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State/Territory Name: Minnesota

State Plan Amendment (SPA) #: 16-0016

This file contains the following documents in the order listed:

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

Department of Health & Human Services Centers for Medicare & Medicaid Services 233 North Michigan Avenue, Suite 600 Chicago, Illinois 60601-5519



January 5, 2017

Marie Zimmerman, State Medicaid Director Minnesota Department of Human Services P.O. Box 64983 St. Paul, MN 55164-0983

Dear Ms. Zimmerman:

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

Transmittal #16-0016

--Revising the state plan to add behavioral health home services to the state's Alternative Benefit Plan (ABP).

-- Effective Date: July 1, 2016

--Approval Date: December 6, 2016

If you have any additional questions, please have a member of your staff contact Sandra Porter at (312) 353-8310 or via e-mail at Sandra.Porter@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes Associate Regional Administrator Division of Medicaid and Children's Health Operations

Enclosures

cc: Ann Berg, MDHS Sean Barrett, MDHS

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: Transmittal Numbe		innesota		
Please enter the Tr	ansmittal Number (TN) in t		ere ST= the state abbreviation, 1	
the submission year MN-16-0016	<u>er, and 0000</u> = a four digit ni	umber with leading zeros.	The dashes must also be entered	!.
IVIIN-10-00 10				
Proposed Effective 1	Date			
07/01/2016	(mm/dd/yyyy)			
Federal Statute/Reg	ulation Citation			
42 CFR 440.30	5, 440.347			
Federal Budget Imp				
	Federal Fiscal Year		Amount	
First Year	2016	\$0.00		
	2015	*[
Second Year	2017	\$ 0.00		
Subject of Amendm				
Alternative Bene	etit Plan			
Governor's Office R	eview			
	or's office reported no c	comment		
	nts of Governor's office			
Describe	:			^
				Ç
O No reply	received within 45 day	ys of submittal		
Other, a	s specified			
Describe	:			
Signature of State A	gency Official			
Submitted By:	-	Sean Barrett		
Last Revision		Nov 15, 2016		
Submit Date:		Sep 28, 2016		

MN 16-0016 Effective date: July 1, 2016 Approval date: December 6, 2016

Supersedes: MN 13-0020

DATE RECEIVED	DATE APPROVED
September 28, 2016	December 6, 2016
PLAN APPROV	ED – ONE COPY ATTACHED
FEECTIVE DATE OF ADDROVED MATERIAL	CICALATURE OF RECIONAL OFFICIAL
EFFECTIVE DATE OF APPROVED MATERIAL	SIGNATURE OF REGIONAL OFFICIAL
July 1, 2016	/s/
TYPED NAME	TITLE
Ruth A. Hughes	Associate Regional Administrator

Effective date: July 1, 2016 Approval date: December 6, 2016

MN 16-0016 Supersedes: MN 13-0020



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 The state/territory is proposing "Secretary-Approved Coverage" as its section 1937 coverage option. Yes Secretary-Approved Benchmark Package: Benefit by Benefit Comparison Table The state/territory must provide a benefit by benefit comparison of the benefits in its proposed Secretary-Approved Alternative Benefit Plan with the benefits provided by one of the section 1937 Benchmark Benefit Packages or the standard full Medicaid state plan under Title XIX of the Act. Submit a document indicating which of these benefit packages will be used to make the comparison and include a chart comparing each benefit in the proposed Secretary-Approved benefit package with the same or similar benefit in the comparison benefit package, including any limitations on amount, duration and scope pertaining to the benefits in each benefit package. An attachment is submitted. Benefits Included in Alternative Benefit Plan Enter the specific name of the base benchmark plan selected: Health Partners 500 25 Open Access Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved." Secretary-Approved



Essential Health Benefit 1: Ambulatory patient services			
Benefit Provided:	Source:		
Physicians' Services	State Plan 1905(a)	Remove	
Authorization:	Provider Qualifications:		
None	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:			
Services provided within the scope of practice as de	fined under state law.		
Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base		
Some services may require authorization based on co	riteria consistently applied across all service categories.		
Benefit Provided:	Source:		
Outpatient Hospital Services	State Plan 1905(a)	Remove	
Authorization:	Provider Qualifications:		
Other	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:			
Services provided within the scope of practice as de	efined under state law.		
Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base		
Some services may require authorization based on co	riteria consistently applied across all service categories.		
Benefit Provided:	Source:		
Clinic Services	State Plan 1905(a)		
Authorization:	Provider Qualifications:		
None	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:			
Services provided within the scope of practice as de	fined under state law.		

