

Table of Contents

State/Territory Name: South Dakota

State Plan Amendment (SPA) #: 24-0002

This file contains the following documents in the order listed:

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

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



Medicaid and CHIP Operations Group

April 4, 2024

Heather Petermann
Medicaid Director
South Dakota Department of Social Services
700 Governors Drive
Pierre, South Dakota 57501-2291

Re: South Dakota State Plan Amendment (SPA) 24-0002

Dear Director Petermann:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0002. This amendment proposes Alternative Benefit Plan (ABP) coverage of a primary care case management program (PCCM) for pregnant individuals and of adult vaccinations and their administration without cost sharing in order to align with the South Dakota State Plan.

We conducted our review of your submittal according to statutory requirements in Sections §1905(a)(13)(b), 1905(t), and 1902(a)(10) of the Social Security Act. This letter informs you that South Dakota's Medicaid SPA TN 24-0002 was approved on April 4, 2024, with an effective date of April 1, 2024.

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

If you have any questions, please contact Tyler Deines at (202) 571-8533 or via email at tyler.deines@cms.hhs.gov.

Sincerely,

A handwritten signature in blue ink that reads 'James G. Scott'.

Digitally signed by James
G. Scott -S
Date: 2024.04.04
18:44:42 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Matthew Ballard, South Dakota Medicaid

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: South Dakota

Transmittal Number:

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

SD-24-0002

Proposed Effective Date

04/01/2024 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Social Security Act Sections 1902(a)(10)(A)(i)(VIII) and 1937 and section 11405 of the Inflation Reduction Act (IRA)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2024	\$ 876605.00
Second Year	2025	\$ 1752151.00

Subject of Amendment

For purposes of alignment between the Alternative Benefit Plan ("Expansion group") and Medicaid State Plan amendments 23-0019 and 24-0001, the proposed state plan amendment (SPA) adds coverage of Adult Vaccines and Administration and 1905(t) Primary Care Case Management Services for pregnant women.

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Signature of State Agency Official

Submitted By: Matthew Ballard
Last Revision Date: Mar 28, 2024
Submit Date: Feb 5, 2024



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: SD - 24 - 0002

Alternative Benefit Plan Populations ABP1

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

Alternative Benefit Plan Population Name:

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

Eligibility Groups Included in the Alternative Benefit Plan Population:

Add	Eligibility Group:	Enrollment is mandatory or voluntary?	Remove
Add	Adult Group	Mandatory	Remove

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

Geographic Area

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

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

The Adult Expansion Alternative Benefit Plan will include individuals who become pregnant in the adult group prior to their next annual eligibility renewal.

PRA Disclosure Statement

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

V.20181119



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: SD -24 -0002

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

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

Yes

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

The benefits offered within South Dakota's Alternative Benefit Plan are equal to the benefits offered via the approved South Dakota Medicaid State Plan. Therefore the benefit packages are considered to be in alignment.

PRA Disclosure Statement

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

V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: SD - 24 - 0002

Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package ABP3.1

Select one of the following:

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

Name of benefit package:

Selection of EHB-Benchmark Plan

The state/territory must select an EHB-benchmark plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

EHB-benchmark plan name:

The EHB-benchmark plan is the same as the Section 1937 Coverage option:

Indicate the EHB-benchmark option as described at 45 CFR 156.111(b)(2)(B) the state/territory will use as its EHB-benchmark plan:

State/Territory is selecting one of the below options to design an EHB package that complies with the requirements for the individual insurance market under 45 CFR 156.100 through 156.125.

- State/Territory is selecting the EHB-benchmark plan used by the state/territory for the 2017 plan year.
- State/Territory is selecting one of the EHB-benchmark plans used for the 2017 plan year by another state/territory.
- State/ Territory selects the following EHB-benchmark plan used for the 2017 plan year but will replace coverage of one or more of the categories of EHB with coverage of the same category from the 2017 EHB-benchmark plan of one or more other states
- Select a set of benefits consistent with the 10 EHB categories to become the new EHB-benchmark plan. (Complete and submit the ABP5: Benefits Description form to describe the set of benefits.)

Assurances

The state/territory assures the EHB plan meets the scope of benefits standards at 45 CFR 156.111(b), does not exceed generosity of most generous among a set of comparison plans, provides appropriate balance of coverage among 10 EHB categories, and the scope of benefits is equal to, or greater than, the scope of benefits provided under a typical employer plan as defined at 45 CFR 156.111(b)(2).

