

Medicaid Alternative Benefit Plan

Medicaid Alternative Benefit Plan: General Information

State/Territory name: **Michigan**

Transmittal Number: **22-1003**

General Information:

Submission Title:

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

MI Alternative Benefit Plan (ABP) MI-22-1003

Description:

SPA estab Alternative Benefit Plan(ABP) MI uses 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.

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.*

Medicaid Alternative Benefit Plan: File Management Summary

State/Territory name: Michigan
 Transmittal Number: 22-1003

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

Medicaid Alternative Benefit Plan: File Management Detail

Form ABP1: Alternative Benefit Plan Populations

ABP1 Forms List

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

Support Documents

Document

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 Summer 2022 BH 1915i.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

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

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

Support Documents

Document

Form ABP10: General Assurances

ABP10 Forms List

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

Support Documents

Document

Form ABP11: Payment Methodology

ABP11 Forms List

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

Support Documents

Document

Medicaid Alternative Benefit Plan: Tribal Input

State/Territory name:

Michigan

Transmittal Number: 22-1003

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

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

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

- Indian Tribes
- Indian Health Programs
- Urban Indian Organization

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

Document	
Please provide a short description of this support document: Michigan's Tribal Notification letter dated April 22, 2022.	
Uploaded Document Name:	Date Uploaded: 01/22/2014
L 22-16.pdf	

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

Benefits
Summarize Comments

Service delivery
Summarize Comments

Other Issue

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: **Michigan**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

22-1003

Proposed Effective Date

10/01/2023 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2023	\$ 0.00
Second Year	2024	\$ 0.00

Subject of Amendment

This State Plan Amendment (SPA) is submitted in order to extend the timing to implement the Behavioral Health §1915(i) State Plan Amendment (SPA) from 10/1/2022 to 10/1/2023. This change will allow the §1915(i) to operate

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:

Farah Hanley
Chief Deputy for Health



Signature of State Agency Official

Submitted By: Erin Black

Last Revision Date: Jul 5, 2022

Submit Date: Jul 5, 2022



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

Benefits Description	ABP5
<p>The state/territory proposes a “Benchmark-Equivalent” benefit package. <input type="checkbox"/> No</p>	
<p>Benefits Included in Alternative Benefit Plan</p>	
<p>Enter the specific name of the base benchmark plan selected:</p>	
<p>Priority Health HMO</p>	
<p>Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter “Secretary-Approved.”</p>	
<p>Secretary-Approved</p> <p>For any Home and Community Based Services benefits as permitted in 1915(i) in ABP 5, the state assures that:</p> <ol style="list-style-type: none">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:

Outpatient hospital services and supplies, including services performed by physicians and other health professionals; received on an outpatient basis. Certain services require prior authorization.

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

Benefit also includes ambulatory surgery center facility services.

