

DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291
PHONE: 605-773-3495
FAX: 605-773-5246
WEB: dss.sd.gov



December 29, 2017

Richard Allen
Associate Regional Administrator
Centers for Medicare and Medicaid Services
1961 Stout Street, Room 08-148
Denver, CO 80294

Re: South Dakota CHIP State Plan Amendment SD-17-009

Dear Mr. Allen:

Please find enclosed South Dakota's CHIP State Plan Amendment (SPA) SD-17-009. The SPA amends Section 6.2 of the CHIP State Plan. The information added to the plan will be on pages 32 to 41 of plan. The proposed SPA clarifies that the Mental Health Parity and Addiction Equity Act requirements are satisfied through the EPSDT benefit.

South Dakota requests an effective date of October 1, 2017. The Department estimates there will be no federal fiscal impact associated with this SPA in Federal Fiscal Year 2018 and Federal Fiscal Year 2019.

The State conducted Tribal Consultation beginning with notification on November 27, 2017. We have attached a copy of the notification sent to the Tribes. Public notice was published in the South Dakota REGISTER, <http://sdlegislature.gov/docs/rules/Register/11272017.pdf>, on November 27, 2017. We received no comments.

If you have any questions regarding this package, please contact Sarah Aker, Deputy Director of the Division of Medical Services, 700 Governors Drive, Pierre, SD 57501-2291, e-mail sarah.aker@state.sd.us, or telephone (605) 773-3495.

Sincerely,

Lynne A. Valenti
Cabinet Secretary

CC: Brenda Tidball-Zeltinger, Deputy Secretary
William Snyder, Director
Sarah Aker, Deputy Director

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

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER:
SD-17-009

2. STATE:
South Dakota

3. PROGRAM IDENTIFICATION: TITLE XXI OF THE
SOCIAL SECURITY ACT (CHIP)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2017

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:

42 CFR 457.496(b)

7. FEDERAL BUDGET IMPACT:

a. FFY 2018: \$ 0.00

b. FFY 2019: \$ 0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Pages 32 to 41 of Section 6.2

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:

The proposed state plan amendment clarifies that the Mental Health Parity and Addiction Equity Act requirements are satisfied through the EPSDT benefit.

11. GOVERNOR'S REVIEW (Check One):

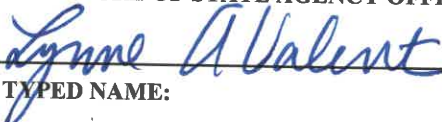
GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Lynne A. Valenti

