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State/Territory Name: MN

State Plan Amendment (SPA) #: 17-0002

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



May 26, 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 #17-0002 --Updates the Alternative Benefit Plan to indicate, in Form ABP3 and ABP5, that the name of the benchmark plan is Health Partners. Also updates Form ABP8 to reflect the state's new waiver authority to enroll American Indians into managed care.

--Effective Date: January 1, 2017

--Approval Date: May 25, 2017

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: Minnesota

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.

MN-17-0002

Proposed Effective Date

01/01/2017 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 440.305, 440.347

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2017	\$ 0.00
Second Year	2018	\$ 0.00

Subject of Amendment

Alternative Benefit Plan

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:

Signature of State Agency Official

Submitted By: Sean Barrett
Last Revision Date: Mar 29, 2017
Submit Date: Mar 29, 2017

DATE RECEIVED March 29, 2017	DATE APPROVED May 25, 2017
PLAN APPROVED – ONE COPY ATTACHED	
EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2017	SIGNATURE OF REGIONAL OFFICIAL /s/
TYPED NAME Ruth A. Hughes	TITLE Associate Regional Administrator



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package

ABP3

Select one of the following:

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

Name of benefit package:

Selection of the Section 1937 Coverage Option

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

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

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

- The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- Secretary-Approved Coverage.
 - The state/territory offers benefits based on the approved state plan.
 - The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.
 - The state/territory offers the benefits provided in the approved state plan.
 - Benefits include all those provided in the approved state plan plus additional benefits.
 - Benefits are the same as provided in the approved state plan but in a different amount, duration and/or scope.
 - The state/territory offers only a partial list of benefits provided in the approved state plan.
 - The state/territory offers a partial list of benefits provided in the approved state plan plus additional benefits.

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

All benefits and applicable limitations are provided as outlined by the Minnesota State Plan under Title XIX of the Social Security Act, Medical Assistance Program in Section 3 - Services: General Provisions and Attachments 3.1-A and 3.1-B.

Selection of Base Benchmark Plan



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

Plan name:

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

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, duration and scope parameters of services authorized in the currently approved Medicaid state plan.

PRA Disclosure Statement

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

V.20130801



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

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 HLPT-129123512

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:

Physicians' Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services provided within the scope of practice as 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:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services provided within the scope of practice as 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:

Clinic Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		<input type="button" value="Remove"/>
<input type="text"/>		
Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Chiropractor (OLP)"/>	<input type="text" value="State Plan 1905(a)"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Authorization required in excess of limitation"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:		
<input type="text" value="Services provided within the scope of practice as 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:		
<input type="text" value="Services beyond 6 manipulations per month or 24 per year require authorization. One annual evaluation allowed without prior authorization."/>		
Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Hospice Services"/>	<input type="text" value="State Plan 1905(a)"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:		
<input type="text" value="Services provided within the scope of practice as 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:		
<input type="text"/>		
Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Family Planning"/>	<input type="text" value="State Plan 1905(a)"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	



Alternative Benefit Plan

Scope 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:

Add



Alternative Benefit Plan

Essential Health Benefit 2: Emergency services

Collapse All

Benefit Provided:

Emergency Hospital Services (outpatient hospital)

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Medical services required for the immediate diagnosis and treatment of medical conditions that, if not immediately diagnosed and treated, could lead to serious physical or mental disability or death or are necessary to alleviate severe pain.

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

Benefit Provided:

Emergency Transp./Ambulance (outpatient hospital)

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services provided within the scope of practice as 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:

All air ambulance transportation originating outside of Minnesota or going to a destination outside of Minnesota must receive authorization. Does not include destinations to facilities located in neighboring states when the county of the neighboring state is contiguous to Minnesota.