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:		Provider Qualifications:		
<input type="text" value="None"/>		<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="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:		Provider Qualifications:		
<input type="text" value="None"/>		<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 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:		Provider Qualifications:		
<input type="text" value="None"/>		<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="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"/>															
<table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">Benefit Provided: <input style="width: 95%;" type="text" value="Maternity Care - Physician Services"/></td><td style="width: 30%; border: none;">Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/></td><td style="width: 20%; border: none; text-align: center;"><input type="button" value="Remove"/></td></tr><tr><td style="border: none;">Authorization: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;">Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/></td><td style="border: none;"></td></tr><tr><td style="border: none;">Amount Limit: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;">Duration Limit: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;"></td></tr><tr><td colspan="3" style="border: none;">Scope Limit: <input style="width: 95%;" type="text" value="None"/></td></tr><tr><td colspan="3" style="border: none;">Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%;" type="text" value="Benefit includes physician services related to maternity care, including prenatal care, delivery related services, and postpartum care."/></td></tr></table>		Benefit Provided: <input style="width: 95%;" type="text" value="Maternity Care - Physician Services"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>	Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>		Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>		Scope Limit: <input style="width: 95%;" 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 style="width: 95%;" type="text" value="Benefit includes physician services related to maternity care, including prenatal care, delivery related services, and postpartum care."/>		
Benefit Provided: <input style="width: 95%;" type="text" value="Maternity Care - Physician Services"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>														
Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>															
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>															
Scope Limit: <input style="width: 95%;" 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 style="width: 95%;" type="text" value="Benefit includes physician services related to maternity care, including prenatal care, delivery related services, and postpartum care."/>																
<table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">Benefit Provided: <input style="width: 95%;" type="text" value="Maternity Care - Inpatient Hospital Services"/></td><td style="width: 30%; border: none;">Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/></td><td style="width: 20%; border: none; text-align: center;"><input type="button" value="Remove"/></td></tr><tr><td style="border: none;">Authorization: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;">Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/></td><td style="border: none;"></td></tr><tr><td style="border: none;">Amount Limit: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;">Duration Limit: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;"></td></tr><tr><td colspan="3" style="border: none;">Scope Limit: <input style="width: 95%;" type="text" value="Services are covered when furnished by a certified hospital under the direction of a physician."/></td></tr><tr><td colspan="3" style="border: none;">Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%;" type="text" value="Benefit includes inpatient hospital services related to maternity care, including prenatal care, delivery related services, and postpartum care."/></td></tr></table>		Benefit Provided: <input style="width: 95%;" type="text" value="Maternity Care - Inpatient Hospital Services"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>	Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>		Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>		Scope Limit: <input style="width: 95%;" type="text" value="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: <input style="width: 95%;" type="text" value="Benefit includes inpatient hospital services related to maternity care, including prenatal care, delivery related services, and postpartum care."/>		
Benefit Provided: <input style="width: 95%;" type="text" value="Maternity Care - Inpatient Hospital Services"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>														
Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>															
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>															
Scope Limit: <input style="width: 95%;" type="text" value="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: <input style="width: 95%;" type="text" value="Benefit includes inpatient hospital services related to maternity care, including prenatal care, delivery related services, and postpartum care."/>																
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Benefit Provided: <input style="width: 95%;" type="text" value="Maternity Care- Outpatient Hospital Services"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>															
Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>															
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>															
Scope Limit: <input style="width: 95%;" type="text" value="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:

See below

Duration Limit:

See below

Scope Limit:

Rehabilitative therapy services must be either restorative or specialized maintenance programs to be covered. Therapy must be ordered, in writing, by a physician or other Medicaid approved licensed practitioner within the scope of their practice.

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

Rehabilitative physical therapy and occupational therapy are each limited to 144 units (15 minute increments) per 12 month consecutive period. Speech therapy services in the outpatient setting are limited to 36 visits in a 12 month consecutive period. Outpatient rehabilitative services also includes medically necessary diabetic patient education and services for persons with neurological damage per program criteria. Enrollment of Speech-Language Pathologists as Medicaid Providers is effective 7/1/17.

Additional approved state plan sources for outpatient rehabilitation services include 1905(a)(5); 1905(a)(7); and 1905(a)(13) respectively.

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)



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="Varies"/>	Duration Limit: <input type="text" value="Varies"/>	
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="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: <input type="text" value="Prosthetics and Orthotics; Eyeglasses, Hearing Aid"/>	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="Varies"/>	Duration Limit: <input type="text" value="Varies"/>	
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="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: <input type="text" value="Nursing Facility Services -Other Medical Service"/>	Source: <input type="text" value="State Plan 1905(a)"/>	
Authorization: <input type="text" value="Prior Authorization"/>	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="This is intended to be a short-term rehabilitation benefit."/>		
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="Eligibility determination based upon a Level I Preadmission Screening/annual Resident Review (PASARR); and a determination of medical/functional assessment using the Medicaid Nursing Facility"/>		