The state/territory assures that actuarial certification and an associated actuarial report from an actuary, who is a member of the American Academy of Actuaries, in accordance with generally accepted actuarial principles and methodologies, has been completed and is available upon request.

The state/territory assures that all services in the EHB-benchmark plan have been accounted for throughout the benefit chart found in ABP 5.



Alternative Benefit Plan

- The state/territory assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid State Plan.

Selection of the Section 1937 Coverage Option

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

- Benchmark Benefit Package.
 Benchmark-Equivalent Benefit Package.

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

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

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

Please refer to ABP 5 for a description of services.

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

The Alternative Benefit Plan will include the same services that are available through the State's approved Medicaid State Plan.



Alternative Benefit Plan

PRA Disclosure Statement

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20190813



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: SD - 24- 0002

Alternative Benefit Plan Cost-Sharing	ABP4
<input checked="" type="checkbox"/> Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.	
<p>Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise described in the state plan. Any such cost sharing must comply with Section 1916 of the Social Security Act.</p>	
<p>The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A.</p>	<input type="text" value="No"/>
<p>Other Information Related to Cost Sharing Requirements (optional):</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	

PRA Disclosure Statement

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

V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: SD - 24 - 0002

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



Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided: Licensed Physician Assistant Services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: See other information box below.	Duration Limit: None	
Scope Limit: See other information box below.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: See Attachment 3.1-A, 6.d.1, Services of a licensed physician assistant		

Benefit Provided: Physician Services	Source: State Plan 1905(a)	Remove
Authorization: Yes	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: See other information box below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: See Attachment 3.1-A, 5.a, Physician Services		

Benefit Provided: Chiropractic Services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: See other information box below.		



Alternative Benefit Plan

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

See Attachment 3.1-A, 6.c, Chiropractic Services

Benefit Provided:

Medical Services by a Dentist

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See other information box below.

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

See Attachment 3.1-A, 5.b, Medical Services by a Dentist

Benefit Provided:

Hospice Care

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

See Attachment 3.1-A, 18, Hospice Care

Benefit Provided:

Pediatric or Family Nurse Practitioners

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

See other information box below.

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

See Attachment 3.1-A, 23, Pediatric or Family Nurse Practitioners

Benefit Provided:

Licensed Certified Nurse Practitioner

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information box below.

Duration Limit:

None

Scope Limit:

See other information box below.

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

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

Benefit Provided:

Licensed Certified Registered Nurse Anesthetist

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information box below.

Duration Limit:

None

Scope Limit:

See other information box below.

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

See Attachment 3.1-A, 6.d.3, Services of a licensed certified registered nurse anesthetist

Benefit Provided:

Licensed Registered or Licensed Practical Nurse

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

See other information box below.

Duration Limit:

See other information box below.

Scope Limit:

See other information box below.

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

See Attachment 3.1-A, 6.d.4, Services of a licensed registered nurse or licensed practical nurse

Benefit Provided:

Licensed Clinical Nurse Specialist

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information box below.

Duration Limit:

None

Scope Limit:

See other information box below.

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

See Attachment 3.1-A, 6.d.5, Licensed Clinical Nurse Specialist

Benefit Provided:

Family Planning Clinics

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See other information box below.

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

See Attachment 3.1-A, 9.a, Family planning clinics

Benefit Provided:

Ambulatory Surgical Centers

Source:

State Plan 1905(a)

Remove



Alternative Benefit Plan

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See other information box below.

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

See Attachment 3.1-A, 9.b, Ambulatory surgical centers

Benefit Provided:

Endstage Renal Disease Clinics

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See other information box below.

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

See Attachment 3.1-A, 9.c Endstage renal disease clinics

Benefit Provided:

Outpatient Hospital

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See other information box below.

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

See Attachment 3.1-A, 2.a, Outpatient Hospital Services
Some services may require prior authorization.



