

## **Table of Contents**

**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 23-0010**

This file contains the following documents in the order listed:

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

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



Medicaid and CHIP Operations Group

---

December 15, 2023

**VIA E-MAIL**

Kathleen E. Walsh, Secretary  
The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
One Ashburton Place, Room 1109  
Boston, MA 02108

Re: Massachusetts State Plan Amendment (SPA) 23-0010

Dear Secretary Walsh:

For your records, this is an approved copy of Massachusetts's Alternative Benefit Plan (ABP) State Plan Amendment (SPA) MA 23-0010. This ABP amendment submitted through the Medicaid Model Data Lab (MMDL No. MA.0807.R00.14) on March 30, 2023, meets all federal statutory and regulatory requirements for establishing an ABP.

The state submitted this SPA to update the CarePlus Alternative Benefit Plan (ABP) to add and update behavioral health services. This SPA was approved December 14, 2023, with an effective date of January 1, 2023.

Enclosed are copies of the Summary page and approved Alternative Benefit Plan pages for incorporation into the Massachusetts State Plan.

If you have questions concerning this letter, please contact Marie DiMartino, Division of Program Operations (South Branch) at (617) 565-9157 or via e-mail at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov).

Sincerely,

A black rectangular redaction box covers the signature of Ruth A. Hughes.

Ruth A. Hughes, Acting Director  
Division of Program Operations

Enclosures

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

State/Territory name: **Massachusetts**

**Transmittal Number:**

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

MA-23-0010

**Proposed Effective Date**

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

**Federal Statute/Regulation Citation**

Section 1937 of the Social Security Act

**Federal Budget Impact**

|             | Federal Fiscal Year | Amount  |
|-------------|---------------------|---------|
| First Year  | 2023                | \$ 0.00 |
| Second Year | 2024                | \$ 0.00 |

**Subject of Amendment**

An amendment to the Medicaid State Plan to update the CarePlus Alternative Benefit Plan (ABP) State Plan to add and update certain behavioral health services.

**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:

Not required under 42 CFR 430.12(b)(2)(i)

**Signature of State Agency Official**

Submitted By: **Alison Kirchgasser**

Last Revision Date: **Dec 12, 2023**

Submit Date: **Mar 30, 2023**



# Alternative Benefit Plan

OMB Control Number: 09381148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

## Benefits Description

**ABP5**

The state/territory proposes a “Benchmark-Equivalent” benefit package.  No

### Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

2014 Government Employee Health Association, Inc. Benefit Plan (GEHA)

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter “Secretary-Approved.”

Secretary-Approved



# Alternative Benefit Plan

Essential Health Benefit 1: Ambulatory patient services

Collapse All

Benefit Provided:

Outpatient Hospital Service

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

For those members receiving benefits fee for service (FFS), certain specific services are covered with prior authorization (PA); for example, physical and occupational therapy services provided by an outpatient hospital require PA after 20 visits in a 12-month period. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Hospice Care

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Those members receiving benefits fee for service (FFS) must receive certification of terminal illness and elect hospice benefits.

Benefit Provided:

OLP: Audiologists' Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



# Alternative Benefit Plan

Scope Limit:

None

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

State Plan Benefit Title: "Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law: Audiologists' Services."

For those members receiving benefits fee for service (FFS), certain high-cost and replacement hearing aids are covered with prior authorization (PA). For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

OLP: Chiropractors' Services

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

20 visits/treatments per calendar year

Duration Limit:

None

Scope Limit:

None

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

State Plan Benefit Title: "Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law: Chiropractors' Services."

For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Physicians' Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

State Plan Benefit Title: "Physicians' services whether furnished in the office, the patient's home, a



# Alternative Benefit Plan

hospital, a nursing facility or elsewhere."

For those members receiving benefits fee for service (FFS), certain specific services are covered with prior authorization (PA); for example, reconstructive surgery and non-emergency out-of-state services provided by a physician who practices beyond 50 miles of the state border. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Diagnostic Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

For those members receiving benefits fee for service (FFS), certain specific services, such as Breast MRI, are covered with prior authorization (PA). For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Screening Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

For those members receiving benefits through managed care entities, utilization management may apply.

Benefit Provided:

Pediatric or Family Nurse Practitioners' Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan





# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Physicians' Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Home Health: Part-time Nursing Services

Source:

Secretary-Approved Other

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See below for scope limits

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

State Plan Title: "Home health services: Intermittent or part time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area."

For those members receiving benefits fee for service (FFS), nursing visits are covered with authorization in excess of limitations; for example, after 30 nursing visits in a calendar year. These 30 nursing visits within a calendar year are any combination of nursing services. This PA threshold resets every January 1st of the calendar year. After the threshold for PA is exceeded services must be provided through the PA unless they have a qualified break in service. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Clinic Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Below

Duration Limit:

None

Scope Limit:

Covered within the limitations outlined below.





# Alternative Benefit Plan

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

For those members receiving benefits fee for service (FFS), (1) MassHealth covers clinic services provided by the following: Designated Emergency Mental Health Providers, Freestanding Ambulatory Surgery Centers, Family Planning Clinics, Sterilization Clinics, Radiation Oncology Centers, Renal Dialysis Clinics, Rehabilitation Centers, Speech and Hearing Centers, Mental Health Centers, Substance Use Disorder Treatment Clinics, Limited Services Clinics, and Urgent Care Clinics; (2) MassHealth applies NCCI edits to providers of clinic services who bill using those codes; (3) Prior authorization is required for out of state FASC services when the FASC is located more than 50 miles from the Massachusetts border; (4) family planning clinics may be paid for a maximum of one HIV pre-test and one HIV post-test counseling visit per member per test per day, and a maximum of four HIV pre-test and four HIV post-test counseling visits per calendar year; (5) MassHealth covers medication assisted treatment for opioid dependency at opioid treatment service centers, in accordance with applicable clinical standards.

For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

FQHC Services and Other Amb. Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

State Plan Benefit Title: "Federally qualified health center (FQHC) services and other ambulatory services."

For those members receiving benefits fee for service (FFS), services provided at FQHCs are subject to the same prior authorization requirements summarized in this ABP. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Rural Health Clinic Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



# Alternative Benefit Plan

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

State Plan Benefit Title: "Rural Health Clinic Services and other ambulatory services furnished by a rural health clinic."

For those members receiving benefits fee for service (FFS), services provided at RHCs are subject to the same prior authorization requirements summarized in this ABP. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Family Planning Services and Supplies

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

State Plan Title: "Family planning services and supplies for individuals of child-bearing age."

