Medicaid Alternative Benefit Plan

Medicaid Alternative Benefit Plan: General Information

State/1	Territory name:	Michigan		
Transı	nittal Number:	MI-23-1004		
Gener	cal Information: Submission Title: short (under 100 characters) label used to ide MI Alternative Benefit Plan (ABP) MI		ation	
	Description:			
	SPA estab Alternative Benefit Plan(AB stated in MI's PA 107 of 2013.	P) MI uses to implement requirem	nents of the Healthy I	Michigan Plan(HMP)as
	 The state attests that this SPA does public notice in accordance with 4 Public notice has been conducted p 	2 CFR 440.386.		require the state to provide
	Date public notice was issued 05/28/	2023 (mm/dd/yyyy)		
	he state/territory assures that it has provi	ded the public with advance notice	e of the amendment a	and reasonable opportunity to
	omment. The state/territory assures that it has inclu-	ded in the notice a description of t	he method for assuri	ng compliance with 42CFR
	40.345 related to full access to EPSDT se	_		
T	The state/territory assures that it has inclu-	ded in the notice a description of t	he method for compl	ying with the provisions of
	ection 5006(e) of the American Recovery The state/territory assures that it has perfo		ion.	
Ī	Upload Public Notice Documents			
Ī	Please provide a short description of this	public notice:		
	Public Notice Clip, May 28, 2023			
	Uploaded Document Name:		Date Up	loaded:
	Tearsheet - PRTF - Grand Rapids Press.	odf		
	Screening Statements to Indicate Requestion one of the following options for eligibilis. The population group for this Al (i)(VIII) of the Act. If the state selection voluntary benefit package selection. The population group for this Al (VIII) of the Act, and also include	ty group coverage: ternative Benefit Plan includes gets this option, the state must come assurances for the adult group. ternative Benefit Plan includes to the groups. If the state selections	aplete form ABP2a to the adult group und ts this option, the sta	er section 1902(a)(10)(A)(i) te must complete forms
	ABP2a and ABP2b to indicate agr voluntary enrollment assurances fo	or other eligibility groups.		
	The population for this Alternat (i)(VIII) of the Act. If the state set voluntary enrollment assurances for	lects this option, the state must cor		
	Enrollment is mandatory for some or all parandatory enrollment assurances.	articipants. If selected, the state m	ust complete form AL	BP2c to indicate agreement to
	•			
amend	Ty the number of benchmark benefit packed with this submission. <i>The state must</i> see ARP3 1. ARP4. ARP5, and ARP8 for each	submit one version of forms	1	

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

0

Medicaid Alternative Benefit Plan: File Management Summary

State/Territory name: Michigan
Transmittal Number: MI-23-1004

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

Medicaid Alternative Benefit Plan: File Management Detail

Form ABP1: Alternative Benefit Plan Populations

ABP1 Forms List

Form

Please provide a short description of this ABP1 form:

This state plan page identifies and defines eligible Medicaid populations that will receive their Medicaid coverage through an Alternative Benefit Plan (ABP).

Uploaded Form Name:

Date Uploaded: 01/22/2014

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

Support Documents

Document

Please provide a short description of this support document:

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

Uploaded Document Name:

Date Uploaded: 03/21/2014

ABP State Plan Amendment Public Notice 438191 7.pdf

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

ABP2a Forms List

Form

Please provide a short description of this ABP2a form:

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



Date Uploaded: 01/22/2014

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

Support Documents

Document

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

ABP2b Forms List

Form

Support Documents

Document

Form ABP2c: Enrollment Assurances - Mandatory Participants

ABP2c Forms List

1

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

ABP3 Forms List

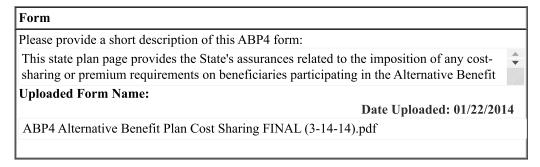
Please provide a short description of this ABP3 form: This state plan page selects the Alternative Benefit Plan's (ABP) section 1937 coverage option and its base benchmark plan that Michigan used to establish the benefit package Uploaded Form Name: Date Uploaded: 01/22/2014 Current ABP3 Selection of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

Support Documents

Document

Form ABP4: Alternative Benefit Plan Cost-Sharing

ABP4 Forms List



Support Documents

Document

Form ABP5: Benefits Description

ABP5 Forms List

Form

Please provide a short description of this ABP5 form:

Form

This state plan page is used to indicate that Michigan's Alternative Benefit Plan's (ABP) benefits are provided as part of a benchmark benefit package. It also provides details

Uploaded Form Name:

Date Uploaded: 01/22/2014

ABP5 Benefits PRTF.pdf

Support Documents

Document

Form ABP6: Benchmark-Equivalent Benefit Package

ABP6 Forms List

Form

Support Documents

Document

Form ABP7: Benefits Assurances

ABP7 Forms List

Form

Please provide a short description of this ABP7 form:

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

Uploaded Form Name:

Date Uploaded: 01/22/2014

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

Support Documents

Document

Form ABP8: Service Delivery Systems

ABP8 Forms List

Form

Please provide a short description of this ABP8 form:

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

Uploaded Form Name:

Date Uploaded: 01/22/2014

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

Support Documents

Document

Form ABP9: Employer Sponsored Insurance and Payment of Premiums

ABP9 Forms List

Form

Please provide a short description of this ABP9 form:

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

Uploaded Form Name:

Date Uploaded: 01/22/2014

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

Support Documents

Document

Form ABP10: General Assurances

ABP10 Forms List

Form

Please provide a short description of this ABP10 form:

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

Uploaded Form Name:

Date Uploaded: 01/22/2014

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

Support Documents

Document

Form ABP11: Payment Methodology

ABP11 Forms List

Form

Please provide a short description of this ABP11 form:

This state plan page provides Michigan's assurances concerning payment methodologies that will be used for the Alternative Benefit Plan's (ABP) benefits when the benefits are



