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State/Territory Name: Michigan

State Plan Amendment (SPA) #: 17-1000

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Chicago Regional Office
233 N. Michigan
Suite 600
Chicago, Illinois 60601



December 22, 2017

Kathy Stiffler, Acting Medicaid Director
Medical Services Administration
Michigan Department of Health and Human Services
400 South Pine Street, P.O. Box 30479
Lansing, Michigan 48909-7979

ATTN: Erin Black

Dear Ms. Stiffler:

Enclosed for your records is an approved copy of the following State Plan Amendment:

- Transmittal #:17-1000 – Enrollment of Other Providers
- Effective: April 1, 2017 for the enrollment of Physical Therapists, Occupational Therapists, and Audiologists and July 1, 2017 for the enrollment of Speech-language Pathologists as Medicaid providers
- Approval Date: December 21, 2017

If you have any questions, please contact Keri Toback at (312) 353-1754 or keri.toback@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

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.

MI-17-1000

Proposed Effective Date

04/01/2017 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

This State Plan Amendment (SPA) is submitted to allow for enrollment of Physical Therapists, Occupational Therapists, and Audiologists as Medicaid providers effective 4/1/17, as well as Speech-Language Pathologists effective 7/1/17. A corresponding traditional SPA 17-0001 has been submitted as well. In addition, this amendment allows qualified pharmacists to provide Medication Therapy Management services effective 4/1/17. A corresponding traditional SPA 17-0005 is submitted as well.

Governor's Office Review

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

Describe:

- ☐ No reply received within 45 days of submittal
☒ Other, as specified

Describe:

Stephen Fitton, Director
Medical Services Administration

Signature of State Agency Official

Submitted By: Erin Black
Last Revision Date: Jun 29, 2017
Submit Date: Feb 27, 2017

Date Received: February 27, 2017

Signature of Regional Official: /s/

Typed Name: Ruth A. Hughes

Title: Associate Regional Administrator

Date Approved: December 21, 2017

Effective Date of Approved Material: April 1, 2017 and July 1, 2017

Medicaid Alternative Benefit Plan

Medicaid Alternative Benefit Plan: General Information

State/Territory name: **Michigan**
Transmittal Number: **MI-17-1000**

General Information:

Submission Title:

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

MI Alternative Benefit Plan (ABP) MI-17-1000

Description:

This State Plan Amendment (SPA) is submitted in order to establish the Alternative Benefit Plan (ABP) Michigan will use to implement requirements of the Healthy Michigan Plan as stated in Michigan's Public Act 107 of 2013.

The Act allows for expansion of Medicaid eligibility to individuals ages 19-64 with incomes at or below 133% of federal poverty level who are not enrolled in or eligible for Medicare. The ABP is applicable to those individuals eligible for the program known as Health Michigan Plan which will provide access to the federally mandated Essential Health Benefits, EPSDT services, other medically necessary services as prior authorized, and services required to be covered according to state or federal law, regulation or policy.

Changes made in amendment 01 for ABP5 allow for enrollment of psychologists, social workers, and professional counselors as Medicaid providers.

Changes made in the second amendment 02 allow for implementation of the MI Care Team primary health homes program effective 7/01/2016.

Changes made in the third amendment 03 for ABP5 allow for enrollment of marriage and family therapists as Medicaid providers effective 4/1/2016. In addition, this amendment allows for the addition of targeted case management (TCM) group coverage for children 19 and 20 years of age and pregnant women effective 05/09/2016. This TCM group coverage is to further the Flint, Michigan demonstration project authorized under section 1115 of the Act (Project No. 11W 00302/5).

Changes made in the fourth amendment 04 for ABP5 allow for enrollment of Physical Therapists, Occupational Therapists, and Audiologists as Medicaid providers effective 4/1/17, as well as Speech-Language Pathologists effective 7/1/17. A corresponding traditional SPA 17-0001 is submitted as well. In addition, this amendment allows qualified pharmacists to provide Medication Therapy Management services effective 4/1/17. A corresponding traditional SPA 17-0005 is submitted as well.

☒ Public notice has been conducted prior to SPA submission pursuant to 42 CFR 440.386.

