

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>26</u> — <u>0001</u>	2. STATE <u>MI</u>
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3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

3. PROPOSED EFFECTIVE DATE
April 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
Section 1937 of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 \$0
b. FFY 2027 \$0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

ABP General Information Pages 1-2 (NEW)
ABP5 Benefits Description Pages 1-43

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
ABP5 Benefits Description Pages 1-42 (TN# 25-0015)


9. SUBJECT OF AMENDMENT

The purpose of this SPA is to add ABP authority to cover Licensed Midwifery services for eligible Michigan Medicaid beneficiaries. The corresponding traditional SPA (25-0021) was submitted.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL


11. TYPED NAME
Meghan Groen

12. TITLE
Chief Deputy Director

13. DATE SUBMITTED
January 13, 2026

15. RETURN TO
Health Services Administration— Federal Liaison
Capitol Commons Center – 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Erin Black

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS



ABP General Information

State Name:

Transmittal Number:

General Information

Submission Title:

Description:

Public Notice

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

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.



General Information

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.



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. No

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Priority Health HMO

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

Secretary-Approved

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

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



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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		



Alternative Benefit Plan

Benefit Provided:		Source:	
<input type="text" value="Tobacco Cessation Treatment"/>		<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization:	<input type="text" value="None"/>	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="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: <input type="text"/>			
Benefit Provided:		Source:	
<input type="text" value="Cert. Nurse Anesesth -Other Licensed Practitioners"/>		<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization:	<input type="text" value="None"/>	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="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: <input type="text"/>			
Benefit Provided:		Source:	
<input type="text" value="Family Planning Services & Supplies"/>		<input type="text" value="State Plan 1905(a)"/>	
Authorization:	<input type="text" value="None"/>	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="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: <input type="text"/>		
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: <input type="text"/>		
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: <input type="text"/>		
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:	Duration Limit:	Remove
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, Item 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

<input checked="" type="checkbox"/> Essential Health Benefit 3: Hospitalization		Collapse All <input type="checkbox"/>
Benefit Provided:	Source:	
<input type="text" value="Inpatient Hospital Services"/>	<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="Prior Authorization"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:		
<input type="text" value="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:		
<input type="text" value="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."/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care

Collapse All

Benefit Provided:

Maternity Care - Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Maternity Care - Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

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

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

Benefit Provided:

Maternity Care- Outpatient Hospital Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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



Alternative Benefit Plan

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

Remove

Benefit Provided:

Nurse Midwife Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Add



Alternative Benefit Plan

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

Benefit Provided:

Mental/Behavioral Health -Inpatient Hospital Serv.

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Mental/Behavioral Health - Rehabilitation Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Substance Use Disorder -Inpatient Hospital Service

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

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

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

Remove

Benefit Provided:

Substance Use Disorder -Rehabilitation Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Add



Alternative Benefit Plan

Essential Health Benefit 6: Prescription drugs

Benefit Provided:

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

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

Limit on days supply

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:	Provider Qualifications:	
<input type="text" value="Authorization required in excess of limitation"/>	<input type="text" value="Medicaid State Plan"/>	<input type="button" value="Remove"/>
Amount Limit:	Duration Limit:	
<input type="text" value="See below"/>	<input type="text" value="See below"/>	
Scope Limit:		
<input type="text" value="Described below"/>		
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="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."/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

Essential Health Benefit 8: Laboratory services

Collapse All

Benefit Provided:

Laboratory

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

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

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

Add



Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:

Preventive Services

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

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

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

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

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

Add



Alternative Benefit Plan

<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"/>
Base Benchmark Benefit that was Substituted: <input type="text" value="Primary Care Provider Services -Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="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."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Referral Care Services -Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="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."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient Hospital Services-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="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."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Home Health Care -Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="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."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Hospice -Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="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."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Services by Other Health Professional -Duplication"/>	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> <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>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Medical Emergency Care -Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <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>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Emergency Ambulance Services -Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <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>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Urgent Care Services -Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <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>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Hospital Inpatient Care -Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <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>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Maternity and Newborn Care -Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <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>	<p>Remove</p>