Date Uploaded: 01/22/2014

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

Support Documents

Document	
licaid Alternative Bene	fit Plan: Tribal Input
State/Territory name:	Michigan
Transmittal Number:	MI-23-1004
One or more Indian Heal	th Programs or Urban Indian Organizations furnish health care services in this State.
This State Plan An Organizations.	nendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian
	ited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal
Complete the following Tribal consultation was governments, but if such Indian Trib Indian Hea	to submission of this State Plan Amendment. information regarding any tribal consultation conducted with respect to this submission: s conducted in the following manner. States are not required to consult with Indian tribal consultation was conducted voluntarily, provide information about such consultation below: les lth Programs an Organization
The state must used requirements, in well as attendee Indian Health P Alternatively incorporated the	upload copies of documents that support the solicitation of advice in accordance with statutor including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as lists if face-to-face meetings were held. Also upload documents with comments received from rograms or Urban Indian Organizations and the state's responses to any issues raised. dicate the key issues and summarize any comments received below and describe how the state em into the design of its program.
Document	
	ride a short description of this support document: Tribal Notification letter dated April 11, 2023.
	Document Name: Date Uploaded: 01/22/2014
L 23-30.pc	
Indicate the key issues Access	raised in Indian consultative activities:
Summarize	Comments
Summarize	Response
Quality	
Summarize	Comments
Summarize	Response
Cost	
Summarize	Comments
Summarize	Response

	Paym	ent methodo	ology			
	Sumn	arize Com	nents			
	Sumn	arize Respo	nsa			
	Summ	iai ize Kespo	nise			
	Eligib	-				
	Sumn	arize Com	nents			
	Sumn	arize Respo	onse			
	Benef					
	Sumn	arize Comr	nents			
	Sumn	arize Respo	onse			
		1 1.				
		e delivery arize Comr	mants			
	Summ	iai ize Cuiii	nents			
	Sumn	arize Respo	onse			
	Other	Issue				
Medicaid Alterna	ative H	Benefit Pl	an: Summary	Page (CMS 17	<u>(9)</u>	
C4 4 / / / / / * 4			25.14			
State/Territory n Transmittal Nu			Michig	an		
Enter the Tr	ansmittal	Number (TN)	, including dashes, in	the format SS-YY-NNN = last 2 digits of submi	NN or SS-YY-NNNN-xxxx (with xxx ission year, NNNN = 4-digit numbe	ex being optional to specific
xxxx = OPT	IONAL, I	– 2-character !- to 4-charact	er alpha/numeric suffi	ix.	ssion yeur, 141414 – 4-uigu numbe	r with teduting zeros, and
MI-23-10	04					
Proposed Effec						
07/01/202	23	(mm/dd/y	yyy)			
	-					
Federal Statute						
Section 19	93 / OI III	e Social Sec	unty Act			
Fad1 D 3	4 T	4				
Federal Budge	t impac		al Fiscal Year		Amount	
			ai Piscai Icai		Amount	
First Year	•	2023		\$ 0.00		
O 1 \$7		2024				
Second Ye	ear	2024		\$ 0.00		

Subject of Amendment

This State Plan Amendment (SPA) is submitted in order to provide authority to cover and to reimburse for Psychiatric Residential Treatment Facility (PRTF) services within ABP5. This SPA is related to SPA 23-0015 and updates the same

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▼

Governor'	s Office	Review
COVCIDO	3 Omice	ICCAICA

Governor's office reported no comment	
Comments of Governor's office received Describe:	
To reply received within 10 days of submitted	
Meghan Groen Senior Deputy Director	

Signature of State Agency Official

Submitted By: Erin Black
Last Revision Date: Jun 29, 2023
Submit Date: Jun 29, 2023



Attachment 3.1-C- OMB Control Number: 0938-1148
OMB Expiration date: 10/31/2014

Benefits Description ABP5

The state/territory proposes a "Benchmark-Equivalent" benefit package. No

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Priority Health HMO

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

Secretary-Approved

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

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



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



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



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



benchmark plan:		Remov
Benefit Provided:	Source:	
Chiropractic Services-Other Licensed Practitioners	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
18 visits per calendar year	None	
Scope Limit:		
Chiropractic services are limited to spinal manipulation beneficiary, per year.	ation. Benefit includes one set of spinal x-rays per	
	the specific name of the source plan if it is not the base	
benchmark plan:		
Benefit Provided:	Source:	
Psychologists - Other Licensed Providers	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services are limited to those necessary to diagnosis Psychologist's scope of practice as defined by State	s and/or treat behavioral health disorders within the e law.	
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Social Workers - Other Licensed Providers	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	



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



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



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



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



ssential Health Benefit 3: Hospitalization		Collapse All
Benefit Provided:	Source:	
Inpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services are covered when furnished by a certified 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:		
inpatient hospital services must be authorized throug Transplant Services are covered and certain transpla	es: elective admissions, readmissions, and transfers for the Admissions and Certification Review Contractor on the procedures require prior authorization. Admissions tanding rehabilitation hospitals require prior	

Page 10 of 40



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



Other information regarding this benefit benchmark plan:	, including the specific name of the source plan if it is not the base	Remove
Benefit Provided:	Source:	
Nurse Midwife Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, Item 17. Nurse M	Midwife Services in Michigan's Medicaid State plan.	
		Add



Essential Health Benefit 5: Mental health and substance ubehavioral health treatment	se disorder services including	Collapse All
Benefit Provided:	Source:	
Mental/Behavioral Health -Inpatient Hospital Serv.	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	ne specific name of the source plan if it is not the base	
See Supplement to Attachment 3.1-A, Item 1.a. Inparplan.	tient Hospital Services in Michigan's Medicaid State	
Benefit Provided:	Source:	
Mental/Behavioral Health - Rehabilitation Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	ne specific name of the source plan if it is not the base	
See Supplement to Attachment 3.1-A, Item 13d. Reh	abilitative Services in Michigan's Medicaid State plan.	
Benefit Provided:	Source:	
Substance Use Disorder -Inpatient Hospital Service	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
None		



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

Add



Essential Health Benefit 6: Prescription drugs	
Benefit Provided:	
Coverage is at least the greater of one drug in each U.S same number of prescription drugs in each category an	1 ()
Prescription Drug Limits (Check all that apply.): Aut	thorization: Provider Qualifications:
∠ Limit on days supply	State licensed
Limit on number of prescriptions	
∠ Limit on brand drugs	
○ Other coverage limits	
□ Preferred drug list	
Coverage that exceeds the minimum requirements or o	ther:
The State of Michigan's ABP prescription drug benefit plan for prescribed drugs.	is the same as under the approved Medicaid state



