Table of Contents

State/Territory Name: Michigan

State Plan Amendment (SPA)#: 24-1003

This file contains the following documents in the order listed

- 1) Corrected Package Approval Letter
- 2) Original Approval Letter
- 3) CMS 179
- 4) Approved SPA Pages (from MMDL)



Medicaid and CHIP Operations Group

December 17, 2024

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) 24-1003 – 2nd Corrected Package

Dear Director Groen:

Enclosed please find a second corrected approval package for your Michigan State Plan Amendment (SPA) submitted under transmittal number (TN) 24-1003. This SPA, which provides authority to cover targeted case management services for recuperative care, was originally approved on September 30, 2024. The original approval package, dated October 2, 2024, included an incorrect version for ABP Module 5 – Benefits Description. The corrected package that CMS issued December 10, 2024, included the following error:

• An incorrect TN is noted in the footer on ABP Module 5 – Benefits Description. The footer lists the SPA TN as 24-0003 instead of 24-1003.

The enclosed corrected package contains the original signed letter, the first correction letter, the CMS-179, and the corrected SPA pages.

If you have any questions, please contact Christine Davidson at (312) 886-3641 or via email at Christine.Davidson@cms.hhs.gov.

Sincerely,



James G. Scott, Director Division of Program Operations

Enclosures

cc: Erin Black, MDHHS Keri Toback, CMCS

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

December 10, 2024

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) 24-1003 - Corrected Package

Dear Director Groen:

Enclosed please find a corrected approval package for your Michigan State Plan Amendment (SPA) submitted under transmittal number (TN) 24-1003. This SPA, which provides authority to cover targeted case management services for recuperative care, was originally approved on September 30, 2024.

The approval package sent to Michigan included the following error:

• The original SPA package included the incorrect version for ABP Module 5 – Benefits Description. CMS inadvertently included an earlier submitted version instead of the version that was approved.

The enclosed corrected package contains the original signed letter, the CMS-179, and the corrected SPA pages. If you have any questions, please contact Keri Toback at 312-353-1754 or via email at keri.toback@cms.hhs.gov.

Sincerely,

Ruth A. Hughes, Acting Director Division of Program Operations

Enclosures

cc: Erin Black

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 2, 2024

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) 24-1003

Dear Director Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Alternative Benefit Plan State Plan Amendment (SPA) submitted under transmittal number (TN) 24-1003. This SPA provides authority to cover targeted case management services for recuperative care.

We conducted our review of your submittal according to the statutory requirements at 42 CFR440.60. We hereby inform you that Medicaid State plan Alternative Benefit Plan amendment 24-1003 is approved effective September 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.

Sincerely

James G. Scott, Director Division of Program Operations

Enclosures

cc: Erin Black

specific SPA types),	al Number (TN), including d	e abbreviation, YY = last 2 digi	NNN or SS-YY-NNNN-xxxx (with xxxx being op ts of submission ye a r, NNNN = 4- d igit number v	ntional to with leading
Proposed Effective D 09/01/2024	ate (mm/dd/yyyy)			
Federal Statute/Regu Section 1937 of	lation Citation the Social Security Act			
Federal Budget Impa	ct Federal Fiscal Y	ear	Amount	
First Year	2025	\$ 0.00		
Second Year	2026	¢ 0 00		

Subject of Amendment

This State Plan Amendment (SPA) is submitted in order to add ABP authority to cover targeted case management services for recuperative care. A corresponding traditional SPA 24-0009 has been submitted as well.

\$ 0.00

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:	Jul 22, 2024
Submit Date:	Jul 22, 2024

1,



_	OMB Control Number: 0938-114
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	<u>.</u>
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approve "Secretary-Approved."	ed. Otherwise, enter
Secretary-Approved	
 For any Home and Community Based Services benefits as permitted in 1915(i) in ABP 5, the state as 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 rela diagnosis, and are less stringent than criteria for entry into institutions. Services can be accessed as n have needs that are below institutional level of care. 	ted solely to age, disability, or



Essential Health Benefit 1: Ambulatory patient services		Collapse All
Benefit Provided:	Source:	- 2
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 ph management, an exam to diagnose a mental deficience		
Other information regarding this benefit, including th benchmark plan:	e specific name of the source plan if it is not the base	
Includes Primary Care and Specialist/Referral Physic: Practitioner, Physician Assistant). No payments for se or for staff functioning in an administrative capacity. health condition in an inpatient setting are covered on or DO), or psychological testing by a licensed psycho- physician (MD or DO). Laboratory services performed determined to be reasonable and appropriate for that se limited to one visit per month; additional visits must be	ervices of staff in residence (e.g. interns and residents Physician services related to a diagnosed mental nly when rendered by a psychiatrist or physician (MD ologist under the direction of a psychiatrist or ed in the physician office are limited to those site. Physician visits in a nursing home setting are	
Benefit Provided:	Source:	
Outpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	-12
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See below		
Other information regarding this benefit, including th benchmark plan: See Supplement to Attachment 3.1-A, Item 2. Outpat		
plan.	ion riosphar services in whengan's wedicald State	
	Seuree	
Benefit Provided:	Source:	
 Benefit Provided: Home Health Care	State Plan 1905(a)	
 f	۱ (



Amount Limit:	Duration Limit:	4
Varies	Varies	Remove
Scope Limit:		5 <u>.</u>
Covered services are provided in the same mann	er as the approved Medicaid State plan	
Other information regarding this benefit, includin benchmark plan:	ng the specific name of the source plan if it is not the base	
See Supplement to Attachment 3.1-A, Item 7. Ho plan.	me Health Care Services in Michigan's Medicaid State	
Benefit Provided:	Source:	
Hospice	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	See below	
Scope Limit:		
Hospice is a program of care and support for ber	eficiaries who are terminally ill.	
benchmark plan: Benefits are subject to an enrollment determination enroll in a hospice program if their life expectance the Hospice Medical Director. For beneficiaries	ng the specific name of the source plan if it is not the base on process. Terminally ill beneficiaries have the option to by is 6 months or less, as determined by a physician and under age 21, in accordance with Section 2302 of the oncurrent with curative treatment of the child's terminal	
Benefit Provided:	Source:	
Podiatry -Other Licensed Practitioners	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	а <u> </u>
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
	se and/or treat illness, injury, the prevention of disability, pecific systemic diseases for which self-treatment would	
Other information regarding this benefit, includin benchmark plan:	ng the specific name of the source plan if it is not the base	