Alternative Benefit Plan

<input type="text" value="Level of Care Determination (LOCD). Benefit includes bed and board; nursing care; routine PT/OT/SLT consisting of repetitive services to maintain function."/>		<input type="button" value="Remove"/>
Benefit Provided: <input type="text" value="Home Health -Rehab"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Authorization required in excess of limitation"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="See below"/>	Duration Limit: <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: Laboratory Services - Duplication</p> <p>Source: 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: Tobacco Cessation Treatment - Duplication</p> <p>Source: 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: Other Services Provided by Health Profess. -Duplic</p> <p>Source: 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: Home Health Care -Duplication</p> <p>Source: 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 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: Family Planning/Reproductive Services -Duplication</p> <p>Source: 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

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

<p>Other 1937 Benefit Provided: <input type="text" value="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="Preventive dental services are covered every six months. Radiograph limits vary based on type of view (eg. bitewing, panorex, etc.)."/></p> <p>Other: <input type="text" value="Dental treatment for adults, including diagnostic, therapeutic, and restorative care, are covered for conditions relating to a specific medical problem. All prosthodontics (dentures) require prior authorization."/></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>
<input type="button" value="Remove"/>	

<p>Other 1937 Benefit Provided: <input type="text" value="Vision/Optometrlist Services"/></p> <p>Authorization: <input type="text" value="Authorization required in excess of limitation"/></p> <p>Amount Limit: <input type="text" value="Varies"/></p> <p>Scope Limit: <input type="text" value="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)."/></p> <p>Other: <input type="text" value="Vision/Optometrlist Services are covered for adults. Certain services and supplies may be subject to meeting stipulated criteria and/or prior authorization."/></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>
<input type="button" value="Remove"/>	

<p>Other 1937 Benefit Provided: <input type="text" value="Personal Care Services"/></p> <p>Authorization: <input type="text" value="Prior Authorization"/></p> <p>Amount Limit: <input type="text" value="Varies"/></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>
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Alternative Benefit Plan

Scope Limit:

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

Remove

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).

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:

None

Duration Limit:

None

Scope Limit:

Period of covered services is the minimum period necessary in this type of facility for proper care and treatment of the patient; benefit includes bed and board; nursing care; routine PT/OT/SLT consisting of repetitive services to maintain function.

Other:

Eligibility determination based upon a Level I Preadmission Screening/Annual Resident Review (PASARR); and a determination of medical functional assessment using the Medicaid Nursing Facility Level of Care Determination (LOCD). This benefit is included for individuals in accordance with 42 CFR 440.315(f).



Alternative Benefit Plan

<p>Other 1937 Benefit Provided:</p> <input type="text" value="Clinic 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="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="See scope limit below."/>		
<p>Other:</p> <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."/>		
<p>Other 1937 Benefit Provided:</p> <input type="text" value="Reg./Lic. Dental Hygienists -Other Licensed Pract."/>	<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 services rendered on behalf of an organization, clinic or group practice."/>		
<p>Other:</p> <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."/>		
<p>Other 1937 Benefit Provided:</p> <input type="text" value="Behavioral Health Targeted Case Mgmt Services"/>	<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"/>	
<p>Amount Limit:</p> <input type="text" value="None"/>	<p>Duration Limit:</p> <input type="text" value="None"/>	



Alternative Benefit Plan

Scope Limit: <input type="text" value="None"/>		<input type="button" value="Remove"/>
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."/>		
Other 1937 Benefit Provided: <input type="text" value="Pharmacists -Other Licensed Practitioners"/>	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 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."/>		
Other: <input type="text" value="Prior authorization is generally not required."/>		
Other 1937 Benefit Provided: <input type="text" value="ICF/IID Services"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Concurrent Authorization"/>	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="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."/>		
Other: <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."/>		



