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## **Table of Contents**

**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 18-0012**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179 Page
- 3) Attachment 4.19B, p. 14 SPA page
- 2). CMS Summary Form (with 179-like data)
- 4) Approved SPA Pages-MMDL

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Seattle Regional Office  
701 Fifth Avenue, Suite 1600, MS/RX-200  
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

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November 19, 2018

Susan Birch, Director  
MaryAnne Lindeblad, Medicaid Director  
Health Care Authority  
PO Box 45502  
Olympia, WA 98504-5010

**RE: Washington State Plan Amendment (SPA) Transmittal Number 18-0012**

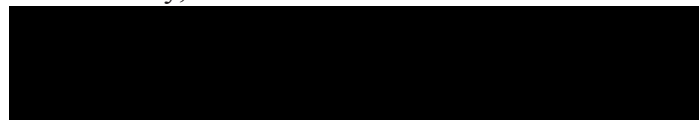
Dear Ms. Birch and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number WA 18-0012. This amendment implements the Oral Health Connections dental pilot program as directed by the Washington State Legislature in engrossed substitute bill 6032.

This SPA is approved with an effective date of January 1, 2019.

If there are additional questions please contact me, or your staff may contact James Moreth at [James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov) or (206) 615-2043.

Sincerely,



David L. Meacham  
Associate Regional Administrator

cc:  
Ann Myers, SPA Coordinator

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**18-0012**

2. STATE  
Washington

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
Jan. 1, 2019

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
1902(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2019 \$1,106,799  
b. FFY ~~2019~~ \$1,511,508 (2020)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19-B page 14

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Attachment 4.19-B page 14

10. SUBJECT OF AMENDMENT:  
Oral Health Connections Dental Pilot Payment Policy

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED: Exempt  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
MaryAnne Lindeblad

14. TITLE:  
Director

15. DATE SUBMITTED:

9-27-18

16. RETURN TO:  
Ann Myers  
Rules and Publications  
Division of Legal Services  
Health Care Authority  
626 8<sup>th</sup> Ave SE MS: 42716  
Olympia, WA 98504-2716

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
9/27/18

18. DATE APPROVED: 11/19/18

**PLAN APPROVED - ONE COPY ATTACHED**

Digitally signed by David L. Meacham -  
5

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
1/1/19

20. SIGNATURE OF

21. TYPED NAME: David L. Meacham

22. TITLE: Associate Regional Administrator

23. REMARKS:

11/27/18-State authorized a P&I change to block #7 to change FFY 2019 to FFY 2020.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WASHINGTON

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**POLICY AND METHODS USED IN ESTABLISHING PAYMENT RATES FOR EACH OF THE OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN (cont.)**

VI. Dental Services and Dentures

- A. The Medicaid agency pays directly to the specific provider the lesser of the usual and customary charge or a fee based on an agency fee schedule for dentures and dental services that are provided within their specific scope of practice by dentists, dental hygienists, and denturists throughout the state. There are no geographical or other variations in the fee schedule.
- B. The usual and customary charge is defined as that fee usually charged for a given service by an individual dentist, dental hygienist, or denturist to private patients (e.g., that provider's usual fee) and which fee is within the range of usual fees charged by dentists, dental hygienists, or denturists of similar training and experience.
- C. Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers of dentures, dental services and dental hygiene.

See 4.19-B I, General, #G for the agency's website where the fee schedules are published.

The agency's fee schedule rate was set as of April 1, 2018, and is effective for services provided on or after that date.

- D. Under the Oral Health Connections pilot program, eligible dental providers are paid an enhanced rate to provide up to three additional periodontal treatments (for a total of four) per calendar year to adult Medicaid clients who have diabetes or who are pregnant.

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

State/Territory name: **Washington**

**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.

WA-18-0012

**Proposed Effective Date**

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

**Federal Statute/Regulation Citation**

1902(a) of the Social Security Act

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2019	\$ 1106799.00
Second Year	2020	\$ 1511508.00

**Subject of Amendment**

Oral Health Connections Dental Pilot

**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:

Exempt

**Signature of State Agency Official**

Submitted By: **Ann Myers**  
Last Revision Date: **Oct 17, 2018**  
Submit Date: **Sep 27, 2018**



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WA - 18 - 0012

**Alternative Benefit Plan Populations** **ABP1**

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

Alternative Benefit Plan Population Name:

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

Eligibility Groups Included in the Alternative Benefit Plan Population:

	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	Pregnant Women	Voluntary	X
+	Parents and Other Caretaker Relatives	Voluntary	X
+	Adult Group	Voluntary	X
+	Transitional Medical Assistance	Voluntary	X
+	Extended Medicaid Due to Earnings	Voluntary	X
+	Extended Medicaid due to Spousal Support Collections	Voluntary	X
+	SSI Beneficiaries	Voluntary	X
+	Medically Needy Pregnant Women	Voluntary	X
+	Medically Needy Aged, Blind or Disabled	Voluntary	X
+	Former Foster Care Children	Voluntary	X
+	Working Disabled under 1619(b)	Voluntary	X
+	Poverty Level Aged or Disabled	Voluntary	X
+	Optional State Supplement - 1634 States and SSI Criteria States with 1616 Agreements	Voluntary	X
+	Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash	Voluntary	X

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

**Targeting Criteria** (select all that apply):

- Income Standard.
- Disease/Condition/Diagnosis/Disorder.