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Other information regarding this benefit, including benchmark plan:		Remove
Benefit Provided:	Source:	
Chiropractor (OLP)	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	100110
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None None	
Scope Limit:	Trone	
Services provided within the scope of practice as d	lefined under state law	
benchmark plan:	the specific name of the source plan if it is not the base per year require authorization. One annual evaluation	
Benefit Provided:	Source:	
Hospice Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practice as d	defined under state law.	
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Family Planning	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	

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Services provided within the scope of practice as defined under state law.	Remov
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:	
	Ac



Essential Health Benefit 2: Emergency services		Collapse All [
Benefit Provided:	Source:	
Emergency Hospital Services (outpatient hospital)	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		
Medical services required for the immediate diagnosmulately diagnosed and treated, could lead to successary to alleviate severe pain.	osis and treatment of medical conditions that, if not serious physical or mental disability or death or are	
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Emergency Transp./Ambulance (outpatient hospital)	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
Services provided within the scope of practice as d	lefined under state law.	
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	_
All air ambulance transportation originating outside Minnesota must receive authorization. Does not inc states when the county of the neighboring state is co	clude destinations to facilities located in neighboring	
		Add

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■ Essential Health Benefit 3: Hospitalization		Collapse All
Benefit Provided:	Source:	
Inpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		_
Services provided within the scope of practice as defi	ined under state law.	
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Certain inpatient hospital services, such as certain spit because other more appropriate treatments may exist.	· · · · ·	
		Add



Essential Health Benefit 4: Maternity and newborn care	е	Collapse All
Benefit Provided:	Source:	
Maternity and Postpartum Care (Physician)	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
Services provided within the scope of practice as	defined under state law.	
benchmark plan:	g the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Delivery and Inpatient Care (Inpatient Hospital)	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		_
Services provided within the scope of practice as	defined under state law.	
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	
		Add



Benefit Provided:	Source:	
Medication Therapy Management (OLP)	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practice as of	defined under state law.	
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
	not eligible for Medicare Part D who are taking three or chronic conditions. Follow-up encounters in excess of	
Benefit Provided:	Source:	
Mental Health Outpatient Services - Rehab	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practice as of	defined under state law.	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Some services may require authorization based on	criteria consistently applied across all service categories.	
Benefit Provided:	Source:	
Mental Health Inpatient Services - Rehab	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	