Essential Health Benefit 7: Rehabilitative and habilitative services and devices		Collapse All	
Benefit Provided:	Source:		
Rehabilitation Services: Outpatient Services	State Plan 1905(a)	Remove	
Authorization:	Provider Qualifications:		
Authorization required in excess of limitation	Medicaid State Plan		
Amount Limit:	Duration Limit:		
See below	See below		
Scope Limit:		_	
Rehabilitative therapy services must be either restora covered. Therapy must be ordered, in writing, by a pl practitioner within the scope of their practice.			
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base		
Rehabilitative physical therapy and occupational therapy are each limited to 144 units (15 minute increments) per 12 month consecutive period. Speech therapy services in the outpatient setting are limited to 36 visits in a 12 month consecutive period. Outpatient rehabilitative services also includes medically necessary diabetic patient education and services for persons with neurological damage per program criteria. Enrollment of Speech-Language Pathologists as Medicaid Providers is effective 7/1/17.			
Additional approved state plan sources for outpatient and 1905(a)(13) respectively.	rehabilitation services include 1905(a)(5); 1905(a)(7)	;	
Benefit Provided:	Source:		
Habilitative Services -Outpatient Services	Other state-defined	Remove	
Authorization:	Provider Qualifications:	_	
Authorization required in excess of limitation	Medicaid State Plan		
Amount Limit:	Duration Limit:	_	
See below	See below		
Scope Limit:			
Habilitative therapy services include those that help a person keep, learn or improve skills and functioning for daily living.			
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
Habilitative physical therapy and occupational therapy are each limited to 144 units (15 minute increments) per 12 month consecutive period. Speech therapy services in the outpatient setting are limited to 36 visits in a 12 month consecutive period. Enrollment of Speech-Language Pathologists as Medicaid Providers is effective 7/1/17.			
Benefit Provided:	Source:		
Home Health SvcsMed Supplies, Equip, Appliances	State Plan 1905(a)		



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



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



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



he United States Preventive Services Task For cines; preventive care and screening for infant	broad range of preventive services including: "A" and "B" service; Advisory Committee for Immunization Practices (ACIP) res, children and adults recommended by HRSA's Bright Futures	ecommended
Benefit Provided:	ommended by the Institute of Medicine (IOM).	
Preventive Services	Source:	D
Preventive Services	Base Benchmark Small Group	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
One preventive medicine visit per year; referenced authorities.	other preventive services as per recommended guidelines of the	e
Other information regarding this benefit, 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).		ase
		for
The base-benchmark provides for the ful requirements.	l range of preventive benefits as required under current federal	

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



Other Covered Benefits from Base Benchmark	Collapse All



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



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



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



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



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

Add



Other Base Benchmark Benefits Not Covered	Collapse All



\boxtimes	Othe	er 1937 Covered Benefits that are not Essential Health	Benefits	Collapse All
	Oth	er 1937 Benefit Provided:	Source:	
	Der	ntal Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
		Authorization:	Provider Qualifications:	
		Other	Medicaid State Plan	
		Amount Limit:	Duration Limit:	
		Varies	Varies	
		Scope Limit:		
		See Supplement to Attachment 3.1-A, Item 10. Denta	al Services in Michigan's Medicaid State plan.	
		Other:		
		See Supplement to Attachment 3.1-A, Item 10. Denta	l Services in Michigan's Medicaid State plan.	
	Oth	er 1937 Benefit Provided:	Source:	
	Vis	ion/Optometrist Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
		Authorization:	Provider Qualifications:	
		Authorization required in excess of limitation	Medicaid State Plan	
		Amount Limit:	Duration Limit:	
		Varies	Varies	
		Scope Limit:		
		Routine eye exam once every two years; non-routine to eye trauma and eye disease and low vision evaluati be prior authorized).		
		Other:		
		Vision/Optometrist Services are covered for adults. Costipulated criteria and/or prior authorization.	ertain services and supplies may be subject to meeting	
	Oth	er 1937 Benefit Provided:	Source:	
	Per	sonal Care Services	Section 1937 Coverage Option Benchmark Benefit Package	
		Authorization:	Provider Qualifications:	
		Prior Authorization	Medicaid State Plan	
		Amount Limit:	Duration Limit:	
		Varies	Varies	
		Scope Limit:		
		Requires certification by a licensed health care profes necessity for services.	ssional and a plan of care to determine medical	



Other:		
grooming, dressing, transferring, self-administere and light housekeeping for beneficiaries requiring	ogram, include assistance with eating, toileting, bathing, and medication, meal preparation, shopping/errands, laundry g physical help to perform activities of daily living.	Remove
Other 1937 Benefit Provided: Extended Services to Pregnant Women	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
	Package Provider Qualifications:	Remove
Authorization: Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
1 assessment visit; up to 9 professional visits	Varies	
Scope Limit: Services must be related to or associated with mapregnancy.	aternal and infant health conditions that may complicate	
Other:		
` ′	preventive health services that include social work, health education and nutrition education) and beneficiary a. Prior authorization is generally not required.	
nutrition counseling, nursing services (including h	health education and nutrition education) and beneficiary a. Prior authorization is generally not required. Source:	
nutrition counseling, nursing services (including hadvocacy services as provided by program criteria	health education and nutrition education) and beneficiary a. Prior authorization is generally not required.	Remove
nutrition counseling, nursing services (including hadvocacy services as provided by program criteria Other 1937 Benefit Provided:	health education and nutrition education) and beneficiary a. Prior authorization is generally not required. Source: Section 1937 Coverage Option Benchmark Benefit	Remove
nutrition counseling, nursing services (including hadvocacy services as provided by program criteria Other 1937 Benefit Provided: Nursing Facility Services - Long Term Care	health education and nutrition education) and beneficiary a. Prior authorization is generally not required. Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
nutrition counseling, nursing services (including hadvocacy services as provided by program criteria Other 1937 Benefit Provided: Nursing Facility Services - Long Term Care Authorization:	health education and nutrition education) and beneficiary a. Prior authorization is generally not required. Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
nutrition counseling, nursing services (including hadvocacy services as provided by program criteria Other 1937 Benefit Provided: Nursing Facility Services - Long Term Care Authorization: Prior Authorization	health education and nutrition education) and beneficiary a. Prior authorization is generally not required. Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
nutrition counseling, nursing services (including hadvocacy services as provided by program criteria Other 1937 Benefit Provided: Nursing Facility Services - Long Term Care Authorization: Prior Authorization Amount Limit:	health education and nutrition education) and beneficiary a. Prior authorization is generally not required. Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
nutrition counseling, nursing services (including hadvocacy services as provided by program criteria Other 1937 Benefit Provided: Nursing Facility Services - Long Term Care Authorization: Prior Authorization Amount Limit: Varies Scope Limit:	health education and nutrition education) and beneficiary a. Prior authorization is generally not required. Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
nutrition counseling, nursing services (including hadvocacy services as provided by program criteria Other 1937 Benefit Provided: Nursing Facility Services - Long Term Care Authorization: Prior Authorization Amount Limit: Varies Scope Limit: See Supplement to Attachment 3.1-A, Item 4a. No	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: Varies	Remove
nutrition counseling, nursing services (including hadvocacy services as provided by program criterial Other 1937 Benefit Provided: Nursing Facility Services - Long Term Care Authorization: Prior Authorization Amount Limit: Varies Scope Limit: See Supplement to Attachment 3.1-A, Item 4a. Na plan. Other:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: Varies	Remove
nutrition counseling, nursing services (including I advocacy services as provided by program criteria Other 1937 Benefit Provided: Nursing Facility Services - Long Term Care Authorization: Prior Authorization Amount Limit: Varies Scope Limit: See Supplement to Attachment 3.1-A, Item 4a. Nursing Prior Authorization Attachment 3.1-A, Item 4a. Nursing Prior Authorization Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: Varies Mursing Facility Services in Michigan's Medicaid State Source: Source: Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: Varies Source:	Remove
nutrition counseling, nursing services (including Inadvocacy services as provided by program criterial other 1937 Benefit Provided: Nursing Facility Services - Long Term Care Authorization: Prior Authorization Amount Limit: Varies Scope Limit: See Supplement to Attachment 3.1-A, Item 4a. Nuplan. Other: See Supplement to Attachment 3.1-A, Item 4a. Nuplan.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: Varies Mursing Facility Services in Michigan's Medicaid State ursing Facility Services in Michigan's Medicaid State	Remove
nutrition counseling, nursing services (including I advocacy services as provided by program criteria Other 1937 Benefit Provided: Nursing Facility Services - Long Term Care Authorization: Prior Authorization Amount Limit: Varies Scope Limit: See Supplement to Attachment 3.1-A, Item 4a. Nuplan. Other: See Supplement to Attachment 3.1-A, Item 4a. Nuplan. Other: Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: Varies Jursing Facility Services in Michigan's Medicaid State Source: Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: Varies	Remove



