

## **Table of Contents**

**State/Territory Name: MI**

**State Plan Amendment (SPA) #: 14-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



**Division of Medicaid & Children's Health Operations**

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April 30, 2014

Stephen Fitton, Medicaid Director  
Medical Services Administration  
Michigan Department of Community Health  
400 South Pine Street, P.O. Box 30479  
Lansing, Michigan 48909-7979

**RE: Michigan State Plan Amendment (SPA)  
Transmittal Number (TN) 14-0001**

Dear Mr. Fitton:

Enclosed for your records is an approved copy of Michigan's Alternative Benefit Plan (ABP) state plan amendment TN 14-0001: Medicaid Alternative Benefit Plan. This ABP, which was submitted on February 20, 2014, meets all federal statutory and regulatory requirements for establishing an ABP.

All requirements pertaining to ABPs must be met including, but not limited to: benefits, payment rates, reimbursement methodologies, cost-sharing state plan pages, and (if applicable) managed care service delivery systems (waivers and contracts). Amendments to the state's approved Medicaid program (SPAs, waivers, contracts) may require corresponding amendments to the ABP if the changes to the benefit in the approved State plan will be mirrored in the ABP.

This ABP SPA is approved effective April 1, 2014, as requested by the state.

If you have any questions concerning this state plan amendment, please contact me, or have your staff contact Leslie Campbell, of my staff, at (312) 353-1557 or [Leslie.Campbell@cms.hhs.gov](mailto:Leslie.Campbell@cms.hhs.gov).

Sincerely,

/s/

Verlon Johnson  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

cc: Loni Hackney, MDCH

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

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**State/Territory name:** Michigan

**Transmittal Number:**

*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-14-0001

**Proposed Effective Date**

04/01/2014 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

Section 1937 of the Social Security Act

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

**Subject of Amendment**

This State Plan Amendment (SPA) is submitted in order to establish the Alternative Benefit Plan (ABP) Michigan will use to implement requirements of the Healthy Michigan Plan as stated in Michigan's Public Act 107 of 2013.

**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:

Stephen Fitton, Director  
Medical Services Administration

**Signature of State Agency Official**

**Submitted By:** Loni Hackney

**Last Revision Date:** Apr 24, 2014

**Submit Date:** Feb 20, 2014

DATE RECEIVED: February 20, 2014	DATE APPROVED: April 30, 2014
PLAN APPROVED – ONE COPY ATTACHED	
EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2014	SIGNATURE OF REGIONAL OFFICIAL: /s/
TYPED NAME: Verlon Johnson	TITLE: Associate Regional Administrator
REMARKS:	



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L

## Alternative Benefit Plan Populations ABP1

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	Adult Group	Mandatory	X

Enrollment is available for all individuals in these eligibility group(s).

### Geographic Area

The Alternative Benefit Plan population will include individuals from the entire state/territory.

Any other information the state/territory wishes to provide about the population (optional)

### 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.20130724



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-

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

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

Yes

Explain how the state has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements.

The benefits offered via the Healthy Michigan Plan are equal to or greater than the benefits offered via the approved Michigan Medicaid State plan, therefore per CMS guidance, the benefit packages are considered to be in alignment. For this eligibility group, the state will cover additional habilitative and comprehensive preventive services as described in ABP5.

### 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.20130807



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L

## Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package

ABP3

Select one of the following:

- The state/territory is amending one existing benefit package for the population defined in Section 1.
- The state/territory is creating a single new benefit package for the population defined in Section 1.

Name of benefit package:

## Selection of the Section 1937 Coverage Option

The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one):

- Benchmark Benefit Package.
- Benchmark-Equivalent Benefit Package.

The state/territory will provide the following Benchmark Benefit Package (check one that applies):

- The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- Secretary-Approved Coverage.
  - The state/territory offers benefits based on the approved state plan.
  - The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.

Please briefly identify the benefits, the source of benefits and any limitations:

## Selection of Base Benchmark Plan

The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

The Base Benchmark Plan is the same as the Section 1937 Coverage option.

Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:

- Largest plan by enrollment of the three largest small group insurance products in the state's small group market.
- Any of the largest three state employee health benefit plans by enrollment.



# Alternative Benefit Plan

- Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
- Largest insured commercial non-Medicaid HMO.

Plan name:

Other Information Related to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):

1. The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5.
2. The state assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid state plan.
3. For this eligibility group, the state will offer the full array of state plan benefits and will cover additional habilitative and comprehensive preventive services as described in ABP5.

### 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.20130801



# Alternative Benefit Plan

Attachment 3.1-

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

## Alternative Benefit Plan Cost-Sharing

ABP4

Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.

Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise described in the state plan. Any such cost sharing must comply with Section 1916 of the Social Security Act.

The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A.

No

Other Information Related to Cost Sharing Requirements (optional):

### 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.20130807





# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L

Benefits Description	ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit package. <input type="checkbox" value="No"/>	
<b>Benefits Included in Alternative Benefit Plan</b>	
Enter the specific name of the base benchmark plan selected:	
Priority Health HMO	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."	
Secretary-Approved  For any Home and Community Based Services benefits as permitted in 1915(i) in ABP 5, the state assures that: 1. The service(s) are provided in settings that meet HCB setting requirements; 2. The services(s) meet the person-centered service planning requirements; 3. Individuals receiving these services meet the state-established needs-based criteria that are not related solely to age, disability, or diagnosis, and are less stringent than criteria for entry into institutions. Services can be accessed as needed, even if the individuals have needs that are below institutional level of care.	



# Alternative Benefit Plan

Essential Health Benefit 1: Ambulatory patient services

Collapse All

Benefit Provided:

Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

Services must be related to a diagnosed mental or physical health condition calling for therapeutic management, an exam to diagnose a mental deficiency, or family planning.

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

Includes Primary Care and Specialist/Referral Physician Services; Other Practitioner Services (e.g. Nurse Practitioner, Physician Assistant). No payments for services of staff in residence (e.g. interns and residents) or for staff functioning in an administrative capacity. Physician services related to a diagnosed mental health condition in an inpatient setting are covered only when rendered by a psychiatrist or physician (MD or DO), or psychological testing by a licensed psychologist under the direction of a psychiatrist or physician (MD or DO). Laboratory services performed in the physician office are limited to those determined to be reasonable and appropriate for that site. Physician visits in a nursing home setting are limited to one visit per month; additional visits must be documented as medically necessary.

