Hospital Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Benefit includes outpatient hospital services related related services, and postpartum care.	d to maternity care, including prenatal care, delivery	



Other information regarding this benefit benchmark plan:	, including the specific name of the source plan if it is not the base	Remove
Benefit Provided:	Source:	
Nurse Midwife Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	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 M	Midwife Services in Michigan's Medicaid State plan.	
		Add



Essential Health Benefit 5: Mental health and substance ubehavioral health treatment	se disorder services including	Collapse All
Benefit Provided:	Source:	
Mental/Behavioral Health -Inpatient Hospital Serv.	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	ne specific name of the source plan if it is not the base	
See Supplement to Attachment 3.1-A, Item 1.a. Inparplan.	tient Hospital Services in Michigan's Medicaid State	
Benefit Provided:	Source:	
Mental/Behavioral Health - Rehabilitation Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	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. Reh	abilitative Services in Michigan's Medicaid State plan.	
Benefit Provided:	Source:	
Substance Use Disorder -Inpatient Hospital Service	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
None		



See Supplement to Attachment 3.1-A, Item 1.a. In plan.	patient Hospital Services in Michigan's Medicaid State	
Benefit Provided:	Source:	
Substance Use Disorder -Rehabilitation Services	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	

Add



Essential Health Benefit 6: Prescription drugs	
Benefit Provided:	
Coverage is at least the greater of one drug in each U.S same number of prescription drugs in each category an	1 ( )
Prescription Drug Limits (Check all that apply.): Aut	thorization: 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 o	ther:
The State of Michigan's ABP prescription drug benefit plan for prescribed drugs.	is the same as under the approved Medicaid state



Essential Health Benefit 7: Rehabilitative and habilitative services and devices		Collapse All		
Benefit Provided:	Source:			
Rehabilitation Services: Outpatient Services	State Plan 1905(a)	Remove		
Authorization:	Provider Qualifications:			
Authorization required in excess of limitation	Medicaid State Plan			
Amount Limit:	Duration Limit:			
See below	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 benchmark plan:	e specific name of the source plan if it is not the base			
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 and 1905(a)(13) respectively.	rehabilitation services include 1905(a)(5); 1905(a)(7)	;		
Benefit Provided:	Source:	_		
Habilitative Services -Outpatient Services	Other state-defined	Remove		
Authorization:	Provider Qualifications:	_		
Authorization required in excess of limitation	Medicaid State Plan			
Amount Limit:	Duration Limit:	_		
See below	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:	Source:			
Home Health SvcsMed Supplies, Equip, Appliances	State Plan 1905(a)			



Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
Varies	Varies	
Scope Limit:		
Described below		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
See Supplement to Attachment 3.1-A, Item 7.a.(3) Moservices in Michigan's Medicaid State plan.	edical Supplies under Home Health Care Covered	
Benefit Provided:	Source:	
Prosthetics and Orthotics; Eyeglasses, Hearing Aid	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Varies	Varies	
Scope Limit:		
Described below		
Other information regarding this benefit, including th benchmark plan:	e specific name of the source plan if it is not the base	
Certain medical supplies may require prior authorizat benefits based upon specified medical necessity criter age and type of lens. Services also include hearing aid	ria; replacement lens coverage limits vary based on	
Benefit Provided:	Source:	
Nursing Facility Services -Other Medical Service	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
This is intended to be a short-term rehabilitation bene	efit.	
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 Preadn (PASARR); and a determination of medical/functional		



Benefit Provided:	Source:	
Home Health -Rehab	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
Described below		
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	



Benefit Provided:  Laboratory  State Plan 1905(a)  Authorization:  Other  Amount Limit:  None  Scope Limit:  Covered services include laboratory tests which are medically necessary for diagnosis and treatment of illness or injury when ordered by a physician or other licensed practitioner.  Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:  Screening or routine laboratory testing, except as specified for the Early and Periodic Screening,	apse All [
Authorization:  Other  Medicaid State Plan  Amount Limit:  Duration Limit:  None  Scope Limit:  Covered services include laboratory tests which are medically necessary for diagnosis and treatment of illness or injury when ordered by a physician or other licensed practitioner.  Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:	
Other    Medicaid State Plan	Remove
Amount Limit:  None  Scope Limit:  Covered services include laboratory tests which are medically necessary for diagnosis and treatment of illness or injury when ordered by a physician or other licensed practitioner.  Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:	
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:	
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:	
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:	
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:	
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.	



he United States Preventive Services Task For cines; preventive care and screening for infant	broad range of preventive services including: "A" and "B" service; Advisory Committee for Immunization Practices (ACIP) res, children and adults recommended by HRSA's Bright Futures	ecommended
Benefit Provided:	ommended by the Institute of Medicine (IOM).	
Preventive Services	Source:	D
Preventive Services	Base Benchmark Small Group	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
One preventive medicine visit per year; referenced authorities.	other preventive services as per recommended guidelines of the	e
Other information regarding this benefit, benchmark plan:	including the specific name of the source plan if it is not the ba	ase
Committee for Immunization Practices (infants, children and adults recommende	he United States Preventive Services Task Force; Advisory ACIP) recommended vaccines; preventive care and screening fd by HRSA's Bright Futures program/project; and additional nded by the Institute of Medicine (IOM).	for
The base-benchmark provides for the ful requirements.	l range of preventive benefits as required under current federal	

