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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 24-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form Summary
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355 (300)
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 20, 2024

Maureen M. Corcoran, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

Re: Ohio State Plan Amendment (SPA) 24-0010

Dear Director Corcoran:

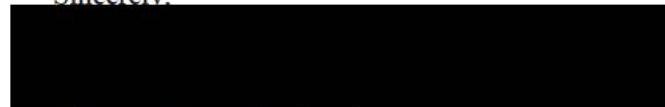
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0010. This amendment adds coverage for mental health peer support services to Ohio's Alternative Benefit to align with the Medicaid State Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Ohio's Medicaid SPA TN 24-0010 was approved on August 20, 2024, with an effective date of September 1, 2024.

Enclosed are copies of the Form CMS-179 summary and approved SPA pages to be incorporated into the Ohio State Plan.

If you have any questions, please contact Christine Davidson at (312) 886-3642 or via email at Christine.Davidson@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Rebecca Jackson, ODM
Gregory Niehoff, ODM
Tamara Edwards, ODM
Jan Covello, CMCS

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: **Ohio**

Transmittal Number:

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

OH-24-0010

Proposed Effective Date

09/01/2024 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2024	\$ 0.00
Second Year	2025	\$ 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:

State Medicaid Director is the Governor's designee.

Signature of State Agency Official

Submitted By: **Patrick Beatty**
 Last Revision Date: **Jun 4, 2024**
 Submit Date: **Jun 4, 2024**



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: OH - 24 - 0010

Benefits Description	ABP5
The state/territory proposes a “Benchmark-Equivalent” benefit package. <input type="text" value="No"/>	
Benefits Included in Alternative Benefit Plan	
Enter the specific name of the base benchmark plan selected:	
<input type="text" value="Anthem Blue Access PPO"/>	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter “Secretary-Approved.”	
<input type="text" value="Secretary-Approved"/>	



Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided: Physician Services	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: See below	Duration Limit: See below	
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 and limitations are the same as in Attachment 3.1-A, Item 5-a. Limits can be exceeded if determined medically necessary by the State.		

Benefit Provided: Outpatient Hospital Services	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: See below	Duration Limit: See below	
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 and limitations are the same as in Attachment 3.1-A, Item 2-a. Limits can be exceeded if determined medically necessary by the State.		

Benefit Provided: Private Duty Nursing Services	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: See below	Duration Limit: See below	
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 and limitations are the same as in Attachment 3.1-A, Item 8.		



Alternative Benefit Plan

Limits can be exceeded if determined medically necessary by the State.

Benefit Provided: Home Health Services	Source: State Plan 1905(a)	Remove
Authorization: Authorization required in excess of limitation	Provider Qualifications: Medicaid State Plan	
Amount Limit: See below	Duration Limit: See below	
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 and limitations are the same as in Attachment 3.1-A, Item 7. Limits can be exceeded if determined medically necessary by the State.		

Benefit Provided: Other licensed practitioner services: Chiropractor	Source: State Plan 1905(a)	Remove
Authorization: Authorization required in excess of limitation	Provider Qualifications: Medicaid State Plan	
Amount Limit: 15 dates of service (ages 21 and older) per year	Duration Limit: See below	
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 and limitations are the same as in Attachment 3.1-A, Items 6-c and 13-d-3. Limits may be exceeded based on medical necessity only for individuals under the age of 21.		

Benefit Provided: Other laboratory and x-ray: x-ray services	Source: State Plan 1905(a)	Remove
Authorization: Authorization required in excess of limitation	Provider Qualifications: Medicaid State Plan	
Amount Limit: See below	Duration Limit: See below	
Scope Limit: See below		



Alternative Benefit Plan

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

Coverage and limitations are the same as in Attachment 3.1-A, Item 3.
Limits can be exceeded if determined medically necessary by the State.

Benefit Provided:

Hospice Care

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

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 and limitations are the same as in Attachment 3.1-A, Item 18.
Limits can be exceeded if determined medically necessary by the State.

Benefit Provided:

Other licensed practitioner services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Coverage and limitations are the same as in Attachment 3.1-A, Item 6.

Benefit Provided:

Clinic: Ambulatory Surgery Center Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below



Alternative Benefit Plan

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 and limitations are the same as in Attachment 3.1-A, Item 9-c.
Limits can be exceeded if determined medically necessary by the State.