Benefit Provided:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Outpatient hospital services and supplies, including services performed by physicians and other health professionals; received on an outpatient basis. Certain services require prior authorization.

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

Benefit also includes ambulatory surgery center facility services.

Benefit Provided:

Home Health Care

Source:

State Plan 1905(a)

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:	Duration Limit:	
Described Below	Described Below	Remove
Scope Limit:		
Services described below are covered when provided to a beneficiary in his/her place of residence and ordered by a physician as part of a comprehensive written plan of care.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Intermittent skilled services are covered, including nursing services, home health aide services, physical therapy, and occupational therapy. Home health care services are not covered for beneficiaries in a hospital, nursing facility or intermediate care facility.		

Benefit Provided:	Source:	
Hospice	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	See below	
Scope Limit:		
Hospice is a program of care and support for beneficiaries who are terminally ill.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Benefits are subject to an enrollment determination process. Terminally ill beneficiaries have the option to enroll in a hospice program if their life expectancy is 6 months or less, as determined by a physician and the Hospice Medical Director. For beneficiaries under age 21, in accordance with Section 2302 of the Affordable Care Act, hospice care for children concurrent with curative treatment of the child's terminal illness is covered.		

Benefit Provided:	Source:	
Podiatry -Other Licensed Practitioners	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services are limited to those necessary to diagnose and/or treat illness, injury, the prevention of disability, or services provided to patients suffering from specific systemic diseases for which self-treatment would be hazardous.		



# Alternative Benefit Plan

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

Remove

Benefit Provided:

Tobacco Cessation Treatment

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Face-to-face tobacco cessation counseling services must be performed by or under the supervision of a physician or other health care professional licensed under state law.

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

Benefit Provided:

Cert. Nurse Anesesth -Other Licensed Practitioners

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services are limited to those provided on an inpatient or outpatient basis and reimbursement is directed through to the provider or the provider's employer.

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

Benefit Provided:

Family Planning Services & Supplies

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



# Alternative Benefit Plan

**Scope Limit:**

Family planning services include any medically approved means of voluntarily preventing or delaying pregnancy, including diagnostic evaluation, drugs, and supplies. Infertility treatment is not a covered benefit.

Remove

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

**Benefit Provided:**

Chiropractic Services-Other Licensed Practitioners

**Source:**

State Plan 1905(a)

Remove

**Authorization:**

Authorization required in excess of limitation

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

18 visits per calendar year

**Duration Limit:**

None

**Scope Limit:**

Chiropractic services are limited to spinal manipulation. Benefit includes one set of spinal x-rays per beneficiary, per year.

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

Add



# Alternative Benefit Plan

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



# Alternative Benefit Plan

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

Remove

Add



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 3: Hospitalization		Collapse All <input type="checkbox"/>
<b>Benefit Provided:</b> Inpatient Hospital Services	<b>Source:</b> State Plan 1905(a)	<input type="button" value="Remove"/>
<b>Authorization:</b> Prior Authorization	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> 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.		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> Medical, surgical, and rehabilitation inpatient services: elective admissions, readmissions, and transfers for inpatient hospital services must be authorized through the Admissions and Certification Review Contractor. Transplant Services are covered and certain transplant procedures require prior authorization. Admissions and continued stays for rehabilitation units and freestanding rehabilitation hospitals require prior authorization.		
		<input type="button" value="Add"/>





# Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care Collapse All

<b>Benefit Provided:</b> Maternity Care - Physician Services	<b>Source:</b> State Plan 1905(a) <span style="float: right;"><b>Remove</b></span>
<b>Authorization:</b> None	<b>Provider Qualifications:</b> Medicaid State Plan
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None
<b>Scope Limit:</b> None	
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> Benefit includes physician services related to maternity care, including prenatal care, delivery related services, and postpartum care.	

<b>Benefit Provided:</b> Maternity Care - Inpatient Hospital Services	<b>Source:</b> State Plan 1905(a) <span style="float: right;"><b>Remove</b></span>
<b>Authorization:</b> None	<b>Provider Qualifications:</b> Medicaid State Plan
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None
<b>Scope Limit:</b> Services are covered when furnished by a certified hospital under the direction of a physician.	
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> Benefit includes inpatient hospital services related to maternity care, including prenatal care, delivery related services, and postpartum care.	

<b>Benefit Provided:</b> Maternity Care- Outpatient Hospital Services	<b>Source:</b> State Plan 1905(a)
<b>Authorization:</b> None	<b>Provider Qualifications:</b> Medicaid State Plan
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None
<b>Scope Limit:</b> Benefit includes outpatient hospital services related to maternity care, including prenatal care, delivery related services, and postpartum care.	



# Alternative Benefit Plan

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

Remove

Benefit Provided:

Nurse Midwife Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

The nurse midwife must have an alliance agreement that provides a safe mechanism for physician consultation, collaboration and referral.

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

Services include family planning, limited laboratory work, minor gynecological services, and maternity care for normal uncomplicated deliveries. The scope of nurse-midwifery involves the independent management of care of essentially normal pregnancies.

Add



# Alternative Benefit Plan

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

<b>Benefit Provided:</b> Mental/Behavioral Health -Inpatient Hospital Serv.	<b>Source:</b> State Plan 1905(a)	<b>Remove</b>
<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> Services are covered when furnished by a certified hospital under the direction of a physician.		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> PIHPs are responsible for inpatient psychiatric hospital admission authorizations/certifications. Reimbursement will be excluded for services provided to individuals who are inpatients of an IMD.		

<b>Benefit Provided:</b> Mental/Behavioral Health - Rehabilitation Services	<b>Source:</b> State Plan 1905(a)	<b>Remove</b>
<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> Services must be provided under the direction of a physician and delivered according to a physician-approved plan of service, under client services management, and by staff meeting appropriate professional qualifications.		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> Mental health outpatient rehabilitation services include diagnosis and evaluation, medication monitoring and administration, crisis intervention, individual group, and/or family therapy; behavioral management and occupational therapy.  Mental health outpatient-partial hospitalization services: intensive, highly coordinated, multi-modal ambulatory care with active psychiatric supervision. Treatment, services and supports are provided for six or more hours per day, five days a week, in a licensed setting. PIHPs are responsible for all authorizations and continuing stay reviews.		