Alternative Benefit Plan

Benefit Provided:	Source:	Remove
<input type="text"/>	<input type="text"/>	
Authorization:	Provider Qualifications:	Add
<input type="text" value="Prior Authorization"/>	<input type="text"/>	
Amount Limit:	Duration Limit:	
<input type="text"/>	<input type="text"/>	
Scope Limit:		
<input type="text"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		



Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:	Source:	Remove
Ground and Air Ambulance Services	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, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, item 24.a, Transportation		

Benefit Provided:	Source:	Remove
Emergency Hospital 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, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, item 24.e, Emergency Hospital Services		

Benefit Provided:	Source:	Remove
Authorization:	Provider Qualifications:	
None		
Amount Limit:	Duration Limit:	
Scope Limit:		



Alternative Benefit Plan

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

Add



Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided:	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, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, 1, Inpatient Hospital Some services may require prior authorization.		

Benefit Provided:	Source:	Remove
Organ Transplant Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See other information box below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-E, Standard for Coverage of Organ Transplant Services Some services may require prior authorization.		

Benefit Provided:	Source:	Remove
Authorization:	Provider Qualifications:	
Prior Authorization		
Amount Limit:	Duration Limit:	
Scope Limit:		



Alternative Benefit Plan

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

Add



Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:	Source:	Remove
Extended services for Pregnant Women	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A,20. Extended services 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, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, 17, Nurse-Midwife Services		

Benefit Provided:	Source:	Remove
Freestanding Birth Centers	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		



Alternative Benefit Plan

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

See Attachment 3.1-A, 26, Freestanding Birth Centers

Benefit Provided:

Maternal Child Health Clinics

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

See Attachment 3.1-A, 9.e, Maternal Child Health Clinics

Benefit Provided:

Source:

Remove

Authorization:

None

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

Add



Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:	Source:	Remove
Community Mental Health Center Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, 13.d.1, Community Mental Health Center Services		

Benefit Provided:	Source:	Remove
Substance Use Disorder Agency Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information box below.	See other information box below.	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, 13.d.2, Substance Use Disorder Agency Services Includes individuals with substance use disorders who are patients in certain institutions for mental diseases in accordance with Section 1915(l) of the Social Security Act. See Attachment 3.1-M. – this provision expires on September 30, 2023.		

Benefit Provided:	Source:	Remove
Licensed Professional Counselor – Mental Health	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information box below.	None	



Alternative Benefit Plan

Scope Limit:

See other information box below.

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

See Attachment 3.1-A, 6.d.5, Licensed Professional Counselor – Mental Health

Benefit Provided:

Services of a Licensed Psychologist

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information box below.

Duration Limit:

None

Scope Limit:

See other information box below.

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

See Attachment 3.1-A, 6.d.5, Services of a Licensed Psychologist

Benefit Provided:

Services of a Licensed Professional Counselor

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information box below.

Duration Limit:

None

Scope Limit:

See other information box below.

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

See Attachment 3.1-A, 6.d.5, Licensed Professional Counselor Working Toward a Mental Health Designation

Benefit Provided:

Source:

Remove

Authorization:

None

Provider Qualifications:



Alternative Benefit Plan

Amount Limit:

Duration Limit:

Scope Limit:

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

Add



Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

- The state/territory assures that the ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescribed drugs.

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

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

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

The State's ABP prescription drug benefit is the same as the approved Medicaid state plan for prescription drugs. Pharmacy prior authorizations (PA) can be 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.



Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:	Source:	Remove
Home Health Nursing Services	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, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, 7.a, Home Health Nursing Services		

Benefit Provided:	Source:	Remove
Home Health Aide Services	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, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, 7.b, Home Health Aide Services		

Benefit Provided:	Source:	Remove
Home Health Medical Supplies and Equipment	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	



Alternative Benefit Plan

Scope Limit:

See other information box below.

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

See Attachment 3.1-A, 7.c, Home Health Medical Supplies and Equipment
Some services may require prior authorization.

Benefit Provided:

Home Health Therapy Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

See Attachment 3.1-A, 7.d, Home Health Therapy Services (PT, OT, SLP, and Audiology Services)

Benefit Provided:

Physical Therapy Service

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Physical Therapy Services are used to provide rehabilitative, habilitative and audiology services.
See Attachment 3.1-A, 11.a, Physical Therapy (PT, OT, SLP)

Benefit Provided:

Occupational Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Occupational Therapy Services are used to provide rehabilitative, habilitative and audiology services.
See Attachment 3.1-A, 11.b, Occupational Therapy

Benefit Provided:

Speech, Hearing, and Language Disorder Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Speech, Hearing, and Language Disorder Services are used to provide rehabilitative, habilitative and audiology services.
See Attachment 3.1-A, 11.c, Services for Individuals with Speech, Hearing, or Language Disorders

Benefit Provided:

Prosthetic Devices

Source:

State Plan 1905(a)

Remove

Authorization:

Yes

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

See Attachment 3.1-A, 12.c, Prosthetic Devices.
Some items may require prior authorization.