Alternative Benefit Plan

<p>Other 1937 Benefit Provided:</p> <p>Program of All-Inclusive Care for Elderly (PACE)</p> <p>Authorization:</p> <p>Other</p> <p>Amount Limit:</p> <p>See below</p> <p>Scope Limit:</p> <p>PACE services are provided to beneficiaries age 55 or older meeting program criteria.</p> <p>Other:</p> <p>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>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>Rehabilitation -Mental Health Crisis Residential</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>Mental Health Outpatient Community Support</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 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>Varies</p>	



Alternative Benefit Plan

<input type="text"/>		<input type="button" value="Remove"/>
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"/>	<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="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"/>	
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"/>		



Alternative Benefit Plan

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.

Remove

Other 1937 Benefit Provided:

Health Home Services for Chronic Conditions

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Varies

Scope Limit:

Health Home services are limited to chronic conditions identified in the approve Medicaid state plan.

Other:

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.

Other 1937 Benefit Provided:

Targeted Case Management- Flint Water Group

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

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

Other:

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.



Alternative Benefit Plan

<p>Other 1937 Benefit Provided:</p> <p>Audiology/Hearing Services</p> <p>Authorization:</p> <p>Other</p> <p>Amount Limit:</p> <p>Varies</p> <p>Scope Limit:</p> <p>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:</p> <p>Covered services are provided in the same manner as the approved 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>Varies</p>	<p>Remove</p>
<p>Other 1937 Benefit Provided:</p> <p>Pediatric Outpatient Intensive Feeding Services</p> <p>Authorization:</p> <p>Prior Authorization</p> <p>Amount Limit:</p> <p>None</p> <p>Scope Limit:</p> <p>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:</p> <p>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>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>NF Transition Community Based Services 1915(i)</p> <p>Authorization:</p> <p>Other</p> <p>Amount Limit:</p> <p>Varies</p> <p>Scope 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>Varies</p>	



Alternative Benefit Plan

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.		Remove
Other 1937 Benefit Provided: Peer-Delivered or Peer-Operated Support 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: Medication-Assisted Treatment (MAT)	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: Varies	Duration Limit: None	
Scope Limit: None		
Other: 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.		
Other 1937 Benefit Provided: Genetic Counselors - Other Licensed Practitioners	Source: Section 1937 Coverage Option Benchmark Benefit Package	



Alternative Benefit Plan

<p>Authorization: Other</p>	<p>Provider Qualifications: Medicaid State Plan</p>	<p>Remove</p>
<p>Amount Limit: None</p>	<p>Duration Limit: None</p>	
<p>Scope Limit: Limited to providing genetic counseling services as defined by state law under the genetic counselor's scope of practice.</p>		
<p>Other: See Supplement to Attachment 3.1-A, Item 6d. Other Practitioner Services in Michigan's Medicaid State plan.</p>		
<p>Other 1937 Benefit Provided: Routine Patient Cost in Qualifying Clinical Trials</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: Varies</p>		
<p>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.</p>		
<p>Other 1937 Benefit Provided: Doula Services</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: See below</p>	<p>Duration Limit: See below</p>	
<p>Scope Limit: Services are limited to pregnant and postpartum beneficiaries.</p>		
<p>Other: See Supplement to Attachment 3.1-A, Item 13. Preventive Services - Doula Services in Michigan's Medicaid State Plan.</p>		
<p>Add</p>		



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"/>
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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



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

Service Delivery Systems

ABP8

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

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

Select one or more service delivery systems:

- Managed care.
 - Managed Care Organizations (MCO).
 - Prepaid Inpatient Health Plans (PIHP).
 - Prepaid Ambulatory Health Plans (PAHP).
 - Primary Care Case Management (PCCM).

Fee-for-service.

Other service delivery system.

Managed Care Options

Managed Care Assurance

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

Managed Care Implementation

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

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

MCO: Managed Care Organization

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

Yes

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

- Section 1915(a) voluntary managed care program.
- Section 1915(b) managed care waiver.
- Section 1932(a) mandatory managed care state plan amendment.
- Section 1115 demonstration.