<b>Benefit Provided:</b> Substance Use Disorder -Inpatient Hospital Service	<b>Source:</b> State Plan 1905(a)	
--	--------------------------------------	--



# Alternative Benefit Plan

Authorization:	Provider Qualifications:	
None	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Medically necessary acute care substance abuse detoxification in the inpatient hospital setting is covered.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Admission to an acute care setting for a diagnosis of SUD must meet medical necessity criteria as reflected in the physician's orders and patient care. Once the beneficiary's condition is stabilized, he or she must be referred to an appropriate treatment service. Reimbursement will be excluded for services provided to individuals who are inpatients of an IMD.		
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:		
The program covers medically necessary rehabilitation services for persons with a chemical dependency diagnosis. Medical necessity is documented by physician referral or approval of the treatment plan.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Substance Abuse Treatment Programs must meet program criteria to provide services that include residential sub-acute detoxification, residential rehabilitation, intensive outpatient programs (IOP) and/or individual or group counseling. Detoxification, rehabilitation, and IOP require prior authorization.		
Reimbursement will be excluded for services provided to individuals who are inpatients of an IMD.		
Opiate-dependent beneficiaries may be provided approved pharmacological chemotherapy as an adjunct to a treatment service. Provision of such services must meet program criteria.		
Add		



# Alternative Benefit Plan

Essential Health Benefit 6: Prescription drugs

**Benefit Provided:**

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.):

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

Authorization:

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

The State of Michigan's ABP prescription drug benefit is the same as under the approved Medicaid state plan for prescribed drugs.



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 7: Rehabilitative and habilitative services and devices		Collapse All <input type="checkbox"/>
<b>Benefit Provided:</b>		
<input type="text" value="Rehabilitation Services: Outpt. Hospital Services"/>		<input type="button" value="Remove"/>
<b>Source:</b>		
<input type="text" value="State Plan 1905(a)"/>		
<b>Authorization:</b>		<b>Provider Qualifications:</b>
<input type="text" value="Authorization required in excess of limitation"/>		<input type="text" value="Medicaid State Plan"/>
<b>Amount Limit:</b>		<b>Duration Limit:</b>
<input type="text" value="See below"/>		<input type="text" value="See below"/>
<b>Scope Limit:</b>		
<input type="text" value="Rehabilitative therapy services must be either restorative or specialized maintenance programs to be covered. Therapy must be ordered, in writing, by a physician or other Medicaid approved licensed practitioner within the scope of their practice."/>		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b>		
<input type="text" value="Rehabilitative physical therapy and occupational therapy are each limited to 144 units (15 minute increments) per 12 month consecutive period. Speech therapy services in the outpatient setting are limited to 36 visits in a 12 month consecutive period. Outpatient rehabilitative services also includes medically necessary diabetic patient education and services for persons with neurological damage per program criteria."/>		
<input type="text" value="Additional approved state plan sources for outpatient rehabilitation services include 1905(a)(5); 1905(a)(7); and 1905(a)(13) respectively."/>		
<hr/>		
<b>Benefit Provided:</b>		
<input type="text" value="Habilitative Services -Outpatient Hosp. Services"/>		<input type="button" value="Remove"/>
<b>Source:</b>		
<input type="text" value="Other state-defined"/>		
<b>Authorization:</b>		<b>Provider Qualifications:</b>
<input type="text" value="Authorization required in excess of limitation"/>		<input type="text" value="Medicaid State Plan"/>
<b>Amount Limit:</b>		<b>Duration Limit:</b>
<input type="text" value="See below"/>		<input type="text" value="See below"/>
<b>Scope Limit:</b>		
<input type="text" value="Habilitative therapy services include those that help a person keep, learn or improve skills and functioning for daily living."/>		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b>		
<input type="text" value="Habilitative physical therapy and occupational therapy are each limited to 144 units (15 minute increments) per 12 month consecutive period. Speech therapy services in the outpatient setting are limited to 36 visits in a 12 month consecutive period."/>		
<hr/>		
<b>Benefit Provided:</b>		<b>Source:</b>
<input type="text" value="Home Health Svcs.-Med Supplies, Equip, Appliances"/>		<input type="text" value="State Plan 1905(a)"/>



# Alternative Benefit Plan

<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Medicaid State Plan	<b>Remove</b>
<b>Amount Limit:</b> Varies	<b>Duration Limit:</b> Varies	
<b>Scope Limit:</b> Described below		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> Prior authorization of DME is required except where exempted for selected diagnosis codes. Certain medical supplies may require prior authorization. All must meet medical necessity criteria.		
<b>Benefit Provided:</b> Prosthetics and Orthotics; Eyeglasses, Hearing Aid	<b>Source:</b> State Plan 1905(a)	<b>Remove</b>
<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> Varies	<b>Duration Limit:</b> Varies	
<b>Scope Limit:</b> Described below		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> Certain medical supplies may require prior authorization. Eye glasses and contact lenses are covered benefits based upon specified medical necessity criteria; replacement lens coverage limits vary based on age and type of lens. Services also include hearing aids and auditory osseointegrated devices.		
<b>Benefit Provided:</b> Nursing Facility Services -Other Medical Service	<b>Source:</b> State Plan 1905(a)	
<b>Authorization:</b> Prior Authorization	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> This is intended to be a short-term rehabilitation benefit.		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> Eligibility determination based upon a Level I Preadmission Screening/annual Resident Review (PASARR); and a determination of medical/functional assessment using the Medicaid Nursing Facility		



