

Medicaid Alternative Benefit Plan

Medicaid Alternative Benefit Plan: General Information

State/Territory name: **Michigan**
Transmittal Number: **MI-24-1001**

General Information:

Submission Title:

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

MI Alternative Benefit Plan (ABP) MI-24-1001

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 (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 February 8, 2024	
Uploaded Document Name:	Date Uploaded:
CSHCS TCM - Grand Rapids Press tearsheet.pdf	

ABP Screening Statements to Indicate Required Forms

Select one of the following options for eligibility group coverage:

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

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

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

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

0

Medicaid Alternative Benefit Plan: File Management Summary

State/Territory name: Michigan
Transmittal Number: MI-24-1001

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

Medicaid Alternative Benefit Plan: File Management Detail

Form ABP1: Alternative Benefit Plan Populations

ABP1 Forms List

Form
<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>Uploaded Form Name:</p> <p style="text-align: right;">Date Uploaded: 01/22/2014</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
Uploaded Form Name: Current ABP3 Selection of Benchmark Benefit Package or Benchmark Equivalent Package 9-
Date Uploaded: 01/22/2014

Support Documents

Document

Form ABP4: Alternative Benefit Plan Cost-Sharing

ABP4 Forms List

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

Support Documents

Document

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
Uploaded Form Name: ABP5 Benefits Description CSHCS TCM Update.pdf
Date Uploaded: 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

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

Support Documents

Document

Form ABP10: General Assurances

ABP10 Forms List

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

Support Documents

Document

Form ABP11: Payment Methodology

ABP11 Forms List

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

Support Documents

Document

Medicaid Alternative Benefit Plan: Tribal Input

State/Territory name:

Michigan

Transmittal Number:

MI-24-1001

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

☐ This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.

☒ The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.

Complete the following information regarding any tribal consultation conducted with respect to this submission:

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

☐ Indian Tribes

☐ Indian Health Programs

☐ Urban Indian Organization

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised.

Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Document
Please provide a short description of this support document: Michigan's Tribal Notification letter dated February 5, 2024.
Uploaded Document Name: L 24-06.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-24-1001

Proposed Effective Date

04/01/2024

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

Federal Budget Impact		
	Federal Fiscal Year	Amount
First Year	<div>2024</div>	<div>\$ 0.00</div>
Second Year	<div>2025</div>	<div>\$ 0.00</div>

Subject of Amendment

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

Governor's Office Review

☐ Governor's office reported no comment

☐ Comments of Governor's office received

Describe:

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

☒ **Other, as specified**

Describe:

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

Signature of State Agency Official

Submitted By:

Erin Black

Last Revision Date:

Apr 8, 2024

Submit Date:

Apr 8, 2024



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C- ☐

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)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

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

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

Remove

Add



Alternative Benefit Plan

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

Collapse All ☐

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

Benefit Provided:

Preventive Services

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

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

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

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

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

Add



Alternative Benefit Plan

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



Alternative Benefit Plan

☐ Other Covered Benefits from Base Benchmark

Collapse All ☐



Alternative Benefit Plan

<input checked="" type="checkbox"/> Base Benchmark Benefits Not Covered due to Substitution or Duplication		Collapse All <input type="checkbox"/>
<div style="margin-bottom: 10px;">Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; min-height: 1.2em;">Primary Care Provider Services -Duplication</div></div> <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 style="border: 1px solid black; padding: 2px; min-height: 1.2em;">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>	<div style="margin-bottom: 10px;">Source: 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: 10px;">Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; min-height: 1.2em;">Referral Care Services -Duplication</div></div> <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 style="border: 1px solid black; padding: 2px; min-height: 1.2em;">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>	<div style="margin-bottom: 10px;">Source: 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: 10px;">Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; min-height: 1.2em;">Outpatient Hospital Services-Duplication</div></div> <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 style="border: 1px solid black; padding: 2px; min-height: 1.2em;">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>	<div style="margin-bottom: 10px;">Source: 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: 10px;">Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; min-height: 1.2em;">Home Health Care -Duplication</div></div> <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 style="border: 1px solid black; padding: 2px; min-height: 1.2em;">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>	<div style="margin-bottom: 10px;">Source: 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: 10px;">Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; min-height: 1.2em;">Hospice -Duplication</div></div> <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 style="border: 1px solid black; padding: 2px; min-height: 1.2em;">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>	<div style="margin-bottom: 10px;">Source: 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: 10px;">Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; min-height: 1.2em;">Services by Other Health Professional -Duplication</div></div>	<div style="margin-bottom: 10px;">Source: Base Benchmark</div>	



