

# Medicaid Alternative Benefit Plan

## Medicaid Alternative Benefit Plan: General Information

State/Territory name: **Michigan**  
Transmittal Number: **MI-24-1003**

### General Information:

#### Submission Title:

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

MI Alternative Benefit Plan (ABP) MI-24-1003

#### Description:

SPA modifies ABP MI used to implement requirements of the Healthy Michigan Plan(HMP)as stated in MI's PA 107 of 2013.

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

Date public notice was issued **06/20/2024** (mm/dd/yyyy)

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

Upload Public Notice Documents	
Please provide a short description of this public notice:	
Public Notice Clip - Flint Journal	
Uploaded Document Name:	Date Uploaded:
Tearsheet - Recuperative Care TCM - Flint Journal.pdf	

### ABP Screening Statements to Indicate Required Forms

Select one of the following options for eligibility group coverage:

- ☒ **The population group for this Alternative Benefit Plan includes only the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act. If the state selects this option, the state must complete form ABP2a to indicate agreement to voluntary benefit package selection assurances for the adult group.**
- ☐ **The population group for this Alternative Benefit Plan includes the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act, and also includes other groups. If the state selects this option, the state must complete forms ABP2a and ABP2b to indicate agreement to voluntary benefit package selection assurances for the adult group and voluntary enrollment assurances for other eligibility groups.**
- ☐ **The population for this Alternative Benefit Plan does not include the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act. If the state selects this option, the state must complete form ABP2b to indicate agreement to voluntary enrollment assurances for these eligibility groups.**

- ☒ Enrollment is mandatory for some or all participants. *If selected, the state must complete form ABP2c to indicate agreement to mandatory enrollment assurances.*

Specify the number of **benchmark** benefit packages that will be created or amended with this submission. *The state must submit one version of forms ABP3, ABP3.1, ABP4, ABP5, and ABP8 for each benchmark benefit package.*

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-24-1003**

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

## Medicaid Alternative Benefit Plan: File Management Detail

### Form ABP1: Alternative Benefit Plan Populations

#### ABP1 Forms List

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

## Support Documents

### 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

**Uploaded Form Name:**

**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

#### Form

## Support Documents

### Document

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

**ABP3 Forms List**

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

**Support Documents**

Document
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**Form ABP4: Alternative Benefit Plan Cost-Sharing**

**ABP4 Forms List**

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

**Support Documents**

Document
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**Form ABP5: Benefits Description**

**ABP5 Forms List**

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

**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

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

#### Support Documents

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

#### ABP10 Forms List

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

#### Support Documents

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

#### ABP11 Forms List

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

#### Support Documents

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

State/Territory name:

Michigan

Transmittal Number:

MI-24-1003

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

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

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

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

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

Document
Please provide a short description of this support document: Michigan's Tribal Notification letter dated May 1, 2024.
Uploaded Document Name: L 24-26.pdf
Date Uploaded: 01/22/2014

Indicate the key issues raised in Indian consultative activities:

- ☐ Access

Summarize Comments

Summarize Response

- ☐ Quality

Summarize Comments

Summarize Response

- ☐ Cost

Summarize Comments

Summarize Response

- ☐ Payment methodology

Summarize Comments

Summarize Response

☐ Eligibility
 Summarize Comments
 
 Summarize Response

☐ Benefits
 Summarize Comments
 
 Summarize Response

☐ Service delivery
 Summarize Comments
 
 Summarize Response

☐ Other Issue

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name:
 Michigan

Transmittal Number:
 

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.
 MI-24-1003

Proposed Effective Date
 

09/01/2024
 (mm/dd/yyyy)

Federal Statute/Regulation Citation
 

Section 1937 of the Social Security Act

Federal Budget Impact		
	Federal Fiscal Year	Amount
First Year	2025	\$ 0.00
Second Year	2026	\$ 0.00

Subject of Amendment
 

This State Plan Amendment (SPA) is submitted in order to add ABP authority to cover targeted case management services for recuperative care. A corresponding traditional SPA 24-0009 has been submitted as well.