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Mental Health Acute Inpt. Hospitalization. -Dupl."/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="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."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient Rehabilitation - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="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."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Durable Medical Equipment and Supplies- Dupl."/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="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."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Prosthetics and Orthotics - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="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."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Chiropractic Services - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="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."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Skilled Nsg. Facility - Facility Rehab. Care-Dupl."/>	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> <p>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.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Laboratory Services - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <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>Laboratory services are mapped to the "laboratory services" EHB category. The services are a duplication of laboratory services from the existing state Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Tobacco Cessation Treatment - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <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>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.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Other Services Provided by Health Profess. -Duplic</p> <p>Source:</p> <p>Base Benchmark</p> <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>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.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Home Health Care -Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <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>Home Health services are mapped to the "ambulatory patient services" EHB category. The services are a duplication of home health services from the existing state Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Family Planning/Reproductive Services -Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <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>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.</p>	<p>Remove</p>



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Referral Care Services -Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input -other="" a="" ambulatory="" anesthetists="" are="" category.="" certified="" duplication="" ehb="" existing="" from="" licensed="" medicaid="" nurse="" of="" patient="" plan."="" practitioner="" services="" services\"="" state="" the="" type="text" value="Referral Care Services is mapped to the \"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Nurse Midwife Services -Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input a="" and="" are="" care\"="" category.="" duplication="" ehb="" existing="" from="" maternity="" medicaid="" midwife="" newborn="" nurse="" of="" plan."="" services="" state="" the="" type="text" value="Nurse Midwife Services is mapped to the \"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Mental Health Outpatient Treatment -Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input -="" a="" and="" are="" behavioral="" category.="" disorder="" duplication="" ehb="" existing="" from="" health="" medicaid="" mental="" of="" outpatient="" plan."="" rehabilitation="" services="" services\"="" state="" substance="" the="" type="text" use="" value="Mental Health Outpatient Treatment services are mapped to the \"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Substance Abuse Services - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input &="" -inpatient="" \"mental="" a="" abuse="" also="" and="" are="" category.="" covering="" disorder="" duplication="" ehb="" existing="" from="" health="" hospital="" is="" mapped="" medicaid="" mental="" of="" outpatient="" plan."="" rehabilitation="" service="" services="" services-="" services\"="" state="" substance="" the="" these="" to="" treatment="" type="text" use="" value="Substance Abuse Services covering inpatient hospital services are mapped to the \"/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

