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State/Territory Name: Arizona

State Plan Amendment (SPA) #: 14-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services San Francisco Regional Office 90 Seventh Street, Suite 5-300 (5W) San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

APR 0 1 2014

Tom Betlach, Director Arizona Health Care Cost Containment System 801 East Jefferson Street Phoenix, AZ 85034

Dear Mr. Betlach:

Enclosed for your records is an approved copy of Arizona's Alternative Benefit Plan (ABP) state plan amendment AZ-14-0006. This ABP, which was submitted on March 17, 2014, meets all federal statutory and regulatory requirements for establishing an ABP. CMS is aware that Arizona currently utilizes an inpatient hospital limitation of 25 days per year for the new adult group and other Arizona Medicaid beneficiaries. That limitation will be removed on October 1, 2014, per Arizona's approved State Plan Amendment, AZ-13-014. The removal of this inpatient limit will complete Arizona's transition to the ABP as reflected in this approved SPA AZ-14-0006.

Moving forward, all requirements pertaining to ABPs must be met including, but not limited to: benefits, payment rates, reimbursement methodologies, cost-sharing state plan pages, and managed care service delivery systems (State Plan amendments and contracts). Future amendments to Arizona's approved Medicaid program (SPAs, waivers, contracts) may require corresponding amendments to the ABP if the change to the benefit in the approved State plan will be mirrored in the ABP.

This ABP SPA is approved effective January 1st, 2014. Attached are copies of the following pages to be incorporated into your State Plan:

- Attachment 3.1-L:
 - o ABP 1, page 1
 - o ABP 2a, page 1
 - o ABP 3, pages 1-2
 - o ABP 4, page 1
 - o ABP 5, pages 1-43
 - o ABP 7, pages 1-2
 - o ABP 8, pages 1-2
 - o ABP 9, pages 1
 - o ABP 10, page 1
 - o ABP 11, page 1

If you have any questions, please contact Cheryl Young at (415) 744-3598 or at cheryl.young@cms.hhs.gov.

Sincerely,

/s/
Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Wakina Scott HeeYoung Ansell

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory

name:

Arizona

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

14-0006

Proposed Effective Date

01/01/2014

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

Federal Budget Impact

Federal Fiscal Year

Amount

First Year

2014

\$5500.00

Second Year 2015

\$11200.00

Subject of Amendment

Benefits for ABP population

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Signature of State Agency Official

Submitted By:

Theresa Gonzales

Last Revision Date:

Mar 27, 2014

Submit Date:

Mar 17, 2014



Aurahmant 2 1 T			uoi Nuinoei. 09	
Attachment 3.1-L-		OMB Exp	oiration date: 10	
Alternative Benefit Plan Populations				ABP1
Identify and define the population that will part	rticipate in the Alternative Benefit Plan.			
Alternative Benefit Plan Population Name:	New Adult Group			
Identify eligibility groups that are included in targeting criteria used to further define the population.	the Alternative Benefit Plan's population, and which may pulation.	contain in	dividuals that m	ect any
Eligibility Groups Included in the Alternative	Benefit Plan Population:			
	Eligibility Group:	1	Enrollment is mandatory or voluntary?	
+ Adult Group		M	landatory	X
Enrollment is available for all individuals in the	nese eligibility group(s). Yes			
Geographic Area				
The Alternative Benefit Plan population will in	nclude individuals from the entire state/territory.	Yes		
Any other information the state/territory wish	es to provide about the population (optional)			

PRA Disclosure Statement

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

V.20130917

Approval Date: 4/1/2014 Effective Date: 1/1/2014

TN No: 14-0006 Arizona



standard of actuarial equivalence.

Alternative Benefit Plan

Attachment 3.1-L
Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a) (10) (A)

(i) (VIII) of the Act

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

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 State has a rich benefit package and has served adults 19-64 since 2000. The majority of base bench mark benefits are a duplication of benefits that exist in the current state plan. Benefits provided by the base bench mark plan that are not included in the state plan were substituted for state plan benefits not provided by the base bench mark plan. The EHB categories where substitution occurred met the

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.20130917

Approval Date: 4/1/2014

Effective Date: 1/1/2014 Page 1 of 1



OMB Control Number: 0938-1148 Attachment 3.1-L-OMB Expiration date: 10/31/2014 Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package Select one of the following: C 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. AHCCCS ABP Name of benefit package: 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. O 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). C State employee coverage that is offered and generally available to state employees (State Employee Coverage): A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO): Secretary-Approved Coverage. • The state/territory offers benefits based on the approved state plan. The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages. • The state/territory offers the benefits provided in the approved state plan. O Benefits include all those provided in the approved state plan plus additional benefits. C 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 ABP5 for the source of benefits and a description of limitations. Assurances: 1. The state assures that all services in the base benchmark have been accounted for throughout the benefit chart

2. The state assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of

services authorized in the currently approved Medicaid state plan.

