Table of Contents

State/Territory Name: Colorado

State Plan Amendment (SPA) #: 19-0024

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1961 Stout Street, Room 08-148
Denver, CO 80294

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Denver Regional Operations Group

December 13, 2019

Kim Bimestefer, Executive Director
Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

Dear Ms. Bimestefer:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 19-0024. This amendment updates the state's ABP state plan pages to increase the maximum adult dental benefit from $1,000 to $1,500, effective July 1, 2019. This is a $500 increase in annual dental benefits for Colorado Medicaid beneficiaries age 21+.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2019. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,

[redacted]

Richard C. Allen
Director, Western Regional Operations Group
Denver Regional Office
Centers for Medicaid and CHIP Services

cc: Dr. Tracy Johnson, Colorado
Laurel Karabatsos, Colorado
John Bartholomew, Colorado
Russell Ziegler, Colorado
Whitney McOwen, Colorado
Jami Gazarro, Colorado

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: **Colorado**

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.

CO-19-0024

Proposed Effective Date

07/01/2019 *(mm/dd/yyyy)*

Federal Statute/Regulation Citation

Social Security Act 1905(a)(10) / 42 CFR 440.100

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2019	$ 1456571.00
Second Year	2020	$ 5685325.00

Subject of Amendment

We are making changes to the Alternative Benefit Plan form 5 (ABP5) to align the ABP5 with the Adult Dental benefit in the State Plan, as provided in State Plan Amendment 19-0015. The effective date of these changes is July 1, 2019.

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:
  Governor's letter dated 29 March, 2018

Signature of State Agency Official

Submitted By:	**Whitney McOwen**
Last Revision Date:	**Dec 10, 2019**
Submit Date:	**Nov 13, 2019**

Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-C- [ ]

OMB Expiration date: 10/31/2014

Alternative Benefit Plan Populations — ABP1

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

Alternative Benefit Plan Population Name: Expansion Adults

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). Yes

Geographic Area

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

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

Populations exempted from mandatory enrollment such as the medically frail will be offered the choice of the state's approved Medicaid state plan package.

V.20130724

Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-C- ☐ OMB Expiration date: 10/31/2014

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 Alternative Benefit Plan using the Essential Health Benefits and subject to 1937 is fully aligned with Colorado's approved Medicaid state plan in that the approved state plan will include the same coverage of the EHB preventive services. However, note that Colorado's approved Medicaid state plan does and will not include Habilitative Services. Coverage of habilitative services is required in the Alternative Benefit Plan. The state has aligned all other benefits between the Colorado state plan and the Alternative Benefit Plan. Therefore, the benefits established in the state's approved state plan and ABP that is the state's approved state plan are considered in alignment and Colorado is not required to implement a medically frail determination process, which would result in a choice between the Alternative Benefit Plan and the state's approved state plan.

Furthermore, the mental health parity requirements will be met because there are no limitations and financial requirements applicable to mental health/substance use disorder (MH/SUD) benefits that are more restrictive than those applicable to medical/surgical benefits. MH/SUD benefits will have no limitations and are presumed to be no more restrictive than those applicable to medical/surgical benefits.

PRA Disclosure Statement

V.20130807

Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-C- [ ]

OMB Expiration date: 10/31/2014

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: Alternative Benefit Plan

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:

The Alternative Benefit Plan will include the same services that are traditionally available in through the state's approved state plan. In addition, the ABP will offer all remaining preventive services not currently offered in the state plan and habilitative services.

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. No

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: CO State LG A230 State Employee HealthPln (Kaiser)

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

Colorado chose to use the same base-benchmark for the ABP that the Colorado Marketplace is using for its qualified health plans. Indexing both Medicaid and QHPs to the same base-benchmark will help to ease transitions as clients churn across public and private coverage. To ease the transition of clients who churn across 1937 and 1905(a) coverage, Colorado will offer traditional state plan Medicaid benefits to the expansion population.

The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5.

The state assures the accuracy of all information in ABP5 depicting amount, scope and duration parameters of services authorized in the currently approved Medicaid state plan.

PRA Disclosure Statement

V.20130801

Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-C- ☐

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

Attachment 3.1-C- [ ]

OMB Expiration date: 10/31/2014

Benefits Description	ABP5

The state/territory proposes a "Benchmark-Equivalent" benefit package. [No]

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Colorado State LG A230 State Employee Health Plan (Kaiser)

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: Primary Care Illness/injury
Source: State Plan 1905(a) — Remove
Authorization: None
Provider Qualifications: Medicaid State Plan
Amount Limit: No limitation
Duration Limit: No limitation
Scope Limit: No limitation
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 5.a

Benefit Provided: Specialist visits
Source: State Plan 1905(a) — Remove
Authorization: None
Provider Qualifications: Medicaid State Plan
Amount Limit: No limitations
Duration Limit: No limitations
Scope Limit: No limitations
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 5.a

Benefit Provided: Other practitioner office visit (Nurse, Physician
Source: State Plan 1905(a) — Remove
Authorization: None
Provider Qualifications: Medicaid State Plan
Amount Limit: One routine annual physical exam, per SFY
Duration Limit: No limitations
Scope Limit: No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 6.d

Benefit Provided: Outpatient Facility Fee (ASC)

Source: State Plan 1905(a)

Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No Limitations

Scope Limit: No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 9.

Benefit Provided: Outpatient Surgery Physician/Surgical Services

Source: State Plan 1905(a)

Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No Limitations

Scope Limit: No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 5.a

Benefit Provided: Dialysis

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit:

No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 9.

Benefit Provided:

Hospice

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

9 months (life expectancy or until expiration)

Scope Limit:

See age differences below

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 18. A client aged 21 and over who has elected hospice is not eligible to receive curative services that are related to the treatment of the clients condition for which a diagnosis of terminal illness has been made. A client under the age of 21 is eligible to receive hospice services concurrently with services related to the treatment of the child's condition for which a diagnosis of terminal illness has been made. Clients ages 19 through 20 will receive medically necessary services through EPSDT.

Benefit Provided:

Chemotherapy

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 5.a

Benefit Provided:

Radiation

Source:

State Plan 1905(a)

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No Limitations

Duration Limit:
No Limitations

Scope Limit:
No Limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 5.a

Benefit Provided:
Infusion Therapy

Source:
State Plan 1905(a)

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No Limitations

Duration Limit:
No Limitations

Scope Limit:
No Limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 5.a. Service may require prior authorization.

Benefit Provided:
Treatment for Temporomandibular Joint Disorders

Source:
State Plan 1905(a)

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No Limitations

Duration Limit:
No Limitations

Scope Limit:
No Limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 5.a

Alternative Benefit Plan

Benefit Provided:
Allergy Testing

Source:
State Plan 1905(a)

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No Limitations

Duration Limit:
No Limitations

Scope Limit:
No Limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 5.a

Add

Alternative Benefit Plan

■ Essential Health Benefit 2: Emergency services — Collapse All ☐

Benefit Provided: Emergency transportation / ambulance services

Source: State Plan 1905(a) — Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit: No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 24.a. Non-emergent medical transportation shall be provided as an administrative service. Emergency medical transportation shall be provided as a medical service.