Other Base Benchmark Benefits Not Covered

Collapse All



Alternative Benefit Plan

<input checked="" type="checkbox"/> Other 1937 Covered Benefits that are not Essential Health Benefits	Collapse All <input type="checkbox"/>															
<table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">Other 1937 Benefit Provided: <input style="width: 90%;" type="text" value="Dental Services"/></td><td style="width: 50%; border: none;">Source: Section 1937 Coverage Option Benchmark Benefit Package</td><td style="width: 10%; text-align: right; vertical-align: middle;"><input type="button" value="Remove"/></td></tr><tr><td style="border: none;">Authorization: <input style="width: 90%;" type="text" value="Other"/></td><td style="border: none;">Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/></td><td></td></tr><tr><td style="border: none;">Amount Limit: <input style="width: 90%;" type="text" value="Varies"/></td><td style="border: none;">Duration Limit: <input style="width: 90%;" type="text" value="Varies"/></td><td></td></tr><tr><td colspan="3" style="border: none;">Scope Limit: <input style="width: 95%;" type="text" value="See Supplement to Attachment 3.1-A, Item 10. Dental Services in Michigan's Medicaid State plan."/></td></tr><tr><td colspan="3" style="border: none;">Other: <input style="width: 95%;" type="text" value="See Supplement to Attachment 3.1-A, Item 10. Dental Services in Michigan's Medicaid State plan."/></td></tr></table>		Other 1937 Benefit Provided: <input style="width: 90%;" type="text" value="Dental Services"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>	Authorization: <input style="width: 90%;" type="text" value="Other"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/>		Amount Limit: <input style="width: 90%;" type="text" value="Varies"/>	Duration Limit: <input style="width: 90%;" type="text" value="Varies"/>		Scope Limit: <input style="width: 95%;" type="text" value="See Supplement to Attachment 3.1-A, Item 10. Dental Services in Michigan's Medicaid State plan."/>			Other: <input style="width: 95%;" type="text" value="See Supplement to Attachment 3.1-A, Item 10. Dental Services in Michigan's Medicaid State plan."/>		
Other 1937 Benefit Provided: <input style="width: 90%;" type="text" value="Dental Services"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>														
Authorization: <input style="width: 90%;" type="text" value="Other"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/>															
Amount Limit: <input style="width: 90%;" type="text" value="Varies"/>	Duration Limit: <input style="width: 90%;" type="text" value="Varies"/>															
Scope Limit: <input style="width: 95%;" type="text" value="See Supplement to Attachment 3.1-A, Item 10. Dental Services in Michigan's Medicaid State plan."/>																
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Other 1937 Benefit Provided: <input style="width: 90%;" type="text" value="Vision/Optomtrist Services"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>														
Authorization: <input style="width: 90%;" type="text" value="Authorization required in excess of limitation"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/>															
Amount Limit: <input style="width: 90%;" type="text" value="Varies"/>	Duration Limit: <input style="width: 90%;" type="text" value="Varies"/>															
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Other 1937 Benefit Provided: <input style="width: 90%;" type="text" value="Personal Care Services"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package															
Authorization: <input style="width: 90%;" type="text" value="Prior Authorization"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/>															
Amount Limit: <input style="width: 90%;" type="text" value="Varies"/>	Duration Limit: <input style="width: 90%;" type="text" value="Varies"/>															
Scope Limit: <input style="width: 95%;" type="text" value="Requires certification by a licensed health care professional and a plan of care to determine medical necessity for services."/>																



Alternative Benefit Plan

Other: <p>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).</p>		Remove
Other 1937 Benefit Provided: <p>Extended Services to Pregnant Women</p>	Source: <p>Section 1937 Coverage Option Benchmark Benefit Package</p>	Remove
Authorization: <p>Other</p>	Provider Qualifications: <p>Medicaid State Plan</p>	
Amount Limit: <p>1 assessment visit; up to 9 professional visits</p>	Duration Limit: <p>Varies</p>	
Scope Limit: <p>Services must be related to or associated with maternal and infant health conditions that may complicate pregnancy.</p>		
Other: <p>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.</p>		
Other 1937 Benefit Provided: <p>Nursing Facility Services - Long Term Care</p>	Source: <p>Section 1937 Coverage Option Benchmark Benefit Package</p>	Remove
Authorization: <p>Prior Authorization</p>	Provider Qualifications: <p>Medicaid State Plan</p>	
Amount Limit: <p>Varies</p>	Duration Limit: <p>Varies</p>	
Scope Limit: <p>See Supplement to Attachment 3.1-A, Item 4a. Nursing Facility Services in Michigan's Medicaid State plan.</p>		
Other: <p>See Supplement to Attachment 3.1-A, Item 4a. Nursing Facility Services in Michigan's Medicaid State plan.</p>		
Other 1937 Benefit Provided: <p>Clinic Services</p>	Source: <p>Section 1937 Coverage Option Benchmark Benefit Package</p>	
Authorization: <p>Other</p>	Provider Qualifications: <p>Medicaid State Plan</p>	



Alternative Benefit Plan

Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	<input type="button" value="Remove"/>
Scope Limit: <input type="text" value="See scope limit below."/>		
Other: <input type="text" value="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."/> <input type="text" value="Mental Health Clinic Services are covered benefits when provided under the auspices of an approved mental health clinic."/>		
Other 1937 Benefit Provided: <input type="text" value="Reg./Lic. Dental Hygienists -Other Licensed Pract."/>	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="Limited to services rendered on behalf of an organization, clinic or group practice."/>		
Other: <input type="text" value="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: <input type="text" value="Behavioral Health Targeted Case Mgmt Services"/>	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 1 to Attachment 3.1-A, Targeted Case Management Services - Target Group A - in Michigan's Medicaid State plan."/>		



