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**State/Territory Name: South Dakota** 

State Plan Amendment (SPA) #: 23-0001

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

May 23, 2023

Sarah Aker, Medicaid Director Department of Social Services Richard F. Kneip Building 700 Governors Drive Pierre, SD 57501-2291

RE: TN 23-0001

Dear Ms. Aker:

On February 24, 2023, the Centers for Medicare & Medicaid Services (CMS) received South Dakota's State Plan Amendment (SPA) Transmittal #23-0001. This SPA was submitted to add an Alternative Benefit Plan (ABP) to South Dakota's state plan to cover the Medicaid Expansion Population, effective July 1, 2023.

We are pleased to inform you that SPA #23-0001 was approved on May 23, 2023, with an effective date of July 1, 2023, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the South Dakota State Plan.

All requirements pertaining to ABPs must be met including, but not limited to: benefits, payment rates, reimbursement methodologies, cost-sharing state plan pages (as applicable) managed care delivery systems (waivers and contracts). Amendments to the state's approved Medicaid program (SPAs, waivers, contracts) may require corresponding amendments to the ABP if the changes to the benefit to the approved state plan will be mirrored in the ABP.

If you have any questions regarding this matter you may contact Mandy Strom at (303)844-7068 or by email at <a href="mailto:mandy.strom@cms.hhs.gov">mandy.strom@cms.hhs.gov</a>.

Sincerely,

Digitally signed by James G. Scott -S

Date: 2023.05.23 13:31:05

-05'00'

James G. Scott, Director

**Division of Program Operations** 

**Enclosures** 

cc: Matthew Ballard, South Dakota Medicaid

Renae Hericks, South Dakota Medicaid

	r <mark>:</mark> ransmittal Number (TN) in the	South Dakota  format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits g zeros. The dashes must also be entered.	s of the submission
Proposed Effective 1			
07/01/2023	(mm/dd/yyyy)		
Federal Statute/Reg	ulation Citation Act Sections 1902(a)(10)(A	A)(i)(VIII) and 1027	
Social Security	Act Sections 1302(a)(10)(1	A)(1)(VIII) and 1937	
Federal Budget Imp	pact		
	Federal Fiscal Ye	ear Amount	
First Year	2023	\$ 125494504.00	
Second Year	2024	\$ 501987015.00	
Subject of Amendm			
To establish the	alternative benefit plan (A	ABP) for the new adult eligibility group.	//
Governor's Office R	Review or's office reported no cor	mment	
Comme	nts of Governor's office r		
Describe	»:		
			//
	y received within 45 days	of submittal	
Other, a  Describe	s specified ::		
			//
Signature of State A	gency Official		
Submitted By:	· •	Sarah Aker	
Last Revision	Date:	Mar 31, 2023	
Submit Date:		Feb 23, 2023	



State Na	me: South Dakota	Attachment 3.1-L-	OMB Control Number: 09381148
Transmit	tal Number: <u>SD</u> - <u>23</u> - <u>0001</u>		
Alterna	ntive Benefit Plan Populations		ABP1
Identify	and define the population that will participate in the Alter	native Benefit Plan.	
Alternati	ve Benefit Plan Population Name: Adult Expansion Alt	ernative Benefit Plan (ABP)	
_	eligibility groups that are included in the Alternative Beneg criteria used to further define the population.	efit Plan's population, and which may	contain individuals that meet any
Eligibilit	y Groups Included in the Alternative Benefit Plan Populat	tion:	
Add	Eligibility Grou	p:	Enrollment is mandatory or voluntary?
Add	Adult Group		Mandatory Remove
Enrollm	ent is available for all individuals in these eligibility group	o(s). Yes	
Geogra	ohic Area		
The Alte	rnative Benefit Plan population will include individuals fr	om the entire state/territory.	Yes
Any other	er information the state/territory wishes to provide about the	he population (optional)	
	ult Expansion Alternative Benefit Plan will include individiligibility renewal.	duals who become pregnant in the adu	llt group prior to their next

### 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



State Name: South Dakota	Attachment 3.1-L-	OMB Control Number: 09381148
Transmittal Number: SD - 23 - 0001		
Voluntary Benefit Package Selection Assurances - El	ligibility Group under	ABP2a
Section 1902(a)(10)(A)(i)(VIII) of the Act		
The state/territory has fully aligned its benefits in the Alternative E	Ranafit Dlan using Essential Health E	Renefits 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

Effective Date: July 1, 2023 1 of 1

<u>Transmittal Number: SD-23-0001</u> <u>Supersedes Transmittal Number: NEW</u> Approval Date: May 23, 2023



State	e Name: South Dakota Attachment 3.1-L- OMB Control Number: 0938-1148
Tran	smittal Number: <u>SD</u> - <u>23</u> - <u>0001</u>
Sele	ection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package ABP3.1
Sele	ct 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: Adult Expansion Alternative Benefit Plan (ABP)
;	Selection of EHB-Benchmark Plan
P ] SEP	The state/territory must select an EHB-benchmark plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.
I	EHB-benchmark plan name: The South Dakota Benchmark Plan
7	The EHB-benchmark plan is the same as the Section 1937 Coverage option: No
	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.

Effective Date: July 1, 2023 1 of 3



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.
C 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).
O 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):
<ul> <li>Secretary-Approved Coverage.</li> </ul>
• 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.
<ul> <li>The state/territory offers the benefits provided in the approved state plan.</li> </ul>
O Benefits include all those provided in the approved state plan plus additional benefits.
O 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.
her Information Related to Selection of the Section 1937 Coverage Option and the EHB-Benchmark Plan (optional):
he Alternative Benefit Plan will include the same services that are available through the State's approved Medicaid State Plan.

Approval Date: May 23, 2023



### 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



State Name: South Dakota	Attachment 3.1-L-	OMB Control Number: 09381148
Transmittal Number: SD - 23 - 0001		
Alternative Benefit Plan Cost-Sharing		ABP4
Any cost sharing described in Attachment 4.18-A applies to the	e Alternative Benefit Plan.	
Attachment 4.18-A may be revised to include cost sharing for ABP cost sharing must comply with Section 1916 of the Social Security		described in the state plan. Any such
The Alternative Benefit Plan for individuals with income over 100 Attachment 4.18-A.	% FPL includes cost-sharing oth	ner than that described in No
Other Information Related to Cost Sharing Requirements (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.

Approval Date: May 23, 2023

V.20160722

Effective Date: July 1, 2023 1 of 1



State Name: South Dakota	Attachment 3.1-L-	OMB Control Number: 0938-1148
Transmittal Number: SD - 23 - 0001		
<b>Benefits Description</b>		ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit pac	ckage. No	
Benefits Included in Alternative Benefit Plan		
Enter the specific name of the base benchmark plan selected:		
The South Dakota Benchmark Plan		
Enter the specific name of the section 1937 coverage option select Approved."	ed, if other than Secretary-Appro	oved. Otherwise, enter "Secretary-
Secretary-Approved		



Benefit Provided:	Source:	D
Licensed Physician Assistant Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information box below.	None	
Scope Limit:		
See other information box below.		
Other information regarding this benefit, incohenchmark plan:  See Attachment 3.1-A, 6.d.1, Services of a	cluding the specific name of the source plan if it is not the licensed physician assistant	e base
Benefit Provided:	Source:	Remove
Physician 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, incohenchmark plan:  See Attachment 3.1-A, 5.a, Physician Servi	cluding the specific name of the source plan if it is not the	e base
Benefit Provided:	Source:	Remove
Chiropractic Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		