Alternative Benefit Plan

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



Alternative Benefit Plan

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



Alternative Benefit Plan

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



Alternative Benefit Plan

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



Alternative Benefit Plan

☐ Other Base Benchmark Benefits Not Covered

Collapse All ☐



Alternative Benefit Plan

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

Other 1937 Benefit Provided:

Dental Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

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/Optometrist 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/Optometrist 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

Other 1937 Benefit Provided: <div>Pharmacists -Other Licensed Practitioners</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>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>			
Other: <div>Prior authorization is generally not required.</div>			

Other 1937 Benefit Provided: <div>ICF/IID Services</div>		Source: Section 1937 Coverage Option Benchmark Benefit Package	<div>Remove</div>
Authorization: <div>Concurrent Authorization</div>		Provider Qualifications: <div>Medicaid State Plan</div>	
Amount Limit: <div>None</div>		Duration Limit: <div>None</div>	
Scope Limit: <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>			
Other: <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>			

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



Alternative Benefit Plan

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

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

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

Other 1937 Benefit Provided: <input type="text" value="Substance Use Disorder Residential Services"/>	Source: <input type="text" value="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

Other 1937 Benefit Provided: <div>Health Home Services for Chronic Conditions</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>Varies</div>	
Scope Limit: <div>Health Home services are limited to chronic conditions identified in the approve Medicaid state plan.</div>			
Other: <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>			
Other 1937 Benefit Provided: <div>Targeted Case Management- Flint Water Group</div>		Source: Section 1937 Coverage Option Benchmark Benefit Package	<div>Remove</div>
Authorization: <div>Authorization required in excess of limitation</div>		Provider Qualifications: <div>Medicaid State Plan</div>	
Amount Limit: <div>See below</div>		Duration Limit: <div>See below</div>	
Scope Limit: <div>Targeted Group F populations as defined in the state plan specify services and provider qualifications.</div>			
Other: <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>			
Other 1937 Benefit Provided: <div>Audiology/Hearing Services</div>		Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: <div>Other</div>		Provider Qualifications: <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

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



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: 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>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: Section 1937 Coverage Option Benchmark Benefit Package	<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: Section 1937 Coverage Option Benchmark Benefit Package	



Alternative Benefit Plan

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

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

Other:

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

Other 1937 Benefit Provided:

Community Health Worker (CHW) Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

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

Other:

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

Other 1937 Benefit Provided:

Targeted Case Management - CSHCS

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

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

Other:

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

Add



Alternative Benefit Plan

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

Collapse All ☐

PRA Disclosure Statement

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

V.20130814



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ANNOUNCEMENTS

PUBLIC NOTICES

ORDER TO ANSWER OR APPEAR
CASE NO. 23-001328-CH
JUDGE MANVEL TRICE, III
In the 10TH Circuit Court for
the County of Saginaw

Melody Smith, Plaintiff,
v.
Albert A. Austin, and his
unknown heirs, devisees, or
assignees, Defendants.

At a session of said Court
held in the courtroom
thereof on July 13, 2023,
PRESENT: HONORABLE
MANVEL TRICE, III
A First Amended Complaint
for Specific Performance and
Other Relief Including
Breach
of Contract and Quiet Title
having been filed with the
said Court by Plaintiff,
wherein it
is alleged that Albert Austin
moved to the State of Flori-
da several years ago, and
Plaintiff
is unable to locate his status
or whereabouts.
It appears from an Affidavit
on file in said case that De-
fendants cannot be person-
ally served,
NOW, THEREFORE IT IS OR-
DERED that the Defendants
shall be and
appear at the said 10th Cir-
cuit Court located at 111
South Michigan Avenue,
Saginaw, MI 48602 on March
11, 2024 (not less than 28
days After publication is
completed) to answer to
take other action as per-
mitted by law or court rule.
Failure to appear will result in
the entry of Judgment by
Default in favor of Plaintiff.

