## **Table of Contents**

# State/Territory Name: Michigan

# State Plan Amendment (SPA)#: 21-1002

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 East12th Street, Suite 0300 Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

December 20, 2021

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

RE: State Plan Amendment (SPA) Transmittal Number 21-1002

Dear Ms. Massey:

Enclosed for your records is an approved copy of the following Alternative Benefit Plan State Plan Amendment:

Transmittal #21-1002

Effective Date: 11/1/2021 Approval Date: 12/16/2021

If you have any questions regarding this Alternative Benefit Plan State Plan Amendment, please have a member of your staff contact Keri Toback at 312 353 1754 or by email at <u>keri.toback@cms.hhs.gov</u>.

Sincerely,



James G. Scott, Director Division of Program Operations

Enclosures

Cc: Erin Black, MDHHS

# **Medicaid Alternative Benefit Plan**

# Medicaid Alternative Benefit Plan: General Information

State/Territory name:	Michigan	
Transmittal Number:	MI-21-1002	
General Information: Submission Title: short (under 100 characters) label used to MI Alternative Benefit Plan (ABP)	<i>identify this submission in the web application</i> MI-21-1002	
Description:		
SPA estab Alternative Benefit Plan( stated in MI's PA 107 of 2013.	ABP) MI uses to implement requirements of the Healthy Michigan F	Plan(HMP)as
public notice in accordance with	oes not make a substantive change and therefore does not require the h 42 CFR 440.386. ed prior to SPA submission pursuant to 42 CFR 440.386.	e state to provide
Date public notice was issued 05/2	27/2021 (mm/dd/yyyy)	
The state/territory assures that it has pr	ovided the public with advance notice of the amendment and reasona	able opportunity to
comment. The state/territory assures that it has inc	cluded in the notice a description of the method for assuring complia	nce with 42CFR
440.345 related to full access to EPSD	· · · ·	
The state/territory assures that it has ine	cluded in the notice a description of the method for complying with t	he provisions of
section 5006(e) of the American Recov	very and Reinvestment Act of 2009. Performed any required tribal consultation.	
Upload Public Notice Documents		
Please provide a short description of the	nis public notice:	
Sample of Public Notice Provided		
Uploaded Document Name:	Date Uploaded:	
OrderConf.pdf		

## **ABP Screening Statements to Indicate Required Forms**

Select one of the following options for eligibility group coverage:

- The population group for this Alternative Benefit Plan includes <u>only</u> the adult group under section 1902(a)(10)(A) (i)(VIII) of the Act. If the state selects this option, the state must complete form ABP2a to indicate agreement to voluntary benefit package selection assurances for the adult group.
- The population group for this Alternative Benefit Plan includes the adult group under section 1902(a)(10)(A)(i) (VIII) of the Act, and also includes other groups. If the state selects this option, the state must complete forms ABP2a and ABP2b to indicate agreement to voluntary benefit package selection assurances for the adult group and voluntary enrollment assurances for other eligibility groups.
- The population for this Alternative Benefit Plan does not include the adult group under section 1902(a)(10)(A) (i)(VIII) of the Act. If the state selects this option, the state must complete form ABP2b to indicate agreement to voluntary enrollment assurances for these eligibility groups.
- Enrollment is mandatory for some or all participants. *If selected, the state must complete form ABP2c to indicate agreement to mandatory enrollment assurances.*

Specify the number of **benchmark** benefit packages that will be created or 1 amended with this submission. *The state must submit one version of forms ABP3, ABP3.1, ABP4, ABP5, and ABP8 for each benchmark benefit package.* 

Specify the number of **benchmark-equivalent** benefit packages that will be created or amended with this submission. *The state must submit one version of forms ABP3, ABP3.1, ABP4, ABP6, and ABP8 for each benchmark-equivalent benefit package.* 

# Medicaid Alternative Benefit Plan: File Management Summary

State/Territory name:

Michigan

Transmittal Number:
---------------------

MI-21-1002

Form Code	Form Name	Uploaded Form Count
ABP1	Alternative Benefit Plan Populations	1
ABP2a	Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act	1
ABP2b	Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under Section 1902(a)(10)(A)(i)(VIII) of the Act	0
ABP2c	Enrollment Assurances - Mandatory Participants	0
ABP3	ABP3-Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package (Use only if ABP has an effective date prior to 1/1/2020 or if only changing the section 1937 Coverage Option of an ABP implemented prior to 1/1/2020) or	1
	ABP3.1-Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package (Use only for ABP's effective on or after 1/1/2020)	
ABP4	Alternative Benefit Plan Cost-Sharing	1
ABP5	Benefits Description	1
ABP6	Benchmark-Equivalent Benefit Package	0
ABP7	Benefits Assurances	1
ABP8	Service Delivery Systems	1
ABP9	Employer Sponsored Insurance and Payment of Premiums	1
ABP10	General Assurances	1
ABP11	Payment Methodology	1

# Medicaid Alternative Benefit Plan: File Management Detail

1 Forms List	
Form	
Please provide a short description of this A	ABP1 form:
This state plan page identifies and defines their Medicaid coverage through an Altern	eligible Medicaid populations that will receive native Benefit Plan (ABP).
Uploaded Form Name:	Date Uploaded: 01/22/2014
ABP1 Alternative Benefit Plan Population	1

0

#### **Support Documents**

## Document

Please provide a short description of this support document:

MI Public Notice regarding a State Plan Amendment for an Alternative Benefit Plan for an Expanded Adult Population

## **Uploaded Document Name:**

Date Uploaded: 03/21/2014

ABP State Plan Amendment Public Notice\_438191\_7.pdf

# Form ABP2a: Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act

## ABP2a Forms List

## Form

Please provide a short description of this ABP2a form:

This is the first in the series of Alternative Benefit Plan (ABP) fillable PDFs (state plan pages) in which the state or territory provides assurances concerning the enrollment of **Uploaded Form Name:** 

Date Uploaded: 01/22/2014

\*

ABP2a Voluntary Benefit Package Selection Assurances FINAL (03-14-14).pdf

## **Support Documents**

Document

Form ABP2b: Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under Section 1902(a)(10)(A)(i)(VIII) of the Act

ABP2b Forms List

Form

**Support Documents** 

Document

# Form ABP2c: Enrollment Assurances - Mandatory Participants

**ABP2c Forms List** 

Form

**Support Documents** 

Document

## Form ABP3: ABP3-Selection of Benchmark Benefit Package or Benchmark-Equivalent

Benefit Package (Use only if ABP has an effective date prior to 1/1/2020 or if only changing the section 1937 Coverage Option of an ABP implemented prior to 1/1/2020). Or ABP3.1-Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package (Use only for ABP's effective on or after 1/1/2020).