Benefit Provided: Emergency Room Services

Source: State Plan 1905(a) — Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit: No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 24.e.

Benefit Provided: Urgent care centers/facilities

Source: State Plan 1905(a) — Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No Limitations

Duration Limit: No Limitations

Scope Limit: No Limitations

Alternative Benefit Plan

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 2.a

Add

Alternative Benefit Plan

☑ Essential Health Benefit 3: Hospitalization — Collapse All ☐

Benefit Provided: Inpatient Hospital Services
Source: State Plan 1905(a)
Remove

Authorization: Prior Authorization
Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations
Duration Limit: No limitations

Scope Limit: No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 1.a.

Benefit Provided: Inpatient Physician and Surgical Services
Source: State Plan 1905(a)
Remove

Authorization: None
Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations
Duration Limit: No limitations

Scope Limit: No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 5.a

Benefit Provided: Reconstructive Surgery
Source: State Plan 1905(a)
Remove

Authorization: None
Provider Qualifications: Medicaid State Plan

Amount Limit: No Limitations
Duration Limit: No Limitations

Scope Limit: No Limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 5.a

Benefit Provided: Bariatric Surgery

Source: State Plan 1905(a)

Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: No Limitations

Duration Limit: No Limitations

Scope Limit: No Limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 5.a

Benefit Provided: Transplant

Source: State Plan 1905(a)

Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: No Limitations

Duration Limit: No Limitations

Scope Limit: No Limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-E

Benefit Provided: Private Duty Nursing (IP Hospital)

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No Limitations

Duration Limit: No Limitations

Alternative Benefit Plan

Scope Limit:

No Limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 1.a

Add

Alternative Benefit Plan

☑ Essential Health Benefit 4: Maternity and newborn care — Collapse All ☐

Benefit Provided: Pre and postnatal care

Source: State Plan 1905(a) — Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: 1 comprehensive visit and 7-13 prenatal visits

Duration Limit: Women of childbearing age; duration of pregnancy p

Scope Limit: No limitations

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

Reference Approved State Plan Amendment, attachment 3.1-A section 20

Benefit Provided: Delivery and All Inpatient Services for Maternity

Source: State Plan 1905(a) — Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitation

Duration Limit: No limitation

Scope Limit: No limitation

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 1.a, 12, 28.i, 28.ii

Add

Alternative Benefit Plan

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

Collapse All ☐

Benefit Provided: Inpatient psychiatric care

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitation

Duration Limit: No limitation

Scope Limit: No limitation

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 1.b. Services that are defined as experimental by the US Food and Drug Administration are not benefits. This benefit is not provided in an IMD.

Benefit Provided: Inpatient psychiatric facility services (under 22)

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitation

Duration Limit: No limitation

Scope Limit: Only for clients under age 22.

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 16. This benefit is not provided in an IMD. Clients ages 19-20 will receive this benefit through EPSDT. Benefit must remain in ABP to serve clients age 21 whose admission began prior to age 21.

Benefit Provided: Individual psychotherapy

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitation

Duration Limit: No limitation

Scope Limit:

No limitation

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 13.d. This is an outpatient behavioral health benefit. NOTE: Behavioral health (mental health and substance use disorder) services are administered by behavioral health managed care organizations (BHOs) through Colorado Medicaid's 1915(b)(3) Community Behavioral Health Services waiver program. All full Medicaid clients are mandatorily enrolled into the program and therefore will not be subject to the identified limits for state plan services provided on a fee-for-service basis. BHOs will administer behavioral health services based on medical necessity and are incentivized to provide services beyond the state plan limits.

Benefit Provided:

Individual brief psychotherapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

No limitation

Scope Limit:

No limitation

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 13.d. This is an outpatient behavioral health benefit. NOTE: Behavioral health (mental health and substance use disorder) services are administered by behavioral health managed care organizations (BHOs) through Colorado Medicaid's 1915(b)(3) Community Behavioral Health Services waiver program. All full Medicaid clients are mandatorily enrolled into the program and therefore will not be subject to the identified limits for state plan services provided on a fee-for-service basis. BHOs will administer behavioral health services based on medical necessity and are incentivized to provide services beyond the state plan limits.

Benefit Provided:

Family psychotherapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

No limitation

Scope Limit:

No limitation

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 13.d. This is an outpatient behavioral health benefit. NOTE: Behavioral health (mental health and substance use disorder) services are administered by behavioral health managed care organizations (BHOs) through Colorado Medicaid's 1915(b)(3) Community Behavioral Health Services waiver program. All full Medicaid clients are mandatorily enrolled into the program and therefore will not be subject to the identified limits for state plan services provided on a fee-for-service basis. BHOs will administer behavioral health services based on medical necessity and are incentivized to provide services beyond the state plan limits.

Benefit Provided:

Group psychotherapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

No limitation

Scope Limit:

No limitation

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 13.d. This is an outpatient behavioral health benefit. NOTE: Behavioral health (mental health and substance use disorder) services are administered by behavioral health managed care organizations (BHOs) through Colorado Medicaid's 1915(b)(3) Community Behavioral Health Services waiver program. All full Medicaid clients are mandatorily enrolled into the program and therefore will not be subject to the identified limits for state plan services provided on a fee-for-service basis. BHOs will administer behavioral health services based on medical necessity and are incentivized to provide services beyond the state plan limits.

Benefit Provided:

Behavioral health assessment

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

No limitation

Scope Limit:

No limitation

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 13.d. This is an outpatient behavioral health benefit. NOTE: Behavioral health (mental health and substance use disorder) services are administered by behavioral health managed care organizations (BHOs) through Colorado Medicaid's 1915(b)(3) Community Behavioral Health Services waiver program. All full Medicaid clients

are mandatorily enrolled into the program and therefore will not be subject to the identified limits for state plan services provided on a fee-for-service basis. BHOs will administer behavioral health services based on medical necessity and are incentivized to provide services beyond the state plan limits.

Benefit Provided:
Pharmacological management

Source:
State Plan 1905(a)

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitation

Duration Limit:
No limitation

Scope Limit:
No limitation

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 13.d. This is an outpatient behavioral health benefit. NOTE: Behavioral health (mental health and substance use disorder) services are administered by behavioral health managed care organizations (BHOs) through Colorado Medicaid's 1915(b)(3) Community Behavioral Health Services waiver program. All full Medicaid clients are mandatorily enrolled into the program and therefore will not be subject to the identified limits for state plan services provided on a fee-for-service basis. BHOs will administer behavioral health services based on medical necessity and are incentivized to provide services beyond the state plan limits.

Benefit Provided:
Outpatient day treatment

Source:
State Plan 1905(a)

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitation

Duration Limit:
No limitation

Scope Limit:
No limitation

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 13.d. This is an outpatient behavioral health benefit. NOTE: Behavioral health (mental health and substance use disorder) services are administered by behavioral health managed care organizations (BHOs) through Colorado Medicaid's 1915(b)(3) Community Behavioral Health Services waiver program. All full Medicaid clients are mandatorily enrolled into the program and therefore will not be subject to the identified limits for state plan services provided on a fee-for-service basis. BHOs will administer behavioral health services based on medical necessity and are incentivized to provide services beyond the state plan limits.