Add



Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided: Other Medical Services:Emergency Hospital Services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Coverage and limitations are the same as in Attachment 3.1-A, Items 2-a and 24-e.		

Benefit Provided: Other Medical Service : Transportation/Ambulance	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: See below	Duration Limit: See below	
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 and limitations are the same as in Attachment 3.1-A, Item 24-a. Limits can be exceeded if determined medically necessary by the State.		

Add



Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

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 and limitations are the same as in Attachment 3.1-A, Item 1.
Limits can be exceeded if determined medically necessary by the State.

Add



Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:	Source:	Remove
Physician services: maternity	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Coverage and limitations are the same as in Attachment 3.1-A, Items 5-a, 6-d-(5), and 6-d-(6).		

Benefit Provided:	Source:	Remove
Inpatient hospital services: maternity	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Coverage and limitations are the same as in Attachment 3.1-A, Item 1.		

Benefit Provided:	Source:	Remove
Outpatient hospital: maternity	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		



Alternative Benefit Plan

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

Coverage and limitations are the same as in Attachment 3.1-A, Item 2-a.

Add



Alternative Benefit Plan

Collapse All

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

The state/territory assures that it does not apply any financial requirement or treatment limitation to mental health or substance use disorder benefits in any classification that is more restrictive than the predominant financial requirement or treatment limitation of that type applied to substantially all medical/surgical benefits in the same classification.

Benefit Provided:	Source:	Remove
Other licensed practitioner services: NP-LBHP	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
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:		
NP-LBHP: Non-Physician Licensed Behavioral Health Practitioner Coverage and limitations are the same as in Attachment 3.1-A, Item 6-d-2. Limits can be exceeded if determined medically necessary by the State.		

Benefit Provided:	Source:	Remove
Rehabilitative Services: SUD Outpatient Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
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 and limitations are the same as in Attachment 3.1-A, Item 13-d-2. Limits can be exceeded if determined medically necessary by the State.		

Benefit Provided:	Source:	Remove
Inpatient Hospital Services: Mental Health Inpat	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	



Alternative Benefit Plan

Scope Limit:

Inpatient services related to mental health disorders.

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

Coverage and limitations are the same as in Attachment 3.1-A, Item 1.
Limits can be exceeded if determined medically necessary by the State.

Benefit Provided:

Inpatient Hospital Services: SUD Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

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:

Federal Financial Participation is not permitted for services of residents aged 22 - 64 in facilities that meet the Federal definition of an institution for the an IMD permitted at 42 CFR 438.6(e).
Coverage and limitations are the same as in Attachment 3.1-A, Item 1.
Limits can be exceeded if determined medically necessary by the State.

Benefit Provided:

Physician services: MH/SUD Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

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 and limitations are the same as in Attachment 3.1-A, Items 5-a, 13-d-1, 13-d-2.
Limits can be exceeded if determined medically necessary by the State.

Benefit Provided:

Outpatient Hospital Services: MH/SUD Outpatient

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

See below

Duration Limit:

See below

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 and limitations are the same as in Attachment 3.1-A, Item 2-a.
Limits can be exceeded if determined medically necessary by the State.

Benefit Provided:

Rehab Services-Assertive Community Treatment

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

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 and limitations are the same as in Attachment 3.1-A, Item 13-d-1.
Limits can be exceeded if determined medically necessary by the State.

Benefit Provided:

Rehab Services - SUD Residential

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

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 and limitations are the same as in Attachment 3.1-A, Item 13-d-2.
Limits can be exceeded if determined medically necessary by the State.

Add



Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

- The state/territory assures that the ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescribed 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 Ohio's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs, described in Attachment 3.1-A, Item 12-a.



Alternative Benefit Plan

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

Collapse All

- The state/territory assures that it is not imposing limits on habilitative services and devices that are more stringent than limits on rehabilitative services (45 CFR 156.115(a)(5)(ii)). Further, the state/territory understands that separate coverage limits must also be established for rehabilitative and habilitative services and devices. Combined rehabilitative and habilitative limits are allowed, if these limits can be exceeded based on medical necessity.

Benefit Provided:	Source:	Remove
Physical therapy and related services: PT	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
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:		
PT: Physical Therapy Physical Therapy services are used to provide rehabilitative and habilitative services. Coverage and limitations are the same as in Attachment 3.1-A, Item 11-a. Limits can be exceeded if determined medically necessary by the State.		