Alternative Benefit Plan

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

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

Describe program below:

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

Additional Information: MCO (Optional)

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

PIHP: Prepaid Inpatient Health Plan

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

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

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

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

Describe program below:

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

Additional Information: PIHP (Optional)

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

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

Fee-For-Service Options

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

- Traditional state-managed fee-for-service



Alternative Benefit Plan

Services managed under an administrative services organization (ASO) arrangement

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

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

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

Additional Information: Fee-For-Service (Optional)

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

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

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

PRA Disclosure Statement

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.20130718



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

April 22, 2022

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Submission of Waiver Amendment Application for Michigan §1115 Behavioral Health Demonstration; Revised §1915(i) State Plan Amendment (SPA) for Community Support Services; and Alternative Benefit Plan (ABP) SPAs

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 waiver amendment application for the Section 1115 Behavioral Health Demonstration; Section 1915(i) SPA for Community Support Services; and an ABP SPA request to the Centers for Medicare & Medicaid Services (CMS).

Due to COVID-19 and the need to transition staffing resources to address the public health emergency, MDHHS is requesting a one-year extension to come into compliance with the eligibility determination requirements. The requirements transition the responsibility for eligibility determination to MDHHS staff. This does not impact service provision related to the 1915 (i) and State Plan Services. There will be no impact on Tribal Health Centers or tribal citizens as a result of this extension. The anticipated effective date of this waiver amendment application and SPAs is October 1, 2023.

The revised §1115 notice is available at www.michigan.gov/mdhhs >> Keeping Michigan Healthy >> Adult Behavioral Health and Developmental Disabilities.

There is no public hearing scheduled for these waiver and SPA changes. Input regarding these waiver and SPA changes 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 June 6, 2022.**

In addition, MDHHS is offering to set up group or individual consultation meetings to discuss these waiver and SPA changes, 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,



Kate Massey, 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 22-16
April 22, 2022

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
Mr. Soumit Pendharkar, 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. Kim Klopstein, President, Keweenaw Bay Indian Community
Ms. Kathy Mayo, Interim Health Director, Keweenaw Bay Indian Community - Donald Lapointe Health/Educ Facility
Mr. James Williams, Jr., Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians
Ms. Sadie Valliere, Health & Human Services Director, Lac Vieux Desert Band
Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians
Mr. Daryl Wever, Health Director, Little River Band of Ottawa Indians
Ms. Regina Gasco-Bentley, Tribal Chairman, Little Traverse Bay Band of Odawa Indians
Ms. Jodi Werner, Health Director, Little Traverse Bay Band of Odawa
Mr. Bob Peters, Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)
Ms. Kelly Wesaw, Health Director, Match-E-Be-Nash-She-Wish Potawatomi
Mr. Jamie Stuck, Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department
Ms. Rebecca Richards, Tribal Chairwoman, Pokagon Band of Potawatomi Indians
Ms. Priscilla Gatties, Interim Health Director, Pokagon Potawatomi Health Services
Ms. Theresa Peters-Jackson, Tribal Chief, Saginaw Chippewa Indian Tribe
Mrs. Karmen Fox, Executive Health Director, Nimkee Memorial Wellness Center
Mr. Aaron Payment, 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

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ANNOUNCEMENTS

Bids

ADVERTISEMENT FOR BIDS

CITY OF BURTON

2022 CDBG LOCAL STREET PAVING

General Notice
City of Burton (Owner) is requesting bids for the construction of the following Project:

2022 CDBG Local Street Paving
ZIC0224

Sealed Bids for the construction of the Project will be received by the City of Burton at 4303 S. Center Road, Burton, MI 48519 until April 11, 2022 at 10 a.m. local time. At that time, the Bids received will be publicly opened and read.

The Project includes the following Work:

Pave existing gravel roads, replace ditches and culverts, and install sidewalk and drive approaches.

