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State/Territory Name South Dakota

State Plan Amendment (SPA) #: 25-0013

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

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

August 14, 2025

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) 25-0013

Dear Director Petermann:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0013. This amendment proposes Alternative Benefit Plan (ABP) coverage for doula services.

We conducted our review of your submittal according to statutory requirements in §§1905(a)(13) and 1902(a)(10) the Social Security Act. This letter is to inform you that South Dakota Medicaid SPA 25-0013 was approved on August 14, 2025, with an effective date of January 1, 2025.

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

Sincerely,

Shantrina Roberts

Digitally signed by Shantrina Roberts
Date: 2025.08.14 16:06:07 -04'00'

Shantrina Roberts, Acting Director
Division of Program Operations

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-25-0013

Proposed Effective Date

01/01/2025 *(mm/dd/yyyy)*

Federal Statute/Regulation Citation

Social Security Act Sections 1902(a)(10)(A)(i)(VIII) and 1937

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2025	$ 75413.00
Second Year	2026	$ 101884.00

Subject of Amendment

Brings the Alternative Benefit Plan into alignment with the Medicaid State Plan amendment (SD-24-0017)for adding coverage of doula services.

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:	**Renae Hericks**
Last Revision Date:	**Aug 12, 2025**
Submit Date:	**May 23, 2025**

Alternative Benefit Plan

State Name: South Dakota

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: SD - 25 - 0013

Benefits Description ABP5

The state/territory proposes a "Benchmark-Equivalent" benefit package. No

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

The South Dakota Benchmark Plan

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."

Secretary-Approved

Alternative Benefit Plan

☑ 1. Essential Health Benefit: Ambulatory patient services Collapse All ☐

Remove

Benefit Provided: Licensed Physician Assistant Services

Source: State Plan 1905(a)

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

Remove

Benefit Provided: Physician Services

Source: State Plan 1905(a)

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

Remove

Benefit Provided: Chiropractic Services

Source: State Plan 1905(a)

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, 6.c, Chiropractic Services

Remove

Benefit Provided: Medical Services by a Dentist

Source: State Plan 1905(a)

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

Remove

Benefit Provided: Hospice Care

Source: State Plan 1905(a)

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

Remove

Benefit Provided: Pediatric or Family Nurse Practitioners

Source: State Plan 1905(a)

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, 23, Pediatric or Family Nurse Practitioners

Remove

Benefit Provided:

Licensed Certified Nurse Practitioner

Source:

State Plan 1905(a)

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

Remove

Benefit Provided:

Licensed Certified Registered Nurse Anesthetist

Source:

State Plan 1905(a)

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

Remove

Benefit Provided:

Licensed Registered or Licensed Practical Nurse

Source:

State Plan 1905(a)

Authorization:

None

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 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

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

Authorization:

Prior Authorization

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

☑ 2. Essential Health Benefit: Emergency services Collapse All ☐

Benefit Provided: Ground and Air Ambulance 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.

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: Emergency Hospital Services
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, item 24.e, Emergency Hospital 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

☑ 3. Essential Health Benefit: Hospitalization Collapse All ☐

Remove

Benefit Provided: Inpatient Hospitalization

Source: State Plan 1905(a)

Authorization: Prior Authorization

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, 1, Inpatient Hospital
Some services may require prior authorization.

Remove

Benefit Provided: Organ Transplant Services

Source: State Plan 1905(a)

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-E, Standard for Coverage of Organ Transplant Services
Some services may require prior authorization.

Remove

Benefit Provided:

Source:

Authorization: Prior Authorization

Provider Qualifications:

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: Extended services for Pregnant Women
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,20. Extended services for Pregnant Women

Benefit Provided: Nurse-Midwife Services
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, 17, Nurse-Midwife Services

Benefit Provided: Freestanding Birth Centers
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, 26, Freestanding Birth Centers

Remove

Benefit Provided:

Maternal Child Health Clinics

Source:

State Plan 1905(a)

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

Remove

Benefit Provided:

Source:

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

Collapse All ☐

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

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

Remove

Benefit Provided: Community Mental Health Center Services

Source: State Plan 1905(a)

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, 13.d.1, Community Mental Health Center Services

Remove

Benefit Provided: Substance Use Disorder Agency Services

Source: State Plan 1905(a)

Authorization: Yes

Provider Qualifications: Medicaid State Plan

Amount Limit: See other information box below.