Governor's Office Review
 

☐ Governor's office reported no comment
 ☐ Comments of Governor's office received



Describe:

☐ **No reply received within 45 days of submittal**

☒ **Other, as specified**

Describe:

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

**Signature of State Agency Official**

**Submitted By:**

**Erin Black**

**Last Revision Date:**

**Jul 22, 2024**

**Submit Date:**

**Jul 22, 2024**



# Alternative Benefit Plan

Attachment 3.1-C- ☐

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

## Benefits Description

**ABP5**

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

### Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Priority Health HMO

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

Secretary-Approved

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

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



# Alternative Benefit Plan

☒ Essential Health Benefit 1: Ambulatory patient services

Collapse All ☐

Benefit Provided:

Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

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

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

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

Benefit Provided:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See below

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

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

Benefit Provided:

Home Health Care

Source:

State Plan 1905(a)

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

Varies

Duration Limit:

Varies

Remove

Scope Limit:

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

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

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

Benefit Provided:

Hospice

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

See below

Scope Limit:

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

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

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

Benefit Provided:

Podiatry -Other Licensed Practitioners

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

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



# Alternative Benefit Plan

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

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

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



# Alternative Benefit Plan

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

Remove

Benefit Provided:

Chiropractic Services-Other Licensed Practitioners

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

18 visits per calendar year

Duration Limit:

None

Scope Limit:

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

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

Benefit Provided:

Psychologists - Other Licensed Providers

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

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

Benefit Provided:

Social Workers - Other Licensed Providers

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



# Alternative Benefit Plan

Scope Limit:

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

Remove

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

Benefit Provided:

Professional Counselors - Other Licensed Providers

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

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

Benefit Provided:

Marriage&Family Therapist-Other Licensed Providers

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

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

Benefit Provided:

Clinical Nurse Specialist-Other Licensed Providers

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Remove

Scope Limit:

None

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

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

Add





# Alternative Benefit Plan

☒ Essential Health Benefit 2: Emergency services

Collapse All ☐

Benefit Provided:

Emergency Services -Other Medical Care

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

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 the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Emergency Transp./ Ambulance - Other Medical Care

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

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 the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Urgent Care Services - Clinics

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Benefit is limited to unscheduled diagnosis and treatment of illnesses for ambulatory beneficiaries requiring immediate medical attention for non-life-threatening conditions.



# Alternative Benefit Plan

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

Remove

Add



# Alternative Benefit Plan

☒ Essential Health Benefit 3: Hospitalization

Collapse All ☐

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

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

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

Add



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 4: Maternity and newborn care		Collapse All <input type="checkbox"/>
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Maternity Care - Physician Services</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">State Plan 1905(a)</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Medicaid State Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div><div style="width: 10%; text-align: center;"><div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div></div></div> <p style="margin-top: 10px;">Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Benefit includes physician services related to maternity care, including prenatal care, delivery related services, and postpartum care.</div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Maternity Care - Inpatient Hospital Services</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Services are covered when furnished by a certified hospital under the direction of a physician.</div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">State Plan 1905(a)</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Medicaid State Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div><div style="width: 10%; text-align: center;"><div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div></div></div> <p style="margin-top: 10px;">Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Benefit includes inpatient hospital services related to maternity care, including prenatal care, delivery related services, and postpartum care.</div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Maternity Care- Outpatient Hospital Services</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Benefit includes outpatient hospital services related to maternity care, including prenatal care, delivery related services, and postpartum care.</div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">State Plan 1905(a)</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Medicaid State Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div><div style="width: 10%;"></div></div>		



# Alternative Benefit Plan

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

Remove

Benefit Provided:

Nurse Midwife Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Add



# Alternative Benefit Plan

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

Collapse All ☐

Benefit Provided:

Mental/Behavioral Health -Inpatient Hospital Serv.