14. TITLE:

Cabinet Secretary

15. DATE SUBMITTED:

December 29, 2017

16. RETURN TO:

DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

Ballard, Matthew

From: Ballard, Matthew
Sent: Monday, November 27, 2017 11:43 AM
To: 'Adele White'; 'Amanda Taylor'; 'Amy Muchna'; 'Anthony Reider'; 'April Herrick'; 'Arlene Krulish'; 'Audrey German'; 'Becky Diehm'; 'Beth Lee'; 'Bonnie Cromwell'; 'Brandon Sazue'; 'Brittany Brewer'; 'CAPT Christopher W. Allen'; 'Carmen Thompson'; 'Carol Diaz'; 'CDR Emily Williams'; 'CeCe BigCrow'; 'Christine Olson'; 'Christy Hacker'; 'Clarence, Montgomery'; 'Cody Wolff'; 'Cole Hunter'; 'Corey Smith'; 'Crystal Owen'; 'Dave Archambault II'; 'David Flute'; 'David Walford'; 'DaVonna Keeble'; 'Dayle Knutson'; 'DeAnna Howe-Swan'; 'Deb Odens'; 'Debee Eagle Elk'; 'Dee LeBeau-Hein'; 'Delaine Rasmussen'; 'Delores Pourier'; 'Devero Yellow Earing'; 'Don Lee'; 'Dr. Bill Carr'; 'Dylan Fills Pipe'; 'Ed Parsells'; 'Eddie Johnson Jr.'; 'Edwin Harris'; 'Elaine Clement'; 'Elaine Keepseagle'; 'Ella "John" Carlow'; 'Ellen Durkin'; 'Emery, Steve'; 'Eugene Giago'; 'Evelyn "Evie" Espinoza'; 'Gerri LeBeau'; 'Gina Johnson'; 'Gypsy Wanna'; 'Harold Frazier'; 'Holly Rice'; 'Jade Trottier'; 'James Begeman'; 'Jana Gipp'; 'Jean Richards-Tulloss'; 'Jennie Crawford'; 'Jennifer Giroux'; 'Jennifer Williams'; 'Jenny Jeffries'; 'Jeremy Burtenshaw'; 'Jeri Starr'; 'Jerilyn Church'; 'Jerome Lee Bearheels'; 'Jessica Morson'; 'Johanna Camacho'; 'John Eagle Shield'; 'John Yellow Bird Steele'; 'Jon Schuchardt'; 'Jonni Arpan'; 'Julie Thorstenson'; 'Justin Taylor'; 'Kagey, Hannah'; 'Karla Kirkpatrick'; 'Kathlene Thurman'; 'Kathy Bad Moccasin'; 'Kathy Gordon'; 'Kendra Christensen'; 'Kendra Roland'; 'Kevin Meeks'; 'Kevin Stiffarm'; 'Kim Clown'; 'Kristine Watts'; 'Kym Swimmer'; 'Leah Fyten'; 'Leatrice Wilson'; 'Lee Lawrence'; 'LeLewis Gipp'; 'Lezley "Lez" Kempf'; 'Linda Littlefield'; 'Lisa Schlosser'; 'Liz Anderson'; 'Lori Braaten'; 'Lynn Big Eagle'; 'Marc Beaudreau'; 'Margaret Gates'; 'Margaret Gunville'; 'Marieta Little Thunder'; 'Marilyn Prairie Chicken'; 'Mark Aguilar'; 'Mark Calkins'; 'Mark LeBrun'; 'Mary Ann McClowen'; 'Mary Bickel'; 'Matthew Frye'; 'Matthew Sieler'; 'Melissa Huff'; 'Michelle Patton'; 'Michelle Red Willow'; 'Mika Tibbs'; 'Mike Boland'; 'Monta Little Solider'; 'Myrna Thompson'; 'Neil Austin'; 'Nichole Cottier'; 'Nick Thomas'; 'Nicole White Wolf'; 'Olivia Grass'; 'Olson, Alissa'; 'Opal Jones'; 'Patty Eagle Bull'; 'Paula Brown'; 'Paulette High Elk'; 'PJ Beaudry'; 'Randal White'; 'Randi Peacock'; 'Randolph Runs After'; 'Reiss, David'; 'Ricahrd Mousseau'; 'Richard Bud'; 'Richard Huff'; 'Rick Sorensen'; 'Robert Flying Hawk'; 'Robert Taken Alive'; 'Roberta Jacobson'; 'Rochelle Rogers'; 'Ron Cornelius'; 'Roxanne Sazue'; 'Roxee Johnson'; 'Sara DeCoteau'; 'Sean Jackson'; 'Shawn Carging'; 'Shirley Crane'; 'Sierra Wolcott'; 'Sonia Little Hawk-Weston'; 'Stacey Red Willow'; 'Staci Hunter'; 'Steven Kaleda'; 'Sue Mallon'; 'Sunny Cololmbe'; 'Susan Porter'; 'Tara Fox'; 'Teresa Stites'; 'Terra Haug'; 'Terri Rattler'; 'Tina Russell'; 'Tinka Duran'; 'Tinnekkia Williams'; 'Todd Warren'; 'Toni Slockish'; 'Tony Stayner'; 'Tricia Birdnecklace'; 'Tricia Knight'; 'Trina Fischer'; 'Tyler Lannoye'; 'Valentina LaFountain'; 'Vicky Barnes'; 'Warren Giago'; 'Whitney Nordvold'; 'William "Willie" Kindle'; 'Aker, Sarah'; 'Snyder, William'; 'Tidball-Zeltinger, Brenda'; 'Valenti, Lynne'
Subject: State Plan Amendment Tribal Consultation 17-009 CHIP Mental Health Parity
Attachments: CHIP Mental Health Parity SPA Package.pdf

Good Morning,

Please find attached the Department of Social Services' proposed CHIP State Plan Amendment ("SPA") regarding mental health parity and addiction equity requirements. The proposed SPA clarifies that the Mental Health Parity and Addiction Equity Act requirements are satisfied through the EPSDT benefit. The SPA amends Section 6.2 of the CHIP State Plan. The information added to the plan will be on pages 32 to 41 of the plan. We intend to make this SPA effective October 1, 2017.

