

State Name: South Dakota	Attachment 3.1-L-	OMB Control Number: 0938-1148
Transmittal Number: SD - 24 - 0002		
Benefits Description		ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit pac	ckage. No	
Benefits Included in Alternative Benefit Plan		
Enter the specific name of the base benchmark plan selected:		
The South Dakota Benchmark Plan		
Enter the specific name of the section 1937 coverage option select Approved."	ed, if other than Secretary-Appro	oved. Otherwise, enter "Secretary-
Secretary-Approved		

Approval Date: April 4, 2024 Effective Date: April 1, 2024



Source: State Plan 1905(a)  Provider Qualifications: Medicaid State Plan  Duration Limit: None  specific name of the source plan if it is not the base vsician assistant	Remove
Medicaid State Plan  Duration Limit:  None  specific name of the source plan if it is not the base	
Duration Limit:  None  specific name of the source plan if it is not the base	
None specific name of the source plan if it is not the base	
specific name of the source plan if it is not the base	
Source:	Remove
State Plan 1905(a)	
Provider Qualifications:	
Medicaid State Plan	
Duration Limit:	
None	
specific name of the source plan if it is not the base	
	Remove
` '	
None	
	Source: State Plan 1905(a)  Provider Qualifications: Medicaid State Plan  Duration Limit: None  Specific name of the source plan if it is not the base  Source: State Plan 1905(a)  Provider Qualifications: Medicaid State Plan  Duration Limit: None



See Attachment 3.1-A, 6.c, Chiropractic Service	ces	
enefit Provided:	Source:	D
ledical Services by a Dentist	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See other information box below.		
benchmark plan:  See Attachment 3.1-A, 5.b, Medical Services b	ling the specific name of the source plan if it is not the base  by a Dentist	
nefit Provided:	Source:	Remov
ospice Care	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, include benchmark plan:	ling the specific name of the source plan if it is not the base	
See Attachment 3.1-A, 18, Hospice Care		
enefit Provided:	Source:	Remov
nefit Provided:	Source: State Plan 1905(a)	Remov
nefit Provided:		Remov
enefit Provided: ediatric or Family Nurse Practitioners	State Plan 1905(a)	Remov



Scope Limit:		
See other information box below.		
benchmark plan:	the specific name of the source plan if it is not the base	
See Attachment 3.1-A, 23, Pediatric or Family Nur	irse Practitioners	
enefit Provided:	Source:	Remove
icensed Certified Nurse Practitioner	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information box below.	None	
Scope Limit:		
See other information box below.		
family nurse practitioners	ed certified nurse practitioner other than pediatric or	
enefit Provided:	Source:  State Plan 1905(a)	Remove
enefit Provided: .icensed Certified Registered Nurse Anesthetist	Source: State Plan 1905(a)	Remov
enefit Provided:	Source:	Remov
enefit Provided: .icensed Certified Registered Nurse Anesthetist Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remov
enefit Provided: Licensed Certified Registered Nurse Anesthetist  Authorization:  None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remov
enefit Provided: .icensed Certified Registered Nurse Anesthetist  Authorization:  None  Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remov
enefit Provided: .icensed Certified Registered Nurse Anesthetist  Authorization:  None  Amount Limit:  See other information box below.	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remov
enefit Provided: Licensed Certified Registered Nurse Anesthetist  Authorization:  None  Amount Limit:  See other information box below.  Scope Limit:  See other information box below.  Other information regarding this benefit, including benchmark plan:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  the specific name of the source plan if it is not the base	Remov
enefit Provided: Licensed Certified Registered Nurse Anesthetist  Authorization:  None  Amount Limit:  See other information box below.  Scope Limit:  See other information box below.  Other information regarding this benefit, including	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  the specific name of the source plan if it is not the base	Remove
Authorization:  None  Amount Limit:  See other information box below.  Scope Limit:  See other information box below.  Other information regarding this benefit, including benchmark plan:  See Attachment 3.1-A, 6.d.3, Services of a licensed enefit Provided:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  the specific name of the source plan if it is not the base	
enefit Provided: .icensed Certified Registered Nurse Anesthetist  Authorization: None  Amount Limit: See other information box below.  Scope Limit: See other information box below.  Other information regarding this benefit, including benchmark plan: See Attachment 3.1-A, 6.d.3, Services of a licensed	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  the specific name of the source plan if it is not the base and certified registered nurse anesthetist	
Authorization:  None  Amount Limit:  See other information box below.  Scope Limit:  See other information box below.  Other information regarding this benefit, including benchmark plan:  See Attachment 3.1-A, 6.d.3, Services of a licensed enefit Provided:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  The specific name of the source plan if it is not the base and certified registered nurse anesthetist  Source:	Remove



Amount Limit:	Duration Limit:	
See other information box below.	See other information box below.	
Scope Limit:		
See other information box below.		
benchmark plan:	uding the specific name of the source plan if it is not the base censed registered nurse or licensed practical nurse	
nefit Provided:	Source:	Remov
censed Clinical Nurse Specialist	State Plan 1905(a)	
Authorization:	Provider Qualifications:	_
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information box below.	None	
Scope Limit:		
See other information box below.	uding the specific name of the source plan if it is not the base cal Nurse Specialist	
See other information box below.  Other information regarding this benefit, includenchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Clinic	cal Nurse Specialist	
See other information box below.  Other information regarding this benefit, includenchmark plan:		Remov
See other information box below.  Other information regarding this benefit, includenchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Clinical plans.	Source:	Remov
See other information box below.  Other information regarding this benefit, includenchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Clinical plans of the provided:  mefit Provided:  mily Planning Clinics	Source: State Plan 1905(a)	Remov
See other information box below.  Other information regarding this benefit, includenchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Clinical planning Planning Clinics  Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remov
See other information box below.  Other information regarding this benefit, includenchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Clinical planning Clinics  Authorization:  None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remov
See other information box below.  Other information regarding this benefit, includenchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Clinical planning Planning Clinics  Authorization:  None  Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remov
See other information box below.  Other information regarding this benefit, includenchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Clinical planning Planning Clinics  Authorization:  None  Amount Limit:  None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remov
See other information box below.  Other information regarding this benefit, includenchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Clinical mefit Provided: mily Planning Clinics  Authorization:  None  Amount Limit:  None  Scope Limit:  See other information box below.  Other information regarding this benefit, includenchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None  uding the specific name of the source plan if it is not the base	Remov
See other information box below.  Other information regarding this benefit, includenchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Clinical mefit Provided:  mily Planning Clinics  Authorization:  None  Amount Limit:  None  Scope Limit:  See other information box below.  Other information regarding this benefit, includence in the content of the	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None  uding the specific name of the source plan if it is not the base	Remov
See other information box below.  Other information regarding this benefit, includenchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Clinical mefit Provided: mily Planning Clinics  Authorization:  None  Amount Limit:  None  Scope Limit:  See other information box below.  Other information regarding this benefit, includenchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None  uding the specific name of the source plan if it is not the base	Remov



Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See other information box below.		
benchmark plan:	ncluding the specific name of the source plan if it is not the base	
See Attachment 3.1-A, 9.b, Ambulatory s	urgical centers	
Benefit Provided:	Source:	Remove
Endstage Renal Disease Clinics	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See other information box below.		
Other information regarding this benefit, i benchmark plan:  See Attachment 3.1-A, 9.c Endstage rena	ncluding the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	Remove
Outpatient Hospital	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See other information box below.		
benchmark plan:	ncluding the specific name of the source plan if it is not the base	
See Attachment 3.1-A, 2.a, Outpatient Ho Some services may require prior authoriz		



nefit Provided:	Source:	Remov
Authorization:	Provider Qualifications:	
Prior Authorization		
Amount Limit:	Duration Limit:	
Scope Limit:		
Other information regarding this bene- benchmark plan:	efit, including the specific name of the source plan if it is not the base	
ochemiark plan.		



Benefit Provided:	Source:	Remove
Ground and Air Ambulance Services	State Plan 1905(a)	Temove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See other information box below.		
Other information regarding this benefit, benchmark plan:  See Attachment 3.1-A, item 24.a, Transp	ortation	the base
Benefit Provided:	Source:	Remove
Emergency Hospital Services	State Plan 1905(a)	Temove
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		<del></del>
None		
Other information regarding this benefit, benchmark plan:  See Attachment 3.1-A, item 24.e, Emerg	ency Hospital Services	the base
Benefit Provided:	Source:	Remove
Authorization:	Provider Qualifications:	
None		
	Duration Limit:	
Amount Limit:		



	g this benefit, including the specific name of the source plan if it is not the base	
benchmark plan:		1



. Essential Health Benefit: Hospitalization		Collapse All
Benefit Provided:	Source:	Remove
Inpatient Hospitalization	State Plan 1905(a)	
Authorization:	Provider Qualifications:	_
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
See other information box below.		
Other information regarding this benefit, benchmark plan:  See Attachment 3.1-A, 1, Inpatient Hospi Some services may require prior authoriz		
Benefit Provided:	Source:	Remove
Organ Transplant Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		
See other information box below		7
Other information regarding this benefit, benchmark plan:  See Attachment 3.1-E, Standard for Cove Some services may require prior authorize		
Benefit Provided:	Source:	Remove
Authorization:	Provider Qualifications:	_
Prior Authorization		7
Amount Limit:	Duration Limit:	_
Scope Limit:		



benchmark plan:	benefit, including the specific name of the source plan if it is not the base	
		<u> </u>

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D Ct D 1. 1	C.	
Benefit Provided:  Extended services for Pregnant Women	Source: State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	$\neg$
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		
See below		
Other information regarding this benefit, benchmark plan:  See Attachment 3.1-A,20. Extended serv	including the specific name of the source plan if it is not the base rices for Pregnant Women	
Benefit Provided:	Source:	Remove
Nurse-Midwife Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	_
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		_
None		
Other information regarding this benefit, benchmark plan:  See Attachment 3.1-A, 17, Nurse-Midwi	including the specific name of the source plan if it is not the base fe Services	
Benefit Provided:	Source:	Remove
Freestanding Birth Centers	State Plan 1905(a)	
Authorization:	Provider Qualifications:	_
	Medicaid State Plan	
None		
None Amount Limit:	Duration Limit:	
	Duration Limit:    None	