Alternative Benefit Plan

<p>Other 1937 Benefit Provided:</p> <input type="text" value="Pharmacists -Other Licensed Practitioners"/>	<p>Source:</p> <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input type="text" value="Other"/>	<p>Provider Qualifications:</p> <input type="text" value="Medicaid State Plan"/>	
<p>Amount Limit:</p> <input type="text" value="None"/>	<p>Duration Limit:</p> <input type="text" value="None"/>	
<p>Scope Limit:</p> <input type="text" value="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."/>		
<p>Other:</p> <input type="text" value="Prior authorization is generally not required."/>		
<p>Other 1937 Benefit Provided:</p> <input type="text" value="ICF/IID Services"/>	<p>Source:</p> <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input type="text" value="Concurrent Authorization"/>	<p>Provider Qualifications:</p> <input type="text" value="Medicaid State Plan"/>	
<p>Amount Limit:</p> <input type="text" value="None"/>	<p>Duration Limit:</p> <input type="text" value="None"/>	
<p>Scope Limit:</p> <input type="text" value="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."/>		
<p>Other:</p> <input type="text" value="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."/>		
<input type="text" value="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."/>		
<p>Other 1937 Benefit Provided:</p> <input type="text" value="Program of All-Inclusive Care for Elderly (PACE)"/>	<p>Source:</p> <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
<p>Authorization:</p> <input type="text" value="Other"/>	<p>Provider Qualifications:</p> <input type="text" value="Medicaid State Plan"/>	



Alternative Benefit Plan

<p>Amount Limit: <input type="text" value="See below"/></p> <p>Duration Limit: <input type="text" value="See below"/></p> <p>Scope Limit: <input type="text" value="PACE services are provided to beneficiaries age 55 or older meeting program criteria."/></p> <p>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)."/></p>	<p><input type="button" value="Remove"/></p>
<p>Other 1937 Benefit Provided: <input type="text" value="Rehabilitation -Mental Health Crisis Residential"/></p> <p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other: <input type="text" value="See Supplement to Attachment 3.1-A, Item 13d. Rehabilitative Services in Michigan's Medicaid State plan."/></p>	<p>Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p> <p><input type="button" value="Remove"/></p>
<p>Other 1937 Benefit Provided: <input type="text" value="Mental Health Outpatient Community Support"/></p> <p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="Varies"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other: <input type="text" value="See Supplement to Attachment 3.1-A, Item 13d. Rehabilitative Services in Michigan's Medicaid State plan."/></p>	<p>Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="Varies"/></p> <p><input type="button" value="Remove"/></p>
<p>Other 1937 Benefit Provided: <input type="text" value="Substance Use Disorder Residential Services"/></p>	<p>Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/></p>



Alternative Benefit Plan

Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	<input type="button" value="Remove"/>
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="Subst Use Disorder Sub-Acute Detox Services"/>	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="Behavioral Health Community Based Services 1915(i)"/>	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="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

<p>Other 1937 Benefit Provided:</p> <p>Health Home Services for Chronic Conditions</p> <p>Authorization:</p> <p>Other</p> <p>Amount Limit:</p> <p>None</p> <p>Scope Limit:</p> <p>Health Home services are limited to chronic conditions identified in the approve Medicaid state plan.</p> <p>Other:</p> <p>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 substance use disorder and risk of developing another chronic condition.</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>Varies</p>	<p>Remove</p>
<p>Other 1937 Benefit Provided:</p> <p>Targeted Case Management- Flint Water Group</p> <p>Authorization:</p> <p>Authorization required in excess of limitation</p> <p>Amount Limit:</p> <p>See below</p> <p>Scope Limit:</p> <p>Targeted Group F populations as defined in the state plan specify services and provider qualifications.</p> <p>Other:</p> <p>Services include comprehensive client assessment; care/services plan development; linking/coordination of services; reassessment/follow-up; monitoring of services as defined by program.</p> <p>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.</p> <p>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.</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>See below</p>	<p>Remove</p>
<p>Other 1937 Benefit Provided:</p> <p>Audiology/Hearing Services</p> <p>Authorization:</p> <p>Other</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p>	