Please contact me within 30 days if you have any questions.

Sincerely,

Matthew Ballard | Program Specialist II
South Dakota Department of Social Services
Division of Medical Services
(605) 773-3495



This message is being sent by or on behalf of the South Dakota Department of Social Services. It is intended exclusively for the individual or entity to which it is addressed. This communication may contain information that is proprietary, attorney-client privileged, confidential, or otherwise legally exempt from disclosure. If you are not the named addressee, you are not authorized to read, print, retain, copy, or disseminate this message or any part of it. If you have received this message in error, please notify the sender immediately by telephone at (605) 773-3495 or by reply transmission by e-mail, and delete all copies of the message.

The Department of Social Services does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of actual or perceived race, color, religion, national origin, sex, age, gender identity, sexual orientation or disability in admission or access to, or treatment or employment in its programs, activities, or services. For more information about this policy or to file a Discrimination Complaint you may contact: Discrimination Coordinator, Director of DSS Division of Legal Services, 700 Governor's Drive, Pierre SD 57501, 605-773-3305.

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES

700 GOVERNORS DRIVE

PIERRE, SD 57501-2291

PHONE: 605-773-3495

FAX: 605-773-5246

WEB: dss.sd.gov



Strong Families - South Dakota's Foundation and Our Future

November 27, 2017

RE: South Dakota CHIP State Plan Amendment #SD-17-009

The South Dakota Department of Social Services intends to make changes to the South Dakota CHIP State Plan regarding mental health parity and addiction equity requirements. The proposed State Plan Amendment (SPA) clarifies that the Mental Health Parity and Addiction Equity Act requirements are satisfied through the EPSDT benefit. The SPA amends Section 6.2 of the CHIP State Plan. The information added to the plan will be on pages 32 to 41 of the plan.

We intend to make this SPA effective October 1, 2017. The Department estimates there will be no federal fiscal impact in Federal Fiscal Year 2018 or Federal Fiscal Year 2019.

Please contact me within 30 days of receipt of this message with any questions or comments.

Sincerely,

Sarah Aker
Deputy Director
Division of Medical Services
South Dakota Department of Social Services

CC: Lynne A. Valenti, Cabinet Secretary
Brenda Tidball-Zeltinger, Deputy Secretary
William Snyder, Director

Medicaid State Plan Amendment Proposal

Transmittal Number: SD-17-009

Effective Date: 10/1/2017

Brief Description: This State Plan Amendment clarifies that the Mental Health Parity and Addiction Equity Act requirements are satisfied through the EPSDT benefit.

Area of State Plan Affected: CHIP State Plan, Section 6.2

Page(s) of State Plan Affected: Information added to the plan will be on pages 32 to 41.

Estimate of Fiscal Impact, if Any: FFY18: \$0.00
FFY19: \$0.00

Reason for Amendment: Demonstrate compliance with Mental Health Parity and Addiction Equity Act requirements.

the proposed rules is also available at <http://rules.sd.gov>. This hearing is being held in a physically accessible place. Persons who have special needs for which the Department can make arrangements are asked to call (605) 773-3261 at least 48 hours before the hearing.

Department of Game, Fish and Parks: (November 22, 2017) intends to adopt a rule to require all bait dealers to list employees/agents on their application that will engage in trapping, transporting, delivering, raising, or seining bait; and allow the Department to refuse the issuance of a license to a bait dealer with an employee/agent who has had their bait dealer license suspended, revoked, or been denied a bait dealer license. The general authority for these rules, as cited by the agency, is SDCL § 41-2-18.