Effective Date: 09/01/2024



Benefit Provided:	Source:	
Tobacco Cessation Treatment	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Face-to-face tobacco cessation counseling services m physician or other health care professional licensed u		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Cert. Nurse Anesesth -Other Licensed Practitioners	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services are limited to those provided on an inpatient through to the provider or the provider's employer.	t or outpatient basis and reimbursement is directed	
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	, , , , , , , , , , , , , , , , , , ,
Benefit Provided:	Source:	2
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 appropregnancy, including diagnostic evaluation, drugs, an benefit.		



benchmark plan:	the specific name of the source plan if it is not the base	Remove
enefit Provided:	Source:	
hiropractic Services-Other Licensed Practitioners	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
18 visits per calendar year	None	
Scope Limit:		
Chiropractic services are limited to spinal manipulation beneficiary, per year.	ation. Benefit includes one set of spinal x-rays per	
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
enefit Provided:	Source:	
sychologists - Other Licensed Providers	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	10 - 20	
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.	
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
enefit Provided:	Source:	2
ocial Workers - Other Licensed Providers	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	



Social Worker's scope of practice as defined by Stat Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base	
		E
enefit Provided:	Source:	
ofessional Counselors - Other Licensed Providers	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services are limited to those necessary to diagnosis Professional Counselor's scope of practice as define		
		5
	he specific name of the source plan if it is not the base	
Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base	
	he specific name of the source plan if it is not the base	
benchmark plan:	he specific name of the source plan if it is not the base Source:	
benchmark plan:		Remove
benchmark plan:	Source:	Remove
benchmark plan: enefit Provided: arriage&Family Therapist-Other Licensed Providers	Source: State Plan 1905(a)	Remove
benchmark plan: mefit Provided: arriage&Family Therapist-Other Licensed Providers Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
benchmark plan: emefit Provided: arriage&Family Therapist-Other Licensed Providers Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
benchmark plan: emefit Provided: arriage&Family Therapist-Other Licensed Providers Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan: mefit Provided: arriage&Family Therapist-Other Licensed Providers Authorization: None Amount Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None and/or treat behavioral health disorders within the	Remove
benchmark plan: enefit Provided: arriage&Family Therapist-Other Licensed Providers Authorization: None Amount Limit: None Scope Limit: Services are limited to those necessary to diagnosis Marriage and Family Therapist's scope of practice a	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None and/or treat behavioral health disorders within the	Remove
benchmark plan: mefit Provided: arriage&Family Therapist-Other Licensed Providers 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:	Source: 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. he specific name of the source plan if it is not the base	Remove
benchmark plan: mefit Provided: arriage&Family Therapist-Other Licensed Providers 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: mefit Provided:	Source: 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. he specific name of the source plan if it is not the base Source:	Remove
benchmark plan: mefit Provided: arriage&Family Therapist-Other Licensed Providers 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:	Source: 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. he specific name of the source plan if it is not the base	Remove



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



Essential Health Benefit 2: Emergency services C		Collapse All	
Benefit Provided:		Source:	AV.
Emergency Services -Other N	Medical Care	State Plan 1905(a)	Remove
Authorization:		Provider Qualifications:	
None		Medicaid State Plan	
Amount Limit:	~	Duration Limit:	
None		None	
Scope Limit:			
Benefit is limited to serv	vices that are necessary to eva	aluate or stabilize an emergency medical condition.	
Other information regard benchmark plan:	ing this benefit, including the	e specific name of the source plan if it is not the base	
-			
Benefit Provided:		Source:	
Emergency Transp./ Ambula	ance - Other Medical Care	State Plan 1905(a)	Remove
Authorization:		Provider Qualifications:	
None		Medicaid State Plan	
Amount Limit:		Duration Limit:	
None		None	
Scope Limit:			
Benefit is limited to serv	vices that are necessary to eva	aluate or stabilize an emergency medical condition.	
Other information regard benchmark plan:	ing this benefit, including the	e specific name of the source plan if it is not the base	7
Benefit Provided:		Source:	
Urgent Care Services - Clinic	cs	State Plan 1905(a)	
Authorization:		Provider Qualifications:	
None		Medicaid State Plan	
Amount Limit:		Duration Limit:	
None		None	
Scope Limit:			
Benefit is limited to unso	cheduled diagnosis and treati dical attention for non-life-th	ment of illnesses for ambulatory beneficiaries meatening conditions.]



benchmark plan:	Remove
	Add



Essential Health Benefit 3: Hospitalization		Collapse All
Benefit Provided:	Source:	
Inpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services are covered when furnished by a certified he and radiology services performed as routine procedure		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Medical, surgical, and rehabilitation inpatient services inpatient hospital services must be authorized through Transplant Services are covered and certain transplant and continued stays for rehabilitation units and freesta authorization.	n the Admissions and Certification Review Contractor t procedures require prior authorization. Admissions	
2		Add



	Essential Health Benefit 4: Maternity and newborn care C		Collapse All
	Benefit Provided:	Source:	
	Maternity Care - Physician 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 benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
	Benefit includes physician services related to maternit services, and postpartum care.	ty care, including prenatal care, delivery related	
	Benefit Provided:	Source:	
	Maternity Care - Inpatient Hospital Services	State Plan 1905(a)	Remove
	Authorization:	Provider Qualifications:	
	None	Medicaid State Plan	
	Amount Limit:	Duration Limit:	
	None	None	
	Scope Limit:	-	
	Services are covered when furnished by a certified ho	ospital 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:	Source:	
	Maternity Care- Outpatient Hospital Services	State Plan 1905(a)	
	Authorization:	Provider Qualifications:	
	None	Medicaid State Plan	
	Amount Limit:	Duration Limit:	
	None	None	
	Scope Limit:		
	Benefit includes outpatient hospital services related to related services, and postpartum care.	o maternity care, including prenatal care, delivery	

Effective Date: 09/01/202



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:		24
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, Item 17. Nurse Midwife Services in Michigan's Medicaid State plan.		