Services provided within the scope of practice as defined under state law.		Remove
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
	Treatment Services (IRTS), require authorization to provide st seek authorization to provide services beyond 90 days.	
enefit Provided:	Source:	
ubstance Abuse Outpatient Services - Rehab	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
G T: '		
Scope Limit:		
Services provided within the scope of practice		
Services provided within the scope of practice Other information regarding this benefit, include benchmark plan:	as defined under state law. ding the specific name of the source plan if it is not the base I on criteria consistently applied across all service categories.	
Services provided within the scope of practice Other information regarding this benefit, include benchmark plan: Some services may require authorization based senefit Provided:	ding the specific name of the source plan if it is not the base	
Services provided within the scope of practice Other information regarding this benefit, include benchmark plan: Some services may require authorization based	ding the specific name of the source plan if it is not the base of the specific name of the source plan if it is not the base of the specific name of the source plan if it is not the base of the specific name of the source plan if it is not the base of the specific name of the source plan if it is not the base of the specific name of the source plan if it is not the base of the specific name of the source plan if it is not the base of the specific name of the source plan if it is not the base of the specific name of the source plan if it is not the base of the specific name of the source plan if it is not the base of the specific name of the specific n	Remove
Services provided within the scope of practice Other information regarding this benefit, include benchmark plan: Some services may require authorization based senefit Provided:	ding the specific name of the source plan if it is not the base I on criteria consistently applied across all service categories. Source:	Remove
Services provided within the scope of practice Other information regarding this benefit, include benchmark plan: Some services may require authorization based senefit Provided: ubstance Abuse Residential Services - Rehab	ding the specific name of the source plan if it is not the base I on criteria consistently applied across all service categories. Source: State Plan 1905(a)	Remove
Services provided within the scope of practice Other information regarding this benefit, include benchmark plan: Some services may require authorization based senefit Provided: ubstance Abuse Residential Services - Rehab Authorization:	ding the specific name of the source plan if it is not the base I on criteria consistently applied across all service categories. Source: State Plan 1905(a) Provider Qualifications:	Remove
Services provided within the scope of practice Other information regarding this benefit, include benchmark plan: Some services may require authorization based senefit Provided: ubstance Abuse Residential Services - Rehab Authorization: Prior Authorization	ding the specific name of the source plan if it is not the base I on criteria consistently applied across all service categories. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
Services provided within the scope of practice Other information regarding this benefit, include benchmark plan: Some services may require authorization based senefit Provided: ubstance Abuse Residential Services - Rehab Authorization: Prior Authorization Amount Limit:	ding the specific name of the source plan if it is not the base I on criteria consistently applied across all service categories. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Services provided within the scope of practice Other information regarding this benefit, include benchmark plan: Some services may require authorization based senefit Provided: ubstance Abuse Residential Services - Rehab Authorization: Prior Authorization Amount Limit: None	ding the specific name of the source plan if it is not the base I on criteria consistently applied across all service categories. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Services provided within the scope of practice Other information regarding this benefit, include benchmark plan: Some services may require authorization based senefit Provided: ubstance Abuse Residential Services - Rehab Authorization: Prior Authorization Amount Limit: None Scope Limit: Services provided within the scope of practice	ding the specific name of the source plan if it is not the base I on criteria consistently applied across all service categories. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove

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■ 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			
Other coverage limits			
Preferred drug list			
Coverage that exceeds the minimum requirements	or other:		
The State of Minnesota's Alternative Benefit Plan approved Medicaid state plan for prescribed drugs	1 1	it is the same as under the	

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	Essential Health Benefit 7: Rehabilitative and habilitative services and devices				
	Benefit Provided:	Source:	_		
	Home Health Services	State Plan 1905(a)	Remove		
	Authorization:	Provider Qualifications:	_		
	Prior Authorization	Medicaid State Plan			
	Amount Limit:	Duration Limit:	_		
	None	None			
	Scope Limit:				
	Services provided within the scope of practice as defined under state law.				
	Other information regarding this benefit, including the benchmark plan:	the specific name of the source plan if it is not the base	_		
	Services include home health aide and skilled nurse visits which require authorization based on assessed need.				
	Benefit Provided:	Source:			
	Medical Supplies and Equipment (Home Health)	State Plan 1905(a)	Remove		
	Authorization:	Provider Qualifications:			
	Other	Medicaid State Plan			
	Amount Limit:	Duration Limit:	_		
	None	None			
	Scope Limit:				
	Services provided within the scope of practice as de	efined under state law.			
	Other information regarding this benefit, including the benchmark plan:	the specific name of the source plan if it is not the base			
	Certain items such as diabetic supplies may require items, such as a needle-free injection device may re-	authorization when usage exceeds thresholds. Other quire prior authorization.			
	Benefit Provided:	Source:			
	Physical Therapy	State Plan 1905(a)			
	Authorization:	Provider Qualifications:	_		
	Other	Medicaid State Plan			
	Amount Limit:	Duration Limit:	_		
	None	None			
	Scope Limit:				
	Rehabilitative and habilitative services are provided	d within the scope of practice as defined under state lav	v.		