For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Physicians' Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Home Health: Aide Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Other

Duration Limit:

None

Scope Limit:

Other

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

State Plan Title: "Home health services: Home health aide services provided by a home health agency." Prior authorization is required after 240 home health aide units in a calendar year. Prior authorization is required whenever services provided exceed 20 occupational-therapy, 20 physical-therapy, 35 speech-language therapy visits in a calendar year. Additionally, prior authorization is required when the member



# Alternative Benefit Plan

requires home health aide services in addition to therapy services. For those members receiving benefits through managed care entities, other utilization management may apply.

Add



# Alternative Benefit Plan

Essential Health Benefit 2: Emergency services

Collapse All

Benefit Provided:

Emergency Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Covered without limitations.

Benefit Provided:

Transportation – Emergent

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Covered without limitations.

Add



# Alternative Benefit Plan

Essential Health Benefit 3: Hospitalization

Collapse All

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

State Plan Title: "Inpatient hospital services (other than those provided in an institution for mental disease)."

For those members receiving benefits fee for service (FFS), as a condition of payment, MassHealth requires pre-admission screening for all elective admissions to acute hospitals and for all admissions to a chronic disease and rehabilitation hospital, except for members with other insurance (including Medicare). Additionally, certain specific services in the acute inpatient hospital setting are covered with prior authorization (PA); for example, certain drugs and biologics administered during the acute inpatient admission require PA.

For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Add





# Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care

Collapse All

Benefit Provided:

Nurse-midwife Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Physicians' Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Physician Services: Maternity

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Physicians' Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Inpatient Hospital Services: Maternity

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



# Alternative Benefit Plan

Scope Limit:

None

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

For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Inpatient Hospital Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Outpatient Hospital Services: Maternity

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Outpatient Hospital Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Add