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



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



Amount Limit:	Duration Limit:	
See other information box below.	See other information box below.	
Scope Limit:		
See other information box below.		
benchmark plan:	luding the specific name of the source plan if it is not the base icensed registered nurse or licensed practical nurse	
enefit Provided:	Source:	Remove
icensed Clinical Nurse Specialist	State Plan 1905(a)	remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information box below.	None	
G T: '		
Scope Limit:		
Scope Limit:  See other information box below.  Other information regarding this benefit, incl benchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Clinical Control	luding the specific name of the source plan if it is not the base cal Nurse Specialist	
See other information box below.  Other information regarding this benefit, includenchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Clinical Control of the Control of	cal Nurse Specialist	
See other information box below.  Other information regarding this benefit, incl benchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Clinical Provided:	cal Nurse Specialist  Source:	Remove
See other information box below.  Other information regarding this benefit, incl benchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Clinical contents of the provided:  amily Planning Clinics	Source: State Plan 1905(a)	Remove
See other information box below.  Other information regarding this benefit, incl benchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Clinical Provided:  amily Planning Clinics  Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
See other information box below.  Other information regarding this benefit, incl benchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Clinical contents of the provided:  amily Planning Clinics	Source: State Plan 1905(a)	Remove
See other information box below.  Other information regarding this benefit, incl benchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Clinical control of the provided:  amily Planning Clinics  Authorization:  None  Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
See other information box below.  Other information regarding this benefit, incl benchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Clinical control of the provided:  amily Planning Clinics  Authorization:  None	Source: State Plan 1905(a) Provider Qualifications:  Medicaid State Plan	Remove
See other information box below.  Other information regarding this benefit, includenchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Clinical control of the provided:  amily Planning Clinics  Authorization:  None  Amount Limit:  None  Scope Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
See other information box below.  Other information regarding this benefit, incl benchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Clinical control of the provided:  amily Planning Clinics  Authorization:  None  Amount Limit:  None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
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See other information box below.  Other information regarding this benefit, incl benchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Clinical contents of the provided:  amily Planning Clinics  Authorization:  None  Amount Limit:  None  Scope Limit:  See other information box below.  Other information regarding this benefit, incl	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  luding the specific name of the source plan if it is not the base	Remove
See other information box below.  Other information regarding this benefit, incl benchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Clinical enefit Provided: amily Planning Clinics  Authorization:  None  Amount Limit:  None  Scope Limit:  See other information box below.  Other information regarding this benefit, incl benchmark plan:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  luding the specific name of the source plan if it is not the base	Remove



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, 9.b, Ambulatory	surgical centers	
Benefit Provided:	Source:	Remove
Endstage Renal Disease Clinics	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See other information box below.		
Other information regarding this benefit, benchmark plan:	including the specific name of the source plan if it is not the base	
See Attachment 3.1-A, 9.c Endstage ren	al disease clinics	
2 to 1 to	410 410 410 410 410 410 410 410 410 410	
Benefit Provided:	Source:	D
Outpatient Hospital	State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications:  Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See other information box below.		
Other information regarding this benefit, benchmark plan:	including the specific name of the source plan if it is not the base	
See Attachment 3.1-A, 2.a, Outpatient F		
Some services may require prior authori	zation.	

Effective Date: July 1, 2023



Provider Qualifications:	
Duration Limit:	
luding the specific name of the source plan if it is not the base	
	Duration Limit:



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, benchmark plan:  See Attachment 3.1-A, item 24.a, Transp	including the specific name of the source plan if it is no portation	of the base
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, benchmark plan:  See Attachment 3.1-A, item 24.e, Emerg	including the specific name of the source plan if it is not gency Hospital Services	ot the base
Benefit Provided:	Source:	Remove
Authorization:	Provider Qualifications:	
None		
	Duration Limit:	
Amount Limit:		



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



Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  specific name of the source plan if it is not the base  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan	Remove
Medicaid State Plan  Duration Limit:  None  specific name of the source plan if it is not the base  Source:  State Plan 1905(a)  Provider Qualifications:	Remove
Medicaid State Plan  Duration Limit:  None  specific name of the source plan if it is not the base  Source:  State Plan 1905(a)  Provider Qualifications:	Remove
Source:  State Plan 1905(a)  Provider Qualifications:	Remove
specific name of the source plan if it is not the base  Source:  State Plan 1905(a)  Provider Qualifications:	Remove
Source: State Plan 1905(a) Provider Qualifications:	Remove
Source: State Plan 1905(a) Provider Qualifications:	Remove
Source: State Plan 1905(a) Provider Qualifications:	Remove
State Plan 1905(a) Provider Qualifications:	Remove
Provider Qualifications:	Telliove
Medicaid State Plan	
Duration Limit:	
None	
specific name of the source plan if it is not the base n Transplant Services	
Source:	Remove
Provider Qualifications:	
Duration Limit:	
	Source:  Provider Qualifications:

Effective Date: July 1, 2023



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



Benefit Provided:	Source:	D
Nurse-Midwife Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan:  See Attachment 3.1-A, 17, Nurse-Midwi	including the specific name of the source plan if it is not the base fe Services	
Benefit Provided:	Source:	Remove
Freestanding Birth Centers	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
None		
Other information regarding this benefit, benchmark plan:  See Attachment 3.1-A, 26, Freestanding	including the specific name of the source plan if it is not the base Birth Centers	
Benefit Provided: Maternal Child Health Clinics	Source:	Remove
	State Plan 1905(a)	
Authorization:	Provider Qualifications:	$\neg$
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		



See Attachment 3.1-A, 9.e, Materna	i Child Health Chinics	
enefit Provided:	Source:	Remov
Authorization:	Provider Qualifications:	
None		
Amount Limit:	Duration Limit:	
Scope Limit:		
Other information regarding this berbenchmark plan:	nefit, including the specific name of the source plan if it is not the base	
F		

Approval Date: May 23, 2023 Effective Date: July 1, 2023



substance use disorder benefits in any classification	r financial requirement or treatment limitation to mental has that is more restrictive than the predominant financial regially all medical/surgical benefits in the same classification	quirement or
enefit Provided:	Source:	Remove
Community Mental Health Center Services	State Plan 1905(a)	Kemove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
See Attachment 3.1-A, 13.d.1, Community Mental	Health Center Services	
enefit Provided:	Source:	Remove
substance Use Disorder Agency Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Yes	111101101111111111111111111111111111111	
Yes Amount Limit:	Duration Limit:	
Amount Limit:	Duration Limit:	
Amount Limit:  See other information box below.  Scope Limit:  None  Other information regarding this benefit, including benchmark plan:  See Attachment 3.1-A, 13.d.2, Substance Use Diso	Duration Limit:  See other information box below.  the specific name of the source plan if it is not the base rder Agency Services who are patients in certain institutions for mental diseases	
Amount Limit:  See other information box below.  Scope Limit:  None  Other information regarding this benefit, including benchmark plan:  See Attachment 3.1-A, 13.d.2, Substance Use Diso Includes individuals with substance use disorders win accordance with Section 1915(1) of the Social See expires on September 30, 2023.  enefit Provided:	Duration Limit:  See other information box below.  the specific name of the source plan if it is not the base rder Agency Services who are patients in certain institutions for mental diseases	Remove
Amount Limit:  See other information box below.  Scope Limit:  None  Other information regarding this benefit, including benchmark plan:  See Attachment 3.1-A, 13.d.2, Substance Use Diso Includes individuals with substance use disorders win accordance with Section 1915(I) of the Social See expires on September 30, 2023.	Duration Limit:  See other information box below.  the specific name of the source plan if it is not the base rder Agency Services who are patients in certain institutions for mental diseases ecurity Act. See Attachment 3.1-M. – this provision	Remove
Amount Limit:  See other information box below.  Scope Limit:  None  Other information regarding this benefit, including benchmark plan:  See Attachment 3.1-A, 13.d.2, Substance Use Diso Includes individuals with substance use disorders win accordance with Section 1915(1) of the Social See expires on September 30, 2023.  enefit Provided:	Duration Limit:  See other information box below.  the specific name of the source plan if it is not the base rder Agency Services who are patients in certain institutions for mental diseases becurity Act. See Attachment 3.1-M. – this provision  Source:	Remove
Amount Limit:  See other information box below.  Scope Limit:  None  Other information regarding this benefit, including benchmark plan:  See Attachment 3.1-A, 13.d.2, Substance Use Diso Includes individuals with substance use disorders win accordance with Section 1915(I) of the Social Seexpires on September 30, 2023.  enefit Provided:  icensed Professional Counselor – Mental Health	Duration Limit:  See other information box below.  the specific name of the source plan if it is not the base rder Agency Services who are patients in certain institutions for mental diseases ecurity Act. See Attachment 3.1-M. – this provision  Source:  State Plan 1905(a)	Remove
Amount Limit:  See other information box below.  Scope Limit:  None  Other information regarding this benefit, including benchmark plan:  See Attachment 3.1-A, 13.d.2, Substance Use Diso Includes individuals with substance use disorders win accordance with Section 1915(1) of the Social Seexpires on September 30, 2023.  enefit Provided:  icensed Professional Counselor – Mental Health  Authorization:	Duration Limit:  See other information box below.  the specific name of the source plan if it is not the base rder Agency Services who are patients in certain institutions for mental diseases ecurity Act. See Attachment 3.1-M. – this provision  Source:  State Plan 1905(a)  Provider Qualifications:	Remove