Benefit Provided:

Skilled Nursing Facility Services

Source:

State Plan 1905(a)

Remove



Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Other

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

See Attachment 3.1-A, 14.b, Skilled Nursing Facility Services

Benefit Provided:

Source:

Remove

Authorization:

None

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

Add



Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:

Other Lab and X-Ray

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

See Attachment 3.1-A, 3, Other Lab and X-Ray

Add



Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:	Source:	Remove
Diabetes Self-Management Training	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, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, 13.c.1, Diabetes Self-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, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, 13.c.2, Community Health Worker Services		

Benefit Provided:	Source:	Remove
Vaccines and Vaccine Administration	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	



Alternative Benefit Plan

Scope Limit:

None

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

See Attachment 3.1-A, 13.c.3, Vaccines and Vaccine Administration

Benefit Provided:

Source:

Remove

Authorization:

None

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

Add



Alternative Benefit Plan

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

Collapse All

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

See Attachment 3.1-A, 4.b, Early and Periodic Screening, Diagnosis and Treatment (EPSDT).
Some services may require prior authorization.

Add



Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

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

Base Benchmark Benefit that was Substituted:	Source:	Remove
Specialist Visit	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, 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.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
Primary Care Visit to Treat and Injury or Illness	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, 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.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
Other Practitioner Office Visit (Nurse, PA)	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, 6.d.1, Services of a licensed physician assistant; Attachment 3.1-A, 6.d.2, Services of a licensed certified nurse practitioner other than pediatric or family nurse practitioners; Attachment 3.1-A, 6.d.5, Licensed Clinical Nurse Specialist; and Attachment 3.1-A, 6.d.4, Services of a licensed registered nurse or licensed practical nurse;

Base Benchmark Benefit that was Substituted:	Source:	Remove
Outpatient Facility Fee (e.g., ASC)	Base Benchmark	



Alternative Benefit Plan

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 9.b, Ambulatory Surgical Centers in EHB 1, Ambulatory patient services; and Attachment 3.1-A, 2.a, Outpatient Hospital Services in EHB 1, Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Outpatient Surgery Physician/Surgical Services

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 5.a, Physician Services 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, 9.b, Ambulatory Surgical Centers in EHB 1, Ambulatory patient services; and Attachment 3.1-A, 2.a, Outpatient Hospital Services in EHB 1, Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Hospice Services

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 18, Hospice Care in EHB 1, Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Private Duty Nursing

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 14.b, Skilled Nursing Facility Services in EHB 7, Rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Urgent Care Centers or Facilities

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under 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.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; and Attachment 3.1-A, 4.b, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) in EHB 10,



Alternative Benefit Plan

Pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Home Health Care Services

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 7.a, Home Health Nursing Services in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 7.b, Home Health Aide Services in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 7.c, Home Health Medical Supplies and Equipment in EHB 7, Rehabilitative and habilitative services and devices; and Attachment 3.1-A, 7.d, Home Health Therapy Services in EHB 7, Rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Emergency Room Services

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, item 24.e, Emergency Hospital Services in EHB 2, Emergency 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:

Emergency Transportation/Ambulance

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 24.a, Ground and Air Ambulance Services in EHB 2, Emergency services.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital Services

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 1, Inpatient Hospital Services in EHB 3, Hospitalization.