# Alternative Benefit Plan

<input type="text" value="Level of Care Determination (LOCD). Benefit includes bed and board; nursing care; routine PT/OT/SLT consisting of repetitive services to maintain function."/>		<input type="button" value="Remove"/>
<b>Benefit Provided:</b>	<b>Source:</b>	<input type="button" value="Remove"/>
<input type="text" value="Home Health -Rehab"/>	<input type="text" value="State Plan 1905(a)"/>	
<b>Authorization:</b>	<b>Provider Qualifications:</b>	
<input type="text" value="Authorization required in excess of limitation"/>	<input type="text" value="Medicaid State Plan"/>	
<b>Amount Limit:</b>	<b>Duration Limit:</b>	
<input type="text" value="See below"/>	<input type="text" value="See below"/>	
<b>Scope Limit:</b>		
<input type="text" value="Described below"/>		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b>		
<input type="text" value="Physical therapy and occupational therapy as provided by a home health agency are each limited to 24 visits per 60 days; additional services require prior authorization."/>		
		<input type="button" value="Add"/>





# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 8: Laboratory services		Collapse All <input type="checkbox"/>
<b>Benefit Provided:</b> Laboratory	<b>Source:</b> State Plan 1905(a)	<b>Remove</b>
<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> Covered services include laboratory tests which are medically necessary for diagnosis and treatment of illness or injury when ordered by a physician or other licensed practitioner.		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> 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.		
		<b>Add</b>



# Alternative Benefit Plan

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

Collapse All

The state/territory must provide, at a minimum, a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided:

Preventive Services

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

One preventive medicine visit per year; other preventive services as per recommended guidelines of the referenced authorities.

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

"A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

The base-benchmark provides for the full range of preventive benefits as required under current federal requirements.

Add



# Alternative Benefit Plan

Essential Health Benefit 10: Pediatric services including oral and vision care Collapse All

**Benefit Provided:**

Medicaid State Plan EPSDT Benefits

**Source:**

State Plan 1905(a)

**Remove**

**Authorization:**

Other

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

None

**Duration Limit:**

N/A

**Scope Limit:**

EPSDT services are provided to beneficiaries under the age of 21.

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

EPSDT services are provided as defined in section 1905 (r) (5) of the Social Security Act. Certain limited services may be provided by Intermediate School Districts, such as OT, PT, speech therapy, psychological counseling and social work services, physician and nursing care, personal care, and specialized transportation as identified in an Individualized Education Program (IEP). Religious non-medical health care nursing services and private duty nursing services may be prior authorized for beneficiaries under age 21. Dental services and blood lead follow-up services are covered.

**Add**



# Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All



# Alternative Benefit Plan

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

Base Benchmark Benefit that was Substituted:

Source:

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:

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:

Referral Care Services -Duplication

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

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:

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:

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

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:

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:

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:

Services by Other Health Professional -Duplication

Base Benchmark



# Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Services by Other Health Professional (Podiatry) are mapped to the "ambulatory patient services" EHB category. The services are a duplication of podiatry services -other licensed practitioner- from the existing state Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Medical Emergency Care -Duplication</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Medical emergency care is mapped to the "emergency services" EHB category. The services are a duplication of emergency services -other medical care- from the existing state Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Emergency Ambulance Services -Duplication</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Emergency ambulance care is mapped to the "emergency services" EHB category. The services are a duplication of emergency transportation services -other medical care- from the existing state Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Urgent Care Services -Duplication</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Urgent care services are mapped to the "emergency services" EHB category. The services are a duplication of clinic services from the existing state Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Hospital Inpatient Care -Duplication</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Inpatient hospital care is mapped to the "hospitalization" EHB category. The services are a duplication of inpatient hospital services from the existing state Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Maternity and Newborn Care -Duplication</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Maternity and newborn care is mapped to the "maternity and newborn care" EHB category. The services are a duplication of physician, outpatient, and inpatient hospital services from the existing state Medicaid plan.</p>	<p>Remove</p>



# Alternative Benefit Plan

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



# Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>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.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Laboratory Services - Duplication</p>	<p>Source:</p> <p>Base Benchmark</p> <p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Laboratory services are mapped to the "laboratory services" EHB category. The services are a duplication of laboratory services from the existing state Medicaid plan.</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Tobacco Cessation Treatment - Duplication</p>	<p>Source:</p> <p>Base Benchmark</p> <p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>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.</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Other Services Provided by Health Profess. -Duplic</p>	<p>Source:</p> <p>Base Benchmark</p> <p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>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.</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Home Health Care -Duplication</p>	<p>Source:</p> <p>Base Benchmark</p> <p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>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.</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Family Planning/Reproductive Services -Duplication</p>	<p>Source:</p> <p>Base Benchmark</p> <p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>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.</p>	





# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Referral Care Services -Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Referral Care Services is mapped to the 'ambulatory patient services' EHB category. The services are a duplication of Certified Nurse Anesthetists -Other Licensed Practitioner services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Nurse Midwife Services -Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Nurse Midwife Services is mapped to the 'maternity and newborn care' EHB category. The services are a duplication of Nurse Midwife services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Mental Health Outpatient Treatment -Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Mental Health Outpatient Treatment services are mapped to the 'mental health and substance use disorder services' EHB category. The services are a duplication of mental/behavioral health outpatient - rehabilitation services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Substance Abuse Services - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Substance Abuse Services covering inpatient hospital services are mapped to the 'mental health and substance use disorder services' EHB category. Substance Abuse Services covering outpatient treatment is also mapped to the 'mental health and substance use disorder services' EHB category. These services are a duplication of Substance use disorder -Inpatient Hospital Service &amp; Outpatient Services- Rehabilitation from the existing state Medicaid plan."/>		
		<input type="button" value="Add"/>



# Alternative Benefit Plan

Other Base Benchmark Benefits Not Covered

Collapse All



# Alternative Benefit Plan

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

<b>Other 1937 Benefit Provided:</b> <input type="text" value="Dental Services"/>	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
<b>Authorization:</b> <input type="text" value="Other"/>	<b>Provider Qualifications:</b> <input type="text" value="Medicaid State Plan"/>	
<b>Amount Limit:</b> <input type="text" value="Varies"/>	<b>Duration Limit:</b> <input type="text" value="Varies"/>	
<b>Scope Limit:</b> <input type="text" value="Preventive dental services are covered every six months. Radiograph limits vary based on type of view (eg. bitewing, panorex, etc.)."/>		
<b>Other:</b> <input type="text" value="Dental treatment for adults, including diagnostic, therapeutic, and restorative care, are covered for conditions relating to a specific medical problem. All prosthodontics (dentures) require prior authorization."/>		