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Mental/Behavioral Health - Rehabilitation Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Substance Use Disorder -Inpatient Hospital Service

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



# Alternative Benefit Plan

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

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

Remove

Benefit Provided:

Substance Use Disorder -Rehabilitation Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Add



# Alternative Benefit Plan

☒ Essential Health Benefit 6: Prescription drugs

Benefit Provided:

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

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

☒ Limit on days supply

State licensed

☐ Limit on number of prescriptions

☒ Limit on brand drugs

☒ Other coverage limits

☒ Preferred drug list

Coverage that exceeds the minimum requirements or other:

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





# Alternative Benefit Plan

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

Collapse All ☐

Benefit Provided:

Rehabilitation Services: Outpatient Services

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

See below

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

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

Benefit Provided:

Habilitative Services -Outpatient Services

Source:

Other state-defined

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

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

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

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

Benefit Provided:

Home Health Svcs.-Med Supplies, Equip, Appliances

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies



# Alternative Benefit Plan

Scope Limit:

Described below

Remove

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

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

Benefit Provided:

Prosthetics and Orthotics; Eyeglasses, Hearing Aid

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

Described below

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

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

Benefit Provided:

Nursing Facility Services -Other Medical Service

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See below

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

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

Benefit Provided:

Home Health -Rehab

Source:

State Plan 1905(a)



# Alternative Benefit Plan

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

Described below

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

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

Add



# Alternative Benefit Plan

☒ Essential Health Benefit 8: Laboratory services

Collapse All ☐

Benefit Provided:

Laboratory

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

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

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

Add



# Alternative Benefit Plan

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

Collapse All ☐

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

Benefit Provided:

Preventive Services

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

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

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

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

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

Add



# Alternative Benefit Plan

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

Collapse All ☐

Benefit Provided:  
Medicaid State Plan EPSDT Benefits

Source:  
State Plan 1905(a)

Authorization:  
Other

Amount Limit:  
None

Scope Limit:  
None

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

Provider Qualifications:  
Medicaid State Plan

Duration Limit:  
N/A

Remove

Add



# Alternative Benefit Plan

<input type="checkbox"/> Other Covered Benefits from Base Benchmark	Collapse All <input type="checkbox"/>
---	---------------------------------------



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Base Benchmark Benefits Not Covered due to Substitution or Duplication		Collapse All <input type="checkbox"/>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark Benefit that was Substituted:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Primary Care Provider Services -Duplication</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Source:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark</div> <div style="text-align: right; margin-top: 10px;"><div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div></div>	
<div style="margin-bottom: 5px;">Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</div> <div style="border: 1px solid black; padding: 5px;">Primary Care Provider Services were bundled with Specialist/Referral Care and mapped to the "ambulatory patient services" EHB category. The bundled services are a duplication of physician services from the existing state Medicaid plan.</div>		
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark Benefit that was Substituted:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Referral Care Services -Duplication</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Source:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark</div> <div style="text-align: right; margin-top: 10px;"><div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div></div>	
<div style="margin-bottom: 5px;">Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</div> <div style="border: 1px solid black; padding: 5px;">Referral Care Services were bundled with Primary Care Provider services and mapped to the "ambulatory patient services" EHB category. The bundled services are a duplication of physician services and other licensed practitioner services from the existing state Medicaid plan.</div>		
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark Benefit that was Substituted:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Outpatient Hospital Services-Duplication</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Source:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark</div> <div style="text-align: right; margin-top: 10px;"><div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div></div>	
<div style="margin-bottom: 5px;">Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</div> <div style="border: 1px solid black; padding: 5px;">Outpatient hospital services are mapped to the "ambulatory patient services" EHB category. The services are a duplication of outpatient hospital services from the existing state Medicaid plan.</div>		
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark Benefit that was Substituted:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Home Health Care -Duplication</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Source:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark</div> <div style="text-align: right; margin-top: 10px;"><div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div></div>	
<div style="margin-bottom: 5px;">Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</div> <div style="border: 1px solid black; padding: 5px;">Home health care services are mapped to the "ambulatory patient services" EHB category. The services are a duplication of Home health care services from the existing state Medicaid plan.</div>		
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark Benefit that was Substituted:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Hospice -Duplication</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Source:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark</div> <div style="text-align: right; margin-top: 10px;"><div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div></div>	
<div style="margin-bottom: 5px;">Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</div> <div style="border: 1px solid black; padding: 5px;">Hospice services are mapped to the "ambulatory patient services" EHB category. The services are a duplication of hospice services from the existing state Medicaid plan.</div>		
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark Benefit that was Substituted:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Services by Other Health Professional -Duplication</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Source:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark</div>	