Principal items of work include but are not limited to:

1,700 Ton Asphalt Paving

8,900 Sft Concrete Sidewalk

1,200 Syd Concrete Drive Approach

1,600 Ft Culvert

Bids will be received for a single prime Contract 2022 CDBG Local Street Paving, ZIC0224

The Issuing Office for the Bidding Documents is:

ROWE Professional Services Company
540 S. Saginaw St., Suite 200,
Flint, MI 48502

Obtaining the Bidding Documents

Prospective Bidders may examine the Bidding Documents at the Issuing Office on Monday through Friday 8 a.m. to 5 p.m. and may obtain copies of Bidding Documents from the Issuing Office as described below.

Bidding Documents also may be examined at Construct Connect, the Builders Exchange of Lansing (Builders Exchanges are authorized to share the contract documents with other exchanges of Michigan) at the office of the City of Burton DPW Offices, 4093 Manor Drive, Burton, MI 48519, on Monday through Friday during regular business hours and the offices of the Engineer, 540 S. Saginaw Street, Ste 200, Flint, MI 48502 and 128 N. Saginaw Street, Suite 200, Flint, MI 48446 on Monday through Friday during regular business hours.

Drawings, Specifications, and other Contract Documents for submitting a bid must be obtained upon application at the office of ROWE Professional Services Company, upon the payment of \$40 per set for prints, or \$30 for portable document format (PDF) files which can be obtained after credit card (Visa, Mastercard, American Express or Discover accepted) or in check form and shall be drawn payable to ROWE Professional Services Company. The Engineer's address is ROWE Professional Services Company, 540 S. Saginaw Street, Ste 200, Flint, MI 48502 and telephone number is (810) 341-7500. Bidding documents must be purchased from the Engineer. Bids submitted on forms obtained anywhere besides the office of ROWE Professional Services Company will not be accepted.

Neither Owner nor Engineer will be responsible for full or partial sets of Bidding Documents, including Addenda if any, obtained from sources other than the Issuing Office.

Instructions to Bidders

Bid security shall be furnished in accordance with the Instructions to Bidders.

The above-referenced project is a federally funded activity authorized under the Housing and Community Development Act of 1974. All successful bidders must comply with the federal labor standards, including the Davis-Bacon Act and the Copeland and Anti-Kickback legislation; federal equal opportunity requirements; and Section 3 of the Housing and Urban Development Act of 1968.

Minority/Women/Handicapped business owned enterprises (MBE/WBE/DBE) and Section 3 business concerns seeking bid opportunities under this Project Notice are encouraged to respond.

City of Burton, hereinafter called the Owner, reserves the right to reject any or all Bids and to waive any formality or technicality in any Proposal in the interest of the Owner.

Owner: City of Burton
Date: March 2022

*** END OF ADVERTISEMENT FOR BIDS ***

Tuscola Behavioral Health Systems (TBHS), a Michigan Community Mental Health Authority, is seeking sealed bid proposals from interested and qualified parties to provide Community Integration support for up to 54 hours a week located in Vassar, Michigan. The home will provide services for one individual with an intellectual/developmental disability. If you would like to offer a proposal, please contact the Contract Dept. at (989) 673-6191, to request a copy of the proposal specifications. Proposals must be received by 5:00 p.m., May 6, 2022. TBHS reserves the right to accept or reject any or all replies.

Tuscola Behavioral Health Systems (TBHS), a Michigan Community Mental Health Authority, is seeking sealed bid proposals from interested and qualified parties to operate one CLS Community Living Supports unit located in Caro, Michigan. The home will provide services for one adult with an intellectual/developmental disability and/or adult dually diagnosed with an intellectual/developmental disability and a mental illness. If you would like to offer a proposal, please contact the Contract Dept. at (989) 673-6191, to request a copy of the proposal specifications. Proposals must be received by 5:00 p.m., May 6, 2022. TBHS reserves the right to accept or reject any or all replies.

