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State/Territory Name: Michigan

State Plan Amendment (SPA)#: 23-1004

This file contains the following documents in the order listed

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

September 11, 2023

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

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

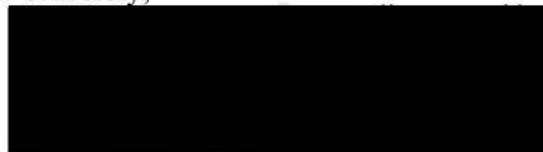
Dear Senior Deputy Director Groen:

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

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

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

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Erin Black

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-23-1004

Proposed Effective Date

12/01/2023 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	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 Psychiatric Residential Treatment Facility (PRTF) services within ABP5. This SPA is related to SPA 23-0015 and updates the same

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received
- No reply received within 45 days of submittal
- Other, as specified

Describe:

Describe:

Meghan Groen
Senior Deputy Director

Signature of State Agency Official

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



Alternative Benefit Plan

OMB Control Number: 09381148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Benefits Description	ABP5
<p>The state/territory proposes a "Benchmark-Equivalent" benefit package. <input type="checkbox"/> No</p>	
<p>Benefits Included in Alternative Benefit Plan</p>	
<p>Enter the specific name of the base benchmark plan selected:</p>	
<p>Priority Health HMO</p>	
<p>Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."</p>	
<p>Secretary-Approved</p> <p>For any Home and Community Based Services benefits as permitted in 1915(i) in ABP 5, the state assures that:</p> <ol style="list-style-type: none">1. The service(s) are provided in settings that meet HCB setting requirements;2. The services(s) meet the person-centered service planning requirements;3. Individuals receiving these services meet the state-established needs-based criteria that are not related solely to age, disability, or diagnosis, and are less stringent than criteria for entry into institutions. Services can be accessed as needed, even if the individuals have needs that are below institutional level of care.	



Alternative Benefit Plan

Essential Health Benefit 1: Ambulatory patient services Collapse All

Benefit Provided: <input type="text" value="Physician Services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="See below"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="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: <input type="text" value="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: <input type="text" value="Outpatient Hospital Services"/>	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="None"/>	
Scope Limit: <input type="text" value="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: <input type="text" value="Benefit also includes ambulatory surgery center facility services."/>		

Benefit Provided: <input type="text" value="Home Health Care"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Authorization required in excess of limitation"/>	Provider Qualifications: <input type="text" value="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

<input checked="" type="checkbox"/> Essential Health Benefit 2: Emergency services	Collapse All <input type="checkbox"/>
<p>Benefit Provided: <input type="text" value="Emergency Services -Other Medical Care"/></p> <p>Source: <input type="text" value="State Plan 1905(a)"/> <input type="button" value="Remove"/></p> <p>Authorization: <input type="text" value="None"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Duration Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="Benefit is limited to services that are necessary to evaluate or stabilize an emergency medical condition."/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/></p>	
<p>Benefit Provided: <input type="text" value="Emergency Transp./ Ambulance - Other Medical Care"/></p> <p>Source: <input type="text" value="State Plan 1905(a)"/> <input type="button" value="Remove"/></p> <p>Authorization: <input type="text" value="None"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Duration Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="Benefit is limited to services that are necessary to evaluate or stabilize an emergency medical condition."/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/></p>	
<p>Benefit Provided: <input type="text" value="Urgent Care Services - Clinics"/></p> <p>Source: <input type="text" value="State Plan 1905(a)"/> <input type="button" value="Remove"/></p> <p>Authorization: <input type="text" value="None"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Duration Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="Benefit is limited to unscheduled diagnosis and treatment of illnesses for ambulatory beneficiaries requiring immediate medical attention for non-life-threatening conditions."/></p>	



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

<input type="checkbox"/>			
	Source:		Remove
Other			
None	None		
None			
plan.			
	Source:		Remove
Other			
None	None		
None			
	Source:		Remove
None			
None	None		
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.):

- Limit on days supply
- Limit on number of prescriptions
- Limit on brand drugs
- Other coverage limits
- Preferred drug list

Authorization:

Provider Qualifications:

State licensed

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

<input checked="" type="checkbox"/> Essential Health Benefit 7: Rehabilitative and habilitative services and devices		Collapse All <input type="checkbox"/>
Benefit Provided: Rehabilitation Services: Outpatient Services	Source: State Plan 1905(a)	<input type="button" value="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: Habilitation Services -Outpatient Services	Source: Other state-defined	<input type="button" value="Remove"/>
Authorization: Authorization required in excess of limitation	Provider Qualifications: Medicaid State Plan	
Amount Limit: See below	Duration Limit: See below	
Scope Limit: Habilitation 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: Habilitation 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)	<input type="button" value="Remove"/>



Alternative Benefit Plan

Other

Varies

Varies

Source:

Remove

Other

Varies

Varies

Source:

Remove

None

None



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 type="text" value="Laboratory"/>	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="None"/>	
Scope Limit: <input 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 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