This Order shall be published
once each week for (3) con-
secutive weeks, beginning
on January 25, 2024.
Dated: January 10, 2024
Prepared By: Patrick J. O.
Greenfelder (P 44663)
Attorney at Law
233 W. Broad Street
Chesaning, MI 48616
(989) 845-4333
Published: Jan. 25, Feb. 1, 8,
2024

NOTICE TO CREDITORS:
TO ALL CREDITORS:

The decedent, Geraldine M.
Ofstedal, died of birth
October 12, 1934. Settlor of
the Ofstedal Trust No. 1,
dated August 05, 2004, who
lived at 215 E. Gloucester,
Saginaw, Michigan 48609,
died December 20, 2023.
Creditors of the decedent are
notified that all claims
against the estate will be
forever barred unless pre-
sented to Dawn Waldie,
Co-Trustee, at 5601 Spring
Knoll Drive, Bay City,
Michigan 48706, or the
attorney for the trustee, Jim
Thomas, at 5191 Hampton
Place, Saginaw, Michigan
48604, within 4 months
after the date of February
08, 2024.

FOR IMMEDIATE RELEASE
CONTACT: Alexia Garcia
agarcia@identitypr.com
616-893-2696

ENROLLMENT NOW OPEN AT
TUITION-FREE ONLINE PUB-
LIC SCHOOL MICHIGAN
GREAT LAKES VIRTUAL
ACADEMY FOR 2024-2025
SCHOOL YEAR
Enrollment is now open for K-
12 students across the state
looking for a personalized ap-
proach to learning

MANISTEE, Mich., March 11,
2024 – Enrollment is now
open at Michigan Great
Lakes Virtual Academy
(MGLVA), a full-time online
public school with Michigan-
certified teachers powered
by Stride K12. The open en-
rollment period – available to
students anywhere in the
state – is from March 11-22.

"MGLVA is committed to of-
fering students across Michi-
gan a high-quality education
that not only gets them to
the finish line but prepares
them for life after gradua-
tion as they work toward
their long-term goals," said
Kendall Schroeder, head of
school at MGLVA. "Whether
they plan to continue their
education or join the
workforce, each student de-
serves the support and flexi-
bility our personalized learn-
ing environment offers."

Drawing on decades of expe-
rience in online education,
MGLVA offers high-quality
instruction that meets state
standards and is personal-
ized to each student. The
school also offers in-person
events and touchpoints to
help students stay connect-
ed in a digital learning envi-
ronment.

MGLVA specializes in career
and college preparation that
helps students identify the
best opportunities for them
after graduation. The school
offers several career paths
for students to explore, in-
cluding business manage-
ment, health science, infor-
mation technology, finance
and marketing. MGLVA also
offers transitional kinder-
garten prep that introduces
emerging learners to core
subjects.

If the number of new appli-
cants received by 5 p.m. ET
on the last day of open en-
rollment exceeds the total
number of seats available,
MGLVA will hold a random
selection drawing (lottery)
to determine the initial of-
fers made to prospective
students. Current students
have priority on re-
registration. Families eligi-
ble for the lottery will be no-
tified if a lottery is required.
If necessary, the lottery will
be held on August 5 at 1
p.m. at the school office,
which is located at 50 Flier
St., Suite 324, Manistee, MI

49660.
To learn more about enrolling,
visit mglva.k12.com.

###

About Michigan Great Lakes
Virtual Academy
Michigan Great Lakes Virtual
Academy (MGLVA) is an on-
line public school program of
the Manistee School Dis-
trict, serving students
across the state of Michi-
gan. MGLVA is tuition-free,
giving parents and families
the choice to access the en-
gaging curriculum and tools
provided by Stride, Inc.
(NYSE:LRN), the nation's
leading provider of propri-
etary K-12 curriculum and
on-line education programs. For
more information about
MGLVA, visit
mglva.k12.com.

STATE OF MICHIGAN
COUNTY OF SAGINAW

NOTICE TO CREDITORS:
Decedent's Trust
FILE NO. N/A

In the Matter of: Olympia
Margaret DeAgostino.
Decedent's Date of Birth:
03/15/1931.

NOTICE TO CREDITORS: The
decedent, Olympia Margaret
DeAgostino, who lived at
4850 Gratiot Road, Saginaw,
Michigan died 11/02/2023.
Creditors of the decedent are
notified that all claims
against the Trust will be
forever barred unless pre-
sented to ELLEN
MARIE SLASINSKI, of 6736
Cranville Drive, Clarkston,
MI 48348 named Successor
Trustees of the VINCENT
DeAGOSTINO AND OLYM-
PIA DeAGOSTINO REVOCA-
BLE LIVING TRUST dated
May 05, 2000, as amended
August 16, 2002.
2010, Within 4 months after
the date of publication of this
notice.
Date: February 08, 2024.

