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**State/Territory Name: Michigan**

**State Plan Amendment (SPA)#: 23-1005**

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



Medicaid and CHIP Operations Group

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October 23, 2023

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

Re: Michigan State Plan Amendment (SPA) 23-1005

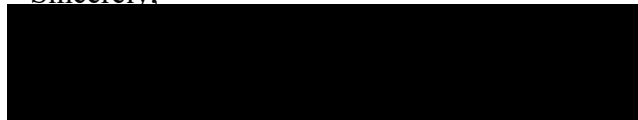
Dear Senior Deputy Director Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Alternative Benefit Plan (ABP) State Plan Amendment (SPA) submitted under transmittal number (TN) 23-1005. This SPA updates the Alternative Benefit Plan to provide authority to recognize Community Health Workers (CHWs) as Medicaid providers of necessary CHW services.

We conducted our review of your submittal according to the statutory requirements at sections 1937 of the Social Security Act. We hereby inform you that Michigan's State Plan Amendment 23-1005, was approved on October 19, 2023, with an effective date of January 1, 2024. 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](mailto:keri.toback@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Erin Black

# Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

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, 1- to 4-character alpha/numeric suffix.*

MI-23-1005

**Proposed Effective Date**

01/01/2024 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

Section 1937 of the Social Security Act

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2024	\$ 0.00
Second Year	2025	\$ 0.00

**Subject of Amendment**

This State Plan Amendment (SPA) is submitted in order to provide authority to cover and to reimburse for Community Health Worker (CHW) Services within ABP5. This SPA is related to SPA 23-0020 and updates the same section as open

**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:

Meghan Groen, Director  
Behavioral and Physical Health and Aging Services Administration

**Signature of State Agency Official**

Submitted By: **Erin Black**  
Last Revision Date: **Oct 12, 2023**  
Submit Date: **Jul 28, 2023**



# Alternative Benefit Plan

OMB Control Number: 09381148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

## 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 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)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit: Varies	Duration Limit: Varies
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:  		



# Alternative Benefit Plan

Benefit Provided:		Source:		Remove
Tobacco Cessation Treatment		State Plan 1905(a)		
Authorization:		Provider Qualifications:		
None		Medicaid State Plan		
Amount Limit:		Duration Limit:		
None		None		
Scope Limit:				
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:		Remove
Cert. Nurse Anesesth -Other Licensed Practitioners		State Plan 1905(a)		
Authorization:		Provider Qualifications:		
None		Medicaid State Plan		
Amount Limit:		Duration Limit:		
None		None		
Scope Limit:				
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:		Remove
Family Planning Services & Supplies		State Plan 1905(a)		
Authorization:		Provider Qualifications:		
None		Medicaid State Plan		
Amount Limit:		Duration Limit:		
None		None		
Scope Limit:				
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:

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)

Remove

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.

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)

Remove

**Authorization:**

None

**Provider Qualifications:**

Medicaid State Plan



# Alternative Benefit 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 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)

Remove

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:

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)

Remove

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:

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

Add



# Alternative Benefit Plan

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

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

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

<b>Benefit Provided:</b> <input type="text" value="Substance Use Disorder -Inpatient Hospital Service"/>	<b>Source:</b> <input type="text" value="State Plan 1905(a)"/> <input type="button" value="Remove"/>
<b>Authorization:</b> <input type="text" value="None"/>	<b>Provider Qualifications:</b> <input type="text" value="Medicaid State Plan"/>
<b>Amount Limit:</b> <input type="text" value="None"/>	<b>Duration Limit:</b> <input type="text" value="None"/>
<b>Scope Limit:</b> <input type="text" value="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.