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■ Essential Health Benefit 10: Pediatric services including oral and vision care		Collapse All
Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	N/A	
Scope Limit:		_
None		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	;
See Supplement to Attachment 3.1-A, Item 4b. EPSD	T in Michigan's Medicaid State plan.	
		Add



Other Covered Benefits from Base Benchmark	Collapse All



Base Benchmark Benefits Not Covered due to Substitution	or Duplication	Collapse All
Base Benchmark Benefit that was Substituted:	Source:	
Primary Care Provider Services -Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indica section 1937 benchmark benefit(s) included above under	· / 1	
Primary Care Provider Services were bundled with Spe patient services" EHB category. The bundled services existing state Medicaid plan.		y
Base Benchmark Benefit that was Substituted:	Source:	
Referral Care Services -Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indicasection 1937 benchmark benefit(s) included above under		
Referral Care Services were bundled with Primary Care patient services" EHB category. The bundled services licensed practitioner services from the existing state Mo	are a duplication of physician services and other	
Base Benchmark Benefit that was Substituted:  Outpatient Hospital Services-Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicasection 1937 benchmark benefit(s) included above under		
Outpatient hospital services are mapped to the "ambula are a duplication of outpatient hospital services from the	tory patient services" EHB category. The services	
Base Benchmark Benefit that was Substituted:	Source:	
Home Health Care -Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indica section 1937 benchmark benefit(s) included above under		
Home health care services are mapped to the "ambulate a duplication of Home health care services from the exi		re
Buse Benefittank Benefit that was Saestituted.	Source: Base Benchmark	
Hospice -Duplication		Remove
Explain the substitution or duplication, including indicasection 1937 benchmark benefit(s) included above under		
Hospice services are mapped to the "ambulatory patien duplication of hospice services from the existing state N		
Base Benchmark Benefit that was Substituted:  Services by Other Health Professional -Duplication	Source: Base Benchmark	
Services by Other Heatan Frotessional -Dupheation		



Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		Remove
Services by Other Health Professional (Podiatry) are a category. The services are a duplication of podiatry s state Medicaid plan.		
Base Benchmark Benefit that was Substituted:	Source:	
Medical Emergency Care -Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Medical emergency care is mapped to the "emergency duplication of emergency services -other medical care		
Base Benchmark Benefit that was Substituted:	Source:	
Emergency Ambulance Services -Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Emergency ambulance care is mapped to the "emerge duplication of emergency transportation services -other	ency services" EHB category. The services are a er medical care- from the existing state Medicaid plan.	
Base Benchmark Benefit that was Substituted:	Source:	
Urgent Care Services -Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Urgent care services are mapped to the "emergency so of clinic services from the existing state Medicaid pla	ervices" EHB category. The services are a duplication n.	
Base Benchmark Benefit that was Substituted:	Source:	
Hospital Inpatient Care -Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Inpatient hospital care is mapped to the "hospitalization inpatient hospital services from the existing state Medium and the services from the existing state of the services from the existing state Medium and the services from the existing state of the services from the existing state Medium and the services from the existing state of the services from the existing state Medium and the services from the existing state of the services from the ser		
Base Benchmark Benefit that was Substituted:	Source:	
Maternity and Newborn Care -Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Maternity and newborn care is mapped to the "matern are a duplication of physician, outpatient, and inpatien plan.		