Base Benchmark Benefit that was Substituted:

Inpatient Physician and Surgical Services

Source:

Base Benchmark

Remove



Alternative Benefit Plan

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

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:

Bariatric Surgery

Source:

Base Benchmark

Remove

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

Duplication - Covered 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.3, Services of a licensed certified registered nurse anesthetist in EHB 1, Ambulatory patient services; Attachment 3.1-A, 9.b, Ambulatory Surgical Centers in EHB 1, Ambulatory patient services; and Attachment 3.1-A, 2.a, Outpatient Hospital Services in EHB 1, Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Skilled Nursing Facility

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 14.b, Skilled Nursing Facility Services in EHB 7, Rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Prenatal and Postnatal Care

Source:

Base Benchmark

Remove

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

Duplication - Covered 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



Alternative Benefit Plan

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:

Delivery and All Inpatient Services for Maternity

Source:

Base Benchmark

Remove

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

Duplication - Covered 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:

Mental/Behavioral Health Outpatient Services

Source:

Base Benchmark

Remove

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

Duplication - Covered 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:

Mental/Behavioral Health Inpatient Services

Source:

Base Benchmark

Remove

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

Duplication - Covered 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



Alternative Benefit Plan

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

Base Benchmark Benefit that was Substituted:

Substance Use Disorder Outpatient Services

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 13.d.2, Substance Use Disorder Agency Services in EHB 5, Mental health and substance use disorder services including behavioral health treatment.

Base Benchmark Benefit that was Substituted:

Substance Use Disorder Inpatient Services

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 1, Inpatient Hospital in EHB 3, Hospitalization.

Base Benchmark Benefit that was Substituted:

Prescription Drugs

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 12.a, Prescribed Drugs in EHB 6, Prescription drugs.

Base Benchmark Benefit that was Substituted:

Outpatient Rehabilitation Services

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.a, Physical Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.b, Occupational Therapy in EHB 7, Rehabilitative and habilitative services and 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:

Habilitation Services

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.a, Physical Therapy in EHB 7, Rehabilitative and habilitative services and devices;



Alternative Benefit Plan

Attachment 3.1-A, 11.b, Occupational Therapy in EHB 7, Rehabilitative and habilitative services and 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; and
Attachment 3.1-A, 7.d, Home Health Services in EHB 7, Rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Chiropractic Care

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 6.c, Chiropractic Services in EHB 1, Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 7.c, Medical supplies, equipment, and appliances in EHB 7, Rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Imaging

Source:

Base Benchmark

Remove

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

Duplication - Covered 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:

Preventative Care/Screenings Immunizations

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under
Attachment 3.1-A, 3, Other Laboratory and X-ray Services in EHB 8, Laboratory services;
Attachment 3.1-A, 5, 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.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;
Attachment 3.1-A, 6.d.5, Licensed Clinical Nurse Specialist in EHB 1, Ambulatory patient services;
Attachment 3.1-A, 13.c.1, Diabetes Self-Management Training in EHB 9, Preventative and wellness services and chronic disease management;
Attachment 3.1-A, 13.c.2, Community Health Worker Services in EHB 9, Preventative and wellness



Alternative Benefit Plan

services and chronic disease management; 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:

Routine Eye Exams for Children

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under 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:

Dental Check-Up for Children

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under 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.

Base Benchmark Benefit that was Substituted:

Rehabilitative Speech Therapy

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under 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:

Rehabilitative Occupational and Physical Therapy

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.a, Physical Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.b, Occupational Therapy in EHB 7, Rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Well Baby Visits and Care

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under



Alternative Benefit Plan

Attachment 3.1-A, 3, Other Laboratory and X-ray Services in EHB 8, Laboratory services;
Attachment 3.1-A, 5, Physician Services 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;
Attachment 3.1-A, 6.d.5, Licensed Clinical Nurse Specialist in EHB 1, Ambulatory patient services;
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:

Laboratory Outpatient and Professional Services

Source:

Base Benchmark

Remove

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

Duplication - Covered 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:

X-Rays and Diagnostic Imaging

Source:

Base Benchmark

Remove

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

Duplication - Covered 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:

Basic Dental Care - Child

Source:

Base Benchmark

Remove

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

Duplication - Covered 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

Source:

Base Benchmark

Remove

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

Duplication - Covered 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.

Base Benchmark Benefit that was Substituted:

Major Dental Care - Child

Source:

Base Benchmark

Remove



Alternative Benefit Plan

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

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, 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:

Transplant

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-E, Standard for Coverage of Organ Transplant Services in EHB 3, Hospitalization.