Benefit Provided:
Emergency crisis services

Source:
State Plan 1905(a)

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitation

Duration Limit:
No limitation

Scope Limit:
No limitation

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 13.d. This is an outpatient behavioral health benefit. NOTE: Behavioral health (mental health and substance use disorder) services are administered by behavioral health managed care organizations (BHOs) through Colorado Medicaid's 1915(b)(3) Community Behavioral Health Services waiver program. All full Medicaid clients are mandatorily enrolled into the program and therefore will not be subject to the identified limits for state plan services provided on a fee-for-service basis. BHOs will administer behavioral health services based on medical necessity and are incentivized to provide services beyond the state plan limits.

Benefit Provided:
Drug/alcohol assessment

Source:
State Plan 1905(a)

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitation

Duration Limit:
No limitation

Scope Limit:
No limitation

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 13.d. This is an outpatient substance use disorder benefit. NOTE: Behavioral health (mental health and substance use disorder) services are administered by behavioral health managed care organizations (BHOs) through Colorado Medicaid's 1915(b)(3) Community Behavioral Health Services waiver program. All full Medicaid clients are mandatorily enrolled into the program and therefore will not be subject to the identified limits for state plan services provided on a fee-for-service basis. BHOs will administer behavioral health services based on medical necessity and are incentivized to provide services beyond the state plan limits.

Benefit Provided:
Behavioral health counseling and therapy, individu

Source:
State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

No limitation

Scope Limit:

No limitation

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 13.d. This is an outpatient substance use disorder benefit. NOTE: Behavioral health (mental health and substance use disorder) services are administered by behavioral health managed care organizations (BHOs) through Colorado Medicaid's 1915(b)(3) Community Behavioral Health Services waiver program. All full Medicaid clients are mandatorily enrolled into the program and therefore will not be subject to the identified limits for state plan services provided on a fee-for-service basis. BHOs will administer behavioral health services based on medical necessity and are incentivized to provide services beyond the state plan limits.

Benefit Provided:

Group therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

No limitation

Scope Limit:

No limitation

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 13.d. This is an outpatient substance use disorder benefit. NOTE: Behavioral health (mental health and substance use disorder) services are administered by behavioral health managed care organizations (BHOs) through Colorado Medicaid's 1915(b)(3) Community Behavioral Health Services waiver program. All full Medicaid clients are mandatorily enrolled into the program and therefore will not be subject to the identified limits for state plan services provided on a fee-for-service basis. BHOs will administer behavioral health services based on medical necessity and are incentivized to provide services beyond the state plan limits.

Benefit Provided:

Alcohol/drug screening counseling

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

No limitation

Scope Limit:

No limitation

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 13.d. This is an outpatient substance use disorder benefit. NOTE: Behavioral health (mental health and substance use disorder) services are administered by behavioral health managed care organizations (BHOs) through Colorado Medicaid's 1915(b)(3) Community Behavioral Health Services waiver program. All full Medicaid clients are mandatorily enrolled into the program and therefore will not be subject to the identified limits for state plan services provided on a fee-for-service basis. BHOs will administer behavioral health services based on medical necessity and are incentivized to provide services beyond the state plan limits.

Benefit Provided:

Social/Amb Detox: physical assessment

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

No limitation

Scope Limit:

No limitation

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 13.d. This is an outpatient substance use disorder benefit. NOTE: Behavioral health (mental health and substance use disorder) services are administered by behavioral health managed care organizations (BHOs) through Colorado Medicaid's 1915(b)(3) Community Behavioral Health Services waiver program. All full Medicaid clients are mandatorily enrolled into the program and therefore will not be subject to the identified limits for state plan services provided on a fee-for-service basis. BHOs will administer behavioral health services based on medical necessity and are incentivized to provide services beyond the state plan limits.

Benefit Provided:

Social/Amb Detox: evaluation of motivation

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

No limitation

Scope Limit:

No limitation

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 13.d. This is an outpatient substance use disorder benefit. NOTE: Behavioral health (mental health and substance use disorder) services are administered by behavioral health managed care organizations (BHOs) through Colorado Medicaid's 1915(b)(3) Community Behavioral Health Services waiver program. All full Medicaid clients are mandatorily enrolled into the program and therefore will not be subject to the identified limits for state plan services provided on a fee-for-service basis. BHOs will administer behavioral health services based on medical necessity and are incentivized to provide services beyond the state plan limits.

Benefit Provided:

Social/Amb Detox: safety assessment

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

No limitation

Scope Limit:

No limitation

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 13.d. This is an outpatient substance use disorder benefit. NOTE: Behavioral health (mental health and substance use disorder) services are administered by behavioral health managed care organizations (BHOs) through Colorado Medicaid's 1915(b)(3) Community Behavioral Health Services waiver program. All full Medicaid clients are mandatorily enrolled into the program and therefore will not be subject to the identified limits for state plan services provided on a fee-for-service basis. BHOs will administer behavioral health services based on medical necessity and are incentivized to provide services beyond the state plan limits.

Benefit Provided:

Social/Amb Detox: provision daily needs

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

No limitation

Scope Limit:

No limitation

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 13.d. This is an outpatient substance use disorder benefit. NOTE: Behavioral health (mental health and substance use disorder) services are administered by behavioral health managed care organizations (BHOs) through Colorado Medicaid's 1915(b)(3) Community Behavioral Health Services waiver program. All full Medicaid clients are mandatorily enrolled into the program and therefore will not be subject to the identified limits for state plan services provided on a fee-for-service basis. BHOs will administer behavioral health services based on medical necessity and are incentivized to provide services beyond the state plan limits.

Benefit Provided: Medication assisted treatment

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No Limitations

Duration Limit: No Limitations

Scope Limit: No Limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 13.d. This is an outpatient substance use disorder benefit. NOTE: Behavioral health (mental health and substance use disorder) services are administered by behavioral health managed care organizations (BHOs) through Colorado Medicaid's 1915(b)(3) Community Behavioral Health Services waiver program. All full Medicaid clients are mandatorily enrolled into the program and therefore will not be subject to the identified limits for state plan services provided on a fee-for-service basis. BHOs will administer behavioral health services based on medical necessity and are incentivized to provide services beyond the state plan limits.

Benefit Provided: Substance Abuse Disorder Inpatient Services

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No Limitations

Duration Limit: No Limitations

Scope Limit: Medical services for the medical management of withdrawal symptoms. Not rehabilitation. Services for alcohol/drug detoxification are covered same as other medical conditions. Detoxification is the process removing toxic substances from body.

Alternative Benefit Plan

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 1.a

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:

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 12.a. The state assures that the prescription drug coverage methods and standards it uses for in its Approved State Plan will be applied to recipients in the Alternative Benefit Plan.

Alternative Benefit Plan

☑ Essential Health Benefit 7: Rehabilitative and habilitative services and devices — Collapse All ☐

Benefit Provided: Outpatient Rehabilitation Services

Source: State Plan 1905(a) — Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: 48 units of PT/OT per 12 months. 5 units/day all.

Duration Limit: No limitations

Scope Limit: No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 11.a, b, c. PT/OT is limited to 48 units of service per 12 months. Additional services may be prior authorized for units beyond 48. Speech therapy does not have an annual limit. PT is limited to 5 units per day, OT 5 units per day, ST 5 units per day for all ages and eligibilities.