Base Benchmark Benefit that was Substituted:	Source:  Base Benchmark	
Mental Health Acute Inpt. HospitalizationDupl.	Dase Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above u		
Mental Health acute inpatient hospitalization is mapped services EHB category. The services are a duplicate existing state Medicaid plan.	ped to the "mental health and substance use disorder ion of psychiatric inpatient hospital services from the	
Base Benchmark Benefit that was Substituted:	Source:	
Outpatient Rehabilitation - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above us		
	"rehabilitative and habilitative services and devices" nabilitation Services: Outpt. Hospital Services from the	
Base Benchmark Benefit that was Substituted:	Source:	
Durable Medical Equipment and Supplies- Dupl.	Base Benchmark	Remove
Explain the substitution or duplication, including ind	licating the substituted benefit(s) or the duplicate	
section 1937 benchmark benefit(s) included above u	nder Essential Health Benefits:	
section 1937 benchmark benefit(s) included above u	apped to the "rehabilitative and habilitative services and	
Durable Medical Equipment and Supplies are are madevices" EHB category. The services are a duplicati	apped to the "rehabilitative and habilitative services and on of Home Health ServicesMed Supplies, Equip,  Source:	
Durable Medical Equipment and Supplies are are madevices" EHB category. The services are a duplicati Appliances from the existing state Medicaid plan.	apped to the "rehabilitative and habilitative services and on of Home Health ServicesMed Supplies, Equip,	Remove
section 1937 benchmark benefit(s) included above use Durable Medical Equipment and Supplies are are madevices" EHB category. The services are a duplicati Appliances from the existing state Medicaid plan.  Base Benchmark Benefit that was Substituted:	spped to the "rehabilitative and habilitative services and on of Home Health ServicesMed Supplies, Equip,  Source: Base Benchmark  dicating the substituted benefit(s) or the duplicate	Remove
Durable Medical Equipment and Supplies are are madevices" EHB category. The services are a duplication Appliances from the existing state Medicaid plan.  Base Benchmark Benefit that was Substituted:  Prosthetics and Orthotics - Duplication  Explain the substitution or duplication, including indication section 1937 benchmark benefit(s) included above use Prosthetics and Orthotics are mapped to the "rehability of the section 1937 benchmark benefit(s) included above use the section 1937 benchmark benefit the section 1937 benchm	spped to the "rehabilitative and habilitative services and on of Home Health ServicesMed Supplies, Equip,  Source: Base Benchmark  sticating the substituted benefit(s) or the duplicate ander Essential Health Benefits:	Remove
Durable Medical Equipment and Supplies are are madevices" EHB category. The services are a duplication Appliances from the existing state Medicaid plan.  Base Benchmark Benefit that was Substituted:  Prosthetics and Orthotics - Duplication  Explain the substitution or duplication, including indication section 1937 benchmark benefit(s) included above use Prosthetics and Orthotics are mapped to the "rehability of the section 1937 benchmark benefit(s) included above use the section 1937 benchmark benefit the section 1937 benchm	spped to the "rehabilitative and habilitative services and on of Home Health ServicesMed Supplies, Equip,  Source:  Base Benchmark  sicating the substituted benefit(s) or the duplicate nder Essential Health Benefits:  stative and habilitative services and devices" EHB cs and Orthotics from the existing state Medicaid plan.  Source:	Remove
Durable Medical Equipment and Supplies are are madevices" EHB category. The services are a duplicating Appliances from the existing state Medicaid plan.  Base Benchmark Benefit that was Substituted:  Prosthetics and Orthotics - Duplication  Explain the substitution or duplication, including indispection 1937 benchmark benefit(s) included above used in the substitution of the "rehability category. The services are a duplication of Prosthetics."	spped to the "rehabilitative and habilitative services and on of Home Health ServicesMed Supplies, Equip,  Source: Base Benchmark  licating the substituted benefit(s) or the duplicate ander Essential Health Benefits:  tative and habilitative services and devices" EHB and Orthotics from the existing state Medicaid plan.	Remove
Durable Medical Equipment and Supplies are are madevices" EHB category. The services are a duplication Appliances from the existing state Medicaid plan.  Base Benchmark Benefit that was Substituted:  Prosthetics and Orthotics - Duplication  Explain the substitution or duplication, including indesection 1937 benchmark benefit(s) included above used Prosthetics and Orthotics are mapped to the "rehabilicategory. The services are a duplication of Prostheticategory. The services are a duplication of Prostheticategory.	Source: Base Benchmark  sticating the substituted benefit(s) or the duplicate and habilitative services and devices. EHB cand Orthotics from the existing state Medicaid plan.  Source: Base Benchmark  source: Base Benchmark	
Durable Medical Equipment and Supplies are are madevices" EHB category. The services are a duplicating Appliances from the existing state Medicaid plan.  Base Benchmark Benefit that was Substituted:  Prosthetics and Orthotics - Duplication  Explain the substitution or duplication, including indesection 1937 benchmark benefit(s) included above used Prosthetics and Orthotics are mapped to the "rehability category. The services are a duplication of Prosthetic Base Benchmark Benefit that was Substituted:  Chiropractic Services - Duplication  Explain the substitution or duplication, including indesection that was Substituted:	Source: Base Benchmark  Source: Base Benchmark	
Durable Medical Equipment and Supplies are are madevices" EHB category. The services are a duplicating Appliances from the existing state Medicaid plan.  Base Benchmark Benefit that was Substituted:  Prosthetics and Orthotics - Duplication  Explain the substitution or duplication, including indesection 1937 benchmark benefit(s) included above were prosthetics and Orthotics are mapped to the "rehabilicategory. The services are a duplication of Prostheticategory. Explain the substitution or duplication, including indesection 1937 benchmark benefit(s) included above were considered above to the substitution of the substitution of the section 1937 benchmark benefit(s) included above were chiral properties.	Source: Base Benchmark  Source: Base Benchmark	



