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**State/Territory Name:**                      **Michigan**

**State Plan Amendment (SPA)#:**    **24-1001**

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179 (from MMDL)
- 3) Approved SPA Pages (from MMDL)

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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June 27, 2024

Meghan E. Groen  
Senior Deputy Director  
Behavioral and Physical Health and Aging Services Administration  
Michigan Department of Health and Human Services  
400 S Pine St 7th Fl  
Lansing, MI 48933-2250

Re: Michigan State Plan Amendment (SPA) 24-0003

Dear Director Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0003. This SPA provides authority to expand eligibility for Group D Targeted Case Management to beneficiaries age 21 to 26, as well as to beneficiaries over age 26 with inherited red blood cell disorders.

We conducted our review of your submittal according to the statutory requirements at Section 1937 of the Social Security Act and 42 CFR 440.60. We hereby inform you that Medicaid State plan amendment 24-0003 is approved effective April 1, 2024. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please contact Keri Toback at 312-353-1754 or via email at [keri.toback@cms.hhs.gov](mailto:keri.toback@cms.hhs.gov).

Sincerely,

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Erin Black

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: Michigan

Transmittal Number:

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

MI-24-1001

Proposed Effective Date

04/01/2024

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2024	\$ 0.00
Second Year	2025	\$ 0.00

Subject of Amendment

This State Plan Amendment (SPA) is submitted in order to add the CSHCS TCM to the ABP since the eligibility for this group is being expanded to include beneficiaries age 21 to 26, as well as beneficiaries over age 26 with inherited red

Governor's Office Review

☐ Governor's office reported no comment

☐ Comments of Governor's office received

Describe:

☐ No reply received within 45 days of submittal

☒ Other, as specified

Describe:

Meghan Groen, Director  
Behavioral and Physical Health and Aging Services Administration

Signature of State Agency Official

Submitted By:

Erin Black

Last Revision Date:

Apr 8, 2024

Submit Date:

Apr 8, 2024



# Alternative Benefit Plan

Attachment 3.1-L- ☐

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

## Alternative Benefit Plan Populations

**ABP1**

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

Healthy Michigan Plan

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	Adult Group	Mandatory	X

Enrollment is available for all individuals in these eligibility group(s).

Yes

### Geographic Area

The Alternative Benefit Plan population will include individuals from the entire state/territory.

Yes

Any other information the state/territory wishes to provide about the population (optional)

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130724



# Alternative Benefit Plan

Attachment 3.1-L- ☐

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

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

ABP2a

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

Yes

Explain how the state has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements.

The benefits offered via the Healthy Michigan Plan are equal to or greater than the benefits offered via the approved Michigan Medicaid State plan, therefore per CMS guidance, the benefit packages are considered to be in alignment. For this eligibility group, the state will cover additional habilitative and comprehensive preventive services as described in ABP5.

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130807



# Alternative Benefit Plan

Attachment 3.1-L- ☐

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

## Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package

**ABP3**

Select one of the following:

- ☐ The state/territory is amending one existing benefit package for the population defined in Section 1.
- ☒ The state/territory is creating a single new benefit package for the population defined in Section 1.

Name of benefit package:

## Selection of the Section 1937 Coverage Option

The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one):

- ☒ Benchmark Benefit Package.
- ☐ Benchmark-Equivalent Benefit Package.

The state/territory will provide the following Benchmark Benefit Package (check one that applies):

- ☐ The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- ☐ State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- ☐ A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- ☒ Secretary-Approved Coverage.
  - ☐ The state/territory offers benefits based on the approved state plan.
  - ☒ The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.

Please briefly identify the benefits, the source of benefits and any limitations:

## Selection of Base Benchmark Plan

The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

The Base Benchmark Plan is the same as the Section 1937 Coverage option.

Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:

- ☒ Largest plan by enrollment of the three largest small group insurance products in the state's small group market.
- ☐ Any of the largest three state employee health benefit plans by enrollment.



# Alternative Benefit Plan

- ☐ Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
- ☐ Largest insured commercial non-Medicaid HMO.