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Scope Limit:		
See other information box below.		
Other information regarding this benefit, including benchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Profession	ng the specific name of the source plan if it is not the base nal Counselor – Mental Health	
Benefit Provided:	Source:	Remove
Services of a Licensed Psychologist	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information box below.	None	
Scope Limit:		
See other information box below.		
benchmark plan:	ng 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 Licen  Benefit Provided:	Source:	Remove
benchmark plan:  See Attachment 3.1-A, 6.d.5, Services of a Licen	Source: State Plan 1905(a)	Remove
benchmark plan:  See Attachment 3.1-A, 6.d.5, Services of a Licen  Benefit Provided:  Services of a Licensed Professional Counselor  Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
benchmark plan:  See Attachment 3.1-A, 6.d.5, Services of a Licen  Benefit Provided:  Services of a Licensed Professional Counselor	Source: State Plan 1905(a)	Remove
benchmark plan:  See Attachment 3.1-A, 6.d.5, Services of a Licen  Benefit Provided:  Bervices of a Licensed Professional Counselor  Authorization:  None  Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan:  See Attachment 3.1-A, 6.d.5, Services of a Licen  Benefit Provided: Bervices of a Licensed Professional Counselor  Authorization:  None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
benchmark plan:  See Attachment 3.1-A, 6.d.5, Services of a Licen  Benefit Provided:  Bervices of a Licensed Professional Counselor  Authorization:  None  Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan:  See Attachment 3.1-A, 6.d.5, Services of a Licen  Benefit Provided: Bervices of a Licensed Professional Counselor  Authorization:  None  Amount Limit: See other information box below.  Scope Limit: See other information box below.	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None  g the specific name of the source plan if it is not the base	Remove
benchmark plan:  See Attachment 3.1-A, 6.d.5, Services of a Licen  Benefit Provided: Bervices of a Licensed Professional Counselor  Authorization:  None  Amount Limit: See other information box below.  Scope Limit: See other information box below.  Other information regarding this benefit, includin benchmark plan:  See Attachment 3.1-A, 6.d.5, Licensed Profession	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None  g 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 Licen  Benefit Provided: Bervices of a Licensed Professional Counselor  Authorization:  None  Amount Limit: See other information box below.  Scope Limit: See other information box below.  Other information regarding this benefit, includin benchmark plan: See Attachment 3.1-A, 6.d.5, Licensed Profession Designation	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None  g the specific name of the source plan if it is not the base nal Counselor Working Toward a Mental Health	Remove



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



. Essential Health Benefit: Prescription drugs		
The state/territory assures that the ABP prescription State Plan for prescribed drugs.	n drug benefit plan is the s	ame as under the approved Med
Benefit Provided:		
Coverage is at least the greater of one drug in each same number of prescription drugs in each category	<b>1</b> , ,	-
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 of	or other:	
The State's ABP prescription drug benefit is the sar drugs. Pharmacy prior authorizations (PA) can pro processed by the pharmacy point of sale system (P	cessed electronically or ma	anually. Electronic PA's are
require additional information that is not present in		•
submitted via fax using a hard copy PA form or the	e PA can be requested by c	contacting the PA help desk
by phone.		

Effective Date: July 1, 2023



7. Essential Health Benefit: Rehabilitative and habili	itative services and devices	Collapse All
limits on rehabilitative services (45 CFR 156.11:	limits on habilitative services and devices that are more str. 5(a)(5)(ii)). Further, the state/territory understands that sepa and habilitative services and devices. Combined rehabilitation be exceeded based on medical necessity.	rate coverage
Benefit Provided:	Source:	Remove
Home Health Nursing Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		_
See other information box below.		
Other information regarding this benefit, includi benchmark plan:  See Attachment 3.1-A, 7.a, Home Health Nursin	ing the specific name of the source plan if it is not the base ng Services	
Benefit Provided: Home Health Aide Services	Source:	Remove
Home Health Aide Services	State Plan 1905(a)	
A41	Provider Qualifications:	_
Authorization:		
None	Medicaid State Plan	
None Amount Limit:	Medicaid State Plan  Duration Limit:	
None	Medicaid State Plan	
None Amount Limit:	Medicaid State Plan  Duration Limit:	
None Amount Limit: None	Medicaid State Plan  Duration Limit:	
None Amount Limit: None Scope Limit: See other information box below. Other information regarding this benefit, includi benchmark plan:	Medicaid State Plan  Duration Limit:  None  Ing the specific name of the source plan if it is not the base	
None  Amount Limit:  None  Scope Limit:  See other information box below.  Other information regarding this benefit, includi	Medicaid State Plan  Duration Limit:  None  Ing the specific name of the source plan if it is not the base	
None Amount Limit: None Scope Limit: See other information box below. Other information regarding this benefit, includi benchmark plan: See Attachment 3.1-A, 7.b, Home Health Aide and the second sec	Medicaid State Plan  Duration Limit:  None  Ing the specific name of the source plan if it is not the base	Remove
None Amount Limit: None Scope Limit: See other information box below. Other information regarding this benefit, includi benchmark plan: See Attachment 3.1-A, 7.b, Home Health Aide and the second sec	Medicaid State Plan  Duration Limit:  None  Ing the specific name of the source plan if it is not the base  Services	Remove
None  Amount Limit:  None  Scope Limit:  See other information box below.  Other information regarding this benefit, includi benchmark plan:  See Attachment 3.1-A, 7.b, Home Health Aide	Medicaid State Plan  Duration Limit:  None  Ing the specific name of the source plan if it is not the base  Services  Source:	Remove
None  Amount Limit:  None  Scope Limit:  See other information box below.  Other information regarding this benefit, includi benchmark plan:  See Attachment 3.1-A, 7.b, Home Health Aide in the second secon	Medicaid State Plan  Duration Limit:  None  Ing the specific name of the source plan if it is not the base  Services  Source:  State Plan 1905(a)	Remove
None Amount Limit: None Scope Limit: See other information box below. Other information regarding this benefit, includi benchmark plan: See Attachment 3.1-A, 7.b, Home Health Aide to the Benefit Provided: Home Health Medical Supplies and Equipment Authorization:	Medicaid State Plan  Duration Limit:  None  Ing the specific name of the source plan if it is not the base  Services  Source:  State Plan 1905(a)  Provider Qualifications:	Remove



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



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



Authorization:	Provider Qualifications:	
Prior Authorization	Other	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
	cit, including the specific name of the source plan if it is not the base	
benchmark plan:	L. ' P. 'l'- C'	
See Attachment 3.1-A, 14.b, Skilled N	Jursing Facility Services	
nefit Provided:	Source:	Remo
		Kemo
Authorization:	Provider Qualifications:	
None	Trovider Quanticutions.	
	Donation Limits	
Amount Limit:	Duration Limit:	
Amount Limit:	Duration Limit:	
	Duration Limit:	
Amount Limit:	Duration Limit:	
Amount Limit:  Scope Limit:		
Amount Limit:  Scope Limit:  Other information regarding this benef	Duration Limit:  Outside the specific name of the source plan if it is not the base	
Amount Limit:  Scope Limit:		
Amount Limit:  Scope Limit:  Other information regarding this benef		