See Attachment 3.1-A, 26, Freestanding	Birth Centers	
nefit Provided:	Source:	Remo
ternal Child Health Clinics	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, benchmark plan:  See Attachment 3.1-A, 9.e, Maternal Chi	including the specific name of the source plan if it is not the base  ld Health Clinics	
benchmark plan:		Remo
benchmark plan:  See Attachment 3.1-A, 9.e, Maternal Chi  nefit Provided:	Id Health Clinics  Source:	Remo
benchmark plan: See Attachment 3.1-A, 9.e, Maternal Chi	ld Health Clinics	Remo
benchmark plan:  See Attachment 3.1-A, 9.e, Maternal Chi nefit Provided:  Authorization:	Id Health Clinics  Source:	Remo
benchmark plan:  See Attachment 3.1-A, 9.e, Maternal Chi  nefit Provided:  Authorization:  None	Source: Provider Qualifications:	Remo

Approval Date: April 4, 2024 Effective Date: April 1, 2024

Transmittal Number: SD-24-0002 Supersedes Transmittal Number: SD-24-0001



5. Essential Health Benefit: Mental health and substance behavioral health treatment	e use disorder services including	ollapse All 🗌
substance use disorder benefits in any classification	y financial requirement or treatment limitation to mental h n that is more restrictive than the predominant financial rec tially all medical/surgical benefits in the same classification	quirement or
Benefit Provided:	Source:	Remove
Community Mental Health Center Services	State Plan 1905(a)	Ttellie ve
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan:  See Attachment 3.1-A, 13.d.1, Community Mental	the specific name of the source plan if it is not the base  Health Center Services	
Benefit Provided:	Source:	Remove
Substance Use Disorder Agency Services	State Plan 1905(a)	
	D 11 0 110 1	
Authorization:	Provider Qualifications:	
Authorization: Yes	Provider Qualifications:  Medicaid State Plan	
Yes	Medicaid State Plan	
Yes Amount Limit:	Medicaid State Plan  Duration Limit:	
Yes  Amount Limit:  See other information box below.	Medicaid State Plan  Duration Limit:	
Yes  Amount Limit: See other information box below.  Scope Limit: None	Medicaid State Plan  Duration Limit:	
Yes  Amount Limit:  See other information box below.  Scope Limit:  None  Other information regarding this benefit, including benchmark plan:  See Attachment 3.1-A, 13.d.2, Substance Use Disc. Includes individuals with substance use disorders with substance used with s	Medicaid State Plan  Duration Limit:  See other information box below.  the specific name of the source plan if it is not the base	
Yes  Amount Limit:  See other information box below.  Scope Limit:  None  Other information regarding this benefit, including benchmark plan:  See Attachment 3.1-A, 13.d.2, Substance Use Disc Includes individuals with substance use disorders vin accordance with Section 1915(1) of the Social Seexpires on September 30, 2023.	Duration Limit:  See other information box below.  the specific name of the source plan if it is not the base order Agency Services who are patients in certain institutions for mental diseases ecurity Act. See Attachment 3.1-M. – this provision	Damarra
Yes  Amount Limit:  See other information box below.  Scope Limit:  None  Other information regarding this benefit, including benchmark plan:  See Attachment 3.1-A, 13.d.2, Substance Use Disc Includes individuals with substance use disorders vin accordance with Section 1915(1) of the Social Seexpires on September 30, 2023.  Benefit Provided:	Medicaid State Plan  Duration Limit:  See other information box below.  the specific name of the source plan if it is not the base order Agency Services who are patients in certain institutions for mental diseases	Remove
Yes  Amount Limit:  See other information box below.  Scope Limit:  None  Other information regarding this benefit, including benchmark plan:  See Attachment 3.1-A, 13.d.2, Substance Use Disc Includes individuals with substance use disorders vin accordance with Section 1915(1) of the Social Seexpires on September 30, 2023.  Benefit Provided:  Licensed Professional Counselor – Mental Health	Medicaid State Plan  Duration Limit:  See other information box below.  the specific name of the source plan if it is not the base order Agency Services who are patients in certain institutions for mental diseases ecurity Act. See Attachment 3.1-M. – this provision  Source:  State Plan 1905(a)	Remove
Yes  Amount Limit:  See other information box below.  Scope Limit:  None  Other information regarding this benefit, including benchmark plan:  See Attachment 3.1-A, 13.d.2, Substance Use Disc Includes individuals with substance use disorders vin accordance with Section 1915(1) of the Social Seexpires on September 30, 2023.  Benefit Provided:	Medicaid State Plan  Duration Limit:  See other information box below.  the specific name of the source plan if it is not the base order Agency Services who are patients in certain institutions for mental diseases ecurity Act. See Attachment 3.1-M. – this provision  Source:	Remove
Yes  Amount Limit:  See other information box below.  Scope Limit:  None  Other information regarding this benefit, including benchmark plan:  See Attachment 3.1-A, 13.d.2, Substance Use Disc Includes individuals with substance use disorders vin accordance with Section 1915(1) of the Social Seexpires on September 30, 2023.  Benefit Provided:  Licensed Professional Counselor – Mental Health  Authorization:	Medicaid State Plan  Duration Limit:  See other information box below.  the specific name of the source plan if it is not the base order Agency Services who are patients in certain institutions for mental diseases ecurity Act. See Attachment 3.1-M. – this provision  Source:  State Plan 1905(a)  Provider Qualifications:	Remove

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See other information box below.		
Other information regarding this benefit, including benchmark plan:	ng the specific name of the source plan if it is not the base	
See Attachment 3.1-A, 6.d.5, Licensed Profession	onal Counselor – Mental Health	
enefit Provided:	Source:	Remov
ervices of a Licensed Psychologist	State Plan 1905(a)	Teelile v
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information box below.	None	
Scope Limit:		
See other information box below.		
benchmark plan:  See Attachment 3.1-A, 6.d.5, Services of a Licer		
benchmark plan:  See Attachment 3.1-A, 6.d.5, Services of a Licer  enefit Provided:	nsed Psychologist  Source:	Remov
benchmark plan:  See Attachment 3.1-A, 6.d.5, Services of a Licer  enefit Provided: ervices of a Licensed Professional Counselor	Source: State Plan 1905(a)	Remov
benchmark plan:  See Attachment 3.1-A, 6.d.5, Services of a Licer  enefit Provided:  ervices of a Licensed Professional Counselor  Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remov
benchmark plan:  See Attachment 3.1-A, 6.d.5, Services of a Licer  enefit Provided: ervices of a Licensed Professional Counselor  Authorization:  None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remov
benchmark plan:  See Attachment 3.1-A, 6.d.5, Services of a Licer  enefit Provided:  ervices of a Licensed Professional Counselor  Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remov
benchmark plan:  See Attachment 3.1-A, 6.d.5, Services of a Licer  enefit Provided: ervices of a Licensed Professional Counselor  Authorization:  None  Amount Limit:  See other information box below.	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remov
benchmark plan:  See Attachment 3.1-A, 6.d.5, Services of a Licer  enefit Provided: ervices of a Licensed Professional Counselor  Authorization:  None  Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remov
benchmark plan:  See Attachment 3.1-A, 6.d.5, Services of a Licer  enefit Provided: ervices of a Licensed Professional Counselor  Authorization:  None  Amount Limit: See other information box below.  Scope Limit: See other information box below.  Other information regarding this benefit, including benchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None  ng the specific name of the source plan if it is not the base	Remov
benchmark plan:  See Attachment 3.1-A, 6.d.5, Services of a Licer  enefit Provided: ervices of a Licensed Professional Counselor  Authorization:  None  Amount Limit: See other information box below.  Scope Limit: See other information box below.  Other information regarding this benefit, including benchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remov
benchmark plan:  See Attachment 3.1-A, 6.d.5, Services of a Licer  enefit Provided: ervices of a Licensed Professional Counselor  Authorization:  None  Amount Limit: See other information box below.  Scope Limit: See other information box below.  Other information regarding this benefit, including benchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Profession	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None  ng the specific name of the source plan if it is not the base	Remov



Amount Limit:	Duration Limit:	
Scope Limit:		
	enefit, including the specific name of the source plan if it is not the base	
Other information regarding this benchmark plan:	enefit, including the specific name of the source plan if it is not the base	
	enefit, including the specific name of the source plan if it is not the base	

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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.): Authorization: Provider Qualifications:
∑ Limit on days supply Yes State licensed
Limit on number of prescriptions
☐ Limit on brand drugs
Preferred drug list
Coverage that exceeds the minimum requirements or other:
The State's ABP prescription drug benefit is the same as the approved Medicaid state plan for prescription
drugs. Pharmacy prior authorizations (PA) can processed electronically or manually. Electronic PA's are
processed by the pharmacy point of sale system (POS) real time during claim adjudication. Manual PA's require additional information that is not present in the POS (ex. lab values). Manual PA's can be
submitted via fax using a hard copy PA form or the PA can be requested by contacting the PA help desk
by phone.



7. Essential Health Benefit: Rehabilitative and habil	itative services and devices	Collapse All
limits on rehabilitative services (45 CFR 156.11	limits on habilitative services and devices that are more striction of (a)(5)(ii)). Further, the state/territory understands that sepa and habilitative services and devices. Combined rehabilitation be exceeded based on medical necessity.	rate coverage
Benefit Provided:	Source:	Remove
Home Health Nursing Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	_
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	7
Scope Limit:		_
See other information box below.		7
Other information regarding this benefit, include benchmark plan:  See Attachment 3.1-A, 7.a, Home Health Nursi	ing the specific name of the source plan if it is not the base ng Services	
Benefit Provided: Home Health Aide Services	Source:	Remove
Trone Hearth Aide Services	State Plan 1905(a)	
	Provider Qualifications:	
Authorization:		7
Authorization: None	Medicaid State Plan	
None Amount Limit:	Medicaid State Plan  Duration Limit:	
None	Medicaid State Plan	]
None Amount Limit:	Medicaid State Plan  Duration Limit:	
None Amount Limit: None	Medicaid State Plan  Duration Limit:	
None Amount Limit: None Scope Limit: See other information box below. Other information regarding this benefit, include benchmark plan:	Medicaid State Plan  Duration Limit:  None  ing the specific name of the source plan if it is not the base	
None  Amount Limit:  None  Scope Limit:  See other information box below.  Other information regarding this benefit, include	Medicaid State Plan  Duration Limit:  None  ing the specific name of the source plan if it is not the base	
None Amount Limit: None Scope Limit: See other information box below. Other information regarding this benefit, include benchmark plan: See Attachment 3.1-A, 7.b, Home Health Aide Benefit Provided:	Medicaid State Plan  Duration Limit:  None  ing the specific name of the source plan if it is not the base	Remove
None Amount Limit: None Scope Limit: See other information box below. Other information regarding this benefit, includibenchmark plan: See Attachment 3.1-A, 7.b, Home Health Aide Benefit Provided:	Medicaid State Plan  Duration Limit:  None  ing the specific name of the source plan if it is not the base  Services	Remove
None  Amount Limit:  None  Scope Limit:  See other information box below.  Other information regarding this benefit, include benchmark plan:  See Attachment 3.1-A, 7.b, Home Health Aide	Medicaid State Plan  Duration Limit:  None  ing the specific name of the source plan if it is not the base  Services  Source:	Remove
None  Amount Limit:  None  Scope Limit:  See other information box below.  Other information regarding this benefit, include benchmark plan:  See Attachment 3.1-A, 7.b, Home Health Aide  Benefit Provided:  Home Health Medical Supplies and Equipment	Medicaid State Plan  Duration Limit:  None  ing the specific name of the source plan if it is not the base  Services  Source:  State Plan 1905(a)	Remove
None Amount Limit: None Scope Limit: See other information box below. Other information regarding this benefit, include benchmark plan: See Attachment 3.1-A, 7.b, Home Health Aide Benefit Provided: Home Health Medical Supplies and Equipment Authorization:	Medicaid State Plan  Duration Limit:  None  ing the specific name of the source plan if it is not the base  Services  Source:  State Plan 1905(a)  Provider Qualifications:	Remove