# Alternative Benefit Plan

|  |  |   |  |                                       |  |  |  |  |  |  |   |  |  |  |  |  |
|--|--|---|--|---------------------------------------|--|--|--|--|--|--|---|--|--|--|--|--|
| <input checked="" type="checkbox"/> Essential Health Benefit 5: Mental health and substance use disorder services including behavioral health treatment  | Collapse All <input type="checkbox"/>  |   |  |                                       |  |  |  |  |  |  |   |  |  |  |  |  |
| <table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">Benefit Provided:<br/><input style="width: 95%;" type="text" value="Mental Health and Substance Use Disorder Services"/></td><td style="width: 40%; border: none;">Source:<br/><input style="width: 95%;" type="text" value="State Plan 1905(a)"/></td><td style="width: 10%; border: none; text-align: center;"><input type="button" value="Remove"/></td></tr><tr><td style="border: none;">Authorization:<br/><input style="width: 95%;" type="text" value="Other"/></td><td style="border: none;">Provider Qualifications:<br/><input style="width: 95%;" type="text" value="Medicaid State Plan"/></td><td style="border: none;"></td></tr><tr><td style="border: none;">Amount Limit:<br/><input style="width: 95%;" type="text" value="None"/></td><td style="border: none;">Duration Limit:<br/><input style="width: 95%;" type="text" value="None"/></td><td style="border: none;"></td></tr><tr><td colspan="3" style="border: none;">Scope Limit:<br/><input style="width: 95%;" type="text" value="None"/></td></tr><tr><td colspan="3" style="border: none; padding-top: 10px;">Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:<br/><div style="border: 1px solid black; padding: 5px; min-height: 80px;">The state offers mental health and substance use disorder services including behavioral health treatment for all members under state plan benefits including Physicians' Services, Clinic Services, Outpatient Hospital Services, Inpatient Hospital Services, Emergency Hospital Services, EPSDT, FQHCs, and RHCs. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA. All CarePlus managed care contractors provide certification of compliance with MHPAEA. Inpatient services are not provided in an IMD.</div></td></tr></table> |  | Benefit Provided:<br><input style="width: 95%;" type="text" value="Mental Health and Substance Use Disorder Services"/> | Source:<br><input style="width: 95%;" type="text" value="State Plan 1905(a)"/> | <input type="button" value="Remove"/> | Authorization:<br><input style="width: 95%;" type="text" value="Other"/> | Provider Qualifications:<br><input style="width: 95%;" type="text" value="Medicaid State Plan"/> |  | Amount Limit:<br><input style="width: 95%;" type="text" value="None"/> | Duration Limit:<br><input style="width: 95%;" type="text" value="None"/> |  | Scope Limit:<br><input style="width: 95%;" type="text" value="None"/>   |  |  | Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:<br><div style="border: 1px solid black; padding: 5px; min-height: 80px;">The state offers mental health and substance use disorder services including behavioral health treatment for all members under state plan benefits including Physicians' Services, Clinic Services, Outpatient Hospital Services, Inpatient Hospital Services, Emergency Hospital Services, EPSDT, FQHCs, and RHCs. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA. All CarePlus managed care contractors provide certification of compliance with MHPAEA. Inpatient services are not provided in an IMD.</div> |  |  |
| Benefit Provided:<br><input style="width: 95%;" type="text" value="Mental Health and Substance Use Disorder Services"/>  | Source:<br><input style="width: 95%;" type="text" value="State Plan 1905(a)"/>                   | <input type="button" value="Remove"/>   |  |                                       |  |  |  |  |  |  |   |  |  |  |  |  |
| Authorization:<br><input style="width: 95%;" type="text" value="Other"/>   | Provider Qualifications:<br><input style="width: 95%;" type="text" value="Medicaid State Plan"/> |   |  |                                       |  |  |  |  |  |  |   |  |  |  |  |  |
| Amount Limit:<br><input style="width: 95%;" type="text" value="None"/>   | Duration Limit:<br><input style="width: 95%;" type="text" value="None"/>                         |   |  |                                       |  |  |  |  |  |  |   |  |  |  |  |  |
| Scope Limit:<br><input style="width: 95%;" type="text" value="None"/>  |  |   |  |                                       |  |  |  |  |  |  |   |  |  |  |  |  |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:<br><div style="border: 1px solid black; padding: 5px; min-height: 80px;">The state offers mental health and substance use disorder services including behavioral health treatment for all members under state plan benefits including Physicians' Services, Clinic Services, Outpatient Hospital Services, Inpatient Hospital Services, Emergency Hospital Services, EPSDT, FQHCs, and RHCs. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA. All CarePlus managed care contractors provide certification of compliance with MHPAEA. Inpatient services are not provided in an IMD.</div>   |  |   |  |                                       |  |  |  |  |  |  |   |  |  |  |  |  |
| <table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">Benefit Provided:<br/><input style="width: 95%;" type="text" value="OLP: Psychologist"/></td><td style="width: 40%; border: none;">Source:<br/><input style="width: 95%;" type="text" value="State Plan 1905(a)"/></td><td style="width: 10%; border: none; text-align: center;"><input type="button" value="Remove"/></td></tr><tr><td style="border: none;">Authorization:<br/><input style="width: 95%;" type="text" value="Other"/></td><td style="border: none;">Provider Qualifications:<br/><input style="width: 95%;" type="text" value="Medicaid State Plan"/></td><td style="border: none;"></td></tr><tr><td style="border: none;">Amount Limit:<br/><input style="width: 95%;" type="text" value="None"/></td><td style="border: none;">Duration Limit:<br/><input style="width: 95%;" type="text" value="None"/></td><td style="border: none;"></td></tr><tr><td colspan="3" style="border: none;">Scope Limit:<br/><input style="width: 95%;" type="text" value="Psychological assessment, case consultation and family consultation, diagnostic service evaluation, individual therapy, couple therapy, family therapy, and group therapy."/></td></tr><tr><td colspan="3" style="border: none; padding-top: 10px;">Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:<br/><div style="border: 1px solid black; padding: 5px; min-height: 80px;">Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law: other practitioners' services. All CarePlus managed care contractors provide certification of compliance with MHPAEA.</div></td></tr></table>   |  | Benefit Provided:<br><input style="width: 95%;" type="text" value="OLP: Psychologist"/>                                 | Source:<br><input style="width: 95%;" type="text" value="State Plan 1905(a)"/> | <input type="button" value="Remove"/> | Authorization:<br><input style="width: 95%;" type="text" value="Other"/> | Provider Qualifications:<br><input style="width: 95%;" type="text" value="Medicaid State Plan"/> |  | Amount Limit:<br><input style="width: 95%;" type="text" value="None"/> | Duration Limit:<br><input style="width: 95%;" type="text" value="None"/> |  | Scope Limit:<br><input style="width: 95%;" type="text" value="Psychological assessment, case consultation and family consultation, diagnostic service evaluation, individual therapy, couple therapy, family therapy, and group therapy."/> |  |  | Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:<br><div style="border: 1px solid black; padding: 5px; min-height: 80px;">Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law: other practitioners' services. All CarePlus managed care contractors provide certification of compliance with MHPAEA.</div>   |  |  |
| Benefit Provided:<br><input style="width: 95%;" type="text" value="OLP: Psychologist"/>  | Source:<br><input style="width: 95%;" type="text" value="State Plan 1905(a)"/>                   | <input type="button" value="Remove"/>   |  |                                       |  |  |  |  |  |  |   |  |  |  |  |  |
| Authorization:<br><input style="width: 95%;" type="text" value="Other"/>   | Provider Qualifications:<br><input style="width: 95%;" type="text" value="Medicaid State Plan"/> |   |  |                                       |  |  |  |  |  |  |   |  |  |  |  |  |
| Amount Limit:<br><input style="width: 95%;" type="text" value="None"/>   | Duration Limit:<br><input style="width: 95%;" type="text" value="None"/>                         |   |  |                                       |  |  |  |  |  |  |   |  |  |  |  |  |
| Scope Limit:<br><input style="width: 95%;" type="text" value="Psychological assessment, case consultation and family consultation, diagnostic service evaluation, individual therapy, couple therapy, family therapy, and group therapy."/>  |  |   |  |                                       |  |  |  |  |  |  |   |  |  |  |  |  |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:<br><div style="border: 1px solid black; padding: 5px; min-height: 80px;">Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law: other practitioners' services. All CarePlus managed care contractors provide certification of compliance with MHPAEA.</div>   |  |   |  |                                       |  |  |  |  |  |  |   |  |  |  |  |  |
| <table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">Benefit Provided:<br/><input style="width: 95%;" type="text" value="OLP: Licensed Independent Clinical Social Worker"/></td><td style="width: 40%; border: none;">Source:<br/><input style="width: 95%;" type="text" value="State Plan 1905(a)"/></td><td style="width: 10%; border: none; text-align: center;"><input type="button" value="Remove"/></td></tr><tr><td style="border: none;">Authorization:<br/><input style="width: 95%;" type="text" value="Other"/></td><td style="border: none;">Provider Qualifications:<br/><input style="width: 95%;" type="text" value="Medicaid State Plan"/></td><td style="border: none;"></td></tr></table>  |  | Benefit Provided:<br><input style="width: 95%;" type="text" value="OLP: Licensed Independent Clinical Social Worker"/>  | Source:<br><input style="width: 95%;" type="text" value="State Plan 1905(a)"/> | <input type="button" value="Remove"/> | Authorization:<br><input style="width: 95%;" type="text" value="Other"/> | Provider Qualifications:<br><input style="width: 95%;" type="text" value="Medicaid State Plan"/> |  |  |  |  |   |  |  |  |  |  |
| Benefit Provided:<br><input style="width: 95%;" type="text" value="OLP: Licensed Independent Clinical Social Worker"/>   | Source:<br><input style="width: 95%;" type="text" value="State Plan 1905(a)"/>                   | <input type="button" value="Remove"/>   |  |                                       |  |  |  |  |  |  |   |  |  |  |  |  |
| Authorization:<br><input style="width: 95%;" type="text" value="Other"/>   | Provider Qualifications:<br><input style="width: 95%;" type="text" value="Medicaid State Plan"/> |   |  |                                       |  |  |  |  |  |  |   |  |  |  |  |  |



# Alternative Benefit Plan

|  |  |  |  |                                       |
|--|--|--|--|---------------------------------------|
| Amount Limit:<br><input type="text" value="None"/>   |  | Duration Limit:<br><input type="text" value="None"/>                         |  |                                       |
| Scope Limit:<br><input type="text" value="Case consultation and family consultation, diagnostic service evaluation, individual therapy, couple therapy, family therapy, and group therapy."/>  |  |  |  |                                       |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:<br><input type="text" value="Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law: other practitioners' services. All CarePlus managed care contractors provide certification of compliance with MHPAEA"/>   |  |  |  |                                       |
| Benefit Provided:<br><input type="text" value="Rehabilitative Services: MH/SUD Services"/>   |  | Source:<br><input type="text" value="State Plan 1905(a)"/>                   |  | <input type="button" value="Remove"/> |
| Authorization:<br><input type="text" value="Other"/>   |  | Provider Qualifications:<br><input type="text" value="Medicaid State Plan"/> |  |                                       |
| Amount Limit:<br><input type="text" value="None"/>   |  | Duration Limit:<br><input type="text" value="None"/>                         |  |                                       |
| Scope Limit:<br><input type="text" value="None"/>  |  |  |  |                                       |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:<br><input type="text" value="For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Physicians' Services, Outpatient Hospital Services, and Inpatient Hospital Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA. All CarePlus managed care contractors provide certification of compliance with MHPAEA. Inpatient services are not provided in an IMD."/> |  |  |  |                                       |
|  |  |  |  | <input type="button" value="Add"/>    |



