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State/Territory Name: Michigan

State Plan Amendment (SPA)#: 22-1003

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179
- 3) Approved SPA Pages from MMDL

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 3, 2022

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

RE: State Plan Amendment (SPA) Transmittal Number 22-1003

Dear Ms. Hanley:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal 22-1003. This amendment proposes to update the effective date for the SPA that establishes the Alternative Benefit Plan MI uses to implement requirements of the Healthy Michigan Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 1902(a)(10)(A)(i)(VII). This letter is to inform you that MI Medicaid SPA 22-1003 was approved on September 30, 2022 with an effective date of 10/1/2023.

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



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.

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- L

| Benefits Description | ABP5 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| The state/territory proposes a "Benchmark-Equivalent" benefit package. <input type="checkbox"/> No | |
| Benefits Included in Alternative Benefit Plan | |
| Enter the specific name of the base benchmark plan selected: | |
| <input type="text" value="Priority Health HMO"/> | |
| Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved." | |
| <input type="text" value="Secretary-Approved"/> <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;"></div> | | |



Alternative Benefit Plan

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| Benefit Provided: | | Source: | |
| <input type="text" value="Tobacco Cessation Treatment"/> | | <input type="text" value="State Plan 1905(a)"/> | <input type="button" value="Remove"/> |
| Authorization: | <input type="text" value="None"/> | Provider Qualifications: | <input type="text" value="Medicaid State Plan"/> |
| Amount Limit: | <input type="text" value="None"/> | Duration Limit: | <input type="text" value="None"/> |
| Scope Limit: | <input type="text" value="Face-to-face tobacco cessation counseling services must be performed by or under the supervision of a physician or other health care professional licensed under state law."/> | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | | |
| <input type="text"/> | | | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| Benefit Provided: | | Source: | |
| <input type="text" value="Cert. Nurse Anesesth -Other Licensed Practitioners"/> | | <input type="text" value="State Plan 1905(a)"/> | <input type="button" value="Remove"/> |
| Authorization: | <input type="text" value="None"/> | Provider Qualifications: | <input type="text" value="Medicaid State Plan"/> |
| Amount Limit: | <input type="text" value="None"/> | Duration Limit: | <input type="text" value="None"/> |
| Scope Limit: | <input type="text" value="Services are limited to those provided on an inpatient or outpatient basis and reimbursement is directed through to the provider or the provider's employer."/> | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | | |
| <input type="text"/> | | | |

| | | | |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| Benefit Provided: | | Source: | |
| <input type="text" value="Family Planning Services & Supplies"/> | | <input type="text" value="State Plan 1905(a)"/> | |
| Authorization: | <input type="text" value="None"/> | Provider Qualifications: | <input type="text" value="Medicaid State Plan"/> |
| Amount Limit: | <input type="text" value="None"/> | Duration Limit: | <input type="text" value="None"/> |
| Scope Limit: | <input type="text" value="Family planning services include any medically approved means of voluntarily preventing or delaying pregnancy, including diagnostic evaluation, drugs, and supplies. Infertility treatment is not a covered benefit."/> | | |



Alternative Benefit Plan

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

Remove

Benefit Provided:

Chiropractic Services-Other Licensed Practitioners

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

18 visits per calendar year

Duration Limit:

None

Scope Limit:

Chiropractic services are limited to spinal manipulation. Benefit includes one set of spinal x-rays per beneficiary, per year.

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

Benefit Provided:

Psychologists - Other Licensed Providers

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services are limited to those necessary to diagnosis and/or treat behavioral health disorders within the Psychologist's scope of practice as defined by State law.

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

Benefit Provided:

Social Workers - Other Licensed Providers

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

Services are limited to those necessary to diagnosis and/or treat behavioral health disorders within the Social Worker's scope of practice as defined by State law.

Remove

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

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: | Duration Limit: | Remove |
| None | None | |
| Scope Limit: | | |
| None | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| See Attachment 3.1-A, Item 6d. Other Practitioner Services in Michigan's Medicaid State plan. Benefit is effective 12/01/2018. | | |
| | | Add |



Alternative Benefit Plan

Essential Health Benefit 2: Emergency services Collapse All

Benefit Provided:

Emergency Services -Other Medical Care

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Benefit is limited to services that are necessary to evaluate or stabilize an emergency medical condition.