Benefit Provided:	Source:	Remove
Physical therapy and related services: OT	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
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:		
OT: Occupational Therapy Occupational Therapy services are used to provide rehabilitative and habilitative services. Coverage and limitations are the same as in Attachment 3.1-A, Item 11-b. Limits can be exceeded if determined medically necessary by the State.		

Benefit Provided:	Source:	Remove
Physical therapy and related services: ST	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	



Alternative Benefit Plan

Amount Limit:

See below

Duration Limit:

See below

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:

ST: Speech Therapy: speech-language pathology services and audiology services
Speech-language pathology services and audiology services are used to provide rehabilitative and habilitative services.
Coverage and limitations are the same as in Attachment 3.1-A, Item 11-c.
Limits can be exceeded if determined medically necessary by the State.

Benefit Provided:

Home health services: Medical supplies, equipment

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

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 and limitations are the same as in Attachment 3.1-A, Item 7-c.
Limits can be exceeded if determined medically necessary by the State.

Benefit Provided:

Nursing Facility

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Rehabilitative

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

Beneficiary must meet Nursing Facility-based level of care.

Add



Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:

Other Laboratory and x-ray: Diagnostic Lab

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

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 and limitations are the same as in Attachment 3.1-A, Item 3.
Limits can be exceeded if determined medically necessary by the State.

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:	Add
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Coverage and limitations are the same as in Attachment 3.1-A, Item 13-c.		



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:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

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 and limitations are the same as in Attachment 3.1-A, Item 4-b.
Limits can be exceeded if determined medically necessary by the State.

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: <input type="text" value="Outpatient Facility (e.g. Amb. Surgery Ctr.)"/>	Source: <input type="text" value="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:

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Items 2-a and 9-c as Outpatient hospital services and Ambulatory Surgery Centers under EHB 1: Ambulatory patient services.
Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted: <input type="text" value="Primary care visit treatment of illness or injury"/>	Source: <input type="text" value="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:

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Items 5-a and 6 as Physician services and Other licensed practitioner services under EHB 1: Ambulatory patient services.
Base Benchmark Plan: no limitations

Base Benchmark Benefit that was Substituted: <input type="text" value="Specialist visit"/>	Source: <input type="text" value="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:

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Item 5-a as Physician services under EHB 1: Ambulatory patient services.
Base Benchmark Plan: no limitations

Base Benchmark Benefit that was Substituted: <input type="text" value="Other practitioner office visit (RN PA)"/>	Source: <input type="text" value="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:

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Items 5-a and 6 as Physician services and Other licensed practitioner services under EHB 1: Ambulatory patient services.
Base benchmark Plan: no limitations

Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient Surgery Physician Surgical Services"/>	Source: <input type="text" value="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:

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Item 5-a as Physician services under EHB 1: Ambulatory patient services.
Base Benchmark Plan: no limitations.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Chiropractic care

Source:

Base Benchmark

Remove

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

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Item 6-c as Other licensed practitioner services: Chiropractor under EHB 1: Ambulatory patient services.
Base Benchmark Plan: 12 visits per 12 month period.

Base Benchmark Benefit that was Substituted:

Outpatient Rehabilitation services

Source:

Base Benchmark

Remove

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

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Item 11 as Physical therapy and related services for PT, OT and ST under EHB 7: Rehabilitative and habilitative services and devices.
Base Benchmark Plan: In a 12 month period, 20 PT visits, 20 OT visits, 36 Cardiac Rehabilitation visits, 20 Pulmonary Rehab visits, and 20 Speech Therapy visits.

Base Benchmark Benefit that was Substituted:

Hospice services

Source:

Base Benchmark

Remove

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

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Item 18 as Hospice care under EHB 1: Ambulatory patient services.
Base Benchmark coverage: Patient must have a life expectancy of six months or less, as confirmed by the attending physician. Covered services will continue if the patient lives longer than six months. Services include skilled nursing; diagnostic; PT, speech, and inhalation therapies, if part of a treatment plan; medical supplies; counseling services; prescription drugs given by the Hospice; and home health aide.