Disease/Condition/Diagnosis/Disorder  
 TN: WA-18-0012  
 Supersedes: NEW

Approved: 11/15/2018

Effective: 1/01/2019



# Alternative Benefit Plan

- Physical Disability
- Brain Injury
- HIV/AIDS
- Medically Frail
- Technology Dependent
- Autism
- Developmental Disability
- Intellectual Disability
- Mental Illness
- Substance Use Disorder
- Diabetes
- Heart Disease
- Asthma
- Obesity
- Other Disease/Condition/Diagnosis/Disorder

Other.

Other Targeting Criteria (Describe):

Adults 21 years of age and older who are pregnant or who have diabetes. Excludes dual eligibles. Washington Administrative Code (WAC) excludes: Family Planning Only and Take Charge programs under chapter 182-532 WAC; Medical care services (MCS) under WAC 182-508-0005; and clients enrolled in both Medicaid and Medicare.

## Geographic Area

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

No

Select a method of geographic variation:

- By county.
- By region.
- By city or town.
- Other geographic area.

Specify counties:

Cowlitz, Spokane, Thurston



# Alternative Benefit Plan

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

The population of adults, 21 years of age and older, who are pregnant or who have diabetes and obtain their dental services in the designated counties will be entitled to all of the dental benefits as described in EHB 5, plus up to 3 additional periodontal treatment visits per year, for a total of 4 visits (dental benefits include 1 periodontal treatment per year for all eligible clients).

## 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.20160722





# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WA - 18 - 0012

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

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

Yes

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

Washington State's Medicaid State Plan includes the same coverage of the Essential Health Benefit (EHB) preventive services, including the federal definition of minimum coverage for the EHB.

### 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.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WA - 18 - 0012

**Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under Section 1902(a)(10)(A)(i)(VIII) of the Act** **ABP2b**

These assurances must be made by the state/territory if the ABP Population includes any eligibility groups other than or in addition to the Adult eligibility group.

When offering voluntary enrollment in an Alternative Benefit Plan (Benchmark or Benchmark-Equivalent), prior to enrollment:

- The state/territory must inform the individual they are exempt and the state/territory must comply with all requirements related to voluntary enrollment.
- The state/territory assures it will effectively inform individuals who voluntary enroll of the following:
  - a) Enrollment is voluntary;
  - b) The individual may disenroll from the Alternative Benefit Plan at any time and regain immediate access to full standard state/territory plan coverage;
  - c) What the process is for disenrolling.
- The state/territory assures it will inform the individual of:
  - a) The benefits available under the Alternative Benefit Plan; and
  - b) The costs of the different benefit packages and a comparison of how the Alternative Benefit Plan differs from the approved Medicaid state/territory plan.

How will the state/territory inform individuals about voluntary enrollment? (Check all that apply.)

- Letter
- Email
- Other:

Describe:

Provide a copy of the letter, email text or other communication text that will be used to inform individuals about voluntary enrollment.

**An attachment is submitted.**

When did/will the state/territory inform the individuals?

Please describe the state/territory's process for allowing voluntarily enrolled individuals to disenroll.



# Alternative Benefit Plan

The state/territory assures it will document in the exempt individual's eligibility file that the individual:

- a) Was informed in accordance with this section prior to enrollment;
- b) Was given ample time to arrive at an informed choice; and
- c) Voluntarily and affirmatively chose to enroll in the Alternative Benefit Plan.

Where will the information be documented? (Check all that apply.)

- In the eligibility system.
- In the hard copy of the case record.
- Other:

What documentation will be maintained in the eligibility file? (Check all that apply.)

- Copy of correspondence sent to the individual.
- Signed documentation from the individual consenting to enrollment in the Alternative Benefit Plan.
- Other:

The state/territory assures that it will maintain data that tracks the total number of individuals who have voluntarily enrolled in an Alternative Benefit Plan and the total number who have disenrolled.

Other Information Related to Enrollment Assurance for Voluntary Participants (optional):

## PRA Disclosure Statement

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

V.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WA - 18 - 0012

## 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:

### 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.

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.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WA - 18 - 0012

## Alternative Benefit Plan Cost-Sharing

**ABP4**

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

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

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

Other Information Related to Cost Sharing Requirements (optional):

### PRA Disclosure Statement

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

V.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WA - 18 - 0012

<b>Benefits Description</b>	<b>ABP5</b>
-----------------------------	-------------

The state/territory proposes a "Benchmark-Equivalent" benefit package.

**Benefits Included in Alternative Benefit Plan**

Enter the specific name of the base benchmark plan selected:

Regence Innova - largest plan in the state's small group market and the same benchmark as used by Washington State's Exchange.

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

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:

Clinic Services: Free-Standing Ambulatory Surgery

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limits

Duration Limit:

No limits

Scope Limit:

See below

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

Covers outpatient surgeries in the fee-standing ambulatory surgery center. Includes facility, related professional services, and supplies and equipment. Prior authorization may be required for some procedures.