Alternative Benefit Plan

<p>Amount Limit: Varies</p>	<p>Duration Limit: Varies</p>	<p>Remove</p>
<p>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.</p>		
<p>Other: Covered services are provided in the same manner as the approved Medicaid State plan.</p>		
<p>Other 1937 Benefit Provided: Pediatric Outpatient Intensive Feeding Services</p>	<p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p>	<p>Remove</p>
<p>Authorization: Prior Authorization</p>	<p>Provider Qualifications: Medicaid State Plan</p>	
<p>Amount Limit: None</p>	<p>Duration Limit: Varies</p>	
<p>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.</p>		
<p>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.</p>		
<p>Other 1937 Benefit Provided: NF Transition Community Based Services 1915(i)</p>	<p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p>	<p>Remove</p>
<p>Authorization: Other</p>	<p>Provider Qualifications: Medicaid State Plan</p>	
<p>Amount Limit: Varies</p>	<p>Duration Limit: Varies</p>	
<p>Scope Limit: None</p>		
<p>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.</p>		



Alternative Benefit Plan

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



Alternative Benefit Plan

Scope Limit: Limited to providing genetic counseling services as defined by state law under the genetic counselor's scope of practice.		Remove
Other: See Supplement to Attachment 3.1-A, Item 6d. Other Practitioner Services in Michigan's Medicaid State plan.		
Other 1937 Benefit Provided: Routine Patient Cost in Qualifying Clinical Trials	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: Varies	Duration Limit: Varies	
Scope Limit: Varies		
Other: See Supplement to Attachment 3.1-A, Item 30. Coverage of Routine Patient Cost in Qualifying Clinical Trials in Michigan's Medicaid State Plan.		
Other 1937 Benefit Provided: Doula Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: See below	Duration Limit: See below	
Scope Limit: Services are limited to pregnant and postpartum beneficiaries.		
Other: See Supplement to Attachment 3.1-A, Item 13. Preventive Services - Doula Services in Michigan's Medicaid State Plan.		
Other 1937 Benefit Provided: Targeted Case Management- Recently Incarcerated	Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: Other	Provider Qualifications: Medicaid State Plan	



Alternative Benefit Plan

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



Alternative Benefit Plan

Authorization: Authorization required in excess of limitation	Provider Qualifications: Medicaid State Plan	Remove
Amount Limit: Varies	Duration Limit: Varies	
Scope Limit: Covered services are provided in the same manner as the approved Medicaid State plan		
Other: See Attachment 3.1-A, Item 16. Inpatient Psychiatric Hospital Services for Individuals Under 22 in Michigan's Medicaid State plan. Benefit is effective 12/01/23.		
Other 1937 Benefit Provided: Community Health Worker (CHW) Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: See below	Duration Limit: See below	
Scope Limit: Covered services are provided in the same manner as the approved Medicaid State plan		
Other: See Supplement to Attachment 3.1-A, Item 13. Preventive Services - Community Health Worker Services in Michigan's Medicaid State Plan.		
Other 1937 Benefit Provided: Targeted Case Management - CSHCS	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: See below	Duration Limit: See below	
Scope Limit: Targeted Group D populations as defined in the state plan specify services and provider qualifications.		
Other: See Supplement 1 to Attachment 3.1-A, Targeted Case Management Services - Target Group D - in Michigan's Medicaid State plan.		