Duration Limit: 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.

Remove

Benefit Provided: Licensed Professional Counselor – Mental Health

Source: State Plan 1905(a)

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 – Mental Health

Remove

Benefit Provided:

Services of a Licensed Psychologist

Source:

State Plan 1905(a)

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

Remove

Benefit Provided:

Services of a Licensed Professional Counselor

Source:

State Plan 1905(a)

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

Remove

Benefit Provided:

Source:

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

☑ 6. Essential Health Benefit: Prescription drugs

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

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):	Authorization:	Provider Qualifications:
☒ Limit on days supply	Yes	State licensed
☐ Limit on number of prescriptions		
☐ Limit on brand drugs		
☒ Other coverage limits		
☒ Preferred drug list		

Coverage that exceeds the minimum requirements or other:

The State's ABP prescription drug benefit is the same as the approved Medicaid state plan for prescription drugs. Pharmacy prior authorizations (PA) can processed electronically or manually. Electronic PA's are processed by the pharmacy point of sale system (POS) real time during claim adjudication. Manual PA's require additional information that is not present in the POS (ex. lab values). Manual PA's can be submitted via fax using a hard copy PA form or the PA can be requested by contacting the PA help desk by phone.

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.

Remove

Benefit Provided: Home Health Nursing Services

Source: State Plan 1905(a)

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, 7.a, Home Health Nursing Services

Remove

Benefit Provided: Home Health Aide Services

Source: State Plan 1905(a)

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, 7.b, Home Health Aide Services

Remove

Benefit Provided: Home Health Medical Supplies and Equipment

Source: State Plan 1905(a)

Authorization: Prior Authorization

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, 7.c, Home Health Medical Supplies and Equipment
Some services may require prior authorization.

Remove

Benefit Provided:

Home Health Therapy Services

Source:

State Plan 1905(a)

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)

Remove

Benefit Provided:

Physical Therapy Service

Source:

State Plan 1905(a)

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)

Remove

Benefit Provided:

Occupational Therapy

Source:

State Plan 1905(a)

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:
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: Diabetes Self-Management Training

Source: State Plan 1905(a)

Remove

Authorization: None

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 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: Community Health Worker Services

Source: State Plan 1905(a)

Remove

Authorization: None

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 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: Vaccines and Vaccine Administration

Source: State Plan 1905(a)

Remove

Authorization: Yes

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: 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

☐ 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: Specialist Visit

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; 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: Primary Care Visit to Treat and Injury or Illness

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; 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: Other Practitioner Office Visit (Nurse, PA)

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.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: Outpatient Facility Fee (e.g., ASC)

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, 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,

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

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

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

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;

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

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

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

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

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

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

☐ 13. Other Base Benchmark Benefits Not Covered Collapse All ☐

☒ 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

Other 1937 Benefit Provided:
Clinical Trials

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

Other:
See Attachment 3.1-A, 30, Coverage of Routine Patient Cost in Qualifying Clinical Trails

Other 1937 Benefit Provided:
Non-Emergency Medical Transportation

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, item 24.a, Transportation

Other 1937 Benefit Provided:
Nursing Facility 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, 4.a, Nursing Facility Services

Other 1937 Benefit Provided:
Intermediate Care Facilities for Intellectual Disa

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, 15.b, Intermediate Care Facilities for Intellectual Disabilities

Other 1937 Benefit Provided:
Nursing Facility Services for patients under 21

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, 24.d, Nursing Facility Services for Patients Under 21 Years of Age

Other 1937 Benefit Provided:
Intermediate Care Facility 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, 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

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

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

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.

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

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 other information box 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

Other 1937 Benefit Provided:
Doula Services

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:
Effective January 1, 2025
See Attachment 3.1-A, 13.c.4, Doula Services

Other 1937 Benefit Provided:

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Authorization required in excess of limitation

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other:

Add

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

PRA Disclosure Statement

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

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