Approval Date: April 4, 2024



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Other information regarding this benefit, in benchmark plan:	ncluding the specific name of the source plan if it is not the base	
See Attachment 3.1-A, 7.c, Home Health	Medical Supplies and Equipment	
Some services may require prior authoriza	ation.	
enefit Provided:	Source:	Remov
ome Health Therapy Services	State Plan 1905(a)	Telliov
Authorization:	Provider Qualifications:	•
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
See Attachment 3.1-A, 7.d, Home Health	Therapy Services (PT, OT, SLP, and Audiology Services)	
enefit Provided:	Therapy Services (PT, OT, SLP, and Audiology Services)  Source:	Remov
enefit Provided:		Remov
enefit Provided:	Source:	Remov
enefit Provided: nysical Therapy Service	Source: State Plan 1905(a)	Remov
enefit Provided: nysical Therapy Service Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remov
enefit Provided: nysical Therapy Service  Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remov
enefit Provided: nysical Therapy Service  Authorization: None  Amount Limit:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remov
enefit Provided: hysical Therapy Service  Authorization: None  Amount Limit: None	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remov
enefit Provided: hysical Therapy Service  Authorization: None  Amount Limit: None  Scope Limit: None  Other information regarding this benefit, in benchmark plan:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  ncluding the specific name of the source plan if it is not the base	Remov
enefit Provided: nysical Therapy Service  Authorization: None  Amount Limit: None  Scope Limit: None  Other information regarding this benefit, in benchmark plan:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  ncluding the specific name of the source plan if it is not the base wide rehabilitative, habilitative and audiology services.	Remov
enefit Provided: hysical Therapy Service  Authorization: None  Amount Limit: None  Scope Limit: None  Other information regarding this benefit, in benchmark plan:  Physical Therapy Services are used to pro See Attachment 3.1-A, 11.a, Physical The enefit Provided:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  ncluding the specific name of the source plan if it is not the base wide rehabilitative, habilitative and audiology services.	
enefit Provided: hysical Therapy Service  Authorization: None  Amount Limit: None  Scope Limit: None  Other information regarding this benefit, in benchmark plan:  Physical Therapy Services are used to pro	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  ncluding the specific name of the source plan if it is not the base wide rehabilitative, habilitative and audiology services.  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None	
enefit Provided: hysical Therapy Service  Authorization: None  Amount Limit: None  Scope Limit: None  Other information regarding this benefit, in benchmark plan:  Physical Therapy Services are used to pro See Attachment 3.1-A, 11.a, Physical The enefit Provided:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  ncluding the specific name of the source plan if it is not the base wide rehabilitative, habilitative and audiology services.  Prapy (PT, OT, SLP)  Source:	Remov

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Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:  Occupational Therapy Services are used to provide See Attachment 3.1-A, 11.b, Occupational Therapy		
Benefit Provided:	Source:	Remov
Speech, Hearing, and Language Disorder Services	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	J
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:  Speech, Hearing, and Language Disorder Services and audiology services.	the specific name of the source plan if it is not the base are used to provide rehabilitative, habilitative and	
benchmark plan:  Speech, Hearing, and Language Disorder Services a	are used to provide rehabilitative, habilitative and	
benchmark plan:  Speech, Hearing, and Language Disorder Services a audiology services.  See Attachment 3.1-A, 11.c, Services for Individua  Benefit Provided:	are used to provide rehabilitative, habilitative and als with Speech, Hearing, or Language Disorders  Source:	Remov
benchmark plan:  Speech, Hearing, and Language Disorder Services a audiology services.  See Attachment 3.1-A, 11.c, Services for Individua  Benefit Provided:	are used to provide rehabilitative, habilitative and  ls with Speech, Hearing, or Language Disorders	Remov
benchmark plan:  Speech, Hearing, and Language Disorder Services a audiology services.  See Attachment 3.1-A, 11.c, Services for Individua  Benefit Provided:	are used to provide rehabilitative, habilitative and  ls with Speech, Hearing, or Language Disorders  Source:  State Plan 1905(a)  Provider Qualifications:	Remov
benchmark plan:  Speech, Hearing, and Language Disorder Services a audiology services.  See Attachment 3.1-A, 11.c, Services for Individua Benefit Provided:  Prosthetic Devices	are used to provide rehabilitative, habilitative and als with Speech, Hearing, or Language Disorders  Source:  State Plan 1905(a)	Remov
benchmark plan:  Speech, Hearing, and Language Disorder Services a audiology services.  See Attachment 3.1-A, 11.c, Services for Individua  Benefit Provided:  Prosthetic Devices  Authorization:	are used to provide rehabilitative, habilitative and  ls with Speech, Hearing, or Language Disorders  Source:  State Plan 1905(a)  Provider Qualifications:	Remov
benchmark plan:  Speech, Hearing, and Language Disorder Services a audiology services.  See Attachment 3.1-A, 11.c, Services for Individua Benefit Provided:  Prosthetic Devices  Authorization:  Yes	are used to provide rehabilitative, habilitative and als with Speech, Hearing, or Language Disorders  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan	Remov
benchmark plan:  Speech, Hearing, and Language Disorder Services a audiology services.  See Attachment 3.1-A, 11.c, Services for Individua Benefit Provided:  Prosthetic Devices  Authorization:  Yes  Amount Limit:  None  Scope Limit:	are used to provide rehabilitative, habilitative and  ls with Speech, Hearing, or Language Disorders  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remov
benchmark plan:  Speech, Hearing, and Language Disorder Services a audiology services.  See Attachment 3.1-A, 11.c, Services for Individua  Benefit Provided:  Prosthetic Devices  Authorization:  Yes  Amount Limit:  None	are used to provide rehabilitative, habilitative and  ls with Speech, Hearing, or Language Disorders  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remov
benchmark plan:  Speech, Hearing, and Language Disorder Services a audiology services.  See Attachment 3.1-A, 11.c, Services for Individua  Benefit Provided: Prosthetic Devices  Authorization:  Yes  Amount Limit: None  Scope Limit: None  Other information regarding this benefit, including the benchmark plan:  See Attachment 3.1-A, 12.c, Prosthetic Devices.	are used to provide rehabilitative, habilitative and  ls with Speech, Hearing, or Language Disorders  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remov
benchmark plan:  Speech, Hearing, and Language Disorder Services a audiology services.  See Attachment 3.1-A, 11.c, Services for Individua  Benefit Provided: Prosthetic Devices  Authorization: Yes  Amount Limit: None  Scope Limit: None  Other information regarding this benefit, including the benchmark plan:	are used to provide rehabilitative, habilitative and  Is with Speech, Hearing, or Language Disorders  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None	Remov
benchmark plan:  Speech, Hearing, and Language Disorder Services a audiology services.  See Attachment 3.1-A, 11.c, Services for Individua  Benefit Provided:  Prosthetic Devices  Authorization:  Yes  Amount Limit:  None  Scope Limit:  None  Other information regarding this benefit, including to benchmark plan:  See Attachment 3.1-A, 12.c, Prosthetic Devices.	are used to provide rehabilitative, habilitative and  Is with Speech, Hearing, or Language Disorders  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None	Remov

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Authorization:	Provider Qualifications:	i
Prior Authorization	Other	
Amount Limit:	Duration Limit:	•
None	None	
Scope Limit:		
None		
Other information regarding this ben benchmark plan:  See Attachment 3.1-A, 14.b, Skilled	efit, including the specific name of the source plan if it is not the base  Nursing Facility Services	
enefit Provided:	Source:	Remov
Authorization:	Provider Qualifications:	ı
None		
Amount Limit:	Duration Limit:	
Scope Limit:		
	efit, including the specific name of the source plan if it is not the base	
benchmark plan:		
		Add



Benefit Provided:	Source:	Remove
Other Lab and X-Ray	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan:	it, including the specific name of the source plan if it is not the base	7
See Attachment 3.1-A, 3, Other Lab a	nd X-Ray	



9. Essential Health Benefit: Preventive and wellne	ess services and chronic disease management	Collapse All
e United States Preventive Services Task Force;	d range of preventive services including: "A" and "B" services Advisory Committee for Immunization Practices (ACIP) recomildren and adults recommended by HRSA's Bright Futures propended by the Institute of Medicine (IOM).	mended
Benefit Provided:	Source:	Remove
Diabetes Self-Management Training	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	J
None	Medicaid State Plan	1
Amount Limit:	Duration Limit:	_
See other information box below.	See other information box below.	]
Scope Limit:		_
See other information box below.		]
benchmark plan:  See Attachment 3.1-A, 13.c,1, Diabetes Self	uding the specific name of the source plan if it is not the base  -Management Training	
Benefit Provided:	Source:	Remove
Community Health Worker Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	-
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
See other information box below.	See other information box below.	
Scope Limit:		,
See other information box below.		
Other information regarding this benefit, includenchmark plan:  See Attachment 3.1-A, 13.c,2, Community H	uding the specific name of the source plan if it is not the base lealth Worker Services	]
Benefit Provided:	Source:	Remove
Vaccines and Vaccine Administration	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization: Yes	Provider Qualifications:  Medicaid State Plan	
		]



benchmark plan:	efit, including the specific name of the source plan if it is not the base	
See Attachment 3.1-A, 13.c,3, Vacc	ines and Vaccine Administration	
nefit Provided:	Source:	Remov
Authorization:	Provider Qualifications:	
None		
Amount Limit:	Duration Limit:	
Scope Limit:		
Other information regarding this ben benchmark plan:	efit, including the specific name of the source plan if it is not the base	



Benefit Provided:	Source:	_ Remove
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	
Authorization:	Provider Qualifications:	_
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		
None		
Other information regarding this benefit, in benchmark plan:	acluding the specific name of the source plan if it is not the base	
See Attachment 3.1-A, 4.b, Early and Peri Some services may require prior authoriza	odic Screening, Diagnosis and Treatment (EPSDT). tion.	