<b>Other 1937 Benefit Provided:</b> <input type="text" value="Vision/Optometrist Services"/>	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
<b>Authorization:</b> <input type="text" value="Other"/>	<b>Provider Qualifications:</b> <input type="text" value="Medicaid State Plan"/>	
<b>Amount Limit:</b> <input type="text" value="Varies"/>	<b>Duration Limit:</b> <input type="text" value="Varies"/>	
<b>Scope Limit:</b> <input type="text" value="Routine eye exam once every two years; non-routine exams limited to those services relating to eye trauma and eye disease and low vision evaluations, services and aids (which must be prior authorized)."/>		
<b>Other:</b> <input type="text" value="Vision/Optometrist Services are covered for adults. Certain services and supplies may be subject to meeting stipulated criteria and/or prior authorization."/>		

<b>Other 1937 Benefit Provided:</b> <input type="text" value="Personal Care Services"/>	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	
<b>Authorization:</b> <input type="text" value="Prior Authorization"/>	<b>Provider Qualifications:</b> <input type="text" value="Medicaid State Plan"/>	
<b>Amount Limit:</b> <input type="text" value="Varies"/>	<b>Duration Limit:</b> <input type="text" value="Varies"/>	



# Alternative Benefit Plan

**Scope Limit:**

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

Remove

**Other:**

Personal Care Services, under the Home Help Program, include assistance with eating, toileting, bathing, grooming, dressing, transferring, self-administered medication, meal preparation, shopping/errands, laundry and light housekeeping for beneficiaries requiring physical help to perform activities of daily living. Program eligibility criteria applies. This benefit is included for individuals in accordance with 42 CFR 440.315(f).

**Other 1937 Benefit Provided:**

Extended Services to Pregnant Women

**Source:**

Section 1937 Coverage Option Benchmark Benefit Package

Remove

**Authorization:**

Other

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

1 assessment visit; up to 9 professional visits

**Duration Limit:**

Varies

**Scope Limit:**

Services must be related to or associated with maternal and infant health conditions that may complicate pregnancy.

**Other:**

Maternal Infant Health Plan (MIHP) services are preventive health services that include social work, nutrition counseling, nursing services (including health education and nutrition education) and beneficiary advocacy services as provided by program criteria. Prior authorization is generally not required.

**Other 1937 Benefit Provided:**

Nursing Facility Services - Long Term Care

**Source:**

Section 1937 Coverage Option Benchmark Benefit Package

Remove

**Authorization:**

Prior Authorization

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

None

**Duration Limit:**

None

**Scope Limit:**

Period of covered services is the minimum period necessary in this type of facility for proper care and treatment of the patient; benefit includes bed and board; nursing care; routine PT/OT/SLT consisting of repetitive services to maintain function.

**Other:**

Eligibility determination based upon a Level I Preadmission Screening/Annual Resident Review (PASARR); and a determination of medical functional assessment using the Medicaid Nursing Facility Level of Care Determination (LOCD). This benefit is included for individuals in accordance with 42 CFR 440.315(f).



# Alternative Benefit Plan

<b>Other 1937 Benefit Provided:</b> Clinic Services	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<b>Remove</b>
<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> See scope limit below.		
<b>Other:</b> Preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services are covered with the same limitations as services provided in the practitioner's office, when furnished to an outpatient by or under the direction of a physician or dentist in a facility which is not part of a hospital but which is organized and operated to provide medical care to outpatients. Prior authorization is generally not required.  Mental Health Clinic Services are covered benefits when provided under the auspices of an approved mental health clinic.		
<b>Other 1937 Benefit Provided:</b> Reg./Lic. Dental Hygienists -Other Licensed Pract.	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<b>Remove</b>
<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> Limited to services rendered on behalf of an organization, clinic or group practice.		
<b>Other:</b> Covered services are limited to those allowed under the RDH's scope of practice as defined by State law. Prior authorization is generally not required.		
<b>Other 1937 Benefit Provided:</b> Behavioral Health Targeted Case Mgmt Services	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	
<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	



# Alternative Benefit Plan

Scope Limit: Targeted group populations as defined in the state plan specify services and provider qualifications.		Remove
Other: Services include comprehensive client assessment; care/services plan development; linking/coordination of services; reassessment/follow-up; monitoring of services as defined by program. Prior authorization is generally not required.		
Other 1937 Benefit Provided: Pharmacists -Other Licensed Practitioners	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Limited to administration of vaccines and toxoids as allowed by applicable state authority.		
Other: Prior authorization is generally not required.		
Other 1937 Benefit Provided: ICF/IID Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Concurrent Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Service is provided for individuals who are developmentally disabled (or for persons with related conditions) in properly certified and/or licensed public or private institutions (or distinct part thereof) for the developmentally disabled.		
Other: Intermediate care services are provided based on the level of care appropriate to the patient's medical needs. Admission to an intermediate care facility must be upon the written direction of a physician, who must periodically recertify the need for care. Admission must also be prior authorized by the Michigan Department of Community Health or its designee. The period of covered services is the minimum period necessary for the proper care and treatment of the patient.  Services regularly provided in these settings are in compliance with the provisions of 42 CFR 440.150 and include health related and programmatic care, supervised personal care, as well as room and board.		