Plan name:

Other Information Related to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):

1. The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5.
2. The state assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid state plan.
3. For this eligibility group, the state will offer the full array of state plan benefits and will cover additional habilitative and comprehensive preventive services as described in ABP5.
4. For this eligibility group, the state will offer the substance use disorder residential services and/or substance use disorder sub-acute detox services as described in the §1115 Behavioral Health Demonstration Waiver.

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130801



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L- ☐

## Alternative Benefit Plan Cost-Sharing

**ABP4**

☒ Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.

Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise described in the state plan. Any such cost sharing must comply with Section 1916 of the Social Security Act.

The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A.

No

Other Information Related to Cost Sharing Requirements (optional):

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130807





# Alternative Benefit Plan

Attachment 3.1-L- ☐

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

## Benefits Description

**ABP5**

The state/territory proposes a “Benchmark-Equivalent” benefit package.

### Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Priority Health HMO

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

Secretary-Approved

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

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



# Alternative Benefit Plan

☒ Essential Health Benefit 1: Ambulatory patient services

Collapse All ☐

Benefit Provided:

Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

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

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

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

Benefit Provided:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See below

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

See Supplement to Attachment 3.1-A, Item 2. Outpatient Hospital Services in Michigan's Medicaid State plan.

Benefit Provided:

Home Health Care

Source:

State Plan 1905(a)

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

Varies

Duration Limit:

Varies

Remove

Scope Limit:

Covered services are provided in the same manner as the approved Medicaid State plan

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

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

Benefit Provided:

Hospice

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

See below

Scope Limit:

Hospice is a program of care and support for beneficiaries who are terminally ill.

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

Benefits are subject to an enrollment determination process. Terminally ill beneficiaries have the option to enroll in a hospice program if their life expectancy is 6 months or less, as determined by a physician and the Hospice Medical Director. For beneficiaries under age 21, in accordance with Section 2302 of the Affordable Care Act, hospice care for children concurrent with curative treatment of the child's terminal illness is covered.

Benefit Provided:

Podiatry -Other Licensed Practitioners

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services are limited to those necessary to diagnose and/or treat illness, injury, the prevention of disability, or services provided to patients suffering from specific systemic diseases for which self-treatment would be hazardous.

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



# Alternative Benefit Plan

Benefit Provided:		Source:	Remove
Tobacco Cessation Treatment		State Plan 1905(a)	
Authorization:	Provider Qualifications:		
None	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:			
Face-to-face tobacco cessation counseling services must be performed by or under the supervision of a physician or other health care professional licensed under state law.			
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			

Benefit Provided:		Source:	Remove
Cert. Nurse Anesesth -Other Licensed Practitioners		State Plan 1905(a)	
Authorization:	Provider Qualifications:		
None	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:			
Services are limited to those provided on an inpatient or outpatient basis and reimbursement is directed through to the provider or the provider's employer.			
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			

Benefit Provided:		Source:
Family Planning Services & Supplies		State Plan 1905(a)
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Family planning services include any medically approved means of voluntarily preventing or delaying pregnancy, including diagnostic evaluation, drugs, and supplies. Infertility treatment is not a covered benefit.		



# Alternative Benefit Plan

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

Remove

Benefit Provided:

Chiropractic Services-Other Licensed Practitioners

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

18 visits per calendar year

Duration Limit:

None

Scope Limit:

Chiropractic services are limited to spinal manipulation. Benefit includes one set of spinal x-rays per beneficiary, per year.

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

Benefit Provided:

Psychologists - Other Licensed Providers

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services are limited to those necessary to diagnosis and/or treat behavioral health disorders within the Psychologist's scope of practice as defined by State law.

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

Benefit Provided:

Social Workers - Other Licensed Providers

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



# Alternative Benefit Plan

Scope Limit:

Services are limited to those necessary to diagnosis and/or treat behavioral health disorders within the Social Worker's scope of practice as defined by State law.

Remove

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

Benefit Provided:

Professional Counselors - Other Licensed Providers

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services are limited to those necessary to diagnosis and/or treat behavioral health disorders within the Professional Counselor's scope of practice as defined by State law.