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



Base Benchmark Benefit that was Substituted:  Referral Care Services -Duplication	Source:  Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above us.  Referral Care Services is mapped to the "ambulatory duplication of Certified Nurse Anesthetists -Other Lie	nder Essential Health Benefits:  patient services" EHB category. The services are a	Kemove
Medicaid plan.	reclised Fluctuotici services from the existing state	
Base Benchmark Benefit that was Substituted:	Source:  Base Benchmark	
Nurse Midwife Services -Duplication	Dase Benefillark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above us		
Nurse Midwife Services is mapped to the "maternity duplication of Nurse Midwife services from the exist	and newborn care" EHB category. The services are a ting state Medicaid plan.	
Base Benchmark Benefit that was Substituted:	Source:	
Mental Health Outpatient Treatment -Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above us		
Mental Health Outpatient Treatment services are maservices" EHB category. The services are a duplicat rehabilitation services from the existing state Medical		
Base Benchmark Benefit that was Substituted:	Source:	
Substance Abuse Services - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above u		
	ostance Abuse Services covering outpatient treatment is a disorder services" EHB category. These services are a	
	·	

Add



Other Base Benchmark Benefits Not Covered	Collapse All



Other 1937 Covered Benefits that are not Essential Heal	Ith Benefits	Collapse All
Other 1937 Benefit Provided:	Source:	
Dental Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	_
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Varies	Varies	
Scope Limit:		
Preventive dental services are covered every six m bitewing, panorex, etc.).	onths. Radiograph limits vary based on type of view (eg	
Other:		_
Dental treatment for adults, including diagnostic, the conditions relating to a specific medical problem.	nerapeutic, and restorative care, are covered for All prosthodontics (dentures) require prior authorization.	
Other 1937 Benefit Provided:	Source:	
Vision/Optometrist Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	_
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
Varies	Varies	
Scope Limit:		_
Routine eye exam once every two years; non-routi to eye trauma and eye disease and low vision evalube prior authorized).		
Other:		
Vision/Optometrist Services are covered for adults. stipulated criteria and/or prior authorization.	Certain services and supplies may be subject to meeting	
Other 1937 Benefit Provided:	Source:	
Personal Care Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
Varies	Varies	



Requires certification by a licensed health care pronecessity for services.	ofessional and a plan of care to determine medical	Remove
Other:		
grooming, dressing, transferring, self-administered and light housekeeping for beneficiaries requiring	gram, include assistance with eating, toileting, bathing, I medication, meal preparation, shopping/errands, laundry physical help to perform activities of daily living. included for individuals in accordance with 42 CFR	
Other 1937 Benefit Provided:	Source:	
Extended Services to Pregnant Women	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
1 assessment visit; up to 9 professional visits	Varies	
	ealth education and nutrition education) and beneficiary	
Other:  Maternal Infant Health Plan (MIHP) services are p nutrition counseling, nursing services (including headvocacy services as provided by program criteria.  Other 1937 Benefit Provided:	ealth education and nutrition education) and beneficiary . Prior authorization is generally not required.  Source:	
Other:  Maternal Infant Health Plan (MIHP) services are p nutrition counseling, nursing services (including headvocacy services as provided by program criteria.  Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Other:  Maternal Infant Health Plan (MIHP) services are p nutrition counseling, nursing services (including headvocacy services as provided by program criteria.  Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
Other:  Maternal Infant Health Plan (MIHP) services are p nutrition counseling, nursing services (including he advocacy services as provided by program criteria.  Other 1937 Benefit Provided:  Nursing Facility Services - Long Term Care	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Other:  Maternal Infant Health Plan (MIHP) services are p nutrition counseling, nursing services (including he advocacy services as provided by program criteria.  Other 1937 Benefit Provided:  Nursing Facility Services - Long Term Care  Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
Other:  Maternal Infant Health Plan (MIHP) services are p nutrition counseling, nursing services (including he advocacy services as provided by program criteria.  Other 1937 Benefit Provided:  Nursing Facility Services - Long Term Care  Authorization:  Prior Authorization	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan	Remove
Other:  Maternal Infant Health Plan (MIHP) services are p nutrition counseling, nursing services (including he advocacy services as provided by program criteria.  Other 1937 Benefit Provided:  Nursing Facility Services - Long Term Care  Authorization:  Prior Authorization  Amount Limit:  Varies  Scope Limit:  See Supplement to Attachment 3.1-A, Item 4a. Nuplan.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Other:  Maternal Infant Health Plan (MIHP) services are p nutrition counseling, nursing services (including he advocacy services as provided by program criteria.  Other 1937 Benefit Provided:  Nursing Facility Services - Long Term Care  Authorization:  Prior Authorization  Amount Limit:  Varies  Scope Limit:  See Supplement to Attachment 3.1-A, Item 4a. Nuplan.  Other:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:  Varies	Remove
Other:  Maternal Infant Health Plan (MIHP) services are p nutrition counseling, nursing services (including he advocacy services as provided by program criteria.  Other 1937 Benefit Provided:  Nursing Facility Services - Long Term Care  Authorization:  Prior Authorization  Amount Limit:  Varies  Scope Limit:  See Supplement to Attachment 3.1-A, Item 4a. Nuplan.  Other:  See Supplement to Attachment 3.1-A, Item 4a. Nur	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:  Varies  Ursing Facility Services in Michigan's Medicaid State	Remove



Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See scope limit below.		
Other:		
Preventive, diagnostic, therapeutic, rehabilitative, or plimitations as services provided in the practitioner's of direction of a physician or dentist in a facility which is operated to provide medical care to outpatients. Prior Mental Health Clinic Services are covered benefits when mental health clinic.	ffice, when furnished to an outpatient by or under the s not part of a hospital but which is organized and authorization is generally not required.	
mentar nearth crinic.		
Other 1937 Benefit Provided:  Reg./Lic. Dental Hygienists -Other Licensed Pract.	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Limited to services rendered on behalf of an organiza	ation, clinic or group practice.	
Other:		
Covered services are limited to those allowed under the State law. Prior authorization is generally not require limitation.		
Other 1937 Benefit Provided:	Source:	
Behavioral Health Targeted Case Mgmt Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		



Other:  See Supplement 1 to Attachment 3.1-A, Targeted Cas Michigan's Medicaid State plan.	se Management Services - Target Group A - in	Remove
Other 1937 Benefit Provided:  Pharmacists -Other Licensed Practitioners	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Limited to administration of vaccines and toxoids an services as allowed by applicable state authority. The services is effective 4/1/17.		
Other:		
Prior authorization is generally not required.		
Other 1937 Benefit Provided:	Source:	
ICF/IID Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Concurrent Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Service is provided for individuals who are developed conditions) in properly certified and/or licensed published developmentally disabled.	mentally disabled (or for persons with related lic or private institutions (or distinct part thereof) for	
Other:		
Intermediate care services are provided based on the needs. Admission to an intermediate care facility must must periodically recertify the need for care. Admissing Department of Community Health or its designee. The necessary for the proper care and treatment of the pat	st be upon the written direction of a physician, who ion must also be prior authorized by the Michigan ne period of covered services is the minimum period	
Services regularly provided in these settings are in coinclude health related and programmatic care, superv	ompliance with the provisions of 42 CFR 440.150 and rised personal care, as well as room and board.	



Other 1937 Benefit Provided:  Program of All-Inclusive Care for Elderly (PACE)	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
PACE services are provided to beneficiaries age 5.	5 or older meeting program criteria.	
Other:		
The State of Michigan's ABP PACE Program bene for this benefit. This benefit is included for individ	fit is the same as under the approved Medicaid state plan luals in accordance with 42 CFR 440.315(f).	
Other 1937 Benefit Provided:	Source:	
Rehabilitation -Mental Health Crisis Residential	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
See Supplement to Attachment 3.1-A, Item 13d. Re	chabilitative Services in Michigan's Medicaid State plan.	
Other 1937 Benefit Provided:	Source:	
Mental Health Outpatient Community Support	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Varies	Varies	
Scope Limit:		
None		
Other:		
See Supplement to Attachment 3.1-A, Item 13d. Re	chabilitative Services in Michigan's Medicaid State plan.	



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



Other:		
	Community-Based Services in Michigan's Medicaid for 1915(i) services will no longer be provided under	Remove
Other 1937 Benefit Provided:	Source:	
Health Home Services for Chronic Conditions	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	Varies	
Scope Limit:		
Health Home services are limited to chronic condit	ions identified in the approve Medicaid state plan.	
Other:		
care team approach to person and family-centered in	tem of care coordination utilizing an interdisciplinary integrated primary medical care, behavioral health care, for beneficiaries with specified chronic conditions or for eveloping another chronic condition.	
Other 1937 Benefit Provided:	Source:	
Targeted Case Management- Flint Water Group	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
Targeted Group F populations as defined in the state	te plan specify services and provider qualifications.	
Other:		
Services include comprehensive client assessment; of services; reassessment/follow-up; monitoring of services.	care/services plan development; linking/coordination of vices as defined by program.	
Services by designated providers are limited to 1 face per year and 5 face to face monitoring visits per year	ce to face comprehensive assessment/reassessment visit ar. Additional services require prior authorization.	
Act (Project No. 11W 00302/5). Freedom of choice	onstration project authorized under section 1115 of the e has been waived pursuant to the authority approved on (Project No. 11W 00302/5). This benefit is effective	



Other 1937 Benefit Provided:	Source:	
Audiology/Hearing Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Varies	Varies	
Scope Limit:		
Limited to those that are medically necessary and a defined by State law. Prior authorization is general services in excess of limitations.	allowed under the Audiologist scope of practice as lly not required. However, authorization is required for	
Other:		
Covered services are provided in the same manner a	as the approved Medicaid State plan.	
Other 1937 Benefit Provided:	Source:	
Pediatric Outpatient Intensive Feeding Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	Varies	
Scope Limit:		
Limited to medically necessary services provided to	o pediatric beneficiaries who experience significant cognitive conditions, or complications of severe illness.	
Other:		
01 0	t of an initial comprehensive evaluation, individualized o address complex feeding and swallowing difficulties. of medical and behavioral health professionals.	
Other 1937 Benefit Provided:	Source:	
	Section 1937 Coverage Option Benchmark Benefit	
NF Transition Community Based Services 1915(i)	Package	
NF Transition Community Based Services 1915(i)  Authorization:	Package Provider Qualifications:	
NF Transition Community Based Services 1915(i)  Authorization: Other		
Authorization:	Provider Qualifications:	
Authorization: Other	Provider Qualifications:  Medicaid State Plan	
Authorization: Other Amount Limit:	Provider Qualifications:  Medicaid State Plan  Duration Limit:	