John D. L. Humphreys P40496
One Tuscola Street, Suite 301
Saginaw, MI 48607
(989) 401-2115

Ellen Marie Slasinski
6736 Cranville Drive
Clarkston, MI 48348-4579

STATE OF MICHIGAN
PROBATE COURT
SAGINAW COUNTY

NOTICE TO CREDITORS
Decedent's Estate

CASE NO. and JUDGE
2023-145196-DE
Patrick J. McGraw
Court address:
111 S. Michigan Avenue
Saginaw, MI 48602

Court telephone no.:
(989) 790-5328

Estate of East of
Deja Monique Williams,
Deceased, Date of Birth:
August 24, 1997.

TO ALL CREDITORS:
NOTICE TO CREDITORS:
The decedent, Estate of
Deja Monique Williams,
Deceased, died July 22, 2020.
Creditors of the decedent are
notified that all claims
against the estate will be
forever barred unless pre-
sented to William
Maquise Henderson, person-
al representative, or to both
the probate court at 111 S.
Michigan Avenue, Saginaw,
MI 48602 and the personal
representative within 4
months after the date of
publication of this notice.
Date: February 08, 2024.

Thav, Ryke and Associates
Dawn Santamarina P81878
24725 W. 12 Mile Rd.
Suite 110
Southfield, MI 48034
(248) 945-1111

William Maquise Henderson
326 Southwood Park Place
Nashville, TN 37217
(615) 638-5910

SPA Public Notice

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

Expand Children's Special
Health Care Services
(CSHCS) Targeted Case
Management Eligibility
State Plan Amendment
Request

The Michigan Department of
Health and Human Services
(MDHHS) plans to submit a
State Plan Amendment
(SPA) request to the Cen-
ters for Medicare & Medicaid
Services (CMS). The re-
quest includes a SPA and a
corresponding alternative
benefit plan (ABP) SPA.

MDHHS plans to submit a
SPA request to CMS to up-
date the Medicaid State Plan
to expand CSHCS Targeted
Case Management eligibility
to CSHCS beneficiaries ages
21 to 26, and beneficiaries
aged 26 and over with inher-
ited red blood cell disorders.

The anticipated effective date
for the SPA request is April
1, 2024. The estimated
gross cost to the State of
Michigan is \$16,000 per year.

In compliance with 42 CFR §
440.345, individuals under 21
years of age receiving Med-
icaid benefits will continue
to have access to services
within the full early and pe-
riodic screening, diagnosis
and treatment (EPSDT) ben-
efit as defined in Section
1905(r) of the Social Securi-
ty Act.

There is no public meeting

scheduled regarding this no-
tice. Any interested party
wishing to request a written
copy of the SPAs or wishing
to submit comments may do
so by sending an e-mail to MSADraftPolicy@michigan.gov
or submitting a request in
writing to: MDHHS/ Behav-
ioral and Physical Health and
Aging Services Administra-
tion, Program Policy Divi-
sion, PO Box 30479, Lansing,
MI 48909-7979 by March 15,
2024. A copy of the pro-
posed SPAs will also be
available for review at :
[https://www.michigan.gov/
mdhhs/inside-mdhhs/
budgetfinance/264/
state-plan-amendments](https://www.michigan.gov/mdhhs/inside-mdhhs/budgetfinance/264/state-plan-amendments)

STATE OF MICHIGAN
PROBATE COURT
COUNTY

NOTICE TO CREDITORS
Decedent's Estate

CASE NO. and JUDGE

Court address:
Court telephone no.:

Estate of James L. Nacarato.
Date of Birth: 01/10/1937.

TO ALL CREDITORS:
NOTICE TO CREDITORS:
The decedent, James L.
Nacarato, died 12/27/2023.
Creditors of the decedent are
notified that all claims
against the estate will be
forever barred unless pre-
sented to Cecelia A.
Sullivan, Trustee, personal
representative, at 7655
Hillbridge Drive, Freeland, MI
48623 and the personal
representative within 4
months after the date of
publication of this notice.
Date: February 08, 2024.