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

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. Essential ficaltif Deficitt. I reventive and weith	ess services and chronic disease management C	Collapse All [
e United States Preventive Services Task Force;	d range of preventive services including: "A" and "B" services Advisory Committee for Immunization Practices (ACIP) recom- ildren and adults recommended by HRSA's Bright Futures prog	mended
dditional preventive services for women recomm	nended 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, inclu	uding the specific name of the source plan if it is not the base	
benchmark plan:	and the special name of the source plant is to so use out	
See Attachment 3.1-A, 13.c,1, Diabetes Self	-Management Training	
Benefit Provided:	Source:	Remove
Community Health Worker Services	State Plan 1905(a)	
	2 mo 1 mm 1 y 00 (u)	
Authorization:	Provider Qualifications:	
Authorization: None		
	Provider Qualifications:	
None	Provider Qualifications:  Medicaid State Plan	
None Amount Limit:	Provider Qualifications:  Medicaid State Plan  Duration Limit:	
None  Amount Limit:  See other information box below.	Provider Qualifications:  Medicaid State Plan  Duration Limit:	
None  Amount Limit:  See other information box below.  Scope Limit:  See other information box below.	Provider Qualifications:  Medicaid State Plan  Duration Limit:  See other information box below.	
None  Amount Limit:  See other information box below.  Scope Limit:  See other information box below.	Provider Qualifications:  Medicaid State Plan  Duration Limit:	
None  Amount Limit:  See other information box below.  Scope Limit:  See other information box below.  Other information regarding this benefit, included	Provider Qualifications:  Medicaid State Plan  Duration Limit:  See other information box below.  uding the specific name of the source plan if it is not the base	
None  Amount Limit:  See other information box below.  Scope Limit:  See other information box below.  Other information regarding this benefit, includenchmark plan:	Provider Qualifications:  Medicaid State Plan  Duration Limit:  See other information box below.  uding the specific name of the source plan if it is not the base	
None  Amount Limit:  See other information box below.  Scope Limit:  See other information box below.  Other information regarding this benefit, inclubenchmark plan:  See Attachment 3.1-A, 13.c,2, Community H	Provider Qualifications:  Medicaid State Plan  Duration Limit:  See other information box below.  uding the specific name of the source plan if it is not the base  lealth Worker Services	
None  Amount Limit:  See other information box below.  Scope Limit:  See other information box below.  Other information regarding this benefit, includenchmark plan:	Provider Qualifications:  Medicaid State Plan  Duration Limit:  See other information box below.  uding the specific name of the source plan if it is not the base	Remove
None  Amount Limit:  See other information box below.  Scope Limit:  See other information box below.  Other information regarding this benefit, inclubenchmark plan:  See Attachment 3.1-A, 13.c,2, Community H	Provider Qualifications:  Medicaid State Plan  Duration Limit:  See other information box below.  uding the specific name of the source plan if it is not the base  lealth Worker Services	Remove
None  Amount Limit:  See other information box below.  Scope Limit:  See other information box below.  Other information regarding this benefit, inclubenchmark plan:  See Attachment 3.1-A, 13.c,2, Community H	Provider Qualifications:  Medicaid State Plan  Duration Limit:  See other information box below.  uding the specific name of the source plan if it is not the base  lealth Worker Services	Remove
None  Amount Limit:  See other information box below.  Scope Limit:  See other information box below.  Other information regarding this benefit, inclubenchmark plan:  See Attachment 3.1-A, 13.c,2, Community H  Benefit Provided:	Provider Qualifications:  Medicaid State Plan  Duration Limit:  See other information box below.  uding the specific name of the source plan if it is not the base  lealth Worker Services  Source:	Remove
None  Amount Limit:  See other information box below.  Scope Limit:  See other information box below.  Other information regarding this benefit, inclubenchmark plan:  See Attachment 3.1-A, 13.c,2, Community H  Benefit Provided:  Authorization:	Provider Qualifications:  Medicaid State Plan  Duration Limit:  See other information box below.  uding the specific name of the source plan if it is not the base  lealth Worker Services  Source:	Remove



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

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

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11. Other Covered Benefits from Base Benchmark	Collapse All

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Base Benchmark Benefit that was Substituted:	Source:	D
Specialist Visit	Base Benchmark	Remove
Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E	ndicating the substituted benefit(s) or the duplicate section Essential Health Benefits:	
nurse practitioners in EHB 1, Ambulatory patient Attachment 3.1-A, 6.d.1, Services of a licensed ph	3 1, Ambulatory patient services; rtified nurse practitioner other than pediatric or family	
EHB 1, Ambulatory patient services; and	Practitioners in EHB 1, Ambulatory patient services; in ing, Diagnosis and Treatment (EPSDT) in EHB 10,	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Primary Care Visit to Treat and Injury or Illness	Base Benchmark	Tellio ve
1937 benchmark benefit(s) included above under E  Duplication - Covered in the Medicaid State Plan  Attachment 3.1-A, 5.a, Physician Services in EHE	under	
Attachment 3.1-A, 6.d.2, Services of a licensed ce nurse practitioners in EHB 1, Ambulatory patient Attachment 3.1-A, 6.d.1, Services of a licensed ph Attachment 3.1-A, 6.d.4, Services of a licensed repart Ambulatory patient services; Attachment 3.1-A, 23, Pediatric or Family Nurse I EHB 1, Ambulatory patient services; and	rtified nurse practitioner other than pediatric or family	
Attachment 3.1-A, 6.d.2, Services of a licensed ce nurse practitioners in EHB 1, Ambulatory patient Attachment 3.1-A, 6.d.1, Services of a licensed ph Attachment 3.1-A, 6.d.4, Services of a licensed read Ambulatory patient services; Attachment 3.1-A, 23, Pediatric or Family Nurse I EHB 1, Ambulatory patient services; and Attachment 3.1-A, 4.b, Early and Periodic Screeni Pediatric services including oral and vision care.  Base Benchmark Benefit that was Substituted:	ertified nurse practitioner other than pediatric or family services; hysician assistant in EHB 1, Ambulatory patient services; gistered nurse or licensed practical nurse in EHB 1, Practitioners in EHB 1, Ambulatory patient services; in ing, Diagnosis and Treatment (EPSDT) in EHB 10,  Source:	Remove
Attachment 3.1-A, 6.d.2, Services of a licensed ce nurse practitioners in EHB 1, Ambulatory patient Attachment 3.1-A, 6.d.1, Services of a licensed ph Attachment 3.1-A, 6.d.4, Services of a licensed repart Ambulatory patient services; Attachment 3.1-A, 23, Pediatric or Family Nurse I EHB 1, Ambulatory patient services; and Attachment 3.1-A, 4.b, Early and Periodic Screen Pediatric services including oral and vision care.	ertified nurse practitioner other than pediatric or family services; assistant in EHB 1, Ambulatory patient services; gistered nurse or licensed practical nurse in EHB 1, Practitioners in EHB 1, Ambulatory patient services; in ing, Diagnosis and Treatment (EPSDT) in EHB 10,	Remove
Attachment 3.1-A, 6.d.2, Services of a licensed ce nurse practitioners in EHB 1, Ambulatory patient Attachment 3.1-A, 6.d.1, Services of a licensed ph Attachment 3.1-A, 6.d.4, Services of a licensed read Ambulatory patient services; Attachment 3.1-A, 23, Pediatric or Family Nurse I EHB 1, Ambulatory patient services; and Attachment 3.1-A, 4.b, Early and Periodic Screeni Pediatric services including oral and vision care.  Base Benchmark Benefit that was Substituted:  Other Practitioner Office Visit (Nurse, PA)  Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under Explain the substitution or duplication.	rtified nurse practitioner other than pediatric or family services; hysician assistant in EHB 1, Ambulatory patient services; gistered nurse or licensed practical nurse in EHB 1, Practitioners in EHB 1, Ambulatory patient services; in ling, Diagnosis and Treatment (EPSDT) in EHB 10,  Source:  Base Benchmark  Indicating the substituted benefit(s) or the duplicate section Essential Health Benefits:	Remove
Attachment 3.1-A, 6.d.2, Services of a licensed ce nurse practitioners in EHB 1, Ambulatory patient Attachment 3.1-A, 6.d.1, Services of a licensed ph Attachment 3.1-A, 6.d.4, Services of a licensed regambulatory patient services; Attachment 3.1-A, 23, Pediatric or Family Nurse I EHB 1, Ambulatory patient services; and Attachment 3.1-A, 4.b, Early and Periodic Screeni Pediatric services including oral and vision care.  Base Benchmark Benefit that was Substituted:  Other Practitioner Office Visit (Nurse, PA)  Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 6.d.1, Services of a licensed ph	retified nurse practitioner other than pediatric or family services; assistant in EHB 1, Ambulatory patient services; gistered nurse or licensed practical nurse in EHB 1, Practitioners in EHB 1, Ambulatory patient services; in ing, Diagnosis and Treatment (EPSDT) in EHB 10,  Source:  Base Benchmark  Indicating the substituted benefit(s) or the duplicate section essential Health Benefits:  under assistant; assistant; artified nurse practitioner other than pediatric or family specialist; and	Remove
Attachment 3.1-A, 6.d.2, Services of a licensed ce nurse practitioners in EHB 1, Ambulatory patient Attachment 3.1-A, 6.d.1, Services of a licensed ph Attachment 3.1-A, 6.d.4, Services of a licensed regambulatory patient services; Attachment 3.1-A, 23, Pediatric or Family Nurse I EHB 1, Ambulatory patient services; and Attachment 3.1-A, 4.b, Early and Periodic Screeni Pediatric services including oral and vision care.  Base Benchmark Benefit that was Substituted:  Other Practitioner Office Visit (Nurse, PA)  Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under EDuplication - Covered in the Medicaid State Plan Attachment 3.1-A, 6.d.1, Services of a licensed ph Attachment 3.1-A, 6.d.2, Services of a licensed cenurse practitioners; Attachment 3.1-A, 6.d.5, Licensed Clinical Nurse	retified nurse practitioner other than pediatric or family services; assistant in EHB 1, Ambulatory patient services; gistered nurse or licensed practical nurse in EHB 1, Practitioners in EHB 1, Ambulatory patient services; in ing, Diagnosis and Treatment (EPSDT) in EHB 10,  Source:  Base Benchmark  Indicating the substituted benefit(s) or the duplicate section essential Health Benefits:  under assistant; assistant; artified nurse practitioner other than pediatric or family specialist; and	Remove