Amount Limit:	Duration Limit:	
None	None	Remove
Scope Limit:		
See scope limit below.		
Other:		
	r authorization is generally not required.	
Other 1937 Benefit Provided:	Source:	
Reg./Lic. Dental Hygienists -Other Licensed Pract.	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Limited to services rendered on behalf of an organiz	ation, clinic or group practice.	
Other: Covered services are limited to those allowed under to State law. Prior authorization is generally not require limitation.		
Other 1937 Benefit Provided:	Source:	
Behavioral Health Targeted Case Mgmt Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
See Supplement 1 to Attachment 3.1-A, Targeted Cambridge Michigan's Medicaid State plan.	se Management Services - Target Group A - in	



Other 1937 Benefit Provided:	Source:	
Pharmacists -Other Licensed Practitioners	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
	ids and the provision of medication therapy management y. The provision of medication therapy management	
Other:		
Prior authorization is generally not required.		
Other 1937 Benefit Provided: ICF/IID Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Concurrent Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
	velopmentally disabled (or for persons with related d public or private institutions (or distinct part thereof) for	
Other:		
needs. Admission to an intermediate care facilit must periodically recertify the need for care. Ad	n the level of care appropriate to the patient's medical y must be upon the written direction of a physician, who dimission must also be prior authorized by the Michigan ee. The period of covered services is the minimum period the patient.	
	e in compliance with the provisions of 42 CFR 440.150 and upervised personal care, as well as room and board.	
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Ontion Renchmark Renefit	
Program of All-Inclusive Care for Elderly (PACE)	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	



Amount Limit:	Duration Limit:	
See below	See below	Remove
Scope Limit:		
PACE services are provided to beneficiaries age 5	55 or older meeting program criteria.	
Other:		
The State of Michigan's ABP PACE Program benefit this benefit. This benefit is included for individual to the state of Michigan's ABP PACE Program benefit to the state of Michigan's ABP PACE Program benefit to the state of Michigan's ABP PACE Program benefit to the state of Michigan's ABP PACE Program benefit to the state of Michigan's ABP PACE Program benefit to the state of Michigan's ABP PACE Program benefit to the state of Michigan's ABP PACE Program benefit to the state of Michigan's ABP PACE Program benefit to the state of Michigan's ABP PACE Program benefit to the state of Michigan's ABP PACE Program benefit to the state of the state of Michigan's ABP PACE Program benefit to the state of the	efit is the same as under the approved Medicaid state plan duals in accordance with 42 CFR 440.315(f).	
Other 1937 Benefit Provided:	Source:	
Rehabilitation -Mental Health Crisis Residential	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Scope Limit: None		
None Other:	Lehabilitative Services in Michigan's Medicaid State plan.	
None Other:	Source:	
None Other: See Supplement to Attachment 3.1-A, Item 13d. R		Remove
None Other: See Supplement to Attachment 3.1-A, Item 13d. R Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
None Other: See Supplement to Attachment 3.1-A, Item 13d. R Other 1937 Benefit Provided: Mental Health Outpatient Community Support	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
None Other: See Supplement to Attachment 3.1-A, Item 13d. R Other 1937 Benefit Provided: Mental Health Outpatient Community Support Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
None Other: See Supplement to Attachment 3.1-A, Item 13d. R Other 1937 Benefit Provided: Mental Health Outpatient Community Support Authorization: Other	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
None Other: See Supplement to Attachment 3.1-A, Item 13d. R Other 1937 Benefit Provided: Mental Health Outpatient Community Support Authorization: Other Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
None Other: See Supplement to Attachment 3.1-A, Item 13d. R Other 1937 Benefit Provided: Mental Health Outpatient Community Support Authorization: Other Amount Limit: Varies	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
None Other: See Supplement to Attachment 3.1-A, Item 13d. R Other 1937 Benefit Provided: Mental Health Outpatient Community Support Authorization: Other Amount Limit: Varies Scope Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
None Other: See Supplement to Attachment 3.1-A, Item 13d. R Other 1937 Benefit Provided: Mental Health Outpatient Community Support Authorization: Other Amount Limit: Varies Scope Limit: None Other:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
None Other: See Supplement to Attachment 3.1-A, Item 13d. R Other 1937 Benefit Provided: Mental Health Outpatient Community Support Authorization: Other Amount Limit: Varies Scope Limit: None Other:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: Varies	Remove