Base Benchmark Benefit that was Substituted:

Urgent Care Centers or Facilities

Source:

Base Benchmark

Remove

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

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Items 2-a and 5-a as Physician services and Outpatient hospital services under EHB 1: Ambulatory patient services.
Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Home Care Services: Private Duty Nursing

Source:

Base Benchmark

Remove

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

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Item 8 as Private duty nursing services under EHB 1: Ambulatory patient services. Translation of state plan maximum of 24 hours per day for 365 days to annual spending for comparison purposes to the Base Benchmark Plan limitations resulted in estimated maximum of more than \$230,000 per year with no lifetime maximum. This



Alternative Benefit Plan

was calculated assuming that two four hour base rate payments of \$52.20 plus 96 unit rates per 15 minutes over the base rate of 4 hours at \$5.69 per 15 minute unit could be paid per day over a year.
Base Benchmark Plan: covered under the Home Health Services benefit. Limitation on annual spending of \$50,000 and lifetime maximum of \$100,000.

Base Benchmark Benefit that was Substituted:

Home Care Services: Home Health

Source:

Base Benchmark

Remove

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

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Item 7 as Home Health under EHB 1: Ambulatory patient services.

Base Benchmark Plan: 100 visits, Network and Non-Network combined. Services must be authorized and approved by the attending physician.

Base Benchmark Benefit that was Substituted:

Emergency services

Source:

Base Benchmark

Remove

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

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Item 24-e as Other Medical Services: Emergency Hospital Services under EHB 2: Emergency Services.

Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Emergency Transportation/Ambulance

Source:

Base Benchmark

Remove

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

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Item 24-a as Other Medical Services: Transportation/Ambulance under EHB 2: Emergency Services.

Base Benchmark Plan: no limitations.

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:

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Item 1 as Inpatient hospital services under EHB 3: Hospitalization.

Base Benchmark Plan: no limitations. Coverage of Inpatient treatment of biologically based mental illness is provided to the same extent and degree as for the treatment of physical illness.

Base Benchmark Benefit that was Substituted:

Inpatient Physician and Surgical 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:



Alternative Benefit Plan

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Item 5-a as Physician services under EHB 1: Ambulatory patient services.
Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Skilled Nursing Facility

Source:

Base Benchmark

Remove

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

Duplication: covered under the Ohio Medicaid state plan as Nursing Facility services under EHB 7: Rehabilitative and habilitative services and devices.
Base Benchmark Plan: 90 days per benefit period.

Base Benchmark Benefit that was Substituted:

Prenatal and Post-Natal Care

Source:

Base Benchmark

Remove

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

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Items 2-a and 5-a as Physician services: maternity, and Outpatient hospital: maternity under EHB 4: Maternity and newborn care
Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Delivery/Inpatient Services for Maternity Care

Source:

Base Benchmark

Remove

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

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Item 1 as Inpatient hospital services: maternity under EHB 4: Maternity and newborn care
Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Generic Drugs

Source:

Base Benchmark

Remove

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

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Item 12-a under EHB 6: Prescription drugs.
Base Benchmark Plan: Covered services will be limited based on Medical Necessity quantity and/or age limits established by the Plan. Certain limitations within the Generic, Preferred, and Non-preferred drug categories include but are not limited to, contraceptive devices, human growth hormone, compound drugs unless one component requires a prescription, drugs to reduce or eliminate the dependency on, or addiction to tobacco and tobacco products, over the counter drugs, and drugs used in fertility treatment. Prior authorization using Step Therapy is a utilization control device for certain drugs within the Generic, Preferred, and Non-preferred drug categories.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Preferred Brand Drugs

Source:

Base Benchmark

Remove

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

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Item 12-a under EHB 6: Prescription drugs.

Base Benchmark Plan: see limits detailed in Generic drug category above.

Base Benchmark Benefit that was Substituted:

Non-Preferred Brand Drugs

Source:

Base Benchmark

Remove

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

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Item 12-a under EHB 6: Prescription drugs.

Base Benchmark Plan: see limits detailed in Generic drug category above.

Base Benchmark Benefit that was Substituted:

Habilitation services

Source:

Base Benchmark

Remove

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

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Item 11 as Physical therapy and related services: PT, OT, and ST under EHB 7: Rehabilitative and habilitative services and devices.

Base Benchmark Plan: In a 12 month period, 20 PT visits, 20 OT visits, 36 Cardiac Rehabilitation visits, 20 Pulmonary Rehab visits, and 20 Speech Therapy visits.