11. Other Covered Benefits from Base Benchmark	Collapse All

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Base Benchmark Benefit that was Substituted:	Source:	Remove
Specialist Visit	Base Benchmark	Kelliove
Explain the substitution or duplication, including i 1937 benchmark benefit(s) included above under l	Indicating the substituted benefit(s) or the duplicate section Essential Health Benefits:	
nurse practitioners in EHB 1, Ambulatory patient Attachment 3.1-A, 6.d.1, Services of a licensed pl Attachment 3.1-A, 6.d.4, Services of a licensed re Ambulatory patient services; Attachment 3.1-A, 23, Pediatric or Family Nurse EHB 1, Ambulatory patient services; and	B 1, Ambulatory patient services; ertified nurse practitioner other than pediatric or family	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Primary Care Visit to Treat and Injury or Illness	Base Benchmark	
Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 5.a, Physician Services in EHE Attachment 3.1-A, 6.d.2, Services of a licensed conurse practitioners in EHB 1, Ambulatory patient Attachment 3.1-A, 6.d.1, Services of a licensed plattachment 3.1-A, 6.d.4, Services of a licensed re Ambulatory patient services; Attachment 3.1-A, 23, Pediatric or Family Nurse EHB 1, Ambulatory patient services; and	under 3 1, Ambulatory patient services; ertified nurse practitioner other than pediatric or family	
Pediatric services including oral and vision care.		
	Source:	Remove
Pediatric services including oral and vision care.	Source: Base Benchmark	Remove
Pediatric services including oral and vision care.  Base Benchmark Benefit that was Substituted:  Other Practitioner Office Visit (Nurse, PA)  Explain the substitution or duplication, including i 1937 benchmark benefit(s) included above under I Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 6.d.1, Services of a licensed pl Attachment 3.1-A, 6.d.2, Services of a licensed cenurse practitioners;	Base Benchmark  Indicating the substituted benefit(s) or the duplicate section Essential Health Benefits:  under  nysician assistant; ertified nurse practitioner other than pediatric or family	Remove
Pediatric services including oral and vision care.  Base Benchmark Benefit that was Substituted:  Other Practitioner Office Visit (Nurse, PA)  Explain the substitution or duplication, including i 1937 benchmark benefit(s) included above under I Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 6.d.1, Services of a licensed pl Attachment 3.1-A, 6.d.2, Services of a licensed certain part of the property of the p	Base Benchmark  Indicating the substituted benefit(s) or the duplicate section Essential Health Benefits:  under hysician assistant; ertified nurse practitioner other than pediatric or family  Specialist; and	Remove
Pediatric services including oral and vision care.  Base Benchmark Benefit that was Substituted:  Other Practitioner Office Visit (Nurse, PA)  Explain the substitution or duplication, including i 1937 benchmark benefit(s) included above under I Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 6.d.1, Services of a licensed pl Attachment 3.1-A, 6.d.2, Services of a licensed conurse practitioners; Attachment 3.1-A, 6.d.5, Licensed Clinical Nurse	Base Benchmark  Indicating the substituted benefit(s) or the duplicate section Essential Health Benefits:  under hysician assistant; ertified nurse practitioner other than pediatric or family  Specialist; and	Remove

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Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E	ndicating the substituted benefit(s) or the duplicate section	
Duplication - Covered in the Medicaid State Plan u		
Attachment 3.1-A, 9.b, Ambulatory Surgical Center		
Attachment 3.1-A, 2.a, Outpatient Hospital Service		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Outpatient Surgery Physician/Surgical Services	Base Benchmark	
Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E	ndicating the substituted benefit(s) or the duplicate section essential Health Benefits:	
Duplication - Covered in the Medicaid State Plan u	under	
Attachment 3.1-A, 5.a, Physician Services in EHB Attachment 3.1-A, 6.d.3, Services of a licensed cer	1, Ambulatory patient services; rtified registered nurse anesthetist in EHB 1, Ambulatory	
patient services;		
Attachment 3.1-A, 9.b, Ambulatory Surgical Center Attachment 3.1-A, 2.a, Outpatient Hospital Service		
Base Benchmark Benefit that was Substituted: Hospice Services	Source: Base Benchmark	Remove
Trospice services	Base Benchmark	
1937 benchmark benefit(s) included above under E  Duplication - Covered in the Medicaid State Plan v  Attachment 3.1-A, 18, Hospice Care in EHB 1, An	under	
	personal per	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Private Duty Nursing	Base Benchmark	
	ndicating the substituted benefit(s) or the duplicate section	
1937 benchmark benefit(s) included above under E		
Duplication - Covered in the Medicaid State Plan u Attachment 3.1-A, 14.b, Skilled Nursing Facility S		
services and devices.	services in Enb /, Renaointative and naointative	
per vices and ac vices		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Urgent Care Centers or Facilities	Base Benchmark	Kelliove
Explain the substitution or duplication, including ir 1937 benchmark benefit(s) included above under E	ndicating the substituted benefit(s) or the duplicate section assential Health Benefits:	
Duplication - Covered in the Medicaid State Plan u		
Attachment 3.1-A, 5.a, Physician Services in EHB		
Attachment 3.1-A, 6.d.2, Services of a licensed cer	rtified nurse practitioner other than pediatric or family	
nurse practitioners in EHB 1, Ambulatory patient s		
	ysician assistant in EHB 1, Ambulatory patient services;	
Attachment 3.1-A, 6.d.4, Services of a licensed reg		
	gistered nurse or licensed practical nurse in EHB 1,	
Ambulatory patient services;		

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Pediatric services including oral and vision care.		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Home Health Care Services	Base Benchmark	
1937 benchmark benefit(s) included above under Es		
and devices; Attachment 3.1-A, 7.b, Home Health Aide Services devices;	in EHB 7, Rehabilitative and habilitative services in EHB 7, Rehabilitative and habilitative services and	
Attachment 3.1-A, 7,c, Home Health Medical Supple habilitative services and devices; and Attachment 3.1-A, 7.d, Home Health Therapy Servi and devices.	ces in EHB 7, Rehabilitative and habilitative services	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Emergency Room Services	Base Benchmark	
Explain the substitution or duplication, including including 1937 benchmark benefit(s) included above under Es Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, item 24.e, Emergency Hospital	nder	
1937 benchmark benefit(s) included above under Es  Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, item 24.e, Emergency Hospital Attachment 3.1-A, 4.b, Early and Periodic Screenin Pediatric services including oral and vision care.	sential Health Benefits:  nder Services in EHB 2, Emergency Services; and g, Diagnosis and Treatment (EPSDT) in EHB 10,	
1937 benchmark benefit(s) included above under Es  Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, item 24.e, Emergency Hospital Attachment 3.1-A, 4.b, Early and Periodic Screenin Pediatric services including oral and vision care.  Base Benchmark Benefit that was Substituted:	sential Health Benefits:  nder Services in EHB 2, Emergency Services; and g, Diagnosis and Treatment (EPSDT) in EHB 10,  Source:	Remove
1937 benchmark benefit(s) included above under Es  Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, item 24.e, Emergency Hospital Attachment 3.1-A, 4.b, Early and Periodic Screenin Pediatric services including oral and vision care.  Base Benchmark Benefit that was Substituted:	sential Health Benefits:  nder Services in EHB 2, Emergency Services; and g, Diagnosis and Treatment (EPSDT) in EHB 10,	Remove
1937 benchmark benefit(s) included above under Es  Duplication - Covered in the Medicaid State Plan ur Attachment 3.1-A, item 24.e, Emergency Hospital Attachment 3.1-A, 4.b, Early and Periodic Screening Pediatric services including oral and vision care.  Base Benchmark Benefit that was Substituted: Emergency Transportation/Ambulance	Sential Health Benefits:  Inder Services in EHB 2, Emergency Services; and g, Diagnosis and Treatment (EPSDT) in EHB 10,  Source:  Base Benchmark  dicating the substituted benefit(s) or the duplicate section sential Health Benefits:  Inder	Remove
1937 benchmark benefit(s) included above under Es  Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, item 24.e, Emergency Hospital Attachment 3.1-A, 4.b, Early and Periodic Screening Pediatric services including oral and vision care.  Base Benchmark Benefit that was Substituted: Emergency Transportation/Ambulance  Explain the substitution or duplication, including including 1937 benchmark benefit(s) included above under Es Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, 24.a, Ground and Air Ambulance  Base Benchmark Benefit that was Substituted:	Sential Health Benefits:  Inder Services in EHB 2, Emergency Services; and g, Diagnosis and Treatment (EPSDT) in EHB 10,  Source:  Base Benchmark  dicating the substituted benefit(s) or the duplicate section sential Health Benefits:  Inder	Remove
1937 benchmark benefit(s) included above under Es  Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, item 24.e, Emergency Hospital Attachment 3.1-A, 4.b, Early and Periodic Screening Pediatric services including oral and vision care.  Base Benchmark Benefit that was Substituted: Emergency Transportation/Ambulance  Explain the substitution or duplication, including including 1937 benchmark benefit(s) included above under Es Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, 24.a, Ground and Air Ambulance  Base Benchmark Benefit that was Substituted:	Sential Health Benefits:  Inder Services in EHB 2, Emergency Services; and g, Diagnosis and Treatment (EPSDT) in EHB 10,  Source:  Base Benchmark  dicating the substituted benefit(s) or the duplicate section sential Health Benefits:  Inder  e Services in EHB 2, Emergency services.	
1937 benchmark benefit(s) included above under Es  Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, item 24.e, Emergency Hospital Attachment 3.1-A, 4.b, Early and Periodic Screenin Pediatric services including oral and vision care.  Base Benchmark Benefit that was Substituted: Emergency Transportation/Ambulance  Explain the substitution or duplication, including including 1937 benchmark benefit(s) included above under Es Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, 24.a, Ground and Air Ambulance  Base Benchmark Benefit that was Substituted: Inpatient Hospital Services  Explain the substitution or duplication, including inc	Services in EHB 2, Emergency Services; and g, Diagnosis and Treatment (EPSDT) in EHB 10,  Source:  Base Benchmark  dicating the substituted benefit(s) or the duplicate section sential Health Benefits:  nder e Services in EHB 2, Emergency services.  Source:  Base Benchmark  dicating the substituted benefit(s) or the duplicate section sential Health Benefits:  source:  Base Benchmark	
1937 benchmark benefit(s) included above under Es  Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, item 24.e, Emergency Hospital Attachment 3.1-A, 4.b, Early and Periodic Screening Pediatric services including oral and vision care.  Base Benchmark Benefit that was Substituted: Emergency Transportation/Ambulance  Explain the substitution or duplication, including including 1937 benchmark benefit(s) included above under Es  Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, 24.a, Ground and Air Ambulance  Base Benchmark Benefit that was Substituted: Inpatient Hospital Services  Explain the substitution or duplication, including including the substitution or duplication, including including 1937 benchmark benefit(s) included above under Es	Services in EHB 2, Emergency Services; and g, Diagnosis and Treatment (EPSDT) in EHB 10,  Source:  Base Benchmark  dicating the substituted benefit(s) or the duplicate section sential Health Benefits:  nder e Services in EHB 2, Emergency services.  Source:  Base Benchmark  dicating the substituted benefit(s) or the duplicate section sential Health Benefits:  source:  Base Benchmark	
1937 benchmark benefit(s) included above under Es  Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, item 24.e, Emergency Hospital Attachment 3.1-A, 4.b, Early and Periodic Screenin Pediatric services including oral and vision care.  Base Benchmark Benefit that was Substituted: Emergency Transportation/Ambulance  Explain the substitution or duplication, including including 1937 benchmark benefit(s) included above under Es Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, 24.a, Ground and Air Ambulance  Base Benchmark Benefit that was Substituted: Inpatient Hospital Services  Explain the substitution or duplication, including inc	Services in EHB 2, Emergency Services; and g, Diagnosis and Treatment (EPSDT) in EHB 10,  Source:  Base Benchmark  dicating the substituted benefit(s) or the duplicate section sential Health Benefits:  nder e Services in EHB 2, Emergency services.  Source:  Base Benchmark  dicating the substituted benefit(s) or the duplicate section sential Health Benefits:  source:  Base Benchmark	