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, ABP4, ABP5, and ABP8 for each benchmark benefit package.*

1

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

0

Medicaid Alternative Benefit Plan: File Management Summary

State/Territory name: Michigan
Transmittal Number: MI-17-1000

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	Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package	1
ABP4	Alternative Benefit Plan Cost-Sharing	1
ABP5	Benefits Description	2
ABP6	Benchmark-Equivalent Benefit Package	0
ABP7	Benefits Assurances	1
ABP8	Service Delivery Systems	1
ABP9	Employer Sponsored Insurance and Payment of Premiums	1
ABP10	General Assurances	1
ABP11	Payment Methodology	1

Medicaid Alternative Benefit Plan: File Management Detail

Form ABP1: Alternative Benefit Plan Populations

ABP1 Forms List

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

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

Support Documents

Document
Please provide a short description of this support document: MI Public Notice regarding a State Plan Amendment for an Alternative Benefit Plan for an Expanded Adult Population Uploaded Document Name: _____ Date Uploaded: 03/21/2014 ABP State Plan Amendment Public Notice_438191_7.pdf

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

ABP2a Forms List

Form
Please provide a short description of this ABP2a form: This is the first in the series of Alternative Benefit Plan (ABP) fillable PDFs (state plan pages) in which the state or territory provides assurances concerning the enrollment of Medicaid beneficiaries into an ABP. This particular state plan page must be completed if the ABP population includes the Adult eligibility group under section 1902(a)(10)(A)(i)(VIII) of the Act, either alone or in combination with other eligibility groups. The ABP2a – Voluntary Benefit Package Selection Assurances – Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act state plan page pertaining to individuals otherwise exempt from mandatory participation in a section 1937 ABP who are eligible in the Adult eligibility group under section 1902(a)(10)(A)(i)(VIII) of the Act 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: Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package

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 provided through the ABP. Uploaded Form Name: ABP3 Selection of Benchmark Benefit Package or Benchmark Equivalent Package F 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 Plan (ABP). 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:	
Uploaded Form Name:	Date Uploaded:
ABP5_Benefits_Description Update with MTM 12-20-17.pdf	
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 concerning the benefits that are included in that benefit package.	
Uploaded Form Name:	Date Uploaded: 01/22/2014
ABP5 Benefits Description FINAL 4-24-14.pdf	

Support Documents

Document	
Please provide a short description of this support document: Public Notice March 5, 2017	
Uploaded Document Name:	Date Uploaded:
OrderConf PN Pharmacy and MTM.pdf	
Please provide a short description of this support document: Public Notice December 15, 2016	
Uploaded Document Name:	Date Uploaded:
OrderConf_Enrollment and Direct Reimbursement.pdf	
Please provide a short description of this support document: Tribal Notice TCM November 7, 2016	
Uploaded Document Name:	Date Uploaded:
L 16-61.pdf	

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 FINAL 4-22-14 v2.pdf

Support Documents

Document

Form ABP9: Employer Sponsored Insurance and Payment of Premiums

ABP9 Forms List

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

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 submission. 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 provided through a service delivery system other than managed care. 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: **MI-17-1000**

☒ **One or more Indian Health Programs or Urban Indian Organizations furnish health care to the State.**

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

☒ **State has solicited advice from Indian Health Programs, Urban Indian Organizations, and 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 September 3, 2013. Uploaded Document Name: Date Uploaded: 01/22/2014 ABP SPA Tribal Notification Letter L13-46 (9-3-13).pdf
Please provide a short description of this support document: Michigan's Tribal Notification letter dated November 7, 2016. Uploaded Document Name: Date Uploaded: L 16-61.pdf
Please provide a short description of this support document: Michigan's Tribal Notification letter dated October 7, 2016. Uploaded Document Name: Date Uploaded: L 16-57.pdf
Please provide a short description of this support document: Michigan's Tribal Notification letter dated February 21, 2017. Uploaded Document Name: Date Uploaded: L 17-05.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	
	Summarize Response	
☐	Benefits	
	Summarize Comments	
	Summarize Response	
☐	Service delivery	
	Summarize Comments	
	Summarize Response	
☐	Other Issue	

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: Michigan

Transmittal Number:

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.

MI-17-1000

Proposed Effective Date

04/01/2017 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

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☐ 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:

Stephen Fitton, Director

Medical Services Administration

Signature of State Agency Official

Submitted By:

Erin Black

Last Revision Date:

Dec 20, 2017

Submit Date:

Feb 27, 2017