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment

Source:

Base Benchmark

Remove

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

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Item 7-c as Home health services: Medical supplies, equipment, and appliances suitable for use in the home under EHB 7: Rehabilitative and habilitative services and devices.

Base Benchmark Plan: Authorization required. Non-covered services include, but are not limited to: dentures, dental appliances, orthopedic shoes.

Base Benchmark Benefit that was Substituted:

Diagnostic Test (x-ray and lab work)

Source:

Base Benchmark

Remove

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

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Item 3 as Other laboratory & x-ray: x-ray services under EHB 1: Ambulatory patient services, and as Other laboratory & and x-ray: Diagnostic Lab under EHB 8: Laboratory services.

Base Benchmark Plan: The only service not covered is diagnostic tests for infertility.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Imaging (CT/PET Scans, MRIs)

Source:

Base Benchmark

Remove

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

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Item 3 as Other laboratory and x-ray: x-ray services under EHB 1: Ambulatory patient services.
Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Preventive Care/screening/immunization

Source:

Base Benchmark

Remove

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

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Item 13-c as Preventive services under EHB 9: Preventive and wellness services and chronic disease management.
Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Mental/Behavioral Health Outpatient Services

Source:

Base Benchmark

Remove

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

Duplication: covered under the Ohio Medicaid State Plan in Attachment 3.1-A, Items 13-d-1 and 13-d-2 as OLP: NP-LBHP, Physician Services: MH/SUD services, and Outpatient Hospital Services: MH/SUD outpatient under EHB 5: Mental health and substance use disorder services including behavioral health treatment.
Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Mental/Behavioral Health Inpatient Services

Source:

Base Benchmark

Remove

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

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Items 13-d-1 and 13-d-2 as Inpatient Hospital Services: Mental Health Inpatient under EHB 5: Mental health and substance use disorder services including behavioral health treatment.
Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Substance Abuse Disorder Outpatient Services

Source:

Base Benchmark

Remove

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

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Item 13-d-2 as Rehabilitation Services: SUD outpatient services under EHB 5: Mental health and substance use disorder services including behavioral health treatment.
Base Benchmark Plan: no limitations.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Substance Abuse Disorder Inpatient Services

Source:

Base Benchmark

Remove

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

Duplication: covered under the Ohio Medicaid state plan in Attachment 3.1-A, Item 13-d-2 as Inpatient Hospital Services: SUD IP Detoxification under EHB 5: Mental health and substance use disorder services including behavioral health treatment.
Base Benchmark Plan: no limitations.

Add



Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered

Collapse All



Alternative Benefit Plan

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

Collapse All

Other 1937 Benefit Provided:

Dental Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

See below

Other:

Coverage and limitations are the same as in Attachment 3.1-A, Item 10.
Limits can be exceeded if determined medically necessary by the State.

Other 1937 Benefit Provided:

Nursing Facility

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

Long term custodial care

Other:

Beneficiary must meet Nursing Facility-based level of care.

Other 1937 Benefit Provided:

Other licensed practitioner: Podiatry

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

See below

Other:

Coverage and limitations are the same as in Attachment 3.1-A, Item 6-a.
Limits can be exceeded if determined medically necessary by the State.



Alternative Benefit Plan

<input type="text"/>		
Other 1937 Benefit Provided: <input type="text" value="Eyeglasses"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<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="See below"/>	Duration Limit: <input type="text" value="See below"/>	
Scope Limit: <input type="text" value="See below"/>		
Other: <input type="text" value="Coverage and limitations are the same as in Attachment 3.1-A, Item 12-d. Limits can be exceeded if determined medically necessary by the State."/>		
Other 1937 Benefit Provided: <input type="text" value="Targeted Case Management"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<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="See below"/>	Duration Limit: <input type="text" value="See below"/>	
Scope Limit: <input type="text" value="See below"/>		
Other: <input type="text" value="Target groups are described in Supplement 1 to Attachment 3.1-A of Ohio's Medicaid state plan. Limits can be exceeded if determined medically necessary by the State."/>		
Other 1937 Benefit Provided: <input type="text" value="Rehabilitation Services: Comm. Psych. Sup. Treat."/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<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="See below"/>	Duration Limit: <input type="text" value="See below"/>	
Scope Limit: <input type="text" value="See below"/>		
Other: <input type="text" value="Coverage and limitations are the same as in Attachment 3.1-A, Item 13-d-1."/>		



Alternative Benefit Plan

Limits can be exceeded if determined medically necessary by the State.