Alternative Benefit Plan

<p>Other 1937 Benefit Provided:</p> <p>Targeted Case Management- Recuperative Care</p> <p>Authorization:</p> <p>Other</p> <p>Amount Limit:</p> <p>None</p> <p>Scope Limit:</p> <p>Targeted Group J populations as defined in the state plan specify services and provider qualifications.</p> <p>Other:</p> <p>See Supplement 1 to Attachment 3.1-A, Targeted Case Management Services - Target Group J - in Michigan's Medicaid State plan.</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>None</p>	<p>Remove</p>
<p>Other 1937 Benefit Provided:</p> <p>Targeted Case Management- Eligible Juveniles</p> <p>Authorization:</p> <p>Other</p> <p>Amount Limit:</p> <p>See below</p> <p>Scope Limit:</p> <p>Targeted Group K populations as defined in the state plan specify services and provider qualifications.</p> <p>Other:</p> <p>See Supplement 1 to Attachment 3.1-A, Targeted Case Management Services - Target Group K - in Michigan's Medicaid State plan. Targeted Case Management is provided in accordance with 1902(a)(84) (D) for eligible juveniles who are within 30 days of their scheduled date of release from a public institution following adjudication. Targeted Case Management services are provided in the 30 days prior to release and for at least 30 days following release.</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>See below</p>	<p>Remove</p>
<p>Other 1937 Benefit Provided:</p> <p>Licensed Midwives - Other Licensed Practitioners</p> <p>Authorization:</p> <p>Other</p> <p>Amount Limit:</p> <p>None</p> <p>Scope Limit:</p> <p>Limited to providing services as defined by state law under the licensed Midwives scope of practice.</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>None</p>	



Alternative Benefit Plan

Other:

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

Remove

Add



Alternative Benefit Plan

<input type="checkbox"/> 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 <input type="checkbox"/>
---	---------------------------------------

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

WONDERWORD®

By DAVID OUELLET

HOW TO PLAY: All the words listed below appear in the puzzle — horizontally, vertically, diagonally and even backward. Find them, circle each letter of the word and strike it off the list. The leftover letters spell the WONDERWORD.

ROBERT REDFORD (1986-2025)

Solution: 5 letters

T	J	B	R	O	A	D	W	A	Y	R	A	C	S	O
S	O	E	S	C	R	E	E	N	W	R	I	T	E	R
N	U	O	R	O	Y	D	I	S	S	A	C	D	L	D
A	P	N	F	E	B	J	E	D	E	N	Y	E	L	I
T	R	D	D	E	M	L	A	N	E	L	P	L	I	N
U	E	C	H	A	R	I	S	M	A	U	O	L	H	A
R	S	R	C	A	N	A	A	N	E	E	L	Y	N	R
A	E	A	H	A	T	C	B	H	C	S	I	B	W	Y
L	R	C	C	O	N	S	E	R	V	A	T	I	O	N
E	V	E	R	E	I	D	L	O	S	H	I	S	D	E
G	A	R	O	V	E	N	I	C	E	C	C	C	S	N
A	T	G	T	F	R	E	E	D	O	M	A	O	C	E
C	I	A	C	S	H	A	U	N	A	H	L	N	O	G
Y	O	M	A	C	I	M	G	N	I	T	S	O	T	A
S	N	E	A	K	E	R	S	R	O	B	E	R	T	W

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ANNOUNCEMENTS

PUBLIC NOTICES

BID NOTICE
Service Vehicle

NOTICE TO BIDDERS: Davison Community Schools will be receiving sealed bids from qualified dealers for a service vehicle. Bids will be received at the Cardinal Station, 10183 Lapeer Rd., Davison, MI 48423 until Monday, November 24, 2025, at 2:00 p.m. local time. Bids will be opened publicly and read aloud at that time. Bids received after 2:00 p.m. will be returned unopened. All Bids shall be submitted by the prime bidder only and shall include the bidder's name and address.

The RFP will be for a service vehicle with the following specifications:

Year: 2022 or Newer
Make: Chevrolet
Model: Silverado 2500
Trans: Auto Cyl: 8
Body: PU (Pick up)
Style: HD 2500 4wd 8'bed
Mileage: 40,000 or less

Please visit the Davison Community Schools District Bid Page located at <https://www.davisonschools.org/departments/facilities-and-operations/bid-documents>, call the Davison Cardinal Station at 810-600-0306, email rhoover@davisonschools.org.