PUBLIC NOTICES

ADVERTISEMENT TO BID

Advertisement to Bid Davison High School Performing Arts Center

DCC Construction, Inc. is requesting bid proposals on behalf of Davison Community Schools for the Specialist Casework - Rebid DCC Construction, Inc. is requesting bid proposals on behalf of Davison Community Schools for the Specialist Casework in the new addition of a Performing Arts Center. This project will be an addition of a new auditorium with a 1000 seat capacity including balcony seating, linear lobby, new choir, and instrument support spaces, and several more support spaces all totaling in a 50,000 + square foot two story Performing Arts Center. This is a Rebid of the specialties and casework categories.

Pre-Bid Presentation - At this time there will not be a pre-bid meeting for this rebid.

Construction Timeline - The physical work for this scope is projected to start later this year as the progress of the current PAC building construction project progresses.

Bid Submission - Bids must be submitted in person or by mail to the Cardinal Center no later than Thursday, April 14th, 2022 by 10:00 AM local time. All bid proposals will require a bid bond. Bid proposals shall be on the forms furnished by the CM, Davison Community Schools (Cardinal Center), 1490 N. Oak Road, Davison, MI 48423

Public Opening - The bids will be opened and publicly read shortly after the bid deadline at the same location as the Bid Submission, in the admin conference room at 10:15 am Thursday, April 14th, 2022.

Drawings/Specifications - Bidding and Contract Documents will be available electronically from DCC Construction via Procore on or after Monday, April 4th, 2022. Email Zack Kostka at zack.kostka@dccconstruction.com with your request for bidding documents. No printed sets of the construction documents will be issued.

ANNOUNCEMENT FOR THE RESIDENTS OF GENESEE COUNTY PUBLIC INPUT SESSIONS

The Genesee County Metropolitan Alliance has a draft list of projects for the Fiscal Year 2023-2026 Transportation Improvement Program (TIP). These projects are currently out for public review and comment. Public input sessions to discuss these projects are being held at the following dates, times, and locations below. The sessions do not have a scheduled presentation, so you can arrive at your convenience. A copy of the draft list of projects (including transit projects) is available on our website which is located at www.gcmi.org. Any and all comments are encouraged. If you are unable to attend one of the following sessions and have questions, or request to set up a Zoom meeting regarding a project, please contact us using the information below.

Wednesday, April 13th - Vienna Township Hall, 3400 W. Vienna Rd., Clio, MI 48423

In the main Board Room from 9:00 a.m. until 10:00 a.m.

Thursday, April 21st - MTA Downtown Facility, 615 Harrison St., Flint, MI 48502

In the main Board Room from 11:30 a.m. until 1:00 p.m.

Masks are required at this location

Thursday, April 21st - Fenton Township Hall, 12606 Mantawaka Dr., Fenton, MI 48430

from 6:30 p.m. until 7:00 p.m.

The Genesee County Metropolitan Planning Commission will furnish reasonable auxiliary aids and services to individuals with disabilities, upon request. Requests should be made a minimum of 2 business days prior to the meeting. Persons needing language translation assistance will be provided the requested service free of charge, upon request. Providing at least 7 days advance notice will help to ensure availability. For information on these services, please contact the staff person listed below.

Ms. Alicia Williams, Planner, GCMPCC
Telephone: 810-766-6564
Fax: 810-257-3185
E-mail: gcmcc@geneeecountymi.gov
Michigan Relay Center: Dial 711

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Legal Notice
Attention: Food Service Management Company and Clio Area Schools is requesting proposals for school food service management services. The Food Service Management Company will provide management services according to United States Department of Agriculture regulations and guidelines, as well as State of Michigan Department of Education policies and guidelines.