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

Benefit Provided:

Marriage&Family Therapist-Other Licensed Providers

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services are limited to those necessary to diagnosis and/or treat behavioral health disorders within the Marriage and Family Therapist's scope of practice as defined by State law.

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

Benefit Provided:

Clinical Nurse Specialist-Other Licensed Providers

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Remove

Scope Limit:

None

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

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

Add



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 2: Emergency services		Collapse All <input type="checkbox"/>
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Emergency Services -Other Medical Care</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Benefit is limited to services that are necessary to evaluate or stabilize an emergency medical condition.</div><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p><div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">State Plan 1905(a)</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Medicaid State Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div><div style="width: 10%; text-align: center; margin-top: 20px;"><div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">Remove</div></div></div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Emergency Transp./ Ambulance - Other Medical Care</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Benefit is limited to services that are necessary to evaluate or stabilize an emergency medical condition.</div><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p><div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">State Plan 1905(a)</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Medicaid State Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div><div style="width: 10%; text-align: center; margin-top: 20px;"><div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">Remove</div></div></div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Urgent Care Services - Clinics</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Benefit is limited to unscheduled diagnosis and treatment of illnesses for ambulatory beneficiaries requiring immediate medical attention for non-life-threatening conditions.</div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">State Plan 1905(a)</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Medicaid State Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div></div>		





# Alternative Benefit Plan

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

Remove

Add



# Alternative Benefit Plan

☒ Essential Health Benefit 3: Hospitalization

Collapse All ☐

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

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

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

Add



# Alternative Benefit Plan

☒ Essential Health Benefit 4: Maternity and newborn care

Collapse All ☐

Benefit Provided:

Maternity Care - Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Maternity Care - Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

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

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

Benefit Provided:

Maternity Care- Outpatient Hospital Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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



# Alternative Benefit Plan

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

Remove

Benefit Provided:

Nurse Midwife Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Add



# Alternative Benefit Plan

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

Collapse All ☐

Benefit Provided:

Mental/Behavioral Health -Inpatient Hospital Serv.

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Mental/Behavioral Health - Rehabilitation Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Substance Use Disorder -Inpatient Hospital Service

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



# Alternative Benefit Plan

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

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

Remove

Benefit Provided:

Substance Use Disorder -Rehabilitation Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Add



# Alternative Benefit Plan

☒ Essential Health Benefit 6: Prescription drugs

Benefit Provided:

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

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

☒ Limit on days supply

State licensed

☐ Limit on number of prescriptions

☒ Limit on brand drugs

☒ Other coverage limits

☒ Preferred drug list

Coverage that exceeds the minimum requirements or other:

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



# Alternative Benefit Plan

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

Collapse All ☐

Benefit Provided:

Rehabilitation Services: Outpatient Services

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

See below

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

See Supplement to Attachment 3.1-A, Item 11. Physical Therapy and Related Services in Michigan's Medicaid State plan.

Benefit Provided:

Habilitative Services -Outpatient Services

Source:

Other state-defined

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

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

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

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

Benefit Provided:

Home Health Svcs.-Med Supplies, Equip, Appliances

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies





# Alternative Benefit Plan

Scope Limit:

Described below

Remove

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

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

Benefit Provided:

Prosthetics and Orthotics; Eyeglasses, Hearing Aid

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

Described below

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

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

Benefit Provided:

Nursing Facility Services -Other Medical Service

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See below

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

See Supplement to Attachment 3.1-A, Item 24.d. Other Medical Care - Nursing Skilled Facility Services in Michigan's Medicaid State plan.

Benefit Provided:

Home Health -Rehab

Source:

State Plan 1905(a)



# Alternative Benefit Plan

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

Described below

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

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

Add



# Alternative Benefit Plan

☒ Essential Health Benefit 8: Laboratory services

Collapse All ☐

Benefit Provided:

Laboratory

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

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

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

Remove

Add



# Alternative Benefit Plan

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

Collapse All ☐

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

Benefit Provided:

Preventive Services

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

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

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

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

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

Add



# Alternative Benefit Plan

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

Collapse All ☐

Benefit Provided:  
Medicaid State Plan EPSDT Benefits

Authorization:  
Other

Amount Limit:  
None

Scope Limit:  
None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:  
See Supplement to Attachment 3.1-A, Item 4b. EPSDT in Michigan's Medicaid State plan.