Hugh L. LeFevre
208 Court Street
Saginaw, MI 48602

KOCHVILLE TOWNSHIP
BOARD MEETING SUMMARY
January 16, 2024

The Regular Board Meeting
was called to order at 6:00
pm.
Motions were made for the
following items:
• Approved agenda as written.
• Approved consent agenda
with changes to Board of
Trustees Meeting minutes
of December 19, 2023 con-
sisting of Under Consent
Agenda: Financials: General
Fund - \$2,237,239.39 should
be \$2,237,239.39 (comma re-
moved). Debt Services
Fund-Kochville Road -
\$69,024.75 should be
\$69,024.75 (comma re-
moved). Sewer Fund -
\$1,885,799.73 should be
\$1,885,799.73. Under New
Business Item Resolution
23-27 - Special Use Perm-
Approval - Allegheny Solar
(5800 Davis Road) in the
motion after the word ap-
prove, replace "the" with
"Resolution 23-27". Adding
Letter F was added for Strat-
egic Planning Meeting at 6
p.m. on Tuesday, February 6,
2024, at Kochville Veterans
Hall. Regular Board of
Trustees Meeting Minutes -
December 19, 2023. Pay-
ment of Regular Bills -
Month of December 2023:
General Fund-\$57,509.90,
Fire Fund-\$16,006.01, Gar-
bage & Rubbish Collection-
\$3,787.45, Building Depart-
ment-\$2,211.59, Sewer
Fund-\$28,072.21, Water
Fund-\$79,321.80, Total for
all funds-\$196,908.96. Fi-
nancials Report Ending - De-
cember 31, 2023: General
Fund-\$1,756,445.92, Fire
Fund-\$202,750.50, Kochville
Veterans Hall-\$0.00, Gar-
bage and Rubbish Collection
Fund-\$41,340.33, Building
Department Fund-
\$308,579.11, Debt Services
Fund - Kochville Road -
(\$69,024.75), Debt Service
Fund - Fashion Square Ext-
(\$6,043.75), Capital Improve-
ment Fund - Davis Road-
\$0.00, Capital Improvement
Fund - Fashion Square-
\$0.00, Capital Improvement
Fund - Krossroads-\$0.00,
Sewer Fund-\$769,685.49,
Water Fund-\$2,151,027.34,
Total of all Funds-\$5,720,351.85.

Board/Commission Appoint-
ments & Reappointment cost:
Corbin Berent to the Fire
Board of Appeals (2/22/2024
- 2/21/2027), Jeramie Morris
to Fire Board of Appeals
(2/22/2024 - 2/21/2027),
Kerri Malesky to the Parks
and Recreation Committee
(2/1/2024 - 1/30/2027), Ann
Coon to the Parks and Recre-
ation Committee (2/1/2024 -
1/30/2027), Dawn Perez to
the Parks and Recreation
Committee (2/1/2024 -
1/30/2027), Shari Case to
the Parks and Recreation
Committee (2/1/2024 -
1/30/2027). Strategic Plan-
ning Meeting - Kochville
Veterans Hall, February 6,
2024, at 6p.m. Next Regular
Board of Trustees Meeting -
Kochville Veterans Hall, Feb-
ruary 20, 2024, at 6 p.m.
• Approved the proposed re-
covery invoice as is and offer
payment plan.
• Approved the bid from Val-
ley glass in the amount
\$8,870.00 plus 5% contingen-
cy for door replacement at
Veterans Hall.
• Approved the purchase of
B56A Cloud software up-
grade in the amount of
\$65,435.00.
• Approved to award the bid
to Salkowiak City Sewer in
the amount of \$67,375.00 for
lead service line inspections.
• Approved the PTO Schedule
Policy Amendments to Sec-
tion 8.2 of the employee
handbook.
• Approved Holiday Policy
Amendments to Section 8.3
of the employee manual.
• Approved the proposed
Freedom of Information Act
policy, application, and docu-
ments.
• Approved the chip and seal-
ing of four miles of Pierce

Road in 2024 in the not-to-
exceed amount of
\$70,000.00.
• Approved Public Works
Mutual Aid Agreement with
the City of Zilwaukee.
Adjournment at 7:28 pm.
Kevin Machata, Clerk
Approved by Alan Malesky,
Supervisor

STATE OF MICHIGAN
10TH JUDICIAL CIRCUIT-
FAMILY DIVISION
SAGINAW COUNTY
PUBLICATION OF HEARING
CASE NO. 23-00150-NA
TO: ERICA SHARON
FRIERSON
In the Matter of ALJANAE
DEAIRRA YOUNG, DEERICA
SHARON YOUNG, JANAE
SHAMAR YOUNG, NAOMI
MARIAH LOVETT AND
NYEMA LORI LEE LOVETT

A petition requesting the
Court take jurisdiction of
the minor(s) named above
has been filed with this court.