Essential Health Benefit 5: Mental health and substance use disorder services including behavioral health treatment			
Benefit Provided:	Source:		
Mental/Behavioral Health -Inpatient Hospital Serv.	State Plan 1905(a)	Remove	
Authorization:	Provider Qualifications:		
Other	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:			
None	5		
benchmark plan:	e specific name of the source plan if it is not the base	-	
See Supplement to Attachment 3.1-A, Item 1.a. Inpat plan.	ient Hospital Services in Michigan's Medicaid State		
Benefit Provided:	Source:	_	
Mental/Behavioral Health - Rehabilitation Services	State Plan 1905(a)	Remove	
Authorization:	Provider Qualifications:	_	
Other	Medicaid State Plan		
Amount Limit:	Duration Limit:	_	
None	None		
Scope Limit:			
None			
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
See Supplement to Attachment 3.1-A, Item 13d. Reh	abilitative Services in Michigan's Medicaid State plan.		
Benefit Provided:	Source:		
Substance Use Disorder -Inpatient Hospital Service	State Plan 1905(a)]	
Authorization:	Provider Qualifications:		
None	Medicaid State Plan]	
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:			
None			
	L Date: 09/30/2024 Effective Date: 0	0/01/2024	

Approval Date: 09/30/2024

Effective Date: 09/01/2024



plan.	patient Hospital Services in Michigan's Medicaid State		
Benefit Provided:	Source:		
ubstance 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 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.			



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.



Essential Health Benefit 7: Rehabilitative and habilitative services and devices Col		
Benefit Provided:	Source:	2.
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:	
Varies	Varies	
Scope Limit:		
See below		
benchmark plan: See Supplement to Attachment 3.1-A, Item 11. Phy	the specific name of the source plan if it is not the base vsical Therapy and Related Services in Michigan's]
Medicaid State plan.		
Benefit Provided:	Source:	
Habilitative Services -Outpatient Services	Other state-defined	Remove
Authorization:	Provider Qualifications:	-
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	-
See below	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:		
Benefit Provided:	Source:	5.
Home Health SvcsMed Supplies, Equip, Appliances	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	-
Varies	Varies	



Described below		Remove
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Supplement to Attachment 3.1-A, Item 7.a.(3) N Services in Michigan's Medicaid State plan.	Medical Supplies under Home Health Care Covered	
Benefit Provided:	Source:	
Prosthetics and Orthotics; Eyeglasses, Hearing Aid	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Varies	Varies	
Scope Limit:		
Described below		
benchmark plan: Certain medical supplies may require prior authoriz		
Certain medical supplies may require prior authoriz benefits based upon specified medical necessity crit age and type of lens. Services also include hearing a	zation. Eye glasses and contact lenses are covered teria; replacement lens coverage limits vary based on aids and auditory osseointegrated devices.	
Certain medical supplies may require prior authoriz benefits based upon specified medical necessity crit age and type of lens. Services also include hearing a Benefit Provided:	eation. Eye glasses and contact lenses are covered teria; replacement lens coverage limits vary based on aids and auditory osseointegrated devices.	Damova
Certain medical supplies may require prior authoriz benefits based upon specified medical necessity crit age and type of lens. Services also include hearing a Benefit Provided: Nursing Facility Services -Other Medical Service	zation. Eye glasses and contact lenses are covered teria; replacement lens coverage limits vary based on aids and auditory osseointegrated devices. Source: State Plan 1905(a)	Remove
Certain medical supplies may require prior authoriz benefits based upon specified medical necessity crit age and type of lens. Services also include hearing a Benefit Provided: Nursing Facility Services -Other Medical Service Authorization:	zation. Eye glasses and contact lenses are covered teria; replacement lens coverage limits vary based on aids and auditory osseointegrated devices. Source: State Plan 1905(a) Provider Qualifications:	Remove
Certain medical supplies may require prior authoriz benefits based upon specified medical necessity crit age and type of lens. Services also include hearing a Benefit Provided: Nursing Facility Services -Other Medical Service Authorization: Prior Authorization	zation. Eye glasses and contact lenses are covered teria; replacement lens coverage limits vary based on aids and auditory osseointegrated devices. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
Certain medical supplies may require prior authoriz benefits based upon specified medical necessity crit age and type of lens. Services also include hearing a Benefit Provided: Nursing Facility Services -Other Medical Service Authorization: Prior Authorization Amount Limit:	zation. Eye glasses and contact lenses are covered teria; replacement lens coverage limits vary based on aids and auditory osseointegrated devices. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Certain medical supplies may require prior authoriz benefits based upon specified medical necessity crit age and type of lens. Services also include hearing a Benefit Provided: Nursing Facility Services -Other Medical Service Authorization: Prior Authorization Amount Limit: None	zation. Eye glasses and contact lenses are covered teria; replacement lens coverage limits vary based on aids and auditory osseointegrated devices. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
Certain medical supplies may require prior authoriz benefits based upon specified medical necessity crit age and type of lens. Services also include hearing a Benefit Provided: Nursing Facility Services -Other Medical Service Authorization: Prior Authorization Amount Limit: None Scope Limit:	zation. Eye glasses and contact lenses are covered teria; replacement lens coverage limits vary based on aids and auditory osseointegrated devices. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Certain medical supplies may require prior authoriz benefits based upon specified medical necessity crit age and type of lens. Services also include hearing a Benefit Provided: Nursing Facility Services -Other Medical Service Authorization: Prior Authorization Amount Limit: None Scope Limit: See below	zation. Eye glasses and contact lenses are covered teria; replacement lens coverage limits vary based on aids and auditory osseointegrated devices. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Certain medical supplies may require prior authoriz benefits based upon specified medical necessity crit age and type of lens. Services also include hearing a Benefit Provided: Nursing Facility Services -Other Medical Service Authorization: Prior Authorization Amount Limit: None Scope Limit: See below Other information regarding this benefit, including benchmark plan:	Pation. Eye glasses and contact lenses are covered teria; replacement lens coverage limits vary based on aids and auditory osseointegrated devices. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Certain medical supplies may require prior authoriz benefits based upon specified medical necessity crit age and type of lens. Services also include hearing a Benefit Provided: Nursing Facility Services -Other Medical Service Authorization: Prior Authorization Amount Limit: None Scope Limit: See below Other information regarding this benefit, including benchmark plan: See Supplement to Attachment 3.1-A, Item 24.d. Other	zation. Eye glasses and contact lenses are covered teria; replacement lens coverage limits vary based on aids and auditory osseointegrated devices. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None the specific name of the source plan if it is not the base	Remove



Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
Described below		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Physical therapy and occupational therapy as provided visits per 60 days; additional services require prior au		
		Add



Essential Health Benefit 8: Laboratory services		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:		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
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.		
		Add
	Laboratory Authorization: Other Amount Limit: None Scope Limit: Covered services include laboratory tests which are n of illness or injury when ordered by a physician or ott Other information regarding this benefit, including the benchmark plan: Screening or routine laboratory testing, except as spec Diagnosis, and Treatment (EPSDT) Program or Preve	Benefit Provided: Source: Laboratory State Plan 1905(a) Authorization: Provider Qualifications: Other Medicaid State Plan Amount Limit: Duration Limit: None None Scope Limit: Covered services include laboratory tests which are medically necessary for diagnosis and treatment of illness or injury when ordered by a physician or other licensed practitioner. Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Screening or routine laboratory testing, except as specified for the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program or Preventive Medicine services, or by Medicaid policy, is no



Essential Health Benefit 9: Preventive and wellness services and chronic disease management

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).

Source:				
Base Benchmark Small Group	Remove			
Provider Qualifications:				
Medicaid State Plan				
Duration Limit:				
See below				
ventive services as per recommended guidelines of the				
g 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.				
	Base Benchmark Small Group Provider Qualifications: Medicaid State Plan Duration Limit: See below ventive services as per recommended guidelines of the g the specific name of the source plan if it is not the base A States Preventive Services Task Force; Advisory commended vaccines; preventive care and screening for GA's Bright Futures program/project; and additional he Institute of Medicine (IOM).			



Essential Health Benefit 10: Pediatric services including oral and vision care Co		Collapse All
Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	N/A	
Scope Limit:		
None		
Other information regarding this benefit, includ benchmark plan:	ing the specific name of the source plan if it is not the base	
See Supplement to Attachment 3.1-A, Item 4b.	EPSDT in Michigan's Medicaid State plan.	
		Add



Other Covered Benefits from Base Benchmark

Collapse All



\boxtimes	Base Benchmark Benefits Not Covered due to Substitution o	r Duplication	Collapse All
	Buse Benefiniark Benefit that was Substituted.	Source:	
	Primary Care Provider Services -Duplication	Base Benchmark	Remove
	Explain the substitution or duplication, including indicat section 1937 benchmark benefit(s) included above under		_
	Primary Care Provider Services were bundled with Spec patient services" EHB category. The bundled services a existing state Medicaid plan.		ý
	Buse Benennan Benenn mar was Substituted.	Source:	
	Referral Care Services - Duplication	Base Benchmark	Remove
	Explain the substitution or duplication, including indicat section 1937 benchmark benefit(s) included above under		_
	Referral Care Services were bundled with Primary Care patient services" EHB category. The bundled services a licensed practitioner services from the existing state Med	re a duplication of physician services and other	
	Dabe Deneminant Denemi inat was Substituted.	Source:	
	Outpatient Hospital Services-Duplication	Base Benchmark	Remove
	Explain the substitution or duplication, including indicat section 1937 benchmark benefit(s) included above under		
	Outpatient hospital services are mapped to the "ambulate are a duplication of outpatient hospital services from the		
	Dabe Benerinnan Benerin mar was Subbinated.	Source:	
	Home Health Care -Duplication	Base Benchmark	Remove
	Explain the substitution or duplication, including indicat section 1937 benchmark benefit(s) included above under		
	Home health care services are mapped to the "ambulator a duplication of Home health care services from the exis		e
	Buse Benefiniarit Benefit that was Substituted.	Source:	
	Hospice -Duplication	Base Benchmark	Remove
	Explain the substitution or duplication, including indicat section 1937 benchmark benefit(s) included above unde		
	Hospice services are mapped to the "ambulatory patient duplication of hospice services from the existing state M		
		Source:	
	Services by Other Health Professional -Duplication	Base Benchmark	



	Remove
Services by Other Health Professional (Podiatry) are mapped to the "ambulatory patient services" EHB category. The services are a duplication of podiatry services -other licensed practitioner- from the existing state Medicaid plan.	
Base Benchmark Benefit that was Substituted: Source:	
Medical Emergency Care -Duplication 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:	
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.	
Base Benchmark Benefit that was Substituted: Source:	
Emergency Ambulance Services - Duplication 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:	
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.	
Base Benchmark Benefit that was Substituted: Source:	
Urgent Care Services - Duplication 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:	
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.	
Base Benchmark Benefit that was Substituted: Source:	
Hospital Inpatient Care -Duplication 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:	
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.	
Base Benchmark Benefit that was Substituted: Source:	
Maternity and Newborn Care - Duplication 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:	
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.	