## **ABP3 Forms List**

## Form

Please provide a short description of this ABP3 form:

This state plan page selects the Alternative Benefit Plan's (ABP) section 1937 coverage option and its base benchmark plan that Michigan used to establish the benefit package **Uploaded Form Name:** 

## Date Uploaded: 01/22/2014

-

Current ABP3 Selection of Benchmark Benefit Package or Benchmark Equivalent Package 9-

## **Support Documents**

Document

# Form ABP4: Alternative Benefit Plan Cost-Sharing

## **ABP4 Forms List**

## Form

Please provide a short description of this ABP4 form:

This state plan page provides the State's assurances related to the imposition of any costsharing or premium requirements on beneficiaries participating in the Alternative Benefit **Uploaded Form Name:** 

Date Uploaded: 01/22/2014

ABP4 Alternative Benefit Plan Cost Sharing FINAL (3-14-14).pdf

## **Support Documents**

Document

## Form ABP5: Benefits Description

## ABP5 Forms List

## Form

Please provide a short description of this ABP5 form:

This state plan page is used to indicate that Michigan's Alternative Benefit Plan's (ABP) benefits are provided as part of a benchmark benefit package. It also provides details **Uploaded Form Name:** 

Date Uploaded: 01/22/2014

ABP5\_Benefits\_Description Fall 2021 - Genetic Counselors.pdf

## **Support Documents**

Document

# Form ABP6: Benchmark-Equivalent Benefit Package

## **ABP6 Forms List**

Form

## **Support Documents**

Document

## Form ABP7: Benefits Assurances

## **ABP7 Forms List**

## Form

Please provide a short description of this ABP7 form:

This state plan page provides a number of assurances concerning the benefits provided under the Alternative Benefit Plan (ABP).

**Uploaded Form Name:** 

Date Uploaded: 01/22/2014

ABP7 Benefits Assurances FINAL (1-22-14).pdf

## **Support Documents**

Document

# Form ABP8: Service Delivery Systems

## **ABP8 Forms List**

## Form

Please provide a short description of this ABP8 form:

This state plan page indicates and describes the service delivery system(s) Michigan will use to deliver benefits to its Alternative Benefit Plan's (ABP) participants. **Uploaded Form Name:** 

Date Uploaded: 01/22/2014

Current ABP8 Service Delivery Systems 9-25-19 Update 2.pdf

## **Support Documents**

Document

# Form ABP9: Employer Sponsored Insurance and Payment of Premiums

## **ABP9 Forms List**

Form

# Form Please provide a short description of this ABP9 form: This state plan page indicates the State's decision to provide Alternative Benefit Plan (ABP) coverage, in whole or in part, by paying for employer sponsored health plans for Uploaded Form Name: Date Uploaded: 01/22/2014 ABP9 Employer Sponsored Insurance and Payment of Premiums FINAL (1-22-14).pdf Support Documents Document Form ABP10: General Assurances

## ABP10 Forms List

## Form

Please provide a short description of this ABP10 form:

This state plan page provides Michigan's assurances concerning compliance with general Medicaid requirements for a section 1937 Alternative Benefit Plan (ABP) state plan Uploaded Form Name:

Date Uploaded: 01/22/2014

ABP10 General Assurances FINAL (1-22-14).pdf

## **Support Documents**

Document

# Form ABP11: Payment Methodology

## ABP11 Forms List

## Form

Please provide a short description of this ABP11 form: This state plan page provides Michigan's assurances concerning payment methodologies that will be used for the Alternative Benefit Plan's (ABP) benefits when the benefits are **Uploaded Form Name:** 

Date Uploaded: 01/22/2014

ABP11 Payment Methodology FINAL (1-22-14).pdf

## **Support Documents**

Document

# Medicaid Alternative Benefit Plan: Tribal Input

State/Territory name:

**Transmittal Number:** 

Michigan MI-21-1002 📝 One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.

- This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian **Organizations.**
- 📝 The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal

governments prior to submission of this State Plan Amendment.

Complete the following information regarding any tribal consultation conducted with respect to this submission: Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

Indian Tribes

Indian Health Programs

Urban Indian Organization

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Document Please provide a short description of this support document: Michigan's Tribal Notification letter dated June 8, 2021. Uploaded Document Name: Date Uploaded: 01/22/2014 L 21-38.pdf Indicate the key issues raised in Indian consultative activities: Access

**Summarize Comments** 

Summarize Response

**Quality** 

**Summarize Comments** 

Summarize Response

Cost

**Summarize Comments** 

Summarize Response

Payment methodology **Summarize Comments** 

Summarize Response

Eligibility Summarize Comments	
Summarize Response	
Benefits Summarize Comments	
Summarize Response	
Service delivery Summarize Comments	
Summarize Response	
Other Issue	

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

State/Territory name: Transmittal Number: Michigan

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered. MI-21-1002

## **Proposed Effective Date**

11/01/2021 (mm/dd/yyyy)

## Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

## Federal Budget Impact

Federal Fiscal Year An		Amount	
First Year	2022	\$ 0.00	
Second Year	2023	\$ 0.00	

#### **Subject of Amendment**

This State Plan Amendment (SPA) is submitted to make changes to ABP5 to allow for the enrollment of Genetic Counselors as providers effective 11/1/21 (related SPA 21-0012).

## **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: Kate Massey, Director Medical Services Administration

## Signature of State Agency Official

Submitted By:	Erin Black
Last Revision Date:	Oct 27, 2021
Submit Date:	Oct 27, 2021



	OMB Control Number: 0938-114
Attachment 3.1-C-	OMB Expiration date: 10/31/201
Benefits Description	ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit package. No	
Benefits Included in Alternative Benefit Plan	
Enter the specific name of the base benchmark plan selected:	
Priority Health HMO	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved."	1. Otherwise, enter
Secretary-Approved	
For any Home and Community Based Services benefits as permitted in 1915(i) in ABP 5, the state ass 1. The service(s) are provided in settings that meet HCB setting requirements; 2. The services(s) meet the person-centered service planning requirements;	ures that:
3. Individuals receiving these services meet the state-established needs-based criteria that are not related diagnosis, and are less stringent than criteria for entry into institutions. Services can be accessed as ne have needs that are below institutional level of care.	



Essential Health Benefit 1: Ambulatory patient services		Collapse All
Benefit Provided:	Source:	
Physician Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	7
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 deficien		
Other information regarding this benefit, including th benchmark plan:	ne specific name of the source plan if it is not the base	
or for staff functioning in an administrative capacity.	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:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
L		
Scope Limit:		
Scope Limit: Outpatient hospital services and supplies, including s professionals; received on an outpatient basis. Certa	services performed by physicians and other health	
Outpatient hospital services and supplies, including professionals; received on an outpatient basis. Certa	services performed by physicians and other health	
Outpatient hospital services and supplies, including sprofessionals; received on an outpatient basis. Certa Other information regarding this benefit, including the	services performed by physicians and other health nin services require prior authorization. he specific name of the source plan if it is not the base	
Outpatient hospital services and supplies, including sprofessionals; received on an outpatient basis. Certa Other information regarding this benefit, including the benchmark plan:	services performed by physicians and other health nin services require prior authorization. he specific name of the source plan if it is not the base	
Outpatient hospital services and supplies, including sprofessionals; received on an outpatient basis. Certa Other information regarding this benefit, including the benchmark plan: Benefit also includes ambulatory surgery center facil	services performed by physicians and other health ain services require prior authorization. The specific name of the source plan if it is not the base ity services.	
Outpatient hospital services and supplies, including s professionals; received on an outpatient basis. Certa Other information regarding this benefit, including th benchmark plan: Benefit also includes ambulatory surgery center facil Benefit Provided:	services performed by physicians and other health nin services require prior authorization. ne specific name of the source plan if it is not the base ity services.	