The effective date for these service changes is December 1, 2017.

Benefit Provided: Prosthetic devices

Source: State Plan 1905(a) — Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit: No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 12.c.

Benefit Provided: Habilitative Services

Source: Other state-defined — Remove

Authorization: Prior Authorization

Provider Qualifications: Other

Amount Limit: 48 units of PT/OT per 12 months. 5 units/day all.

Duration Limit: No limitation

Scope Limit:

No limitations

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

Services shall be provided by a licensed physical therapist or occupational therapist who is an approved Medicaid provider or a physical therapist assistant under the general supervision of a licensed physical therapist, or an occupational therapist assistant under the general supervision of a licensed occupational therapist.
A medical prescription for services is required and the service procedure must be a covered benefit of the Medicaid program.
A prior authorization request shall be effective for a length of time that is determined medically necessary not to exceed a maximum of 12 months.
Services shall be provided in accordance with 42 CFR 440 110.
There is not a lifetime limit on Habilitative therapy.
Habilitative PT/OT cannot be rendered on the same date of service as Rehabilitative PT/OT. Habilitative PT/OT units are in addition to the units available for Rehabilitative PT/OT. A client may have a total of 48 units for Habilitative therapy separate and distinct from 48 units of Rehabilitative therapy, per 12 months. Prior Authorization is required to exceed this limit.

Speech language pathology services may be provided by any of the following:
A certified speech language pathologist with a current certification issued by the Colorado Department of Regulatory Agencies (DORA).
A clinical fellow under the general supervision of an ASHA certified speech language pathologist.
A speech language pathology assistant A speech language pathology assistant is a person who has an associate degree from a technical training program in speech language pathology assistants scope of work as recommended in ASHA guidelines.
A medical prescription for services is required and the service procedure must be a covered benefit of the Medicaid program.
A prior authorization request shall be effective for a length of time that is determined medically necessary not to exceed a maximum of 12 months.
Diagnostic procedures provided by an audiologist for the purpose of determining general hearing levels or for the distribution of a hearing device are not a covered benefit except for the EPSDT eligible.
Speech language pathology services provided for simple articulation or academic difficulties that are not medical in origin are not a covered benefit.
There is no lifetime limit on Habilitative speech therapy.
Habilitative speech therapies cannot be rendered to a client on the same date of service as rehabilitative speech therapies.

The effective date for these service changes is December 1, 2017.

Benefit Provided:

Home Health Care Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

Acute: 60 days. Long term: 61+ days.

Scope Limit:

Adults limited to therapies for acute home health only. Children have long-term therapies covered.

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 7.a, b, c, d.

Benefit Provided:

Nursing facility services (21+)

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Limited to clients age 21 and over.

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 4.a. Pursuant to 45 CFR 156.115 this does not include long-term/custodial nursing home care benefits which can be found in Other 1937 Covered Benefits that are not Essential Health Benefits. Habilitative therapies will not be available in this benefit. This benefit includes the 100 day short-term stay for rehabilitation therapies. Clients ages 19 through 20 will receive services through EPSDT.

Benefit Provided:

Durable Medical Equipment

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

No Limitations

Scope Limit:

See below.

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 7.c.

"Covered items are limited to ones that:1. Have been prescribed by a physician and when applicable, be recommended by an appropriately licensed practitioner. 2. Are reasonable, appropriate and effective method for meeting the client's medical need. 3. Have an expected use that is in accordance with current medical standards or practices. 4. Are cost effective, which means that less costly and medically appropriate alternatives do not exist or do not meet treatment requirements. 5. Provide for a safe environment. 6. Are not experimental or investigational, but generally accepted by the medical community

as standard practice.7. Do not have as its primary purpose the enhancement of a client's personal comfort or to provide convenience for the client or caretaker.8. Are not related to routine personal hygiene, education, exercise, participation in sports, or cosmetic purposes.9. Are not duplicative or serve the same purpose as items already utilized by the client.10. Are Medically Necessary.Provided the above is met, covered Benefits include:1. DME2. Orthotics3. Prosthetics4. Disposable supplies5. Monitoring Equipment6. Repairs and replacement7. Specialized use rehabilitation equipment8. Oral and enteral formulas equipment, and supplies.9. Parenteral equipment and supplies.10. Facilitative Devices11. Complex Rehabilitation Technology12. Specialized eating utensils and other medically necessary activities of daily living aids.13. Oxygen and oxygen equipment"

Benefit Provided:

Hearing aids

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

No Limitations

Scope Limit:

Limited to clients ages 20 and under.

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 11.c.

Add

Alternative Benefit Plan

☑ Essential Health Benefit 8: Laboratory services — Collapse All ☐

Benefit Provided: Laboratory Outpatient and Professional Services

Source: State Plan 1905(a) — Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit: No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 3.a.

Benefit Provided: X-Rays and Diagnostic Imaging

Source: State Plan 1905(a) — Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No Limitations

Duration Limit: No Limitations

Scope Limit: No Limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 3.a.

Benefit Provided: Imaging (CT/PET Scans, MRIs)

Source: State Plan 1905(a) — Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: No Limitations

Duration Limit: No Limitations

Scope Limit: No Limitations

Alternative Benefit Plan

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 3.a.

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 Care/Screening/Immunization

Source: State Plan 1905(a) Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit: No limitions

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 13.b, c.

Benefit Provided: Nutritional Counseling

Source: State Plan 1905(a) Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No Limitations

Duration Limit: No Limitations

Scope Limit: No Limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 5.a

Benefit Provided: Diabetes Education

Source: State Plan 1905(a) Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No Limitations

Duration Limit: No Limitations

Alternative Benefit Plan

Scope Limit:

No Limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 5.a

Benefit Provided:

Routine foot care

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 service per 60 days

Duration Limit:

No Limitations

Scope Limit:

Acute care episodes allow any amount of medically necessary podiatrist services.

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 6.a

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:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitations

Duration Limit:
No limitations

Scope Limit:
No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 4.b. EPSDT authorization does not differ from the authorization requirements of the benefit being accessed. This will not prevent EPSDT individuals from receiving medically necessary services.

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:
Primary Care Illness/injury - 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:
This base-benchmark benefit is covered under state plan benefit "physician services 5.a" placed within EHB 1.

Base Benchmark Benefit that was Substituted:
Specialist Visits - 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:
This base-benchmark benefit is covered under state plan benefit "physician services 5.a" placed within EHB 1.

Base Benchmark Benefit that was Substituted:
Other practitioner office visit - 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:
This base-benchmark benefit is covered under state plan benefits "Other licensed practitioners 6.d" placed within EHB 1.

Base Benchmark Benefit that was Substituted:
Outpatient Facility Fee (ASC) - 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:
This base-benchmark benefit is covered under state plan benefit "Clinic Services 9" placed within EHB 1.

Base Benchmark Benefit that was Substituted:
Outpatient Surgery Physician/Surgica - 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:
This base-benchmark benefit is covered under state plan benefits “Physician Services 5.a" placed within EHB 1.

Base Benchmark Benefit that was Substituted:
Dialysis - 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:
This base-benchmark benefit is covered under state plan benefit "Clinic Services 9" placed within EHB 1.

