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State/Territory Name: Michigan

State Plan Amendment (SPA)#: 23-1004

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179 (from MMDL)
- 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 64106-2898



#### Medicaid and CHIP Operations Group

September 11, 2023

Meghan E. Groen Senior Deputy Director Behavioral and Physical Health and Aging Services Administration Michigan Department of Health and Human Services 400 S Pine St 7th Fl Lansing, MI 48933-2250

Re: Michigan State Plan Amendment (SPA) 23-1004

Dear Senior Deputy Director Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid Alternative Benefit Plan (ABP) State Plan Amendment (SPA) submitted under transmittal number (TN) 23-1004. This SPA provides authority to cover and to reimburse for Psychiatric Residential Treatment Facility (PRTF) services for eligible Michigan Medicaid beneficiaries.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 23-1004 was approved on September 8, 2023, with an effective date of December 1, 2023. We are enclosing the CMS-179 and the amended plan pages.

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

Sincerely,

James G. Scott, Director Division of Program Operations

Enclosures

cc: Erin Black

State/Territory name:

Michigan

#### Transmittal Number:

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation,  $YY = last\ 2$  digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, I- to 4-character alpha/numeric suffix.

MI-23-1004

#### **Proposed Effective Date**

12/01/2023

(mm/dd/yyyy)

#### Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

2025

#### Federal Budget Impact

Federal Fiscal Year Amount

First Year 2024

\$ 0.00

Second Year

\$ 0.00

#### **Subject of Amendment**

This State Plan Amendment (SPA) is submitted in order to provide authority to cover and to reimburse for Psychiatric Residential Treatment Facility (PRTF) services within ABP5. This SPA is related to SPA 23-0015 and updates the same

-

#### Governor's Office Review

O 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:

Meghan Groen

Senior Deputy Director

#### Signature of State Agency Official

Submitted By: Erin Black
Last Revision Date: Sep 7, 2023
Submit Date: Jun 29, 2023



have needs that are below institutional level of care.

#### **Alternative Benefit Plan**

Attachment 3.1-L- OMB Expiration date: 10/31/2014

Benefits Description ABP5

The state/territory proposes a "Benchmark-Equivalent" benefit package. No

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Priority Health HMO

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

Secretary-Approved

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

1. The services(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

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OMB Control Number: 09381148



Essential Health Benefit 1: Ambulatory patient services		ollapse All [
Benefit Provided:	Source:	
Physician Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	None	
Scope Limit:		
Services must be related to a diagnosed mental or management, an exam to diagnose a mental deficient		
benchmark plan:  Includes Primary Care and Specialist/Referral Phys Practitioner, Physician Assistant). No payments for or for staff functioning in an administrative capacity health condition in an inpatient setting are covered or DO), or psychological testing by a licensed psychlysician (MD or DO). Laboratory services perform determined to be reasonable and appropriate for that limited to one visit per month; additional visits must be senting the provided:	med in the physician office are limited to those at site. Physician visits in a nursing home setting are	Remove
		Remove
Authorization:	Provider Qualifications:  Medicaid State Plan	
If ther		
Other		the second second
Amount Limit:	Duration Limit:	gar skerre gareen
Amount Limit: None	Duration Limit:    None	and American
Amount Limit: None Scope Limit:	Duration Limit:    None   g services performed by physicians and other health	an American
Amount Limit:  None  Scope Limit:  Outpatient hospital services and supplies, including professionals; received on an outpatient basis. Cere	Duration Limit:  None  g services performed by physicians and other health rtain services require prior authorization.  the specific name of the source plan if it is not the base	
Amount Limit:  None  Scope Limit:  Outpatient hospital services and supplies, including professionals; received on an outpatient basis. Cer Other information regarding this benefit, including benchmark plan:	Duration Limit:  None  g services performed by physicians and other health rtain services require prior authorization.  the specific name of the source plan if it is not the base	
Amount Limit:  None  Scope Limit:  Outpatient hospital services and supplies, including professionals; received on an outpatient basis. Cer Other information regarding this benefit, including benchmark plan:  Benefit also includes ambulatory surgery center face	Duration Limit:  None  g services performed by physicians and other health rtain services require prior authorization.  the specific name of the source plan if it is not the base cility services.	Remove
Amount Limit:  None  Scope Limit:  Outpatient hospital services and supplies, including professionals; received on an outpatient basis. Cer Other information regarding this benefit, including benchmark plan:  Benefit also includes ambulatory surgery center face.  Benefit Provided:	Duration Limit:  None  g services performed by physicians and other health rtain services require prior authorization.  the specific name of the source plan if it is not the base cility services.  Source:	