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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:

Duplication - Covered in the Medicaid State Plan under

Attachment 3.1-A, item 1, Inpatient Hospital Services in EHB 3, Hospitalization;

Attachment 3.1-A, 5.a, Physician Services in EHB 1, Ambulatory patient services;

Attachment 3.1-A, 6.d.2, Services of a licensed certified nurse practitioner other than pediatric or family nurse practitioners in EHB 1, Ambulatory patient services;

Attachment 3.1-A, 6.d.1, Services of a licensed physician assistant in EHB 1, Ambulatory patient services;

Attachment 3.1-A, 6.d.3, Services of a licensed certified registered nurse anesthetist in EHB 1, Ambulatory patient services;

Attachment 3.1-A, 6.d.4, Services of a licensed registered nurse or licensed practical nurse in EHB 1, Ambulatory patient services;

Attachment 3.1-A, 23, Pediatric or Family Nurse Practitioners in EHB 1, Ambulatory patient services; in EHB 1, Ambulatory patient services; and

Attachment 3.1-A, 4.b, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) in EHB 10, Pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:	Source:	Remove
Bariatric Surgery	Base Benchmark	
1937 benchmark benefit(s) included above under Esse  Duplication - Covered in the Medicaid State Plan und Attachment 3.1-A, item 1, Inpatient Hospital Services Attachment 3.1-A, 5.a, Physician Services in EHB 1,	er s in EHB 3, Hospitalization; Ambulatory patient services; ied registered nurse anesthetist in EHB 1, Ambulatory in EHB 1, Ambulatory patient services; and	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Skilled Nursing Facility	Base Benchmark	
Explain the substitution or duplication, including indic 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan und		
Attachment 3.1-A, 14.b, Skilled Nursing Facility Services and devices.		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Prenatal and Postnatal Care	Base Benchmark	

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 in the Medicaid State Plan under

Attachment 3.1-A, 1, Inpatient Hospital in EHB 3, Hospitalization;

Attachment 3.1-A, 2.a, Outpatient Hospital Services in EHB 1, Ambulatory patient services;

Attachment 3.1-A, 3, Other Lab and X-Ray in EHB 8, Laboratory services;

Attachment 3.1-A, 5.a, Physician Services in EHB 1, Ambulatory patient services;

Attachment 3.1-A, 6.d.2, Services of a licensed certified nurse practitioner other than pediatric or family

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nurse practitioners in EHB 1, Ambulatory patient services;

Attachment 3.1-A, 6.d.3, Services of a licensed certified registered nurse anesthetist in EHB 1, Ambulatory patient services;

Attachment 3.1-A, 6.d.4, Services of a licensed registered nurse or licensed practical nurse in EHB 1, Ambulatory patient services;

Attachment 3.1-A, 9.a, Family planning clinics in EHB 1, Ambulatory patient services;

Attachment 3.1-A, 9.e, Maternal Child Health Clinics in EHB 4, Maternity and newborn care;

Attachment 3.1-A, 17, Nurse-Midwife Services in EHB 4, Maternity and newborn care; and

Attachment 3.1-A, 26, Freestanding Birth Centers in EHB 4, Maternity and newborn care.

Base Benchmark Benefit that was Substituted:

Source:

Remove

Delivery and All Inpatient Services for Maternity

Base Benchmark

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 in the Medicaid State Plan under

Attachment 3.1-A, 1, Inpatient Hospital in EHB 3, Hospitalization;

Attachment 3.1-A, 6.d.2, Services of a licensed certified nurse practitioner other than pediatric or family nurse practitioners in EHB 1, Ambulatory patient services;

Attachment 3.1-A, 6.d.3, Services of a licensed certified registered nurse anesthetist in EHB 1, Ambulatory patient services:

Attachment 3.1-A, 6.d.4, Services of a licensed registered nurse or licensed practical nurse in EHB 1, Ambulatory patient services;

Attachment 3.1-A, 17, Nurse-Midwife Services in EHB 4, Maternity and newborn care; and

Attachment 3.1-A, 26, Freestanding Birth Centers in EHB 4, Maternity and newborn care.

Base Benchmark Benefit that was Substituted:

Source:

Mental/Behavioral Health Outpatient Services

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 in the Medicaid State Plan under

Attachment 3.1-A, 13.d.1, Community Mental Health Center Services in EHB 5, Mental health and substance use disorder services including behavioral health treatment;

Attachment 3.1-A, 6.d.5, Licensed Professional Counselor - Mental Health in EHB 5, Mental health and substance use disorder services including behavioral health treatment;

Attachment 3.1-A, 6.d.5, Services of a Licensed Psychologist in EHB 5, Mental health and substance use disorder services including behavioral health treatment; and

Attachment 3.1-A, 6.d.5, Licensed Professional Counselor Working Toward a Mental Health Designation in EHB 5, Mental health and substance use disorder services including behavioral health treatment.

Base Benchmark Benefit that was Substituted:

Source:

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Mental/Behavioral Health Inpatient Services

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 in the Medicaid State Plan under

Attachment 3.1-A, 1, Inpatient Hospital in EHB 3, Hospitalization;

Attachment 3.1-A, 6.d.5, Licensed Professional Counselor - Mental Health in EHB 5, Mental health and

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substance use disorder services including behavioral		
Attachment 3.1-A, 6.d.5, Services of a Licensed Psyc		
Attachment 3.1-A, 6.d.5, Licensed Professional Coun	selor Working Toward a Mental Health Designation.	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Substance Use Disorder Outpatient Services	Base Benchmark	1101110 / 0
	cating the substituted benefit(s) or the duplicate section	
1937 benchmark benefit(s) included above under Esse		
Duplication - Covered in the Medicaid State Plan und		
	gency Services in EHB 5, Mental health and substance	
use disorder services including behavioral health trea	tment.	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Substance Use Disorder Inpatient Services	Base Benchmark	
	cating the substituted benefit(s) or the duplicate section	
1937 benchmark benefit(s) included above under Esse		
Duplication - Covered in the Medicaid State Plan und	I	
Attachment 3.1-A, 1, Inpatient Hospital in EHB 3, Ho	ospitanzation.	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Prescription Drugs	Base Benchmark	Kelliove
1 0	Buse Benefittark	
Explain the substitution or duplication, including indication	cating the substituted benefit(s) or the duplicate section	
1937 benchmark benefit(s) included above under Esse		
Duplication - Covered in the Medicaid State Plan und	ler	
Attachment 3.1-A, 12.a, Prescribed Drugs in EHB 6,	Prescription drugs.	
Base Benchmark Benefit that was Substituted:	Source:	_
Outpatient Rehabilitation Services		Remove
Outpatient Renadification Services	Base Benchmark	
Explain the substitution or duplication, including indi	cating the substituted benefit(s) or the duplicate section	
1937 benchmark benefit(s) included above under Esse	•	
Duplication - Covered in the Medicaid State Plan und		
Attachment 3.1-A, 11.a, Physical Therapy in EHB 7,		
Attachment 3.1-A, 11.b, Occupational Therapy in EH		
devices;		
Attachment 3.1-A, 11.c, Services for Individuals with	Speech, Hearing, or Language Disorders in EHB 7,	
Rehabilitative and habilitative services and devices.		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Habilitation Services	Base Benchmark	Remove
	Zast Zenemiark	
Explain the substitution or duplication, including indication	cating the substituted benefit(s) or the duplicate section	
1937 benchmark benefit(s) included above under Esse	ential Health Benefits:	
Duplication - Covered in the Medicaid State Plan und	ler	
Attachment 3.1-A, 11.a, Physical Therapy in EHB 7,	Rehabilitative and habilitative services and devices;	

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Rehabilitative and habilitative services and device	with Speech, Hearing, or Language Disorders in EHB 7, es; and EHB 7, Rehabilitative and habilitative services and	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Chiropractic Care	Base Benchmark	Remove
Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 6.c, Chiropractic Services in E	under	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Durable Medical Equipment	Base Benchmark	Kelliove
1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 7.c, Medical supplies, equipm habilitative services and devices.	under	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Imaging	Base Benchmark	
I .		
Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 3, Other Laboratory and X-ray	under	
1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 3, Other Laboratory and X-ray	Essential Health Benefits: a under y Services in EHB 8, Laboratory services.	D
1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Plan	Essential Health Benefits:	Remove