Base Benchmark Benefit that was Substituted:
Chemotherapy - 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:
This base-benchmark benefit is covered under state plan benefit "Physician Services 5.a" placed within EHB 1.

Base Benchmark Benefit that was Substituted:
Radiation - 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:
This base-benchmark benefit is covered under state plan benefits "Physician Services 5.a" placed within EHB 1.

Base Benchmark Benefit that was Substituted:
Infusion 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:
This base-benchmark benefit is covered under state plan benefits "Physician Services 5.a" placed within EHB 1.

Base Benchmark Benefit that was Substituted:
Treatment for Temporomandibular Joint- 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:
This base-benchmark benefit is covered under state plan benefit "Physician Services 5.a" placed within EHB 1.

Base Benchmark Benefit that was Substituted:
Hospice - 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:
This base-benchmark benefit is covered under state plan benefit "Hospice 18" placed within EHB 1.

Base Benchmark Benefit that was Substituted:
Allergy Testing - 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:
This base-benchmark benefit is covered under state plan benefit "Physician Services 5.a" placed within EHB 1.

Base Benchmark Benefit that was Substituted:
Emergency Room 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:
This base-benchmark benefit is covered under state plan benefit "Other medical care 24.e" placed within EHB 2.

Base Benchmark Benefit that was Substituted:
Emergency Transportation / Ambulance - 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:
This base-benchmark benefit is covered under state plan benefit "Other medical care 24.a" placed within EHB 2.

Base Benchmark Benefit that was Substituted:
Urgent care centers/facilities - 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:
This base-benchmark benefit is covered under state plan benefit "Outpatient Hospital Services 2.a" placed within EHB 2.

Base Benchmark Benefit that was Substituted:
Inpatient Hospital 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:
This base-benchmark benefit is covered under state plan benefits “Inpatient Hospital Services 1.a" placed within EHB 3.

Base Benchmark Benefit that was Substituted:
Inpatient Physician and Surgical Services - Duplic

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) This base-benchmark benefit is covered under state plan benefits "Physician Services 5.a" placed within EHB 1.

Base Benchmark Benefit that was Substituted:
Reconstruction Surgery - 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:
This base-benchmark benefit is covered under state plan benefit "Physician Services 5.a" placed within EHB 3.

Base Benchmark Benefit that was Substituted:
Bariatric Surgery - 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:
This base-benchmark benefit is covered under state plan benefit "Physician Services 5.a" placed within EHB 3.

Base Benchmark Benefit that was Substituted:
Transplant - 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:
This base-benchmark benefit is covered under state plan benefits "Organ Transplant Services Supplement to Attachment 3.1-E" placed within EHB 3.

Base Benchmark Benefit that was Substituted:
Private Duty Nursing (IP 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:
This base-benchmark benefit is covered under state plan benefit "Inpatient Hospital Services 1.a" and "Physician Services 5.a" placed within EHB 3.

Base Benchmark Benefit that was Substituted:
Pre and postnatal 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:
This base-benchmark benefit is covered under state plan benefit "Extended Services for Pregnant Women 20" placed within EHB 4.

Base Benchmark Benefit that was Substituted:
Delivery and All Inpatient Services for Maternity

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) - This base-benchmark benefit is covered under state plan benefits "Inpatient Hospital Services 1.a, Nurse mid-wife services 17, Licensed or Otherwise state-approved freestanding birth centers 28.i and 28.ii" placed within EHB 4.

Base Benchmark Benefit that was Substituted:
Substance Abuse Disorder Outpatient Services

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) - This base-benchmark benefit is covered under state plan benefits "Rehabilitative services 13.d" placed within EHB 5.

Base Benchmark Benefit that was Substituted:
Mental / Behavioral Health Outpatient Services

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) - This base-benchmark benefit is covered under state plan benefits "Rehabilitative services 13.d" placed within EHB 5.

Base Benchmark Benefit that was Substituted:
Substance Abuse Disorder Inpatient Services

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) - This base-benchmark benefit is covered under state plan benefits "Inpatient Hospital Services 1.a" placed within EHB 5.

Base Benchmark Benefit that was Substituted:
Mental / Behavioral Health Inpatient Services

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) - This base-benchmark benefit is covered under state plan benefits "Inpatient Hospital Services 1.b" placed within EHB 5.

Base Benchmark Benefit that was Substituted:
Generic Drugs - 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:
This base-benchmark benefit is covered under state plan benefits "Prescribed Drugs 12.a" placed within EHB 6.

Base Benchmark Benefit that was Substituted:
Preferred Brand Drugs - 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:
This base-benchmark benefit is covered under state plan benefits "Prescribed Drugs 12.a" placed within EHB 6.

Base Benchmark Benefit that was Substituted:
Non-preferred Brand Drugs

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:
This base-benchmark benefit is covered under state plan benefits "Prescribed Drugs 12.a" placed within EHB 6.

Base Benchmark Benefit that was Substituted:
Specialty Drugs - 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:
This base-benchmark benefit is covered under state plan benefits "Prescribed Drugs 12.a" placed within EHB 6.

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:
This base-benchmark benefit is covered under state plan benefits "3.1b(Attachment) 3.1-A 7.c. (Supplement to Attachment) 3.1-A, 7 and 12.c" placed within EHB 7.

Base Benchmark Benefit that was Substituted:
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:
This base-benchmark benefit is covered under state plan benefits "Prosthetic Devices 12.c" placed within EHB 7.

Base Benchmark Benefit that was Substituted:
Hearing Aids - 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:
This base-benchmark benefit is covered under state plan benefits "Audiology services 11.c" and "EPSDT 4.b" placed within EHB 7.

Base Benchmark Benefit that was Substituted:
Skilled Nursing Facility - 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:
This base-benchmark benefit is covered under state plan benefits "Nursing Facility Services 4.a, 24.d." placed within EHB 7.

Base Benchmark Benefit that was Substituted:
Home Health Care 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:
This base-benchmark benefit is covered under state plan benefits "Home Health Services 7.a-b." placed within EHB 7.

Base Benchmark Benefit that was Substituted:
Outpatient Rehabilitation Services
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:
This base-benchmark benefit is covered under state plan benefits "Physical, Occupational, and Speech Therapies 11.a-c." placed within EHB 7.

Base Benchmark Benefit that was Substituted:
Laboratory Outpatient and Professional Services
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) - This base-benchmark benefit is covered under state plan benefits "Other laboratory and x-ray services 3.a" placed within EHB 8.

Base Benchmark Benefit that was Substituted:
X-Rays and Diagnostic Imaging
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) - This base-benchmark benefit is covered under state plan benefits "Other laboratory and x-ray services 3.a" placed within EHB 8.

Base Benchmark Benefit that was Substituted:
Imaging (CT/PET Scans, MRIs)
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) - This base-benchmark benefit is covered under state plan benefits "Other laboratory and x-ray services 3.a" placed within EHB 8.

Base Benchmark Benefit that was Substituted:
Preventive Care/Screening/Immunization
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) - This base-benchmark benefit is covered under state plan benefits "Preventive services, 13.c, Screening services 13.b" placed within EHB 9.