Other:  See Attachment 3.1–i.1. 1915(i) Home and Commu Program services are effective 10/01/2018.	unity-Based Services in Michigan's Medicaid State plan.	Remove
Other 1937 Benefit Provided:  Peer-Delivered or Peer-Operated Support Services  Authorization:  Other  Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan Duration Limit:	Remove
None Scope Limit: None	None	
Other:  See Supplement to Attachment 3.1-A, Item 13d. Re	chabilitative Services in Michigan's Medicaid State plan.	
Other 1937 Benefit Provided:  Medication-Assisted Treatment (MAT)  Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
Other  Amount Limit:  Varies	Medicaid State Plan  Duration Limit:  None	
Scope Limit: None	None	
Other:  See Supplement to Attachment 3.1-A, Item 29. Med Medicaid State plan.  MAT is provided as defined in the approved state p  MAT is exclusively provided in accordance with 19 ending September 30, 2025.		
Other 1937 Benefit Provided:  Genetic Counselors - Other Licensed Practitioners	Source: Section 1937 Coverage Option Benchmark Benefit Package	



Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Limited to providing genetic counseling services a scope of practice.	as defined by state law under the genetic counselor's	
Other:		
See Supplement to Attachment 3.1-A, Item 6d. Oth plan.	ner Practitioner Services in Michigan's Medicaid State	
Other 1937 Benefit Provided:	Source:	
Routine Patient Cost in Qualifying Clinical Trials	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Varies	Varies	
Scope Limit:		
Varies		
Other:		
See Supplement to Attachment 3.1-A, Item 30. Co Trials in Michigan's Medicaid State Plan.	verage of Routine Patient Cost in Qualifying Clinical	
Other 1937 Benefit Provided:	Source:	
Doula Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
Services are limited to pregnant and postpartum be	eneficiaries.	
Other:		
See Supplement to Attachment 3.1-A, Item 13. Pre Medicaid State Plan.	eventive Services - Doula Services in Michigan's	



Other 1937 Benefit Provided:	Source:  Section 1937 Coverage Option Benchmark Benefit	
Targeted Case Management- Recently Incarcerated	Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Varies	Varies	
Scope Limit:		
Targeted Group G populations as defined in the state	e plan specify services and provider qualifications.	
Other:		
See Supplement 1 to Attachment 3.1-A, Targeted Ca Michigan's Medicaid State plan.	se Management Services - Target Group G - in	
Other 1937 Benefit Provided:	Source:	
Diabetes Prevention Program (MIDPP)	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
	1	
Other	Medicaid State Plan	
Other Amount Limit:	Medicaid State Plan  Duration Limit:	
Other  Amount Limit: See below	Medicaid State Plan  Duration Limit:  See below	
Other  Amount Limit:  See below  Scope Limit:	Medicaid State Plan  Duration Limit:  See below	

Add



[	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.

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STATE OF MICHIGAN PROBATE COURT KALAMAZOO COUNTY

NOTICE TO CREDITORS

CASE NO. and JUDGE:

Court address: 1536 GULL RD. KALAMAZOO, MI 49048

Court telephone no.: (269) 383-8666

Estate of HARRIETT MAY JOHNSTON. Date of birth: AUGUST 05, 1921.

AUGUST 05, 1921.

TO ALL CREDITORS:
NOTICE TO CREDITORS:
The decedent, HARRIETT
MAY JOHNSTON, died
SEPTEMBER 16, 2022.
Creditors of the decedent are
notified that all claims
against the estate will be
forever barred unless
presented to GREGORY
ALLEN JOHNSTON, personal
representative, or to both
the probate court at 1536
GULL RD., KALAMAZOO, MI
49048 and the personal representative within 4 months
after the date of publication
of this notice.
Date: February 09, 2023.

MARK A. MANNING P-36369 213 PAW PAW STREET PAW PAW, MI 49079 (269) 657-3191

GREGORY ALLEN JOHNSTON 529 FLETCHER AVE. KALAMAZOO, MI 49006 (269) 532-4611

REQUEST FOR PROPOSAL

Prairie Ronde Township will post Meeting dates and time on its Message Board for the proposed Budget Public Hearing for fiscal year 2023-2024.

The Prairie Ronde Township Board will hold a public Hearing on the proposed Township Budget for fiscal Younship Budget for fiscal year 2023-2024 during its regular Meetings. The Property Tax Millage Rate proposed to be levied to support the proposed budget will be subject of this Hearing.