# Alternative Benefit Plan

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



# Alternative Benefit Plan

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



# Alternative Benefit Plan

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



# Alternative Benefit Plan

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



# Alternative Benefit Plan

☐ Other Base Benchmark Benefits Not Covered

Collapse All ☐



# Alternative Benefit Plan

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

Other 1937 Benefit Provided:

Dental Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

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

Other:

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

Other 1937 Benefit Provided:

Vision/Optometrlist Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

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

Other:

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

Other 1937 Benefit Provided:

Personal Care Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Provider Qualifications:

Medicaid State Plan

Authorization:

Prior Authorization

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

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



# Alternative Benefit Plan

Other:

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

Remove

Other 1937 Benefit Provided:

Extended Services to Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 assessment visit; up to 9 professional visits

Duration Limit:

Varies

Scope Limit:

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

Other:

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

Other 1937 Benefit Provided:

Nursing Facility Services - Long Term Care

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

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

Other:

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

Other 1937 Benefit Provided:

Clinic Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Provider Qualifications:

Authorization:

Other

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Remove

Scope Limit:

See scope limit below.

Other:

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

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

Other 1937 Benefit Provided:

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

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

Other:

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

Other 1937 Benefit Provided:

Behavioral Health Targeted Case Mgmt Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

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





# Alternative Benefit Plan

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

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

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



# Alternative Benefit Plan

Amount Limit: <div>See below</div>		Duration Limit: <div>See below</div>	<div>Remove</div>
Scope Limit: <div>PACE services are provided to beneficiaries age 55 or older meeting program criteria.</div>			
Other: <div>The State of Michigan's ABP PACE Program benefit is the same as under the approved Medicaid state plan for this benefit. This benefit is included for individuals in accordance with 42 CFR 440.315(f).</div>			

Other 1937 Benefit Provided: <div>Rehabilitation -Mental Health Crisis Residential</div>		Source: Section 1937 Coverage Option Benchmark Benefit Package	<div>Remove</div>
Authorization: <div>Other</div>	Provider Qualifications: <div>Medicaid State Plan</div>		
Amount Limit: <div>None</div>	Duration Limit: <div>None</div>		
Scope Limit: <div>None</div>			
Other: <div>See Supplement to Attachment 3.1-A, Item 13d. Rehabilitative Services in Michigan's Medicaid State plan.</div>			

Other 1937 Benefit Provided: <div>Mental Health Outpatient Community Support</div>		Source: Section 1937 Coverage Option Benchmark Benefit Package	<div>Remove</div>
Authorization: <div>Other</div>	Provider Qualifications: <div>Medicaid State Plan</div>		
Amount Limit: <div>Varies</div>	Duration Limit: <div>Varies</div>		
Scope Limit: <div>None</div>			
Other: <div>See Supplement to Attachment 3.1-A, Item 13d. Rehabilitative Services in Michigan's Medicaid State plan.</div>			

Other 1937 Benefit Provided: <div>Substance Use Disorder Residential Services</div>		Source: Section 1937 Coverage Option Benchmark Benefit Package
--	--	---



# Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

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

Other 1937 Benefit Provided:

Subst Use Disorder Sub-Acute Detox Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

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

Other 1937 Benefit Provided:

Behavioral Health Community Based Services 1915(i)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

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



# Alternative Benefit Plan

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



# Alternative Benefit Plan

Amount Limit:

Varies

Duration Limit:

Varies

Remove

Scope Limit:

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

Other:

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

Other 1937 Benefit Provided:

Pediatric Outpatient Intensive Feeding Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Varies

Scope Limit:

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

Other:

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

Other 1937 Benefit Provided:

NF Transition Community Based Services 1915(i)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

None

Other:

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



# Alternative Benefit Plan

<p>Other 1937 Benefit Provided:</p> <p>Peer-Delivered or Peer-Operated Support Services</p> <p>Authorization:</p> <p>Other</p> <p>Amount Limit:</p> <p>None</p> <p>Scope Limit:</p> <p>None</p> <p>Other:</p> <p>See Supplement to Attachment 3.1-A, Item 13d. Rehabilitative Services in Michigan's Medicaid State plan.</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>None</p> <p>Remove</p>
<p>Other 1937 Benefit Provided:</p> <p>Medication-Assisted Treatment (MAT)</p> <p>Authorization:</p> <p>Other</p> <p>Amount Limit:</p> <p>Varies</p> <p>Scope Limit:</p> <p>None</p> <p>Other:</p> <p>See Supplement to Attachment 3.1-A, Item 29. Medication-Assisted Treatment Services in Michigan's Medicaid State plan.</p> <p>MAT is provided as defined in the approved state plan 3.1-A (and if applicable, 3.1B pages).</p> <p>MAT is exclusively provided in accordance with 1905(a)(29) for the period beginning October 1, 2020, and ending September 30, 2025.</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>None</p> <p>Remove</p>
<p>Other 1937 Benefit Provided:</p> <p>Genetic Counselors - Other Licensed Practitioners</p> <p>Authorization:</p> <p>Other</p> <p>Amount Limit:</p> <p>None</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>None</p>



# Alternative Benefit Plan

Scope Limit:

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

Remove

Other:

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

Other 1937 Benefit Provided:

Routine Patient Cost in Qualifying Clinical Trials

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

Varies

Other:

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

Other 1937 Benefit Provided:

Doula Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

Services are limited to pregnant and postpartum beneficiaries.

Other:

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

Other 1937 Benefit Provided:

Targeted Case Management- Recently Incarcerated

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

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





# Alternative Benefit Plan

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

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

Other:

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

Other 1937 Benefit Provided:

Community Health Worker (CHW) Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

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

Other:

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

Other 1937 Benefit Provided:

Targeted Case Management - CSHCS

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

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

Other:

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



# Alternative Benefit Plan

Other 1937 Benefit Provided:

Targeted Case Management- Recuperative Care

Authorization:

Other

Amount Limit:

None

Scope Limit:

Targeted Group J 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 J - in Michigan's Medicaid State plan.

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Provider Qualifications:

Medicaid State Plan

Duration Limit:

None

Add



# Alternative Benefit Plan

☐

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

Collapse All ☐

## PRA Disclosure Statement

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

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## ANNOUNCEMENTS

### PUBLIC NOTICES

**NOTICE OF A PUBLIC HEARING**  
**ON PROPOSED 2024-2025 BUDGET OF CARMAN-AINSWORTH COMMUNITY SCHOOLS**

**PLEASE TAKE NOTICE** that on June 25, 2024, at 6:00 p.m. at G-3475 W Court St., Flint, Michigan, the Board of Education of Carman-Ainsworth Community Schools will hold a public hearing to consider the District's proposed 2024-2025 budget.

The Board may not adopt its proposed 2024-2025 budget until after the public hearing. A copy of the proposed 2024-2025 budget, including the proposed property tax millage rate, is available for public inspection during normal business hours at G-3475 W. Court St., Flint, Michigan.