I	Amount Limit:	Duration Limit:	
	Varies	Varies	Remove
-	Scope Limit:		
ſ	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 F plan.	Health Care Services in Michigan's Medicaid State	
Bene	efit Provided:	Source:	
Hosj	pice	State Plan 1905(a)	Remove
	Authorization:	Provider Qualifications:	
ſ	Other	Medicaid State Plan	
L	Amount Limit:	Duration Limit:	
ſ	None	See below	
L	Scope Limit:		
Г	Hospice is a program of care and support for beneficiaries who are terminally ill.		
t E	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		
		rent with curative treatment of the child's terminal	
i	illness is covered.		
i Bene		Source:	Remove
i Bene Podi	efit Provided: iatry -Other Licensed Practitioners	Source: State Plan 1905(a)	Remove
i Bene Podi	efit Provided:	Source: State Plan 1905(a) Provider Qualifications:	Remove
i Bene Podi	efit Provided: iatry -Other Licensed Practitioners Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
i Bene Podi	efit Provided: iatry -Other Licensed Practitioners Authorization:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
i Bene Podi	illness is covered. efit Provided: iatry -Other Licensed Practitioners Authorization: None Amount Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
i Bene Podi	efit Provided: iatry -Other Licensed Practitioners Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None nd/or treat illness, injury, the prevention of disability,	Remove
i Bene Podi	illness is covered. efit Provided: iatry -Other Licensed Practitioners Authorization: None Amount Limit: None Scope Limit: Services are limited to those necessary to diagnose ar	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None nd/or treat illness, injury, the prevention of disability,	Ren



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.	Services are limited to those provided on an inpatient 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:		
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 appr pregnancy, including diagnostic evaluation, drugs, ar benefit.			



benchmark plan:		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 manipul 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:		
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:	
ocial Workers - Other Licensed Providers	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Amount Emit.		



Scope Limit: Services are limited to those necessary to diagnosis a		Remove	
Social Worker's scope of practice as defined by State Other information regarding this benefit, including th benchmark plan:		1	
Benefit Provided:	Source:		
Professional Counselors - Other Licensed Providers	State Plan 1905(a)	Remove	
Authorization:	Provider Qualifications:		
None	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:			
Services are limited to those necessary to diagnosis a Professional Counselor's scope of practice as defined			
Other information regarding this benefit, including th benchmark plan:	e specific name of the source plan if it is not the base		
Benefit Provided:	Source:		
Benefit Provided: Marriage&Family Therapist-Other Licensed Providers	Source: State Plan 1905(a)	Remove	
		Remove	
Marriage&Family Therapist-Other Licensed Providers	State Plan 1905(a)	Remove	
Marriage&Family Therapist-Other Licensed Providers Authorization:	State Plan 1905(a) Provider Qualifications:	Remove	
Marriage&Family Therapist-Other Licensed Providers Authorization: None	State Plan 1905(a)         Provider Qualifications:         Medicaid State Plan	Remove	
Marriage&Family Therapist-Other Licensed Providers Authorization: None Amount Limit:	State Plan 1905(a)         Provider Qualifications:         Medicaid State Plan         Duration Limit:	Remove	
Marriage&Family Therapist-Other Licensed Providers Authorization: None Amount Limit: None	State Plan 1905(a)         Provider Qualifications:         Medicaid State Plan         Duration Limit:         None         and/or treat behavioral health disorders within the	Remove	
Marriage&Family Therapist-Other Licensed Providers          Authorization:         None         Amount Limit:         None         Scope Limit:         Services are limited to those necessary to diagnosis a	State Plan 1905(a)         Provider Qualifications:         Medicaid State Plan         Duration Limit:         None         and/or treat behavioral health disorders within the s defined by State law.	Remove	
Marriage&Family Therapist-Other Licensed Providers          Authorization:         None         Amount Limit:         None         Scope Limit:         Services are limited to those necessary to diagnosis a Marriage and Family Therapist's scope of practice as         Other information regarding this benefit, including th	State Plan 1905(a)         Provider Qualifications:         Medicaid State Plan         Duration Limit:         None         and/or treat behavioral health disorders within the s defined by State law.	Remove	
Marriage&Family Therapist-Other Licensed Providers          Authorization:         None         Amount Limit:         None         Scope Limit:         Services are limited to those necessary to diagnosis a Marriage and Family Therapist's scope of practice as Other information regarding this benefit, including th benchmark plan:         Benefit Provided:	State Plan 1905(a)         Provider Qualifications:         Medicaid State Plan         Duration Limit:         None         and/or treat behavioral health disorders within the s defined by State law.         ae specific name of the source plan if it is not the base	Remove	
Marriage&Family Therapist-Other Licensed Providers          Authorization:         None         Amount Limit:         None         Scope Limit:         Services are limited to those necessary to diagnosis a Marriage and Family Therapist's scope of practice as Other information regarding this benefit, including th benchmark plan:	State Plan 1905(a)         Provider Qualifications:         Medicaid State Plan         Duration Limit:         None         and/or treat behavioral health disorders within the s defined by State law.         te specific name of the source plan if it is not the base         Source:	Remove	



None	Remove
cluding the specific name of the source plan if it is	not the base
titioner Services in Michigan's Medicaid State plan	n.
	Add
	ncluding the specific name of the source plan if it is



Essential Health Benefit 2: Emergency services		Collapse All 🗌
Benefit Provided:	Source:	
Emergency Services -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 services that are necessary to e	evaluate or stabilize an emergency medical condition.	
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Benefit Provided:	C autor a	
Emergency Transp./ Ambulance - Other Medical Care	Source: State Plan 1905(a)	Remove
	Provider Qualifications:	Itemove
Authorization:	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		_
	evaluate or stabilize an emergency medical condition.	
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Urgent Care Services - Clinics	State Plan 1905(a)	
Authorization:	Provider Qualifications:	1
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	1
None	None	
Scope Limit:	[	
Benefit is limited to unscheduled diagnosis and tre	atment of illnesses for ambulatory beneficiaries	
requiring immediate medical attention for non-life-		



benchmark plan:	Remove
	Add



rce: e Plan 1905(a) vider Qualifications: licaid State Plan ation Limit: e	Remove
licaid State Plan ation Limit:	
ation Limit:	
e	
Scope Limit: 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:	
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.	
	hysician standing orders are excluded. fic name of the source plan if it is not the base tive admissions, readmissions, and transfers for dmissions and Certification Review Contractor. dures require prior authorization. Admissions



Essential Health Benefit 4: Maternity and newborn care		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:	ne specific name of the source plan if it is not the base	
Benefit includes physician services related to matern services, and postpartum care.	ity 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 h	nospital under the direction of a physician.	
Other information regarding this benefit, including the benchmark plan:	ne specific name of the source plan if it is not the base	
Benefit includes inpatient hospital services related to related services, and postpartum care.	maternity care, including prenatal care, delivery	
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 maternity care, including prenatal care, delivery	7
related services, and postpartum care.		