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	Duration Limit:	12.85 T
Varies	Varies	
Scope Limit:	Section 2 and the section of the sec	
Covered services are provided in the same	manner as the approved Medicaid State plan	
benchmark plan:	luding the specific name of the source plan if it is not the base	
See Supplement to Attachment 3.1-A, Item plan.	7. Home Health Care Services in Michigan's Medicaid State	and the second second
enefit Provided:	Source:	
Iospice	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	-
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	- 1 - 4 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7
None	See below	
Scope Limit:	The second secon	
Hospice is a program of care and support for	or beneficiaries who are terminally ill	
Other information regarding this benefit, inc. benchmark plan:  Benefits are subject to an enrollment determent enroll in a hospice program if their life expe	luding the specific name of the source plan if it is not the base mination process. Terminally ill beneficiaries have the option to ectancy is 6 months or less, as determined by a physician and aries under age 21, in accordance with Section 2302 of the	and the second
Other information regarding this benefit, includenchmark plan:  Benefits are subject to an enrollment determental in a hospice program if their life expethe Hospice Medical Director. For beneficial Affordable Care Act, hospice care for childrillness is covered.	luding the specific name of the source plan if it is not the base mination process. Terminally ill beneficiaries have the option to ectancy is 6 months or less, as determined by a physician and	
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Other information regarding this benefit, inc benchmark plan:  Benefits are subject to an enrollment determ enroll in a hospice program if their life expethe Hospice Medical Director. For beneficial Affordable Care Act, hospice care for childrillness is covered.	luding the specific name of the source plan if it is not the base mination process. Terminally ill beneficiaries have the option to ectancy is 6 months or less, as determined by a physician and aries under age 21, in accordance with Section 2302 of the ren concurrent with curative treatment of the child's terminal	Remove
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Other information regarding this benefit, inc benchmark plan:  Benefits are subject to an enrollment determenroll in a hospice program if their life expethe Hospice Medical Director. For beneficial Affordable Care Act, hospice care for childred illness is covered.  Podiatry -Other Licensed Practitioners  Authorization:  None  Amount Limit:  None  Scope Limit:  Services are limited to those necessary to dispend the process of the plants of the pla	luding the specific name of the source plan if it is not the base innation process. Terminally ill beneficiaries have the option to extancy is 6 months or less, as determined by a physician and aries under age 21, in accordance with Section 2302 of the ren concurrent with curative treatment of the child's terminal  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Other information regarding this benefit, inc benchmark plan:  Benefits are subject to an enrollment determenroll in a hospice program if their life expethe Hospice Medical Director. For beneficial Affordable Care Act, hospice care for childre illness is covered.  Podiatry -Other Licensed Practitioners  Authorization:  None  Amount Limit:  None  Scope Limit:  Services are limited to those necessary to dispense of the paradous.	luding the specific name of the source plan if it is not the base  nination process. Terminally ill beneficiaries have the option to bectancy is 6 months or less, as determined by a physician and aries under age 21, in accordance with Section 2302 of the ren concurrent with curative treatment of the child's terminal  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  iagnose and/or treat illness, injury, the prevention of disability,	Remove