Benefit Provided:

Clinic Services: Free-Standing Kidney Centers

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Treatment limits depending on type of analysis

Duration Limit:

No limit

Scope Limit:

See below

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

Coverage includes dialysis in outpatient or home setting: hemodialysis; intermittent peritoneal dialysis; continuous ambulatory peritoneal dialysis; home helper services for home-based care; and treatment-related supplies. Limits on services can be exceeded through a limitation extension provided via prior authorization.

Benefit Provided:

Dental: Adult

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

For some services

Duration Limit:

No limit





# Alternative Benefit Plan

Scope Limit:

Covers comprehensive dental services, including dentures. Certain services may be delivered via telemedicine. Some services require prior authorization. Limits on services can be exceeded through an extension limitation via prior authorization.

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

Benefit Provided:

Family Planning

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

Covers contraceptive services and supplies rendered by licensed health care professionals practicing within their scope of practice as defined by state law.

Benefit Provided:

Home Health Care Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Nursing visits limited to 2 per day

Duration Limit:

No limit

Scope Limit:

See below

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

Covers home-based services: skilled nursing services by licensed nurses and services provided by certified nurse's aides through a Medicare-certified home health agency, or a registered nurse when no home health agency exists in the area. Certain services may be delivered via telemedicine. Limits on services can be extended through a limitation extension provided via prior authorization.

Benefit Provided:

Hospice Care

Source:

State Plan 1905(a)

Remove



# Alternative Benefit Plan

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

Covers home-based services by a state Department of Health, Medicare Title XVIII-certified hospice agency with staff that are licensed or certified health care professionals (physicians, registered nurses, licensed practical nurses, social workers) as required by state law. Certain services may be provided via telemedicine. Covers two (2) 90-day election periods followed by an unlimited number of 60-day election periods. A client or client's authorized representative must sign an election statement to initiate or reinstate an election period of hospice care. Patients can continue to receive hospice care as long as they remain under the care of a hospice agency and do not revoke the election.

Coverage includes inpatient care in a hospital, hospice care center, and skilled nursing facility for general treatment or respite care.

Concurrent care is available with hospice for children 20 and under.

Benefit Provided:

Other Licensed Practitioners

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

For some services

Duration Limit:

No limit

Scope Limit:

See below

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

Services include those provided by other practitioners such as advanced registered nurse practitioners, certified nurse anesthetists, chiropractors (for EPSDT only), dental hygienists, dentists, denturists, dietitians, lead behavior analysis therapists, licensed marriage and family therapists, licensed mental health counselors, licensed non-nurse midwives, licensed social workers, naturopathic physicians, opticians, physician assistants, psychiatrists, psychologists, and therapy assistants, all limited to their scope of practice by state law. Certain services may be provided via telemedicine. Prior authorization required for some services rendered by these practitioners. Limits on services can be extended through an extension limitation via prior authorization.

Benefit Provided:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Remove



# Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

This benefit includes all services rendered in the outpatient hospital setting. Coverage includes facility, treatment, supplies, and all other related professional services performed within the scope of the licensed professional. Certain services may be provided via telemedicine. Prior authorization required for some outpatient surgeries or diagnostics done in this setting.

Benefit Provided:

Outpatient Hospital Services: Diabetes Education

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

6 hours per calendar year

Duration Limit:

No limit

Scope Limit:

See below.

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

Covers medically necessary diabetes education by qualified diabetes educators as determined by the Washington State Department of Health. Limits on services can be exceeded through an extension limitation via prior authorization.

Benefit Provided:

Physicians' Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 office visit per day per physician

Duration Limit:

No limit in total number of visits

Scope Limit:

See below

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

Covers services by a physician (primary care or specialist) within their scope of practice as defined by state law and provided in the patient's home, a hospital, a skilled nursing facility, or elsewhere, including



# Alternative Benefit Plan

via telemedicine. Services provided by optometrists (diagnosis and treatment of conditions of the eye, including the ordering and dispensing of materials such as contact lenses and low vision aids) are also included under physician services. Some physician services require prior authorization. Limits on services can be extended through a limitation extension provided via prior authorization.

Add



# Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:	Source:	Remove
Outpatient Hospital Services: Emergency	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Retroactive Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limit	No limit	
Scope Limit:		
Covers emergency services in the outpatient setting. Coverage includes facility, related professional services, diagnostics, treatment, and supplies. Some services may require retrospective authorization.		
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:	Remove
Outpatient Hospital Svcs: ER Transport-Ambulance	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limit	No limit	
Scope Limit:		
Covers emergency transportation to an outpatient hospital setting for emergency care via ground or air ambulance.		
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:	Remove
Outpatient Hospital: Urgent Care Centers	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limit	No limit	
Scope Limit:		
<input type="text"/>		



# Alternative Benefit Plan

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

## 3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

Coverage includes room and board and all ancillary services provided during dates of service, medical, surgical, and physical medicine and rehabilitation admissions. Certain services may be provided via telemedicine. Prior authorization required for some scheduled procedures or reasons for admission, (e.g. bariatric surgery).

Benefit Provided:

Inpatient Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

Prior authorization required for some scheduled procedures or reasons for admission, (e.g. bariatric surgery). Certain services may be provided via telemedicine.