		Remove
Benefit Provided:	Source:	
Nurse Midwife Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: See Attachment 3.1-A, Item 17. Nurse Midwife Services in Michigan's Medicaid State plan.		_
		Add



1	Essential Health Benefit 5: Mental health and substance behavioral health treatment	use disorder services including	Collapse All 🗌
	Benefit Provided:	Source:	
	Mental/Behavioral Health -Inpatient Hospital Serv.	State Plan 1905(a)	Remove
	Authorization:	Provider Qualifications:	
	Other	Medicaid State Plan	
	Amount Limit:	Duration Limit:	_
	None	None	
	Scope Limit:		_
	None		
	benchmark plan:	the specific name of the source plan if it is not the base	,
	See Supplement to Attachment 3.1-A, Item 1.a. Inpa plan.	atient 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 t benchmark plan:	he specific name of the source plan if it is not the base	
	See Supplement to Attachment 3.1-A, Item 13d. Rel	habilitative 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		



See Supplement to Attachment 3.1-A, Item 1.a. In plan.	patient Hospital Services in Michigan's Medicaid State	Remove
Benefit Provided:	Source:	
Substance Use Disorder -Rehabilitation Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including 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



Essential Health Benefit 6: Prescription drugs	
Benefit Provided:	
Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) same number of prescription drugs in each category and class as the base ben	6.
Prescription Drug Limits (Check all that apply.): <u>Authorization</u> :	Provider Qualifications:
Limit on days supply	State licensed
Limit on number of prescriptions	
Limit on brand drugs	
Other coverage limits	
Preferred drug list	
Coverage that exceeds the minimum requirements or other:	
The State of Michigan's ABP prescription drug benefit is the same as under the plan for prescribed drugs.	ne approved Medicaid state



Essential Health Benefit 7: Rehabilitative and habilitative	services and devices	Collapse All
Benefit Provided:	Source:	
Rehabilitation Services: Outpatient Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
Rehabilitative therapy services must be either restora covered. Therapy must be ordered, in writing, by a p practitioner within the scope of their practice.		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
<ul> <li>Rehabilitative physical therapy and occupational therapincrements) per 12 month consecutive period. Speech to 36 visits in a 12 month consecutive period. Outpat necessary diabetic patient education and services for period. Enrollment of Speech-Language Pathologists</li> <li>Additional approved state plan sources for outpatient and 1905(a)(13) respectively.</li> </ul>	h therapy services in the outpatient setting are limited ient rehabilitative services also includes medically persons with neurological damage per program	
Benefit Provided:	Source:	
Benefit Provided: Habilitative Services -Outpatient Services	Source: Other state-defined	Remove
		Remove
Habilitative Services -Outpatient Services	Other state-defined	Remove
Habilitative Services -Outpatient Services Authorization:	Other state-defined Provider Qualifications:	Remove
Habilitative Services -Outpatient Services Authorization: Authorization required in excess of limitation	Other state-defined Provider Qualifications: Medicaid State Plan	Remove
Habilitative Services -Outpatient Services Authorization: Authorization required in excess of limitation Amount Limit:	Other state-defined         Provider Qualifications:         Medicaid State Plan         Duration Limit:	Remove
Habilitative Services -Outpatient Services Authorization: Authorization required in excess of limitation Amount Limit: See below Scope Limit:	Other state-defined         Provider Qualifications:         Medicaid State Plan         Duration Limit:	
Habilitative Services -Outpatient Services Authorization: Authorization required in excess of limitation Amount Limit: See below Scope Limit: Habilitative therapy services include those that help a	Other state-defined         Provider Qualifications:         Medicaid State Plan         Duration Limit:         See below         a person keep, learn or improve skills and functioning	
Habilitative Services -Outpatient Services          Authorization:         Authorization required in excess of limitation         Amount Limit:         See below         Scope Limit:         Habilitative therapy services include those that help a for daily living.         Other information regarding this benefit, including the	Other state-defined         Provider Qualifications:         Medicaid State Plan         Duration Limit:         See below         a person keep, learn or improve skills and functioning         e specific name of the source plan if it is not the base         y are each limited to 144 units (15 minute increments)         vices in the outpatient setting are limited to 36 visits	
Habilitative Services -Outpatient Services         Authorization:         Authorization required in excess of limitation         Amount Limit:         See below         Scope Limit:         Habilitative therapy services include those that help a for daily living.         Other information regarding this benefit, including the benchmark plan:         Habilitative physical therapy and occupational therapy per 12 month consecutive period. Speech therapy ser in a 12 month consecutive period. Enrollment of Spe	Other state-defined         Provider Qualifications:         Medicaid State Plan         Duration Limit:         See below         a person keep, learn or improve skills and functioning         e specific name of the source plan if it is not the base         y are each limited to 144 units (15 minute increments)         vices in the outpatient setting are limited to 36 visits	



Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
Varies	Varies	
Scope Limit:		
Described below		
Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base	
See Supplement to Attachment 3.1-A, Item 7.a.(3) M Services in Michigan's Medicaid State plan.	Aedical 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		
Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base	
Certain medical supplies may require prior authorizate benefits based upon specified medical necessity critection age and type of lens. Services also include hearing a	eria; replacement lens coverage limits vary based on	
Benefit Provided:	Source:	
Nursing Facility Services -Other Medical Service	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
	Duration Limit.	
Amount Limit:	Duration Limit:	
Amount Limit: None	None	
None	None	
None Scope Limit: This is intended to be a short-term rehabilitation ber	None	



Benefit Provided:	Source:	
Home Health -Rehab	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
Described below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Physical therapy and occupational therapy as provide visits per 60 days; additional services require prior at		



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:		_
Covered services include laboratory tests which are r of illness or injury when ordered by a physician or ot		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Screening or routine laboratory testing, except as specified for the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program or Preventive Medicine services, or by Medicaid policy, is not a benefit. A limited number of laboratory services require prior authorization.		t
		Add