# Alternative Benefit Plan

## Essential Health Benefit 6: Prescription drugs

### Benefit Provided:

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

Prescription Drug Limits (Check all that apply.): Authorization: Provider Qualifications:

Limit on days supply

Yes

State licensed

Limit on number of prescriptions

Limit on brand drugs

Other coverage limits

Preferred drug list

Coverage that exceeds the minimum requirements or other:

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





# Alternative Benefit Plan

Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

Therapies and Related Services: Physical therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

20 visits per 12-month period

Duration Limit:

None

Scope Limit:

Diversional and recreational therapies are not covered.

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

State Plan Title: "Therapies and Related Services: Physical Therapy." Rehabilitative and habilitative physical therapy to improve, or prevent the worsening of a congenital or acquired condition is provided in accordance with 42 CFR 440.110. MassHealth pays for maintenance therapy performed by a licensed therapist when the therapist's specialized knowledge and judgment are required to perform services that are part of a maintenance program.

For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Therapies and RS: Occupational Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

20 visits per 12-month period

Duration Limit:

None

Scope Limit:

Diversional and recreational therapies are not covered.

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

State Plan Title: "Therapies and Related Services: Occupational Therapy."

Rehabilitative and habilitative occupational therapy to improve, or prevent the worsening of a congenital or acquired condition is provided in accordance with 42 CFR 440.110. MassHealth pays for maintenance therapy performed by a licensed therapist when the therapist's specialized knowledge and judgment are required to perform services that are part of a maintenance program. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.



# Alternative Benefit Plan

Benefit Provided:

Therapies and RS: Speech, Hearing, and Language

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

35 visits per 12-month period

Duration Limit:

None

Scope Limit:

Diversional and recreational therapies are not covered.

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

State Plan Title: "Therapies and Related Services: Services for individuals with speech, hearing, and language disorders."

Rehabilitative and habilitative speech therapy to improve, or prevent the worsening of a congenital or acquired condition is provided in accordance with 42 CFR 440.110. MassHealth pays for maintenance therapy performed by a licensed therapist when the therapist's specialized knowledge and judgment are required to perform services that are part of a maintenance program.

For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Home Health: Med Supplies, Equip., and Appliances

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

State Plan Title: "Home health services: Medical supplies, equipment, and appliances suitable for use in the home."

For those members receiving benefits fee for service (FFS), MassHealth covers medically necessary medical supplies, equipment and appliances (DME) that can be appropriately used in in any setting in which normal life activities take place, and in certain circumstances for use in facilities. DME that is appropriate for use in the member's home may also be used in the community. Certain specific services are covered with prior authorization (PA); for example, hospital beds for home use and liquid oxygen systems. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.



# Alternative Benefit Plan

|   |   |                                       |
|---|---|---------------------------------------|
| Benefit Provided:   | Source:   |                                       |
| <input type="text" value="Prosthetic Devices"/>   | <input type="text" value="State Plan 1905(a)"/>                           | <input type="button" value="Remove"/> |
| Authorization:  | Provider Qualifications:  |                                       |
| <input type="text" value="Other"/>  | <input type="text" value="Medicaid State Plan"/>                          |                                       |
| Amount Limit:   | Duration Limit:   |                                       |
| <input type="text" value="None"/>   | <input type="text" value="None"/>   |                                       |
| Scope Limit:  |   |                                       |
| <input type="text" value="None"/>   |   |                                       |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:  |   |                                       |
| <input a="" an="" and="" by="" dentures,="" devices="" devices.\""="" diseases="" drugs,="" eye="" eyeglasses="" in="" of="" optometrist:="" or="" physician="" prescribed="" prosthetic="" skilled="" the="" type="text" value="State Plan Title: \"/>   |   |                                       |
| <input type="text" value="For those members receiving benefits fee for service (FFS), MassHealth covers medically necessary prosthetics and orthotics services, including repairs after the exhaustion of manufacturer warranties. Certain specific services are covered with prior authorization (PA); for example, electronic elbows and some upper extremity prostheses. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA."/>   |   |                                       |
| Benefit Provided:   | Source:   |                                       |
| <input type="text" value="Nursing Facility Services for 21 or Older"/>  | <input type="text" value="Secretary-Approved Other"/>                     | <input type="button" value="Remove"/> |
| Authorization:  | Provider Qualifications:  |                                       |
| <input type="text" value="Other"/>  | <input type="text" value="Medicaid State Plan"/>                          |                                       |
| Amount Limit:   | Duration Limit:   |                                       |
| <input type="text" value="None"/>   | <input type="text" value="FFS: 100 days/member/episode; MCE: see Other"/> |                                       |
| Scope Limit:  |   |                                       |
| <input type="text" value="None"/>   |   |                                       |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:  |   |                                       |
| <input (in="" (other="" 100-day="" 21="" a="" age="" agency="" aggregate="" an="" and="" another="" applies="" apply="" as="" authorization="" authorizations="" be="" benefits="" care="" chronic="" circumstances="" clinical="" combination="" combined,="" converts="" days),="" differ="" disease="" diseases)="" duration="" entities,="" facility="" ffs="" ffs,="" for="" from="" hospital="" in="" individuals="" institution="" is="" limit="" managed="" management="" masshealth="" may="" medicaid="" medicare="" member="" members="" mental="" new="" nursing="" nursing-facility="" of="" older.\"="" one="" or="" other="" party="" payer.="" per="" private="" receiving="" rehabilitation="" required="" requires="" services="" services.="" some="" spa."="" specified="" such="" than="" that="" the="" third="" this="" those="" through="" to="" transferred="" type="text" utilization="" value="State Plan Title: \" when="" with="" year="" years=""/> |   |                                       |
| Benefit Provided:   | Source:   |                                       |
| <input type="text" value="Home Health: PT, OT, SP and Audiology Services"/>   | <input type="text" value="State Plan 1905(a)"/>                           | <input type="button" value="Remove"/> |



# Alternative Benefit Plan

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

Diversional and recreational therapies are not covered.