# Alternative Benefit Plan

<p>Other 1937 Benefit Provided:</p> <p>Program of All-Inclusive Care for Elderly (PACE)</p> <p>Authorization:</p> <p>Other</p> <p>Amount Limit:</p> <p>See below</p> <p>Scope Limit:</p> <p>PACE services are provided to beneficiaries age 55 or older meeting program criteria.</p> <p>Other:</p> <p>The State of Michigan's ABP PACE Program benefit is the same as under the approved Medicaid state plan for this benefit. This benefit is included for individuals in accordance with 42 CFR 440.315(f).</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>See below</p>	<p>Remove</p>
<p>Other 1937 Benefit Provided:</p> <p>Rehabilitation -Mental Health Crisis Residential</p> <p>Authorization:</p> <p>Prior Authorization</p> <p>Amount Limit:</p> <p>See below</p> <p>Scope Limit:</p> <p>PIHPs are responsible for all authorizations and continuing stay reviews. Treatment services must be clinically-supervised by a psychiatrist. The program must include on-site nursing services.</p> <p>Other:</p> <p>Short-term alternative to inpatient psychiatric services for beneficiaries experiencing an acute psychiatric crisis when clinically indicated. Services may only be used to avert an inpatient psychiatric admission, or to shorten the length of an inpatient stay. Services must be provided to beneficiaries in licensed crisis residential foster care or group home settings not exceeding 16 beds in size. Homes/settings must have appropriate licensure from the state and must be approved by MDCH to provide specialized crisis residential services. Covered crisis services include: psychiatric supervision; therapeutic support services; medication management/stabilization and education; behavioral services; milieu therapy; and nursing services. Reimbursement will be excluded for services provided to individuals who are inpatients of an IMD.</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>See below</p>	<p>Remove</p>
<p>Other 1937 Benefit Provided:</p> <p>Mental Health Outpatient Community Support</p> <p>Authorization:</p> <p>Other</p> <p>Amount Limit:</p> <p>Varies</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>Varies</p>	



# Alternative Benefit Plan

**Scope Limit:**

ABP Services are limited to individual program criteria as identified under the approved Medicaid state plan.

Remove

**Other:**

Mental Health Outpatient Community Support Services as included the following services:

- **Assertive Community Treatment:** Assertive Community Treatment (ACT) is a set of intensive clinical, medical and psychosocial services provided by a mobile multi-disciplinary treatment team. Utilization of ACT services in high acuity conditions/situations allows beneficiaries to remain in their community residence and may prevent the use of more restrictive alternatives which may be detrimental to a beneficiary's existing natural supports and occupational roles. (This benefit is described in the current approved state plan as Mental Health Community Rehabilitation Services, Supplement to attachment 3.1-A, pg. 27a.)
- **Clubhouse Psychosocial Rehabilitation Programs:** Clubhouse Psychosocial Rehabilitation Programs – a program in which the beneficiary, with staff assistance, is engaged in operating all aspects of the clubhouse. Elements of the program include: Member-choice involvement, informal setting, program structure and services, ordered day, employment services and educational support, member supports, and social supports. (This benefit is described in the current approved state plan as Mental Health Psychosocial Rehabilitation Program, Supplement to attachment 3.1-A, pg. 27c.)
- **Intensive Crisis Stabilization:** Intensive Crisis Stabilization provides structured treatment and support activities provided by a multidisciplinary team. Component services include: Intensive individual counseling/psychotherapy; Assessments (rendered by the treatment team); Family therapy; Psychiatric supervision; and Therapeutic support services by trained paraprofessionals. (This benefit is described in the current approved state plan as Intensive/Crisis Residential Services, Supplement to attachment 3.1-A, pg. 27h.)

**Other 1937 Benefit Provided:**

Substance Use Disorder Residential Services

**Source:**

Section 1937 Coverage Option Benchmark Benefit Package

Remove

**Authorization:**

Prior Authorization

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

Varies

**Duration Limit:**

Varies

**Scope Limit:**

Medically necessary rehabilitation services for persons with a chemical dependency diagnosis as documented by physician referral/or approval of the treatment plan.

**Other:**

Substance Abuse Treatment Programs must meet program criteria to provide services that include residential sub-acute detoxification, residential rehabilitation, intensive outpatient programs (IOP) and/or individual or group counseling. Detoxification, rehabilitation, and IOP require prior authorization. Reimbursement will be excluded for services provided to individuals who are inpatients of an IMD.





# Alternative Benefit Plan

<b>Other 1937 Benefit Provided:</b> Subst Use Disorder Sub-Acute Detox Services	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<b>Remove</b>
<b>Authorization:</b> Concurrent Authorization	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> Varies	<b>Duration Limit:</b> Varies	
<b>Scope Limit:</b> Limited to the stabilization of the medical effects of the withdrawal and to the referral to necessary ongoing treatment and/or support services. Licensure as a sub-acute detoxification program is required.		
<b>Other:</b> Detoxification can take place in both residential and outpatient settings, and at various levels of intensity within these settings. Client placement must be based on ASAM Patient Placement Criteria and individualized determination of client need. Reimbursement will be excluded for services provided to individuals who are inpatients of an IMD.		
<b>Other 1937 Benefit Provided:</b> Behavioral Health Community Based Services 1915(i)	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	
<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Other	
<b>Amount Limit:</b> Varies	<b>Duration Limit:</b> Varies	
<b>Scope Limit:</b> Services are limited to individual program criteria and are based on a person centered planning process and available for Mental Health and Substance Use Disorders.		
<b>Other:</b> For any Home and Community Based Services benefits as permitted in 1915(i) in ABP5, the state assures that: <ol style="list-style-type: none"><li>1. The service(s) are provided in settings that meet HCB setting requirements;</li><li>2. The services(s) meet the person-centered service planning requirements;</li><li>3. Individuals receiving these services meet the state-established needs-based criteria that are not related solely to age, disability, or diagnosis, and are less stringent than criteria for entry into institutions. Services can be accessed as needed, even if the individuals have needs that are below institutional level of care.</li></ol> <p>The Medicaid state plan defines provider qualifications for all but the following: aides, mental health professionals, peer support specialists, psychologists, qualified intellectual disability professionals, qualified mental health professionals, social workers, and substance abuse treatment specialists. All providers must be: at least 18 years of age; able to prevent transmission of communicable disease; able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific emergency procedures, and to report on activities performed; and in good standing with the law (i.e., not a fugitive from justice, a convicted felon who is either under jurisdiction or whose</p>		



# Alternative Benefit Plan

felony relates to the kind of duty to be performed, or an illegal alien). Licensed professionals must act within the scope of practice defined by their licenses. "Supervision" is defined by the Occupational Regulations Section of the Michigan Public Health Code at MCL§333.16109 and, as appropriate, in the administrative rules that govern licensed, certified and registered professionals. Training, and fieldwork experience may be required as defined by the Michigan Department of Community Health.