#### 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).

enefit Provided:	Source:	
eventive Services	Base Benchmark Small Group	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
1		
referenced authorities.	; other preventive services as per recommended guidelines of the	
referenced authorities.	; other preventive services as per recommended guidelines of the t, including the specific name of the source plan if it is not the base	
referenced authorities. Other information regarding this benefit benchmark plan: "A" and "B" services recommended by Committee for Immunization Practices infants, children and adults recommend preventive services for women recomm	t, including the specific name of the source plan if it is not the base the United States Preventive Services Task Force; Advisory (ACIP) recommended vaccines; preventive care and screening for ed by HRSA's Bright Futures program/project; and additional ended by the Institute of Medicine (IOM).	
referenced authorities. Other information regarding this benefit benchmark plan: "A" and "B" services recommended by Committee for Immunization Practices infants, children and adults recommend preventive services for women recomm	t, including the specific name of the source plan if it is not the base the United States Preventive Services Task Force; Advisory (ACIP) recommended vaccines; preventive care and screening for ed by HRSA's Bright Futures program/project; and additional	



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:		n
None		
Other information regarding this benefit, i benchmark plan:	ncluding the specific name of the source plan if it is not the base	
See Supplement to Attachment 3.1-A, Iten	n 4b. EPSDT in Michigan's Medicaid State plan.	
		Add



Other Covered Benefits from Base Benchmark

Collapse All



Base Benchmark Benefit that was Substituted:       Source: Base Benchmark       Remove         Primary Care Provider 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:       Remove         Base Benchmark Benefit that was Substituted:       Source: Base Benchmark Benefit that was Substituted:       Source: Base Benchmark Benefit that was Substituted:       Remove         Base Benchmark Benefit that was Substituted:       Source: Base Benchmark Benefit in the vas Substituted:       Source: Base Benchmark Benefit in the was Substituted:       Remove         Referral Care Services vere bundled with Primary Care Provider services and mapped to the "ambulatory patient services" In the existing state Medicaid plan.       Remove         Base Benchmark Benefit that was Substituted:       Source: Base Benchmark       Remove         Outpatient Hospital Services-Duplication       Base Benchmark       Remove         Base Benchmark Benefit that was Substituted:       Source: Base Benchmark       Remove         Coutpatient Hospital Services-Duplication       Base Benchmark       Remove         Base Benchmark Benefit that was Substituted:       Source: Base Benchmark       Remove         Home Health Care -Duplication       Base Benchmark       Remove         Home Health Care -Dupli	Base Benchmark Benefits Not Covered due to Substitutio	n or Duplication	Collapse All
Primary Care Provider Services -Duplication       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:       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:       Source:       Base Benchmark       Remove         Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:       Remove         Base Benchmark Benefit that was Substituted:       Source:       Base Benchmark       Remove         Outpatient Hospital 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:       Remove         Outpatient Hospital 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:       Memove         Outpatient Hospital Services are mapped to the "ambulatory patient services" EHB category. The services are a duplication of outpatient hospital ser	Base Benchmark Benefit that was Substituted:		
section 1937 benchmark benefit(s) included above under Essential Health Benefits: Primary Care Provider Services were bundled with Specialist/Referral Care and mapped to the "ambulatory parient services" FIAB category. The bundled services are a duplication of physician services from the existing state Medicaid plan. Base Benchmark Benefit that was Substituted: Source: Referral Care Services -Duplication 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: Referral Care Services were bundled with Primary Care Provider services and mapped to the "ambulatory patient services" FIAB 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: Source: Outpatient Hospital Services-Duplication Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Outpatient hospital services are mapped to the "ambulatory patient services" EIHB category. The services are a duplication of outpatient hospital services are mapped to the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Home Health Care -Duplication Base Benchmark Base Benchmark Benefit that was Substituted: Source: Home health care services are mapped to the "ambulatory patient services" EIHB category. The services are a duplication of duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Home health care services are mapped to the "ambulatory patient services" EHB category. The services are a duplication of duplication, including indicating the substituted benefit(s) or th	Primary Care Provider Services -Duplication	Base Benchmark	Remove
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:       Source:       Base Benchmark       Remove         Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:       Remove         Base Benchmark Benefit that was Substituted:       Source:       Base Benchmark Benefit that was Substituted:       Source:         Base Benchmark Benefit that was Substituted:       Source:       Base Benchmark Benefit that was Substituted:       Source:         Outpatient Hospital 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:       Remove         Outpatient hospital services are mapped to the "ambulatory patient services" EHB category. The services are a duplication of outpatient hospital services are mapped to the "ambulatory patient services" EHB category. The services are a duplication of outpatient hospital services are mapped to the "ambulatory patient services" EHB category. The services are a duplication of upplication         Base Benchmark Benefit that was Substituted:       Source:       Base Benchmark       Remove         Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 b			_
Base Denchmark       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:       Referral Care Services were bundled with Primary Care Provider services and mapped to the "ambulatory patient services" FHB 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:       Source:         Outpatient Hospital Services are mapped to the "ambulatory patient services" EHB category. The services from the existing state Medicaid plan.         Base Benchmark Benefit that was Substituted:       Source:         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:       Source:         Outpatient hospital services from the existing state Medicaid plan.       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 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:         Home health Care services are mapped t	patient services" EHB category. The bundled service		У
Referral Care Services -Duplication       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:       Referral Care Services were bundled with Primary Care Provider services and mapped to the "ambulatory patient services from the existing state Medicaid plan.         Base Benchmark Benefit that was Substituted:       Source:         Outpatient Hospital Services are aduplication or physician services "EHB category. The bundled above under Essential Health Benefits:       Remove         Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:       Outpatient 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.       Remove         Base Benchmark Benefit that was Substituted:       Source:       Base Benchmark       Remove         Home Health Care -Duplication       Base Benchmark       Remove       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:       Remove         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.       Remove         Base	Base Benchmark Benefit that was Substituted:		
section 1937 benchmark benefit(s) included above under Essential Health Benefits:         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:       Source:         Base Benchmark Benefit that was Substituted:       Source:         Base Benchmark benefit(s) including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:       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:       Source:         Base Benchmark Benefit that was Substituted:       Source:         Home Health 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:         Home Health Care -Duplication       Base Benchmark         Remove       Explain the substituted:       Source:         Base Benchmark Benefit that was Substituted:       Source:       Base Benchmark       Remove         Explain the substitution or duplication, including indicating the substituted	Referral Care Services -Duplication	Base Benchmark	Remove
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:       Source:         Outpatient Hospital Services-Duplication       Base Benchmark         Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:       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:       Source:         Base Benchmark Benefit that was Substituted:       Source:         Base Benchmark Benefit that was Substituted:       Source:         Home Health 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:         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:       Source:         Base Benchmark Benefit that was Substituted:       Source:         Home health care services from the existing state Medicaid plan. <td></td> <td></td> <td></td>			
Dutpatient Hospital 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:       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:       Source:         Home Health Care -Duplication       Base Benchmark         Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:         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:       Source:         Hospice -Duplication       Base Benchmark         Base Benchmark Benef	patient services" EHB category. The bundled service	es are a duplication of physician services and other	
Outpatient Hospital Services-Duplication       Remove         Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:       Outpatient 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:       Source:         Base Benchmark Benefit that was Substituted:       Source:         Base Benchmark benefit(s) included above under Essential Health Benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:       Remove         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.       Remove         Base Benchmark Benefit that was Substituted:       Source:       Base Benchmark       Remove         Hospice -Duplication       Base Benchmark       Remove       Remove         Base Benchmark Benefit that was Substituted:       Source:       Base Benchmark       Remove         Hospice -Duplication       Base Benchmark       Remove       Remove         Base Benchmark benefit(s) included above under Essential Health Benefits:       Remove       Remove         Hospice -Duplication       Geeee thealth Geee fit(s) or the duplicate section 1937 b	Base Benchmark Benefit that was Substituted:		
section 1937 benchmark benefit(s) included above under Essential Health Benefits:   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: Source: Base Benchmark   Home Health Care -Duplication Base Benchmark   Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: 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: Source: Base Benchmark   Base Benchmark Benefit that was Substituted: Source: Base Benchmark   Home health care services are mapped to the "ambulatory patient services" EHB category. The services are a duplication or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Hospice -Duplication   Base Benchmark Benefit that was Substituted: Source: Base Benchmark   Base Isono or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: 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: Source: Base Benchmark   Base Benchmark Benefit that was Substituted: Source: Ba	Outpatient Hospital Services-Duplication	Base Benchmark	Remove
are a duplication of outpatient hospital services from the existing state Medicaid plan.         Base Benchmark Benefit that was Substituted:       Source: Base Benchmark         Home Health Care -Duplication       Base Benchmark         Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:       Remove         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.       Remove         Base Benchmark Benefit that was Substituted:       Source: Base Benchmark       Remove         Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:       Remove         Hospice -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:       Remove         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         Base Benchmark Benefit that was Substituted:       Source: Base Benchmark       Base Benchmark			
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Home Health Care -Duplication       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 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:       Source:         Base Benchmark Benefit (s) included above under Essential Health Benefits:         Hospice -Duplication       Base Benchmark         Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:         Hospice services are mapped to the "ambulatory patient services" EHB category. The services are a duplication of duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:         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:       Source:         Base Benchmark Benefit that was Substituted:       Source:         Base Benchmark Benefit that was Substituted:       Source:         Base Benchmark       Base Benchmark	Base Benchmark Benefit that was Substituted:		
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a duplication of Home health care services from the existing state Medicaid plan.         Base Benchmark Benefit that was Substituted:       Source: Base Benchmark         Hospice -Duplication       Base Benchmark         Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:       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:       Source: Base Benchmark			
Hospice -Duplication       Base Benchmark         Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:       Remove         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         Base Benchmark Benefit that was Substituted:       Source:         Base Benchmark       Base Benchmark			e
Hospice -Duplication       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:       Remove         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:       Source:         Base Benchmark Benefit that was Substituted:       Source:       Base Benchmark	Base Benchmark Benefit that was Substituted:		
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duplication of hospice services from the existing state Medicaid plan.         Base Benchmark Benefit that was Substituted:       Source:         Base Benchmark			
Base Benchmark			
Services by Other Health Professional -Duplication			
	Services by Other Health Professional -Duplication	]	



Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		Remove
Services by Other Health Professional (Podiatry) are category. The services are a duplication of podiatry s state Medicaid plan.	mapped to the "ambulatory patient services" EHB services -other licensed practitioner- from the existing	
Base Benchmark Benefit that was Substituted:	Source:	
Medical Emergency Care -Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Medical emergency care is mapped to the "emergency duplication of emergency services -other medical care		
Base Benchmark Benefit that was Substituted:	Source:	
Emergency Ambulance Services -Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Emergency ambulance care is mapped to the "emerge duplication of emergency transportation services -oth	ency services" EHB category. The services are a er 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 indi section 1937 benchmark benefit(s) included above un		
Urgent care services are mapped to the "emergency se of clinic services from the existing state Medicaid pla	ervices" EHB category. The services are a duplication in.	
Base Benchmark Benefit that was Substituted:	Source:	
Hospital Inpatient Care -Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un	8	
Inpatient hospital care is mapped to the "hospitalization inpatient hospital services from the existing state Med		
Base Benchmark Benefit that was Substituted:	Source:	
Maternity and Newborn Care -Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Maternity and newborn care is mapped to the "materr are a duplication of physician, outpatient, and inpatien plan.		



Base Benchmark Benefit that was Substituted: Source:	
Mental Health Acute Inpt. HospitalizationDupl. 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:	
Mental Health acute inpatient hospitalization is mapped to the "mental health and substance use disord services" EHB category. The services are a duplication of psychiatric inpatient hospital services from existing state Medicaid plan.	
Base Benchmark Benefit that was Substituted: Source:	
Outpatient Rehabilitation - 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:	
Outpatient Rehabilitation services are mapped to the "rehabilitative and habilitative services and device EHB category. The services are a duplication of Rehabilitation Services: Outpt. Hospital Services from existing state Medicaid plan.	
Base Benchmark Benefit that was Substituted: Source:	
Durable Medical Equipment and Supplies- Dupl. Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Durable Medical Equipment and Supplies are are mapped to the "rehabilitative and habilitative servic devices" EHB category. The services are a duplication of Home Health ServicesMed Supplies, Equipment Appliances from the existing state Medicaid plan.	
Base Benchmark Benefit that was Substituted: Source:	
Prosthetics and Orthotics - 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:	
Prosthetics and Orthotics are mapped to the "rehabilitative and habilitative services and devices" EHE category. The services are a duplication of Prosthetics and Orthotics from the existing state Medicaid	
Base Benchmark Benefit that was Substituted: Source:	
Chiropractic 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:	
Chiropractic Services are mapped to the "ambulatory patient service" EHB category. The services are duplication of Chiropractic Services-Other Licensed Practitioners from the existing state Medicaid plate	
Base Benchmark Benefit that was Substituted:Source:Skilled Nsg. Facility - Facility Rehab. Care-Dupl.Base Benchmark	



Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	Remove
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.	Kemove
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 - 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:	
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	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:	
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 -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:	
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:	
Family Planning/Reproductive 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:	
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 indissection 1937 benchmark benefit(s) included above un Referral Care Services is mapped to the "ambulatory duplication of Certified Nurse Anesthetists -Other Lie	nder Essential Health Benefits: patient services" EHB category. The services are a	Keniove
Medicaid plan.	Sources	
Base Benchmark Benefit that was Substituted: Nurse Midwife Services -Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
Nurse Midwife Services is mapped to the "maternity duplication of Nurse Midwife services from the exist	and newborn care" EHB category. The services are a ing state Medicaid plan.	
Base Benchmark Benefit that was Substituted: Mental Health Outpatient Treatment -Duplication	Source: Base Benchmark	Remove
	nder Essential Health Benefits:	
services" EHB category. The services are a duplicati rehabilitation services from the existing state Medica		
Base Benchmark Benefit that was Substituted: Substance Abuse Services - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
	stance Abuse Services covering outpatient treatment is disorder services" EHB category. These services are a	
		Add