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

State Plan Title: "Home health services: Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility."

For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Add





# Alternative Benefit Plan

|  |   |                                       |
|--|---|---------------------------------------|
| <input checked="" type="checkbox"/> Essential Health Benefit 8: Laboratory services  |   | Collapse All <input type="checkbox"/> |
| <b>Benefit Provided:</b><br><input type="text" value="Other Laboratory and X-ray Services"/>   | <b>Source:</b><br><input type="text" value="State Plan 1905(a)"/>                   | <input type="button" value="Remove"/> |
| <b>Authorization:</b><br><input type="text" value="Other"/>  | <b>Provider Qualifications:</b><br><input type="text" value="Medicaid State Plan"/> |                                       |
| <b>Amount Limit:</b><br><input type="text" value="None"/>  | <b>Duration Limit:</b><br><input type="text" value="None"/>                         |                                       |
| <b>Scope Limit:</b><br><input type="text" value="None"/>   |   |                                       |
| <b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b><br><input type="text" value="For those members receiving benefits fee for service (FFS), certain specific services are covered with prior authorization (PA); for example, BRCA genetic testing. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA."/> |   |                                       |
| <input type="button" value="Add"/>   |   |                                       |



# Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:

Preventive Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Physicians' Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Face-to-face Tobacco Cessation Counseling Services

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

16 group and individual sessions/12 months

Duration Limit:

None

Scope Limit:

None

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

Within the State Plan this benefit is entitled: "Face-to-face tobacco cessation counseling services for pregnant women." Tobacco cessation services are not only covered for pregnant women. The State provides tobacco cessation services under the State Plan benefits including Physicians' Services, Outpatient Hospital Services, Inpatient Hospital Services, Prescribed Drugs, Preventive Services, FQHCs, and RHCs. For those members receiving benefits fee for service (FFS), MassHealth covers a total of 16 group and individual counseling sessions per member per 12-month cycle, without prior authorization. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Add



# Alternative Benefit Plan

|   |  |
|---|--|
| <input checked="" type="checkbox"/> Essential Health Benefit 10: Pediatric services including oral and vision care  | Collapse All <input type="checkbox"/>  |
| Benefit Provided:<br>Medicaid State Plan EPSDT Benefits   | Source:<br><input type="text" value="State Plan 1905(a)"/> <input type="button" value="Remove"/> |
| Authorization:<br><input type="text" value="Other"/>  | Provider Qualifications:<br><input type="text" value="Other"/>                                   |
| Amount Limit:<br><input type="text" value="Other"/>   | Duration Limit:<br><input type="text" value="Other"/>  |
| Scope Limit:<br><input type="text" value="Not a provided benefit."/>  |  |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:<br><input type="text" value="This benefit plan is for individuals age 21-64 and will not include any EPSDT or pediatric service benefits."/> |  |
| <input type="button" value="Add"/>  |  |



# Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All



# Alternative Benefit Plan

|   |                           |                                       |
|---|---------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Base Benchmark Benefits Not Covered due to Substitution or Duplication  |                           | Collapse All <input type="checkbox"/> |
| Base Benchmark Benefit that was Substituted:<br><input style="width: 90%;" type="text" value="Acupuncture – Duplication"/>  | Source:<br>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 style="width: 95%;" type="text" value="Duplication: covered under the Medicaid state plan as Physicians' Services, Outpatient Hospital Services, Clinic Services, FQHCs, and RHCs under EHB 1; and Inpatient Hospital Services under EHB 3. MassHealth provides acupuncture for pain relief, as a substitute for anesthesia and as a substance abuse treatment. Base benchmark plan: limited to 20 procedures per person per calendar year, for anesthesia and pain relief."/> |                           |                                       |
| Base Benchmark Benefit that was Substituted:<br><input style="width: 90%;" type="text" value="Outpatient Hospital, Clinic, or ASC - Duplication"/>  | Source:<br>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 style="width: 95%;" type="text" value="Duplication: covered under the Medicaid state plan as Outpatient Hospital Services and Clinic Services under EHB 1."/>  |                           |                                       |
| Base Benchmark Benefit that was Substituted:<br><input style="width: 90%;" type="text" value="Hospice – Duplication"/>  | Source:<br>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 style="width: 95%;" type="text" value="Duplication: covered under the Medicaid state plan as Hospice Care under EHB 1."/>  |                           |                                       |
| Base Benchmark Benefit that was Substituted:<br><input style="width: 90%;" type="text" value="Audiologist and Hearing Services – Duplication"/>   | Source:<br>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 style="width: 95%;" type="text" value="Duplication: covered under the Medicaid state plan as Outpatient Hospital Services and OLP: Audiologists' Services under EHB 1; Inpatient Hospital Services under EHB 3; and Home Health: Medical Supplies, Equipment, and Appliances under EHB 7."/>   |                           |                                       |
| Base Benchmark Benefit that was Substituted:<br><input style="width: 90%;" type="text" value="Chiropractic – Duplication"/>   | Source:<br>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 style="width: 95%;" type="text" value="Duplication: covered under the Medicaid state plan as OLP: Chiropractors' Services under EHB 1."/>  |                           |                                       |
| Base Benchmark Benefit that was Substituted:<br><input style="width: 90%;" type="text" value="Foot Care - Duplication"/>  | Source:<br>Base Benchmark | <input type="button" value="Remove"/> |





# Alternative Benefit Plan

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

Duplication: covered in the Medicaid state plan as Physicians' Services under EHB 1.

Base Benchmark Benefit that was Substituted:

Physician Services – Duplication

Source:

Base Benchmark

Remove

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

Duplication: covered in the Medicaid state plan as Physicians' Services under EHB 1.

Base Benchmark Benefit that was Substituted:

Diagnostic and Treatment Services – Duplication

Source:

Base Benchmark

Remove

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

Duplication: covered in the Medicaid state plan as Physicians' Services, Clinic Services, Diagnostic Services, and Screening Services under EHB 1; and Other Laboratory and X-ray services under EHB 8.

Base Benchmark Benefit that was Substituted:

Adult Preventive Care - Duplication

Source:

Base Benchmark

Remove

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

Duplication: covered in the Medicaid state plan as FQHC, RHC, Physicians' Services, Outpatient Hospital Services, and Screening Services under EHB 1; Inpatient Hospital Services under EHB 3; and Preventive Services under EHB 9.