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)

Remove



# Alternative Benefit Plan

Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>
Amount Limit: <input type="text" value="Varies"/>	Duration Limit: <input type="text" value="Varies"/>
Scope Limit: <input type="text" value="Described below"/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="See Supplement to Attachment 3.1-A, Item 7.a.(3) Medical Supplies under Home Health Care Covered Services in Michigan's Medicaid State plan."/>	

Benefit Provided: <input type="text" value="Prosthetics and Orthotics; Eyeglasses, Hearing Aid"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="Varies"/>	Duration Limit: <input type="text" value="Varies"/>	
Scope Limit: <input type="text" value="Described below"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Certain medical supplies may require prior authorization. Eye glasses and contact lenses are covered benefits based upon specified medical necessity criteria; replacement lens coverage limits vary based on age and type of lens. Services also include hearing aids and auditory osseointegrated devices."/>		

Benefit Provided: <input type="text" value="Nursing Facility Services -Other Medical Service"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Prior Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="This is intended to be a short-term rehabilitation benefit."/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Eligibility determination based upon a Level I Preadmission Screening/annual Resident Review (PASARR); and a determination of medical/functional assessment using the Medicaid Nursing Facility"/>		



# Alternative Benefit Plan

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

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: <input style="width: 90%;" type="text" value="Laboratory"/>	Source: <input style="width: 90%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 90%;" type="text" value="Other"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 90%;" type="text" value="None"/>	Duration Limit: <input style="width: 90%;" type="text" value="None"/>	
Scope Limit: <input style="width: 100%;" type="text" value="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: <input style="width: 100%;" type="text" value="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

Base Benchmark Benefits Not Covered due to Substitution or Duplication Collapse All

Base Benchmark Benefit that was Substituted:  Source: Base Benchmark

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:

Base Benchmark Benefit that was Substituted:  Source: Base Benchmark

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:

Base Benchmark Benefit that was Substituted:  Source: Base Benchmark

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:

Base Benchmark Benefit that was Substituted:  Source: Base Benchmark

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:

Base Benchmark Benefit that was Substituted:  Source: Base Benchmark

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:

Base Benchmark Benefit that was Substituted:  Source: Base Benchmark

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:



# Alternative Benefit Plan

<p>category. The services are a duplication of podiatry services -other licensed practitioner- from the existing state Medicaid plan.</p>		
<p>Base Benchmark Benefit that was Substituted: Medical Emergency Care -Duplication</p>	<p>Source: Base Benchmark</p>	<p>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>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>Base Benchmark Benefit that was Substituted: Emergency Ambulance Services -Duplication</p>	<p>Source: Base Benchmark</p>	<p>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>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>Base Benchmark Benefit that was Substituted: Urgent Care Services -Duplication</p>	<p>Source: Base Benchmark</p>	<p>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>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>Base Benchmark Benefit that was Substituted: Hospital Inpatient Care -Duplication</p>	<p>Source: Base Benchmark</p>	<p>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>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>Base Benchmark Benefit that was Substituted: Maternity and Newborn Care -Duplication</p>	<p>Source: Base Benchmark</p>	<p>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>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>Base Benchmark Benefit that was Substituted: Mental Health Acute Inpt. Hospitalization. -Dupl.</p>	<p>Source: Base Benchmark</p>	<p>Remove</p>



# Alternative Benefit Plan

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:

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:

Outpatient Rehabilitation - Duplication

Source:

Base Benchmark

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:

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:

Durable Medical Equipment and Supplies- Dupl.

Source:

Base Benchmark

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:

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:

Prosthetics and Orthotics - Duplication

Source:

Base Benchmark

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:

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:

Chiropractic Services - Duplication

Source:

Base Benchmark

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:

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:

Skilled Nsg. Facility - Facility Rehab. Care-Dupl.

Source:

Base Benchmark

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:

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.