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



Other 1937 Benefit Provided: Health Home Services for Chronic Conditions	Source: Section 1937 Coverage Option Benchmark Benefit	Damaria
	Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	Varies	
Scope Limit:		
Health Home services are limited to chronic cond	itions identified in the approve Medicaid state plan.	
Other:		
care team approach to person and family-centered	stem of care coordination utilizing an interdisciplinary integrated primary medical care, behavioral health care, a for beneficiaries with specified chronic conditions or for developing another chronic condition.	
Other 1937 Benefit Provided:	Source:	
Targeted Case Management- Flint Water Group	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
Targeted Group F populations as defined in the st	ate plan specify services and provider qualifications.	
Other:		
Services include comprehensive client assessment services; reassessment/follow-up; monitoring of se	g care/services plan development; linking/coordination of ervices as defined by program.	
	ace to face comprehensive assessment/reassessment visit ear. Additional services require prior authorization.	
Act (Project No. 11W 00302/5). Freedom of choice	nonstration project authorized under section 1115 of the ce has been waived pursuant to the authority approved tion (Project No. 11W 00302/5). This benefit is effective	
Other 1937 Benefit Provided:	Source:	
Audiology/Hearing Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	



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



Other 1937 Benefit Provided: Peer-Delivered or Peer-Operated Support Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
See Supplement to Attachment 3.1-A, Item 13d. Re	chabilitative Services in Michigan's Medicaid State plan.	
Other 1937 Benefit Provided:	Source:	
Medication-Assisted Treatment (MAT)	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Varies	None	
Scope Limit:		
None		
Other:		
Medicaid State plan. MAT is provided as defined in the approved state p	dication-Assisted Treatment Services in Michigan's solan 3.1-A (and if applicable, 3.1B pages). 905(a)(29) for the period beginning October 1, 2020, and	
Other 1937 Benefit Provided:	Source: Section 1027 Coverage Ontion Banchmark Banefit	
Genetic Counselors - Other Licensed Practitioners	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	



Limited to providing genetic counseling services a scope of practice.	as defined by state law under the genetic counselor's	Remove
Other:		
	ner Practitioner Services in Michigan's Medicaid State	
Other 1937 Benefit Provided:	Source:	
Routine Patient Cost in Qualifying Clinical Trials	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Varies	Varies	
Scope Limit:		
Varies		
Other:		
	verage of Routine Patient Cost in Qualifying Clinical	
See Supplement to Attachment 3.1-A, Item 30. Co	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
See Supplement to Attachment 3.1-A, Item 30. Cor Trials in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Doula Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
See Supplement to Attachment 3.1-A, Item 30. Cor Trials in Michigan's Medicaid State Plan. Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
See Supplement to Attachment 3.1-A, Item 30. Cor Trials in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Doula Services Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
See Supplement to Attachment 3.1-A, Item 30. Cor Trials in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Doula Services Authorization: Other	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
See Supplement to Attachment 3.1-A, Item 30. Cor Trials in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Doula Services Authorization: Other Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
See Supplement to Attachment 3.1-A, Item 30. Cor Trials in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Doula Services Authorization: Other Amount Limit: See below	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: See below	Remove
See Supplement to Attachment 3.1-A, Item 30. Cor Trials in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Doula Services Authorization: Other Amount Limit: See below Scope Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: See below	Remove
See Supplement to Attachment 3.1-A, Item 30. Cor Trials in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Doula Services Authorization: Other Amount Limit: See below Scope Limit: Services are limited to pregnant and postpartum be	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: See below eneficiaries.	Remove
See Supplement to Attachment 3.1-A, Item 30. Cor Trials in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Doula Services Authorization: Other Amount Limit: See below Scope Limit: Services are limited to pregnant and postpartum be Other: See Supplement to Attachment 3.1-A, Item 13. President and Presi	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: See below eneficiaries. eventive Services - Doula Services in Michigan's Source:	Remove
See Supplement to Attachment 3.1-A, Item 30. Cor Trials in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Doula Services Authorization: Other Amount Limit: See below Scope Limit: Services are limited to pregnant and postpartum be Other: See Supplement to Attachment 3.1-A, Item 13. Pre Medicaid State Plan. Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: See below eneficiaries.	Remove
See Supplement to Attachment 3.1-A, Item 30. Cor Trials in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Doula Services Authorization: Other Amount Limit: See below Scope Limit: Services are limited to pregnant and postpartum be Other: See Supplement to Attachment 3.1-A, Item 13. Pre Medicaid State Plan.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: See below eneficiaries. Eventive Services - Doula Services in Michigan's Source: Section 1937 Coverage Option Benchmark Benefit	Remove