The property tax millage rate proposed to be levied to support the proposed budget will be a subject of this hearing.

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

Gary Cousins, Secretary  
Carman-Ainsworth Community Schools

**Office of the Minnesota Secretary of State Certificate of Assumed Name**

Minnesota Statutes, Chapter 333

The filing of an assumed name does not provide a user with exclusive rights to that name. The filing is required for consumer protection in order to enable customers to be able to identify the true owner of a business.

**ASSUMED NAME:**  
**MINDY MAY GRIWATSCHE**

**PRINCIPAL PLACE OF BUSINESS:** 6231 Bristol Road Swartz Creek Michigan 00000 USA

**APPLICANT(S):**  
Name: Griwatsch Mindy May

**Address:**  
c/o 6231 Bristol Road Swartz Creek Michigan USA

**Name:**  
Mindy May Griwatsch

**Address:**  
c/o 6231 Bristol Road Swartz Creek Michigan USA

**Name:**  
mindy-may: griwatsch, Statutory Agent

**Address:**  
c/o 6231 Bristol Road Swartz Creek Michigan USA

If you submit an attachment, it will be incorporated into this document. If the attachment conflicts with the information specifically set forth in this document, this document supersedes the data referenced in the attachment.

By typing my name, I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

**SIGNED BY:**  
Mindy Griwatsch, Statutory Agent

**MAILING ADDRESS:**  
None Provided  
**EMAIL FOR OFFICIAL NOTICES:**  
freedomnow2024@gmail.com

**Work Item 1476185000023**  
**Original File Number 1476185000023**  
**STATE OF MINNESOTA OFFICE OF THE SECRETARY OF STATE FILED**  
05/28/2024 11:59 PM  
Steve Simon  
Secretary of State

**Office of the Minnesota Secretary of State Certificate of Assumed Name**

Minnesota Statutes, Chapter 333

The filing of an assumed name does not provide a user with exclusive rights to that name. The filing is required for consumer protection in order to enable customers to be able to identify the true owner of a business.

**ASSUMED NAME:**  
**DAVID RICHARD GRIWATSCHE**

**PRINCIPAL PLACE OF BUSINESS:** 7326 Lennon Road Swartz Creek Michigan USA



## ANNOUNCEMENTS

### PUBLIC NOTICES

**APPLICANT(S):**  
Name: Griwatsch David Richard

**Address:**  
c/o 7326 Lennon Road Swartz Creek Michigan USA

**Name:**  
David Richard Griwatsch

**Address:**  
c/o 7326 Lennon Road Swartz Creek Michigan USA

**Name:**  
david-richard: griwatsch, Statutory Agent

**Address:**  
c/o 7326 Lennon Road Swartz Creek Michigan USA

If you submit an attachment, it will be incorporated into this document. If the attachment conflicts with the information specifically set forth in this document, this document supersedes the data referenced in the attachment. By typing my name, I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

**SIGNED BY:** David Griwatsch, Statutory Agent  
**MAILING ADDRESS:** None Provided  
**EMAIL FOR OFFICIAL NOTICES:** davegitile@yahoo.com

**Work Item 1476185700027**  
**Original File Number 1476185700027**  
**STATE OF MINNESOTA OFFICE OF THE SECRETARY OF STATE FILED**  
05/28/2024 11:59 PM  
Steve Simon  
Secretary of State

Sealed bids will be received until 2:00 p.m. (EST), Thursday, July 11, 2024, at the Genesee County Purchasing Department, 1101 Beach Street, Room 361, Flint, MI, 48902 for Architectural & Engineering Services for Jail Security Screening.

**AND**

Sealed proposals will be received until 12:00 p.m. (EST), Thursday, July 11, 2024, at the Genesee County Purchasing Department, 1101 Beach Street, Room 361, Flint, MI, 48902 for Medical Examiner Investigator Services for the Genesee County Medical Examiner Office Re-bid.