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Laboratory Services - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input a="" are="" category.="" duplication="" ehb="" existing="" from="" laboratory="" medicaid="" of="" plan."="" services="" services\"="" state="" the="" type="text" value="Laboratory services are mapped to the \"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Tobacco Cessation Treatment - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input a="" ambulatory="" are="" category.="" cessation="" duplication="" ehb="" existing="" from="" medicaid="" of="" patient="" plan."="" services="" services\"="" state="" the="" tobacco="" treatment="" type="text" value="Tobacco Cessation Treatment is mapped to the \"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Other Services Provided by Health Profess. -Duplic"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input a="" ambulatory="" are="" category.="" duplication="" ehb="" existing="" from="" hospital="" medicaid="" of="" outpatient="" patient="" physician="" plan."="" services="" services,="" services\"="" state="" the="" these="" type="text" value="Other services provided by health professionals (e.g. allergy testing, diabetic services, pain management, etc.) is mapped to the \"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Home Health Care -Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input a="" ambulatory="" are="" category.="" duplication="" ehb="" existing="" from="" health="" home="" medicaid="" of="" patient="" plan."="" services="" services\"="" state="" the="" type="text" value="Home Health services are mapped to the are mapped to the \"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Family Planning/Reproductive Services -Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input a="" ambulatory="" and="" are="" category.="" duplication="" ehb="" existing="" family="" from="" medicaid="" of="" patient="" plan."="" planning="" services="" services\"="" state="" supplies="" the="" type="text" value="Family Planning/Reproductive Services is mapped to the \"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Referral Care Services -Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input -other="" a="" ambulatory="" anesthetists="" are="" category.="" certified="" duplication="" ehb="" existing="" from="" licensed="" medicaid="" nurse="" of="" patient="" plan."="" practitioner="" services="" services\"="" state="" the="" type="text" value="Referral Care Services is mapped to the \"/>		



# Alternative Benefit 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 &amp; 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

<p>Other 1937 Benefit Provided: <input type="text" value="Dental Services"/></p> <p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="Varies"/></p> <p>Scope Limit: <input type="text" value="See Supplement to Attachment 3.1-A, Item 10. Dental Services in Michigan's Medicaid State plan."/></p> <p>Other: <input type="text" value="See Supplement to Attachment 3.1-A, Item 10. Dental Services in Michigan's Medicaid State plan."/></p>	<p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="Varies"/></p>	<p><input type="button" value="Remove"/></p>
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<p>Other 1937 Benefit Provided: <input type="text" value="Vision/Optomtrist Services"/></p> <p>Authorization: <input type="text" value="Authorization required in excess of limitation"/></p> <p>Amount Limit: <input type="text" value="Varies"/></p> <p>Scope Limit: <input type="text" value="Routine eye exam once every two years; non-routine exams limited to those services relating to eye trauma and eye disease and low vision evaluations, services and aids (which must be prior authorized)."/></p> <p>Other: <input type="text" value="Vision/Optomtrist Services are covered for adults. Certain services and supplies may be subject to meeting stipulated criteria and/or prior authorization."/></p>	<p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="Varies"/></p>	<p><input type="button" value="Remove"/></p>
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<p>Other 1937 Benefit Provided: <input type="text" value="Personal Care Services"/></p> <p>Authorization: <input type="text" value="Prior Authorization"/></p> <p>Amount Limit: <input type="text" value="Varies"/></p> <p>Scope Limit: <input type="text" value="Requires certification by a licensed health care professional and a plan of care to determine medical necessity for services."/></p>	<p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="Varies"/></p>	<p><input type="button" value="Remove"/></p>
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# Alternative Benefit Plan

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:

Varies

Duration Limit:

Varies

Scope Limit:

See Supplement to Attachment 3.1-A, Item 4a. Nursing Facility Services in Michigan's Medicaid State plan.

Other:

See Supplement to Attachment 3.1-A, Item 4a. Nursing Facility Services in Michigan's Medicaid State plan.

Other 1937 Benefit Provided:

Clinic Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See scope limit below.

Other:

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.

Mental Health Clinic Services are covered benefits when provided under the auspices of an approved mental health clinic.

Other 1937 Benefit Provided:

Reg./Lic. Dental Hygienists -Other Licensed Pract.

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 services rendered on behalf of an organization, clinic or group practice.

Other:

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:

Behavioral Health Targeted Case Mgmt 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 1 to Attachment 3.1-A, Targeted Case Management Services - Target Group A - in Michigan's Medicaid State plan.