Scope Limit: Targeted Group G populations as defined in the state plan specify services and provider qualifications. Other: See Supplement 1 to Attachment 3.1-A, Targeted Case Management Services - Target Group G - in Michigan's Medicaid State plan. Other 1937 Benefit Provided: Source: Section 1937 Coverage Option Benchmark Benefit Package Authorization: Other Amount 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: 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.	Amount Limit:	Duration Limit:	
Targeted Group G populations as defined in the state plan specify services and provider qualifications. Other: See Supplement 1 to Attachment 3.1-A, Targeted Case Management Services - Target Group G - in Michigan's Medicaid State plan. Other 1937 Benefit Provided: Source: Section 1937 Coverage Option Benchmark Benefit Package Authorization: Other Amount 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: See Supplement to Attachment 3.1-A, Item 10. Dental Services in Michigan's Medicaid State plan. Other: Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Authorization: Authorization: Amount 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 7/01/23.	Varies	Varies	Remove
Other: See Supplement 1 to Attachment 3.1-A, Targeted Case Management Services - Target Group G - in Michigan's Medicaid State plan. Other 1937 Benefit Provided: Dental Therapist - Dental Services Authorization: Other Medicaid State Plan Amount 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: See Supplement to Attachment 3.1-A, Item 10. Dental Services in Michigan's Medicaid State plan. Other: See Supplement to Attachment Facility (PRTF) Other 1937 Benefit Provided: Section 1937 Coverage Option Benchmark Benefit Package Authorization: Authorization required in excess of limitation Amount 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 7/01/23.	Scope Limit:		
See Supplement 1 to Attachment 3.1-A, Targeted Case Management Services - Target Group G - in Michigan's Medicaid State plan. Dental Therapist - Dental Services Authorization: Other Amount 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: See Supplement to Attachment 3.1-A, Item 10. Dental Services in Michigan's Medicaid State plan. Other: See Supplement to Attachment Facility (PRTF) Authorization: Authorization: Authorization required in excess of limitation Amount 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 7/01/23.	Targeted Group G populations as defined in the sta	te plan specify services and provider qualifications.	
Michigan's Medicaid State plan. Other 1937 Benefit Provided: Dental Therapist - Dental Services Authorization: Other Amount 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: 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: Source: Section 1937 Coverage Option Benchmark Benefit Package Authorization: Authorization: Authorization required in excess of limitation Amount 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 7/01/23.	Other:		
Dental Therapist - Dental Services Authorization: Other Amount 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: 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: See Supplement to Attachment Facility (PRTF) Package Authorization: Authorization required in excess of limitation Amount 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 7/01/23.		ase Management Services - Target Group G - in	
Authorization: Other Amount 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: See Supplement to Attachment 3.1-A, Item 10. Dental Services in Michigan's Medicaid State plan. Other: Source: Section 1937 Coverage Option Benchmark Benefit Package Authorization: Authorization required in excess of limitation Amount 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 7/01/23.	Other 1937 Benefit Provided:		
Other Amount 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: Source: Section 1937 Coverage Option Benchmark Benefit Package Authorization: Authorization required in excess of limitation Amount 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 7/01/23.	Dental Therapist - Dental Services		Remov
Amount 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: Source: Section 1937 Coverage Option Benchmark Benefit Package Authorization: Authorization required in excess of limitation Amount 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 7/01/23.	Authorization:	Provider Qualifications:	
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: Source: Section 1937 Coverage Option Benchmark Benefit Package Authorization: Authorization required in excess of limitation Amount 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 7/01/23.	Other	Medicaid State Plan	
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: Source: Section 1937 Coverage Option Benchmark Benefit Package Authorization: Authorization required in excess of limitation Amount 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 7/01/23.	Amount Limit:	Duration 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: Source: Section 1937 Coverage Option Benchmark Benefit Package Authorization: Authorization required in excess of limitation Amount 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 7/01/23.	Varies	Varies	
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: Source: Section 1937 Coverage Option Benchmark Benefit Package Authorization: Authorization required in excess of limitation Amount 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 7/01/23.	Scope Limit:		
Other: See Supplement to Attachment 3.1-A, Item 10. Dental Services in Michigan's Medicaid State plan. Other 1937 Benefit Provided: Source: Section 1937 Coverage Option Benchmark Benefit Package Authorization: Authorization required in excess of limitation Amount 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 7/01/23.	See Supplement to Attachment 3.1-A. Item 10. De	ental Services in Michigan's Medicaid State plan.	
See Supplement to Attachment 3.1-A, Item 10. Dental Services in Michigan's Medicaid State plan. Source: Section 1937 Coverage Option Benchmark Benefit Package Authorization: Authorization required in excess of limitation Amount 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 7/01/23.			
Authorization: Authorization required in excess of limitation Amount 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 7/01/23.	See Supplement to Attachment 3.1-A, Item 10. Det	ntal Services in Michigan's Medicaid State plan.	
Authorization: Authorization required in excess of limitation Amount 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 7/01/23.	Other 1937 Benefit Provided:		
Authorization required in excess of limitation Amount 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 7/01/23.	Psychiatric Residential Treatment Facility (PRTF)		Remov
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Michigan's Medicaid State plan. Benefit is effective 7/01/23.	Covered services are provided in the same manner	as the approved Medicaid State plan	
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	Other: See Attachment 3.1-A, Item 16. Inpatient Psychiatry	ic Hospital Services for Individuals Under 22 in	



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

PRA Disclosure Statement

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

V.20130814

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ANNOUNCEMENTS

MERCHANDISE

FINANCIAL

PETS & FARMS

RECREATION **TRANSPORTATION**

EMPLOYMENT

REAL ESTATE

BARGAIN CORNER



PUBLIC NOTICES

Community Colle Rapids, Michigan.

This notice is given by order of the Board of Trustees.

Kathleen Bruinsma, Secretary

tacting Jenny Cooper via email at jcooper@flinthc.org.

NOTICE OF A PUBLIC

HEARING
ON STUDENT INTERNET USE
POLICY

PLEASE TAKE NOTICE that on June 5, 2023, at 6:30 p.m. at Forest Hills Public Schools Fine Arts Center, 600 Forest Hill Ave SE, Grand Rapids, Michigan, the Board of Education of Forest Hills Public Schools will hold a public hearing regarding a student internet use policy.

ANNOUNCEMENTS

Elizabeth Ann Loker 2250 Hidden Timbers Trl NE Rockford, MI 49341 (616) 304-2299

Public Notice

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

Psychiatric Residential Treat-ment Facility (PRTF) State Plan Amendment Request

The Michigan Department of Health and Human Services (MDHHS) plans to submit a State Plan Amendment (SPA) and Alternative Benefit Plan (ABP) amendment request to the Centers for Medicare & Medicaid Services (CMS).

The purpose of the SPA request is to allow coverage of Psychiatric Residential Treatment Facilities (PRTFs) for eligible Medicaid beneficiaries up to and through age 21. The anticipated effective date of this SPA is July 1, 2023.

Inpatient psychiatric facility services in a PRTF are limit-ed to those provided for those participants who are medically certified as requir-ing this level of care in ac-cordance with 42 CFR \$441.152

cordance §441.152.

notice. Date: May 28, 2023.

ANNOUNCEMENTS ANNOUNCEMENTS

PUBLIC NOTICES

of the Department of Trans-portation issued pursuant to such Act, hereby notifies all bidders that it will affirma-

tively insure that in any con-tract entered into pursuant

to this advertisement, mi-nority business enterprises will be afforded full opportu-nity to submit bids in re-sponse to this invitation and will not be discriminated against on the grounds of gender, disability, race, col-or, or national origin in con-sideration for an award.

Andrew Nordstrom, Purchas-ing Manager, (616) 242-6928 anordstrom@kentcountyroad s.net

2023-2024 SCHOOL BUDGET HEARING

GERALD DAWKINS ACADEMY Will be held: June 6, 2023 - 10:00 a.m. Autocam Medical 3607 Broadmoor Ave., SE Grand Rapids, MI 49512 (616) 541-8080

A copy of the proposed budget can be found at Autocam Medical, 3607 Broadmoor Ave., SE Grand Rapids, MI 49512.

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Equestrian Center Auction: 160 Acres, Home, Indoor/Outdoor Arenas, Farm Equipment, Priefert Horse Walker, AQHA geld-ings, June 24, Onaway, MI. Open House: June 3, 10 a.m. -2 p.m., June 16, 4 p.m. -p.m. MichiganAuction.com 833-323-2BID.