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

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:	Source:	Remove
Physician Services: Maternity and Newborn	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limit	No limit	
Scope Limit:		
Coverage includes prenatal care, delivery, postnatal care, and newborn care provided in a hospital, free-standing birthing center, and ambulatory care setting within the scope of practice as defined by state law. Includes telemedicine.		
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:	Remove
Inpatient Hospital Services: Maternity	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limit	No limit	
Scope Limit:		
Covers prenatal services, delivery, and postpartum care as medically necessary. Includes telemedicine.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		

Add





# Alternative Benefit Plan

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

Collapse All

Benefit Provided:	Source:	Remove
Rehab: Outpatient Mental/Behavioral Health Svcs	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limit	No limit	
Scope Limit:		
These services are not provided through institutions of mental disease (IMDs).		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<p>Covers outpatient mental and behavioral health services including brief intervention treatment, crisis services, day support, family treatment, free-standing evaluation and treatment, group treatment services, high intensity services, individual treatment services, intake evaluation, medication management and monitoring, peer support, psychological assessment, rehabilitation case management, specialized population evaluation, stabilization services and therapeutic psycho-education. Certain services may be provided via telemedicine.</p> <p>These services also include mental health services provided in a residential setting, a specialized form of rehabilitation service (non-hospital/non-IMD) for individuals who do not meet hospital admission criteria. This service is provided in residential settings that are considered the individual's home (e.g., boarding homes, supported housing, cluster housing, SRO apartments) for extended hours to provide direct mental health care to a Medicaid enrollee. The therapeutic interventions may be individual and group and include medication management and monitoring. The treatment is not for the purpose of providing custodial care or respite, nor is the sole purpose of increasing social activity. This services does not include the costs for room and board, custodial care and medical services.</p> <p>Practitioners provide services as defined by state law.</p>		

Benefit Provided:	Source:	Remove
Rehab: Inpatient Mental/Behavioral Health Svcs	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limit	No limit	
Scope Limit:		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Covers inpatient hospital care for mental/behavioral health conditions. Certain services may be provided via telemedicine. Requires prior authorization for admissions and concurrent stay review to approve the length		



# Alternative Benefit Plan

of stay.

Benefit Provided:

Rehab: Inpatient/Residential Alcohol & Drug Trtmt

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Some limits

Duration Limit:

No limit

Scope Limit:

These services are not provided through institutions of mental disease (IMDs).

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

Covers screening, detoxification, and counseling in certified facilities. To receive these services, clients must have been diagnosed with a substance use disorder based on DSM IV or V. Patient placement is based on ASAM patient placement criteria. Inpatient care is furnished by practitioners practicing in their scope of practice as defined by state law. Counseling must be provided by certified chemical dependency counselors. Limits to services can be extended through a limitation extension provided via prior authorization. Certain services may be provided via telemedicine.

Benefit Provided:

Rehab: Outpatient Chemical Dependency Treatment

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

Covers screening, diagnostic evaluation, face-to-face individual and group counseling using therapeutic techniques, urinalysis screens, case management, and OST. Counseling must be provided by certified chemical dependency counselors. To receive these services, clients must have been diagnosed with a substance use disorder based on DSM IV or V. Patient placement is based on ASAM patient placement criteria. Certain services may be provided via telemedicine.

Add



# Alternative Benefit Plan

■ 6. Essential Health Benefit: Prescription drugs

Benefit Provided:

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

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

Limit on days supply

Yes

State licensed

Limit on number of prescriptions

Limit on brand drugs

Other coverage limits

Preferred drug list

Coverage that exceeds the minimum requirements or other:

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



# Alternative Benefit Plan

7. Essential Health Benefit: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

Habilitative Services

Source:

Base Benchmark Small Group

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

24 units ea phys & occupa thrapy; 6 units speech

Duration Limit:

No limit

Scope Limit:

See below

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

Covers services in the home or in the outpatient setting. These are medically necessary services to assist the client in partially or fully attaining, learning, maintaining or improving developmentally age-appropriate skills that were not fully acquired as a result of a congenital, genetic, or early-acquired health condition, and are required to maximize, to the extent possible, the client's ability to function in his or her environment. Limitation extension allowed via prior authorization when medical necessity is demonstrated.

Benefit Provided:

Home Health Svcs: Medical Equipment & Supplies

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

For some services

Duration Limit:

No limit

Scope Limit:

See below

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

Covers medical equipment and supplies for use in the home. This includes devices, appliances, prosthetics, orthotics, oxygen and respiratory therapy equipment, home infusion-parenteral equipment and supplies, and medical nutrition and related supplies and services provided by a licensed/certified dietitian. Limits to amounts can be provided through a limitation extension via prior authorization.

Benefit Provided:

Nursing Facility: Skilled

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit



# Alternative Benefit Plan

Scope Limit:

Room and Board with skilled nursing and rehabilitation services, as well as for ventilator/tracheostomy care for clients of all ages. Admission requires authorization; client must meet level of care criteria for admission.

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

Benefit Provided:

Occupational Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

24 unit limit\*

Duration Limit:

No limit

Scope Limit:

See below

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

Covers occupational therapy in the home or outpatient setting. \*Limited to 24 units for clients age 21 and older only. Limitation extensions are allowed via prior authorization when medical necessity is demonstrated.