	cluding the specific name of the source plan if it is not the base		
benchmark plan: Services require prior authorization and aut	horization for continued services every 60 days.	Remove	
D C. D '1. 1			
Benefit Provided:	Source:	D	
Occupational Therapy	State Plan 1905(a)	Remove	
Authorization:	Provider Qualifications:		
Other	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:			
Rehabilitative and habilitative services are	provided within the scope of practice as defined under state law.		
Other information regarding this benefit, in benchmark plan:	cluding the specific name of the source plan if it is not the base		
Services require prior authorization and aut	horization for continued services every 60 days.		
Benefit Provided:	Source:		
Speech, Language, & Hearing Therapy	State Plan 1905(a)	Remove	
Authorization:	Provider Qualifications:		
Other	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:			
Rehabilitative and habilitative services are	provided within the scope of practice as defined under state law.		
Other information regarding this benefit, in benchmark plan:	Other information regarding this benefit, including the specific name of the source plan if it is not the base		
	horization and authorization for continued services every 60 thorization to provide services in excess of service thresholds.		
Benefit Provided:	Source:		
Nursing Facility	State Plan 1905(a)		
Authorization:	Provider Qualifications:		
Prior Authorization	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		

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Scope	T	ir	nit.
Scope	L	ш	mı:

Services provided within the scope of practice as defined under state law for rehabilitative stays.

Remove

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

Department authorization based on assessed need is required for all nursing facility admissions.

Add

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■ Essential Health Benefit 8: Laboratory services		Collapse All
Benefit Provided:	Source:	
Lab and X-ray Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practice as def	ined under state law.	
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Certain services such as genetic mutation testing for bauthorization.	oreast and ovarian cancer susceptibility may require	
		Add



Essential Health Benefit 9: Preventive and wellness services and chronic disease management		
The state/territory must provide, at a minimum, a broad range of by the United States Preventive Services Task Force; Advisory vaccines; preventive care and screening for infants, children and additional preventive services for women recommended by	Committee for Immunization Practices (ACIP) record adults recommended by HRSA's Bright Futures pr	mmended
Benefit Provided:	Source:	
Preventive services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		_
Services provided within the scope of practice as def	ined under state law.	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Covered services include: "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).		
		Add

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Essential Health Benefit 10: Pediatric services including oral and vision care		Collapse All
Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practice a	s defined under state law.	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
		Add