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



Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

<input checked="" type="checkbox"/> Base Benchmark Benefits Not Covered due to Substitution or Duplication		Collapse All <input type="checkbox"/>
Base Benchmark Benefit that was Substituted: <input type="text" value="Primary Care Provider 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="Primary Care Provider Services were bundled with Specialist/Referral Care and mapped to the 'ambulatory patient services' EHB category. The bundled services are a duplication of physician services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Referral Care Services -Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Referral Care Services were bundled with Primary Care Provider services and mapped to the 'ambulatory patient services' EHB category. The bundled services are a duplication of physician services and other licensed practitioner services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient Hospital 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="Outpatient hospital services are mapped to the 'ambulatory patient services' EHB category. The services are a duplication of outpatient hospital services from the existing state Medicaid plan."/>		
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 type="text" value="Home health care services are mapped to the 'ambulatory patient services' EHB category. The services are a duplication of Home health care services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Hospice -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="Hospice services are mapped to the 'ambulatory patient services' EHB category. The services are a duplication of hospice services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Services by Other Health Professional -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="Services by Other Health Professional (Podiatry) are mapped to the 'ambulatory patient services' EHB"/>		
TN: 23-1004 Supersedes TN: 23-1003	Approval Date: 09/08/2023	Effective Date: 12/01/2023



Alternative Benefit Plan

<p>[Redacted]</p>	
<p>Source: [Redacted] Remove</p> <p>[Redacted]</p>	
<p>Source: [Redacted] Remove</p> <p>[Redacted]</p>	
<p>Source: [Redacted] Remove</p> <p>[Redacted]</p>	
<p>Source: [Redacted] Remove</p> <p>[Redacted]</p>	
<p>Source: [Redacted] Remove</p> <p>[Redacted]</p> <p>plan.</p>	
<p>Source: [Redacted] Remove</p>	



Alternative Benefit Plan

<p>Source:</p> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="button" value="Remove"/>
<p>Source:</p> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="button" value="Remove"/>
<p>Source:</p> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="button" value="Remove"/>
	<input type="button" value="Add"/>



Alternative Benefit Plan

Other Base Benchmark Benefits Not Covered

Collapse All



Alternative Benefit Plan

Other 1937 Covered Benefits that are not Essential Health Benefits Collapse All

Other 1937 Benefit Provided:

Dental Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

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:

Vision/Optomtrist Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

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

Other:

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

Other 1937 Benefit Provided:

Personal Care Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

Requires certification by a licensed health care professional and a plan of care to determine medical necessity for services.



Alternative Benefit Plan

Other:

[Redacted]

Source:

[Redacted]

Package

Remove

Other

[Redacted]

[Redacted]

Varies

[Redacted]

[Redacted]

Other:

[Redacted]

Source:

[Redacted]

Package

Remove

Varies

[Redacted]

Varies

[Redacted]

plan.

[Redacted]

Other:

[Redacted]

plan.

Source:

[Redacted]

Package

Remove

Other

[Redacted]

[Redacted]



Alternative Benefit Plan

None

None

Other:

Source:

Package

Remove

Other

None

None

Other:

Source:

Package

Remove

Other

None

None

None

Other:



Alternative Benefit Plan

Source:			Remove
	Package		
Other:			
None	None		
[Redacted]			
Other:			
[Redacted]			
Source:			Remove
	Package		
None	None		
[Redacted]			
Other:			
[Redacted]			
Source:			Remove
	Package		
Other			



Alternative Benefit Plan

<input type="text"/>	<input type="text"/>	
<input type="text"/>		
Other: <input type="text"/>		
<input type="text"/>	Source: Package	<input type="button" value="Remove"/>
<input type="text" value="Other"/>	<input type="text"/>	
<input type="text" value="None"/>	<input type="text" value="None"/>	
<input type="text" value="None"/>		
Other: <input type="text"/>		
<input type="text"/>	Source: Package	<input type="button" value="Remove"/>
<input type="text" value="Other"/>	<input type="text"/>	
<input type="text" value="Varies"/>	<input type="text" value="Varies"/>	
<input type="text" value="None"/>		
Other: <input type="text"/>		
<input type="text"/>	Source: Package	<input type="button" value="Remove"/>



Alternative Benefit Plan

Other

None

None

None

Other:

Source:

Package

Remove

Other

None

None

None

Other:

Source:

Package

Remove

Other

None

None

None

Other:



Alternative Benefit Plan

Source:			Remove
	Package		
Other:			
None	Varies		
Other:			
Source:			Remove
	Package		
Other:			
5/9/16.			
Source:			Remove
	Package		
Other			



Alternative Benefit Plan

Varies

Varies

Other:

Source:

Package

Remove

None

Varies

Other:

Source:

Package

Remove

Other

Varies

Varies

None

Other:



Alternative Benefit Plan

Source:			Remove
	Package		
Other:			
None	None		
None			
Other:			

Source:			Remove
	Package		
Other			
Varies	None		
None			
Other:			

Source:			Remove
	Package		
Other			
None	None		



Alternative Benefit Plan

Other:

plan.

Source:

Package

Remove

Other

Varies

Varies

Varies

Other:

Source:

Package

Remove

Other

Other:

Source:

Package

Remove

Other



Alternative Benefit Plan

Varies

Varies

Other:

Source:

Package

Remove

Other

Varies

Varies

Other:

Source:

Package

Remove

Other

Other:

Source:

Package

Remove



Alternative Benefit Plan

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

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 Psychiatric Hospital Services for Individuals Under 22 in Michigan's Medicaid State plan. Benefit is effective 12/01/23.

Add



Alternative Benefit Plan

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