rovided:	Source:	1995
Cessation Treatment	State Plan 1905(a)	Remove
prization:	Provider Qualifications:	
	Medicaid State Plan	
unt Limit;	Duration Limit:	
Hatel	None	
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-to-face tobacco cessation counseling services rician or other health care professional licensed	must be performed by or under the supervision of a under state law.	
information regarding this benefit, including th mark plan:	ne specific name of the source plan if it is not the base	
en process and the second seco		
rovided:	Source:	gara de la composition
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orization:	Provider Qualifications:	
Section of the sectio	Medicaid State Plan	
unt Limit:	Duration Limit:	
<u>.</u>	None	2 1 (12   12 - 1) (12   1)
e Limit:	And the second s	
ices are limited to those provided on an inpatier igh to the provider or the provider's employer.	nt or outpatient basis and reimbursement is directed	
information regarding this benefit, including the	ne specific name of the source plan if it is not the base	
		10 - 11 1 EAST 1 P. C. C.
rovided:	Source:	
lanning Services & Supplies	State Plan 1905(a)	Remove
orization:	Provider Qualifications:	
Marie Maries (Maries Artista)	Medicaid State Plan	
unt Limit:	Duration Limit:	100 mm (100 mm)
8	None	
e Limit:	The state of the s	
e Limit: ily planning services include any medically app	oroved means of voluntarily preventing or delaying and supplies. Infertility treatment is not a covered	

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	The second secon	
Benefit Provided:	Source:	
Chiropractic Services-Other Licensed Practitioners	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	and Address Name of
Amount Limit:	Duration Limit:	
18 visits per calendar year	None	
Scope Limit:  Chiropractic services are limited to spinal manipul beneficiary, per year.	ation. Benefit includes one set of spinal x-rays per	e. C
benchmark plan:		
enefit Provided:	Source:	
Sychologists - Other Licensed Providers	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	1 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		50
Services are limited to those necessary to diagnosis Psychologist's scope of practice as defined by State	s and/or treat behavioral health disorders within the e law.	1 (4 to 1) (4 to 1) (4 to 1)
Other information regarding this benefit, including the benchmark plan:	the specific name of the source plan if it is not the base	ſ
	;	2
enefit Provided:	Source:	
Social Workers - Other Licensed Providers	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	(64)
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	56
None		13



	ne specific name of the source plan if it is not the base	
benchmark plan:		
Benefit Provided:	Source:	West at
Professional Counselors - Other Licensed Providers	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	J 4	en State to
Services are limited to those necessary to diagnosis. Professional Counselor's scope of practice as defined	(1997) [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [1997] [	
Other information regarding this benefit, including the benchmark plan:	ne specific name of the source plan if it is not the base	
and the state of t		
Benefit Provided:	Source:	or a summer than
	Source: State Plan 1905(a)	Remove
Marriage&Family Therapist-Other Licensed Providers  Authorization:	1	Remove
Marriage&Family Therapist-Other Licensed Providers  Authorization:	State Plan 1905(a)	Remove
Marriage&Family Therapist-Other Licensed Providers  Authorization:	State Plan 1905(a) Provider Qualifications:	Remove
Marriage&Family Therapist-Other Licensed Providers  Authorization:  None	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan	Remove
Marriage&Family Therapist-Other Licensed Providers  Authorization:  None  Amount Limit:  None	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Authorization:  None  Amount Limit:  None  Scope Limit:  Services are limited to those necessary to diagnosis	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  and/or treat behavioral health disorders within the	Remove
None  Amount Limit:  None  Scope Limit:  Services are limited to those necessary to diagnosis Marriage and Family Therapist's scope of practice a	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  and/or treat behavioral health disorders within the as defined by State law.	Remove
Authorization:  None  Amount Limit:  None  Scope Limit:  Services are limited to those necessary to diagnosis Marriage and Family Therapist's scope of practice a	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  and/or treat behavioral health disorders within the	Remove
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Authorization:  None  Amount Limit:  None  Scope Limit:  Services are limited to those necessary to diagnosis Marriage and Family Therapist's scope of practice a Other information regarding this benefit, including the benchmark plan:	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  and/or treat behavioral health disorders within the as defined by State law.  The specific name of the source plan if it is not the base	
Authorization: None Amount Limit: None Scope Limit: Services are limited to those necessary to diagnosis Marriage and Family Therapist's scope of practice a Other information regarding this benefit, including the benchmark plan:  Benefit Provided:	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  and/or treat behavioral health disorders within the as defined by State law.  The specific name of the source plan if it is not the base  Source:	
Authorization:  None  Amount Limit:  None  Scope Limit:  Services are limited to those necessary to diagnosis Marriage and Family Therapist's scope of practice a  Other information regarding this benefit, including th	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  and/or treat behavioral health disorders within the as defined by State law.  The specific name of the source plan if it is not the base	