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AKC Reg. Black/White Cocker Spaniel Pups- 8 Weeks, Also You Can Find On AKC Marketplace. \$975 Males & Females. 269-953-0919 Call Or Text For Pics & More Information Caring for an aging loved one?
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Replace your roof with the best looking and longest lasting material - steel from Erie Metal Roofs! Three styles and multiple colors available. Guaranteed to last a lifeftime! Limited Time Offers (Suranda) and proper power by the styles and multiple colors available. Guaranteed to last a lifeftime! Limited Time Offers (Sondanda) and tracking the responders. Call Seponders. Call Sep

ANNOUNCEMENTS ANNOUNCEMENTS

PUBLIC NOTICES

Copies of the policies are available for public inspection during normal business hours at 6590 Cascade Rd SE, Grand Rapids, Michigan. The policies address the components of the Children's Internet Protection Act (CIPA), which include access to minors security and safe

NOTICE OF A PUBLIC HEARING ON PROPOSED 2023-2024 BUDGET PLEASE TAKE NOTICE that on June 12, 2023, at 4:15 p.m. at Grand Rapids Com-munity College in the Board Chambers, Main Building, the Board of Trustees of Grand Rapids Community College will hold a public hearing to consider the Col-lege's proposed 2023-2024 budget. (CIPA), which include access to minors, security and safety of minors using e-mail and chat rooms, unlawful activities by minors, unauthorized disclosure of personal information by minors and measures to restrict minors' access to materials that are harmful to minors. The Board may not adopt its proposed 2023-2024 budget until after the public hearing. A copy of the proposed 2023-2024 budget including the proposed proposed proporty tax millage rate is available for public inspection during normal business hours at the office of the Executive Vice President for Finance and Administration, Administration Building, Grand Rapids Community College, Grand Rapids, Michigan.

This notice is given by order of the Board of Education.

Maggie Terryn, Secretary **NOTICE OF A PUBLIC** HEARING ON BREAKFAST PROGRAM CONSIDERATION

PLEASE TAKE NOTICE that on June 5, 2023, at 6:30 p.m. at Forest Hills Public Schools Fine Arts Center, 600 Forest Hill Ave SE, Grand Rapids, Michigan, the Board of Education of Forest Hills Public Schools will hold a public hearing on a breakfast program.

THE PROPERTY TAX MILLAGE RATE PROPOSED TO BE LEV-IED TO SUPPORT THE PROPOSED BUDGET WILL BE A SUBJECT OF THIS HEARING. Breakfast programs have been mandated for school districts with 20% or more free and reduced lunch. Dis-tricts under 20% (Forest Hills is in this category) are re-quired to hold a public hear-ing for consideration of a breakfast program.

The Flint Housing Commission is requesting proposals for Coin Operated Laundry Services. A Request for Proposal (RFP 2023-14) packet will be available for pick-up beginning May 22, 2023 after 9:00 a.m. Proposals are due at 2:00 p.m. EDST on June 23 2023 at 3820 Richfield Road, Flint, MI 48506. A detailed RFP may be obtained contacting Jenny Cooper via Because of the low incidence Because of the low incidence of free and reduced lunches in Forest Hills and the additional cost of a breakfast program, the school district administration is recomending that the district not run a district-wide breakfast program for the 2023-2024 school year.

This notice is given by order of the Board of Education.

Maggie Terryn, Secretary

STATE OF MICHIGAN PROBATE COURT KENT COUNTY NOTICE TO CREDITORS Decedent's Estate

CASE NO. and JUDGE 23-213211-DE

Stiles Machinery Inc. has available positions of HOMAGiX

HOMAGiX Product Specialist will work in Grand Rapids, MI the HOMAGiX Product Specialist will be required to travel 60% of working time to parent company in Germany, to vendor sites in Europe & Asia. & to customer sites throughout

North America. Position requires 48 months experience as

& determining required software to interface with existing &

new machinery integrations for architectural millwork within woodworking; 2) 48 mos. exp. planning software needs for

architectural millwork within woodworking; & 3) 48 mos. exp.

integrating new software solutions to customers' existing software for architectural millwork within woodworking. Any exp. reqs. may be met concurrently during the same 48-mo. period. Job duties: Create instructions for software developers for Stiles Machinery proprietary software

HOMAGIX used in the North American woodworking industry, specifically for architectural millwork. HOMAGiX

is a computer-aided design/computer-aided manufacturing

(CAD/CAM) solution that customers use to design cabinetry or casework goods. Define the functionalities of the

software. Execution of software development is done by outside resources or internal Stiles' developers. Partner with customers & Stiles Machinery sales personnel to guide customers through the consultative process of determining

& describing the development, technical regs., necessary

a Software Consultant. Position also requires: Exp. must include: 1) 48 mos. exp. analyzing manufacturing techniques

Product Specialist in Grand Rapids, MI. Although the

H⊙|STILE

Public Notices **PUBLIC NOTICES**

Grand Rapids, MI 49503

Estate of Howard Seibert. Date of birth: 08/26/1946.

TO ALL CREDITORS:
NOTICE TO CREDITORS: The decedent, Howard Seibert, died 12/28/2022.
Creditors of the decedent are notified that all claims against the estate will be forever barred unless presented to Denyse Seiler at 4756 Knapp. Street NE presented to Denyse Seiler at 4756 Knapp Street NE, Grand Rapids, MI 49525, personal representative, or to both the probate court at 180 Ottawa Ave. NW, Suite 2500, Grand Rapids, MI 49503 and the personal representative within 4 months after the date of publication of this notice. Date: May 28, 2023.

April A. Hulst P71459 25 Division Ave. S, Suite 500 Grand Rapids, MI 49503 (616) 608-3061

Denyse Seiler 4756 Knapp Street NE Grand Rapids, MI 49525 (616) 204-8305

STATE OF MICHIGAN PROBATE COURT KENT COUNTY

NOTICE TO CREDITORS Decedent's Estate

CASE NO. and JUDGE 23-213353-DE AVERY D. ROSE Court address: Kent County Courthouse 180 Ottawa Ave. NW Suite 2500

Grand Rapids, MI 49503

Court telephone no.: (616) 632-5440 Estate of William Theodore Loker. Date of birth: *.