A public hearing will be held at the RedRossa Convention Center, 808 West Sioux Avenue, Pierre, South Dakota, on December 14, 2017, at 2:00 p.m. CT. Copies of the proposed rules may be obtained without charge from and written comments sent to the office of the Secretary of the Department of Game, Fish and Parks, Foss Building, 523 E. Capitol, Pierre, SD 57501. Data, opinions, and arguments for or against the proposed rules may also be sent electronically to wildinfo@state.sd.us. Material sent by mail or email must reach the Department at least 72 hours before the public hearing (not including the day of the public hearing) to be considered. A copy of the proposed rules is also available at <http://rules.sd.gov>. This hearing is being held in a physically accessible place. Persons who have special needs for which the Department can make arrangements are asked to call (605) 773-3718 or (605) 223-7684 (Telecommunications Device for the Deaf).

NOTICE:

The **Department of Social Services** intends to make changes to the South Dakota CHIP

State Plan regarding the mental health parity and addiction equity requirements. The proposed State Plan Amendment (SPA) clarifies that the Mental Health Parity and Addiction Equity Act requirements are satisfied through the EPSDT benefit. The SPA amends Section 6.2 of the CHIP State Plan. The information added to the plan will be on pages 32 to 41 of the plan. The Department intends to make this SPA effective October 1, 2017. The Department estimates there will be no federal fiscal impact associated with this SPA in Federal Fiscal Year 2018 and Federal Fiscal Year 2019. The SPA is available to view on the department's website at <http://dss.sd.gov/medicaid/medicaidstateplan.aspx>. Copies of the proposed SPA pages are also available at the Department of Social Services, Division of Medical Services. Written requests for a copy of these changes, and corresponding comments, may be sent to: Division of Medical Services, Department of Social Services, 700 Governors Drive, Pierre, SD 57501-2291.

FILINGS IN THE SECRETARY OF STATE'S OFFICE:

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES: WATER MANAGEMENT BOARD:

- 74:52:01:01, 74:52:01:02, 74:52:01:02.01, 74:52:01:02.02, 74:52:01:02.03, 74:52:01:05, 74:52:01:05.01, 74:52:01:09, 74:52:01:10; 74:52:02:22, 74:52:02:40, 74:52:02:41, 74:52:02:42, 74:52:02:43, 74:52:02:44, 74:52:02:46; 74:52:03:06, 74:52:03:13, 74:52:03:16; 74:52:04:04, 74:52:04:06; 74:52:06:05; 74:52:07:01; 74:52:08:01; 74:52:09:01; 74:52:10:01; 74:52:11:01, 74:52:11:02, 74:52:11:03, 74:52:11:04, 74:52:11:10, 74:52:11:12, 74:52:11:15, 74:52:11:16; 74:57:01:04, and 74:57:01:05.

- History-Notice: 44 SDR 47, Sept. 5, 2017
- Hearing: October 5, 2017
- Filed: November 20, 2017
- Effective: December 11, 2017

individuals meet level of care and financial eligibility criteria for long term care. Nursing facility services are prior authorized.

Immunization services include all recommended vaccinations and are covered under Section 6.2.6, prescription drugs.

Organ transplant services include Kidney, Cornea, Bone Marrow, Liver and Heart Transplants. All transplant services are covered only when all other medical and surgical treatments have been exhausted, patients are free from adverse factors and there is likelihood of success or survival. Transplants are limited to the transplantation of human organs. With the exception of kidney and cornea transplants, transplant procedures are prior authorized.

6.2.25. Premiums for private health care insurance coverage (Section 2110(a)(25))

6.2.26. Medical transportation (Section 2110(a)(26))

Medical transportation includes medically necessary air ambulance, ground ambulance, wheelchair transportation and other medical transportation. Ambulance services are necessary when other forms of transportation may endanger a person's life or health. Ground ambulance includes advanced life support and basic life support services and attendants. Air ambulance includes fixed wing emergency transportation, rotary emergency transportation, and medical air transportation. Air ambulance must be medically necessary because of time, distance and emergency. Wheelchair transportation includes transportation services to persons that are confined to wheelchairs or stretchers to and from medical services.

Other transportation services are available to assist persons obtain necessary medical services. These services include reimbursement for the use of private automobiles, meals and lodging, community transportation providers, tribal transportation providers and commercial carriers.