Base Benchmark Benefit that was Substituted:
Nutritional Counseling - 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:
This base-benchmark benefit is covered under state plan benefits "Physician Services 5.a" placed within EHB 9.

Base Benchmark Benefit that was Substituted:
Diabetes Education - 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:
This base-benchmark benefit is covered under state plan benefits "Physician Services 5.a" placed within EHB 9.

Base Benchmark Benefit that was Substituted:
Routine foot 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:
This base-benchmark benefit is covered under state plan benefits "Podiatrists' services, 6.a" placed within EHB 9.

Base Benchmark Benefit that was Substituted:
Well Baby Visits and 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:
This base-benchmark benefit is covered under state plan benefits "EPSDT, 4.b" placed within EHB 10.

Base Benchmark Benefit that was Substituted:
Routine Eye Exam for Children - 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:
This base-benchmark benefit is covered under state plan benefits "EPSDT, 4.b" placed within EHB 10.

Base Benchmark Benefit that was Substituted:
Eye Glasses for Children - 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:
This base-benchmark benefit is covered under state plan benefits "EPSDT, 4.b" placed within EHB 10.

Base Benchmark Benefit that was Substituted:
Dental Checkup for Children - 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:
This base-benchmark benefit is covered under state plan benefits "EPSDT, 4.b" placed within EHB 10.

Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:
Basic Dental Care - Child - 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:
This base-benchmark benefit is covered under state plan benefits "EPSDT, 4.b" placed within EHB 10.

Base Benchmark Benefit that was Substituted:
Orthodontia - Child - 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:
This base-benchmark benefit is covered under state plan benefits "EPSDT, 4.b" placed within EHB 10.

Base Benchmark Benefit that was Substituted:
Major Dental Care - Child - 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:
This base-benchmark benefit is covered under state plan benefits "EPSDT, 4.b" placed within EHB 10.

Add

Alternative Benefit Plan

☒ Other Base Benchmark Benefits Not Covered Collapse All ☐

Base Benchmark Benefit not Included in the Alternative Benefit Plan:
Chiropractic Care

Source:
Base Benchmark

Remove

Explain why the state/territory chose not to include this benefit:
Benefit not covered in State Plan.

Base Benchmark Benefit not Included in the Alternative Benefit Plan:
Infertility Treatment (artificial insemination,etc

Source:
Base Benchmark

Remove

Explain why the state/territory chose not to include this benefit:
Benefit not covered in State Plan.

Add

Alternative Benefit Plan

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

Other 1937 Benefit Provided:
Rural health clinic services

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitations

Duration Limit:
No limitations

Scope Limit:
No limitations

Other:
Source: Approved State Plan Amendment, 3.1-A section 2.b. This benefit is a service location specified in the state plan. It does not have any authorization requirements.

Other 1937 Benefit Provided:
FQHC services

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitations

Duration Limit:
No limitations

Scope Limit:
No limitations

Other:
Source: Approved State Plan Amendment, 3.1-A section 2.c. This benefit is a service location specified in the state plan. It does not have any authorization requirements.

Other 1937 Benefit Provided:
Other screening services (SBIRT)

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
2 full screens, 4 brief interventions, per SFY

Duration Limit:
No limitations

Scope Limit:
No limitations

Other:
Source: Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 13.c. No

prior authorizations required.

Other 1937 Benefit Provided:
Intermediate care facility services, ICF/IID

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitations

Duration Limit:
No limitations

Scope Limit:
No limitations

Other:
Source: Reference Approved State Plan Amendment, attachment 3.1-A section 15.

Other 1937 Benefit Provided:
Targeted case management: developmental disability

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
240 units, per SFY

Duration Limit:
No limitations

Scope Limit:
For individuals with a developmental disability

Other:
Source: Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 19.a. Prior authorization is not required.

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:
No limitations

Duration Limit:
During pregnancy + 60 days postpartum

Scope Limit:
No limitations

Other:

Source: Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 20. Prior authorization is not required.

Other 1937 Benefit Provided:

Ophthalmologist or Optometrist Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

See below

Other:

Source: Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 6.b.

A. These are services for clients ages 21 and over. These services must be provided by a certified ophthalmologist or licensed optometrist who is an approved Medicaid provider.
l) One routine non-pediatric eye exam per calendar year, when medically necessary to diagnose, manage, or treat a client with signs or symptoms of injury or disease of the eye.
2) Determination of the refractive state (an exam to test for visual acuity and the need for corrective lenses), only in these situations:
a.) As part of the diagnostic eye exam described in (l). b.) After eye surgery.

B. These are the services for clients ages 20 and younger (EPSDT program). These services must be provided by a certified ophthalmologist or licensed optometrist who is an approved Medicaid provider.
1) Routine vision screening and diagnostic eye exams.
2) Orthoptic vision treatment services.

The effective date for these service changes is December 1, 2017.

Other 1937 Benefit Provided:

Pediatric or family nurse practitioner services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other:

Source: Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 24.g. Prior authorization is not required.

Other 1937 Benefit Provided:

PACE

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

No limitation

Scope Limit:

The PACE program is for individuals age 55+.

Other:

Source: See Approved State Plan Amendment, attachment 3.1-A section 27 and Supplement 3 Limitations to Care and Services - PACE Services.

Other 1937 Benefit Provided:

Other practitioners' services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other:

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 6.d. Prior authorization is not required. Approved group: State licensed psychologists, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, Physician Assistants, Certified Nurse Midwives and Certified Nurse Practitioners.

Other 1937 Benefit Provided:

Face to face tobacco cessation for pregnant women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Intermediate 5 units. intensive 3 units. Per year

Duration Limit:

No limitations

Scope Limit:

Only for pregnant women.

Other:

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 4.d. Prior authorization is not required.

Other 1937 Benefit Provided:

Nursing facility services (21+)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

No limitation

Scope Limit:

Limited to clients age 21 and over.

Other:

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 4.a This is covered to the extent of custodial care. Non-custodial Skilled nursing facility care is in EHB 7 "Nursing facility services (21+)" benefit.

Other 1937 Benefit Provided:

Targeted case management: nurse-home visitor

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

15 units per month

Duration Limit:

No limitations

Scope Limit:

First-time pregnant women and their first baby up to the child's second birthday.

Other:

Reference Approved State Plan Amendment, supplement 1B to attachment 3.1-A, and attachment 4.19 B item #19. Prior authorization is not required.

Other 1937 Benefit Provided:

Targeted case management: behavioral health

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

No limitation

Scope Limit:

Medicaid clients enrolled in the Colorado Medicaid Community Behavioral Health Services Program (a Section 1915(b) waiver program) who have or are being assessed for a mental health (behavioral health) diagnosis(es) covered under that program.

Other:

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 19a. Prior authorization is not required. Additional limitations: An individual who has been assessed and determined not to have a mental health (behavioral health) diagnosis(es) covered by the Colorado Medicaid Behavioral Health Services Program is eligible for case management services under this State Plan Amendment for only ten business days after the date the determination was made.

Other 1937 Benefit Provided:

Targeted case management: substance abuse

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

4 units per DOS, no limit per SFY

Duration Limit:

No limitation

Scope Limit:

No limitations

Other:

Reference Approved State Plan Amendment, supplement 1C to attachment 3.1-A. Prior authorization is not required.