## BEHAVIORAL HEALTH COMMUNITY BASED SUPPORTS AND SERVICES:

- **Assistive Technology:** Assistive technology is an item or set of items that enable the individual to increase his ability to perform activities of daily living with a greater degree of independence than without them; to perceive, control, or communicate with the environment in which he lives. Assistive technology items are not available through other Medicaid coverage or through other insurances. These items must be specified in the individual plan of service. All items must be ordered by a physician on a prescription.
- **Community Living Supports:** Community Living Supports are used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his goals of community inclusion and participation, independence or productivity. Community Living Supports may be provided in the participant's residence or in community settings.
- **Enhanced Pharmacy:** Enhanced pharmacy items are physician-ordered, nonprescription "medicine chest" items as specified in the individual's plan of service. Enhanced pharmacy needs must have documented evidence that the item is not available through Medicaid or other insurances, and is the most cost effective alternative to meet the beneficiary's needs.
- **Environmental Modifications:** Environmental Modifications are physical adaptations to the beneficiary's own home or apartment and/or work place. Environmental modifications must have documented evidence that the modification is the most cost-effective alternative to meet the beneficiary's need/goal based on the results of a review of all options.
- **Family Support and Training:** Family-focused services provided to family of persons with serious mental illness, serious emotional disturbance or developmental disability for the purpose of assisting the family in relating to and caring for a relative with one of these disabilities. Services target the family members who are caring for and/or living with an individual receiving mental health services. These services include education and training, counseling and peer support, Family Psycho-Education and Parent-to-Parent Support.
- **Housing Assistance:** Housing assistance is assistance with short-term, interim, or one-time-only expenses for beneficiaries transitioning from restrictive settings and homelessness into more independent, integrated living arrangements. Housing assistance coverage includes assistance with utilities, insurance, and moving expenses; limited term or temporary assistance with living expenses for beneficiaries transitioning from restrictive settings and homelessness, interim assistance with utilities, insurance or living expenses; home maintenance when, without a repair, the individual would be unable to move there, or if already living there, would be forced to leave for health and safety reasons.
- **Peer Delivered or Operated Support Services:** Peer-delivered or peer-operated support services are programs and services that provide individuals with opportunities to learn and share coping skills and strategies, move into more active assistance, and to build and/or enhance self-esteem and self-confidence. Peer delivered/specialist services provide support and assist beneficiaries to achieve community inclusion, participation, independence, recovery, resiliency and/or productivity.
- **Drop In Centers:** Peer-Run Drop-In Centers provide an informal, supportive environment to assist beneficiaries with mental illness in the recovery process. Peer-Run Drop-In Centers provide opportunities to learn and share coping skills and strategies, to move into more active assistance and away from passive



# Alternative Benefit Plan

beneficiary roles and identities, and to build and/or enhance self-esteem and self-confidence.

- **Prevention Direct Service Models:** Prevention-direct service models are programs using individual, family and group interventions designed to reduce the incidence of behavioral, emotional or cognitive dysfunction. Prevention direct service models reduce the need for individuals to seek treatment through the public mental health system. This service includes the programs of Child Care Expulsion Prevention, School Success Programs, Children of Adults with Mental Illness/Integrated Services, Infant Mental Health when not enrolled as a Home-Based program, and Parent Education.
- **Respite Care Services:** Respite care services are intended to assist in maintaining a goal of living in a natural community home. Respite care services are provided on a short-term, intermittent basis to relieve the beneficiary's family or other primary caregiver(s) from daily stress and care demands during times when they are providing unpaid care.
- **Skill Building Assistance:** Skill-building assistance consists of activities identified in the individual plan of services and designed by a professional within his/her scope of practice that assist a beneficiary to increase his economic self-sufficiency and/or to engage in meaningful activities such as school, work, and/or volunteering. The services provide knowledge and specialized skill development and/or support. Skill building services may be provided in the beneficiary's residence or in community settings.
- **Support and Service Coordination:** Supports and service coordination are functions performed by a supports coordinator, supports coordinator assistant, services and supports broker, or otherwise designated representative of the PIHP that include assessing the need for support and service coordination. Supports and service coordination includes planning and/or facilitating planning using person-centered principles, developing an individual plan of service using the person-centered planning process, linking to, coordinating with, follow-up of, advocacy with, and/or monitoring of Specialty Services and Supports and other community services/supports. brokering of providers of services/supports, assistance with access to entitlements and/or legal representation, coordination with the Medicaid Health Plan, Medicaid fee-for-service, or other health care providers.
- **Supported / Integrated Employment Services:** Employment services provide job development, initial and ongoing support services, and activities as identified in the individual plan of services that assist beneficiaries to obtain and maintain paid employment that would otherwise be unachievable without such supports. Employment support services are provided continuously, intermittently, or on a diminishing basis as needed throughout the period of employment. Supported/ integrated employment must be provided in integrated work settings where the beneficiary works alongside people who do not have disabilities.
- **Fiscal Intermediary Services:** Fiscal Intermediary Services are services that assist the adult beneficiary, or a representative identified in the beneficiary's individual plan of services, to meet the beneficiary's goals of community participation and integration, independence or productivity while controlling his individual budget and choosing staff who will provide the services and supports identified in the IPOS and authorized by the PIHP.

Remove

Add



# Alternative Benefit Plan

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

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V.20130814



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L

## Benefits Assurances

ABP7

### EPSDT Assurances

If the target population includes persons under 21, please complete the following assurances regarding EPSDT. Otherwise, skip to the Prescription Drug Coverage Assurances below.

The alternative benefit plan includes beneficiaries under 21 years of age.

Yes

The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345).

The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act.

Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services:

Through an Alternative Benefit Plan.

Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as defined in 1905(r).

Other Information regarding how ESPDT benefits will be provided to participants under 21 years of age (optional):

### Prescription Drug Coverage Assurances

The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.

The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.

The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.

### Other Benefit Assurances

The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.

The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.

The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.



# Alternative Benefit Plan

- The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
- The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
- The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
- The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
- The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits 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).