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Explain the substitution or duplication, including indices 1937 benchmark benefit(s) included above under Esse	cating the substituted benefit(s) or the duplicate section ential Health Benefits:	
Duplication - Covered in the Medicaid State Plan und		
Attachment 3.1-A, 9.b, Ambulatory Surgical Centers		
Attachment 3.1-A, 2.a, Outpatient Hospital Services i	n EHB 1, Ambulatory patient services.	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Outpatient Surgery Physician/Surgical Services	Base Benchmark	Kemove
1937 benchmark benefit(s) included above under Esse		
Duplication - Covered in the Medicaid State Plan und Attachment 3.1-A, 5.a, Physician Services in EHB 1, Attachment 3.1-A, 6.d.3, Services of a licensed certification patient services;	Ambulatory patient services; ied registered nurse anesthetist in EHB 1, Ambulatory	
Attachment 3.1-A, 9.b, Ambulatory Surgical Centers Attachment 3.1-A, 2.a, Outpatient Hospital Services i	* *	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Hospice Services	Base Benchmark	
Explain the substitution or duplication, including indic 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan und Attachment 3.1-A, 18, Hospice Care in EHB 1, Ambu	ler	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Private Duty Nursing	Base Benchmark	
Explain the substitution or duplication, including indic 1937 benchmark benefit(s) included above under Esse	cating the substituted benefit(s) or the duplicate section ential Health Benefits:	
Duplication - Covered in the Medicaid State Plan und Attachment 3.1-A, 14.b, Skilled Nursing Facility Services and devices.		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Urgent Care Centers or Facilities	Base Benchmark	
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above under Esse	cating the substituted benefit(s) or the duplicate section ential Health Benefits:	
Duplication - Covered in the Medicaid State Plan und Attachment 3.1-A, 5.a, Physician Services in EHB 1, Attachment 3.1-A, 6.d.2, Services of a licensed certification practitioners in EHB 1, Ambulatory patient services of the services of	Ambulatory patient services; ied nurse practitioner other than pediatric or family	
Attachment 3.1-A, 6.d.1, Services of a licensed physic		
Attachment 3.1-A, 6.d.4, Services of a licensed register Ambulatory patient services; Attachment 3.1-A, 23, Pediatric or Family Nurse Practices	ered nurse or licensed practical nurse in EHB 1,	

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



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

Duplication - Covered in the Medicaid State Plan under

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

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

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

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

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

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

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

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

Base Benchmark Benefit that was Substituted:	Source:	Remove
Bariatric Surgery	Base Benchmark	

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:	Source:	Remove
Skilled Nursing Facility	Base Benchmark	
Explain the substitution or duplication, including indication	eating the substituted benefit(s) or the duplicate section	

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:	Source:	Remove
Prenatal and Postnatal Care	Base Benchmark	

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

Duplication - Covered in the Medicaid State Plan under

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

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

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

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

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

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nurse practitioners in EHB 1, Ambulatory patient services;

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

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

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

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

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

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

Base Benchmark Benefit that was Substituted:

Source:

Remove

Delivery and All Inpatient Services for Maternity

Base Benchmark

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

Duplication - Covered in the Medicaid State Plan under

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

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

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

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

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

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

Base Benchmark Benefit that was Substituted:

Source:

Mental/Behavioral Health Outpatient Services

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under

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

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

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

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

Base Benchmark Benefit that was Substituted:

Source:

Mental/Behavioral Health Inpatient Services

Base Benchmark

Remove

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

Duplication - Covered in the Medicaid State Plan under

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

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

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substance use disorder services including behaviora	l health treatment:	
Attachment 3.1-A, 6.d.5, Services of a Licensed Psy	ychologist; and	
Attachment 3.1-A, 6.d.5, Licensed Professional Cou	unselor Working Toward a Mental Health Designation.	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Substance Use Disorder Outpatient Services	Base Benchmark	
Explain the substitution or duplication, including included above under Es	dicating the substituted benefit(s) or the duplicate section seential Health Benefits:	
Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, 13.d.2, Substance Use Disorder use disorder services including behavioral health tre	Agency Services in EHB 5, Mental health and substance	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Substance Use Disorder Inpatient Services	Base Benchmark	Kemove
Explain the substitution or duplication, including including 1937 benchmark benefit(s) included above under Es	dicating the substituted benefit(s) or the duplicate section ssential Health Benefits:	
Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, 1, Inpatient Hospital in EHB 3, I		
Base Benchmark Benefit that was Substituted:	Source:	D
Prescription Drugs	Base Benchmark	Remove
Explain the substitution or duplication, including included above under Es  Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 12.a, Prescribed Drugs in EHB 6	nder	
Deep Development Development of the state of	C	
Base Benchmark Benefit that was Substituted: Outpatient Rehabilitation Services	Source: Base Benchmark	Remove
Surpairent remainment services	Base Benchmark	
Explain the substitution or duplication, including including 1937 benchmark benefit(s) included above under Es	dicating the substituted benefit(s) or the duplicate section seential Health Benefits:	
Attachment 3.1-A, 11.b, Occupational Therapy in Edevices; Attachment 3.1-A, 11.c, Services for Individuals with	7, Rehabilitative and habilitative services and devices; EHB 7, Rehabilitative and habilitative services and ith Speech, Hearing, or Language Disorders in EHB 7,	
Rehabilitative and habilitative services and devices.		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Habilitation Services	Base Benchmark	
1937 benchmark benefit(s) included above under Es		
Duplication - Covered in the Medicaid State Plan up Attachment 3.1-A, 11.a, Physical Therapy in EHB	nder 7, Rehabilitative and habilitative services and devices;	

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Attachment 3.1-A, 11.b, Occupational Therapy in El devices;	HB 7, Rehabilitative and habilitative services and th Speech, Hearing, or Language Disorders in EHB 7,	
Rehabilitative and habilitative services and devices; Attachment 3.1-A, 7.d, Home Health Services in EH devices.	and	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Chiropractic Care	Base Benchmark	
1937 benchmark benefit(s) included above under Ess		
Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, 6.c, Chiropractic Services in EHR		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Durable Medical Equipment	Base Benchmark	
Explain the substitution or duplication, including ind 1937 benchmark benefit(s) included above under Ess Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, 7.c, Medical supplies, equipment habilitative services and devices.	der	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Imaging	Base Benchmark	
Explain the substitution or duplication, including ind 1937 benchmark benefit(s) included above under Ess	icating the substituted benefit(s) or the duplicate section sential Health Benefits:	
Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, 3, Other Laboratory and X-ray So	der	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Preventative Care/Screenings Immunizations	Base Benchmark	
Explain the substitution or duplication, including ind 1937 benchmark benefit(s) included above under Ess	icating the substituted benefit(s) or the duplicate section sential Health Benefits:	
Duplication - Covered in the Medicaid State Plan un		
Attachment 3.1-A, 3, Other Laboratory and X-ray So		
Attachment 3.1-A, 5, Physician Services in EHB 1,		
Attachment 3.1-A, 6.d.2, Services of a licensed certi	· · · · · · · · · · · · · · · · · · ·	
nurse practitioners in EHB 1, Ambulatory patient ser Attachment 3.1-A, 6.d.4, Services of a licensed regis		
Ambulatory patient services;	bered hurse of needsed practical hurse in End 1,	
Attachment 3.1-A, 23, Pediatric or Family Nurse Pra	actitioners in EHB 1. Ambulatory patient services	
Attachment 3.1-A, 6.d.5, Licensed Clinical Nurse Sp		
Attachment 3.1-A, 13.c,1, Diabetes Self-Manageme		
services and chronic disease management;		
Attachment 3.1-A, 13.c,2, Community Health Work	er Services in EHB 9, Preventative and wellness	