TO ALL CREDITORS: NOTICE TO CREDITORS: The decedent, William Theodore Loker, died 11/30/2022. Creditors of the decedent are notified that all claims Creditors of the decedent are notified that all claims against the estate will be forever barred unless presented to Elizabeth Ann Loker, personal representative, or to both the probate court at 180 Ottawa Ave. NW, Suite 2500, Grand Rapids, MI 49503 and the personal representative within 4 months after the date of publication of this

§441.152. PRTFs will be paid a per diem rate, tiered to address patient acuity. The per diem is inclusive of: 1) Personal care and community living supports 2) Psychiatry 3) Group and individual behavioral health therapy 4) Case management 5) Behavior treatment plan development, implementation, and monitoring 6) Room and board 7) All transportation services. This includes transportation to accomplish PRTF treatment goals, education, and non-emergency non-ambulance medical transportation. **ALLEGAN ANTIQUES** MARKET MICHIGAN'S FINEST ANTIQUE SHOW MAY 28TH HUNDRED'S OF DEALERS Indoors & Outdoors

In compliance with 42 CFR § 440.345, individuals receiving services in a PRTF will continue to have access to services within the full early and periodic screening, diagnosis, and treatment (EPSDT) benefit as defined in Section 1905(r) of the Social Security Act.

The estimated gross cost to the State of Michigan for the State Plan Amendment is \$23.2 million per year.

There is no public meeting scheduled regarding this no-tice. Any interested party wishing to request a written copy of the SPA or wishing wishing of the SPA or wishing to submit comments may do so by sending an e-mail to m sadraftpolicy@michigan.gov or submitting a request in writing to: MDHHS/ Behavioral and Physical Health and Aging Services Administration, Program Policy Division, Po Box 30479, Lansing, MI 48909-7979 by June 9, 2023. A copy of the proposed SPA will also be available for review at: https://www.michigan.gov/mdhhs/insiden.gov/mdh Ford Model A, Hoist, JD X370, plan-amendments .



The Kent County Road Com-mission, 1500 Scribner Ave-nue NW, Grand Rapids, MI 49504 will receive sealed bids until Tuesday, June 6, 2023 @ 8:30 A.M deadline vi amail to bids @barcountyre.

•Contract #23-58: Concrete Pavement Repairs on M-43 -MDOT Barry County •Contract #23-59: US-131 -Leonard St. to I-196, Con-crete Pavement Repairs -MDOT

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

The Kent County Road Commission, in accordance with Title VI of the Civil Rights Act of 1964, 78 Stat. 252, 42 USC 2000d to 2000d-4 and Title 49, Code of Federal

Ford Model A, Hoist, JD X370, JET Mill, machinists tools, woodworking, zero turns, ATV's, antiques. Multiple auctions statewide. Bid anywhere/anytime johnpeckauctions.com. Inter-ested in having an auction? Call John Peck 989-426-8061 MERCHANDISE

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services & integration, machinery integration, functional development, & overall project description reqs. for implementing HOMAGiX software within current customer processes, manufacturing techniques, & existing software & hardware. Identify manufacturing process & product offerings combined with machinery both current & future to determine proper construction methods & the method of creating customer product database. Conduct market research & translate market research into functionality for HOMAGiX software which is a key component to the software development ensuring Stiles Machinery provides what the customer needs. Create these functionality instructions using Mind Mapping Software. Make presentations using PowerPoint & Excel spreadsheets to gather data & calculations, using reference software & Microsoft Word. Employment is contingent upon satisfactory completion of a background check, in addition to passing a post-offer &

pre-employment drug screening which will be administered within 48 hours of any employment offer. Qualified applicants

should send resume & verification of regs. to Willow Martin,

HR Generalist, at wmartin@stilesmachinery.com.



STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES LANSING

ELIZABETH HERTEL
DIRECTOR

April 11, 2023

GRETCHEN WHITMER

GOVERNOR

NAME TITLE ADDRESS CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Submission of a Medicaid State Plan Amendment (SPA) for Psychiatric Residential Treatment Facilities (PRTF)

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

The purpose of the SPA request is to allow coverage of PRTFs for individuals up to and through age 21. MDHHS expects this change will have a positive impact on Native American children and adolescents who require state hospital-level behavioral health care but who do not require the safety and security of an inpatient setting. The anticipated effective date of this SPA is July 1, 2023.

There is no public hearing scheduled for this SPA request. Input regarding these amendments is highly encouraged, and comments regarding this notice of intent may be submitted to Lorna Elliott-Egan, MDHHS liaison to the Michigan tribes. Lorna can be reached at 517-512-4146, or via email at Elliott-EganL@michigan.gov. Please provide <a href="mailto:all input by May 26, 2023.

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

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

L 23-30 April 11, 2023 Page 2

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

Sincerely,

Farah Hanley

Senior Chief Deputy Director for Health

CC: Christine J. Davidson, CMS

Nancy Grano, CMS

Chasity Dial, CEO, American Indian Health and Family Services of Southeastern

Michigan

Daniel Frye, Director, Indian Health Service - Bemidji Area Office

Lorna Elliott-Egan, MDHHS

Distribution List for L 23-30 April 11, 2023

Ms. Whitney Gravelle, President, Bay Mills Indian Community

Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center)

Mr. David M. Arroyo, Chairman, Grand Traverse Band Ottawa & Chippewa Indians

Ms. Doris Winslow, Health Director, Grand Traverse Band Ottawa/Chippewa

Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community

Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center

Ms. Doreen G. Blaker, Tribal President, Keweenaw Bay Indian Community

Ms. Deanna Foucault, Health Director, Keweenaw Bay Indian Community - Donald Lapointe Health/Educ Facility

Mr. James Williams, Jr., Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians

Ms. Sadie Valliere, Health & Human Services Director, Lac Vieux Desert Band

Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians

Mr. Daryl Wever, Health Director, Little River Band of Ottawa Indians

Ms. Regina Gasco-Bentley, Tribal Chairman, Little Traverse Bay Band of Odawa Indians

Ms. Jodi Werner, Health Director, Little Traverse Bay Band of Odawa

Mr. Bob Peters, Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)

Ms. Kelly Wesaw, Health Director, Match-E-Be-Nash-She-Wish Potawatomi

Mr. Jamie Stuck, Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians

Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department

Ms. Rebecca Richards, Tribal Chairwoman, Pokagon Band of Potawatomi Indians

Ms. Priscilla Gatties, Interim Health Director, Pokagon Potawatomi Health Services

Ms. Theresa Peters-Jackson, Tribal Chief, Saginaw Chippewa Indian Tribe

Mrs. Karmen Fox, Executive Health Director, Nimkee Memorial Wellness Center

Mr. Austin Lowes, Tribal Chairperson, Sault Ste. Marie Tribe of Chippewa Indians

Mr. Leonid Chugunov, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC: Christine J. Davidson, CMS

Nancy Grano, CMS

Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan

Daniel Frye, Director, Indian Health Service - Bemidji Area Office

Lorna Elliott-Egan, MDHHS