Other Covered Benefits from Base Benchmark	Collapse All



Base Benchmark Benefits Not Covered due to Substitution	n or Duplication	Collapse All	
Base Benchmark Benefit that was Substituted:	Source:		
Primary Care Visit - duplication	Base Benchmark	Remove	
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		_	
Primary care visits are mapped to the ambulatory patiduplication of physician and clinic services from the	• •		
Base Benchmark Benefit that was Substituted:	Source:		
Specialist Visit - duplication	Base Benchmark	Remove	
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		_	
Specialist visits are mapped to the ambulatory patient duplication of physician and clinic services from the			
Base Benchmark Benefit that was Substituted:	Source:		
Outpatient Surgery - duplication	Base Benchmark	Remove	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:			
	nder Essential Health Benefits: atory patient services EHB category. The services are	a	
Section 1937 benchmark benefit(s) included above un Outpatient surgery services are mapped to the ambula	nder Essential Health Benefits: atory patient services EHB category. The services are ic services from the approved Medicaid state plan. Source:	a	
section 1937 benchmark benefit(s) included above un Outpatient surgery services are mapped to the ambula duplication of physician, outpatient hospital, and clini	nder Essential Health Benefits: atory patient services EHB category. The services are ic services from the approved Medicaid state plan.	a Remove	
Section 1937 benchmark benefit(s) included above un Outpatient surgery services are mapped to the ambula duplication of physician, outpatient hospital, and clini Base Benchmark Benefit that was Substituted:	ader Essential Health Benefits: atory patient services EHB category. The services are ic services from the approved Medicaid state plan. Source: Base Benchmark icating the substituted benefit(s) or the duplicate		
 Section 1937 benchmark benefit(s) included above un Outpatient surgery services are mapped to the ambula duplication of physician, outpatient hospital, and clin Base Benchmark Benefit that was Substituted: Urgent Care Visit - duplication Explain the substitution or duplication, including indi	ader Essential Health Benefits: atory patient services EHB category. The services are ic services from the approved Medicaid state plan. Source: Base Benchmark icating the substituted benefit(s) or the duplicate ader Essential Health Benefits: ent services EHB category. The services are a		
Section 1937 benchmark benefit(s) included above un Outpatient surgery services are mapped to the ambulated duplication of physician, outpatient hospital, and clinical duplication of physician, outpatient hospital, and clinical duplication duplication. Base Benchmark Benefit that was Substituted: Urgent Care Visit - duplication Explain the substitution or duplication, including indispection 1937 benchmark benefit(s) included above un Urgent care visits are mapped to the ambulatory paties	ader Essential Health Benefits: atory patient services EHB category. The services are ic services from the approved Medicaid state plan. Source: Base Benchmark icating the substituted benefit(s) or the duplicate ader Essential Health Benefits: ent services EHB category. The services are a approved Medicaid state plan. Source:		
Section 1937 benchmark benefit(s) included above un Outpatient surgery services are mapped to the ambula duplication of physician, outpatient hospital, and clini Base Benchmark Benefit that was Substituted: Urgent Care Visit - duplication Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un Urgent care visits are mapped to the ambulatory patie duplication of physician and clinic services from the a	ader Essential Health Benefits: atory patient services EHB category. The services are ic services from the approved Medicaid state plan. Source: Base Benchmark icating the substituted benefit(s) or the duplicate ader Essential Health Benefits: ent services EHB category. The services are a approved Medicaid state plan.		
Section 1937 benchmark benefit(s) included above un Outpatient surgery services are mapped to the ambula duplication of physician, outpatient hospital, and clini Base Benchmark Benefit that was Substituted: Urgent Care Visit - duplication Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un Urgent care visits are mapped to the ambulatory patie duplication of physician and clinic services from the above that the substituted: Base Benchmark Benefit that was Substituted:	ader Essential Health Benefits: atory patient services EHB category. The services are ic services from the approved Medicaid state plan. Source: Base Benchmark acting the substituted benefit(s) or the duplicate approved Medicaid Health Benefits: ent services EHB category. The services are a approved Medicaid state plan. Source: Base Benchmark cating the substituted benefit(s) or the duplicate	Remove	
Section 1937 benchmark benefit(s) included above un Outpatient surgery services are mapped to the ambula duplication of physician, outpatient hospital, and clinic Base Benchmark Benefit that was Substituted: Urgent Care Visit - duplication Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un Urgent care visits are mapped to the ambulatory patied duplication of physician and clinic services from the above that was Substituted: Weight Loss Programs - duplication Explain the substitution or duplication, including indispenses the substitution or duplication or duplication.	ader Essential Health Benefits: atory patient services EHB category. The services are ic services from the approved Medicaid state plan. Source: Base Benchmark icating the substituted benefit(s) or the duplicate ader Essential Health Benefits: ent services EHB category. The services are a approved Medicaid state plan. Source: Base Benchmark icating the substituted benefit(s) or the duplicate ader Essential Health Benefits: patient services EHB category. The services are a	Remove	
 Section 1937 benchmark benefit(s) included above un Outpatient surgery services are mapped to the ambulated duplication of physician, outpatient hospital, and clinical duplication of physician, outpatient hospital, and clinical duplication of physician and clinical duplication. Explain the substitution or duplication, including indispection 1937 benchmark benefit(s) included above und duplication of physician and clinic services from the additional duplication of physician and clinic services from the additional duplication of physician and clinic services from the additional duplication or duplication. Explain the substitution or duplication, including indispection 1937 benchmark benefit(s) included above under the substitution or duplication or duplication the ambulatory patients.	ader Essential Health Benefits: atory patient services EHB category. The services are ic services from the approved Medicaid state plan. Source: Base Benchmark icating the substituted benefit(s) or the duplicate ader Essential Health Benefits: ent services EHB category. The services are a approved Medicaid state plan. Source: Base Benchmark icating the substituted benefit(s) or the duplicate ader Essential Health Benefits: patient services EHB category. The services are a	Remove	