Add



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 3: Hospitalization		Collapse All <input type="checkbox"/>
Benefit Provided: <input type="text" value="Inpatient Hospital Services"/>	Source: <input type="text" value="State Plan 1905(a)"/> <input type="button" value="Remove"/>	
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Services provided within the scope of practice as 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: <input type="text" value="Certain inpatient hospital services, such as certain spinal fusion surgeries, may require authorization because other more appropriate treatments may exist."/>		
<input type="button" value="Add"/>		



Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care

Collapse All

Benefit Provided:

Maternity and Postpartum Care (Physician)

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services provided within the scope of practice as 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:

Benefit Provided:

Delivery and Inpatient Care (Inpatient Hospital)

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services provided within the scope of practice as 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



Alternative Benefit Plan

<input type="checkbox"/> Essential Health Benefit 5: Mental health and substance use disorder services including behavioral health treatment	Collapse All <input type="checkbox"/>										
<table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">Benefit Provided: <input style="width: 95%;" type="text" value="Medication Therapy Management (OLP)"/></td><td style="width: 50%; border: none;">Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/> Remove</td></tr><tr><td style="border: none;">Authorization: <input style="width: 95%;" type="text" value="Authorization required in excess of limitation"/></td><td style="border: none;">Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/></td></tr><tr><td style="border: none;">Amount Limit: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;">Duration Limit: <input style="width: 95%;" type="text" value="None"/></td></tr><tr><td colspan="2" style="border: none;">Scope Limit: <input style="width: 95%;" type="text" value="Services provided within the scope of practice as defined under state law."/></td></tr><tr><td colspan="2" style="border: none;"><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p><input style="width: 95%;" type="text" value="The service is available to all outpatient recipients not eligible for Medicare Part D who are taking three or more prescriptions to treat or prevent one or more chronic conditions. Follow-up encounters in excess of coverage thresholds may be authorized."/></td></tr></table>		Benefit Provided: <input style="width: 95%;" type="text" value="Medication Therapy Management (OLP)"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/> Remove	Authorization: <input style="width: 95%;" type="text" value="Authorization required in excess of limitation"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>	Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>	Scope Limit: <input style="width: 95%;" type="text" value="Services provided within the scope of practice as defined under state law."/>		<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <input style="width: 95%;" type="text" value="The service is available to all outpatient recipients not eligible for Medicare Part D who are taking three or more prescriptions to treat or prevent one or more chronic conditions. Follow-up encounters in excess of coverage thresholds may be authorized."/>	
Benefit Provided: <input style="width: 95%;" type="text" value="Medication Therapy Management (OLP)"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/> Remove										
Authorization: <input style="width: 95%;" type="text" value="Authorization required in excess of limitation"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>										
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>										
Scope Limit: <input style="width: 95%;" type="text" value="Services provided within the scope of practice as defined under state law."/>											
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <input style="width: 95%;" type="text" value="The service is available to all outpatient recipients not eligible for Medicare Part D who are taking three or more prescriptions to treat or prevent one or more chronic conditions. Follow-up encounters in excess of coverage thresholds may be authorized."/>											
<table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">Benefit Provided: <input style="width: 95%;" type="text" value="Mental Health Outpatient Services - Rehab"/></td><td style="width: 50%; border: none;">Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/> Remove</td></tr><tr><td style="border: none;">Authorization: <input style="width: 95%;" type="text" value="Other"/></td><td style="border: none;">Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/></td></tr><tr><td style="border: none;">Amount Limit: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;">Duration Limit: <input style="width: 95%;" type="text" value="None"/></td></tr><tr><td colspan="2" style="border: none;">Scope Limit: <input style="width: 95%;" type="text" value="Services provided within the scope of practice as defined under state law."/></td></tr><tr><td colspan="2" style="border: none;"><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p><input style="width: 95%;" type="text" value="Some services may require authorization based on criteria consistently applied across all service categories."/></td></tr></table>		Benefit Provided: <input style="width: 95%;" type="text" value="Mental Health Outpatient Services - Rehab"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/> Remove	Authorization: <input style="width: 95%;" type="text" value="Other"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>	Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>	Scope Limit: <input style="width: 95%;" type="text" value="Services provided within the scope of practice as defined under state law."/>		<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <input style="width: 95%;" type="text" value="Some services may require authorization based on criteria consistently applied across all service categories."/>	
Benefit Provided: <input style="width: 95%;" type="text" value="Mental Health Outpatient Services - Rehab"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/> Remove										
Authorization: <input style="width: 95%;" type="text" value="Other"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>										
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>										
Scope Limit: <input style="width: 95%;" type="text" value="Services provided within the scope of practice as defined under state law."/>											
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <input style="width: 95%;" type="text" value="Some services may require authorization based on criteria consistently applied across all service categories."/>											
<table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">Benefit Provided: <input style="width: 95%;" type="text" value="Mental Health Inpatient Services - Rehab"/></td><td style="width: 50%; border: none;">Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/></td></tr><tr><td style="border: none;">Authorization: <input style="width: 95%;" type="text" value="Authorization required in excess of limitation"/></td><td style="border: none;">Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/></td></tr><tr><td style="border: none;">Amount Limit: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;">Duration Limit: <input style="width: 95%;" type="text" value="None"/></td></tr></table>		Benefit Provided: <input style="width: 95%;" type="text" value="Mental Health Inpatient Services - Rehab"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	Authorization: <input style="width: 95%;" type="text" value="Authorization required in excess of limitation"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>	Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>				
Benefit Provided: <input style="width: 95%;" type="text" value="Mental Health Inpatient Services - Rehab"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>										
Authorization: <input style="width: 95%;" type="text" value="Authorization required in excess of limitation"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>										
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>										