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

Benefit Provided:

Emergency Transp./ Ambulance - Other Medical Care

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Benefit is limited to services that are necessary to evaluate or stabilize an emergency medical condition.

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

Benefit Provided:

Urgent Care Services - Clinics

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Benefit is limited to unscheduled diagnosis and treatment of illnesses for ambulatory beneficiaries requiring immediate medical attention for non-life-threatening conditions.



Alternative Benefit Plan

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

Remove

Add



Alternative Benefit Plan

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Essential Health Benefit 3: Hospitalization | | Collapse All <input type="checkbox"/> |
| Benefit Provided: | Source: | |
| <input type="text" value="Inpatient Hospital Services"/> | <input type="text" value="State Plan 1905(a)"/> | <input type="button" value="Remove"/> |
| Authorization: | Provider Qualifications: | |
| <input type="text" value="Prior Authorization"/> | <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: | Duration Limit: | |
| <input type="text" value="None"/> | <input type="text" value="None"/> | |
| Scope Limit: | | |
| <input type="text" value="Services are covered when furnished by a certified hospital under the direction of a physician. Laboratory and radiology services performed as routine procedures or physician standing orders are excluded."/> | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| <input type="text" value="Medical, surgical, and rehabilitation inpatient services: elective admissions, readmissions, and transfers for inpatient hospital services must be authorized through the Admissions and Certification Review Contractor. Transplant Services are covered and certain transplant procedures require prior authorization. Admissions and continued stays for rehabilitation units and freestanding rehabilitation hospitals require prior authorization."/> | | |
| | | <input type="button" value="Add"/> |



Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care Collapse All

Benefit Provided:

Maternity Care - Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Maternity Care - Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

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

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

Benefit Provided:

Maternity Care- Outpatient Hospital Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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



Alternative Benefit Plan

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

Remove

Benefit Provided:

Nurse Midwife Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Add



Alternative Benefit Plan

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

| | |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Benefit Provided: | Source: |
| Mental/Behavioral Health -Inpatient Hospital Serv. | State Plan 1905(a) Remove |
| Authorization: | Provider Qualifications: |
| Other | Medicaid State Plan |
| Amount Limit: | Duration Limit: |
| None | None |
| Scope Limit: | |
| None | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | |
| See Supplement to Attachment 3.1-A, Item 1.a. Inpatient Hospital Services in Michigan's Medicaid State plan. | |

| | |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Benefit Provided: | Source: |
| Mental/Behavioral Health - Rehabilitation Services | State Plan 1905(a) Remove |
| Authorization: | Provider Qualifications: |
| Other | Medicaid State Plan |
| Amount Limit: | Duration Limit: |
| None | None |
| Scope Limit: | |
| None | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | |
| See Supplement to Attachment 3.1-A, Item 13d. Rehabilitative Services in Michigan's Medicaid State plan. | |

| | |
|----------------------------------------------------|--------------------------|
| Benefit Provided: | Source: |
| Substance Use Disorder -Inpatient Hospital Service | State Plan 1905(a) |
| Authorization: | Provider Qualifications: |
| None | Medicaid State Plan |
| Amount Limit: | Duration Limit: |
| None | 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: Other | Provider Qualifications: Medicaid State Plan | Remove |
| Amount Limit: Varies | Duration Limit: Varies | |
| Scope Limit: Described below | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: See Supplement to Attachment 3.1-A, Item 7.a.(3) Medical Supplies under Home Health Care Covered Services in Michigan's Medicaid State plan. | | |
| Benefit Provided: Prosthetics and Orthotics; Eyeglasses, Hearing Aid | Source: State Plan 1905(a) | Remove |
| Authorization: Other | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: Varies | Duration Limit: Varies | |
| Scope Limit: Described below | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Certain medical supplies may require prior authorization. Eye glasses and contact lenses are covered benefits based upon specified medical necessity criteria; replacement lens coverage limits vary based on age and type of lens. Services also include hearing aids and auditory osseointegrated devices. | | |
| Benefit Provided: Nursing Facility Services -Other Medical Service | Source: State Plan 1905(a) | |
| Authorization: Prior Authorization | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: None | Duration Limit: None | |
| Scope Limit: 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: 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

Level of Care Determination (LOCD). Benefit includes bed and board; nursing care; routine PT/OT/SLT consisting of repetitive services to maintain function.