Other Base Benchmark Benefits Not Covered

Collapse All



Other 1937 Covered Benefits that are not Essential Heal	th Benefits	Collapse All 🗌
Other 1937 Benefit Provided:	Source:	
Dental Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	-
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
Varies	Varies	
Scope Limit:		_
Preventive dental services are covered every six m bitewing, panorex, etc.).	onths. Radiograph limits vary based on type of view (eg	
Other:		_
Dental treatment for adults, including diagnostic, the conditions relating to a specific medical problem.	nerapeutic, and restorative care, are covered for All prosthodontics (dentures) require prior authorization.	
Other 1937 Benefit Provided:	Source:	
Vision/Optometrist Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
Varies	Varies	
Scope Limit:		_
Routine eye exam once every two years; non-routi to eye trauma and eye disease and low vision evalu be prior authorized).		
Other:		
Vision/Optometrist Services are covered for adults. stipulated criteria and/or prior authorization.	Certain services and supplies may be subject to meeting	
Other 1937 Benefit Provided:	Source:	
Personal Care Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	]
Amount Limit:	Duration Limit:	



Scope Limit:		
Requires certification by a licensed health care p necessity for services.	rofessional and a plan of care to determine medical	Remove
Other:		
grooming, dressing, transferring, self-administere and light housekeeping for beneficiaries requiring	ogram, include assistance with eating, toileting, bathing, ed medication, meal preparation, shopping/errands, laundry g physical help to perform activities of daily living. s included for individuals in accordance with 42 CFR	
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 mapregnancy.	aternal and infant health conditions that may complicate	
Other:		
	preventive health services that include social work, health education and nutrition education) and beneficiary a. Prior authorization is generally not required.	
Other 1937 Benefit Provided:	Source:	
Nursing Facility Services - Long Term Care	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
	d necessary in this type of facility for proper care and d board; nursing care; routine PT/OT/SLT consisting of	
Other:		
	eadmission Screening/Annual Resident Review tional assessment using the Medicaid Nursing Facility fit is included for individuals in accordance with 42 CFR	



Other 1937 Benefit Provided:	Source:	
Clinic Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See scope limit below.		
Other:		
limitations as services provided in the practitioner's of 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 w mental health clinic.	or authorization is generally not required.	
Other 1937 Benefit Provided:	Source:	
Reg./Lic. Dental Hygienists -Other Licensed Pract.	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	<u>L</u>
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Limited to services rendered on behalf of an organiz	zation, clinic or group practice.	
Other:		
Covered services are limited to those allowed under State law. Prior authorization is generally not requir limitation.	1 1	
Other 1937 Benefit Provided:	Source:	
	Section 1937 Coverage Option Benchmark Benefit Package	
	- ·	
Behavioral Health Targeted Case Mgmt Services	_ Package	
Behavioral Health Targeted Case Mgmt Services Authorization:	Package Provider Qualifications:	



None		Remove
Other:		
See Supplement 1 to Attachment 3.1-A, Targeted C Michigan's Medicaid State plan.	Case Management Services - Target Group A - in	
ther 1937 Benefit Provided: narmacists -Other Licensed Practitioners	Source: 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 administration of vaccines and toxoids services as allowed by applicable state authority. services is effective 4/1/17.	and the provision of medication therapy management The provision of medication therapy management	
Other:		
Prior authorization is generally not required.		
ther 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
ther 1937 Benefit Provided: CF/IID Services		Remove
ther 1937 Benefit Provided:	Section 1937 Coverage Option Benchmark Benefit Package	Remove
ther 1937 Benefit Provided: EF/IID Services Authorization:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
ther 1937 Benefit Provided: EF/IID Services Authorization: Concurrent Authorization	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
ther 1937 Benefit Provided: CF/IID Services Authorization: Concurrent Authorization Amount Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
ther 1937 Benefit Provided: EF/IID Services Authorization: Concurrent Authorization Amount Limit: None Scope Limit: Service is provided for individuals who are develo	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
ther 1937 Benefit Provided: EF/IID Services Authorization: Concurrent Authorization Amount Limit: None Scope Limit: Service is provided for individuals who are develo conditions) in properly certified and/or licensed pu	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
ther 1937 Benefit Provided: EF/IID Services Authorization: Concurrent Authorization Amount Limit: None Scope Limit: Service is provided for individuals who are develo conditions) in properly certified and/or licensed pu the developmentally disabled. Other: Intermediate care services are provided based on th needs. Admission to an intermediate care facility m must periodically recertify the need for care. Admi	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None Opmentally disabled (or for persons with related ublic or private institutions (or distinct part thereof) for ne level of care appropriate to the patient's medical must be upon the written direction of a physician, who ission must also be prior authorized by the Michigan The period of covered services is the minimum period	Remove



Other 1937 Benefit Provided: Program of All-Inclusive Care for Elderly (PACE)	Source: 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:		
PACE services are provided to beneficiaries age	55 or older meeting program criteria.	
Other:		
The State of Michigan's ABP PACE Program ben- for this benefit. This benefit is included for indivi	efit is the same as under the approved Medicaid state plan iduals 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:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
	Rehabilitative Services in Michigan's Medicaid State plan.	
Other 1937 Benefit Provided:	Source:	
Mental Health Outpatient Community Support	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Varies	Varies	
Scope Limit:		
None		
Other:		
	Rehabilitative Services in Michigan's Medicaid State plan.	



		Remove
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Substance Use Disorder Residential Services	Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Other 1937 Benefit Provided:	ehabilitative Services in Michigan's Medicaid State plan.	
Subst Use Disorder Sub-Acute Detox Services	Section 1937 Coverage Option Benchmark Benefit	Remove
	Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
See Supplement to Attachment 3.1-A, Item 13d. Re	ehabilitative 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	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		



	Community-Based Services in Michigan's Medicaid for 1915(i) services will no longer be provided under	Remove
Other 1937 Benefit Provided: Health Home Services for Chronic Conditions	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	Varies	
Scope Limit:		
Health Home services are limited to chronic condi	tions identified in the approve Medicaid state plan.	
Other:		
care team approach to person and family-centered i and community-based social services and supports beneficiaries with opioid use disorder and risk of de		
Other 1937 Benefit Provided: Cargeted Case Management- Flint Water Group	Source: 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 sta	te plan specify services and provider qualifications.	
Other:		
services; reassessment/follow-up; monitoring of services	ace to face comprehensive assessment/reassessment visit	
This coverage is to further the Flint, Michigan dem Act (Project No. 11W 00302/5). Freedom of choic	onstration project authorized under section 1115 of the e has been waived pursuant to the authority approved ion (Project No. 11W 00302/5). This benefit is effective	