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None	None	
Scope Limit:		
None		7
NOTE		
	enefit, including the specific name of the source plan if it is not the base	<b>」</b> ;



Essential Health Benefit 2: Emergency services		Collapse All
Benefit Provided:	Source:	1881 NAST   10 PM
Emergency Services -Other Medical Care	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	1
Scope Limit:		-
	valuate or stabilize an emergency medical condition.	]
Other information regarding this benefit, including t benchmark plan:	he specific name of the source plan if it is not the base	]
Benefit Provided:	Source:	Complete Control of the Control of t
Emergency Transp./ Ambulance - Other Medical Care	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	J -
None	Medicaid State Plan	1
Amount Limit:	Duration Limit:	-
None	None	
Scope Limit:		_
Benefit is limited to services that are necessary to e	valuate or stabilize an emergency medical condition.	1
Other information regarding this benefit, including t benchmark plan:	he specific name of the source plan if it is not the base	]
Benefit Provided:	Source:	110 mg
Urgent Care Services - Clinics	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	1
Amount Limit:	Duration Limit:	-
None	None	]
Scope Limit:		
Benefit is limited to unscheduled diagnosis and trea	atment of illnesses for ambulatory beneficiaries	1

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Other information regarding this benefit, including the specific name of the benchmark plan:	source plant it it is not the base
Chemiaik plan.	
	Add

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Essential Health Benefit 3: Hospitalization		Collapse All
Benefit Provided:	Source:	
Inpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	<u></u> p:
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration-Limit:	
None	None	
Scope Limit:		
100-11	tified hospital under the direction of a physician. Laboratory procedures or physician standing orders are excluded.	
Other information regarding this benefit, include benchmark plan:	ding the specific name of the source plan if it is not the base	
inpatient hospital services must be authorized to Transplant Services are covered and certain tra	services: elective admissions, readmissions, and transfers for through the Admissions and Certification Review Contractor ansplant procedures require prior authorization. Admissions If freestanding rehabilitation hospitals require prior	
.31		Add