6.2.27. Enabling services (such as transportation, translation, and outreach services (See instructions) (Section 2110(a)(27))

6.2.28. Any other health care services or items specified by the Secretary and not included under this section (Section 2110(a)(28))

6.2.29. EPSDT consistent with requirements of sections 1905(r) and 1902(a)(43) of the Act

6.2- MHPAEA Section 2103(c)(6)(A) of the Social Security Act requires that, to the extent that it provides both medical/surgical benefits and mental health or substance use disorder benefits, a State

child health plan ensures that financial requirements and treatment limitations applicable to mental health and substance use disorder benefits comply with the mental health parity requirements of section 2705(a) of the Public Health Service Act in the same manner that such requirements apply to a group health plan. If the state child health plan provides for delivery of services through a managed care arrangement, this requirement applies to both the state and managed care plans. These requirements are also applicable to any additional benefits provided voluntarily to the child health plan population by managed care entities and will be considered as part of CMS's contract review process at 42 CFR 457.1201(l).

6.2.1- MHPAEA Before completing a parity analysis, the State must determine whether each covered benefit is a medical/surgical, mental health, or substance use disorder benefit based on a standard that is consistent with state and federal law and generally recognized independent standards of medical practice. (42 CFR 457.496(f)(1)(i))

6.2.1.1- MHPAEA Please choose the standard(s) the state uses to determine whether a covered benefit is a medical/surgical benefit, mental health benefit, or substance use disorder benefit. The most current version of the standard elected must be used. If different standards are used for different benefit types, please specify the benefit type(s) to which each standard is applied. If "Other" is selected, please provide a description of that standard.

- International Classification of Disease (ICD)
- Diagnostic and Statistical Manual of Mental Disorders (DSM)
- State guidelines (Describe: _____)
- Other (Describe: _____)

6.2.1.2- MHPAEA Does the State provide mental health and/or substance use disorder benefits?

- Yes
- No

6.2.2- MHPAEA Section 2103(c)(6)(B) of the Social Security Act (the Act) provides that to the extent a State child health plan includes coverage of early and periodic screening, diagnostic, and treatment services (EPSDT) defined in section 1905(r) of the Act and provided in accordance with section 1902(a)(43) of the Act, the plan shall be deemed to satisfy the parity requirements of section 2103(c)(6)(A) of the Act.

6.2.2.1- MHPAEA Does the State child health plan provide coverage of EPSDT? The State must provide for coverage of EPSDT benefits, consistent with Medicaid statutory requirements, as indicated in section 6.2.26 of the State child health plan in order to answer "yes."

Yes

No

6.2.2.2- MHPAEA EPSDT benefits are provided to the following:

All children covered under the State child health plan.

A subset of children covered under the State child health plan.

Please describe the different populations (if applicable) covered under the State child health plan that are provided EPSDT benefits consistent with Medicaid statutory requirements.

6.2.2.3- MHPAEA To be deemed compliant with the MHPAEA parity requirements, States must provide EPSDT in accordance with sections 1902(a)(43) and 1905(r) of the Act (42 CFR 457.496(b)). The State assures each of the following for children eligible for EPSDT under the separate State child health plan:

All screening services, including screenings for mental health and substance use disorder conditions, are provided at intervals that align with a periodicity schedule that meets reasonable standards of medical or dental practice as well as when medically necessary to determine the existence of suspected illness or conditions. (Section 1905(r))

All diagnostic services described in 1905(a) of the Act are provided as needed to diagnose suspected conditions or illnesses discovered through screening services, whether or not those services are covered under the Medicaid state plan. (Section 1905(r))

All items and services described in section 1905(a) of the Act are provided when needed to correct or ameliorate a defect or any physical or mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the Medicaid State plan. (Section 1905(r)(5))

Treatment limitations applied to services provided under the EPSDT benefit are not limited based on a monetary cap or budgetary constraints and may be exceeded as medically necessary to correct or ameliorate a medical or physical condition or illness. (Section 1905(r)(5))

Non-quantitative treatment limitations, such as definitions of medical necessity or criteria for medical necessity, are applied in an individualized manner that does not preclude coverage of any items or services necessary to correct or ameliorate any medical or physical condition or illness. (Section 1905(r)(5))