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



Other: See Attachment 3.1–i.1. 1915(i) Home and Commun Program services are effective 10/01/2018.	nity-Based Services in Michigan's Medicaid State plan.	Remove
Other 1937 Benefit Provided: Peer-Delivered or Peer-Operated Support Services Authorization: Other	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
Amount Limit: None	Duration Limit:	
Scope Limit: None Other: See Supplement to Attachment 3.1-A, Item 13d. Reb	nabilitative Services in Michigan's Medicaid State plan.	
Other 1937 Benefit Provided: Medication-Assisted Treatment (MAT) Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
Other Amount Limit: Varies	Medicaid State Plan         Duration Limit:         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 plan MAT is exclusively provided in accordance with 190 ending September 30, 2025.		
Other 1937 Benefit Provided: Genetic Counselors - Other Licensed Practitioners	Source: Section 1937 Coverage Option Benchmark Benefit Package	



Medicaid State Plan	Remove
Duration Limit:	_
None	
	_
services as defined by state law under the genetic counselor's	
em 6d. Other Practitioner Services in Michigan's Medicaid State	1
Sur ou. Other Fractitioner Services in Wreingan's Wedeald State	
	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.

V.20130814

June 8, 2021

NAME TITLE ADDRESS CITY STATE ZIP

Dear Tribal Chair and Health Director:

**RE:** Enrollment of Genetic Counselors

This letter, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, serves as notice of intent to all Tribal Chairs and Health Directors of the request by the Michigan Department of Health and Human Services (MDHHS) to submit a State Plan Amendment (SPA) and Alternative Benefit Plan (ABP) amendment request to the Centers for Medicare & Medicaid Services (CMS).

The purpose of these amendments is to update the Medicaid State Plan and ABP to permit licensed Genetic Counselors to become enrolled with Michigan Medicaid and be reimbursed for their services. This change positively impacts Native Americans by increasing access to genetic counseling services. The anticipated effective date of the SPA and ABP amendment is October 1, 2021.

There is no public hearing scheduled for the SPA and ABP amendment. Input regarding these amendments is highly encouraged, and comments regarding this Notice of Intent may be submitted to Lorna Elliott-Egan, MDHHS Liaison to the Michigan Tribes. Lorna can be reached at 517-512-4146, or via email at <u>Elliott-EganL@michigan.gov</u>. **Please provide all input by July 23, 2021.** 

In addition, MDHHS is offering to set up group or individual meetings for the purpose of consultation in order to discuss the SPA and ABP amendment, according to the tribes' preference. Consultation meetings will allow tribes the opportunity to address any concerns and voice any suggestions, revisions, or objections to be relayed to the author of the proposal. If you would like additional information or wish to schedule a consultation meeting, please contact Lorna Elliott-Egan at the telephone number or email address provided above.

MDHHS appreciates the continued opportunity to work collaboratively with you to care for the residents of our state.

An electronic copy of this letter is available at <u>www.michigan.gov/medicaidproviders</u> >> Policy, Letters & Forms.

Sincerely,

K.M

Kate Massey, Director Medical Services Administration

 cc: Keri Toback, CMS Nancy Grano, CMS
 Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan
 Daniel Frye, Director, Indian Health Service - Bemidji Area Office
 Lorna Elliott-Egan, MDHHS

#### Distribution List for L 21-38 June 8, 2021

Ms. Whitney Gravelle, President, Bay Mills Indian Community Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center) Mr. David M. Arroyo, Chairman, Grand Traverse Band Ottawa & Chippewa Indians Mr. Soumit Pendharkar, Health Director, Grand Traverse Band Ottawa/Chippewa Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center Mr. Warren C. Swartz, Jr., President, Keweenaw Bay Indian Community Ms. Kathy Mayo, Interim Health Director, Keweenaw Bay Indian Community - Donald Lapointe Health/Educ Facility Mr. James Williams, Jr., Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians Ms. Sadie Valliere, Health & Human Services Director, Lac Vieux Desert Band Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians Mr. Daryl Wever, Health Director, Little River Band of Ottawa Indians Ms. Regina Gasco-Bentley, Tribal Chairman, Little Traverse Bay Band of Odawa Indians Ms. Jodi Werner, Health Director, Little Traverse Bay Band of Odawa Mr. Bob Peters, Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band) Ms. Kelly Wesaw, Health Director, Match-E-Be-Nash-She-Wish Potawatomi Mr. Jamie Stuck, Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department Mr. Matthew Wesaw, Tribal Chairman, Pokagon Band of Potawatomi Indians Ms. Priscilla Gatties, Interim Health Director, Pokagon Potawatomi Health Services Mr. Tim Davis, Tribal Chief, Saginaw Chippewa Indian Tribe Mrs. Karmen Fox, Executive Health Director, Nimkee Memorial Wellness Center Mr. Aaron Payment, Tribal Chairperson, Sault Ste. Marie Tribe of Chippewa Indians Mr. Leonid Chugunov, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC: Keri Toback, CMS

Nancy Grano, CMS

Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan

Daniel Frye, Director, Indian Health Service - Bemidji Area Office Lorna Elliott-Egan, MDHHS

#### 0009984783-01

#### Ad Content Proof

- Public Notice Michigan Department of Health and Human Services Medical Services Administration Genetic Counselor State Plan Amendment Requests
- The Michigan Department of Health and Human Services (MDHHS) plans to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS). The request includes a SPA and a corresponding alternative benefit plan (ABP) SPA to permit licensed Genetic Counselors to become enrolled with Michigan Medicaid and be reimbursed for their services.
- The anticipated effective date for the Genetic Counselor SPAs is October 1, 2021.
- Effective for dates of service on or after October 1, 2021, reimbursement will be available for genetic counseling services performed by a Medicaid enrolled genetic counselor working within their scope of practice. Payment for services will be made in accordance with the Medicaid fee schedule in effect on the date of service for the procedure code billed.
- In compliance with 42 CFR § 440.345, individuals under 21 years of age receiving Medicaid benefits will continue to have access to services within the full early and periodic screening, diagnosis and treatment (EPSDT) benefit as defined in Section 1905(r) of the Social Security Act.
- There is no estimated cost to the State of Michigan for the State Plan Amendments.
- There is no public meeting scheduled regarding this notice. Any interested party wishing to request a written copy of the SPA or wishing to submit comments may do so by submitting a request in writing to: MDHHS/Medical Services Administration, Program Policy Division, PO Box 30479, Lansing MI 48909-7979 or e-mail MSADraftPoli cy@michigan.gov by June 25, 2021. A copy of the proposed State Plan Amendment will also be available

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for review at http://michiga n.gov/mdhhs/0,5885,7-339-73970\_5080-108153--,00.html .

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