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section 1937 benchmark benefit(s) incl Port wine stain removal services are many	, including indicating the substituted benefit(s) or the duplicate luded above under Essential Health Benefits: apped to the ambulatory patient services EHB category. The services ic services from the approved Medicaid state plan.	Remove
Base Benchmark Benefit that was Substitu Other Practitioner Office Visit - duplication	Base Benchmark	Remove
	, including indicating the substituted benefit(s) or the duplicate luded above under Essential Health Benefits:	
	pped to the ambulatory patient services EHB category. The services ic services from the approved Medicaid state plan.	
Base Benchmark Benefit that was Substitu Inpatient Physician and Surgical - duplicat	Base Benchmark	Remove
	, including indicating the substituted benefit(s) or the duplicate luded above under Essential Health Benefits:	
	es are mapped to the hospitalization services EHB category. The hospital services from the approved Medicaid state plan.	
Base Benchmark Benefit that was Substitut Maternity and Postpartum Care - duplication Explain the substitution or duplication	Base Benchmark	Remove
section 1937 benchmark benefit(s) incl Maternity and postpartum care are map	luded above under Essential Health Benefits: pped to the maternity and newborn care services EHB category. The services from the approved Medicaid state plan.	
Base Benchmark Benefit that was Substitu Mental/Behavioral Health Outpatient - dup	Base Benchmark	Remove
	, including indicating the substituted benefit(s) or the duplicate luded above under Essential Health Benefits:	
services including behavioral health tre	rvices were mapped to the mental health and substance use disorder eatment EHB category. The services are a duplication of outpatient ded under the rehabilitative services benefit in the approved Medicaid	
Base Benchmark Benefit that was Substitu	Base Benchmark	D
-	, including indicating the substituted benefit(s) or the duplicate luded above under Essential Health Benefits:	Remove
services including behavioral health tre	ervices are mapped to the mental health and substance use disorder eatment EHB category. The services are a duplication of residential ed under the rehabilitative services benefit in the approved Medicaid	
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Base Benchmark Benefit that was Substituted:	Source:	
Habilitation Services - duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Habilitation services are mapped to the rehabilitative The service is a duplication of physical therapy, occur therapy services from the approved Medicaid state pla	pational therapy, and speech, language and hearing	
Base Benchmark Benefit that was Substituted:	Source:	
Mental/Behavioral Health Residential - duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Residential Mental/behavioral health services are may services including behavioral health treatment EHB c and outpatient mental/behavioral health services prov approved Medicaid state plan.	ategory. The services are a duplication of residential	
Base Benchmark Benefit that was Substituted:	Source:	
Substance Abuse Disorder Outpatient - duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Outpatient substance abuse disorder outpatient service disorder services including behavioral health treatment substance use disorder services provided under the restate plan.		
Base Benchmark Benefit that was Substituted:	Source:	
Hearing Aids - duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Hearing aid services were mapped to the rehabilitativ The service is a duplication of durable medical suppli- benefit in the approved Medicaid state plan.	e and habilitative services and devices EHB category. ies and equipment provided under the home health	
Base Benchmark Benefit that was Substituted:	Source:	
Diagnostic Testing - duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
	g services and mapped to the laboratory services EHB and x-ray services from the approved Medicaid state	



Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Imaging - duplication	Dase Benchmark	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above to		
	ing services and mapped to the laboratory services EHB lab and x-ray services from the approved Medicaid state	
Base Benchmark Benefit that was Substituted:	Source:	
Health Education - duplication	Base Benchmark	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above to		
Health education services are mapped to the preven management EHB category. The services are a dupl approved Medicaid state plan.	tive and wellness services and chronic disease lication of preventive health services provided under the	
Base Benchmark Benefit that was Substituted:	Source:	
Emergency Trans. / Ambulance - duplication	Base Benchmark	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above to		
Emergency transportation and ambulance services scategory. The services are a duplication of outpatien plan.	services are mapped to the emergency services EHB nt hospital services from the approved Medicaid state	
Base Benchmark Benefit that was Substituted:	Source:	
Preventive Care - duplication	Base Benchmark	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above to		
	ices are mapped to the preventive and wellness services are services are a duplication of preventive services from	
Base Benchmark Benefit that was Substituted:	Source:	
Hospice Services - duplication	Base Benchmark	Remove
Explain the substitution or duplication, including in	dicating the substituted benefit(s) or the duplicate	
section 1937 benchmark benefit(s) included above to		
section 1937 benchmark benefit(s) included above u	under Essential Health Benefits: vices EHB category. The services are a duplication of	
section 1937 benchmark benefit(s) included above to Hospice services are mapped to the ambulatory services.	under Essential Health Benefits: vices EHB category. The services are a duplication of	

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Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above un		
Family planning services are mapped to the ambulator duplication of family planning services from the approximation of family planning services from the approximation of family planning services from the approximation of the services from the services from the approximation of the services from the ser	ry services EHB category. The services are a	Remove
Base Benchmark Benefit that was Substituted:	Source:	
Home Health Care Services - duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above un	<u> </u>	
Home health care services are mapped to the rehabilit category. The services are a duplication of home health		
Base Benchmark Benefit that was Substituted:	Source:	
Emergency Hospital Services - duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above un	C I	
Emergency hospital services services are mapped to the are a duplication of outpatient hospital services from the services from the services are mapped to t		
Base Benchmark Benefit that was Substituted:	Source:	
Chiropractor - duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above un		
Chiropractor services are mapped to the ambulatory so of chiropractor services from the approved Medicaid s		
Base Benchmark Benefit that was Substituted:	Source:	
Medication Management - duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un	<u> </u>	
Medication management services were mapped to the including behavioral health treatment EHB category. management (OLP) services from the approved Medicate of the including behavioral health treatment EHB category.	The service is a duplication of medication therapy	
Base Benchmark Benefit that was Substituted:	Source:	
Durable Medical Equipment - duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above un		
Durable medical equipment is mapped to the rehabilit category. The services are a duplication of the home he benefit in the approved Medicaid state plan.	I	



Base Benchmark Benefit that was Substituted:	Source:	
Delivery and Inpatient Care - duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indesection 1937 benchmark benefit(s) included above ur		
Delivery and inpatient care is mapped to the maternit duplication of the inpatient hospital services benefit i	y and newborn care EHB category. The services are a n the approved Medicaid state plan.	
Base Benchmark Benefit that was Substituted: Prescription Drugs - duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above ur		
Prescription drugs are mapped to the prescription dru prescribed drugs benefit in the approved Medicaid sta	gs EHB category. The services are a duplication of the ate plan.	
Base Benchmark Benefit that was Substituted: Nursing Facility - duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indesection 1937 benchmark benefit(s) included above ur		
Nursing facility rehabilitation stay benefits are mapped devices EHB category. The services are a duplication plan.	ed to the rehabilitative and habilitative services and a of the nursing facilities benefit in the approved state	
		Add



Other Base Benchmark Benefits Not Covered		Collapse All
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	Remove
Routine Eye Exam (Adult)		Kemove
Explain why the state/territory chose not to include the	nis benefit:	
Routine eye exams for adults is excluded from the EF	HB under 45 CFR 156.115(d).	
		Add