Remove

Benefit Provided:

Home Health -Rehab

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:

Described below

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

Physical therapy and occupational therapy as provided by a home health agency are each limited to 24 visits per 60 days; additional services require prior authorization.

Add



Alternative Benefit Plan

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Essential Health Benefit 8: Laboratory services | | Collapse All <input type="checkbox"/> |
| Benefit Provided: | Source: | <input type="button" value="Remove"/> |
| Laboratory | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| Other | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | 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. | | |
| | | <input type="button" value="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"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Primary Care Provider Services -Duplication"/></p> <p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></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><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."/></p> | |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Referral Care Services -Duplication"/></p> <p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></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><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."/></p> | |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient Hospital Services-Duplication"/></p> <p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></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><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."/></p> | |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Home Health Care -Duplication"/></p> <p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></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><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."/></p> | |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Hospice -Duplication"/></p> <p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></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><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."/></p> | |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Services by Other Health Professional -Duplication"/></p> <p>Source: Base Benchmark</p> | |



Alternative Benefit Plan

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| <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

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| 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

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



Alternative Benefit Plan

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| 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 is mapped to the 'ambulatory patient services' EHB category. The services are a duplication of Certified Nurse Anesthetists -Other Licensed Practitioner services from the existing state Medicaid plan."/> | | |
| 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 type="text" value="Nurse Midwife Services is mapped to the 'maternity and newborn care' EHB category. The services are a duplication of Nurse Midwife services from the existing state Medicaid plan."/> | | |
| 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 type="text" value="Mental Health Outpatient Treatment services are mapped to the 'mental health and substance use disorder services' EHB category. The services are a duplication of mental/behavioral health outpatient - rehabilitation services from the existing state Medicaid plan."/> | | |
| 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 type="text" value="Substance Abuse Services covering inpatient hospital services are mapped to the 'mental health and substance use disorder services' EHB category. Substance Abuse Services covering outpatient treatment is also mapped to the 'mental health and substance use disorder services' EHB category. These services are a duplication of Substance use disorder -Inpatient Hospital Service & Outpatient Services- Rehabilitation from the existing state Medicaid plan."/> | | |
| | | <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

Other 1937 Benefit Provided:

Dental Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

Preventive dental services are covered every six months. Radiograph limits vary based on type of view (eg. bitewing, panorex, etc.).

Other:

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.

Other 1937 Benefit Provided:

Vision/Optomtrist Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

Routine eye exam once every two years; non-routine exams limited to those services relating to eye trauma and eye disease and low vision evaluations, services and aids (which must be prior authorized).

Other:

Vision/Optomtrist Services are covered for adults. Certain services and supplies may be subject to meeting stipulated criteria and/or prior authorization.

Other 1937 Benefit Provided:

Personal Care Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies



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

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| Other 1937 Benefit Provided: <input type="text" value="Clinic Services"/> | Source: 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="See scope limit below."/> | | |
| Other: <input type="text" value="Preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services are covered with the same limitations as services provided in the practitioner's office, when furnished to an outpatient by or under the direction of a physician or dentist in a facility which is not part of a hospital but which is organized and operated to provide medical care to outpatients. Prior authorization is generally not required."/> <input type="text" value="Mental Health Clinic Services are covered benefits when provided under the auspices of an approved mental health clinic."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Reg./Lic. Dental Hygienists -Other Licensed Pract."/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="None"/> | Duration Limit: <input type="text" value="None"/> | |
| Scope Limit: <input type="text" value="Limited to services rendered on behalf of an organization, clinic or group practice."/> | | |
| Other: <input type="text" value="Covered services are limited to those allowed under the RDH's scope of practice as defined by State law. Prior authorization is generally not required. However, authorization required in excess of limitation."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Behavioral Health Targeted Case Mgmt Services"/> | Source: 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"/> | |



Alternative Benefit Plan

Scope Limit:

None

Remove

Other:

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:

Pharmacists -Other Licensed Practitioners

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Limited to 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:

Prior authorization is generally not required.

Other 1937 Benefit Provided:

ICF/IID Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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:

Intermediate care services are provided based on the level of care appropriate to the patient's medical needs. Admission to an intermediate care facility must be upon the written direction of a physician, who must periodically recertify the need for care. Admission must also be prior authorized by the Michigan Department of Community Health or its designee. The period of covered services is the minimum period necessary for the proper care and treatment of the patient.