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services and chronic disease management; and		
Attachment 3.1-A, 4.b, Early and Periodic Screening	g, Diagnosis and Treatment (EPSDT) in EHB 10,	
Pediatric services including oral and vision care.		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Routine Eye Exams for Children	Base Benchmark	
Explain the substitution or duplication, including ind 1937 benchmark benefit(s) included above under Est	licating the substituted benefit(s) or the duplicate section sential Health Benefits:	
Duplication - Covered in the Medicaid State Plan ur Attachment 3.1-A, 4.b, Early and Periodic Screening Pediatric services including oral and vision care.		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Dental Check-Up for Children	Base Benchmark	
Duplication - Covered in the Medicaid State Plan ur Attachment 3.1-A, 10, Dental Services in EHB 1, A Attachment 3.1-A, 4.b, Early and Periodic Screening Pediatric services including oral and vision care.	nder mbulatory patient services; and	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Rehabilitative Speech Therapy	Base Benchmark	
1937 benchmark benefit(s) included above under Est Duplication - Covered in the Medicaid State Plan ur		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Rehabilitative Occupational and Physical Therapy	Base Benchmark	
Explain the substitution or duplication, including ind 1937 benchmark benefit(s) included above under Est	licating the substituted benefit(s) or the duplicate section sential Health Benefits:	
Duplication - Covered in the Medicaid State Plan ur Attachment 3.1-A, 11.a, Physical Therapy in EHB 7 Attachment 3.1-A, 11.b, Occupational Therapy in E devices.	, Rehabilitative and habilitative services and devices;	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Well Baby Visits and Care	Base Benchmark	111110.0
Explain the substitution or duplication, including ind 1937 benchmark benefit(s) included above under Est	licating the substituted benefit(s) or the duplicate section sential Health Benefits:	
Duplication - Covered in the Medicaid State Plan ur		

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Attachment 3.1-A, 3, Other Laboratory and X-ray Set Attachment 3.1-A, 5, Physician Services in EHB 1, A Attachment 3.1-A, 6.d.4, Services of a licensed regist	ambulatory patient services;	
Ambulatory patient services;	-	
Attachment 3.1-A, 23, Pediatric or Family Nurse Practice of Family Nurs		
Attachment 3.1-A, 6.d.5, Licensed Clinical Nurse Spe		
Attachment 3.1-A, 9.e, Maternal Child Health Clinics		
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
Laboratory Outpatient and Professional Services	Base Benchmark	
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above under Esse	cating the substituted benefit(s) or the duplicate section ential Health Benefits:	
Duplication - Covered in the Medicaid State Plan und		
Attachment 3.1-A, 3, Other Laboratory and X-ray Ser		
Base Benchmark Benefit that was Substituted:	Source:	Remove
X-Rays and Diagnostic Imaging	Base Benchmark	
Explain the substitution or duplication, including indication	cating the substituted benefit(s) or the duplicate section	
1937 benchmark benefit(s) included above under Esse	· / ·	
Duplication - Covered in the Medicaid State Plan und	ler	
Attachment 3.1-A, 3, Other Laboratory and X-ray Ser		
, , , , , , , , , , , , , , , , , , , ,		
D. D. I. I.D. Cod of Claired		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Basic Dental Care - Child	Base Benchmark	
	cating the substituted benefit(s) or the duplicate section	
1937 benchmark benefit(s) included above under Esse		
Duplication - Covered in the Medicaid State Plan und		
Attachment 3.1-A, 10, Dental Services in EHB 1, Am	abulatory patient services.	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Orthodontia - Child	Base Benchmark	
Explain the substitution or duplication, including indi-	cating the substituted benefit(s) or the duplicate section	
1937 benchmark benefit(s) included above under Esse	ential Health Benefits:	
Duplication - Covered in the Medicaid State Plan und		
Attachment 3.1-A, 10, Dental Services in EHB 1, Am		
Attachment 3.1-A, 10, Dental Services in EHB 1, Am	abulatory 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.		
D. D. L. I.D. Code C. C. Live I	0	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Major Dental Care - Child	Base Benchmark	

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Explain the substitution or duplication, including indices 1937 benchmark benefit(s) included above under Essen Duplication - Covered in the Medicaid State Plan und Attachment 3.1-A, 10, Dental Services in EHB 1, Am Attachment 3.1-A, 4.b, Early and Periodic Screening, Pediatric services including oral and vision care.	ler abulatory patient services; and	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Transplant	Base Benchmark	
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan und Attachment 3.1-E, Standard for Coverage of Organ T	ler	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Accidental Dental	Base Benchmark	Kemove
1937 benchmark benefit(s) included above under Esse  Duplication - Covered in the Medicaid State Plan und  Attachment 3.1-A, 5.b, Medical Services by a Dentist	der t in EHB 1, Ambulatory patient services.	
Base Benchmark Benefit that was Substituted:  Dialysis	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indices 1937 benchmark benefit(s) included above under Essen Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 2.a, Outpatient Hospital Services in Attachment 3.1-A, 9.c Endstage renal disease clinics	ler in EHB 1, Ambulatory patient services; and	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Allergy Testing	Base Benchmark	Kelliove
Explain the substitution or duplication, including indice 1937 benchmark benefit(s) included above under Essent Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 5, Physician Services in EHB 1, A Attachment 3.1-A, 6.d.2, Services of a licensed certification practitioners in EHB 1, Ambulatory patient services Attachment 3.1-A, 23, Pediatric or Family Nurse Prace Attachment 3.1-A, 4.b, Early and Periodic Screening, Pediatric services including oral and vision care.	cating the substituted benefit(s) or the duplicate section ential Health Benefits:  der  ambulatory patient services; fied nurse practitioner other than pediatric or family vices; ctitioners in EHB 1, Ambulatory patient services;	
Base Benchmark Benefit that was Substituted: Chemotherapy	Source: Base Benchmark	Remove

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		ambulatory patient services.	
se Benchmark Benefit that was Substituted:	Source:		Remove
adiation	Base Ben	chmark	
Explain the substitution or duplication, includin 1937 benchmark benefit(s) included above undo Duplication - Covered in the Medicaid State Pl Attachment 3.1-A, 2.a, Outpatient Hospital Ser	Essential Health under	n Benefits:	ction
ase Benchmark Benefit that was Substituted:	Source:		Remove
iabetes Education	Base Ben	chmark	
1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Pl Attachment 3.1-A, 13.c, Diabetes Self-Manage and chronic disease management.	n under		ices
ase Benchmark Benefit that was Substituted:	Source:		Remove
rosthetic Devices	Base Ben	chmark	
Explain the substitution or duplication, includin 1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Pl Attachment 3.1-A, 12.c, Prosthetic Devices in 1981	Essential Health under	n Benefits:	
ase Benchmark Benefit that was Substituted:	Source:		Remove
fusion therapy	Base Ben	chmark	Remove
Explain the substitution or duplication, includin 1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Pl Attachment 3.1-A, 7.d, Home Health Therapy and devices; Attachment 3.1-A, 1, Inpatient Hospital in EHR Attachment 3.1-A, 2.a, Outpatient Hospital Ser	Essential Health n under ervices in EHB 7 3, Hospitalizatio	n Benefits:  7, Rehabilitative and habilitative service  9n; and	
ase Benchmark Benefit that was Substituted:	Source:		Remove
reatment for Temporomandibular Joint Disease	م دا ا	chmark	

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Base Benchmark Benefit that was Substituted:	Source:	Remove
Reconstructive Surgery	Base Benchmark	Kemove
1937 benchmark benefit(s) included above under Es  Duplication - Covered in the Medicaid State Plan un	nder	
Attachment 3.1-A, item 1, Inpatient Hospital Service	ees in EHB 3, Hospitalization.	
Base Benchmark Benefit that was Substituted:	Source:	Remove
		Remov
Base Benchmark Benefit that was Substituted: Eyeglasses for Children	Source:  Base Benchmark  dicating the substituted benefit(s) or the duplicate section	Remov

Add



☐ 13. Other Base Benchmark Benefits Not Covered	Collapse All

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

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Other 1937 Benefit Provided:	Source:	Remov
Clinical Trials	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
See Attachment 3.1-A, 30, Coverage of Routing	ne Patient Cost in Qualifying Clinical Trails	
Other 1937 Benefit Provided:	Source:	Remov
Non-Emergency Medical Transportation	Section 1937 Coverage Option Benchmark Benefit Package	Kelliov
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See other information box below.		
Other:		
See Attachment 3.1-A, item 24.a, Transportati	on	
Other 1937 Benefit Provided:	Source:	Domos
Nursing Facility Services	Section 1937 Coverage Option Benchmark Benefit	Remov
Nursing Facility Services		
Nursing Facility Services	Package	
Authorization:	Provider Qualifications:	
Authorization:	Provider Qualifications:	
Authorization: Other	Provider Qualifications:  Medicaid State Plan	
Authorization: Other Amount Limit:	Provider Qualifications:  Medicaid State Plan  Duration Limit:	
Authorization: Other Amount Limit: None	Provider Qualifications:  Medicaid State Plan  Duration Limit:	