A copy of the Budget is available for Public inspection at Prairie Ronde Township Hall, P.O. Box 794, 14050 South 6th Street, Schoolcraft MI 49087. Comments may include those submitted by handwriting, typewriting, mail or email to clerk@pririer ondetwo.net. ondetwp.net.

The March 14th Regular Meeting of the Prairie Ronde Township Board will also in-clude:

A RESOLUTION TO ESTABLISH A GENERAL APPROPRIATIONS ACT FOR PRAI-RIE RONDE TOWNSHIP AND TO ADOPT THE FISCAL YEAR 2022-2023 GENERAL FUND BUDGET. THIS ACT SHALL DEFINE THE POWERS AND DUTIES OF THE PRAIRIE RONDE TOWNSHIP OFFICERS IN RELATION TONTHE ADMINISTRATION OF THE BUDGET.

AMERICANS WITH DISABILITIES (A.D.A.) NOTICE
The Township will provide necessary reasonable services to individuals with disabilities at the Meeting upon 7 days notice, Contact

Dale Smith Prairie Ronde Township Clerk P.O. Box 794 14050 South 6th Street Schoolcraft, MI 49087 269-267-4883

STATE OF MICHIGAN COUNTY OF KALAMAZOO

NOTICE TO CREDITORS DECEDENT'S TRUST

Decedent: ROGER R. RUSSELL, Deceased. Date of birth: 05/25/1943.

Trust: THE ROGER R. RUSSELL LIVING TRUST, dated March 13, 2004, as amended.

amended.

NOTICE TO ALL CREDITORS: The decedent, ROGER R. RUSSELL, who lived at 5910 Forest Beach Drive, Richland, Michigan 49083, died 12/06/2020.

The decedent established THE ROGER R. RUSSELL LIVING TRUST u/a/d March 13, 2004, as amended. There is no probate estate. Creditors of the decedent are notified that all claims against the decedent and THE ROGER R. RUSSELL LIVING TRUST will be forever barred unless presented to Christine A. Levandoski-Russell, the



Attorney: Michael A. Dombos (P49157) Lewis, Reed & Allen, P.C. 136 East Michigan Avenue Suite 800 Kalamazoo, Michigan 49007 Phone: (269) 388-7600

Trustee: Christine A. Levandoski-

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

Diabetes Prevention State Plan Amendment Requests

The Michigan Department of (MDHHS) plans to submit a State Plan Amendment (SPA) and a corresponding alternative benefit plan (ABP) SPA request to the Centers for Medicare & Medicaid Services (CMS). The request includes a SPA to provide, as a benefit and preventive service, the Michigan Diabetes Prevention Program (MiDPP). MiDPP meets requirements for the Centers for Disease Control and Prevention (CDC) National Diabetes Prevention Program (MDPP) and preventive service requirements in 42 CFR Section 440.130 (C). The MiDPP is an evidence-based, educational support program designed to assist at-risk individuals from developing Type 2 diabetes.

The anticipated effective date for the MiDPP SPAs is May

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.

Integrated Services of Kalamazoo (ISK) is soliciting vendor information for Youth Skill Building Services. The formal Request for Proposal is available for each service on the ISK website located at: https://iskzoo.org/about-us/rfps/

TOWNSHIP OF PRAIRIE RONDE, KALAMAZOO COUNTY 2023-2024 NOTICE OF BUDGET PUBLIC HEARING

The estimated gross cost to the State Plan Amendments is \$2.1 million.

There is no public meeting scheduled regarding this notice. Any interested party wishing to request a written copy of the SPA or wishing to submit comments may do so by sending an e-mail to M SADraftPolicy@michigan.gov or submitting a request in writing to: MDHHS/ Behavioral and Physical Health and Aging Services Administration, Pogram Policy Division, PO Box 30479, Lansing, MI 4899-7979 by February 28, 2023. A copy of the proposed State Plan Amendment will also be available for review at: https://www.michigan.gov/ The Prairie Ronde Township
Budget Public Hearing will
be held during the regular
Meeting of the Prairie Ronde
Township Board on February
14th and March 14th
at 7:00 P.M. The Meeting
will be held in-person at the
Prairie Ronde Township Hall,
14050 South 6th Street
Schoolcraft, MI.