Services regularly provided in these settings are in compliance with the provisions of 42 CFR 440.150 and include health related and programmatic care, supervised personal care, as well as room and board.



Alternative Benefit Plan

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| Other 1937 Benefit Provided: <input type="text" value="Program of All-Inclusive Care for Elderly (PACE)"/> | Source: 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="See below"/> | Duration Limit: <input type="text" value="See below"/> | |
| Scope Limit: <input type="text" value="PACE services are provided to beneficiaries age 55 or older meeting program criteria."/> | | |
| Other: <input type="text" value="The State of Michigan's ABP PACE Program benefit is the same as under the approved Medicaid state plan for this benefit. This benefit is included for individuals in accordance with 42 CFR 440.315(f)."/> | | |

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| Other 1937 Benefit Provided: <input type="text" value="Rehabilitation -Mental Health Crisis Residential"/> | Source: 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."/> | | |

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| Other 1937 Benefit Provided: <input type="text" value="Mental Health Outpatient Community Support"/> | Source: 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="Varies"/> | Duration Limit: <input type="text" value="Varies"/> | |
| Scope Limit: <input type="text" value="None"/> | | |
| Other: <input type="text" value="See Supplement to Attachment 3.1-A, Item 13d. Rehabilitative Services in Michigan's Medicaid State plan."/> | | |



Alternative Benefit Plan

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

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| Other 1937 Benefit Provided: Audiology/Hearing Services | Source: Section 1937 Coverage Option Benchmark Benefit Package | Remove |
| Authorization: Other | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: Varies | Duration Limit: Varies | |
| Scope Limit: Limited to those that are medically necessary and allowed under the Audiologist scope of practice as defined by State law. Prior authorization is generally not required. However, authorization is required for services in excess of limitations. | | |
| Other: Covered services are provided in the same manner as the approved Medicaid State plan. | | |
| Other 1937 Benefit Provided: Pediatric Outpatient Intensive Feeding Services | Source: Section 1937 Coverage Option Benchmark Benefit Package | Remove |
| Authorization: Prior Authorization | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: None | Duration Limit: Varies | |
| Scope Limit: Limited to medically necessary services provided to pediatric beneficiaries who experience significant feeding difficulties due to anatomical, congenital, cognitive conditions, or complications of severe illness. | | |
| Other: Pediatric intensive feeding program services consist of an initial comprehensive evaluation, individualized plan of care, treatment, monitoring and education to address complex feeding and swallowing difficulties. Services are provided by a multi-disciplinary team of medical and behavioral health professionals. Program services are effective 05/01/2018. | | |
| Other 1937 Benefit Provided: NF Transition Community Based Services 1915(i) | Source: Section 1937 Coverage Option Benchmark Benefit Package | |
| Authorization: Other | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: Varies | Duration Limit: Varies | |
| Scope Limit: None | | |



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

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------|
| Authorization: Other | Provider Qualifications: Medicaid State Plan | Remove |
| Amount Limit: None | Duration Limit: None | |
| Scope Limit: Limited to providing genetic counseling services as defined by state law under the genetic counselor's scope of practice. | | |
| Other: See Supplement to Attachment 3.1-A, Item 6d. Other Practitioner Services in Michigan's Medicaid State plan. | | |
| Other 1937 Benefit Provided: Routine Patient Cost in Qualifying Clinical Trials | Source: Section 1937 Coverage Option Benchmark Benefit Package | Remove |
| Authorization: Other | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: Varies | Duration Limit: Varies | |
| Scope Limit: Varies | | |
| Other: See Supplement to Attachment 3.1-A, Item 30. Coverage of Routine Patient Cost in Qualifying Clinical Trials in Michigan's Medicaid State Plan. | | |
| Other 1937 Benefit Provided: Doula Services | Source: Section 1937 Coverage Option Benchmark Benefit Package | Remove |
| Authorization: Other | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: See below | Duration Limit: See below | |
| Scope Limit: Services are limited to pregnant and postpartum beneficiaries. | | |
| Other: See Supplement to Attachment 3.1-A, Item 13. Preventive Services - Doula Services in Michigan's Medicaid State Plan. | | |
| | | Add |



Alternative Benefit Plan

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.) | Collapse All <input type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|

PRA Disclosure Statement

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Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L -

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.

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