EPSDT benefits are not excluded on the basis of any condition, disorder, or diagnosis. (Section 1905(r)(5))

The provision of all requested EPSDT screening services, as well as any corrective treatments needed based on those screening services, are provided or arranged for as necessary. (Section 1902(a)(43))

All families with children eligible for the EPSDT benefit under the separate State child health plan are provided information and informed about the full range of services available to them. (Section 1902(a)(43)(A))

6.2.3- MHPAEA In order to conduct the parity analysis, the State must place all medical/surgical and mental health and substance use disorder benefits covered under the State child health plan into one of four classifications: Inpatient, outpatient, emergency care, and prescription drugs. (42 CFR 457.496(d)(2)(ii); 42 CFR 457.496(d)(3)(ii)(B))

6.2.3.1 MHPAEA Please describe below the standard(s) used to place covered benefits into one of the four classifications.

6.2.3.1.1 MHPAEA The State assures that:

The State has classified all benefits covered under the State plan into one of the four classifications.

The same reasonable standards are used for determining the classification for a mental health or substance use disorder benefit as are used for determining the classification of medical/surgical benefits.

6.2.3.1.2- MHPAEA Does the State use sub-classifications to distinguish between office visits and other outpatient services?

Yes

No

6.2.3.1.2.1- MHPAEA If the State uses sub-classifications to distinguish between outpatient office visits and other outpatient services, the State assures

the following:

- The sub-classifications are only used to distinguish office visits from other outpatient items and services, and are not used to distinguish between similar services on other bases (ex: generalist vs. specialist visits).

6.2.3.2 MHPAEA The State assures that:

- Mental health/ substance use disorder benefits are provided in all classifications in which medical/surgical benefits are provided under the State child health plan.

Annual and Aggregate Lifetime Dollar Limits

6.2.4- MHPAEA A State that provides both medical/surgical benefits and mental health and/or substance use disorder benefits must comply with parity requirements related to annual and aggregate lifetime dollar limits for benefits covered under the State child health plan. (42 CFR 457.496(c))

6.2.4.1- MHPAEA Please indicate whether the State applies an aggregate lifetime dollar limit and/or an annual dollar limit on any mental health or substance abuse disorder benefits covered under the State child health plan.

- Aggregate lifetime dollar limit is applied
- Aggregate annual dollar limit is applied
- No dollar limit is applied

6.2.4.2- MHPAEA Are there any medical/surgical benefits covered under the State child health plan that have either an aggregate lifetime dollar limit or an annual dollar limit? If yes, please specify what type of limits apply.

- Yes (Type(s) of limit:)
- No

6.2.4.3 – MHPAEA. States applying an aggregate lifetime or annual dollar limit on medical/surgical benefits and mental health or substance use disorder benefits must determine whether the portion of the medical/surgical benefits to which the limit applies is less than one-third, at least one-third but less than two-thirds, or at least two-thirds of all medical/surgical benefits covered under the State plan (42 CFR 457.496(c)). The portion of medical/surgical benefits subject to the limit is based on the dollar amount expected to be paid for all medical/surgical benefits under the State plan for the State plan year or portion of the plan year after a change in benefits that affects the applicability of the aggregate lifetime or annual dollar limits. (42 CFR 457.496(c)(3))

The State assures that it has developed a reasonable methodology to calculate the portion of covered medical/surgical benefits which are subject to the aggregate lifetime and/or annual dollar limit, as applicable.

6.2.4.3.1- MHPAEA Please indicate the portion of the total costs for medical and surgical benefits covered under the State plan which are subject to a lifetime dollar limit:

- Less than 1/3
- At least 1/3 and less than 2/3
- At least 2/3

6.2.4.3.2- MHPAEA Please indicate the portion of the total costs for medical and surgical benefits covered under the State plan which are subject to an annual dollar limit:

- Less than 1/3
- At least 1/3 and less than 2/3
- At least 2/3

6.2.4.3.2.1- MHPAEA If the State applies an aggregate lifetime or annual dollar limit to at least 1/3 and less than 2/3 of all medical/surgical benefits, the State assures the following (42 CFR 457.496(c)(4)(i)(B)); (42 CFR 457.496(c)(4)(ii)):

The State applies an aggregate lifetime or annual dollar limit on mental health or substance use disorder benefits that is no more restrictive than an average limit calculated for medical/surgical benefits.