Source:  
State Plan 1905(a)

Provider Qualifications:  
Medicaid State Plan

Duration Limit:  
N/A

Remove

Add



# Alternative Benefit Plan

☐ Other Covered Benefits from Base Benchmark

Collapse All ☐



# Alternative Benefit Plan

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



# Alternative Benefit Plan

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





# Alternative Benefit Plan

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



# Alternative Benefit Plan

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



# Alternative Benefit Plan

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



# Alternative Benefit Plan

☐ Other Base Benchmark Benefits Not Covered

Collapse All ☐



# Alternative Benefit Plan

☒ Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All ☐

Other 1937 Benefit Provided:

Dental Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

See Supplement to Attachment 3.1-A, Item 10. Dental Services in Michigan's Medicaid State plan.

Other:

See Supplement to Attachment 3.1-A, Item 10. Dental Services in Michigan's Medicaid State plan.

Other 1937 Benefit Provided:

Vision/Optomtrist Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

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

Other:

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

Other 1937 Benefit Provided:

Personal Care Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Provider Qualifications:

Medicaid State Plan

Authorization:

Prior Authorization

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

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



# Alternative Benefit Plan

Other:

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

Remove

Other 1937 Benefit Provided:

Extended Services to Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 assessment visit; up to 9 professional visits

Duration Limit:

Varies

Scope Limit:

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

Other:

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

Other 1937 Benefit Provided:

Nursing Facility Services - Long Term Care

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

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

Other:

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

Other 1937 Benefit Provided:

Clinic Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Provider Qualifications:

Medicaid State Plan

Authorization:

Other



# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Remove

Scope Limit:

See scope limit below.

Other:

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

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

Other 1937 Benefit Provided:

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

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

Other:

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

Other 1937 Benefit Provided:

Behavioral Health Targeted Case Mgmt Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

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



# Alternative Benefit Plan

<b>Other 1937 Benefit Provided:</b> <div>Pharmacists -Other Licensed Practitioners</div>		<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<div>Remove</div>
<b>Authorization:</b> <div>Other</div>		<b>Provider Qualifications:</b> <div>Medicaid State Plan</div>	
<b>Amount Limit:</b> <div>None</div>		<b>Duration Limit:</b> <div>None</div>	
<b>Scope Limit:</b> <div>Limited to administration of vaccines and toxoids and the provision of medication therapy management services as allowed by applicable state authority. The provision of medication therapy management services is effective 4/1/17.</div>			
<b>Other:</b> <div>Prior authorization is generally not required.</div>			

<b>Other 1937 Benefit Provided:</b> <div>ICF/IID Services</div>		<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<div>Remove</div>
<b>Authorization:</b> <div>Concurrent Authorization</div>		<b>Provider Qualifications:</b> <div>Medicaid State Plan</div>	
<b>Amount Limit:</b> <div>None</div>		<b>Duration Limit:</b> <div>None</div>	
<b>Scope Limit:</b> <div>Service is provided for individuals who are developmentally disabled (or for persons with related conditions) in properly certified and/or licensed public or private institutions (or distinct part thereof) for the developmentally disabled.</div>			
<b>Other:</b> <div>Intermediate care services are provided based on the level of care appropriate to the patient's medical needs. Admission to an intermediate care facility must be upon the written direction of a physician, who must periodically recertify the need for care. Admission must also be prior authorized by the Michigan Department of Community Health or its designee. The period of covered services is the minimum period necessary for the proper care and treatment of the patient.  Services regularly provided in these settings are in compliance with the provisions of 42 CFR 440.150 and include health related and programmatic care, supervised personal care, as well as room and board.</div>			

<b>Other 1937 Benefit Provided:</b> <div>Program of All-Inclusive Care for Elderly (PACE)</div>		<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	
<b>Authorization:</b> <div>Other</div>		<b>Provider Qualifications:</b> <div>Medicaid State Plan</div>	





# Alternative Benefit Plan

Amount Limit:

See below

Duration Limit:

See below

Remove

Scope Limit:

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

Other:

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

Other 1937 Benefit Provided:

Rehabilitation -Mental Health Crisis Residential

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

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

Other 1937 Benefit Provided:

Mental Health Outpatient Community Support

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

None

Other:

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

Other 1937 Benefit Provided:

Substance Use Disorder Residential Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package



# Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

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

Other 1937 Benefit Provided:

Subst Use Disorder Sub-Acute Detox Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

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

Other 1937 Benefit Provided:

Behavioral Health Community Based Services 1915(i)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Effective 10/1/19 Services are authorized via Section 1115 expenditure authority and are provided as described in Attachment 3.1-i.2. 1915(i) Home and Community-Based Services in Michigan's Medicaid State plan. Effective 10/1/23 expenditure authority for 1915(i) services will no longer be provided under the 1115 and will be provided under state plan authority.



# Alternative Benefit Plan

<b>Other 1937 Benefit Provided:</b> <div>Health Home Services for Chronic Conditions</div>		<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<div>Remove</div>
<b>Authorization:</b> <div>Other</div>		<b>Provider Qualifications:</b> <div>Medicaid State Plan</div>	
<b>Amount Limit:</b> <div>None</div>		<b>Duration Limit:</b> <div>Varies</div>	
<b>Scope Limit:</b> <div>Health Home services are limited to chronic conditions identified in the approve Medicaid state plan.</div>			
<b>Other:</b> <div>Health Home services include a comprehensive system of care coordination utilizing an interdisciplinary care team approach to person and family-centered integrated primary medical care, behavioral health care, and community-based social services and supports for beneficiaries with specified chronic conditions or for beneficiaries with opioid use disorder and risk of developing another chronic condition.</div>			
<b>Other 1937 Benefit Provided:</b> <div>Targeted Case Management- Flint Water Group</div>		<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<div>Remove</div>
<b>Authorization:</b> <div>Authorization required in excess of limitation</div>		<b>Provider Qualifications:</b> <div>Medicaid State Plan</div>	
<b>Amount Limit:</b> <div>See below</div>		<b>Duration Limit:</b> <div>See below</div>	
<b>Scope Limit:</b> <div>Targeted Group F populations as defined in the state plan specify services and provider qualifications.</div>			
<b>Other:</b> <div>Services include comprehensive client assessment; care/services plan development; linking/coordination of services; reassessment/follow-up; monitoring of services as defined by program.  Services by designated providers are limited to 1 face to face comprehensive assessment/reassessment visit per year and 5 face to face monitoring visits per year. Additional services require prior authorization.  This coverage is to further the Flint, Michigan demonstration project authorized under section 1115 of the Act (Project No. 11W 00302/5). Freedom of choice has been waived pursuant to the authority approved under the Flint Michigan Section 1115 Demonstration (Project No. 11W 00302/5). This benefit is effective 5/9/16.</div>			
<b>Other 1937 Benefit Provided:</b> <div>Audiology/Hearing Services</div>		<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	
<b>Authorization:</b> <div>Other</div>		<b>Provider Qualifications:</b> <div>Medicaid State Plan</div>	



# Alternative Benefit Plan

Amount Limit:

Varies

Duration Limit:

Varies

Remove

Scope Limit:

Limited to those that are medically necessary and allowed under the Audiologist scope of practice as defined by State law. Prior authorization is generally not required. However, authorization is required for services in excess of limitations.

Other:

Covered services are provided in the same manner as the approved Medicaid State plan.

Other 1937 Benefit Provided:

Pediatric Outpatient Intensive Feeding Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Varies

Scope Limit:

Limited to medically necessary services provided to pediatric beneficiaries who experience significant feeding difficulties due to anatomical, congenital, cognitive conditions, or complications of severe illness.

Other:

Pediatric intensive feeding program services consist of an initial comprehensive evaluation, individualized plan of care, treatment, monitoring and education to address complex feeding and swallowing difficulties. Services are provided by a multi-disciplinary team of medical and behavioral health professionals. Program services are effective 05/01/2018.