Base Benchmark Benefit that was Substituted: Mental Health Acute Inpt. HospitalizationDupl.	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Mental Health acute inpatient hospitalization is mapp services" EHB category. The services are a duplication existing state Medicaid plan.	ed to the "mental health and substance use disorder	
Base Benchmark Benefit that was Substituted:	Source:	
Outpatient Rehabilitation - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Outpatient Rehabilitation services are mapped to the 'EHB category. The services are a duplication of Reha existing state Medicaid plan.	"rehabilitative and habilitative services and devices" abilitation Services: Outpt. Hospital Services from the	
Base Benchmark Benefit that was Substituted:	Source:	
Durable Medical Equipment and Supplies- Dupl.	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		, in the second se
Durable Medical Equipment and Supplies are and		
devices" EHB category. The services are a duplication Appliances from the existing state Medicaid plan.	pped to the "rehabilitative and habilitative services and on of Home Health ServicesMed Supplies, Equip,	
devices" EHB category. The services are a duplication	on of Home Health ServicesMed Supplies, Equip,	
devices" EHB category. The services are a duplication Appliances from the existing state Medicaid plan.	on of Home Health ServicesMed Supplies, Equip,	Remove
devices" EHB category. The services are a duplication Appliances from the existing state Medicaid plan. Base Benchmark Benefit that was Substituted:	Source: Base Benchmark cating the substituted benefit(s) or the duplicate	Remove
devices" EHB category. The services are a duplication Appliances from the existing state Medicaid plan. Base Benchmark Benefit that was Substituted: Prosthetics and Orthotics - Duplication Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un Prosthetics and Orthotics are mapped to the "rehabilit	Source: Base Benchmark cating the substituted benefit(s) or the duplicate der Essential Health Benefits:	Remove
devices" EHB category. The services are a duplication Appliances from the existing state Medicaid plan. Base Benchmark Benefit that was Substituted: Prosthetics and Orthotics - Duplication Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un Prosthetics and Orthotics are mapped to the "rehabilit	Source: Base Benchmark cating the substituted benefit(s) or the duplicate der Essential Health Benefits: ative and habilitative services and devices'' EHB as and Orthotics from the existing state Medicaid plan. Source:	Remove
devices" EHB category. The services are a duplication Appliances from the existing state Medicaid plan. Base Benchmark Benefit that was Substituted: Prosthetics and Orthotics - Duplication Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un Prosthetics and Orthotics are mapped to the "rehabilit category. The services are a duplication of Prosthetic	Source: Base Benchmark cating the substituted benefit(s) or the duplicate der Essential Health Benefits: ative and habilitative services and devices'' EHB s and Orthotics from the existing state Medicaid plan.	Remove
devices" EHB category. The services are a duplication Appliances from the existing state Medicaid plan. Base Benchmark Benefit that was Substituted: Prosthetics and Orthotics - Duplication Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un Prosthetics and Orthotics are mapped to the "rehabilit category. The services are a duplication of Prosthetic Base Benchmark Benefit that was Substituted:	Source: Base Benchmark Cating the substituted benefit(s) or the duplicate der Essential Health Benefits: ative and habilitative services and devices'' EHB as and Orthotics from the existing state Medicaid plan. Source: Base Benchmark cating the substituted benefit(s) or the duplicate	
devices" EHB category. The services are a duplication Appliances from the existing state Medicaid plan. Base Benchmark Benefit that was Substituted: Prosthetics and Orthotics - Duplication Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un Prosthetics and Orthotics are mapped to the "rehabilit category. The services are a duplication of Prosthetic Base Benchmark Benefit that was Substituted: Chiropractic Services - Duplication Explain the substitution or duplication, including indi	Source: Base Benchmark cating the substituted benefit(s) or the duplicate der Essential Health Benefits: cative and habilitative services and devices'' EHB cation and Orthotics from the existing state Medicaid plan. Source: Base Benchmark cating the substituted benefit(s) or the duplicate der Essential Health Benefits: patient service'' EHB category. The services are a	
devices" EHB category. The services are a duplication Appliances from the existing state Medicaid plan.Base Benchmark Benefit that was Substituted:Prosthetics and Orthotics - DuplicationExplain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un Prosthetics and Orthotics are mapped to the "rehabilit category. The services are a duplication of ProstheticBase Benchmark Benefit that was Substituted:Chiropractic Services - DuplicationExplain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un Chiropractic Services are mapped to the "ambulatory	Source: Base Benchmark cating the substituted benefit(s) or the duplicate der Essential Health Benefits: cative and habilitative services and devices'' EHB cation and Orthotics from the existing state Medicaid plan. Source: Base Benchmark cating the substituted benefit(s) or the duplicate der Essential Health Benefits: patient service'' EHB category. The services are a	



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



Base Benchmark Benefit that was Substituted: Referral Care Services -Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indic section 1937 benchmark benefit(s) included above und Referral Care Services is mapped to the "ambulatory p duplication of Certified Nurse Anesthetists -Other Lice Medicaid plan.	er Essential Health Benefits: atient services" EHB category. The services are a	
Base Benchmark Benefit that was Substituted: Nurse Midwife Services -Duplication Explain the substitution or duplication, including indic section 1937 benchmark benefit(s) included above und		Remove
Nurse Midwife Services is mapped to the "maternity and duplication of Nurse Midwife services from the existing		
Base Benchmark Benefit that was Substituted: Mental Health Outpatient Treatment -Duplication Explain the substitution or duplication, including indic section 1937 benchmark benefit(s) included above und Mental Health Outpatient Treatment services are mapp services'' EHB category. The services are a duplication rehabilitation services from the existing state Medicaid	er Essential Health Benefits: bed to the "mental health and substance use disorder n of mental/behavioral health outpatient -	Remove
Base Benchmark Benefit that was Substituted: Substance Abuse Services - Duplication Explain the substitution or duplication, including indicessection 1937 benchmark benefit(s) included above und		Remove
Substance Abuse Services covering inpatient hospital s substance use disorder services" EHB category. Substa also mapped to the "mental health and substance use di duplication of Substance use disorder -Inpatient Hospit from the existing state Medicaid plan.	ance Abuse Services covering outpatient treatment is isorder services" EHB category. These services are a	
		Add