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Other 1937 Benefit Provided: Intermediate Care Facilities for Intellectual Disa	Source:	Remove
Intermediate Care Facilities for Intellectual Disa	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
See Attachment 3.1-A, 15.b, Intermediate Care F	acilities for Intellectual Disabilities	
Other 1937 Benefit Provided:	0	
Nursing Facility Services for patients under 21	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
varising racinty services for patients under 21	Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
See Attachment 3.1-A, 24.d, Nursing Facility Ser	vices for Patients Under 21 Years of Age	
Other 1937 Benefit Provided:	Course	
Intermediate Care Facility Services	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
	Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Amount Limit:		
None	None	



See Attachment 3.1-A, 14.c, Intermediate Care Fa	acility Services	
Other 1937 Benefit Provided:	Source:	Remove
Inpatient Psychiatric Facility Services for Indiv	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information box below.	See other information box below.	
Scope Limit:		
See other information box below.		
Other:		
See Attachment 3.1-A, 16, Inpatient Psychiatric F Some items may require prior authorization.	Facility Services for Individuals Under 22 Years of Age	
Other 1937 Benefit Provided:	Source:	Remove
1945 Health Homes	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
See Attachment 3.1-H, Health Homes		
	~	Remove
Other 1937 Benefit Provided:	Source:	
	Source: Section 1937 Coverage Option Benchmark Benefit Package	
	Section 1937 Coverage Option Benchmark Benefit	
Licensed Certified Social Worker – PIP	Section 1937 Coverage Option Benchmark Benefit Package	
	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:	



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

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	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:  See Attachment 3.1-A, 9.d, Indian Health Servic	e Clinics	
Other 1937 Benefit Provided:	Source:	Remove
Family Planning Services and Supplies	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See other information box below.		
Other 1937 Benefit Provided:	Source:	
Dental Services	Section 1937 Coverage Option Benchmark Benefit	Remove
Dental Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Dental Services  Authorization:	Package Provider Qualifications:	Remove
	Package	Remove
Authorization:	Package Provider Qualifications:	Remove
Authorization: Prior Authorization	Package Provider Qualifications:  Medicaid State Plan	Remove
Authorization: Prior Authorization  Amount Limit: See other information box below.  Scope Limit:	Package Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Authorization: Prior Authorization  Amount Limit: See other information box below.	Package Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Authorization: Prior Authorization  Amount Limit: See other information box below.  Scope Limit:	Package Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove



	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See other information box below.		
Other:		
See Attachment 3.1-A, 6.a, Podiatrists Servi	ces	
1027 D C. D '1 1		
her 1937 Benefit Provided: otometrist Services	Source: Section 1937 Coverage Option Benchmark Benefit	Remo
	Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Oth		
Olner.		
Other:  See Attachment 3.1-A, 6.b, Optometrist Serv	vices	
	vices	
	vices	
See Attachment 3.1-A, 6.b, Optometrist Serv		Pamo
	Source: Section 1937 Coverage Option Benchmark Benefit	Remo
See Attachment 3.1-A, 6.b, Optometrist Serviner 1937 Benefit Provided:	Source:	Remo
See Attachment 3.1-A, 6.b, Optometrist Service of the Provided:  Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remo
See Attachment 3.1-A, 6.b, Optometrist Services and the services are serviced to the services and the services are services as a service and the services are services are services as a service and the services are services are services as a service and the services are services as a	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remo
See Attachment 3.1-A, 6.b, Optometrist Service of the Provided:  Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remo
See Attachment 3.1-A, 6.b, Optometrist Service of the Provided:  Authorization:  Prior Authorization	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remo
See Attachment 3.1-A, 6.b, Optometrist Services  Ther 1937 Benefit Provided:  Entures  Authorization:  Prior Authorization  Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remo
See Attachment 3.1-A, 6.b, Optometrist Services  Ther 1937 Benefit Provided:  Entures  Authorization:  Prior Authorization  Amount Limit:  See other information box below.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remo
See Attachment 3.1-A, 6.b, Optometrist Services  ther 1937 Benefit Provided: entures  Authorization: Prior Authorization  Amount Limit: See other information box below.  Scope Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remo
See Attachment 3.1-A, 6.b, Optometrist Serventer 1937 Benefit Provided:  entures  Authorization:  Prior Authorization  Amount Limit:  See other information box below.  Scope Limit:  See other information box below.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan  Duration Limit: See other information box below.	Remo



Authorization: Prior Authorization  Amount 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.  Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit: See other information box below.  Other: See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.		Package	
Other  Amount Limit:  See other information box below.  Scope Limit:  See other information box below.  Other:  See Attachment 3.1-A, 12.d, Eyeglasses  ther 1937 Benefit Provided:  Prior Authorization:  Prior Authorization box below.  Scope Limit:  See other information box below.  Other:  See Attachment 3.1-A, 12.d, Eyeglasses  Authorization:  Prior Authorization:  Prior Authorization  Amount 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.  Authorization:  Source:  See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.  Source:  See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.  Authorization:  Other:  Authorization:  Other  Amount Limit:  Duration Limit:  Duration Limit:  None  See other information below			
Other  Amount Limit: See other information box below.  Scope Limit: See other information box below.  Other: See Attachment 3.1-A, 12.d, Eyeglasses  ther 1937 Benefit Provided: Prior Authorization Amount Limit: See other information box below.  Source: Section 1937 Coverage Option Benchmark Benefit Package  Authorization: Prior Authorization Medicaid State Plan Duration Limit: See other information box below.  Scope Limit: See other information box below.  Step Limit: See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.  Source: See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.  Source: See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.  Source: See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.  Source: See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.  Source: See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.  Source: See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.  Source: See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.  Provider Qualifications: Medicaid State Plan  Amount Limit: Duration Limit: See other information below  Scope Limit:		Provider Qualifications:	horization:
See other information box below.  Scope Limit: See other information box below.  Other: See Attachment 3.1-A, 12.d, Eyeglasses  ther 1937 Benefit Provided: ersonal Care Services  Authorization: Prior Authorization  Amount 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.  Authorization: See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.  Authorization: Other: See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.  Authorization: Other  Authorization: Other  Amount Limit: See other information box below  Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan  Duration Limit: See other information below  Scope Limit:			ner
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ther 1937 Benefit Provided: ersonal Care Services  Authorization: Prior Authorization  Amount Limit: See other information box below.  Other: See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.  Authorization  Source: See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.  Redicaid State Plan  Duration Limit: See other information box below.  Other: See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.  Redicaid State Plan  Duration Limit: See other information box below.  Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan  Duration Limit: See other information below  Scope Limit:  See other information below			er:
Authorization: Prior Authorization  Amount Limit: See other information box below.  Other: See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.  Other: See Attachment 3.0-A, 25, Personal Care Services Some services may require prior authorization.  Source: Seetion 1937 Coverage Option Benchmark Benefit Package  Authorization:  Other  Authorization:  Other  Authorization:  Other  Amount Limit:  Duration Limit:  See other information box below.  Source: Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  See other information below  See other information below  See other information below			Attachment 3.1-A, 12.d, Eyeglasses
Authorization: Prior Authorization  Amount Limit: See other information box below.  Other: See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.  Other: See Attachment 3.0-A, 25, Personal Care Services Some services may require prior authorization.  Source: Seetion 1937 Coverage Option Benchmark Benefit Package  Authorization:  Other  Authorization:  Other  Authorization:  Other  Amount Limit:  Duration Limit:  See other information box below.  Source: Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  See other information below  See other information below  See other information below			
Authorization: Prior Authorization  Medicaid State Plan  Amount 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.  Source: Section 1937 Benefit Provided: Section 1937 Coverage Option Benchmark Benefit Package  Authorization: Other  Amount Limit: Duration Limit: None See other information box below.  Source: Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications: Medicaid State Plan  Duration Limit: See other information below  See other information below	Remov	_	
Prior Authorization  Amount 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.  Source:  Section 1937 Benefit Provided:  Obacco Cessation Counseling for Pregnant Women  Authorization:  Other  Authorization:  Other  Amount Limit:  None  See other information box below.  Puration Limit:  Duration Limit:  See other information box below.  See other information box below.  See other information box below.  Source:  Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Amount Limit:  See other information below  See other information below	Benefit	11	ll Care Services
Amount 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.  Source:  Obacco Cessation Counseling for Pregnant Women  Authorization:  Other  Amount Limit:  Duration Limit:  None  See other information box below.  Source:  See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.  Source:  Section 1937 Coverage Option Benchmark Benefit Package  Authorization:  Medicaid State Plan  Amount Limit:  Duration Limit:  See other information below  Scope Limit:		Provider Qualifications:	horization:
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.  Source: Section 1937 Benefit Provided: Debacco Cessation Counseling for Pregnant Women  Authorization:  Other  Amount Limit: None  See other information box below.  Source: Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit: See other information below  Scope Limit:		Medicaid State Plan	or Authorization
Scope Limit:  See other information box below.  Other:  See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.  Source: Section 1937 Benefit Provided: Section 1937 Coverage Option Benchmark Benefit Package  Authorization:  Provider Qualifications:  Other  Amount Limit:  None  See other information below  Scope Limit:		Duration Limit:	ount Limit:
See other information box below.  Other:  See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.  Source: See Source: Source: See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.  Source: Section 1937 Coverage Option Benchmark Benefit Package  Authorization: Other  Amount Limit:  Duration Limit: None Scope Limit:		See other information box below.	e other information box below.
Other:  See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.  Source: Section 1937 Benefit Provided: Section 1937 Coverage Option Benchmark Benefit Package  Authorization:  Other  Amount Limit:  Duration Limit:  See other information below  Scope Limit:			pe Limit:
See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.  Source: Section 1937 Coverage Option Benchmark Benefit Package  Authorization:  Other  Amount Limit:  None  See other information below  Scope Limit:			e other information box below.
Some services may require prior authorization.  Source: Section 1937 Benefit Provided: Section 1937 Coverage Option Benchmark Benefit Package  Authorization: Other  Amount Limit: None  Scope Limit:  Source: Section 1937 Coverage Option Benchmark Benefit Package  Duration Limit: See other information below			
ther 1937 Benefit Provided:  Obacco Cessation Counseling for Pregnant Women  Authorization:  Other  Amount Limit:  None  Source:  Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:  See other information below  Scope Limit:			
Authorization: Other  Amount Limit: None Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications: Medicaid State Plan  Duration Limit: See other information below  Scope Limit:			ne services may require prior authorization.
Authorization:  Other  Medicaid State Plan  Amount Limit:  None  Scope Limit:  Duration Limit:  See other information below	Remov		
Other Medicaid State Plan  Amount Limit: Duration Limit:  None See other information below  Scope Limit:	Benefit	11	o Cessation Counseling for Pregnant Women
Amount Limit:  None  Scope Limit:  Duration Limit:  See other information below		Provider Qualifications:	horization:
None See other information below Scope Limit:		Medicaid State Plan	ner
Scope Limit:		Duration Limit:	ount Limit:
		See other information below	ne
See other information below			pe Limit:
			e other information below
Other:			