Alternative Benefit Plan

Scope 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:

Certain services, such as Intensive Residential Treatment Services (IRTS), require authorization to provide services in excess of thresholds. Providers must seek authorization to provide services beyond 90 days. Services are not provided in an IMD.

Benefit Provided:

Substance Abuse Outpatient Services - Rehab

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services provided within the scope of practice as 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:

Substance Abuse Residential Services - Rehab

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services provided within the scope of practice as 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:

Residential substance abuse services must be authorized via an assessment of medical necessity. Services are not provided in an IMD.

Add



Alternative Benefit Plan

Essential Health Benefit 6: Prescription drugs

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

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

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

The State of Minnesota's Alternative Benefit Plan prescription drug benefit is the same as under the approved Medicaid state plan for prescribed drugs.



Alternative Benefit Plan

Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:	Source:	
Home Health Services	State Plan 1905(a)	<input type="button" value="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 specific name of the source plan if it is not the base benchmark plan:		
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)	<input type="button" value="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 information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Certain items such as diabetic supplies may require authorization when usage exceeds thresholds. Other items, such as a needle-free injection device may require 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 within the scope of practice as defined under state law.		



Alternative Benefit Plan

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

Services require prior authorization and authorization for continued services every 60 days.

Remove

Benefit Provided:

Occupational Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Rehabilitative and habilitative services are provided within the scope of practice as 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:

Services require prior authorization and authorization for continued services every 60 days.

Benefit Provided:

Speech, Language, & Hearing Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Rehabilitative and habilitative services are provided within the scope of practice as 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:

Speech language therapy requires prior authorization and authorization for continued services every 60 days. Certain audiology services require authorization to provide services in excess of service thresholds.

Benefit Provided:

Nursing Facility

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

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



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 8: Laboratory services		Collapse All <input type="checkbox"/>
Benefit Provided:	Source:	
<input type="text" value="Lab and X-ray Services"/>	<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="Other"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:	<input type="text" value="Services provided within the scope of practice as 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:		
<input type="text" value="Certain services such as genetic mutation testing for breast and ovarian cancer susceptibility may require authorization."/>		
<input type="button" value="Add"/>		



Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:

Preventive services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services provided within the scope of practice as 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:

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



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 10: Pediatric services including oral and vision care		Collapse All <input type="checkbox"/>
Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Services provided within the scope of practice as 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: <input type="text"/>		
<input type="button" value="Add"/>		



Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

<input checked="" type="checkbox"/>	Base Benchmark Benefits Not Covered due to Substitution or Duplication	Collapse All <input type="checkbox"/>
<hr/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Primary Care Visit - duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input style="width: 95%;" type="text" value="Primary care visits are mapped to the ambulatory patient services EHB category. The services are a duplication of physician and clinic services from the approved Medicaid state plan."/>		
<hr/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Specialist Visit - duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input style="width: 95%;" type="text" value="Specialist visits are mapped to the ambulatory patient services EHB category. The services are a duplication of physician and clinic services from the approved Medicaid state plan."/>		
<hr/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Outpatient Surgery - duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input style="width: 95%;" type="text" value="Outpatient surgery services are mapped to the ambulatory patient services EHB category. The services are a duplication of physician, outpatient hospital, and clinic services from the approved Medicaid state plan."/>		
<hr/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Urgent Care Visit - duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input style="width: 95%;" type="text" value="Urgent care visits are mapped to the ambulatory patient services EHB category. The services are a duplication of physician and clinic services from the approved Medicaid state plan."/>		
<hr/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Weight Loss Programs - duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input style="width: 95%;" type="text" value="Weight loss programs are mapped to the ambulatory patient services EHB category. The services are a duplication of physician and clinic services from the approved Medicaid state plan."/>		
<hr/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Port Wine Stain Removal - duplication"/>	Source: Base Benchmark	
<hr/>		



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Port wine stain removal services are mapped to the ambulatory patient services EHB category. The services are a duplication of physician and clinic services from the approved Medicaid state plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Other Practitioner Office Visit - duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Other practitioner office visits are mapped to the ambulatory patient services EHB category. The services are a duplication of physician and clinic services from the approved Medicaid state plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Inpatient Physician and Surgical - duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Inpatient physician and surgical services are mapped to the hospitalization services EHB category. The services are a duplication of inpatient hospital services from the approved Medicaid state plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Maternity and Postpartum Care - duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Maternity and postpartum care are mapped to the maternity and newborn care services EHB category. The services are a duplication of physician services from the approved Medicaid state plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Mental/Behavioral Health Outpatient - duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Mental/behavioral health outpatient services were mapped to the mental health and substance use disorder services including behavioral health treatment EHB category. The services are a duplication of outpatient mental/behavioral health services provided under the rehabilitative services benefit in the approved Medicaid state plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Substance Abuse Disorder Residential - duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Substance abuse disorder residential services are mapped to the mental health and substance use disorder services including behavioral health treatment EHB category. The services are a duplication of residential substance use disorder services provided under the rehabilitative services benefit in the approved Medicaid state plan.</p>	<p>Remove</p>



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Habilitation Services - duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Habilitation services are mapped to the rehabilitative and habilitative services and devices EHB category. The service is a duplication of physical therapy, occupational therapy, and speech, language and hearing therapy services from the approved Medicaid state plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Mental/Behavioral Health Residential - duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Residential Mental/behavioral health services are mapped to the mental health and substance use disorder services including behavioral health treatment EHB category. The services are a duplication of residential and outpatient mental/behavioral health services provided under the rehabilitative services benefit in the approved Medicaid state plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Substance Abuse Disorder Outpatient - duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Outpatient substance abuse disorder outpatient services are mapped to the mental health and substance use disorder services including behavioral health treatment EHB category. The services are a duplication of substance use disorder services provided under the rehabilitative services benefit in the approved Medicaid state plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Hearing Aids - duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Hearing aid services were mapped to the rehabilitative and habilitative services and devices EHB category. The service is a duplication of durable medical supplies and equipment provided under the home health benefit in the approved Medicaid state plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Diagnostic Testing - duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Diagnostic testing services were bundled with imaging services and mapped to the laboratory services EHB category. The bundled services are a duplication of lab and x-ray services from the approved Medicaid state plan."/>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Imaging - duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Diagnostic testing services were bundled with imaging services and mapped to the laboratory services EHB category. The bundled services are a duplication of lab and x-ray services from the approved Medicaid state plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Health Education - duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Health education services are mapped to the preventive and wellness services and chronic disease management EHB category. The services are a duplication of preventive health services provided under the approved Medicaid state plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Emergency Trans. / Ambulance - duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Emergency transportation and ambulance services services are mapped to the emergency services EHB category. The services are a duplication of outpatient hospital services from the approved Medicaid state plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Preventive Care - duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Preventive care, screenings, and immunization services are mapped to the preventive and wellness services and chronic disease management EHB category. The services are a duplication of preventive services from the approved Medicaid state plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Hospice Services - duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Hospice services are mapped to the ambulatory services EHB category. The services are a duplication of hospice services from the approved Medicaid state plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Family Planning Services - duplication"/>	Source: Base Benchmark	