Benefit Provided:

Physical Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

24 unit limit\*

Duration Limit:

No limit

Scope Limit:

See below

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

Covers physical therapy in the home or outpatient setting. \*Limited to 24 units for clients age 21 and older only. Limitation extensions are allowed via prior authorization when medical necessity is demonstrated.

Benefit Provided:

Private Duty Nursing

Source:

State Plan 1905(a)

Remove



# Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

Services provided in the client's home by licensed nurses within their scope of practice as defined by state law. Clients must require at least four continuous hours of skilled nursing care on a day-to-day basis. Services provide an alternative to institutionalization or nursing facility and are not intended to supplant or replace other means of providing the services. Prior authorization is required to assure medical necessity and that policy requirements are met.

Benefit Provided:

Speech, Language & Hearing Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

6 unit limit

Duration Limit:

No limie

Scope Limit:

See below

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

Covers speech, language and hearing therapy in the home and outpatient setting. \*Limited to 6 units for clients age 21 and older only. Limitation extensions are allowed via prior authorization when medical necessity is demonstrated.

Add



# Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:

Laboratory and Radiology Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

Services are covered in outpatient and inpatient hospital settings, clinic/office setting, and the home setting. All advanced imaging procedures require prior authorization; some other diagnostic procedures, (e.g. genetic testing), require prior authorization.

Add



# Alternative Benefit Plan

9. Essential Health Benefit: 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:	Source:	Remove
Preventive Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limit	No limit	
Scope Limit:		
See below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
As described above, including Screening, Brief Intervention, and Referral Treatment (SBIRT).		

Add





# Alternative Benefit Plan

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

Collapse All

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

No limit to services provided by qualified providers

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

11. Other Covered Benefits from Base Benchmark

Collapse All



# Alternative Benefit Plan

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

Base Benchmark Benefit that was Substituted: Acupuncture	Source: Base Benchmark	<input type="button" value="Remove"/>
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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:

Acupuncture mapped to the "Ambulatory Patient Services" EHB. Adult dental from the existing Medicaid State Plan was used for substitution purposes.

Base Benchmark Benefit that was Substituted: Chiropractic Care: Adults-Substitution	Source: Base Benchmark	<input type="button" value="Remove"/>
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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:

Chiropractic Care for Adults mapped to "Ambulatory Patient Services" EHB. Adult dental from the existing Medicaid State Plan was used for substitution purposes.

Base Benchmark Benefit that was Substituted: Chiropractic Care: Children - 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:

Chiropractic Care for children mapped as an EPSDT service to "Pediatric services including oral and vision care" EHB. This is a duplication of services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted: Clinic Services: Free-Standing Amb Surgery - Dup	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:

Free Standing Ambulatory Surgery mapped to "Clinic Services- Free Standing Ambulatory Surgery Services " under the "Ambulatory Patient Services" EHB. This is a duplication of services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted: Cochlear Implants: Adults - Substitution	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:

Cochlear Implants mapped to "Home Health Services: Medical Equipment & Supplies" under the "Rehabilitative and Habilitative Services and Devices" EHB. Private Duty Nursing from the existing Medicaid State Plan was used for substitution purposes.

Base Benchmark Benefit that was Substituted: Delivery and All Inpatient Services - Duplication	Source: Base Benchmark	<input type="button" value="Remove"/>
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# Alternative Benefit Plan

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

Delivery and all inpatient services mapped to "Inpatient Hospital Services- Maternity" under the "Maternity an Newborn care" EHB. This is a duplication of the Inpatient Hospital Services- Maternity services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Dental Services: Children - Duplication

Source:

Base Benchmark

Remove

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

Dental Services for children mapped as an EPSDT service to "Pediatric services including oral and vision care" EHB. This is a duplication of services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Diabetes Education - Duplication

Source:

Base Benchmark

Remove

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

Diabetes Education services are mapped to "Outpatient Hospital Services- Diabetes Education" under the "Ambulatory Patient Services" EHB. This is a duplication of services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Diagnostic Tests

Source:

Base Benchmark

Remove

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

Diagnostic tests mapped to "Laboratory and Radiology Services" in the "Laboratory Services" EHB category. This is a duplication of diagnostic services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Dialysis - Duplication

Source:

Base Benchmark

Remove

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

Dialysis services mapped to "Clinic Services - Free-Standing Kidney Center" of the "Ambulatory Patient Services" EHB category. This is a duplication of the clinic free-standing kidney dialysis services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment - Duplication

Source:

Base Benchmark

Remove

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

Durable Medical Equipment mapped to "Home Health Services: Medical Equipment & Supplies" under the



# Alternative Benefit Plan

"Rehabilitative and Habilitative Services and Devices" EHB. This is a duplication of the medical equipment and supplies service in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Emergency Medical Transportation - Duplication

Source:

Base Benchmark

Remove

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

Emergency Medical Transportation mapped to "Outpatient Hospital- Emergency Transportation Ambulance" services under the "Emergency Services" EHB Category. This is a duplication of the Emergency Transportation Ambulance services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Emergency Room Services

Source:

Base Benchmark

Remove

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

Emergency Room services mapped to "Outpatient Hospital Services - Emergency" under the "Emergency Services" EHB Category. This is a duplication of the outpatient hospital services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Eye Glasses: Children - Duplications

Source:

Base Benchmark

Remove

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

Eye glasses for children mapped as an EPSDT service to "Pediatric services including oral and vision care" EHB. This is a duplication of services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Family Planning - Duplication

Source:

Base Benchmark

Remove

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

Family Planning mapped to "Family Planning" under the "Ambulatory Patient Services" EHB. This is a duplication of services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Habilitation Services - Duplication

Source:

Base Benchmark

Remove

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

Habilitation Services mapped to "Habilitative Services- PT, OT and ST" under the "Rehabilitative and Habilitative Services and Devices" EHB.