Other Base Benchmark Benefits Not Covered

Collapse All



Other 1937 Covered Benefits that are not Essential Health	n Benefits	Collapse All
Other 1937 Benefit Provided:	Source:	
Dental Services	Section 1937 Coverage Option Benchmark Benefi 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. Den	tal Services in Michigan's Medicaid State plan.	
Other:		
See Supplement to Attachment 3.1-A, Item 10. Dent	tal Services in Michigan's Medicaid State plan.	7
Other 1937 Benefit Provided:	Source:	
Vision/Optometrist Services	Section 1937 Coverage Option Benchmark Benefi Package	Remove
Authorization:	Provider Qualifications:	L
Authorization required in excess of limitation	Medicaid State Plan	7
Amount Limit:	Duration Limit:	
Varies	Varies	7
Scope Limit:		
Routine eye exam once every two years; non-routine to eye trauma and eye disease and low vision evalua be prior authorized).]
Other:		_
Vision/Optometrist Services are covered for adults. C stipulated criteria and/or prior authorization.	Certain services and supplies may be subject to meetin	g
Other 1937 Benefit Provided:	Source:	_
Personal Care Services	Section 1937 Coverage Option Benchmark Benefi	t
Authorization:	Package Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	Ļ
Varies	Varies	
	J L	<u>_</u>
Scope Limit:		
Scope Limit: Requires certification by a licensed health care profe necessity for services.	essional and a plan of care to determine medical	



grooming, dressing, transferring, self-administer and light housekeeping for beneficiaries requirin	rogram, include assistance with eating, toileting, bathing, red medication, meal preparation, shopping/errands, laundry ng physical help to perform activities of daily living. is included for individuals in accordance with 42 CFR	Remove
Other 1937 Benefit Provided:	Source:	
Extended Services to Pregnant Women	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
1 assessment visit; up to 9 professional visits	Varies	
Scope Limit:		
Services must be related to or associated with n pregnancy.	naternal and infant health conditions that may complicate	
Other:		
nutrition counseling, nursing services (including	e preventive health services that include social work, health education and nutrition education) and beneficiary	
	ria. 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
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
Other 1937 Benefit Provided: Nursing Facility Services - Long Term Care	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Other 1937 Benefit Provided: Nursing Facility Services - Long Term Care Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
Other 1937 Benefit Provided: Nursing Facility Services - Long Term Care Authorization: Prior Authorization	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
Other 1937 Benefit Provided: Nursing Facility Services - Long Term Care Authorization: Prior Authorization Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other 1937 Benefit Provided: Nursing Facility Services - Long Term Care Authorization: Prior Authorization Amount Limit: Varies Scope Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other 1937 Benefit Provided: Nursing Facility Services - Long Term Care Authorization: Prior Authorization Amount Limit: Varies Scope Limit: See Supplement to Attachment 3.1-A, Item 4a.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: Varies	Remove
Dther 1937 Benefit Provided: Nursing Facility Services - Long Term Care Authorization: Prior Authorization Amount Limit: Varies Scope Limit: See Supplement to Attachment 3.1-A, Item 4a. Iplan. Other:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: Varies	Remove
Dther 1937 Benefit Provided: Nursing Facility Services - Long Term Care Authorization: Prior Authorization Amount Limit: Varies Scope Limit: See Supplement to Attachment 3.1-A, Item 4a. The plan. Other: See Supplement to Attachment 3.1-A, Item 4a. Nother:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: Varies Nursing Facility Services in Michigan's Medicaid State Nursing Facility Services in Michigan's Medicaid State Source:	Remove
Dther 1937 Benefit Provided: Aursing Facility Services - Long Term Care Authorization: Prior Authorization Amount Limit: Varies Scope Limit: See Supplement to Attachment 3.1-A, Item 4a. 1 plan. Other: See Supplement to Attachment 3.1-A, Item 4a. 1 plan.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: Varies Nursing Facility Services in Michigan's Medicaid State	Remove
Dther 1937 Benefit Provided: Nursing Facility Services - Long Term Care Authorization: Prior Authorization Amount Limit: Varies Scope Limit: See Supplement to Attachment 3.1-A, Item 4a. T plan. Other: See Supplement to Attachment 3.1-A, Item 4a. N plan. Other: Description Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: Varies Varies Nursing Facility Services in Michigan's Medicaid State Nursing Facility Services in Michigan's Medicaid State Source: Source: Source: Section 1937 Coverage Option Benchmark Benefit	Remove



Amount Limit:	Duration Limit:	
None	None	Remove
Scope Limit:		
See scope limit below.		
Other:		
limitations as services provided in the practitioner's direction of a physician or dentist in a facility which operated to provide medical care to outpatients. Prior		
Mental Health Clinic Services are covered benefits mental health clinic.	when provided under the auspices of an approved	
ther 1937 Benefit Provided:	Source:	
eg/Lic. Dental Hygienists -Other Licensed Pract.	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Limited to services rendered on behalf of an organi	ization, clinic or group practice.	
Other:		
Covered services are limited to those allowed under State law. Prior authorization is generally not requi limitation.		
ther 1937 Benefit Provided:	Source:	
ehavioral Health Targeted Case Mgmt Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
See Supplement 1 to Attachment 3.1-A, Targeted C	ase Management Services - Target Group A - in	
Michigan's Medicaid State plan.	ase management services - raiget Group A - III	

Effective-Date: 09/01/2024



Other 1937 Benefit Provided: Pharmacists -Other Licensed Practitioners	Source: Section 1937 Coverage Option Benchmark Benefit	Demorro
	Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
	s and the provision of medication therapy management The provision of medication therapy management	
Other:		
Prior authorization is generally not required.		
Other 1937 Benefit Provided:	Source:	
ICF/IID Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Concurrent Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Service is provided for individuals who are devel	lopmentally disabled (or for persons with related oublic or private institutions (or distinct part thereof) for	
Other:		
Intermediate care services are provided based on t needs. Admission to an intermediate care facility must periodically recertify the need for care. Adm	the level of care appropriate to the patient's medical must be upon the written direction of a physician, who hission must also be prior authorized by the Michigan . The period of covered services is the minimum period patient.	
Intermediate care services are provided based on t needs. Admission to an intermediate care facility must periodically recertify the need for care. Adm Department of Community Health or its designee. necessary for the proper care and treatment of the	must be upon the written direction of a physician, who hission must also be prior authorized by the Michigan . The period of covered services is the minimum period patient. n compliance with the provisions of 42 CFR 440.150 and	
Intermediate care services are provided based on t needs. Admission to an intermediate care facility must periodically recertify the need for care. Adm Department of Community Health or its designee. necessary for the proper care and treatment of the Services regularly provided in these settings are in	must be upon the written direction of a physician, who hission must also be prior authorized by the Michigan . The period of covered services is the minimum period patient. In compliance with the provisions of 42 CFR 440.150 and hervised personal care, as well as room and board.	
Intermediate care services are provided based on to needs. Admission to an intermediate care facility of must periodically recertify the need for care. Adm Department of Community Health or its designee. necessary for the proper care and treatment of the Services regularly provided in these settings are in include health related and programmatic care, sup	must be upon the written direction of a physician, who hission must also be prior authorized by the Michigan . The period of covered services is the minimum period patient. In compliance with the provisions of 42 CFR 440.150 and pervised personal care, as well as room and board. Source: Section 1937 Coverage Option Benchmark Benefit	
Intermediate care services are provided based on t needs. Admission to an intermediate care facility must periodically recertify the need for care. Adm Department of Community Health or its designee. necessary for the proper care and treatment of the Services regularly provided in these settings are in include health related and programmatic care, sup Other 1937 Benefit Provided:	must be upon the written direction of a physician, who hission must also be prior authorized by the Michigan . The period of covered services is the minimum period patient. In compliance with the provisions of 42 CFR 440.150 and hervised personal care, as well as room and board.	