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Family planning services are mapped to the ambulatory services EHB category. The services are a duplication of family planning services from the approved Medicaid state plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Home Health Care Services - duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Home health care services are mapped to the rehabilitative and habilitative services and devices EHB category. The services are a duplication of home health services from the approved Medicaid state plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Emergency Hospital Services - duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Emergency hospital services services are mapped to the emergency services EHB category. The services are a duplication of outpatient hospital services from the approved Medicaid state plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Chiropractor - duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Chiropractor services are mapped to the ambulatory services EHB category. The services are a duplication of chiropractor services from the approved Medicaid state plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Medication Management - duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Medication management services were mapped to the mental health and substance use disorder services including behavioral health treatment EHB category. The service is a duplication of medication therapy management (OLP) services from the approved Medicaid state plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Durable Medical Equipment - duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Durable medical equipment is mapped to the rehabilitative and habilitative services and devices EHB category. The services are a duplication of the home health medical supplies, equipment and supplies benefit in the approved Medicaid state plan.</p>	<p>Remove</p>



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Delivery and Inpatient Care - duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Delivery and inpatient care is mapped to the maternity and newborn care EHB category. The services are a duplication of the inpatient hospital services benefit in the approved Medicaid state plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Prescription Drugs - duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Prescription drugs are mapped to the prescription drugs EHB category. The services are a duplication of the prescribed drugs benefit in the approved Medicaid state plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Nursing Facility - duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Nursing facility rehabilitation stay benefits are mapped to the rehabilitative and habilitative services and devices EHB category. The services are a duplication of the nursing facilities benefit in the approved state plan."/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

<input checked="" type="checkbox"/> Other Base Benchmark Benefits Not Covered	Collapse All <input type="checkbox"/>
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark
<input type="text" value="Routine Eye Exam (Adult)"/>	<input type="button" value="Remove"/>
Explain why the state/territory chose not to include this benefit:	
<input type="text" value="Routine eye exams for adults is excluded from the EHB under 45 CFR 156.115(d)."/>	
	<input type="button" value="Add"/>



Alternative Benefit Plan

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

Other 1937 Benefit Provided: <input type="text" value="Adult Dental"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Authorization required in excess of limitation"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="No"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Adult dental services are generally limited to the prevention and amelioration of dental disease states."/>		
Other: <input type="text" value="Certain services, such as bite wing x-rays, require authorization to provide services in excess of thresholds. Providers must seek authorization to provide bite wing x-rays in excess of one series per calendar year."/>		

Other 1937 Benefit Provided: <input type="text" value="ICF/IID Services"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Prior Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Services provided within the scope of practice as defined under state law."/>		
Other: <input type="text" value="Department authorization based on assessed need is required for all ICF/IID services."/>		

Other 1937 Benefit Provided: <input type="text" value="Podiatrist Services (OLP)"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization: <input type="text" value="Authorization required in excess of limitation"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Services provided within the scope of practice as defined under state law."/>		



Alternative Benefit Plan

Other:

Debridement or reduction of pathological toenails and of infected or eczematized corns or calluses is limited to once every 60 days without authorization.

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:

None

Duration Limit:

None

Scope Limit:

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

Other:

No authorization requirements.

Other 1937 Benefit Provided:

Mental Health Targeted Case Management

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

Other:

Recipients must be diagnosed with severe and persistent mental illness, be referred for services by a medical professional or other interested party, and be determined eligible every 36 months by a county or tribal entity.