A hearing on the petition will
be conducted by the court on
March 14, 2024 at 8:30 am in
The 10th JUDICIAL CIRCUIT,
FAMILY DIVISION, 3360
HOSPITAL RD, SAGINAW,
MI 48603, 989-799-2821 be-
fore Hon. Barbara L. Meter.
You have the right to an
attorney and the right to a
trial by judge or jury.

IT IS THEREFORE ORDERED
that ERICA SHARON
FRIERSON
personally appear before the
court at the time and place
stated above.

This hearing may result in
the termination of your
parental rights.

You are ORDERED to appear
at this hearing on petition(s)
of the Department of Health
and Human Services, praying
that the Court take
jurisdiction of the said
child(ren) for the reasons set
forth herein, and that said
child(ren) be made a
temporary and/or permanent
ward(s) of this court for the
purpose of foster care
placement.

STATE OF MICHIGAN
PROBATE COURT
SAGINAW COUNTY

NOTICE TO CREDITORS
Decedent's Estate

CASE NO. and JUDGE
24-145374-DE

Court address:
111 S. Michigan Avenue
Saginaw, MI 48602

Court telephone no.:
(989) 790-5279

Estate of Vernon L. Heart
(deceased). Date of Birth:
April 14, 1942.

TO ALL CREDITORS:
NOTICE TO CREDITORS: The
decedent, Vernon L. Hart,
died October 24, 2022.
Creditors of the decedent are
notified that all claims
against the estate will be
forever barred unless pre-
sented to William Hart,
personal representative, or
to both the probate court at
111 S. Michigan Avenue,
Saginaw, MI and the person-
al representative within 4
months after the date of
publication of this notice.
Date: February 08, 2024.

Shantele D. Elmy P67108
3820 Isabella St.
Midland, MI 48640
(989) 625-0969

William Hart
2475 N. River Rd.
Saginaw, MI 48609
(989) 205-3900



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Vet chk, wormed/1st shots
Health guarantee. AKC
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February
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Goldendoodle and Dad is a
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Puppies will be dewormed and
have first set of shots. Ready
on 2/9. \$500 (989)213-2229

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STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

February 5, 2024

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Notice of Intent to Submit a State Plan Amendment request to Expand Children's Special Health Care Services (CSHCS) Targeted Case Management Eligibility

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) request to the Centers for Medicare & Medicaid Services (CMS).

The purpose of the request is to update the Medicaid State Plan to expand eligibility for CSHCS Targeted Case Management to include beneficiaries age 21 to 26, as well as beneficiaries age 26 and over with inherited red blood cell disorders effective April 1, 2024. MDHHS expects this eligibility expansion to increase access to services for Native American beneficiaries.

There is no public hearing scheduled for this SPA. Input regarding this amendment is highly encouraged, and comments regarding this notice of intent may be submitted to Lorna Elliott-Egan, MDHHS Liaison to the Michigan tribes. Lorna can be reached at 517-512-4146, or via email at Elliott-EganL@michigan.gov. **Please provide all input by March 21, 2024**

In addition, MDHHS is offering to set up group or individual consultation meetings to discuss the 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 >>
Policy, Letters & Forms.

Sincerely,

A handwritten signature in dark ink, appearing to read "Meghan E. Groen". The signature is fluid and cursive, with the first name "Meghan" and last name "Groen" clearly distinguishable.

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
Daniel Frye, Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

**Distribution List for L 24-06
February 5, 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
Ms. Theresa Peters-Jackson, Tribal Chief, Saginaw Chippewa Indian Tribe
Mrs. Karmen Fox, Executive Health Director, Nimkee Memorial Wellness Center
Mr. Austin Lowes, Tribal Chairperson, Sault Ste. Marie Tribe of Chippewa Indians
Mr. Leonid Chugunov, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

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