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State/Territory Name: Michigan

State Plan Amendment (SPA)#: 20-1001

This file contains the following documents in the order listed

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- 2) CMS 179 Like Document from MMDL
- 3) Approved SPA Pages from MMDL

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 0300
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

December 04, 2020

Ms. Kate Massey
Medicaid Director
Medical Services Administration
400 S Pine St 7th Fl
Lansing, MI 48933-2250

RE: State Plan Amendment (SPA) Transmittal Number 20-1001

Dear Ms. Massey:

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

Transmittal #20-1001 Effective Date: 8/1/2020
 Approval Date: 12/3/2020

If you have any questions regarding this State Plan Amendment, please have a member of your staff contact Keri Toback at 312 353 1754 or by email at keri.toback@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

Cc: Erin Black, MDHHS

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-20-1001

Proposed Effective Date

08/01/2020 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2020	\$ 0.00
Second Year	2021	\$ 0.00

Subject of Amendment

This State Plan Amendment (SPA) is submitted in order to implement CMS Final Rule CMS-5531, which amends CMS Rule 2348-F. The new federal regulations permit non-physician practitioners (e.g., nurse practitioners, physician assistants, and clinical nurse

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:

Kate Massey, Director
Medical Services Administration

Signature of State Agency Official

Submitted By: Erin Black
Last Revision Date: Sep 30, 2020
Submit Date: Sep 30, 2020

Medicaid Alternative Benefit Plan

Medicaid Alternative Benefit Plan: General Information

State/Territory name: Michigan
Transmittal Number: MI-20-1001

General Information:

Submission Title:

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

MI Alternative Benefit Plan (ABP) MI-20-1001

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.

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

Date public notice was issued 07/28/2020 (mm/dd/yyyy)

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

Upload Public Notice Documents

ABP Screening Statements to Indicate Required Forms

Select one of the following options for eligibility group coverage:

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

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

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

Specify the number of **benchmark-equivalent** benefit packages that will be created or amended with this submission. *The state must submit one version of forms ABP3, ABP3.1, ABP4, ABP6, and ABP8 for each benchmark-equivalent benefit package.* 0

Medicaid Alternative Benefit Plan: File Management Summary

State/Territory name: Michigan
Transmittal Number: MI-20-1001

Form Code	Form Name	Uploaded Form Count

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	<p>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)</p> <p>or</p> <p>ABP3.1-Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package (Use only for ABP's effective on or after 1/1/2020)</p>	1
ABP4	Alternative Benefit Plan Cost-Sharing	1
ABP5	Benefits Description	1
ABP6	Benchmark-Equivalent Benefit Package	0
ABP7	Benefits Assurances	1
ABP8	Service Delivery Systems	1
ABP9	Employer Sponsored Insurance and Payment of Premiums	1
ABP10	General Assurances	1
ABP11	Payment Methodology	1

Medicaid Alternative Benefit Plan: File Management Detail

Form ABP1: Alternative Benefit Plan Populations

ABP1 Forms List

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

Support Documents

Document
<p>Please provide a short description of this support document:</p> <p>MI Public Notice regarding a State Plan Amendment for an Alternative Benefit Plan for an Expanded Adult Population</p> <p>Uploaded Document Name:</p> <p style="text-align: right;">Date Uploaded: 03/21/2014</p> <p>ABP State Plan Amendment Public Notice_438191_7.pdf</p>

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

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 provided through the ABP.

Uploaded Form Name:

Date Uploaded: 01/22/2014

Current ABP3 Selection of Benchmark Benefit Package or Benchmark Equivalent Package 9-23-19.pdf

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:

Date Uploaded: 01/22/2014

ABP4 Alternative Benefit Plan Cost Sharing FINAL (3-14-14).pdf

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 concerning the benefits

Uploaded Form Name:

Date Uploaded: 01/22/2014

ABP5_Benefits_Description September 2020 Home Health and DME Update.pdf

Support Documents

Document

Form ABP6: Benchmark-Equivalent Benefit Package

ABP6 Forms List

Form

Support Documents

Document

Form ABP7: Benefits Assurances

ABP7 Forms List

Form

Please provide a short description of this ABP7 form:

This state plan page provides a number of assurances concerning the benefits provided under the Alternative Benefit Plan (ABP).

Uploaded Form Name:

Date Uploaded: 01/22/2014

ABP7 Benefits Assurances FINAL (1-22-14).pdf

Support Documents

Document

Form ABP8: Service Delivery Systems

ABP8 Forms List

Form

Please provide a short description of this ABP8 form:

This state plan page indicates and describes the service delivery system(s) Michigan will use to deliver benefits to its Alternative Benefit Plan's (ABP) participants.

Uploaded Form Name:

Date Uploaded: 01/22/2014

Current ABP8 Service Delivery Systems 9-25-19 Update 2.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

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 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
Uploaded Form Name: ABP11 Payment Methodology FINAL (1-22-14).pdf
Date Uploaded: 01/22/2014

Support Documents

Document

Medicaid Alternative Benefit Plan: Tribal Input

State/Territory name: Michigan
Transmittal Number: MI-20-1001

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

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

- Indian Tribes
- Indian Health Programs
- Urban Indian Organization

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

Document
Please provide a short description of this support document: Michigan's Tribal Notification letter dated July 30, 2020.
Uploaded Document Name: L 20-47.pdf
Date Uploaded: 01/22/2014

Indicate the key issues raised in Indian consultative activities:

- Access
Summarize Comments

Summarize Response

- Quality
Summarize Comments

Summarize Response

Cost
Summarize Comments

Summarize Response

Payment methodology
Summarize Comments

Summarize Response

Eligibility
Summarize Comments

Summarize Response

Benefits
Summarize Comments

Summarize Response

Service delivery
Summarize Comments

Summarize Response

Other Issue

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

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MI-20-1001

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08/01/2020

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

Federal Budget Impact

Federal Fiscal Year

Amount

First Year

2020

\$ 0.00

Second Year 2021

\$ 0.00

Subject of Amendment

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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:
- Kate Massey, Director
Medical Services Administration

Signature of State Agency Official

Submitted By:	Erin Black
Last Revision Date:	Sep 30, 2020
Submit Date:	Sep 30, 2020