Other 1937 Benefit Provided:

NF Transition Community Based Services 1915(i)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

None

Other:

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



# Alternative Benefit Plan

<b>Other 1937 Benefit Provided:</b> Peer-Delivered or Peer-Operated Support Services		<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<a href="#">Remove</a>
<b>Authorization:</b> Other		<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None		<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None			
<b>Other:</b> See Supplement to Attachment 3.1-A, Item 13d. Rehabilitative Services in Michigan's Medicaid State plan.			

<b>Other 1937 Benefit Provided:</b> Medication-Assisted Treatment (MAT)		<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<a href="#">Remove</a>
<b>Authorization:</b> Other		<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> Varies		<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None			
<b>Other:</b> See Supplement to Attachment 3.1-A, Item 29. Medication-Assisted Treatment Services in Michigan's Medicaid State plan.  MAT is provided as defined in the approved state plan 3.1-A (and if applicable, 3.1B pages).  MAT is exclusively provided in accordance with 1905(a)(29) for the period beginning October 1, 2020, and ending September 30, 2025.			

<b>Other 1937 Benefit Provided:</b> Genetic Counselors - Other Licensed Practitioners		<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	
<b>Authorization:</b> Other		<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None		<b>Duration Limit:</b> None	



# Alternative Benefit Plan

Scope Limit:

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

Remove

Other:

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

Other 1937 Benefit Provided:

Routine Patient Cost in Qualifying Clinical Trials

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

Varies

Other:

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

Other 1937 Benefit Provided:

Doula Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

Services are limited to pregnant and postpartum beneficiaries.

Other:

See Supplement to Attachment 3.1-A, Item 13. Preventive Services - Doula Services in Michigan's Medicaid State Plan.

Other 1937 Benefit Provided:

Targeted Case Management- Recently Incarcerated

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

<b>Amount Limit:</b> Varies		<b>Duration Limit:</b> Varies	<a href="#">Remove</a>
<b>Scope Limit:</b> Targeted Group G populations as defined in the state plan specify services and provider qualifications.			
<b>Other:</b> See Supplement 1 to Attachment 3.1-A, Targeted Case Management Services - Target Group G - in Michigan's Medicaid State plan.			
<b>Other 1937 Benefit Provided:</b> Dental Therapist - Dental Services		<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<a href="#">Remove</a>
<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Medicaid State Plan		
<b>Amount Limit:</b> Varies	<b>Duration Limit:</b> Varies		
<b>Scope Limit:</b> See Supplement to Attachment 3.1-A, Item 10. Dental Services in Michigan's Medicaid State plan.			
<b>Other:</b> See Supplement to Attachment 3.1-A, Item 10. Dental Services in Michigan's Medicaid State plan.			
<b>Other 1937 Benefit Provided:</b> Diabetes Prevention Program (MIDPP)		<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<a href="#">Remove</a>
<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Medicaid State Plan		
<b>Amount Limit:</b> See below	<b>Duration Limit:</b> See below		
<b>Scope Limit:</b> See Supplement to Attachment 3.1-A, Item 13. Preventive Services - Diabetes Prevention Program (MIDPP) Services in Michigan's Medicaid State Plan.			
<b>Other:</b> See Supplement to Attachment 3.1-A, Item 13. Preventive Services - Diabetes Prevention Program (MIDPP) Services in Michigan's Medicaid State Plan.			
<b>Other 1937 Benefit Provided:</b> Psychiatric Residential Treatment Facility (PRTF)		<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	



# Alternative Benefit Plan

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

Covered services are provided in the same manner as the approved Medicaid State plan

Other:

See Attachment 3.1-A, Item 16. Inpatient Psychiatric Hospital Services for Individuals Under 22 in Michigan's Medicaid State plan. Benefit is effective 12/01/23.

Other 1937 Benefit Provided:

Community Health Worker (CHW) Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

Covered services are provided in the same manner as the approved Medicaid State plan

Other:

See Supplement to Attachment 3.1-A, Item 13. Preventive Services - Community Health Worker Services in Michigan's Medicaid State Plan.