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services and chronic disease management; and Attachment 3.1-A, 4.b, Early and Periodic Screenin Pediatric services including oral and vision care.	ng, Diagnosis and Treatment (EPSDT) in EHB 10,	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Routine Eye Exams for Children	Base Benchmark	
Explain the substitution or duplication, including included above under Establishment 3.1-A, 4.b, Early and Periodic Screening Pediatric services including oral and vision care.	nder	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Dental Check-Up for Children	Base Benchmark	Ttellio (C
Duplication - Covered in the Medicaid State Plan u Attachment 3.1-A, 10, Dental Services in EHB 1, A Attachment 3.1-A, 4.b, Early and Periodic Screenin Pediatric services including oral and vision care.	ambulatory patient services; and	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Rehabilitative Speech Therapy	Base Benchmark	
1937 benchmark benefit(s) included above under Es Duplication - Covered in the Medicaid State Plan u	nder ith Speech, Hearing, or Language Disorders in EHB 7,	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Rehabilitative Occupational and Physical Therapy	Base Benchmark	Remove
1937 benchmark benefit(s) included above under Es Duplication - Covered in the Medicaid State Plan u	nder 7, Rehabilitative and habilitative services and devices;	
Base Benchmark Benefit that was Substituted:	Source:	Damaya
Well Baby Visits and Care	Base Benchmark	Remove
Explain the substitution or duplication, including included above under Establishment Duplication - Covered in the Medicaid State Plan u		
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Attachment 3.1-A, 5, Physician Services in EHB 1, Ambulatory patient services; Attachment 3.1-A, 6.14, Services of a ficensed registered nurse or licensed practical nurse in EHB 1, Ambulatory patient services; Attachment 3.1-A, 2, Pediatric or Family Nurse Practitioners in EHB 1, Ambulatory patient services; Attachment 3.1-A, 2, Pediatric or Family Nurse Specialist in EHB 1, Ambulatory patient services; Attachment 3.1-A, 4, Explaint of the Attachment 3.1-A, 9, Explaint or and vision care.  Base Benchmark Benefit that was Substituted:  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 in the Medicaid State Plan under Attachment 3.1-A, 3, Other Laboratory and X-ray Services in EHB 8, Laboratory services;  Base Benchmark Benefit that was Substituted:  Source:  X-Rays and Diagnostic Imaging  Base Benchmark Benefit (s) included above under Essential Health Benefits:  Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 3, Other Laboratory and X-ray Services in EHB 8, Laboratory services;  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 in the Medicaid State Plan under Attachment 3.1-A, 3, Other Laboratory and X-ray Services in EHB 8, Laboratory services.  Remove  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark Benefit (s) included above under Essential Health Benefits:  Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services.  Remove  Base Benchmark Benefit (hat was Substituted:  Source:  Base Benchmark Benefit (hat was Substituted:  Source:  Base Benchmark Benefit (hat was Substituted:  Source:  Major Dental Care - Chil	Attachment 3.1-A, 3, Other Laboratory and X-ray Ser		
Anbulatory patient services; Attachment 3.1-A, 29, eMaternal Child Health Clinics; and Attachment 3.1-A, 6.6.5, Licensed Clinical Nurse Specialist in EHB 1, Ambulatory patient services; Attachment 3.1-A, 9, eMaternal Child Health Clinics; and Explain the substituted services including oral and vision care.  Base Benchmark Benchmark Bencfit that was Substituted:  Explain the substitution or duplication, including indicating the substituted bencfit(s) or the duplicate section 1937 benchmark Bencfit that was Substituted:  Source:  Base Benchmark Bencfit that was Substituted:  Source:  Explain the substitution or duplication, including indicating the substituted bencfit(s) or the duplicate section 1937 benchmark bencfit(s) included above under Essential Health Bencfits:  Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 3, Other Laboratory and X-ray Services in EHB 8, Laboratory services.  Base Benchmark Bencfit that was Substituted:  Source:  Corthodontia - Child  Base Benchmark Bencfit that was Substituted:  Source:  Base Benchmark Bencfit that was Substituted:  Source:  Corthodontia - Child  Base Benchmark Bencfit that was Substituted:  Source:  Corthodontia - Child  Base Benchmark Bencfit that was Substituted:  Source:  Corthodontia - Child  Base Benchmark Bencfit that was Substituted:  Source:  Source:  Remove  Remove			
Attachment 3.1-A, 6.d.5, Licensed Clinical Nurse Specialist in EHB 1, Ambulatory patient services; Attachment 3.1-A, 6.d.5, Licensed Clinical Nurse Specialist in EHB 1, Ambulatory patient services; Attachment 3.1-A, 4.b, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) in EHB 10, Pediatric services including oral and vision care.  Base Benchmark Benefit that was Substituted:  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 in the Medicaid State Plan under Attachment 3.1-A, 3, Other Laboratory and X-ray Services in EHB 8, Laboratory services;  Base Benchmark Benefit that was Substituted:  Source:  X-Rays and Diagnostic Imaging  Base Benchmark  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 in the Medicaid State Plan under Attachment 3.1-A, 3, Other Laboratory and X-ray Services in EHB 8, Laboratory services.  Base Benchmark Benefit that was Substituted:  Source:  Remove		tered nurse or licensed practical nurse in EHB 1,	
Attachment 3.1-A, 9.e. Maternal Child Health Clinics; and Attachment 3.1-A, 9.e. Maternal Child Health Clinics; and Attachment 3.1-A, 9.e. Maternal Child Health Clinics; and Attachment 3.1-A, 4.b. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) in EHB 10, Pediatric services including oral and vision care.  Base Benchmark Benefit that was Substituted:  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 in the Medicaid State Plan under Attachment 3.1-A, 3. Other Laboratory and X-ray Services in EHB 8, Laboratory services;  Base Benchmark Benefit that was Substituted:  Source:  X-Rays and Diagnostic Imaging  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 in the Medicaid State Plan under Attachment 3.1-A, 3. Other Laboratory and X-ray Services in EHB 8, Laboratory services.  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark Benefit (s) included above under Essential Health Benefits:  Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services.  Base Benchmark Benefit (that was Substituted:  Source:  Remove  Base Benchmark Benefit (that was Substituted:  Source:  Remove			
Attachment 3.1-A, 4). Early and Periodic Screening, Diagnosis and Treatment (EPSDT) in EHB 10, Pediatric services including oral and vision care.  Base Benchmark Benefit that was Substituted:  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 in the Medicaid State Plan under Attachment 3.1-A, 3, Other Laboratory and X-ray Services in EHB 8, Laboratory services;  Base Benchmark Benefit that was Substituted:  Source:  X-Rays and Diagnostic Imaging  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 in the Medicaid State Plan under Attachment 3.1-A, 3, Other Laboratory and X-ray Services in EHB 8, Laboratory services.  Base Benchmark Benefit that was Substituted:  Source:  Remove		* *	
Attachment 3.1-A, 4-b, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) in EHB 10,			
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Base Benchmark Benefit that was Substituted:  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 - Cowered in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services;  Remove		Diagnosis and Treatment (EPSDT) in EHB 10,	
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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:  Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 3, Other Laboratory and X-ray Services in EHB 8, Laboratory services;  Base Benchmark Benefit that was Substituted:  Source:  X-Rays and Diagnostic Imaging  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 in the Medicaid State Plan under Attachment 3.1-A, 3, Other Laboratory and X-ray Services in EHB 8, Laboratory services.  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark Benefit that was Substituted:  Source:  Base Dental Care - Child  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 in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services.  Base Benchmark Benefit that was Substituted:  Source:  Orthodontia - Child  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 in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services;  Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services;  Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services;  Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services;  Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services;  Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services;  Attachment 3.1-A, 10, Dental Services in EHB 1,			
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 in the Medicaid State Plan under Attachment 3.1-A, 3, Other Laboratory and X-ray Services in EHB 8, Laboratory services;  Base Benchmark Benefit that was Substituted:  Source:  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 in the Medicaid State Plan under Attachment 3.1-A, 3, Other Laboratory and X-ray Services in EHB 8, Laboratory services.  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark Benefit that was Substituted:  Duplication - Covered in the Medicaid State Plan under Essential Health Benefits:  Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services.  Base Benchmark Benefit that was Substituted:  Source:  Orthodontia - Child  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 in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services.  Remove		Source:	Remove
1937 benchmark benefit(s) included above under Essential Health Benefits:  Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services.  Base Benchmark Benefit that was Substituted:  Source:  X-Rays and Diagnostic Imaging  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 in the Medicaid State Plan under Attachment 3.1-A, 3, Other Laboratory and X-ray Services in EHB 8, Laboratory services.  Base Benchmark Benefit that was Substituted:  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 in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services.  Remove  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark Benefit (s) included above under Essential Health Benefits:  Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services.  Remove  Remove  Remove	Laboratory Outpatient and Professional Services	Base Benchmark	
1937 benchmark benefit(s) included above under Essential Health Benefits:  Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services.  Base Benchmark Benefit that was Substituted:  Source:  X-Rays and Diagnostic Imaging  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 in the Medicaid State Plan under Attachment 3.1-A, 3, Other Laboratory and X-ray Services in EHB 8, Laboratory services.  Base Benchmark Benefit that was Substituted:  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 in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services.  Remove  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark Benefit (s) included above under Essential Health Benefits:  Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services.  Remove  Remove  Remove	Explain the substitution or duplication, including indic	cating the substituted benefit(s) or the duplicate section	
Attachment 3.1-A, 3, Other Laboratory and X-ray Services in EHB 8, Laboratory services;  Base Benchmark Benefit that was Substituted:  X-Rays and Diagnostic Imaging  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 in the Medicaid State Plan under Attachment 3.1-A, 3, Other Laboratory and X-ray Services in EHB 8, Laboratory services.  Base Benchmark Benefit that was Substituted:  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 in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services.  Base Benchmark Benefit that was Substituted:  Source:  Orthodontia - Child  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 in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services;  Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services; and Attachment 3.1-A, 4, b., Early and Periodic Screening, Diagnosis and Treatment (EPSDT) in EHB 10, Pediatric services including oral and vision care.  Remove			
Base Benchmark Benefit that was Substituted:  X-Rays and Diagnostic Imaging  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 in the Medicaid State Plan under Attachment 3.1-A, 3, Other Laboratory and X-ray Services in EHB 8, Laboratory services.  Base Benchmark Benefit that was Substituted:  Base Dental Care - Child  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 in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services.  Base Benchmark Benefit that was Substituted:  Orthodontia - Child  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 in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services; and Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services; and Attachment 3.1-A, 1b, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) in EHB 10, Pediatric services including oral and vision care.  Remove			
Remove   R	*		
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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:    Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 3, Other Laboratory and X-ray Services in EHB 8, Laboratory services.    Base Benchmark Benefit that was Substituted:   Source:	Base Benchmark Benefit that was Substituted:	Source:	Remove
1937 benchmark benefit(s) included above under Essential Health Benefits:  Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 3, Other Laboratory and X-ray Services in EHB 8, Laboratory services.  Base Benchmark Benefit that was Substituted:  Source:  Basic Dental Care - Child  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 in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services.  Base Benchmark Benefit that was Substituted:  Source:  Orthodontia - Child  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 in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services; Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services; and Attachment 3.1-A, 4.b, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) in EHB 10, Pediatric services including oral and vision care.  Remove	X-Rays and Diagnostic Imaging	Base Benchmark	
1937 benchmark benefit(s) included above under Essential Health Benefits:  Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 3, Other Laboratory and X-ray Services in EHB 8, Laboratory services.  Base Benchmark Benefit that was Substituted:  Source:  Basic Dental Care - Child  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 in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services.  Base Benchmark Benefit that was Substituted:  Source:  Orthodontia - Child  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 in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services; Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services; and Attachment 3.1-A, 4.b, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) in EHB 10, Pediatric services including oral and vision care.  Remove			
Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 3, Other Laboratory and X-ray Services in EHB 8, Laboratory services.  Base Benchmark Benefit that was Substituted:  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 in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services.  Base Benchmark Benefit that was Substituted:  Orthodontia - Child  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 in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services; Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services; and Attachment 3.1-A, 4.b, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) in EHB 10, Pediatric services including oral and vision care.  Remove		•	
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Attachment 3.1-A, 4.b, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) in EHB 10, Pediatric services including oral and vision care.  Base Benchmark Benefit that was Substituted:  Source:  Remove			
Pediatric services including oral and vision care.  Base Benchmark Benefit that was Substituted:  Source:  Remove			
Base Benchmark Benefit that was Substituted:  Source:  Remove		Diagnosis and Treatment (EPSDT) in EHB 10,	
Remove	Pediatric services including oral and vision care.		
Remove			
Base Benchmark			Remove
	iviajoi Deniai Care - Child	Base Benchmark	