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Puppies-Mom Is An Frenchton Bulldog Dad Is A French Bulldog. 2 Pups. \$1999. Call 231-224-3380

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Yorkie Pups- M/F, 6 Weeks Old, Parents On Site, Small, Ready To Go. Call Or Text 810-336-9159

Coming

Photo

Boston Terrier Pups . Beautiful Boston Terriers. Two males and 1 females. Born December 22, 2022. Have dew claws removed and first shots will be done. Taking deposits. Call or text 616-862-1480

2-5-2023. All vaccinations are current. Call or Text (231) 571-5765 Price \$1500



Puppies-Mom Is An Old English Bulldog Dad Is A French Bulldog. 3 Pups. \$1499. Call 231-224-3380

## Pets & Supplies

Photo

AKC English Mastiff Puppies -Fawns and Brindles. Grand Rapids area. \$1,700 Visit our Website at Riversidemastiffs.com or email Riversidemastiffs@yah

AKC Golden Retriever puppies for sale. Males and females available. Please text or call 517-403-0423. You can also find us on Facebook under Sayler's Golden Retriever

Pomsky Puppies, All verified blue eyes, vet examined and dew claws removed. Ready 2-5-2023. All vaccinations



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## KALAMAZOO COUNTY, MICHIGAN **NOTICE OF PLANNING COMMISSION MEETING**

AND PUBLIC HEARING ON ZONING ORDINANCE TEXT AMENDMENTS

TO: THE RESIDENTS AND PROPERTY OWNERS OF THE TOWNSHIP OF ROSS, KALAMAZOO COUNTY, MICHIGAN, AND ALL OTHER INTERESTED PERSONS: PLEASE TAKE NOTICE that the Ross Township Planning Commission will hold a meeting on February 27, 2023 at 6:00 p.m. at the Ross Township Hall located at 12806 M-89 within the Township of Ross, Kalamazoo County, Michigan that will include the following:

- A public hearing on proposed Zoning Ordinance text amendments pertaining to permitted uses and conditions and limitations for Multiple Family Dwellings in the R-3 High Density Residential District.
- 2. Such other and further matters as may properly come before the Planning Commission

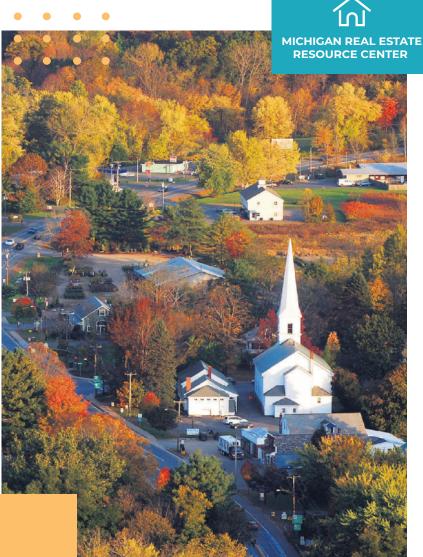
Written comments will be received concerning the above matter by the Ross Township Office Manager at the Ross Township Hall at any time during regular business hours on regular business days until and including the day of the meeting, and may further be submitted to the Planning Commission at the meeting.

The proposed text amendments and the Ross Township Zoning Ordinance/Map/Land Use Plan may be examined by contacting the Ross Township Office Manager at the Township Hall during regular business hours on regular business days maintained by the Township offices from and after the publication of this Notice and until and including the day of the meeting, and further may be examined at the meeting.

All interested persons are invited to be present at the aforesaid time and place

Ross Township will provide necessary reasonable auxiliary aids and services at the meeting to individuals with disabilities, such as signers for the hearing impaired and audiotapes of printed materials being considered, upon three day's advanced notice to the Township. Individuals with disabilities requiring auxiliary aids or services should contact the Township

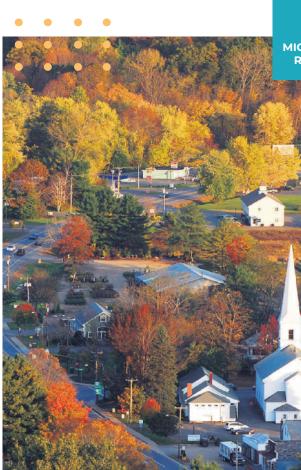
Mary Carol Wilkins Ross Township Office Manager 12086 M-89 Richland, Michigan 49083 269-731-4888



# I NEED TO KNOW

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Ross Township Planning Commission By: Sherri Snyder, Acting Chair



# STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES LANSING

ELIZABETH HERTEL
DIRECTOR

November 22, 2022

**GRETCHEN WHITMER** 

GOVERNOR

NAME TITLE ADDRESS CITY STATE ZIP

Dear Tribal Chair and Health Director:

**RE:** Michigan Medicaid Coverage of the National Diabetes Prevention Program

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

The purpose of the amendment is to update the Medicaid State Plan and ABP to include coverage of and reimbursement for the Michigan Diabetic Prevention Program (MiDPP) for eligible Michigan Medicaid beneficiaries at risk for diabetes. MDHHS expects this change to have positive impacts on Native American beneficiaries, tribal health clinics and urban Indian organizations. The anticipated effective date of these amendments is May 1, 2023.

There is no public hearing scheduled for this SPA and ABP amendment. Input regarding these amendments 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 <a href="Elliott-EganL@michigan.gov">Elliott-EganL@michigan.gov</a>. <a href="Please-provide all input by January 6, 2023.">Please provide all input by January 6, 2023.</a>

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

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An electronic copy of this letter is available at <a href="https://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> >> Policy, Letters & Forms.

Sincerely,

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 22-65 November 22, 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