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Home Health Care - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Home health care is mapped to "Ambulatory Patient Services" EHB category. This is duplication of the home health care services in the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Hospice Service - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Hospice Services mapped to "Ambulatory Patient Services" EHB category. This is a duplication of the hospice care services in the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Hospital Outpatient Services - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Hospital Outpatient Services mapped to "Outpatient Hospital" which were under the "Ambulatory Patient Services" EHB category 1. This is a duplication of outpatient hospital services in the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Imaging - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Imaging mapped to "Laboratory and Radiology Services" in the "Laboratory Services" EHB category.		
Base Benchmark Benefit that was Substituted: Inpatient Hospital Services	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Inpatient Hospital Services mapped to "Inpatient hospital Care" under the "Hospitalization" EHB and "Inpatient Rehabilitation Services" under "Rehabilitative and Habilitative Services and Devices." This is a duplication of services in the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Inpatient and Surgical Physician Services	Source: Base Benchmark	Remove



# Alternative Benefit Plan

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

Inpatient and Surgical Physician Services mapped to "Inpatient Physician's Services" under the "Hospitalization" EHB. This is a duplication of services in the existing Medicaid Sate Plan.

Base Benchmark Benefit that was Substituted:

Mental/Behavioral Health Inpatient Services - Dup

Source:

Base Benchmark

Remove

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

Mental/Behavioral Health Inpatient Services mapped to "Rehab:Inpatient Mental/Behavioral Health services" under the "Mental health and substance use disorder services, including behavioral health treatment" EHB. This is a duplication of services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Mental/Behavioral Health Outpatient Svcs - Dup

Source:

Base Benchmark

Remove

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

Mental/Behavioral Health OP Services mapped to "Rehab: Outpt. Mental/Behavioral Health Services" under the "Mental health and substance use disorder services, including behavioral health treatment" EHB. This is a duplication of services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Orthodontia Services: Children - Duplication

Source:

Base Benchmark

Remove

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

Orthodontia Services for children mapped as an EPSDT service to "Pediatric services including oral and vision care" EHB. This is a duplication of services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Other Practitioner Office Visits - Duplication

Source:

Base Benchmark

Remove

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

Other practitioner office visits and care mapped to "Ambulatory Patient Services" EHB category. This is a duplication of the other licensed practitioner services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Outpatient Rehabilitation Services - Duplication

Source:

Base Benchmark

Remove

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

Outpatient Rehabilitation Services mapped to "Physical Therapy", "Occupational Therapy" and "Speech,Language and Hearing Therapy" under the "Rehabilitative and Habilitative Services and Devices"



# Alternative Benefit Plan

EHB.

This is a duplication of the physical, occupational and speech therapy services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Physician/Surgeon Fee - Duplication

Source:

Base Benchmark

Remove

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

Physician/Surgeon Fee mapped to "Physician Services" under the "Ambulatory Patient Services" EHB category.

Base Benchmark Benefit that was Substituted:

Prenatal and Postnatal Care - Duplication

Source:

Base Benchmark

Remove

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

Prenatal and Postnatal Care mapped to "Physician Services -Maternity and Newborn Care Services" under the "Maternity and Newborn Care" EHB category. This is a duplication of the Maternity and Newborn Care services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Prescription Drugs - Duplication

Source:

Base Benchmark

Remove

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

Prescription Drugs services mapped to the "Prescription drugs" EHB category. This is a duplication of the Pharmacy service in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Preventive Care, Screening, Immunizations - Dup

Source:

Base Benchmark

Remove

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

Preventive care, screening, immunizations mapped to "Preventive Services" EHB category. This is a duplication of services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Primary Care and Specialist Visits - Duplication

Source:

Base Benchmark

Remove

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

Primary care and specialist care bundled and mapped to "Physician Services" under "Ambulatory Patient Services" EHB category. This is a duplication of the physician services in the existing Washington Medicaid State Plan.





# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Provider Contraceptives - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Provider Contraceptives mapped to "Physician Services" under the "Ambulatory Patient Services" EHB category. This is a duplication of the physician's services in the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Routine Eye Care: Children - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Routine eye care for children mapped as an EPSDT service to "Pediatric services including oral and vision care" EHB. This is a duplication of services in the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Routine Foot Care for Diabetics - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Routine Foot Care for Diabetics mapped to "Physician Services" and " Other Licensed Practitioners" under the "Ambulatory Patient Services" EHB. This is a duplication of the physician's services in the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Skilled Nursing Care - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Skilled Nursing Care mapped to " Nursing Facility- Skilled" under the "Rehabilitative and Habilitative Services and Devices" EHB. This is a duplication of skilled nursing care service in the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Substance Use Disorder Inpatient Services - Dup	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Mental/Behavioral Health OP Services mapped to "Rehab: Outpt. Mental/Behavioral Health Services" under the "Mental health and substance use disorder services, including behavioral health treatment" EHB. This is a duplication of services in the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Substance Use Disorder Outpatient Services - Dup	Source: Base Benchmark	Remove



# Alternative Benefit Plan

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

Substance Use Disorder Outpatient Services mapped to "Rehab:OP Chemical Dependency Treatment services" under the "Mental health and substance use disorder services, including behavioral health treatment" EHB. This is a duplication of services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Urgent Care - Duplication

Source:

Base Benchmark

Remove

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

Urgent care services in this setting are mapped to "Emergency Services" EHB category. This is a duplication of Outpatient Hospital - Urgent Care services in the existing Medicaid State Plan.