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175, benefittark benefit (s) metaded above under E	Essential Health Benefits:	
Duplication - Covered in the Medicaid State Plan u Attachment 3.1-A, 10, Dental Services in EHB 1, 2 Attachment 3.1-A, 4.b, Early and Periodic Screenin Pediatric services including oral and vision care.		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Transplant	Base Benchmark	
1937 benchmark benefit(s) included above under E  Duplication - Covered in the Medicaid State Plan u	under	
Attachment 3.1-E, Standard for Coverage of Organ	n Transplant Services in EHB 3, Hospitalization.	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Accidental Dental	Base Benchmark	
1937 benchmark benefit(s) included above under E Duplication - Covered in the Medicaid State Plan u Attachment 3.1-A, 5.b, Medical Services by a Den	under	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Dialysis	Base Benchmark	
Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E	andicating the substituted benefit(s) or the duplicate section essential Health Benefits:	
Duplication - Covered in the Medicaid State Plan u Attachment 3.1-A, 2.a, Outpatient Hospital Service Attachment 3.1-A, 9.c Endstage renal disease clini	es in EHB 1, Ambulatory patient services; and	
Base Benchmark Benefit that was Substituted:	Source:	Remove
	Source: Base Benchmark	Remove
Allergy Testing  Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E	Base Benchmark  Indicating the substituted benefit(s) or the duplicate section descential Health Benefits:	Remove
Explain the substitution or duplication, including ir 1937 benchmark benefit(s) included above under E  Duplication - Covered in the Medicaid State Plan u Attachment 3.1-A, 5, Physician Services in EHB 1 Attachment 3.1-A, 6.d.2, Services of a licensed cer nurse practitioners in EHB 1, Ambulatory patient s Attachment 3.1-A, 23, Pediatric or Family Nurse P	Base Benchmark  Indicating the substituted benefit(s) or the duplicate section essential Health Benefits:  Under  Indicating the substituted benefit(s) or the duplicate section essential Health Benefits:  Under  Indicating the substituted benefit(s) or the duplicate section essential Health Benefits:  Under  Indicating the substituted benefit(s) or the duplicate section essential Health Benefits:  Under  Indicating the substituted benefit(s) or the duplicate section essential Health Benefits:  Under  Indicating the substituted benefit(s) or the duplicate section essential Health Benefits:  Under  Indicating the substituted benefit(s) or the duplicate section essential Health Benefits:  Under  Indicating the substituted benefit(s) or the duplicate section essential Health Benefits:  Under  Indicating the substituted benefit(s) or the duplicate section essential Health Benefits:  Under  Indicating the substituted benefit(s) or the duplicate section essential Health Benefits:  Under  Indicating the substituted benefit(s) or the duplicate section essential Health Benefits:  Under Indicating the substituted benefit(s) or the duplicate section essential Health Benefits:  Under Indicating the substituted benefit (s) or the duplicate section essential Health Benefits:  Under Indicating the substituted benefit (s) or the duplicate section essential Health Benefit (s) or the duplicate	Remove
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Attachment 3.1-A, 2.a, Outpatient Hospital Serv	an under	
	vices in EHB 1, Ambulatory patient services.	
ase Benchmark Benefit that was Substituted:	Source:	Remove
adiation	Base Benchmark	
1937 benchmark benefit(s) included above under		
Duplication - Covered in the Medicaid State Pla Attachment 3.1-A, 2.a, Outpatient Hospital Serv		
ase Benchmark Benefit that was Substituted:	Source:	Remove
viabetes Education	Base Benchmark	
1937 benchmark benefit(s) included above unde Duplication - Covered in the Medicaid State Pla		
use Benchmark Benefit that was Substituted:	Source: Base Benchmark	Remove
1937 benchmark benefit(s) included above unde Duplication - Covered in the Medicaid State Pla	an under	
Attachment 3.1-A, 12.c, Prosthetic Devices in E	ZHB /, Renabilitative and nabilitative services and devices.	
ase Benchmark Benefit that was Substituted:	Source:  Base Benchmark	Remove
ase Benchmark Benefit that was Substituted:  Infusion therapy  Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Pla	Source:  Base Benchmark  g indicating the substituted benefit(s) or the duplicate section or Essential Health Benefits: an under Services in EHB 7, Rehabilitative and habilitative services  B 3, Hospitalization; and	Remove
Explain the substitution or duplication, including 1937 benchmark benefit(s) included above unde Duplication - Covered in the Medicaid State Pla Attachment 3.1-A, 7.d, Home Health Therapy S and devices; Attachment 3.1-A, 1, Inpatient Hospital in EHB Attachment 3.1-A, 2.a, Outpatient Hospital Serv	Source:  Base Benchmark  g indicating the substituted benefit(s) or the duplicate section or Essential Health Benefits: an under Services in EHB 7, Rehabilitative and habilitative services  3 3, Hospitalization; and vices in EHB 1, Ambulatory patient services.	
Explain the substitution or duplication, including 1937 benchmark benefit(s) included above unde Duplication - Covered in the Medicaid State Pla Attachment 3.1-A, 7.d, Home Health Therapy S and devices; Attachment 3.1-A, 1, Inpatient Hospital in EHB	Source:  Base Benchmark  g indicating the substituted benefit(s) or the duplicate section or Essential Health Benefits: an under Services in EHB 7, Rehabilitative and habilitative services  B 3, Hospitalization; and	Remove

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Base Benchmark Benefit that was Substituted:	Source:	Remove
Reconstructive Surgery	Base Benchmark	Tellio V
Explain the substitution or duplication, including included above under Es	dicating the substituted benefit(s) or the duplicate section seential Health Benefits:	
Duplication - Covered in the Medicaid State Plan up Attachment 3.1-A, item 1, Inpatient Hospital Service		
Attachment 3.1-A, hem 1, inpatient Hospital Service	ces in EHB 3, Hospitalization.	
Base Benchmark Benefit that was Substituted:	Source:	Remov
		Remov
Base Benchmark Benefit that was Substituted: Eyeglasses for Children	Source: Base Benchmark dicating the substituted benefit(s) or the duplicate section	Remov

Add

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☐ 13. Other Base Benchmark Benefits Not Covered	Collapse All

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Other 1937 Benefit Provided:	Source:	D
Rural Health Clinics (RHCs)	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
See other information box below.	See other information box below.	
Scope Limit:		_
See other information box below.		
Other:		_
See Attachment 3.1-A, 2.b, Rural Health Clinics Some items may require prior authorization.	(RHCs)	
Other 1937 Benefit Provided:	Source:	D
Federally Qualified Health Clinics (FQHCs).	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	_
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
See other information box below.	See other information box below.	
Scope Limit:		_
See other information box below.		
Other:		_
See Attachment 3.1-A, 2.c, Federally Qualified I Some items may require prior authorization.	Health Centers (FQHCs)	
Other 1937 Benefit Provided:	Source:	Remove
Licensed Nutritionist and Licensed Dietician	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	_
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
See other information box below.	None	
Scope Limit:		_
See other information box below.		
		_

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her 1937 Benefit Provided:	Source:	Remov
linical Trials	Section 1937 Coverage Option Benchmark Benefit Package	Teeme
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
her 1937 Benefit Provided:	Source:	Remov
on-Emergency Medical Transportation	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See other information box below.		
Other:		
See Attachment 3.1-A, item 24.a, Transportat	ion	
her 1937 Benefit Provided:	Source:	Remov
ursing Facility Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		



Other 1937 Benefit Provided: Intermediate Care Facilities for Intellectual Disa	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
See Attachment 3.1-A, 15.b, Intermediate Care F	acilities for Intellectual Disabilities	
See Francismon Str 11, 1516, intermediate Care 1	activities for interiorital and activities	
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
Nursing Facility Services for patients under 21	Package Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit: None		
Other:		
See Attachment 3.1-A, 24.d, Nursing Facility Ser	vices for Patients Under 21 Years of Age	
Other 1937 Benefit Provided:	Source:	Remove
Intermediate Care Facility Services	Section 1937 Coverage Option Benchmark Benefit	Teemo ve
	Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
	Duration Limit:	
Amount Limit:		
Amount Limit:  None	None	