Other 1937 Benefit Provided:

Targeted Case Management - CSHCS

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

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

Other:

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

Add





# Alternative Benefit Plan

☐ Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)

Collapse All ☐

## PRA Disclosure Statement

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V.20130814



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L- ☐

## Benefits Assurances

ABP7

### EPSDT Assurances

If the target population includes persons under 21, please complete the following assurances regarding EPSDT. Otherwise, skip to the Prescription Drug Coverage Assurances below.

The alternative benefit plan includes beneficiaries under 21 years of age.

☒ The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345).

☒ The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act.

Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services:

☒ Through an Alternative Benefit Plan.

☐ Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as defined in 1905(r).

Other Information regarding how EPSDT benefits will be provided to participants under 21 years of age (optional):

### Prescription Drug Coverage Assurances

☒ The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

☒ The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.

☒ The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.

☒ The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.

### Other Benefit Assurances

☒ The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.

☒ The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.

☒ The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.



# Alternative Benefit Plan

- ☒ The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
- ☒ The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
- ☒ The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
- ☒ The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
- ☒ The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

## PRA Disclosure Statement

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V.20130807



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L- ☐

## Service Delivery Systems

ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

☒ Managed care.

☒ Managed Care Organizations (MCO).

☒ Prepaid Inpatient Health Plans (PIHP).

☐ Prepaid Ambulatory Health Plans (PAHP).

☐ Primary Care Case Management (PCCM).

☒ Fee-for-service.

☐ Other service delivery system.

## Managed Care Options

### Managed Care Assurance

☒ The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

### Managed Care Implementation

Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts.

The state intends to implement this alternative benefit plan in accordance with its §1115(a) Healthy Michigan Plan demonstration waiver approved 12/30/2013. The state has ongoing operational meetings with currently contracted Medicaid Health Plans and Community Mental Health Services Programs to engage in and support discussions regarding the plan implementation and consumer outreach. Medicaid Policy Bulletins have been and continue to be utilized to communicate with providers and health plans. Consistent with existing managed care policies and procedures regarding plan selection, current Adult Benefit Waiver beneficiaries will be automatically transitioned to the Healthy Michigan Plan through the enrollment process which will also include direct beneficiary notification. Notification, education, and outreach efforts to all affected providers, beneficiaries, and contracted entities are ongoing.

### MCO: Managed Care Organization

The managed care delivery system is the same as an already approved managed care program.

☐ Yes

The managed care program is operating under (select one):

☐ Section 1915(a) voluntary managed care program.

☐ Section 1915(b) managed care waiver.

☐ Section 1932(a) mandatory managed care state plan amendment.

☒ Section 1115 demonstration.



# Alternative Benefit Plan

☐ Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS:

Dec 30, 2013

Describe program below:

The Michigan "Adult Benefits Waiver" was transformed to establish the "Healthy Michigan" program, through which the state will provide benefits the new adult eligibility group. The Healthy Michigan Program beneficiaries will receive a full health care benefit package as required under the Affordable Care Act and will include all of the Essential Health Benefits as required by federal law and regulation, and there will not be any limits on the number of individuals who can enroll. Under the Healthy Michigan program, the state will use two different types of health plans to provide the full Alternative Benefit Plan for the demonstration population. The state will utilize comprehensive health plans and Pre-paid Inpatient Health Plans.

## Additional Information: MCO (Optional)

Provide any additional details regarding this service delivery system (optional):

## PIHP: Prepaid Inpatient Health Plan

The managed care delivery system is the same as an already approved managed care program.

Yes

The managed care program is operating under (select one):

- ☐ Section 1915(a) voluntary managed care program.
- ☐ Section 1915(b) managed care waiver.
- ☒ Section 1115 demonstration.
- ☐ Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS:

Dec 30, 2013

Describe program below:

The Michigan "Adult Benefits Waiver" was transformed to establish the "Healthy Michigan" program, through which the state will provide benefits the new adult eligibility group. The Healthy Michigan Program beneficiaries will receive a full health care benefit package as required under the Affordable Care Act and will include all of the Essential Health Benefits as required by federal law and regulation, and there will not be any limits on the number of individuals who can enroll. Under the Healthy Michigan program, the state will use two different types of health plans to provide the full Alternative Benefit Plan for the demonstration population. The state will utilize comprehensive health plans and Pre-paid Inpatient Health Plans.