# Alternative Benefit Plan

<p>Other 1937 Benefit Provided:</p> <input type="text" value="Pharmacists -Other Licensed Practitioners"/>	<p>Source:</p> <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input type="text" value="Other"/>	<p>Provider Qualifications:</p> <input type="text" value="Medicaid State Plan"/>	
<p>Amount Limit:</p> <input type="text" value="None"/>	<p>Duration Limit:</p> <input type="text" value="None"/>	
<p>Scope Limit:</p> <input type="text" value="Limited to 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."/>		
<p>Other:</p> <input type="text" value="Prior authorization is generally not required."/>		
<p>Other 1937 Benefit Provided:</p> <input type="text" value="ICF/IID Services"/>	<p>Source:</p> <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input type="text" value="Concurrent Authorization"/>	<p>Provider Qualifications:</p> <input type="text" value="Medicaid State Plan"/>	
<p>Amount Limit:</p> <input type="text" value="None"/>	<p>Duration Limit:</p> <input type="text" value="None"/>	
<p>Scope Limit:</p> <input type="text" value="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."/>		
<p>Other:</p> <input type="text" value="Intermediate care services are provided based on the level of care appropriate to the patient's medical needs. Admission to an intermediate care facility must be upon the written direction of a physician, who must periodically recertify the need for care. Admission must also be prior authorized by the Michigan Department of Community Health or its designee. The period of covered services is the minimum period necessary for the proper care and treatment of the patient."/> <input type="text" value="Services regularly provided in these settings are in compliance with the provisions of 42 CFR 440.150 and include health related and programmatic care, supervised personal care, as well as room and board."/>		
<p>Other 1937 Benefit Provided:</p> <input type="text" value="Program of All-Inclusive Care for Elderly (PACE)"/>	<p>Source:</p> <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input type="text" value="Other"/>	<p>Provider Qualifications:</p> <input type="text" value="Medicaid State Plan"/>	



# Alternative Benefit 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)."/>				
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."/>				
Other 1937 Benefit Provided: <input type="text" value="Mental Health Outpatient Community Support"/>		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="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."/>				
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"/>



# Alternative Benefit Plan

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	<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="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."/>		



# Alternative Benefit Plan

<p>Other 1937 Benefit Provided:</p> <p>Health Home Services for Chronic Conditions</p> <p>Authorization:</p> <p>Other</p> <p>Amount Limit:</p> <p>None</p> <p>Scope Limit:</p> <p>Health Home services are limited to chronic conditions identified in the approve Medicaid state plan.</p> <p>Other:</p> <p>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.</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>Varies</p>	<p>Remove</p>
<p>Other 1937 Benefit Provided:</p> <p>Targeted Case Management- Flint Water Group</p> <p>Authorization:</p> <p>Authorization required in excess of limitation</p> <p>Amount Limit:</p> <p>See below</p> <p>Scope Limit:</p> <p>Targeted Group F populations as defined in the state plan specify services and provider qualifications.</p> <p>Other:</p> <p>Services include comprehensive client assessment; care/services plan development; linking/coordination of services; reassessment/follow-up; monitoring of services as defined by program.</p> <p>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.</p> <p>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.</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>See below</p>	<p>Remove</p>
<p>Other 1937 Benefit Provided:</p> <p>Audiology/Hearing Services</p> <p>Authorization:</p> <p>Other</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p>	<p>Remove</p>



# Alternative Benefit 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

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

None

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.