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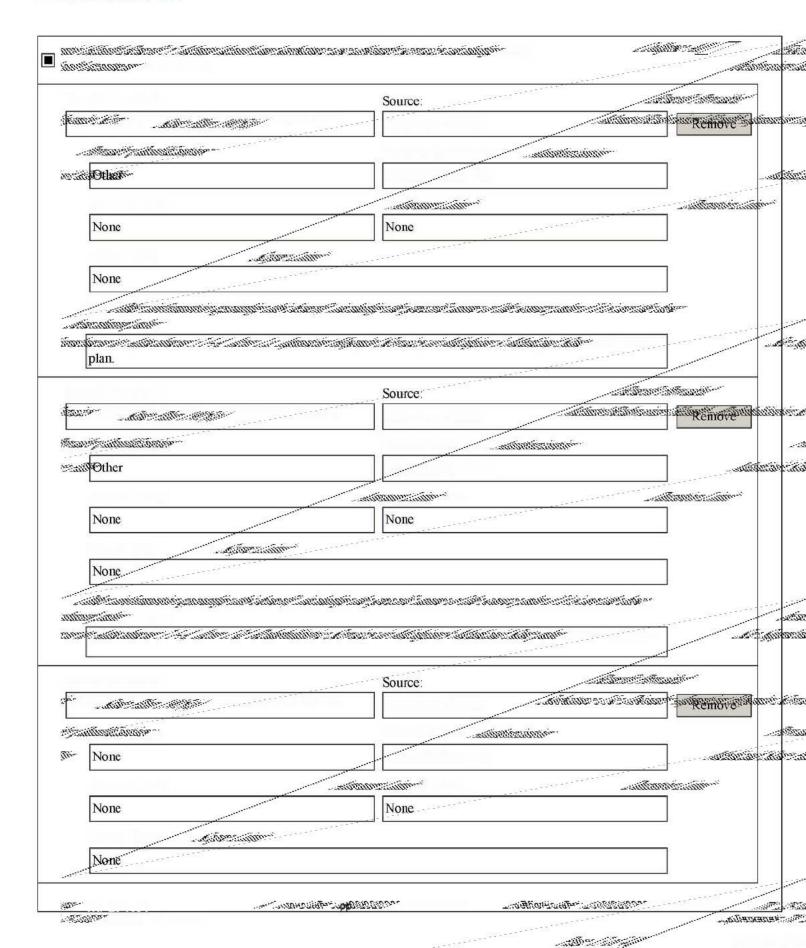
Essential Health Be	nefit 4: Maternity and newborn care	e	Collapse All
Benefit Provided:		Source:	
Maternity Care - P	hysician Services	State Plan 1905(a)	Remove
Authorization:		Provider Qualifications:	
None		Medicaid State Plan	
Amount Limit		Duration-Limit:	
None		None	7
Scope Limit:			
None			
benchmark plan	n:	g the specific name of the source plan if it is not the base	_
	es physician services related to mate ostpartum care.	ernity care, including prenatal care, delivery related	
Benefit Provided:		Source:	
Maternity Care - In	npatient Hospital Services	State Plan 1905(a)	Remove
Authorization:		Provider Qualifications:	
None		Medicaid State Plan	
Amount Limit:		Duration Limit:	
None		None	
Scope Limit:			_
Services are co	overed when furnished by a certified	d hospital under the direction of a physician.	7
Other informati		g the specific name of the source plan if it is not the base	_
	es inpatient hospital services related s, and postpartum care.	I to maternity care, including prenatal care, delivery	
Benefit Provided:		Source:	
Maternity Care- O	utpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:		Provider Qualifications:	
None		Medicaid State Plan	
Amount Limit		Duration Limit:	
None		None	
Scope Limit:			
Benefit includ	les outpatient hospital services relate es, and postpartum care.	ed to maternity care, including prenatal care, delivery	
The same and the s			

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Benefit Provided:	Source:	
Nurse Midwife Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benef	fit, including the specific name of the source plan if it is not the base	







Supersedes TN: 23-1003

#### **Alternative Benefit Plan**

See Supplement to Attachment 3.1-A, Item 1.a. In plan.	patient Hospital Services in Michigan's Medicaid State	
Benefit Provided:	Source:	
Substance Use Disorder -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 benchmark plan:	the specific name of the source plan if it is not the base	
	tehabilitative Services in Michigan's Medicaid State plan.	

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Benefit Provided:  Coverage is at least the greater of one drug in each same number of prescription drugs in each category	보다 하나 하나 아니는 아이들 때문에 가장 하나 되었다. 그 아이들은 아이들은 사람들은 사람들이 되었다.	A 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Prescription Drug Limits (Check all that apply.):	Authorization:	Provider Qualifications:
☐ Limit on days supply		State licensed
Limit on number of prescriptions		
∠ Limit on brand drugs		
○ Other coverage limits		
□ Preferred drug list		
Coverage that exceeds the minimum requirements of	or other:	
The State of Michigan's ABP prescription drug ber plan for prescribed drugs.	nefit is the same as under	the approved Medicaid state