Other 1937 Covered Benefits that are not Essential Health Benefits		Collapse All
Other 1937 Benefit Provided:	Source:	
Adult Dental	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No	None	
Scope Limit:		
Adult dental services are generally limited to the pre-	vention and amelioration of dental disease states.	
Other:		
Certain services, such as bite wing x-rays, require aut Providers must seek authorization to provide bite win		
Other 1937 Benefit Provided:	Source:	
ICF/IID Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practice as def	ined under state law.	
Other:		•
Department authorization based on assessed need is re	equired for all ICF/IID services.	
Other 1937 Benefit Provided:	Source:	
Podiatrist Services (OLP)	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practice as def	ined under state law.	
		•

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Other:		
Debridement or reduction of pathological toena limited to once every 60 days without authoriza	ils and of infected or eczematized corns or calluses is tion.	Remove
Other 1937 Benefit Provided: Freestanding Birth Centers	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practice	as defined under state law.	
Other:		
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Mental Health Targeted Case Management	Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practice	as defined under state law.	
Other:		
	persistent mental illness, be referred for services by a and be determined eligible every 36 months by a county or	
Other 1937 Benefit Provided:	Source:	
Private Duty Nursing	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	



Scope Limit:		
Services provided within the scope of practice as def	ined under state law.	Remove
Other:		
Department authorization based on assessed need is re	equired for all private duty nursing services.	
Other 1937 Benefit Provided:	Source:	
Personal Care Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Yes	No	
Scope Limit:		
Services provided within the scope of practice as defi	ined under state law.	
Other:		
Department authorization based on assessed need is re	equired for all personal care attendant services.	
Other 1937 Benefit Provided:	Source:	
Nursing Facility Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
	Services provided within the scope of practice as defined under state law for long term stays.	
Other:		
Department authorization based on assessed need is required for all nursing facility admissions.		
Other 1937 Benefit Provided:	Source:	
Dentures	Section 1937 Coverage Option Benchmark Benefit	
	Provider Qualifications:	
Authorization: Other	Provider Qualifications: Medicaid State Plan	
II Jiner		

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Amount Limit:	Duration Limit:	
None	None	Remove
Scope Limit:		
Services provided within the scope of practice as defi	Services provided within the scope of practice as defined under state law.	
Other:	Other:	
Initial placement or replacement of removable denture unless the dentures are misplaced, stolen or damaged or the dentures cannot be modified or altered to meet		
Other 1937 Benefit Provided:	Source:	
FQHC/RHC Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practice as defi	ined under state law.	
Other:		
Some services may require authorization based on critand applicable to all providers of similar services.	teria consistently applied across all service categories	
Other 1937 Benefit Provided:	Source:	
Routine Eye Exam (Adult)	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practice as defi	ined under state law.	
Other:		
No authorization requirements.		
Other 1937 Benefit Provided:	Source:	
Acupuncture Services (OLP)	Section 1937 Coverage Option Benchmark Benefit Package	

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Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practice as de-	fined under state law.	
Other:		
Acupuncture services in excess of 40 units requires a	authorization.	
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Nurse Midwife	Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practice as de-	fined under state law.	
Other:		
No authorization requirements.		
Other 1937 Benefit Provided:	Source:	
Eyeglasses	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practice as de-	fined under state law.	
Other:		
Certain vision therapies require authorization.		
L		



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Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Child Welfare TCM	Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practic	ce as defined under state law.	
Other:		
Child welfare targeted case management serv assessed need.	ices are available to individuals under the age of 21 with an	
Other 1937 Benefit Provided:	Source:	
Relocation Service Coordination TCM	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practic	ce as defined under state law.	
Other:		
	It to recipients residing in inpatient hospitals, nursing facilities, ith intelectual disabilities (ICF/IID) who choose	
Other 1937 Benefit Provided:	Source:	
Vulnerable Adult TCM	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practic	ce as defined under state law.	
Other:		
	ded to certain vulnerable adults not receiving services through	
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		Damaria
		Remove
Other 1937 Benefit Provided:	Source:	
Behavioral Health Home Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practi	ce as defined under state law.	
Other:		
No authorization requirements.		
		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.

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