6.2.4.3.2.2- MHPAEA If at least 2/3 of all medical/surgical benefits are subject to an annual or lifetime limit, the State assures either of the following (42 CFR 457.496(c)(2)(i)); (42 CFR 457.496(c)(2)(ii)):

The aggregate lifetime or annual dollar limit is applied to both medical/surgical benefits and mental health and substance use disorder benefits in a manner that does not distinguish between medical/surgical benefits and mental health and substance use disorder benefits; or

The aggregate lifetime or annual dollar limit placed on mental health and substance use disorder benefits is no more restrictive than the aggregate lifetime or annual dollar limit on medical/surgical benefits.

Quantitative Treatment Limitations

6.2.5- MHPAEA Does the State apply quantitative treatment limitations (QTLs) on any mental health or substance use disorder benefits in any classification of benefits? If yes, specify the classification(s) of benefits in which the State applies one or more QTLs on any mental health or substance use disorder benefits.

Yes (Specify: _____)

No

6.2.5.1- MHPAEA Does the State apply any type of QTL on any medical/surgical benefits?

Yes

No

6.2.5.2- MHPAEA Within each classification of benefits in which the State applies a type of QTL on any mental health or substance use disorder benefits, the State must determine the portion of medical and surgical benefits in the classification which are subject to the limitation. More specifically, the State must determine the ratio of (a) the dollar amount of all payments expected to be paid under the State plan for medical and surgical benefits within a classification which are subject to the type of quantitative treatment limitation for the plan year (or portion of the plan year after a mid-year change affecting the applicability of a type of quantitative treatment limitation to any medical/surgical benefits in the class) to (b) the dollar amount expected to be paid for all medical and surgical benefits within the classification for the plan year. For purposes of this paragraph, all payments expected to be paid under the State plan includes payments expected to be made directly by the State and payments which are expected to be made by MCEs contracting with the State. (42 CFR 457.496(d)(3)(i)(C))

The State assures it has applied a reasonable methodology to determine the dollar amounts used in the ratio described above for each classification within which the State applies QTLs to mental health or substance use disorder benefits. (42 CFR 457.496(d)(3)(i)(E))

6.2.5.3- MHPAEA For each type of QTL applied to any mental health or substance use disorder benefits within a given classification, does the State apply the same type of QTL to “substantially all” (defined as at least two-thirds) of the medical/surgical benefits within the same classification? (42 CFR 457.496(d)(3)(i)(A))

Yes

No

6.2.5.3.1- MHPAEA For each type of QTL applied to mental health or substance use disorder benefits, the State must determine the predominant level of that type which is applied to medical/surgical benefits in the classification. The “predominant level” of a type of QTL in a classification is the level (or least restrictive of a combination of levels) that applies to more than one-half of the medical/surgical benefits in that classification, as described in 42 CFR 457.496(d)(3)(i)(B). The portion of medical/surgical benefits in a classification to which a given level of a QTL type is applied is based on the dollar amount of payments expected to be paid for medical/surgical benefits subject to that level as compared to all medical/surgical benefits in the classification, as described in 42 CFR 457.496(d)(3)(i)(C). For each type of quantitative treatment limitation applied to mental health or substance use disorder benefits, the State assures:

The same reasonable methodology applied in determining the dollar amounts used to determine whether substantially all medical/surgical benefits within a classification are subject to a type of quantitative treatment limitation also is applied in determining the dollar amounts used to determine the predominant level of a type of quantitative treatment limitation applied to medical/surgical benefits within a classification. (42 CFR 457.496(d)(3)(i)(E))

The level of each type of quantitative treatment limitation applied by the State to mental health or substance use disorder benefits in any classification is no more restrictive than the predominant level of that type which is applied by the State to medical/surgical benefits within the same classification. (42 CFR 457.496(d)(2)(i))

Non-Quantitative Treatment Limitations

6.2.6- MHPAEA The State may utilize non-quantitative treatment limitations (NQTLs) for mental health or substance use disorder benefits, but the State must ensure that those NQTLs comply with all the mental health parity requirements. (42 CFR 457.496(d)(4)); (42 CFR 457.496(d)(5))

6.2.6.1 – MHPAEA If the State imposes any NQTLs, complete this subsection. If the State does not impose NQTLs, please go to Section 6.2.7-MHPAEA.