The owner reserves the right to accept or reject any and all bids, to waive any irregularities in the bidding, and to refrain from accepting or rejecting all bids for a period of thirty (30) days after the bid



ANNOUNCEMENTS

PUBLIC NOTICES

opening.
Each bid shall be accompanied by a completed Iran Sanctions Form. Each bid shall be accompanied by a sworn and notarized Familial Affidavit

Public Notice
Michigan Department of Health and Human Services
Health Services

Licensed Midwife State Plan Amendment Requests

The Michigan Department of Health and Human Services (MDHHS) plans to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS). The request includes a SPA to add Licensed Midwives as providers to the Michigan Medicaid program and a corresponding alternative benefit plan (ABP) SPA.

The effective date for the Licensed Midwife SPAs is on or after April 1, 2026.

If approved, this SPA will add Licensed Midwives as healthcare providers to the Michigan Medicaid program. This change adds a new provider to already budgeted services.

In compliance with 42 CFR § 440.345, individuals under 21 years of age receiving Medicaid benefits will continue to have access to services within the full early and periodic screening,



ANNOUNCEMENTS

PUBLIC NOTICES

diagnosis and treatment (EPSDT) benefit as defined in Section 1905(r) of the Social Security Act.

The SPAs are estimated to be budget neutral.

There is no public meeting scheduled regarding this notice. Any interested party wishing to request a written copy of the 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/ Health Services Administration, Program Policy Division, PO Box 30479, Lansing, MI 48909-7979 by December 22, 2025. A copy of the proposed SPAs will also be available for review at: <https://www.michigan.gov/mdhhs/inside-mdhhs/budgetfinance/264/state-plan-amendments>.



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STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

July 15, 2025

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Coverage of Licensed Midwifery Services

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

The purpose of these amendments is to update the Medicaid State Plan and ABP to include coverage of and reimbursement for Licensed Midwifery services for eligible Michigan Medicaid beneficiaries. MDHHS expects this change to have positive impacts on Native American beneficiaries, Tribal Health Clinics and Urban Indian Organizations by increasing access to Medicaid covered prenatal, labor and delivery, and postpartum services. The anticipated effective date of these amendments is April 1, 2026.

There is no public hearing scheduled for the SPA and ABP amendment. Input regarding these amendments is highly encouraged, and comments regarding this notice of intent may be submitted to Lorna Elliott-Egan, MDHHS Liaison to the Michigan tribes. Lorna can be reached at 517-512-4146, or via email at Elliott-EganL@michigan.gov.

Please provide all input by August 29, 2025.

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

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

L 25-37
July 15, 2025
Page 2

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

Sincerely,

A handwritten signature in black ink that reads "Meghan E. Groen". The signature is written in a cursive style with a large, stylized "M" and "G".

Meghan E. Groen, Chief Deputy Director
Health Services

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

Distribution List for L 25-37
July 15, 2025

Ms. Whitney Gravelle, President, Bay Mills Indian Community
Ms. Lucy DeWildt, Health Director, Bay Mills (Ellen Marshall Memorial Center)
Ms. Sandra Witherspoon, Chairperson, Grand Traverse Band Ottawa & Chippewa Indians
Ms. Sonya Zotigh, Health Director, Grand Traverse Band Ottawa/Chippewa
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center
Mr. RD Curtis, 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, 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
Ms. Dorie Rios, Tribal Chairperson, Nottawaseppi Huron Band of Potawatomi Indians
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department
Mr. Matthew Wesaw, Tribal Chairman, Pokagon Band of Potawatomi Indians
Ms. Priscilla Gatties, Interim Health Director, Pokagon Potawatomi Health Services
Mr. Tim Davis, Tribal Chief, Saginaw Chippewa Indian Tribe
Mrs. Karmen Fox, Executive Health Director, Nimkee Memorial Wellness Center
Mr. Austin Lowes, Tribal Chairperson, Sault Ste. Marie Tribe of Chippewa Indians
Mr. James Benko, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

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