Essential Health Benefit 7: Rehabilitative and habilitative	services and devices	Collapse All
Benefit Provided:	Source:	
Rehabilitation Services: Outpatient Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	7
Scope Limit:		
Rehabilitative therapy services must be either restor covered. Therapy must be ordered, in writing, by a practitioner within the scope of their practice.		
Other information regarding this benefit, including the benchmark plan:	ne specific name of the source plan if it is not the base	
to 36 visits in a 12 month consecutive period. Outpa necessary diabetic patient education and services for criteria. Enrollment of Speech-Language Pathologis	ch therapy services in the outpatient setting are limited tient rehabilitative services also includes medically persons with neurological damage per program	
Benefit Provided:	Source:	
Habilitative Services -Outpatient Services	Other state-defined	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	7
Amount Limit:	Duration Limit:	_
See below	See below	7
Scope Limit:		
	a person keep, learn or improve skills and functioning	
benchmark plan:	ne specific name of the source plan if it is not the base	_
per 12 month consecutive period. Speech therapy se	by are each limited to T44 units (15 minute increments rvices in the outpatient setting are limited to 36 visits eech-Language Pathologists as Medicaid Providers is	
Benefit Provided:	Source:	
Home Health SvcsMed Supplies, Equip, Appliances	State Plan 1905(a)	Remove

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enefit Provided:	Source:	
ome Health -Rehab	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
Described below		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Physical therapy and occupational therapy as provivisits per 60 days; additional services require prior	ided by a home health agency are each limited to 24	



		Collapse All
Benefit Provided:	Source:	
Laboratory	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	<del>-</del> .,	
5	ests which are medically necessary for diagnosis and treatment physician or other licensed practitioner.	
Other information regarding this beneft benchmark plan:	it, including the specific name of the source plan if it is not the base	
Diagnosis, and Treatment (EPSDT) Pr	s, except as specified for the Early and Periodic Screening, rogram or Preventive Medicine services, or by Medicaid policy, is not ory services require prior authorization.	
32		Add



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enefit Provided:	Source:	122
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	10
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	20
None	N/A	
Scope Limit:		21
None		D-1
Other information regarding this benefit, includenchmark plan:	uding the specific name of the source plan if it is not the base	
See Supplement to Attachment 3.1-A, Item 4	b. EPSDT in Michigan's Medicaid State plan.	5
		Add



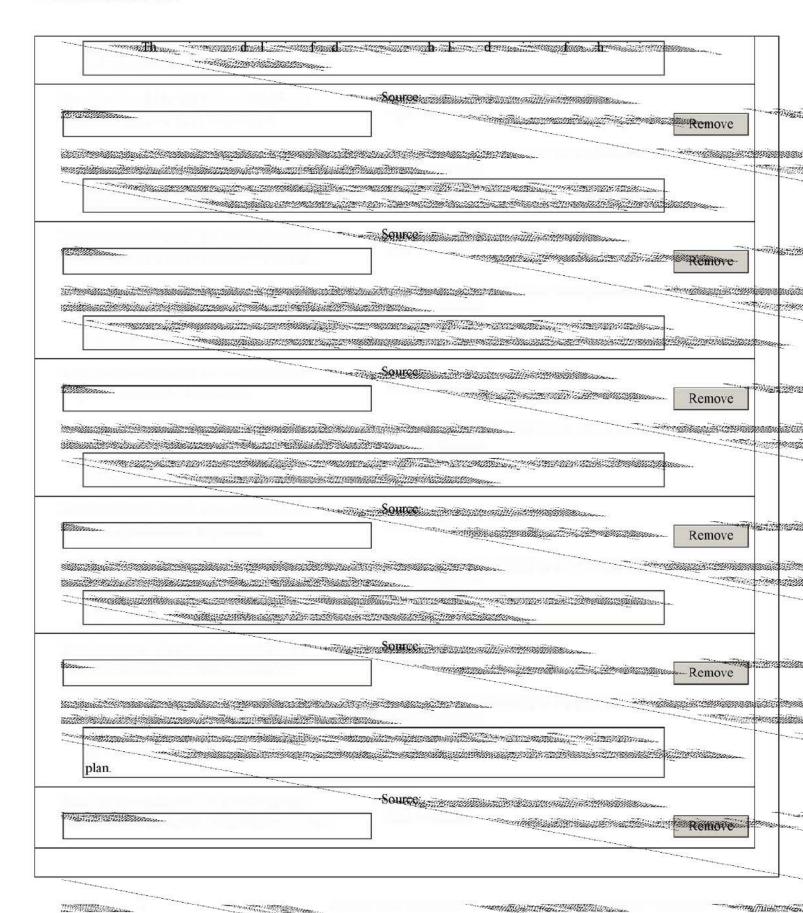
Other Covered Benefits from Base Benchmark	Collapse All