Other 1937 Benefit Provided:

Private duty nursing

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

16 hours per day

Duration Limit:

No limitation

Scope Limit:

No limitation

Other:

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 8.

Private Duty Nursing is face-to-face skilled nursing that is more individualized and continuous than the nursing care that is available under the Home Health benefit or routinely provided in a hospital or nursing facility. Private Duty Nursing is provided in the home, or outside the home when normal life activities take the client away from the home. Private Duty Nursing shall not be reimbursed in a hospital or nursing facility.

Private Duty Nursing services provided to eligible clients shall be provided through Medicaid licensed Home Health agencies. To be eligible for Private Duty Nursing, a Medicaid client must meet medical necessity criteria. Private Duty Nursing services are provided by a registered nurse or a licensed practical nurse, under the direction of the recipient's physician. Private Duty Nursing services may be provided by one nurse to more than one client at the same time, in the same setting, at a reduced rate.

The amount of Medicaid reimbursed Private Duty Nursing per day may not exceed the hours that are determined necessary under the medical criteria up to sixteen hours per day. For EPSDT clients ages 19 through 20, Private Duty Nursing will be provided up to the amount of medical need. All Private Duty Nursing services must be prior authorized.

Other 1937 Benefit Provided:

Dental Services - Adults

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other box, below.

Duration Limit:

See other box, below.

Scope Limit:

Adults, age 21 and over.

Other:

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 10. Prior authorization is sometimes required.

Other 1937 Benefit Provided:

Dentures - Adults

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other box, below.

Duration Limit:

See other box, below.

Scope Limit:

Adults, age 21 and over.

Other:

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 12.b. Prior authorization is required.

1. Complete and Partial Removable Prosthetics are a benefit for recipients age 21 and older based on medical necessity. Services consist of fabrication of complete or partial dentures and are subject to Prior Authorization Requests.
A. Complete Dentures are limited to one set every 7 years, includes initial 6 months of relines.
B. Partial Dentures are limited to one set every 7 years.

For clients under 21 years of age, denture benefits are provided in accordance with the Early, Periodic, Screening, Diagnosis and Treatment (EPDST) service category. See Supplement to Attachment 3.1-A, section 4b.

Other 1937 Benefit Provided:

School-based mental health services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

No Limitations

Scope Limit:

Only available to children with Individual Education Programs.

Other:

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 4.b(I). Prior authorization is not required.

Other 1937 Benefit Provided:

Outpatient Hospital Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

No Limitations

Scope Limit:

Routine and annual physical examinations are not provided unless determined to be medically necessary based upon a medical diagnosis, complaint or symptom.

Other:

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 2.a. Prior authorization is not required.

Other 1937 Benefit Provided:

Family Planning Services and Supplies

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

No Limitations

Scope Limit:

No Limitations

Other:

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 4.c. Prior authorization is not required.

A. The Department of Health Care Policy and Financing (the Department) covers family planning services and supplies, with the exception of infertility services and supplies. The Department covers family planning services and supplies, as noted under Section 1905(a)(4)(c) of the Social Security Act and 42 CFR 441. 20.13. The Department covers services to prevent teen pregnancies as a family planning service. Medicaid Teen Pregnancy Prevention services are provided by providers contracted with the department and are as described below:
I. Intensive individual or group counseling/ educational services, identified and approved by the Department. Services provide counseling in the following areas:
a. Making informed, responsible, healthy individualized decisions about family planning and reproductive health choices; including abstinence, contraception, safe sexual practices and risk reduction choices;
b. Making informed, responsible decisions about reproductive health and the effect of alcohol and drug use on decision- making and pregnancy risk;
c. Contraception use, including potential health benefits and/ or adverse effects.
EPSDT services that are medically necessary will be provided to individuals under 21 years of age.

Other 1937 Benefit Provided:

Medical and surgical services - dentist

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

No Limitations

Scope Limit:

No Limitations

Other:

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 5.b. Prior authorization is not required.

Other 1937 Benefit Provided:

Eyeglasses and Contact Lenses

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

See below

Other:

Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 12.d. The effective date of the most recent update to this service is December 1, 2017.

Other 1937 Benefit Provided:

Intermediate care facility services, ICF/IID

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other:

Reference Approved State Plan Amendment, attachment 3.1-A section 15a., b.

Other 1937 Benefit Provided:

Nurse-midwife services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limitations

Duration Limit:

No Limitations

Scope Limit:

No Limitations

Other:

Reference Approved State Plan Amendment, attachment 3.1-A section 17.

Other 1937 Benefit Provided:

Ambulatory prenatal care

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:
No Limitations

Duration Limit:
No Limitations

Scope Limit:
Outpatient services only. Labor and delivery are not covered.

Other:
Reference Approved State Plan Amendment, attachment 3.1-A section 21.

Other 1937 Benefit Provided:
Certified pediatric family nurse practitioner serv

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No Limitations

Duration Limit:
No Limitations

Scope Limit:
No Limitations

Other:
Reference Approved State Plan Amendment, attachment 3.1-A section 23.

Other 1937 Benefit Provided:
Nursing Facility services under 21

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No Limitation

Duration Limit:
No Limitation

Scope Limit:
No Limitation

Other:
Reference Approved State Plan Amendment, attachment 3.1-A section 24.d

Add

☐ Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)

Collapse All ☐

PRA Disclosure Statement

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

V.20130814

Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-C- ☐ OMB Expiration date: 10/31/2014

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. ☐

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.

☑ 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).

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Alternative Benefit Plan

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Attachment 3.1-C- ☐

Service Delivery Systems — ABP8

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 implementation plan for the Alternative Benefit Plan (ABP) under managed care has and will include public and tribal noticing, and messaging through stakeholder forums and provider bulletins. The department is also currently holding individual meetings with health plans, behavioral health organizations (BHOs), Regional Collaborative Organizations (RCCOs) and providers to discuss the details of the ABP. The health plans, BHOs and RCCOs will further communicate with providers and members how the Alternative Benefit Plan will affect them. Lastly, the department is negotiating managed care contract amendments to include the expansion population and will continue to monitor performance on an ongoing basis.

Furthermore, implementation includes changes to the MMIS system that allow provider reimbursement for new services that were not offered through traditional Medicaid. Several USPSTF A and B recommended preventive services were identified as procedures that were not formerly reimbursed but needed to become so in order to meet assurance standards. CPT and HCPCS codes were chosen to represent the new preventive services and are identically available for existing State Plan benefits as well as the Alternative Benefit Plan. These changes will be appropriately communicated to providers and clients.

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

Identify the date the managed care program was approved by CMS: July 1, 2009

Describe program below:

Plan Model and Structure: Denver Health is a staff-model HMO, similar to the Kaiser model. Denver Health physicians are employees of the organization and are salaried. Denver Health Medicaid Choice (DHMC) is a full-risk capitation contract. Capitation payments are made monthly and DHMC provides all covered services to enrolled clients from these monies. In Colorado, Medicaid behavioral health is carved out from physical health contracts, so it is not included in DHMC. Certain other services are also carved out and paid directly by HCPF where such an arrangement makes sense. An example is non-emergent transportation, which HCPF provides through contracts with State counties and their vendors.