See Attachment 3.1-A, 14.c, Intermediate Care Fa	acility Services	
Other 1937 Benefit Provided:	Couraci	_
npatient Psychiatric Facility Services for Indiv	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	l
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information box below.	See other information box below.	
Scope Limit:		
See other information box below.		
Other:		
	Facility Services for Individuals Under 22 Years of Age	
Some items may require prior authorization.		
ther 1937 Benefit Provided:	Source:	Remove
945 Health Homes	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
See Attachment 3.1-H, Health Homes		
Othor 1027 Dono St Duovido J.	0	
Other 1937 Benefit Provided: Licensed Certified Social Worker – PIP	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
Zeeneed Certified Social Worker 111	Package	
A41	Provider Qualifications:	•
Authorization:		
Other	Medicaid State Plan	
	Medicaid State Plan  Duration Limit:	



See other information box below.		
Other:		
See Attachment 3.1-A, 6.d.5, Licensed Certified So	ocial Worker – PIP	
ther 1937 Benefit Provided:	Source:	D
icensed Certified Social Worker – PIP candidate	Section 1937 Coverage Option Benchmark Benefit Package	Remov
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information box below.	None	
Scope Limit:		
See other information box below.		
Other:		
See Attachment 3.1-A, 6.d.5, Licensed Certified Sc	ocial Worker – PIP candidate	
ther 1937 Benefit Provided:	Source:	Remov
		Remov
ther 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remov
ther 1937 Benefit Provided: icensed Marriage and Family Therapist	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remov
ther 1937 Benefit Provided: icensed Marriage and Family Therapist  Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remov
ther 1937 Benefit Provided: icensed Marriage and Family Therapist  Authorization: Other	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remov
ther 1937 Benefit Provided: icensed Marriage and Family Therapist  Authorization: Other  Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remov
ther 1937 Benefit Provided: icensed Marriage and Family Therapist  Authorization: Other  Amount Limit: See other information box below.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remov
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ther 1937 Benefit Provided: icensed Marriage and Family Therapist  Authorization: Other  Amount Limit: See other information box below.  Scope Limit: See other information box below.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remov
ther 1937 Benefit Provided: icensed Marriage and Family Therapist  Authorization: Other  Amount Limit: See other information box below.  Scope Limit: See other information box below. Other:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remov
ther 1937 Benefit Provided: icensed Marriage and Family Therapist  Authorization: Other  Amount Limit: See other information box below.  Scope Limit: See other information box below. Other:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remov
ther 1937 Benefit Provided: icensed Marriage and Family Therapist  Authorization: Other  Amount Limit: See other information box below.  Scope Limit: See other information box below.  Other: See Attachment 3.1-A, 6.d.5, Licensed Marriage and	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None  Ind Family Therapist	
ther 1937 Benefit Provided: icensed Marriage and Family Therapist  Authorization: Other  Amount Limit: See other information box below.  Scope Limit: See other information box below. Other:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
ther 1937 Benefit Provided: icensed Marriage and Family Therapist  Authorization: Other  Amount Limit: See other information box below.  Scope Limit: See other information box below.  Other: See Attachment 3.1-A, 6.d.5, Licensed Marriage and ther 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None  Source: Section 1937 Coverage Option Benchmark Benefit	



Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
See Attachment 3.1-A, 9.d, Indian Health Ser	rvice Clinics	
other 1937 Benefit Provided:	Source:	Remov
Family Planning Services and Supplies	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Scope Limit:  See other information box below.  Other:  See Attachment 3.1-A, 4.c, Family Planning S	Services and Supplies	
See other information box below.  Other:  See Attachment 3.1-A, 4.c, Family Planning Souther 1937 Benefit Provided:	Source:	Remov
See other information box below.  Other:  See Attachment 3.1-A, 4.c, Family Planning S		Remov
See other information box below.  Other:  See Attachment 3.1-A, 4.c, Family Planning Sether 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remov
See other information box below.  Other:  See Attachment 3.1-A, 4.c, Family Planning Second there 1937 Benefit Provided: Dental Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remov
See other information box below.  Other:  See Attachment 3.1-A, 4.c, Family Planning Sether 1937 Benefit Provided: Dental Services  Authorization:  Prior Authorization  Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remov
See other information box below.  Other:  See Attachment 3.1-A, 4.c, Family Planning Sether 1937 Benefit Provided: Dental Services  Authorization:  Prior Authorization	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remov
See other information box below.  Other:  See Attachment 3.1-A, 4.c, Family Planning Sether 1937 Benefit Provided: Dental Services  Authorization:  Prior Authorization  Amount Limit:  See other information box below.  Scope Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remov
See other information box below.  Other:  See Attachment 3.1-A, 4.c, Family Planning Set ther 1937 Benefit Provided: Dental Services  Authorization:  Prior Authorization  Amount Limit:  See other information box below.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remov
See other information box below.  Other:  See Attachment 3.1-A, 4.c, Family Planning Set ther 1937 Benefit Provided: Dental Services  Authorization:  Prior Authorization  Amount Limit:  See other information box below.  Scope Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan  Duration Limit: See other information box below.	Remov
See other information box below.  Other:  See Attachment 3.1-A, 4.c, Family Planning See Attachment 3.1-A, 4.c, Family Planning See Attachment 3.1-A, 4.c, Family Planning See Other 1937 Benefit Provided:  Dental Services  Authorization:  Prior Authorization  Amount Limit:  See other information box below.  Scope Limit:  See other information box below.  Other:  See Attachment 3.1-A, 10, Dental Services	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan  Duration Limit: See other information box below.	Remov



Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See other information box below.		
Other:		
See Attachment 3.1-A, 6.a, Podiatrists Serv	rices	
ther 1937 Benefit Provided:	Source:	Remove
ptometrist Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Other: See Attachment 3.1-A, 6.b, Optometrist Ser	rvices	
	rvices	
	rvices	
See Attachment 3.1-A, 6.b, Optometrist See		2
	Source: Section 1937 Coverage Option Benchmark Benefit	Remov
See Attachment 3.1-A, 6.b, Optometrist Senting Senting 1937 Benefit Provided:	Source:	Remov
See Attachment 3.1-A, 6.b, Optometrist Senting Senting 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remov
See Attachment 3.1-A, 6.b, Optometrist Sender 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remov
See Attachment 3.1-A, 6.b, Optometrist Sentence 1937 Benefit Provided: entures  Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remov
See Attachment 3.1-A, 6.b, Optometrist Sentence 1937 Benefit Provided: entures  Authorization:  Prior Authorization	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remov
See Attachment 3.1-A, 6.b, Optometrist Senther 1937 Benefit Provided: entures  Authorization: Prior Authorization  Amount Limit: See other information box below.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remov
See Attachment 3.1-A, 6.b, Optometrist Senther 1937 Benefit Provided: entures  Authorization: Prior Authorization Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remov
See Attachment 3.1-A, 6.b, Optometrist Sender 1937 Benefit Provided: entures  Authorization: Prior Authorization  Amount Limit: See other information box below.  Scope Limit: See other information box below.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remov
See Attachment 3.1-A, 6.b, Optometrist Sentiner 1937 Benefit Provided: entures  Authorization: Prior Authorization  Amount Limit: See other information box below.  Scope Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit: See other information box below.	Remov



her 1937 Benefit Provided: reglasses	Source: Section 1937 Coverage Option Benchmark Benefit	Remov
	Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information box below.	See other information box below.	
Scope Limit:		
See other information box below.		
Other:		
See Attachment 3.1-A, 12.d, Eyeglasses		
her 1937 Benefit Provided:	Source:	Remov
rsonal Care Services	Section 1937 Coverage Option Benchmark Benefit	
. a · · ·	Package	
Authorization: Prior Authorization	Provider Qualifications:  Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information box below.	See other information box below.	
Scope Limit:		
See other information box below.		
Other:		
See Attachment 3.1-A, 25, Personal Care Services		
Some services may require prior authorization.		
her 1937 Benefit Provided:	Source:	Remov
bacco Cessation Counseling for Pregnant Women	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	See other information below	
Scope Limit:		
See other information below		
Other:		

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ther 1937 Benefit Provided: on-routine ACIP recommended vaccinations	Source: Section 1937 Coverage Option Benchmark Benefit	Remov
on-routine ACIP recommended vaccinations	Package	
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
1. Effective October 1, 2023.		
2. South Dakota covers the non-routine ACIP recoin section 1905(a)(13)(B) of the Act.	ommended vaccines and vaccine administration described	
3. South Dakota has a method to ensure that, as ch	nanges are made to ACIP recommendations, South Dakota	
will update their coverage and billing codes to cor	mply with those revisions.	
ther 1937 Benefit Provided:	Source:	
905(t) Primary Care Case Management Services	Section 1937 Coverage Option Benchmark Benefit	Remov
	Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See below		
Other:		
Effective April 1, 2024.		
See Attachment 3.1-A, 27, 1905(t) Primary Care C	Case Management Services	
500 1 ttue innent 5.1 11, 27, 1905(t) 1 innut y cure (		
500 Triadelinion 5.1 Tr, 27, 1703(t) Trimiary Care C		
ther 1937 Benefit Provided:	Source:	Pemov
	Source: Section 1937 Coverage Option Benchmark Benefit	Remov
ther 1937 Benefit Provided:	Section 1937 Coverage Option Benchmark Benefit Package	Remov
ther 1937 Benefit Provided: accines and Vaccine Administration  Authorization:	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:	Remov
ther 1937 Benefit Provided: accines and Vaccine Administration	Section 1937 Coverage Option Benchmark Benefit Package	Remov
ther 1937 Benefit Provided: accines and Vaccine Administration  Authorization: Other  Amount Limit:	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remov
ther 1937 Benefit Provided: accines and Vaccine Administration  Authorization: Other	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan	Remov
ther 1937 Benefit Provided: accines and Vaccine Administration  Authorization: Other  Amount Limit:	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remov
ther 1937 Benefit Provided: accines and Vaccine Administration  Authorization: Other  Amount Limit: None	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remov

Transmittal Number: SD-24-0002 Supersedes Transmittal Number: SD-24-0001 Approval Date: April 4, 2024



ther 1937 Benefit Provided:	Source:	Remove
	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other		
Amount Limit:	Duration Limit:	
Scope Limit:		
Other:		



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**

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.

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