## Additional Information: PIHP (Optional)

Provide any additional details regarding this service delivery system (optional):

On October 1, 2019, the State implemented a Behavioral Health 1115 waiver to provide managed care expenditure authority to provide services approved under the MI 19-0006 Behavioral Health 1915(i) SPA. Services available under the 1915(i) SPA are provided through the same PIHP network as other HMP services. Effective 10/1/19 Services are authorized via Section 1115 expenditure authority and are provided as described in Attachment 3.1-i.2. 1915(i) Home and Community-Based Services in Michigan's Medicaid State plan. Effective 10/1/23 services will no longer have expenditure authority and will be provided under state plan authority but paid for under the managed care expenditure authority of the 1115.

## Fee-For-Service Options

Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:

- ☒ Traditional state-managed fee-for-service



# Alternative Benefit Plan

☐ Services managed under an administrative services organization (ASO) arrangement

Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-for-service care management models/non-risk, contractual incentives as well as the population served via this delivery system.

The current state plan incorporates several fee-for-service payment methodologies for various types of services and/or providers.

- Fixed fee screen: payment rates are established as a fee screen for each procedure or service for individual practitioners, clinic services, home health services, equipment and appliances, medical supplies, dentures, and prosthetic devices.
- Outpatient Prospective Payment System: Outpatient hospital services and ambulatory surgical centers are reimbursed generally in accordance with Medicare's Outpatient Prospective Payment System (OPPS) with an applied state specific conversion factor.
- DRG grouper pricing: Inpatient hospital services are reimbursed utilizing this methodology. Special pools for certain hospitals are created for institutions meeting certain criteria.
- Cost-reporting and/or facility class designation: Nursing facility services, school based services, and certain other facility services on a per diem or per service basis.
- Prospective Payment Systems (PPS): FQHCs, RHCs and certain other clinics are reimbursed through a Prospective Payment or alternative payment methodology utilizing cost settlement arrangements.

## Additional Information: Fee-For-Service (Optional)

Provide any additional details regarding this service delivery system (optional):

Services that are carved out of the MCO and PIHP delivery systems and currently reimbursed through FFS include, but are not limited to, the following: personal care services (Home Help), Maternal Infant Health Program prevention services, school based services, long term nursing facility services, certain transportation services, and specified psychotropic pharmacological products. Specific contract provisions with the MCOs and PIHPs prevail.

Services provided under the ABP to beneficiaries not yet enrolled in a Medicaid Health Plan due to applicable plan enrollment procedures will be reimbursed under the fee-for-service payment methodologies consistent with current approved state waiver processes.

## PRA Disclosure Statement

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V.20130718



# Alternative Benefit Plan

Attachment 3.1-L- ☐

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

## Employer Sponsored Insurance and Payment of Premiums

**ABP9**

The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.

No

The state/territory otherwise provides for payment of premiums.

No

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

### PRA Disclosure Statement

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# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L- ☐

## General Assurances

ABP10

### Economy and Efficiency of Plans

- ☒ The state/territory assures that Alternative Benefit Plan coverage is provided in accordance with Federal upper payment limit requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

Economy and efficiency will be achieved using the same approach as used for Medicaid state plan services.

☐ Yes

### Compliance with the Law

- ☒ The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/territory plan under this title.
- ☒ The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e).
- ☒ The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.

### PRA Disclosure Statement

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V.20130807





# Alternative Benefit Plan

Attachment 3.1-L- ☐

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

## Payment Methodology

**ABP11**

### Alternative Benefit Plans - Payment Methodologies

- ☒ The state/territory provides assurance that, for each benefit provided under an Alternative Benefit Plan that is not provided through managed care, it will use the payment methodology in its approved state plan or hereby submits state plan amendment Attachment 4.19a, 4.19b or 4.19d, as appropriate, describing the payment methodology for the benefit.

**An attachment is submitted.**

### PRA Disclosure Statement

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V.20130807