Add



# Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered Collapse All

<p>Base Benchmark Benefit not Included in the Alternative Benefit Plan:</p> <input type="text" value="Routine Non-Pediatric Eye Exam: Adult"/>	<p>Source:</p> <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
<p>Explain why the state/territory chose not to include this benefit:</p> <input type="text" value="Per 45 CFR 156.115(d), routine non-pediatric eye exam services are exempted from the essential health benefits."/>		
<input type="button" value="Add"/>		



# Alternative Benefit Plan

14. Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All

Other 1937 Benefit Provided:

1915(k) Community First Choice

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Se below

Duration Limit:

12 months with redetermination

Scope Limit:

See below

Other:

The purpose of the benefit is to provide home and community-based attendant services and supports to eligible individuals who meet an institutional level of care that would be furnished in a hospital, a nursing home, an intermediate care facility for individuals with intellectual disabilities, an institution providing psychiatric services for individuals under age 21, or an institution for mental diseases for individuals age 65 and over, if the cost would be reimbursed under the State Plan. These services must be provided in a home or community-based setting that allows an individual to lead the most independent life in the most integrated community setting.

Services are provided in accordance with benefit descriptions on Attachment 3.1-K, pages 2 - 6 of the State Plan. Some activities include amount limitations that may be exceeded based on medical necessity

Other 1937 Benefit Provided:

Federally Qualified Health Centers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Covers these sites for the provision of a broad range of medical, dental and mental health services. Services provided in this setting may be subject to prior authorization per service descriptions in ABP and prior authorization to use the setting.

Other 1937 Benefit Provided:

Free-Standing Birthing Centers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Covers birthing services rendered in a facility licensed under state law. No authorization required.

Other 1937 Benefit Provided:

Health Homes

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Provides health home services to covered adults and children who have a specified chronic condition, meet certain risk criteria, and reside in one of thirty-seven (37) counties, in order to improve health outcomes and reduce costs. Services are provided to assure the coordination and delivery of integrated medical, mental health, chemical dependency, long-term care and other community-based social services. No prior authorization is required.

Other 1937 Benefit Provided:

ICF/IID Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Covers comprehensive, individualized health care and rehabilitation services for clients who meet institutional level of care to promote the client's functional status and independence.



# Alternative Benefit Plan

Other 1937 Benefit Provided:

Nursing Facility: Long-Term Care

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Nursing services for clients who meet institutional level of care criteria and require long-term care. Includes specialized add-on services as medically necessary to assist clients in achieving a higher functional level and independence to support their return to the community.

Other 1937 Benefit Provided:

Personal Care Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Covers physical or verbal assistance services provided to clients who have three activities of daily living (ADL) needs which require minimal assistance or one ADL requiring more than minimal assistance and result in functional limitations for the client. Examples: bathing, turning and repositioning, body care, dressing, eating, mobility, medication assistance, toileting, personal hygiene, nurse-delegated tasks, and self-directed treatment.

Other 1937 Benefit Provided:

Program for All Inclusive Care to Elderly (PACE)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below



# Alternative Benefit Plan

Other:

Covers comprehensive, long-term State Plan-approved services on a fee-for-service basis: medical, mental health, and chemical dependency services. Provided through an interdisciplinary team of health care professionals to clients meeting a very specific criteria. These services enable the clients to remain at home rather than be admitted to a nursing facility.

Other 1937 Benefit Provided:

Routine Non-Pediatric Eye Exam: Adult

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

One per year

Duration Limit:

No limit

Scope Limit:

See below

Other:

Comprehensive eye and vision examination by qualified practitioners are covered. No prior authorization required

Other 1937 Benefit Provided:

Rural Health Centers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Covers these sites for the provision of a broad range of medical, dental and mental health services. Services provided in this setting may be subject to prior authorization per service descriptions in ABP and prior authorization to use the setting.

Other 1937 Benefit Provided:

Targeted Case Mgt: Alcohol & Other Drug Dependency

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Covers case management and assistance in obtaining necessary medical, social, educational, vocational, and other services. Services are to assess needs, develop a plan, facilitate access to services and links to support systems, and serve as a liaison to providers and an client advocate. No authorization required.

Other 1937 Benefit Provided:

Targeted Case Management: HIV/AIDS

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Covers case management services and assistance to clients to assure the client receives appropriate services and benefits; serves as a liaison with providers; links the client to formal and informal support systems; and assures access to support resources for the family. No authorization required.