Transmittal Number: SD-23-0001
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Approval Date: May 23, 2023

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

Effective Date: July 1, 2023



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.

V.20190808



State Name: South Dakota	Attachment 3.1-L- OMB Control Number: 09381148
Transmittal Number: SD - 23 - 0001	,
Benefits Assurances	ABP7
EPSDT Assurances	
If the target population includes persons under 21, please complete Prescription Drug Coverage Assurances below.	e the following assurances regarding EPSDT. Otherwise, skip to the
The alternative benefit plan includes beneficiaries under 21 years o	of age. Yes
The state/territory assures that the notice to an individual include (42 CFR 440.345).	des a description of the method for ensuring access to EPSDT services
The state/territory assures EPSDT services will be provided to state/territory plan under section 1902(a)(10)(A) of the Act.	individuals under 21 years of age who are covered under the
Indicate whether EPSDT services will be provided only throug additional benefits to ensure EPSDT services:	gh an Alternative Benefit Plan or whether the state/territory will provide
Through an Alternative Benefit Plan.	
Through an Alternative Benefit Plan with additional benef	fits to ensure EPSDT services as defined in 1905(r).
· · · · · · · · · · · · · · · · · · ·	benefits will be provided, how access to additional benefits will be informed of these processes in order to ensure individuals have access to
Indicate whether additional EPSDT benefits will be provide	ded through fee-for-service or contracts with a provider:
<ul> <li>State/territory provides additional EPSDT benefit</li> </ul>	ts through fee-for-service.
State/territory contracts with a provider for additi	ional EPSDT services.
Other Information regarding how ESPDT benefits will be provided	d 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 requirement implementing regulations at 42 CFR 440.347. Coverage is at 1 category and class or the same number of prescription drugs in	least the greater of one drug in each United States Pharmacopeia (USP)
The state/territory assures that procedures are in place to allow prescription drugs when not covered.	a beneficiary to request and gain access to clinically appropriate
<del>-</del>	cription drugs covered under an Alternative Benefit Plan, it meets the ulations at 42 CFR 440.345, except for those requirements that are ermitted under section 1937 of the Act.
The state/territory assures that when conducting prior authorization program requirements in section complies with prior authorization program requirements in section.	

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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.	
<b>V</b>	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.	
<b>✓</b>	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.	
<b>✓</b>	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.	
<b>✓</b>	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.	
<b>✓</b>	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.	
<b>V</b>	The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.	
<b>✓</b>	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

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Approval Date: May 23, 2023

V.20160722

Effective Date: July 1, 2023 2 of 2



State Name: South Dakota	Attachment 3.1-L- OMB Control Number: 09381148		
Transmittal Number: SD - 23 - 0001			
Service Delivery Systems	ABP8		
Provide detail on the type of delivery system(s) the state/territory v benchmark-equivalent benefit package, including any variation by	will use for the Alternative Benefit Plan's benchmark benefit package or the participants' geographic area.		
Type of service delivery system(s) the state/territory will use for the	nis 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			
	ble Medicaid laws and regulations, including but not limited to sections n providing managed care services through this Alternative Benefit tracts and rates pursuant to 42 CFR 438.6.		
Managed Care Implementation			
Please describe the implementation plan for the Alternative Benef provider outreach efforts.	fit Plan under managed care including member, stakeholder, and		
South Dakota plans to use the existing Medicaid PCCM model fo prior to submitting the ABP SPA to CMS.	or the new adult group. South Dakota held a public comment period		
PCCM: Primary Care Case Management			
The PCCM delivery system is the same as an already approved PC	CCM program. Yes		
The managed care program is operating under (select one):			
○ Section 1915(b) managed care waiver.			
<ul> <li>Section 1932(a) mandatory managed care state plan amend</li> </ul>	lment.		
○ Section 1115 demonstration.			
Section 1937 Alternative (Benchmark) Benefit Plan state p	Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.		
Identify the date the managed care program was approved by	CMS: 12/26/2002		
Describe program below:			

Transmittal Number: SD-23-0001 Approval Date: May 23, 2023 Effective Date: July 1, 2023
Supersedes Transmittal Number: NEW



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.

case management fee are billed and reimbursed to the provider who renders the services. All services other than the			
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			
ndicate 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 addendur 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.			
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			
ndicate 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



	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):					

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V.20181119

Effective Date: July 1, 2023



State Name: South Dakota	Attachment 3.1-L-	OMB Control Number: 09381148				
Transmittal Number: SD - 23 - 0001						
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 No Package.						
The state/territory otherwise provides for payment of premiums.  Yes						
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.						

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V.20160722

Effective Date: July 1, 2023 1 of 1



State Name: South Dakota	Attachment 3.1-L- OMB Control Number: 09381148			
Transmittal Number: SD - 23 - 0001				
General Assurances	ABP10			
Economy and Efficiency of Plans				
<ul> <li>✓ 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.</li> <li>Economy and efficiency will be achieved using the same approach as used for Medicaid state plan services.</li> </ul>				
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 Bend the Base Benchmark Plan and/or the Medicaid state plan.	efit Plan benefits shall meet the provider qualification requirements of			

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V.20160722

Effective Date: July 1, 2023 1 of 1

<u>Transmittal Number: SD-23-0001</u> <u>Supersedes Transmittal Number: NEW</u> Approval Date: May 23, 2023



State Name: South Dakota	Attachment 3.1-L-	OMB Control Number: 09381148
Transmittal Number: SD - 23 - 0001		
Payment Methodology		ABP11
Alternative Benefit Plans - Payment Methodologies		
The state/territory provides assurance that, for each benefit promanaged care, it will use the payment methodology in its appropriate, 4.19a, 4.19b or 4.19d, as appropriate, describing the payment in	oved state plan or hereby submi	1
All attachin	tent is submitted.	

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