Base Benchmark Benefit that was Substituted:

Accidental Dental

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 5.b, Medical Services by a Dentist in EHB 1, Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Dialysis

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 2.a, Outpatient Hospital Services in EHB 1, Ambulatory patient services; and Attachment 3.1-A, 9.c Endstage renal disease clinics in EHB 1, Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Allergy Testing

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 5, 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, 23, Pediatric or Family Nurse Practitioners 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:

Chemotherapy

Source:

Base Benchmark

Remove



Alternative Benefit Plan

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 2.a, Outpatient Hospital Services in EHB 1, Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Radiation

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 2.a, Outpatient Hospital Services in EHB 1, Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Diabetes Education

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 13.c, Diabetes Self-Management Training in EHB 9, Preventative and wellness services and chronic disease management.

Base Benchmark Benefit that was Substituted:

Prosthetic Devices

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 12.c, Prosthetic Devices in EHB 7, Rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Infusion therapy

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 7.d, Home Health Therapy Services in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 1, Inpatient Hospital in EHB 3, Hospitalization; and Attachment 3.1-A, 2.a, Outpatient Hospital Services in EHB 1, Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Treatment for Temporomandibular Joint Disease

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under



Alternative Benefit Plan

Attachment 3.1-A, 5.a, Physician Services in EHB 1, Ambulatory patient services; and Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Reconstructive Surgery

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, item 1, Inpatient Hospital Services in EHB 3, Hospitalization.

Base Benchmark Benefit that was Substituted:

Eyeglasses for Children

Source:

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 4.b, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) in EHB 10, Pediatric services including oral and vision care.

Add



Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered

Collapse All



Alternative Benefit Plan

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

Collapse All

Other 1937 Benefit Provided:

Rural Health Clinics (RHCs)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information box below.

Duration Limit:

See other information box below.

Scope Limit:

See other information box below.

Other:

See Attachment 3.1-A, 2.b, Rural Health Clinics (RHCs)
Some items may require prior authorization.

Other 1937 Benefit Provided:

Federally Qualified Health Clinics (FQHCs).

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information box below.

Duration Limit:

See other information box below.

Scope Limit:

See other information box below.

Other:

See Attachment 3.1-A, 2.c, Federally Qualified Health Centers (FQHCs)
Some items may require prior authorization.

Other 1937 Benefit Provided:

Licensed Nutritionist and Licensed Dietician

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information box below.

Duration Limit:

None

Scope Limit:

See other information box below.

Other:

See Attachment 3.1-A, 6.d.6, Services of a licensed nutritionist and licensed dietician



Alternative Benefit Plan

<input type="text"/>		
Other 1937 Benefit Provided:	Source:	Remove
<input type="text" value="Clinical Trials"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Other"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:	<input type="text" value="None"/>	
Other:	<input type="text" value="See Attachment 3.1-A, 30, Coverage of Routine Patient Cost in Qualifying Clinical Trials"/>	
<hr/>		
Other 1937 Benefit Provided:	Source:	Remove
<input type="text" value="Non-Emergency Medical Transportation"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Other"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:	<input type="text" value="See other information box below."/>	
Other:	<input type="text" value="See Attachment 3.1-A, item 24.a, Transportation"/>	
<hr/>		
Other 1937 Benefit Provided:	Source:	Remove
<input type="text" value="Nursing Facility Services"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Other"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:	<input type="text" value="None"/>	
Other:	<input type="text" value="See Attachment 3.1-A, 4.a, Nursing Facility Services"/>	



Alternative Benefit Plan

<input type="text"/>		
Other 1937 Benefit Provided: <input type="text" value="Intermediate Care Facilities for Intellectual Disa"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other: <input type="text" value="See Attachment 3.1-A, 15.b, Intermediate Care Facilities for Intellectual Disabilities"/>		
Other 1937 Benefit Provided: <input type="text" value="Nursing Facility Services for patients under 21"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other: <input type="text" value="See Attachment 3.1-A, 24.d, Nursing Facility Services for Patients Under 21 Years of Age"/>		
Other 1937 Benefit Provided: <input type="text" value="Intermediate Care Facility Services"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		



Alternative Benefit Plan

Other:

See Attachment 3.1-A, 14.c, Intermediate Care Facility Services

Other 1937 Benefit Provided:

Inpatient Psychiatric Facility Services for Indiv

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information box below.

Duration Limit:

See other information box below.

Scope Limit:

See other information box below.

Other:

See Attachment 3.1-A, 16, Inpatient Psychiatric Facility Services for Individuals Under 22 Years of Age
Some items may require prior authorization.