A copy of ITB #24-388 and RFP #24-392, may be downloaded from the following site: Genesee County Purchasing Department Bids ([geneseecounty.gov/bids](https://geneseecounty.gov/bids)) choose Current Bids and then click on the name of the RFP/ITB or contact the Clerk of the Genesee County Purchasing Department at (810) 257-3030.

### Public Notice

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

**Targeted Case Management Services for Children's Special Health Care Services (CSHCS)**  
**Beneficiaries' Medical Complexity Targeted Case Management (CMC TCM) Request to the Centers for Medicare & Medicaid Services (CMS)**

The Michigan Department of Health and Human Services (MDHHS) plans to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS) to establish coverage for Children with Medical Complexity Targeted Case Management (CMC TCM) program services for CSHCS beneficiaries under the age of 21 years who meet additional complexity and fragility criteria.

The anticipated effective date for the Targeted Case Management Services for CSHCS Beneficiaries with Medical Complexity SPA is October 1, 2024.

The purpose of this SPA is to establish coverage and reimbursement of Targeted Case Management (TCM) Services for CSHCS beneficiaries under 21 years of age with qualifying medical complexity. The TCM provider will function as the central point of contact for comprehensive, individualized care across the broader health care system. TCM providers will be required to maintain an intensive care coordination program to improve the overall quality of life for the beneficiary and reduce avoidable health care costs. Beneficiary participation is voluntary.

The SPA is estimated to be budget neutral.

There is no public meeting scheduled regarding this notice. Any interested party

wishing to request a written copy of the SPA or wishing to submit comments may do so by sending an e-mail to [MSADraftPolicy@mdhhs.gov](mailto:MSADraftPolicy@mdhhs.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 July 15, 2024. A copy of the proposed SPA will also be available for review at: <https://www.michigan.gov/mdhhs/inside-mdhhs/budgetfinance/264/s> tate-plan-amendments.

**Public Notice**  
**Michigan Department of Health and Human Services Behavioral and Physical Health and Aging Services Administration**  
**Recuperative Care Targeted Case Management State Plan Amendment Requests**

The Michigan Department of Health and Human Services (MDHHS) plans to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS). The request includes a Targeted Case Management (TCM) SPA to provide intensive case management services for Medicaid beneficiaries who are experiencing homelessness and are too ill or frail to return to their living environment, but not ill enough to continue to need hospital level care or skilled nursing care, and a corresponding alternative benefit plan (ABP) SPA.

The anticipated effective date for the recuperative care TCM SPAs is September 1, 2024.

Recuperative care services include, but are not limited to, comprehensive assessment and periodic reassessment, development of a specific care plan, referral and related activities, and monitoring/follow-up activities. It is a short-term program that allows beneficiaries to recover post-hospitalization, receive Medicaid services, access medical care, and supportive services. Payments will be made on per diem basis.

In compliance with 42 CFR § 440.345, individuals under 21 years of age receiving Medicaid benefits will continue to have access to services within the full early and periodic screening, diagnosis and treatment (EPSDT) benefit as defined in Section 1905(r) of the Social Security Act.

The estimated gross cost to the State of Michigan for the SPAs is \$5 million per year.

There is no public meeting scheduled regarding this notice. Any interested party wishing to request a written copy of the SPA or wishing to submit comments may do so by sending an e-mail to [MSADraftPolicy@mdhhs.gov](mailto:MSADraftPolicy@mdhhs.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 30, 2024. A copy of the proposed SPA will also be available for review at: <https://www.michigan.gov/mdhhs/inside-mdhhs/budgetfinance/264/s> tate-plan-amendments .