Amount Limit:	Duration Limit:	4
See below	See below	Remove
Scope Limit:		
PACE services are provided to beneficiaries age	e 55 or older meeting program criteria.	
Other:		
The State of Michigan's ABP PACE Program be for this benefit. This benefit is included for indiv	nefit is the same as under the approved Medicaid state plan viduals in accordance with 42 CFR 440.315(f).	
Other 1937 Benefit Provided:	Source:	
Rehabilitation -Mental Health Crisis Residential	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	k,
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Scope Limit: None		
None Other:	Rehabilitative Services in Michigan's Medicaid State plan.	
None Other:	Source:	
None Other: See Supplement to Attachment 3.1-A, Item 13d.	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
None Other: See Supplement to Attachment 3.1-A, Item 13d. Other 1937 Benefit Provided:	Source:	Remove
None Other: See Supplement to Attachment 3.1-A, Item 13d. Other 1937 Benefit Provided: Mental Health Outpatient Community Support	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
None Other: See Supplement to Attachment 3.1-A, Item 13d. Other 1937 Benefit Provided: Mental Health Outpatient Community Support Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
None Other: See Supplement to Attachment 3.1-A, Item 13d. Other 1937 Benefit Provided: Mental Health Outpatient Community Support Authorization: Other	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
None Other: See Supplement to Attachment 3.1-A, Item 13d. Other 1937 Benefit Provided: Mental Health Outpatient Community Support Authorization: Other Amount Limit: Varies	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
None Other: See Supplement to Attachment 3.1-A, Item 13d. Other 1937 Benefit Provided: Mental Health Outpatient Community Support Authorization: Other Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
None Other: See Supplement to Attachment 3.1-A, Item 13d. Other 1937 Benefit Provided: Mental Health Outpatient Community Support Authorization: Other Amount Limit: Varies Scope Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
None Other: See Supplement to Attachment 3.1-A, Item 13d. Other 1937 Benefit Provided: Mental Health Outpatient Community Support Authorization: Other Amount Limit: Varies Scope Limit: None Other:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
None Other: See Supplement to Attachment 3.1-A, Item 13d. Other 1937 Benefit Provided: Mental Health Outpatient Community Support Authorization: Other Amount Limit: Varies Scope Limit: None Other:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: Varies	Remove



Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
See Supplement to Attachment 3.1-A, Item 13d. Reha	abilitative Services in Michigan's Medicaid State plan.	
Other 1937 Benefit Provided:	Source:	
Subst Use Disorder Sub-Acute Detox Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	L.
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
See Supplement to Attachment 3.1-A, Item 13d. Reha	abilitative Services in Michigan's Medicaid State plan.	
Other 1937 Benefit Provided:	Source:	
Behavioral Health Community Based Services 1915(i)	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	J LJ	
None		
Other:		
Effective 10/1/19 Services are authorized via Section	1115 expenditure authority and are provided as	
described in Attachment 3.1–i.2. 1915(i) Home and C State plan. Effective 10/1/23 expenditure authority for the 1115 and will be provided under state plan author	Community-Based Services in Michigan's Medicaid or 1915(i) services will no longer be provided under	



Other 1937 Benefit Provided: Health Home Services for Chronic Conditions	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
5	Package Provider Qualifications:	
Authorization: Other	Medicaid State Plan	
L _{R.}	.] []	
Amount Limit:	Duration Limit:	
None	Varies	
Scope Limit:		
Health Home services are limited to chronic condition	ons identified in the approve Medicaid state plan.	
Other:		
	tegrated primary medical care, behavioral health care, or beneficiaries with specified chronic conditions or for	
Other 1937 Benefit Provided:	Source:	
Targeted Case Management- Flint Water Group	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
Targeted Group F populations as defined in the state	plan specify services and provider qualifications.	
Other:		
Services include comprehensive client assessment; ca services; reassessment/follow-up; monitoring of serv	are/services plan development; linking/coordination of ices as defined by program.	
Services by designated providers are limited to 1 face per year and 5 face to face monitoring visits per year.	e to face comprehensive assessment/reassessment visit . Additional services require prior authorization.	
Act (Project No. 11W 00302/5). Freedom of choice	nstration project authorized under section 1115 of the has been waived pursuant to the authority approved n (Project No. 11W 00302/5). This benefit is effective	
Other 1937 Benefit Provided:	Source:	
Audiology/Hearing Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	



	Duration Limit:	
Varies	Varies	Remove
Scope Limit:		
	d allowed under the Audiologist scope of practice as erally not required. However, authorization is required for	
Other:		
Covered services are provided in the same manne	er as the approved Medicaid State plan.	
ner 1937 Benefit Provided:	Source:	
liatric Outpatient Intensive Feeding Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	5
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	Varies	
Scope Limit:		
feeding difficulties due to anatomical, congenita	d to pediatric beneficiaries who experience significant l, cognitive conditions, or complications of severe illness.	
plan of care, treatment, monitoring and education	sist of an initial comprehensive evaluation, individualized to address complex feeding and swallowing difficulties. m of medical and behavioral health professionals.	
ner 1937 Benefit Provided:	Source:	
	Section 1937 Coverage Option Benchmark Benefit	Remove
Transition Community Based Services 1915(i)		Remove
	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Transition Community Based Services 1915(i) Authorization:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
Transition Community Based Services 1915(i) Authorization: Other	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
Transition Community Based Services 1915(i) Authorization: Other Amount Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Transition Community Based Services 1915(i) Authorization: Other Amount Limit: Varies	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other Amount Limit: Varies Scope Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove



Other 1937 Benefit Provided: Peer-Delivered or Peer-Operated Support Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	l <u></u> d
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
See Supplement to Attachment 3.1-A, Item 13d. Re	habilitative Services in Michigan's Medicaid State plan.	
Other 1937 Benefit Provided:	Source:	
Medication-Assisted Treatment (MAT)	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Varies	None	
Scope Limit:		
None		
Other:		
See Supplement to Attachment 3.1-A, Item 29. Med Medicaid State plan. MAT is provided as defined in the approved state p MAT is exclusively provided in accordance with 19 ending September 30, 2025.		
Other 1937 Benefit Provided:	Source:	
Genetic Counselors - Other Licensed Practitioners	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	



Scope Limit:		
Limited to providing genetic counseling services as defined by state law under the genetic counselor's scope of practice.		Remove
Other:		
See Supplement to Attachment 3.1-A, Item 6d. Oth plan.	er Practitioner Services in Michigan's Medicaid State	
Other 1937 Benefit Provided:	Source:	
Routine Patient Cost in Qualifying Clinical Trials	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Varies	Varies	
Scope Limit:		
Varies		
	verage of Routine Patient Cost in Qualifying Clinical	
1	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
See Supplement to Attachment 3.1-A, Item 30. Cov Trials in Michigan's Medicaid State Plan. Other 1937 Benefit Provided:	Source:	Remove
See Supplement to Attachment 3.1-A, Item 30. Cov Trials in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Doula Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
See Supplement to Attachment 3.1-A, Item 30. Cov Trials in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Doula Services Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
See Supplement to Attachment 3.1-A, Item 30. Cov Trials in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Doula Services Authorization: Other	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
See Supplement to Attachment 3.1-A, Item 30. Cov Trials in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Doula Services Authorization: Other Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
See Supplement to Attachment 3.1-A, Item 30. Cov Trials in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Doula Services Authorization: Other Amount Limit: See below	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: See below	Remove
See Supplement to Attachment 3.1-A, Item 30. Cov Trials in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Doula Services Authorization: Other Amount Limit: See below Scope Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: See below	Remove
See Supplement to Attachment 3.1-A, Item 30. Cov Trials in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Doula Services Authorization: Other Amount Limit: See below Scope Limit: Services are limited to pregnant and postpartum be	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: See below eneficiaries.	Remove
See Supplement to Attachment 3.1-A, Item 30. Cov Trials in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Doula Services Authorization: Other Amount Limit: See below Scope Limit: Services are limited to pregnant and postpartum be Other: See Supplement to Attachment 3.1-A, Item 13. Pres	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: See below eneficiaries.	Remove
See Supplement to Attachment 3.1-A, Item 30. Cov Trials in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Doula Services Authorization: Other Amount Limit: See below Scope Limit: Services are limited to pregnant and postpartum be Other: See Supplement to Attachment 3.1-A, Item 13. Pre- Medicaid State Plan.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: See below See below eneficiaries. ventive Services - Doula Services in Michigan's	Remove
See Supplement to Attachment 3.1-A, Item 30. Cov Trials in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Doula Services Authorization: Other Amount Limit: See below Scope Limit: Services are limited to pregnant and postpartum be Other: See Supplement to Attachment 3.1-A, Item 13. Preson Medicaid State Plan.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: See below eneficiaries. ventive Services - Doula Services in Michigan's Source: Section 1937 Coverage Option Benchmark Benefit	Remove



cify services and provider qualifications. ement Services - Target Group G - in : n 1937 Coverage Option Benchmark Benefit ge er Qualifications: aid State Plan on Limit: eres in Michigan's Medicaid State plan. es in Michigan's Medicaid State plan.
ement Services - Target Group G - in : n 1937 Coverage Option Benchmark Benefit ge er Qualifications: aid State Plan on Limit: :::::::::::::::::::::::::::::::::
ement Services - Target Group G - in : n 1937 Coverage Option Benchmark Benefit ge er Qualifications: aid State Plan on Limit: :::::::::::::::::::::::::::::::::
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vices - Diabetes Prevention Program
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n 1937 Coverage Option Benchmark Benefit ge



Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
Varies	Varies	
Scope Limit:		
Covered services are provided in the same manner	as the approved Medicaid State plan	
Other:		
See Attachment 3.1-A, Item 16. Inpatient Psychiatri Michigan's Medicaid State plan. Benefit is effective		
Other 1937 Benefit Provided:	Source:	
Community Health Worker (CHW) Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
Covered services are provided in the same manner	as the approved Medicaid State plan	
Other:		
See Supplement to Attachment 3.1. A. Item 13. Pres		
in Michigan's Medicaid State Plan.	ventive Services - Community Health Worker Services	
	ventive Services - Community Health Worker Services Source:	
in Michigan's Medicaid State Plan.	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Fargeted Case Management - CSHCS	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Fargeted Case Management - CSHCS Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Targeted Case Management - CSHCS Authorization: Other	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Fargeted Case Management - CSHCS Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Targeted Case Management - CSHCS Authorization: Other Amount Limit: See below	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Targeted Case Management - CSHCS Authorization: Other Amount Limit: See below Scope Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: See below	Remove
in Michigan's Medicaid State Plan. Other 1937 Benefit Provided: Targeted Case Management - CSHCS Authorization: Other Amount Limit: See below Scope Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove



Other 1937 Benefit Provided:	Source:	
Targeted Case Management- Recuperative Care	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Targeted Group J populations as defined in the state	plan specify services and provider qualifications.	
Other:		
See Supplement 1 to Attachment 3.1-A, Targeted Cas Michigan's Medicaid State plan.	e Management Services - Target Group J - in	
		Add



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.

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