Other 1937 Benefit Provided:

Private Duty Nursing

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit: <input type="text" value="Services provided within the scope of practice as defined under state law."/> <input type="button" value="Remove"/>	
Other: <input type="text" value="Department authorization based on assessed need is required for all private duty nursing services."/>	
Other 1937 Benefit Provided: <input type="text" value="Personal Care Services"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/> <input type="button" value="Remove"/>
Authorization: <input type="text" value="Prior Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>
Amount Limit: <input type="text" value="Yes"/>	Duration Limit: <input type="text" value="No"/>
Scope Limit: <input type="text" value="Services provided within the scope of practice as defined under state law."/>	
Other: <input type="text" value="Department authorization based on assessed need is required for all personal care attendant services."/>	
Other 1937 Benefit Provided: <input type="text" value="Nursing Facility Services"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/> <input type="button" value="Remove"/>
Authorization: <input type="text" value="Prior Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>
Scope Limit: <input type="text" value="Services provided within the scope of practice as defined under state law for long term stays."/>	
Other: <input type="text" value="Department authorization based on assessed need is required for all nursing facility admissions."/>	
Other 1937 Benefit Provided: <input type="text" value="Dentures"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>



Alternative Benefit Plan

Amount Limit: None	Duration Limit: None	Remove
Scope Limit: Services provided within the scope of practice as defined under state law.		
Other: Initial placement or replacement of removable dentures is limited to one time every six years for a recipient unless the dentures are misplaced, stolen or damaged due to circumstances beyond the recipient's control, or the dentures cannot be modified or altered to meet the client's dental needs.		
Other 1937 Benefit Provided: FQHC/RHC Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Services provided within the scope of practice as defined under state law.		
Other: Some services may require authorization based on criteria consistently applied across all service categories and applicable to all providers of similar services.		
Other 1937 Benefit Provided: Routine Eye Exam (Adult)	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: 	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Services provided within the scope of practice as defined under state law.		
Other: No authorization requirements.		
Other 1937 Benefit Provided: Acupuncture Services (OLP)	Source: Section 1937 Coverage Option Benchmark Benefit Package	



Alternative Benefit Plan

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



Alternative Benefit Plan

Other 1937 Benefit Provided:	Source:	
<input type="text" value="Child Welfare TCM"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="Prior Authorization"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:	<input type="text" value="Services provided within the scope of practice as defined under state law."/>	
Other:	<input type="text" value="Child welfare targeted case management services are available to individuals under the age of 21 with an assessed need."/>	

Other 1937 Benefit Provided:	Source:	
<input type="text" value="Relocation Service Coordination TCM"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="Other"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:	<input type="text" value="Services provided within the scope of practice as defined under state law."/>	
Other:	<input type="text" value="Relocation coordination services are provided to recipients residing in inpatient hospitals, nursing facilities, and intermediate care facilities for persons with intellectual disabilities (ICF/IID) who choose to move from an institution to the community."/>	

Other 1937 Benefit Provided:	Source:	
<input type="text" value="Vulnerable Adult TCM"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Other"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:	<input type="text" value="Services provided within the scope of practice as defined under state law."/>	
Other:	<input type="text" value="Targeted case management services are provided to certain vulnerable adults not receiving services through"/>	



Alternative Benefit Plan

a home and community based services waiver.		<input type="button" value="Remove"/>
Other 1937 Benefit Provided:	Source:	
<input type="text" value="Behavioral Health Home Services"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:	<input type="text" value="Services provided within the scope of practice as defined under state law."/>	
Other:	<input type="text" value="No authorization requirements."/>	
		<input type="button" value="Add"/>



Alternative Benefit Plan

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

Collapse All

PRA Disclosure Statement

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.20130808



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

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.

See approved Section 1932(a) pages in Attachment 3.1-F for a description of the implementation plan.

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:



Alternative Benefit Plan

Describe program below:

Beneficiaries will receive coverage through a managed care organization as described in the state's approved Medicaid state plan. American Indians as defined in 25 U.S.C. 1603(c) will receive coverage through a managed care organization as described in the state's MSC+ waiver approved on December 22, 2015.

Additional Information: MCO (Optional)

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

Fee-For-Service Options

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

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

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.

Payments will be made in compliance with the state's approved Medicaid state plan. Existing managed care service carve outs for child welfare targeted case management, targeted case management for vulnerable/developmentally disabled adults, relocation service coordination, ICF-DD services, nursing home services, abortion services, and services identified in an enrollee's individual education plan (IEP) will carry over and be reimbursed fee for service. During the 30 day managed care selection period, individuals will receive coverage via a fee for service delivery system.

Additional Information: Fee-For-Service (Optional)

Provide any additional details regarding this service delivery system (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.

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