**TOWNSHIP OF FOREST 130 E. MAIN ST. OTISVILLE, MI 48463 BOARD OF TRUSTEES MEETING**  
**DATE:** June 13, 2024  
**TIME:** 06:00 P.M.  
**PHONE:** 810-631-4997  
**FAX:** 810-631-6162  
**WEB PAGE:** [www.foresttwp.com](http://www.foresttwp.com)

Per MCL 42.8 the draft Minutes from the June 13, 2024 6:00 P.M. Regular Meeting may be viewed on the internet at [www.foresttwp.com](http://www.foresttwp.com) or a paper copy may be obtained by calling the Township Clerk's Office at 810-631-4997 during regular business hours.

Lisa Margrifi, Clerk  
Forest Township

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## MERCHANDISE

### AUCTIONS & AUCTIONEERS

**Abandoned Vehicle Auction:**  
10AM, Wednesday, June 26th, 2024, at 3419 Lapeer Rd Flint MI, 48503.

The following vehicles will be auctioned:  
2008 Dodge Avenger 1B3LC56R28N266823;  
1997 Pontiac Grand Prix 1G2WJ52K5V308597;  
2005 Chevrolet Equinox 2CNDL23F056024068;  
2011 Buick Lacrosse 1G4GCE5D4BF351505;  
2012 Chrysler 200 1C3CCB85CN319616;  
2011 Cadillac Escalade 1GYS4HEF3BR341605;  
2011 Freightliner Cascadia 1FUJGLDR6BSA22373;  
2012 Wabash Trailer 1JJV532D3DL766048;  
2004 Volvo VNL 4V4NC9TH74N361774;  
2010 Buick Lacrosse 1G4GCE5G3AF236838;  
2006 GMC Yukon 1GKFK6G096J10565;  
2011 Cadillac DTS 1G6KH5E62BU112311;  
and many more.



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STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ELIZABETH HERTEL  
DIRECTOR

May 1, 2024

NAME  
TITLE  
ADDRESS  
CITY STATE ZIP

Dear Tribal Chair and Health Director:

**RE:** State Plan Amendment and Alternative Benefit Plan State Plan Amendment  
Request for Recuperative Care Targeted Case Management

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

MDHHS is seeking coverage and reimbursement of intensive case management services for Medicaid beneficiaries who are experiencing homelessness and are too ill or frail to return to their living environment, but not ill enough to continue to need hospital level care or skilled nursing care. This benefit will be authorized through a Targeted Case Management SPA. Recuperative care services include but are not limited to: comprehensive assessment and periodic reassessment; development of a specific care plan; referral and related activities; and monitoring/follow-up activities. It is a short-term program that allows beneficiaries to recover post-hospitalization, receive Medicaid services, access medical care, and supportive services for no longer than 90 days. The recuperative care transitional program will help Michigan identify and treat a highly vulnerable population whose condition may be exacerbated without intensive case management. MDHHS expects this program will expand access to services for qualifying Native American beneficiaries. The anticipated effective date of this SPA and ABP SPA is September 1, 2024.

There is no public hearing scheduled for these Amendments. 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](mailto:Elliott-EganL@michigan.gov). **Please provide all input by June 17, 2024.**

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

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

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

Sincerely,

A handwritten signature in black ink, reading "Meghan E. Groen". The signature is fluid and cursive, with the first name "Meghan" and last name "Groen" clearly legible.

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

CC: Keri Toback, CMS  
Nancy Grano, CMS  
Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan  
Asha Petoskey, Acting Area Director, Indian Health Service - Bemidji Area Office  
Lorna Elliott-Egan, MDHHS

**Distribution List for L 24-26**  
**May 1, 2024**

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. Phyllis Davis, Tribal Council Member, Match-E-Be-Nash-She-Wish Potawatomi  
Ms. Mariah Austin, Tribal Council Member, 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  
Mr. Tim Davis, 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: Keri Toback, CMS  
Nancy Grano, CMS  
Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan  
Asha Petoskey, Acting Area Director, Indian Health Service - Bemidji Area Office  
Lorna Elliott-Egan, MDHHS