Other 1937 Benefit Provided:

1945 Health Homes

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

See Attachment 3.1-H, Health Homes

Other 1937 Benefit Provided:

Licensed Certified Social Worker – PIP

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information box below.

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

See other information box below.

Other:

See Attachment 3.1-A, 6.d.5, Licensed Certified Social Worker – PIP

Other 1937 Benefit Provided:

Licensed Certified Social Worker – PIP candidate

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information box below.

Duration Limit:

None

Scope Limit:

See other information box below.

Other:

See Attachment 3.1-A, 6.d.5, Licensed Certified Social Worker – PIP candidate

Other 1937 Benefit Provided:

Licensed Marriage and Family Therapist

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information box below.

Duration Limit:

None

Scope Limit:

See other information box below.

Other:

See Attachment 3.1-A, 6.d.5, Licensed Marriage and Family Therapist

Other 1937 Benefit Provided:

Indian Health Service Clinics

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

See Attachment 3.1-A, 9.d, Indian Health Service Clinics

Other 1937 Benefit Provided:

Family Planning Services and Supplies

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See other information box below.

Other:

See Attachment 3.1-A, 4.c, Family Planning Services and Supplies

Other 1937 Benefit Provided:

Dental Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information box below.

Duration Limit:

See other information box below.

Scope Limit:

See other information box below.

Other:

See Attachment 3.1-A, 10, Dental Services
Some services may require prior authorization.

Other 1937 Benefit Provided:

Podiatrist Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove



Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See other information box below.

Other:

See Attachment 3.1-A, 6.a, Podiatrists Services

Other 1937 Benefit Provided:

Optometrist Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

See Attachment 3.1-A, 6.b, Optometrist Services

Other 1937 Benefit Provided:

Dentures

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information box below.

Duration Limit:

See other information box below.

Scope Limit:

See other information box below.

Other:

See Attachment 3.1-A, 12.b, Dentures
Some services may require prior authorization.



Alternative Benefit Plan

Other 1937 Benefit Provided:

Eyeglasses

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information box below.

Duration Limit:

See other information box below.

Scope Limit:

See other information box below.

Other:

See Attachment 3.1-A, 12.d, Eyeglasses

Other 1937 Benefit Provided:

Personal Care Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information box below.

Duration Limit:

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.

Other 1937 Benefit Provided:

Tobacco Cessation Counseling for Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

See other information below

Scope Limit:

See other information below

Other:

See Attachment 3.1-A, 4.d, Face to Face Tobacco Cessation Counseling Services for Pregnant Women



Alternative Benefit Plan

Other 1937 Benefit Provided:

Non-routine ACIP recommended vaccinations

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Yes

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

1. Effective October 1, 2023.
2. South Dakota covers the non-routine ACIP recommended vaccines and vaccine administration described in section 1905(a)(13)(B) of the Act.
3. South Dakota has a method to ensure that, as changes are made to ACIP recommendations, South Dakota will update their coverage and billing codes to comply with those revisions.

Other 1937 Benefit Provided:

1905(t) Primary Care Case Management Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See below

Other:

- Effective April 1, 2024.
See Attachment 3.1-A, 27, 1905(t) Primary Care Case Management Services

Other 1937 Benefit Provided:

Vaccines and Vaccine Administration

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

- See Attachment 3.1-A, 13.c.3, Vaccines and Vaccine Administration



Alternative Benefit Plan

<input type="text"/>		
Other 1937 Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text"/>	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
<input type="text" value="Other"/>	<input type="text"/>	
Amount Limit:	Duration Limit:	
<input type="text"/>	<input type="text"/>	
Scope Limit:	<input type="text"/>	
Other:	<input type="text"/>	
		<input type="button" value="Add"/>



Alternative Benefit Plan

<input type="checkbox"/> 15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)	Collapse All <input type="checkbox"/>
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PRA Disclosure Statement

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children’s Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20190808



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: SD - 24 - 0002

Benefits Assurances ABP7

EPSDT Assurances

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

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

- The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345).
- The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act.

Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services:

- Through an Alternative Benefit Plan.
- Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as defined in 1905(r).

Per 42 CFR 440.345, please describe how the additional benefits will be provided, how access to additional benefits will be coordinated and how beneficiaries and providers will be informed of these processes in order to ensure individuals have access to the full EPSDT benefit.