Other 1937 Benefit Provided:

ICF/IID

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

See below

Other:

ICF/IID: Intermediate Care Facility for Individuals with Intellectual Disabilities.
Must meet institutional level of care.

Other 1937 Benefit Provided:

Federally Qualified Health Centers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

See below

Other:

Coverage and limitations are the same as in Attachment 3.1-A, Item 2-c.
Limits can be exceeded if determined medically necessary by the State.

Other 1937 Benefit Provided:

Rural Health Clinic services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

See below



Alternative Benefit Plan

Other:

Coverage and limitations are the same as in Attachment 3.1-A, Item 2-b.
Limits can be exceeded if determined medically necessary by the State.

Other 1937 Benefit Provided:

Clinic services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

See below

Other:

Coverage and limitations are the same as in Attachment 3.1-A, Item 9.
Limits can be exceeded if determined medically necessary by the State.

Other 1937 Benefit Provided:

Physician services: Routine eye exam non-pediatric

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

See below

Other:

Coverage and limitations are the same as in Attachment 3.1-A, Item 5-a.
Limits can be exceeded if determined medically necessary by the State.

Other 1937 Benefit Provided:

Free standing birthing centers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below



Alternative Benefit Plan

Scope Limit:

See below

Other:

Coverage and limitations are the same as in Attachment 3.1-A, Item 28.
Limits can be exceeded if determined medically necessary by the State.

Other 1937 Benefit Provided:

Family planning services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

See below

Other:

Coverage and limitations are the same as in Attachment 3.1-A, Item 4-c.
Limits can be exceeded if determined medically necessary by the State.

Other 1937 Benefit Provided:

Ext Svcs to Preg Women: Targeted Case Mgt

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

See below

Other:

Target groups are described in Supplement 1 to Attachment 3.1-A of Ohio's Medicaid state plan.
Limits can be exceeded if determined medically necessary by the State.

Other 1937 Benefit Provided:

Tobacco cessation

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Coverage and limitations are the same as in Attachment 3.1-A, Items 4-d and 13-c.

Other 1937 Benefit Provided:

Rehab Services-Therapeutic Behavioral Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

See below

Other:

Coverage and limitations are the same as in Attachment 3.1-A, Item 13-d-1.
Limits can be exceeded if determined medically necessary by the State.

Other 1937 Benefit Provided:

Rehab Services-Psychosocial Rehabilitation

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

See below

Other:

Coverage and limitations are the same as in Attachment 3.1-A, Item 13-d-1.
Limits can be exceeded if determined medically necessary by the State.

Other 1937 Benefit Provided:

Rehab Services-SUD Residential services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove



Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

See below

Other:

Coverage and limitations are the same as in Attachment 3.1-A, Item 13-d-2.
Limits can be exceeded if determined medically necessary by the State.

Other 1937 Benefit Provided:

Other Licensed Practitioner: Nurse Midwives

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Other 1937 Benefit Provided:

Other Licensed Practitioner: Acupuncturist

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

See below

Other:

Coverage and limitations are the same as in Attachment 3.1-A, Item 6-d-9.
Limits can be exceeded if determined medically necessary by the State.



Alternative Benefit Plan

Other 1937 Benefit Provided:

Qualifying Clinical Trials

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Coverage and limitations are the same as in Attachment 3.1-A, Item 30, as added to the state plan with OH SPA TN 22-004, effective January 1, 2022.

Other 1937 Benefit Provided:

Inpatient Psychiatric Svcs for Indiv's Under 22

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:

None

Other:

Coverage and limitations are the same as in Attachment 3.1-A, Item 16.

Other 1937 Benefit Provided:

Rehab Services-Peer Support Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

See below

Other:

Coverage and limitations are the same as in Attachment 3.1-A, Items 13-d-1 and 13-d-2. Limits can be exceeded if determined medically necessary by the State.

TN#: 24-0010

Supersedes TN#: 23-0020

Approval Date: 08/20/2024

Effective Date: 09/01/2024



Alternative Benefit Plan

	<input type="button" value="Add"/>
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Alternative Benefit Plan

<input type="checkbox"/> 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 <input type="checkbox"/>
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PRA Disclosure Statement

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children’s Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. 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.20190808