Base Benchmark Benefit that was Substituted:

Nurse Practitioner - Duplication

Source:

Base Benchmark

Remove

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

Duplication: covered in the Medicaid state plan as Physicians' Services, Pediatric or Family Nurse Practitioners' Services, FQHCs, and RHCs under EHB 1.

Base Benchmark Benefit that was Substituted:

Emergency Services – Duplication

Source:

Base Benchmark

Remove

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

Duplication: covered in the Medicaid state plan as Emergency Hospital Services under EHB 2.

Base Benchmark Benefit that was Substituted:

Skilled Nursing Facility – Substitution

Source:

Base Benchmark

Remove



# Alternative Benefit Plan

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

Substitution: Covered in this CarePlus Alternative Benefit Plan as Nursing Facility Services for 21 or Older under EHB 7.  
Base benchmark plan: limited to inpatient confinement at a Skilled Nursing Facility for the first 14 days following the transfer from acute inpatient confinement when skilled care is still required and a cost limit of up to \$700 per day.

Base Benchmark Benefit that was Substituted:

Maternity Care – Duplication

Source:

Base Benchmark

Remove

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

Duplication: covered in Medicaid state plan as Physicians' Services: Maternity, Nurse-midwife Services, Outpatient Hospital Services: Maternity, and Inpatient Hospital Services: Maternity under EHB 4.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital - Duplication

Source:

Base Benchmark

Remove

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

Duplication: covered in Medicaid state plan as Inpatient Hospital Services under EHB 3.

Base Benchmark Benefit that was Substituted:

Mental Health and SUD Services - Duplication

Source:

Base Benchmark

Remove

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

Duplication: covered in Medicaid state plan as Physicians' Services, Outpatient Hospital Services, Clinic Services, FQHCs, and RHCs under EHB 1; Emergency Hospital Services under EHB 2; and Mental Health and Substance Use Disorder Services, OLP: Psychologist, OLP: Licensed Independent Clinical Social Worker, and Rehabilitative Services under EHB 5; and Inpatient Hospital Services under EHB 3.  
Base Benchmark: Psychological testing is limited to necessary testing to determine the appropriate psychiatric treatment. All services under the benefit require pre-certification. Excluded services include: services by pastoral, marital, drug/alcohol and other counselors including therapy for sexual problems; treatments for learning disabilities and mental retardation; telephone therapy; travel time to the member's home to conduct therapy; services rendered or billed by schools, or halfway houses or members of their staffs; marriage counseling; and services that are not medically necessary.

Base Benchmark Benefit that was Substituted:

PT and OT – Duplication

Source:

Base Benchmark

Remove

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

Duplication: covered in Medicaid state plan as Therapies and Related Services: Physical Therapy, Occupational Therapy, and Home Health: PT, OT, SP, and Audiology Services under EHB 7.  
Base Benchmark: All physical and occupational therapy visits require preauthorization. The benefit covers rehabilitation services only. In addition, the benefit is limited to 60 physical therapy and occupational





# Alternative Benefit Plan

therapy visits per person per calendar year, combined. (One visit is two hours or less of physical or occupational therapy.)

Base Benchmark Benefit that was Substituted:

Speech Therapy – Duplication

Source:

Base Benchmark

Remove

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

Duplication: covered in Medicaid state plan as Physicians' Services and Clinic Services under EHB 1; and Therapies and Related Services: Speech, Hearing and Language Disorders, and Home Health: PT, OT, SP, and Audiology Services under EHB 7.

Base Benchmark: All speech therapy visits require preauthorization. The benefit covers rehabilitation services only. In addition, the benefit is limited to 30 visits per person per calendar year (one visit is two hours or less of speech therapy); and speech therapy is only covered when a physician:

- orders the care
- identifies the specific professional skills the patient requires and the medical necessity for skilled services
- indicates the length of time the services are needed

Base Benchmark Benefit that was Substituted:

Family Planning Services – Duplication

Source:

Base Benchmark

Remove

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

Duplication: covered in the Medicaid state plan as Physicians' Services, Clinic Services, FQHCs, RHCs, and Family Planning Services and Supplies under EHB 1 .

Base Benchmark Benefit that was Substituted:

Infertility Services – Duplication

Source:

Base Benchmark

Remove

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

Duplication: covered under the Medicaid state plan as Physicians' Services, Diagnostic Services, Clinic Services, FQHCs, and RHCs under EHB 1; and Other Laboratory and X-ray Services under EHB 8.

MassHealth benefits are limited to the diagnosis and treatment of infertility as an underlying medical condition.

Base benchmark: benefits are limited to the diagnosis and treatment of infertility as an underlying medical condition.

Base Benchmark Benefit that was Substituted:

Allergy Care – Duplication

Source:

Base Benchmark

Remove

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

Duplication: covered in the Medicaid state plan as Physicians' Services, Diagnostic services, Screening Services, FQHCs, and RHCs under EHB 1.

Base Benchmark Benefit that was Substituted:

Treatment Therapies – Duplication

Source:

Base Benchmark

Remove



# Alternative Benefit Plan

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

Duplication: covered in Medicaid state plan as Prescribed Drugs under EHB 6; Physicians' Services, Outpatient Hospital Services, Clinic Services, FQHCs, and RHCs under EHB 1; and Inpatient Hospital Services under EHB 3.

Base Benchmark Benefit that was Substituted:

Orthopedic and Prosthetic Devices – Duplication

Source:

Base Benchmark

Remove

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

Duplication: covered in Medicaid state plan as Physicians' Services and Outpatient Hospital Services under EHB 1; Inpatient Hospital Services under EHB 3; and "Prescribed drugs, dentures, and prosthetic devices and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist: Prosthetic Devices" under EHB 7.

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment – Duplication

Source:

Base Benchmark

Remove

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

Duplication: covered in Medicaid state plan as "Home Health: medical supplies, equipment, and appliances suitable for use in the home" under EHB 7.

Base Benchmark Benefit that was Substituted:

Home Health Services – Substitution

Source:

Base Benchmark

Remove

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

Substitution: covered in the CarePlus Alternative Benefit Plan as Home Health: Part-time Nursing Services and Home Health: Aide Services under EHB 1.

Base benchmark: The base benchmark Home Health Services benefit is exclusively for part-time nursing. Covered services require prior approval, are limited to 50 in-home visits per member per calendar year, not to exceed one visit up to two hours per day when a RN or LPN provides the service and an attending physician orders the care, identifies the specific professional skills required by the patient, and indicates the length of time the benefit is needed.