Indicate whether additional EPSDT benefits will be provided through fee-for-service or contracts with a provider:

- State/territory provides additional EPSDT benefits through fee-for-service.
- State/territory contracts with a provider for additional EPSDT services.

Other Information regarding how ESPDT benefits will be provided to participants under 21 years of age (optional):

The EPSDT benefit includes, but is not limited to, reimbursement for the items listed in Attachment 4.19-B, item 4b.

Prescription Drug Coverage Assurances

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



Alternative Benefit Plan

Other Benefit Assurances

- The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.
- The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.
- The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.
- The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
- The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
- The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
- The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
- The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

PRA Disclosure Statement

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

V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: SD - 24 - 0002

Service Delivery Systems

ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

- Managed care.
 - Managed Care Organizations (MCO).
 - Prepaid Inpatient Health Plans (PIHP).
 - Prepaid Ambulatory Health Plans (PAHP).
 - Primary Care Case Management (PCCM).
- Fee-for-service.
- Other service delivery system.

Managed Care Options

Managed Care Assurance

- The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

Managed Care Implementation

Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts.

PCCM: Primary Care Case Management

The PCCM delivery system is the same as an already approved PCCM program.

The managed care program is operating under (select one):

- Section 1915(b) managed care waiver.
- Section 1932(a) mandatory managed care state plan amendment.
- Section 1115 demonstration.
- Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS:

Describe program below:



Alternative Benefit Plan

South Dakota Medicaid's Managed Care Program, Provider and Recipient in Medicaid Efficiency Program (PRIME), is based on the primary care case management (PCCM) model. The program is operational statewide, is applicable for recipients eligible under Title XIX of the Social Security Act and is administered by South Dakota Department of Social Services Office of Medical Services (OMS). Reimbursement is based on fee for service plus a monthly case management fee.

The basic concept is to allow Medical Assistance enrollees to select one primary care provider (PCP). The PCP will provide, through an ongoing patient/physician relationship, primary care services and referrals for all necessary specialty services. The PCP is responsible for monitoring the health care and utilization of managed care covered services. All services other than the case management fee are billed and reimbursed to the provider who renders the service.

The Alternative Benefit Plan will be provided through primary care case management (PCCM) consistent with applicable managed care requirements (42 CFR Part 438, section 1903(m) of the Social Security Act, and section 1932 of the Social Security Act).

#type# Procurement or Selection Method

Indicate the method used to select #type#s:

- Competitive procurement method (RFP, RFA).
- Other procurement/selection method.

Describe the method used by the state/territory to procure or select the PCCMs:

PCCMs are individual physicians, physician assistants, nurse practitioners or clinics that agree to the terms of the PCCM addendum to the provider agreement and are reimbursed a per member per month payment.

Other PCCM-Based Service Delivery System Characteristics

One or more of the Alternative Benefit Plan benefits or services will be provided apart from the PCCM.

No

PCCM service delivery is provided on less than a statewide basis.

PCCM Payments

Specify how payment for services is handled:

- Per member/per month case management fee paid to PCCM provider.
- Other:

Additional Information: #type# (Optional)

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

NA

Fee-For-Service Options

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

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



Alternative Benefit Plan

Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-for-service care management models/non-risk, contractual incentives as well as the population served via this delivery system.

Additional Information: Fee-For-Service (Optional)

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

PRA Disclosure Statement

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

V.20181119



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: SD - 24 - 0002

Employer Sponsored Insurance and Payment of Premiums ABP9

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

The state/territory otherwise provides for payment of premiums.

Provide a description including the population covered, the amount of premium assistance by population, required contributions, cost-effectiveness test requirements, and benefits information.

The Premium Assistance Program is available to any Medicaid-eligible recipient with qualifying group or individual market health insurance premiums meeting the cost-effectiveness criteria as set forth on Attachment 4.22-C in the State's approved Medicaid state plan.

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

More details about the State's Premium Assistance program can be found at Attachment 4.22-C.

PRA Disclosure Statement

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V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: SD - 24 - 0002

General Assurances ABP10

Economy and Efficiency of Plans

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

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

Compliance with the Law

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

PRA Disclosure Statement

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V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: SD - 24 - 0002

Payment Methodology ABP11

Alternative Benefit Plans - Payment Methodologies

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

An attachment is submitted.

PRA Disclosure Statement

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

V.20160722