The State assures that the processes, strategies, evidentiary standards or other factors used in the application of any NQTL to mental health or substance use disorder benefits are no more stringent than the processes, strategies, evidentiary standards or other factors used in the application of NQTLs to medical/surgical benefits within the same classification.

6.2.6.2 – MHPAEA The State or MCE contracting with the State must comply with parity if they provide coverage of medical or surgical benefits furnished by out-of-network providers.

6.2.6.2.1- MHPAEA Does the State or MCE contracting with the State provide coverage of medical or surgical benefits provided by out-of-network providers?

Yes

No

6.2.6.2.2- MHPAEA If yes, the State must provide access to out-of-network providers for mental health or substance use disorder benefits. Please assure the following:

The State attests that when determining access to out-of-network providers within a benefit classification, the processes, strategies, evidentiary standards, or other factors used to determine access to those providers for mental health/ substance use disorder benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards or other factors used to determine access for out- of-network providers for medical/surgical benefits.

Availability of Plan Information

6.2.7- MHPAEA The State must provide beneficiaries, potential enrollees, and providers with information related to medical necessity criteria and denials of payment or reimbursement for mental health or substance use disorder services (42 CFR 457.496(e)) in addition to existing notice requirements at 42 CFR 457.1180.

6.2.7.1- MHPAEA Medical necessity criteria determinations must be made available to any current or potential enrollee or contracting provider, upon request. The state attests that the following entities provide this information:

State

Managed Care entities

Both

Other

6.2.7.2- MHPAEA Reason for any denial for reimbursement or payment for mental health or substance use disorder benefits must be made available to the enrollee by the health plan or the State. The state attests that the following entities provide denial information:

State

Managed Care entities

Both

Other

6.3 The state assures that, with respect to pre-existing medical conditions, one of the following two statements applies to its plan: (42CFR 457.480)

6.3.1. The state shall not permit the imposition of any pre-existing medical condition exclusion for covered services (Section 2102(b)(1)(B)(ii)); **OR**

6.3.2. The state contracts with a group health plan or group health insurance coverage, or contracts with a group health plan to provide family coverage under a waiver (see Section 6.4.2. of the template). Pre-existing medical conditions are permitted to the extent allowed by HIPAA/ERISA (Section 2103(f)). Please describe: *Previously 8.6*

6.4 **Additional Purchase Options.** If the state wishes to provide services under the plan through cost effective alternatives or the purchase of family coverage, it must request the appropriate option. To be approved, the state must address the following: (Section 2105(c)(2) and(3)) (42 CFR 457.1005 and 457.1010)

6.4.1. **Cost Effective Coverage.** Payment may be made to a state in excess of the 10% limitation on use of funds for payments for: 1) other child health assistance for targeted low-income children; 2) expenditures for health services initiatives under the plan for improving the health of children (including targeted low-income children and other low-income children); 3) expenditures for outreach activities as provided in section 2102(c)(1) under the plan; and 4) other reasonable costs incurred by the state to administer the plan, if it demonstrates the following (42CFR 457.1005(a)):

6.4.1.1. Coverage provided to targeted low-income children through such expenditures must meet the coverage requirements above; **Describe the coverage provided by the alternative delivery system. The state may cross reference section 6.2.1 - 6.2.28.**

(Section 2105(c)(2)(B)(i)) (42CFR 457.1005(b))

6.4.1.2. The cost of such coverage must not be greater, on an average per child basis, than the cost of coverage that would otherwise be provided for the coverage described above.; **Describe the cost of such coverage on an average per child basis.** (Section 2105(c)(2)(B)(ii)) (42CFR 457.1005(b))

6.4.1.3. The coverage must be provided through the use of a community-based health delivery system, such as through contracts with health centers receiving funds under section 330 of the Public Health Service Act or with hospitals such as