Base Benchmark Benefit that was Substituted:

Educational Classes and Programs – Duplication

Source:

Base Benchmark

Remove

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

Duplication: Diabetes education and nutritional counseling are covered in the Medicaid state plan as Physicians' Services under EHB 1. Tobacco cessation counseling is covered in the Medicaid state plan as Tobacco Cessation Counseling services under EHB 9 and Prescription Drugs under EHB 6.

Base benchmark: Coverage for tobacco cessation counseling services under this benefit is limited to 8 sessions per calendar year.



# Alternative Benefit Plan

|  |                           |                                       |
|--|---------------------------|---------------------------------------|
| Base Benchmark Benefit that was Substituted:<br><input type="text" value="Surgical Procedures – Duplication"/>   | Source:<br>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:<br><input type="text" value="Duplication: covered in the Medicaid state plan as Physicians' Services and Outpatient Hospital Services under EHB 1; and Inpatient Hospital Services under EHB 3."/>                         |                           |                                       |
| Base Benchmark Benefit that was Substituted:<br><input type="text" value="Ambulance - Duplication"/>   | Source:<br>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:<br><input type="text" value="Duplication: covered in the Medicaid state plan as Transportation - Emergent under EHB 2."/>  |                           |                                       |
| Base Benchmark Benefit that was Substituted:<br><input type="text" value="Prescription Drugs - Duplication"/>  | Source:<br>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:<br><input type="text" value="Duplication: covered in the Medicaid state plan as Prescription Drugs under EHB 6."/>   |                           |                                       |
| Base Benchmark Benefit that was Substituted:<br><input type="text" value="Preventive Care, Children"/>   | Source:<br>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:<br><input type="text" value="Duplication: covered in the Medicaid state plan as FQHC, RHC, Physicians' Services, Outpatient Hospital Services, and Screening Services under EHB 1; and Preventive Services under EHB 9."/> |                           |                                       |
|  |                           | <input type="button" value="Add"/>    |



# Alternative Benefit Plan

|   |  |
|---|--|
| <input checked="" type="checkbox"/> Other Base Benchmark Benefits Not Covered   | Collapse All <input type="checkbox"/>                              |
| Base Benchmark Benefit not Included in the Alternative Benefit Plan:<br><input type="text" value="Christian Science Facilities"/>   | Source:<br>Base Benchmark<br><input type="button" value="Remove"/> |
| Explain why the state/territory chose not to include this benefit:<br><input type="text" value="GEHA Benefit Name: Care provided at Christian Science Facilities and by Christian Science Practitioners&lt;br/&gt;MassHealth does not cover this provider type; however, all the medically necessary services they provide&lt;br/&gt;are covered in this ABP through various categories including Physicians' Services and Outpatient Hospital&lt;br/&gt;Services under EHB 1."/> |  |
| <input type="button" value="Add"/>  |  |



# Alternative Benefit Plan

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

|   |   |   |
|---|---|---|
| <p>Other 1937 Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px;">Amb. Services offered by PHSA Health Centers</div>  | <p>Source:</p> <div style="border: 1px solid black; padding: 2px;">Section 1937 Coverage Option Benchmark Benefit Package</div> | <div style="border: 1px solid black; padding: 2px; background-color: #cccccc;">Remove</div> |
| <p>Authorization:</p> <div style="border: 1px solid black; padding: 2px;">Other</div>   | <p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px;">Medicaid State Plan</div>                   |   |
| <p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>   | <p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>   |   |
| <p>Scope Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>  |   |   |
| <p>Other:</p> <div style="border: 1px solid black; padding: 5px;"><p>State Plan Benefit Title: "Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Service Act to a pregnant woman or individual under 18 years of age."</p><p>For those members receiving benefits fee for service (FFS), services provided at PHSA Health Centers are subject to the same prior authorization requirements summarized in this ABP. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.</p></div> |   |   |

|  |   |   |
|--|---|---|
| <p>Other 1937 Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px;">Freestanding Birth Center Services</div>   | <p>Source:</p> <div style="border: 1px solid black; padding: 2px;">Section 1937 Coverage Option Benchmark Benefit Package</div> | <div style="border: 1px solid black; padding: 2px; background-color: #cccccc;">Remove</div> |
| <p>Authorization:</p> <div style="border: 1px solid black; padding: 2px;">Other</div>  | <p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px;">Medicaid State Plan</div>                   |   |
| <p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>  | <p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>   |   |
| <p>Scope Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>   |   |   |
| <p>Other:</p> <div style="border: 1px solid black; padding: 5px;"><p>For those members receiving benefits fee for service (FFS), services provided at FSBCs are subject to the same prior authorization requirements summarized in this ABP, including Physicians' Services and Nurse-midwife Services. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.</p></div> |   |   |

|   |   |   |
|---|---|---|
| <p>Other 1937 Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px;">OLP: Optometrists' Services</div> | <p>Source:</p> <div style="border: 1px solid black; padding: 2px;">Section 1937 Coverage Option Benchmark Benefit Package</div> | <div style="border: 1px solid black; padding: 2px; background-color: #cccccc;">Remove</div> |
| <p>Authorization:</p> <div style="border: 1px solid black; padding: 2px;">Other</div>                                     | <p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px;">Medicaid State Plan</div>                   |   |
| <p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>                                       | <p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>   |   |



# Alternative Benefit Plan

Scope Limit:

Treatment for congenital dyslexia by this provider type is excluded.

Other:

State Plan Benefit Title: "Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law: Optometrists' services."

Those members receiving benefits fee for service (FFS) are limited to one comprehensive eye examination within a 24-month period; additional services are provided when medically necessary. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Other 1937 Benefit Provided:

Eyeglasses

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See below for scope limits

Other:

State Plan Benefit Title: "Prescribed drugs, dentures, and prosthetic devices and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist: Eyeglasses."

Exclusions consist of absorptive lenses of greater than 25% absorption, prisms obtained by decentration; contact lenses for extended wear use; invisible bifocals; and Welsh 4-drop lenses.

For those members receiving benefits fee for service (FFS), certain specific services are covered with prior authorization (PA); for example, certain high-index lenses, special needs glasses, and glass lenses. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Other 1937 Benefit Provided:

Dental

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covered with the limitations outlined below.