A copy of the RFP will be available by email at csk@clioschools.org by April 7, 2022. A pre-bid meeting will be held on April 14, 2022, at 2:00 pm. All proposals must be submitted electronically no later than 10:00 am on April 29, 2022. Hard copy proposals should also be submitted to:

Clio Area Schools Business Office
1 Mustang Drive
Clio, MI 48420

The Clio Area Schools' Board of Education reserves the right to accept or reject any and all proposals, and to accept the proposal that it finds, in its sole discretion, to be in the best interest of the school district.

Advertisement to Bid Davison Community Schools High School Performing Arts Center

Michigan Department of Health and Human Services Administration
Submission of Waiver Amendment Application for Michigan 51115 Behavioral Health Demonstration, revised 51915(1) State Plan Amendment for Community Support Services, and Alternative Benefit Plan (ABP) State Plan Amendment Requests
The Michigan Department of Health and Human Services (MDHHS) plans to submit Waiver Amendment Application for Michigan 51115 Behavioral Health Demonstration, revised 51915(1) State Plan Amendment (SPA) for Community Support Services, and Alternative Benefit Plan (ABP) SPA requests to the Centers for Medicare & Medicaid Services (CMS). These requests delay the effective date of the 51915(1) State Plan benefit for behavioral health services until October 1, 2023 and maintain the related benefits under the 1115 Behavioral Health Demonstration until that time.

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

This State Plan Amendment is budget neutral.

The revised 51115 notice may be found at: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941--,00.html

Request for Proposal

Nonprofit Marketing Strategy

Greater Flint Health Coalition

Proposal Due Date: April 29, 2022

Greater Flint Health Coalition (GFHC) is accepting competitive proposals/quotes from Marketing firms for marketing strategy and services for the upcoming one year period.

Proposals should address the following:

- Approach to weekly marketing strategy consulting services including billboards, radio ads, television ads, radio ads, SEO marketing/digital media ads, newspaper digital ads, promotional items for outreach events, and social media;
- Per hour fee schedule for staff marketing coordinator, consultant, or specialist to be involved on a weekly basis;
- Detail specific to Marketing firm's experience providing market analysis, strategy and services to nonprofit companies, references, independence, commitments to staff continuity and diversity;
- Describe any consulting services provided to nonprofits at no additional costs or in-kind;
- Description of how and why applicant firm is different from others in qualifications and service excellence;
- Identification of primary manager, and in-charge marketer to be assigned to service;
- Proposal fees for fiscal year 2022;
- Copy of firm's most recent peer review report.

Proposals will be evaluated and scored based upon the following criteria:

- Qualifications
- Experience
- References
- Independence
- Cost
- Recent peer review report
- Ability to adhere to submission deadline

Submit response proposals to Greater Flint Health Coalition via email to operations@flint.org or via U.S. Mail to Greater Flint Health Coalition, c/o Administration, 120 W First St, Flint, Michigan 48502.

Sealed proposals will be received until 2:00 p.m. (EDT), Thursday May 12, 2022, at the Genesee County Purchasing Department, 1101 Beach Street, Room 351, Flint, MI 48502 for HOME DELIVERED MEALS SERVICE PROVIDER(S) for the Genesee County Office of Senior Services.

A copy of RFP #22-280 may be downloaded from the following site: <http://www.gcmi.com/departments/purchasing> in a choose Current Bids and then click on the name of the ITB or contact the offices of the Genesee County Purchasing Department at (810) 257-3030.

Public Notice

Michigan Department of Health and Human Services Administration

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- Per hour fee schedule for staff marketing coordinator, consultant, or specialist to be involved on a weekly basis;
- Detail specific to Marketing firm's experience providing market analysis, strategy and services to nonprofit companies, references, independence, commitments to staff continuity and diversity;
- Describe any consulting services provided to nonprofits at no additional costs or in-kind;
- Description of how and why applicant firm is different from others in qualifications and service excellence;
- Identification of primary manager, and in-charge marketer to be assigned to service;
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