Other 1937 Benefit Provided:

Targeted Case Management: Infants & Parents

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Covers case management and assistance to infants and their parents or caregiver, from the time the infant is three months of age through the month of the child's first birthday. Services are aimed at assuring the parent has access to medical, social, educational, and other services needed by the child. Services are screening and assessment, plan development, referral and link to needed services, and providing ongoing follow-up to conduct reassessment and assure the plan and interventions are current to the child's changing needs. No authorization required.





# Alternative Benefit Plan

Other 1937 Benefit Provided:		Source:	Remove
Targeted Case Management: Non-English Speaking		Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:		
Other	Medicaid State Plan		
Amount Limit:	Duration Limit:		
No limit	No limit		
Scope Limit:			
See below			
Other:			
Covers case management and assistance to clients who are age 16 and over who have limited English speaking skills, and are therefore unable to access information, obtain assistance or a job in order to become economically independent, unable to obtain required health and social services, and do not have family or friends to assist them. Services include: an assessment; information as to how to access needed services; and links to organizations that can assist the client and help the client receive appropriate benefits and services. No authorization required.			
Other 1937 Benefit Provided:		Source:	Remove
Targeted Case Management: Vulnerable Adults		Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:		
Other	Medicaid State Plan		
Amount Limit:	Duration Limit:		
No limit	No limit		
Scope Limit:			
See below			
Other:			
Covers case management and assistance to clients over age 18 who require multiple health or social service providers, are unable to obtain the required services themselves, do not have family or friends to assist them, and have at least a minimal need for assistance with one or more activities of daily living (ADL). This service is to assure clients receive appropriate services and benefits and receive assistance in accomplishing necessary tasks. This service serves as a liaison with providers, links to formal and informal support systems, and intervenes in emergency situations. No authorization required.			
Other 1937 Benefit Provided:		Source:	Remove
Tobacco Cessation Counseling Services		Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:		
Other	Medicaid State Plan		



# Alternative Benefit Plan

Amount Limit:

4 counseling sessions per quit attempt

Duration Limit:

No limit

Scope Limit:

See below

Other:

Covers services provided by a physician or under the supervision of a physician, to all clients including pregnant women, in an effort to support the client in the effort to stop smoking.

Other 1937 Benefit Provided:

Dental - additional periodontal visits

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

4 periodontal visits per calendar year

Duration Limit:

3 years

Scope Limit:

See below

Other:

Covers all of the existing dental benefits (which includes 1 periodontal visit per calendar year) plus up to 3 additional periodontal visits per calendar year for a total of 4 visits, for all qualified clients (i.e., adult pregnant women or adult clients with a diabetic diagnosis) when rendered by dental providers certified through the University of Washington/Oral health Connections continuing education program, in one of the three designated counties.

Add



# Alternative Benefit Plan

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

Collapse All

## PRA Disclosure Statement

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V.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WA - 18 - 0012

## Benefits Assurances

ABP7

### EPSDT Assurances

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

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

### Prescription Drug Coverage Assurances

- The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.
- The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.
- The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.
- The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.

### Other Benefit Assurances

- The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.
- The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.
- The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.
- The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
- The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
- The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.



# Alternative Benefit Plan

- The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
- The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: “A” and “B” services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

## PRA Disclosure Statement

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V.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WA - 18 - 0012

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

### 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.

The fee-for-service program (FFS) covers services for eligible clients who are not enrolled in the managed care organization program.

Examples of clients remaining in FFS are: those in state-funded only programs; those who qualify for alien (undocumented) emergency medical coverage; those who live in regions where there is only one dental managed care entity; AI/AN who choose not to opt in to managed care; foster care clients who can choose to opt out of managed care; and those whose managed care enrollment period has not yet started. In general, anyone who is not enrolled in a managed care plan will be covered under FFS.

Reimbursement methodologies for services are those approved in the State Plan Attachments 3.1-A, 3.1-B, and 4.19.

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

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

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# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WA - 18 - 0012

## Employer Sponsored Insurance and Payment of Premiums ABP9

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

The state/territory otherwise provides for payment of premiums.

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

For a Medicaid client who receives coverage in a health plan in the individual market through the state's approved Medicaid State Plan that provides premium assistance under section 1905(a) and regulations codified at 42 CFR §435.1015, the state assures that the Medicaid client will receive a benefit package that includes a wrap around of benefits in the individual market health plan that equals the benefit package to which the client is entitled. The client will not be responsible for payment of premiums or other cost sharing that exceeds nominal levels as established at 42 CFR part 447 subpart A.

### PRA Disclosure Statement

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# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WA - 18 - 0012

## General Assurances ABP10

### Economy and Efficiency of Plans

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

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

### Compliance with the Law

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

### PRA Disclosure Statement

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V.20160722





# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WA - 18 - 0012

## Payment Methodology

ABP11

### Alternative Benefit Plans - Payment Methodologies

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

**An attachment is submitted.**

### PRA Disclosure Statement

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V.20160722

SPA WA 18-0012 Oral Health Connections Dental Pilot  
Attachment to ABP 2 - Client communication to be included in January 2019 confirmation  
letters

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If you receive Apple Health dental services in Cowlitz, Spokane, or Thurston Counties and are an adult with diabetes or pregnant, you may be eligible for additional periodontal services. Please contact your primary care dental provider to find out more.