Other:

Coverage for dental services is limited to the following: diagnostic services including oral evaluation



# Alternative Benefit Plan

(comprehensive and periodic) and radiographs; preventive services including prophylaxis; emergency care visits; certain restorative services (all fillings); certain prosthodontic services (full and partial dentures including repairs); extractions; anesthesia; treatment of complications related to surgery; certain oral surgery such as biopsies and soft-tissue surgery; and certain periodontal services, including gingivectomies, gingivoplasties, and periodontal scaling and root planing. In addition, there are limited exceptions that allow for topical fluoride when documented as medically necessary.

For those members receiving benefits fee for service (FFS), certain specific services are covered with prior authorization (PA); for example, removal of impacted teeth (completely bony). For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Other 1937 Benefit Provided:

Transportation – Non-emergent

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Non-emergency transportation is covered to the same extent as under the approved Medicaid state plan for transportation.

For those members receiving benefits fee for service (FFS), all forms of transportation except public transportation require prior authorization from the MassHealth agency. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Other 1937 Benefit Provided:

Targeted Case Management Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

State Plan Title: Case Management Services. FFS members seeking TCM are subject to the eligibility criteria described in the State Plan in Supplement 1 to Attachment 3.1-A.

- Case Management for Medicaid Recipients Age 18 and Older who are Diagnosed with AIDS and Living in a staffed, congregate residential program which meets the Department of Public Health (DPH) funding requirements for the AIDS/HIV Bureau, Supportive Residential Services program which require that a





# Alternative Benefit Plan

person be HIV positive, and in which no more than three mentally and/or physically impaired individuals share a single bedroom and bathroom.

- Case Management for Individuals eligible for Medical Assistance and for services provided, purchased, or arranged by the Department of Mental Retardation, not including individuals who reside in ICFs/MR.
- Case Management for Individuals with Mental Illness as Determined by the Department of Mental Health (DMH).
- Case Management for Individuals under age 21 with Serious Emotional Disturbance (SED).
- Case Management for Children Committed to the Department of Youth Services.

Other 1937 Benefit Provided:

OLP: Podiatrist

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

Other than routine foot care services

Other:

State Plan Title: "Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law: Podiatrist." The following limits are hard limits for members aged 21 and older: Office visits are limited to one initial visit; one limited visit per 30 day period; one extended visit per 30 day period; and one follow up visit per week. Out of office visits are limited to one visit in a 30 day period in a long-term-care facility or the member's home and two visits in a 30 day period in a hospital setting. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Other 1937 Benefit Provided:

OLP: Other Practitioners' Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

State Plan Title: "Medical care and any other type of remedial care provided by licensed practitioners, furnished by such practitioners within the scope of their practice as defined by state law: Other Licensed Practitioners' services (OLP)". OLP services not listed elsewhere include hearing instrument specialist services, public health dental hygienist services, and acupuncturist services. Hearing instrument specialist services are limited to the practice of fitting and dispensing of hearing aids which means measurement of human hearing solely for the purpose of making selections, adaptations or sales of hearing aids intended to



# Alternative Benefit Plan

compensate for impaired hearing. Acupuncturist services are limited to the practice of providing medically necessary acupuncture for treatment of pain and as a substance use disorder treatment. For those members receiving benefits fee for service (FFS), certain specific services are covered with prior authorization (PA); for example, certain high-cost hearing aids. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Other 1937 Benefit Provided:

Extended Services for Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

For those members receiving benefits fee for service (FFS), qualified providers are subject to the same prior authorization requirements summarized in this ABP, including Physicians' Services and Outpatient Hospital Services. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Other 1937 Benefit Provided:

OLP: Midlevel Practitioners' Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See Below

Other:

State Plan Title: "Medical care and any other type of remedial care provided by licensed practitioners furnished by licensed practitioners within the scope of their practice as defined by state law: Midlevel Practitioners' Services". This includes services of certain midlevel practitioners (e.g., clinical nurse specialists, psychiatric clinical nurse specialists, certified registered nurse anesthetists and certified nurse practitioners) not listed elsewhere. Services that are not covered include experimental, unproven, cosmetic, or otherwise medically unnecessary procedures or treatments; the treatment of male or female infertility (including, but not limited to, laboratory tests, drugs and procedures associated with such treatment); however, diagnosis of male or female infertility is covered. Limits on covered services can be exceeded when medically necessary, with prior authorization. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.



# Alternative Benefit Plan

|   |  |  |                                       |
|---|--|--|---------------------------------------|
| Other 1937 Benefit Provided:<br><input type="text" value="Medication Assisted Treatment (MAT)"/>  |  | Source:<br><input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/> | <input type="button" value="Remove"/> |
| Authorization:<br><input type="text" value="Other"/>  | Provider Qualifications:<br><input type="text" value="Medicaid State Plan"/> |  |                                       |
| Amount Limit:<br><input type="text" value="None"/>  | Duration Limit:<br><input type="text" value="None"/>                         |  |                                       |
| Scope Limit:<br><input type="text" value="None"/>   |  |  |                                       |
| Other:<br><input type="text" value="Confirming coverage for the mandatory MAT benefit for drugs and biological products and related counseling services and behavioral therapy under the SUPPORT Act under EHB 5: Mental Health and Substance Use Disorder services including behavioral health treatment and EHB 6: Prescription Drugs.&lt;br/&gt;&lt;br/&gt;MAT is provided as defined in the approved state plan 3.1A and if applicable, 3.1B pages.&lt;br/&gt;&lt;br/&gt;MAT is provided in accordance with 1905(a)(29) for the period beginning October 1, 2020, and ending September 30, 2025."/> |  |  |                                       |
| Other 1937 Benefit Provided:<br><input type="text" value="Routine Patient Costs: Qualifying Clinical Trials"/>  |  | Source:<br><input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/> | <input type="button" value="Remove"/> |
| Authorization:<br><input type="text" value="Other"/>  | Provider Qualifications:<br><input type="text" value="Medicaid State Plan"/> |  |                                       |
| Amount Limit:<br><input type="text" value="None"/>  | Duration Limit:<br><input type="text" value="None"/>                         |  |                                       |
| Scope Limit:<br><input type="text" value="See Below"/>  |  |  |                                       |
| Other:<br><input type="text" value="Confirming coverage of routine patient costs in qualifying clinical trials as required under Section 1905(a)(30). Coverage is provided as defined in the state plan 3.1A and 3.1B pages under 'Coverage of Routine Patient Cost in Qualifying Clinical Trials'."/>  |  |  |                                       |
|   |  |  | <input type="button" value="Add"/>    |



# Alternative Benefit Plan

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

### PRA Disclosure Statement

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

V.20130814