# Alternative Benefit Plan

<p>Other 1937 Benefit Provided:</p> <input type="text" value="Peer-Delivered or Peer-Operated Support Services"/>	<p>Source:</p> <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input type="text" value="Other"/>	<p>Provider Qualifications:</p> <input type="text" value="Medicaid State Plan"/>	
<p>Amount Limit:</p> <input type="text" value="None"/>	<p>Duration Limit:</p> <input type="text" value="None"/>	
<p>Scope Limit:</p> <input type="text" value="None"/>		
<p>Other:</p> <input type="text" value="See Supplement to Attachment 3.1-A, Item 13d. Rehabilitative Services in Michigan's Medicaid State plan."/>		
<p>Other 1937 Benefit Provided:</p> <input type="text" value="Medication-Assisted Treatment (MAT)"/>	<p>Source:</p> <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input type="text" value="Other"/>	<p>Provider Qualifications:</p> <input type="text" value="Medicaid State Plan"/>	
<p>Amount Limit:</p> <input type="text" value="Varies"/>	<p>Duration Limit:</p> <input type="text" value="None"/>	
<p>Scope Limit:</p> <input type="text" value="None"/>		
<p>Other:</p> <input type="text" value="See Supplement to Attachment 3.1-A, Item 29. Medication-Assisted Treatment Services in Michigan's Medicaid State plan."/>		
<input type="text" value="MAT is provided as defined in the approved state plan 3.1-A (and if applicable, 3.1B pages)."/>		
<input type="text" value="MAT is exclusively provided in accordance with 1905(a)(29) for the period beginning October 1, 2020, and ending September 30, 2025."/>		
<p>Other 1937 Benefit Provided:</p> <input type="text" value="Genetic Counselors - Other Licensed Practitioners"/>	<p>Source:</p> <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input type="text" value="Other"/>	<p>Provider Qualifications:</p> <input type="text" value="Medicaid State Plan"/>	
<p>Amount Limit:</p> <input type="text" value="None"/>	<p>Duration Limit:</p> <input type="text" value="None"/>	
<p>Scope Limit:</p> <input type="text"/>		





# Alternative Benefit Plan

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.

Other 1937 Benefit Provided:

Targeted Case Management- Recently Incarcerated

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit: Varies		Duration Limit: Varies		
Scope Limit: Targeted Group G populations as defined in the state plan specify services and provider qualifications.				
Other: See Supplement 1 to Attachment 3.1-A, Targeted Case Management Services - Target Group G - in Michigan's Medicaid State plan.				
Other 1937 Benefit Provided: Dental Therapist - 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: See Supplement to Attachment 3.1-A, Item 10. Dental Services in Michigan's Medicaid State plan.				
Other: See Supplement to Attachment 3.1-A, Item 10. Dental Services in Michigan's Medicaid State plan.				
Other 1937 Benefit Provided: Diabetes Prevention Program (MIDPP)		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: See Supplement to Attachment 3.1-A, Item 13. Preventive Services - Diabetes Prevention Program (MIDPP) Services in Michigan's Medicaid State Plan.				
Other: See Supplement to Attachment 3.1-A, Item 13. Preventive Services - Diabetes Prevention Program (MIDPP) Services in Michigan's Medicaid State Plan.				
Other 1937 Benefit Provided: Psychiatric Residential Treatment Facility (PRTF)		Source: Section 1937 Coverage Option Benchmark Benefit Package		Remove



# Alternative Benefit Plan

<p>Authorization: Authorization required in excess of limitation</p>	<p>Provider Qualifications: Medicaid State Plan</p>	
<p>Amount Limit: Varies</p>	<p>Duration Limit: Varies</p>	
<p>Scope Limit: Covered services are provided in the same manner as the approved Medicaid State plan</p>		
<p>Other: See Attachment 3.1-A, Item 16. Inpatient Psychiatric Hospital Services for Individuals Under 22 in Michigan's Medicaid State plan. Benefit is effective 12/01/23.</p>		
<p>Other 1937 Benefit Provided: Community Health Worker (CHW) Services</p>	<p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p>	<p>Remove</p>
<p>Authorization: Other</p>	<p>Provider Qualifications: Medicaid State Plan</p>	
<p>Amount Limit: See below</p>	<p>Duration Limit: See below</p>	
<p>Scope Limit: Covered services are provided in the same manner as the approved Medicaid State plan</p>		
<p>Other: See Supplement to Attachment 3.1-A, Item 13. Preventive Services - Community Health Worker Services in Michigan's Medicaid State Plan.</p>		
		<p>Add</p>



# Alternative Benefit Plan

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

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

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