■ Base Benchmark Benefits Not Covered due to Substitut	ion or Duplication	Collapse All
Base Benchmark Benefit that was Substituted:	Source:	
Primary Care Provider Services -Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E	dicating the substituted benefit(s) or the duplicate sections sential Health Benefits:	n
	Specialist/Referral Care and mapped to the "ambulatory ices are a duplication of physician services from the	
Base Benchmark Benefit that was Substituted:	Source:	
Referral Care Services -Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E	dicating the substituted benefit(s) or the duplicate sections sential Health Benefits:	n
	Care Provider services and mapped to the "ambulatory ices are a duplication of physician services and other e Medicaid plan.	
Base Benchmark Benefit that was Substituted:	Source:	
Outpatient Hospital Services-Duplication	Base Benchmark	Remove
1937 benchmark benefit(s) included above under E Outpatient hospital services are mapped to the "am	bulatory patient services" EHB category. The services	n
are a duplication of outpatient hospital services fro	m the existing state Medicaid plan.	
Base Benchmark Benefit that was Substituted:	Source:  Base Benchmark	
Home Health Care -Duplication	Base Benefittatik	Remove
Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E	dicating the substituted benefit(s) or the duplicate sections sential Health Benefits:	n
Home health care services are mapped to the "amb a duplication of Home health care services from the	ulatory patient services" EHB category. The services are existing state Medicaid plan.	e
Base Benchmark Benefit that was Substituted:	Source:	
Hospice -Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E	dicating the substituted benefit(s) or the duplicate sections sential Health Benefits:	n
Hospice services are mapped to the "ambulatory paduplication of hospice services from the existing st		
Base Benchmark Benefit that was Substituted: Services by Other Health Professional - Duplication	Source: Base Benchmark	Remove
1937 benchmark benefit(s) included above under E	dicating the substituted benefit(s) or the duplicate sections sential Health Benefits:  re mapped to the "ambulatory patient services" EHB	n
	aval Date: 09/08/2023 Effective Date: 1	2/01/2023