Plan Services: DHMC provides comprehensive physical health care including inpatient and outpatient hospital care, acute home health care, office visits, laboratory, radiology, DME and prescription drugs. Members can access all services without co-payments. Adult preventative care, family planning and the full range of Early Periodic Screening, Diagnosis and Treatment (EPSDT) services are covered. Members select a Primary Care Physician who coordinates all aspects of their care.

DHMC operates 9 community health centers and 12 school-based clinics in underserved neighborhoods throughout the Denver metropolitan area.

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. Yes

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: July 1, 2011

Describe program below:

Plan Model and Structure: The plan is a 1915(a), non-risk Prepaid Inpatient Health Plan (PIHP). Rocky Mountain Health Plan (RMHP) has a network of physicians and contracts with the majority of them through the Mesa County Individual Practice Association (MCIPA). Through its contracts with the IPA, RMHP pays a negotiated amount for each provider service that is the same irrespective of the patient's insurance coverage. RMHP is an Administrative Services Organization (ASO) model, which means RMHP receives and adjudicates claims from its providers, reprices the claims to the Medicaid Fee Schedule, and submits them to Colorado Medicaid for payment. Claims are then paid to RMHP by the State on a fee-for-service basis.

RMHP receives a small monthly fee (per member per month) for their work in 1) claims adjudication and 2) care management/

coordination, which includes a variety of clinical quality and disease management programs.

Plan Services: RMHP provides comprehensive physical health care including inpatient and outpatient hospital care, acute home health care, office visits, laboratory, radiology, DME and prescription drugs. Adult preventative care, family planning and the full range of Early Periodic Screening, Diagnosis and Treatment (EPSDT) services are covered. Members select a Primary Care Physician who coordinates all aspects of their care. Members are also assigned a case manager who helps them understand and use their RMHP Medicaid benefits and relevant community resources.

Additional Information: PIHP (Optional)

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

PCCM: Primary Care Case Management

The PCCM delivery system is the same as an already approved PCCM program. Yes

The PCCM program is operating under (select one):

- ○ Section 1915(b) managed care waiver.
- ◉ Section 1932(a) mandatory managed care state plan amendment.
- ○ Section 1115 demonstration.
- ○ Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS: May 2011

Describe program below:

The Accountable Care Collaborative (ACC) Program builds on the existing Primary Care Case Management (PCCM) Program. The program is designed to affordably optimize client health, functioning and self-sufficiency. The four main goals of the ACC program are ensuring access to a focal point of care or medical home, coordinating medical and non-medical care, improving member and provider experiences and providing the necessary data to support these functions.

The ACC program utilizes Regional Care Coordination Organizations (RCCO's) to accomplish program objectives. RCCOs, Primary Care Medical Providers (PCMP) and data and information from a Statewide Data and Analytics Contractor (SDAC) combine to optimize the delivery of outcome-based healthcare service delivery. The aim of the RCCO is to achieve health outcomes while ensuring comprehensive care coordination. This aim includes a medical home level of care for every member. These objectives are attained through the RCCOs' primary responsibilities of network development, provider support, medical management and care coordination, accountability and reporting.

The ACC Program utilizes a voluntary passive enrollment model. Clients have the opportunity to opt out of the program should the they choose but they must make a specific request to the Department.

Additional Information: PCCM (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

Alternative Benefit Plan

○ Services managed under an administrative services organization (ASO) arrangement

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 majority of clients will be served through a fee-for-service delivery system where providers are paid a fee for each service they provide. The department describes its payment methodologies for mandatory and optional Medicaid services in its approved Medicaid State Plan. All such state plan amendments are consistent with federal statutes and regulations.

The department typically develops its rates based on the cost of providing the service, a review of what commercial payers reimburse in the private market or a percentage of what Medicare pays for equivalent services.

Additional Information: Fee-For-Service (Optional)

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

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Alternative Benefit Plan

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Attachment 3.1-C- ☐

Service Delivery Systems — ABP8

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.

PIHP: Prepaid Inpatient Health Plan

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 1115 demonstration.
- ○ Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS: July 1, 2013

Describe program below:

Behavioral Health Organization Program:

This is a statewide managed care program that provides comprehensive mental health services to all Coloradans with Medicaid. Medicaid members are assigned to a Behavioral Health Organization (BHO) based on where they live. BHOs arrange or provide for medically necessary mental health services to clients in their service areas. There are five BHOs statewide: Access Behavioral Care (ABC); Behavioral Healthcare Inc (BHI); Colorado Health Partnerships (CHP); Foothills Behavioral Health Partnerships (FBHP); Northeast Behavioral Health Partnerships (NBHP). These five BHO contracts go through a competitive bid process every five years and within each 5 year period, the Department has the option of renewing or not renewing the contract on a yearly basis.

Eligibility:

Colorado residents who are U.S. citizens or legal permanent residents for at least five years are eligible . Individuals must have a mental health diagnosis that is covered by the program to receive covered services.

Services Available:

- Inpatient hospital psychiatric care
- Outpatient hospital services
- Psychiatrist services
- Individual and group therapy
- Medication management
- Clinic case management services
- Emergency services
- Vocational services
- Clubhouse/drop-in centers
- Residential services
- Assertive Community Treatment
- Recovery services
- Respite services
- Prevention/early intervention activities
- Home and Community-Based services for children/youth

Cost Sharing:

There are no co-pays for Medicaid mental health services. However, members with other insurance must use that insurance first before using Medicaid benefits.

Additional Information: PIHP (Optional)

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

PRA Disclosure Statement

Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-C- [ ]

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. **Yes**

Provide a description of employer sponsored insurance, including the population covered, the amount of premium assistance by population, employer sponsored insurance activities including required contribution, cost-effectiveness test requirements, and benefit information:

The Medicaid agency pays all premiums deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan as specified in the qualified employer sponsored coverage without regard to limitations specified in section 1916 or section 1916A of the Act for eligible individuals under age 19 who have access to and elect to enroll in such coverage The eligible individual is entitled to services covered by the State plan which are not included in the employer sponsored coverage.

When coverage for eligible family members under age 19 is not possible unless an ineligible parent enrolls, the Medicaid agency pays premiums for enrollment of the ineligible parent and at the parent option other ineligible family members the agency also pays deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan for the ineligible parent.

To determine cost effectiveness, the Medicaid agency determines whether the annual cost of an applicant's commercial health insurance is less than the estimated total cost of the applicant's annual medical expenses, out-of-pocket costs, and administrative costs. If the commercial health insurance is less, the client is eligible for this program. For qualified employer sponsored coverage the employer must contribute at least 40 percent of the premium cost.

The state assures that ESI coverage is established in sections 3.2 and 4.22(h) of the state's approved Medicaid state plan. The beneficiary will receive a benefit package that includes a wrap of benefits around the employer sponsored insurance plan that equals the benefit package to which the beneficiary is entitled. The beneficiary will not be responsible for payment of premiums or other cost sharing that exceeds nominal levels as established at 42 CFR part 447 subpart A.

The state/territory otherwise provides for payment of premiums. **No**

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

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Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-C- ☐

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.

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V.20130807

Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-C- ☐ 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.

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