## PRA Disclosure Statement

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V.20130807



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

## Service Delivery Systems ABPS

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

- Managed care.
  - Managed Care Organizations (MCO).
  - Prepaid Inpatient Health Plans (PIHP).
  - Prepaid Ambulatory Health Plans (PAHP).
  - Primary Care Case Management (PCCM).

- Fee-for-service.
- Other service delivery system.

### Managed Care Options

#### Managed Care Assurance

- The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

#### Managed Care Implementation

Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts.

The state intends to implement this alternative benefit plan in accordance with its §1115(a) Healthy Michigan Plan demonstration waiver approved 12/30/2013. The state has ongoing operational meetings with currently contracted Medicaid Health Plans and Community Mental Health Services Programs to engage in and support discussions regarding the plan implementation and consumer outreach. Medicaid Policy Bulletins have been and continue to be utilized to communicate with providers and health plans. Consistent with existing managed care policies and procedures regarding plan selection, current Adult Benefit Waiver beneficiaries will be automatically transitioned to the Healthy Michigan Plan through the enrollment process which will also include direct beneficiary notification. Notification, education, and outreach efforts to all affected providers, beneficiaries, and contracted entities are ongoing.

#### MCO: Managed Care Organization

The managed care delivery system is the same as an already approved managed care program.

Yes

The managed care program is operating under (select one):

- Section 1915(a) voluntary managed care program.
- Section 1915(b) managed care waiver.
- Section 1932(a) mandatory managed care state plan amendment.
- Section 1115 demonstration.



# Alternative Benefit Plan

Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS:

Describe program below:

The Michigan "Adult Benefits Waiver" was transformed to establish the "Healthy Michigan" program, through which the state will provide benefits the new adult eligibility group. The Healthy Michigan Program beneficiaries will receive a full health care benefit package as required under the Affordable Care Act and will include all of the Essential Health Benefits as required by federal law and regulation, and there will not be any limits on the number of individuals who can enroll. Under the Healthy Michigan program, the state will use two different types of health plans to provide the full Alternative Benefit Plan for the demonstration population. The state will utilize comprehensive health plans and Pre-paid Inpatient Health Plans.

### Additional Information: MCO (Optional)

Provide any additional details regarding this service delivery system (optional):

### PIHP: Prepaid Inpatient Health Plan

The managed care delivery system is the same as an already approved managed care program.

The managed care program is operating under (select one):

- Section 1915(a) voluntary managed care program.
- Section 1915(b) managed care waiver.
- Section 1115 demonstration.
- Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS:

Describe program below:

The Michigan "Adult Benefits Waiver" was transformed to establish the "Healthy Michigan" program, through which the state will provide benefits the new adult eligibility group. The Healthy Michigan Program beneficiaries will receive a full health care benefit package as required under the Affordable Care Act and will include all of the Essential Health Benefits as required by federal law and regulation, and there will not be any limits on the number of individuals who can enroll. Under the Healthy Michigan program, the state will use two different types of health plans to provide the full Alternative Benefit Plan for the demonstration population. The state will utilize comprehensive health plans and Pre-paid Inpatient Health Plans.

### Additional Information: PIHP (Optional)

Provide any additional details regarding this service delivery system (optional):

### Fee-For-Service Options

Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:

- Traditional state-managed fee-for-service
- Services managed under an administrative services organization (ASO) arrangement





# Alternative Benefit Plan

Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-for-service care management models/non-risk, contractual incentives as well as the population served via this delivery system.

The current state plan incorporates several fee-for-service payment methodologies for various types of services and/or providers.

- Fixed fee screen: payment rates are established as a fee screen for each procedure or service for individual practitioners, clinic services, home health services, equipment and appliances, medical supplies, dentures, and prosthetic devices.
- Outpatient Prospective Payment System: Outpatient hospital services and ambulatory surgical centers are reimbursed generally in accordance with Medicare's Outpatient Prospective Payment System (OPPS) with an applied state specific conversion factor.
- DRG grouper pricing: Inpatient hospital services are reimbursed utilizing this methodology. Special pools for certain hospitals are created for institutions meeting certain criteria.
- Cost-reporting and/or facility class designation: Nursing facility services, school based services, and certain other facility services on a per diem or per service basis.
- Prospective Payment Systems (PPS): FQHCs, RHCs and certain other clinics are reimbursed through a Prospective Payment or alternative payment methodology utilizing cost settlement arrangements.

## Additional Information: Fee-For-Service (Optional)

Provide any additional details regarding this service delivery system (optional):

Services that are carved out of the MCO and PIHP delivery systems and currently reimbursed through FFS include, but are not limited to, the following: personal care services (Home Help), Maternal Infant Health Program prevention services, school based services, long term nursing facility services, certain transportation services, and specified psychotropic pharmacological products. Specific contract provisions with the MCOs and PIHPs prevail.

Services provided under the ABP to beneficiaries not yet enrolled in a Medicaid Health Plan due to applicable plan enrollment procedures will be reimbursed under the fee-for-service payment methodologies consistent with current approved state waiver processes.

## PRA Disclosure Statement

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V.20130718



# Alternative Benefit Plan

Attachment 3.1-L-

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

## Employer Sponsored Insurance and Payment of Premiums

ABP9

The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.

No

The state/territory otherwise provides for payment of premiums.

No

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

### PRA Disclosure Statement

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# Alternative Benefit Plan

Attachment 3.1-L -

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

## General Assurances

ABP10

### Economy and Efficiency of Plans

- The state/territory assures that Alternative Benefit Plan coverage is provided in accordance with Federal upper payment limit requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

Economy and efficiency will be achieved using the same approach as used for Medicaid state plan services.

Yes

### Compliance with the Law

- The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/territory plan under this title.
- The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e).
- The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.

### PRA Disclosure Statement

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V.20130807



# Alternative Benefit Plan

Attachment 3.1-L-

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

## Payment Methodology

ABP11

### Alternative Benefit Plans - Payment Methodologies

- The state/territory provides assurance that, for each benefit provided under an Alternative Benefit Plan that is not provided through managed care, it will use the payment methodology in its approved state plan or hereby submits state plan amendment Attachment 4.19a, 4.19b or 4.19d, as appropriate, describing the payment methodology for the benefit.

An attachment is submitted.

### PRA Disclosure Statement

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V.20130807