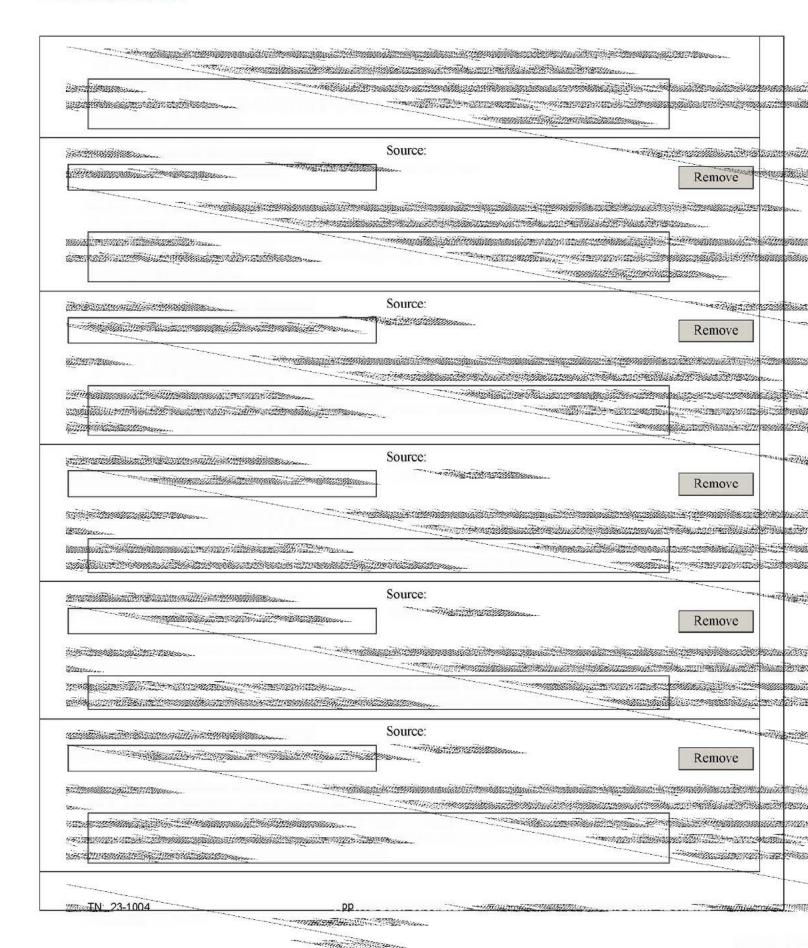
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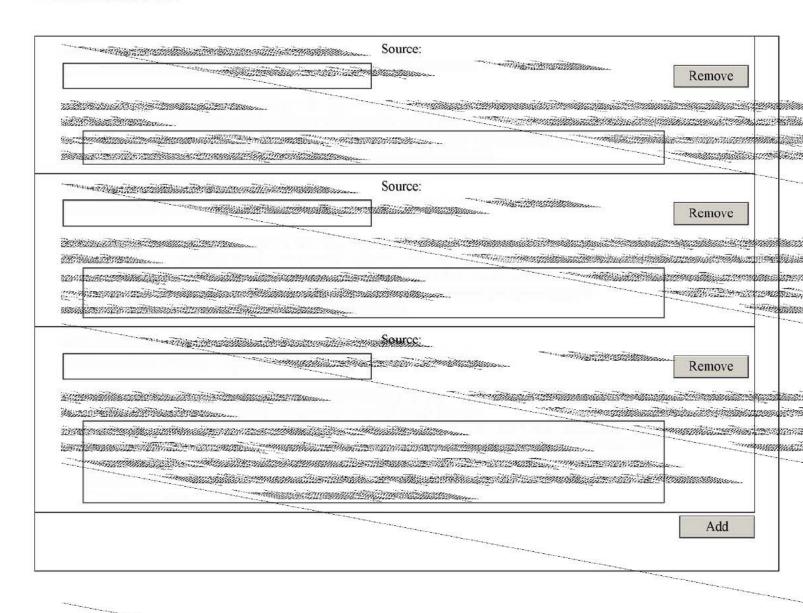


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#### **Alternative Benefit Plan**



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Other Base Benchmark Benefits Not Covered	Collapse All



Other 1937 Covered Benefits that are not Essential Heal	lth Benefits	Collapse All
Other 1937 Benefit Provided:	Source:	
Dental Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Varies	Varies	
Scope Limit:		
See Supplement to Attachment 3.1-A, Item 10. De	ental Services in Michigan's Medicaid State plan.	
Other:	70) S00	
See Supplement to Attachment 3.1-A, Item 10. De	ental Services in Michigan's Medicaid State plan.	
Other 1937 Benefit Provided:	Source:	
Vision/Optometrist Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Varies	Varies	
Scope Limit:		
Routine eye exam once every two years; non-routi to eye trauma and eye disease and low vision evaluate be prior authorized).		
Other:		
Vision/Optometrist Services are covered for adults stipulated criteria and/or prior authorization.	. Certain services and supplies may be subject to meeting	ng .
Other 1937 Benefit Provided:	Source:	
Personal Care Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Varies	Varies	
Scope Limit:		
Requires certification by a licensed health care pro- necessity for services.	ofessional and a plan of care to determine medical	

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Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Varies	Varies	
Scope Limit:		
Covered services are provided in the same manner	r as the approved Medicaid State plan	
Other:		
See Attachment 3.1-A, Item 16. Inpatient Psychiat Michigan's Medicaid State plan. Benefit is effective		
		Add

Approval Date: 09/08/2023 Effective Date: 12/01/2023 TN: 23-1004 Supersedes TN: 23-1003



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

#### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130814

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