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Selection of Base Benchmark Plan
The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.
The Base Benchmark Plan is the same as the Section 1937 Coverage option. No
Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:
C Largest plan by enrollment of the three largest small group insurance products in the state's small group market.
Any of the largest three state employee health benefit plans by enrollment.
C Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
C Largest insured commercial non-Medicaid HMO.
Plan name: AHCCCS ABP
Other Information Related to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):
Please refer to ABP5 for a comparison of benefits. Arizona will provide the New Adult Group with the full set of Medicaid benefits provided to the State's categorically eligible population. This approach will help minimize disruptions for individuals who move among different eligibility categories within the AHCCCS program.

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.20130801



Attachment 3.1-L-	OMB Expiration date: 10/31/20	14
Alternative Benefit Plan Cost-Sharin	ABP	4
Any cost sharing described in Attachment 4	.18-A applies to the Alternative Benefit Plan.	
Attachment 4.18-A may be revised to include cocost sharing must comply with Section 1916 of	ost sharing for ABP services that are not otherwise described in the state plan. Any such the Social Security Act.	
The Alternative Benefit Plan for individuals wi Attachment 4.18-A.	th income over 100% FPL includes cost-sharing other than that described in	
Other Information Related to Cost Sharing Rec	quirements (optional):	

PRA Disclosure Statement

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

V.20131219

OMB Control Number: 0938-1148

Approval Date: 4/1/2014

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	OMB Control Number: 0938-1148
Attachment 3.1-L-	OMB Expiration date: 10/31/2014
Benefits Description	ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit package. No	
Benefits Included in Alternative Benefit Plan	
Enter the specific name of the base benchmark plan selected:	
United Health Care EPO	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-App "Secretary-Approved."	proved. Otherwise, enter
Secretary-Approved	

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Essential Health Benefit 1: Ambulatory patient services		Collapse All
Benefit Provided:	Source:	_
Physician Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
No Limit	No Limit	
Scope Limit:		
No Limit		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Family Planning Services and Supplies	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limit		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Hospice Care	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Same as Medicare	Same as Medicare	
Scope Limit:		_
Same as Medicare. As required by section 2302 of the than 21 years of age may receive concurrent curative		

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benchmark plan:	Re	emove
Benefit Provided:	Source:	
Outpatient hospital services	State Plan 1905(a)	emove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
Outpatient hospital services are services health care facilities by licensed health	s ordinarily provided in hospitals, clinics, offices and other care providers.	
Other information regarding this benefit, benchmark plan:	t, including the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Transportation: Non-Emergency	State Plan 1905(a)	emove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
	ion is available for transport to and from facilities where medical exceed 100 miles require prior authorization	
Other information regarding this benefit benchmark plan:	t, including the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Clinic Services: Non-Urgent	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
TN No: 14-0006	Approval Date: 4/1/20*	14
		14 14



No Limit		Remove
Other information regarding this benefit, in benchmark plan:	icluding the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	***************************************
Home health services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	<u> </u>
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
Home health services meet the requiremen		
	acluding the specific name of the source plan if it is not the base	
Other information regarding this benefit, in		
Other information regarding this benefit, in benchmark plan:	acluding the specific name of the source plan if it is not the base	Remove
Other information regarding this benefit, in benchmark plan: Benefit Provided:	Source:	Remove
Other information regarding this benefit, in benchmark plan: Benefit Provided: Med/surg services furnished by a dentist	Source: State Plan 1905(a)	Remove
Other information regarding this benefit, in benchmark plan: Benefit Provided: Med/surg services furnished by a dentist Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
Other information regarding this benefit, in benchmark plan: Benefit Provided: Med/surg services furnished by a dentist Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
Other information regarding this benefit, in benchmark plan: Benefit Provided: Med/surg services furnished by a dentist Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other information regarding this benefit, in benchmark plan: Benefit Provided: Med/surg services furnished by a dentist Authorization: None Amount Limit: No Limit Scope Limit: Services not covered by this benefit: denta	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other information regarding this benefit, in benchmark plan: Benefit Provided: Med/surg services furnished by a dentist Authorization: None Amount Limit: No Limit Scope Limit: Services not covered by this benefit: denta crowns and fillings and extractions, pulpot dentures.	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: No Limit Il cleanings, routine dental exams, dental restorations including	Remove

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Essential Health Benefit 2: Emergency services		Collapse All
Benefit Provided:	Source:	
Transportation: Emergency Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
No limit	No limit	
Scope Limit:		_
	efined in the Medicaid State Plan including point of obstacles to get person to nearest hospital, medical	
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	_
Benefit Provided:	Source:	
Clinic Services: Urgent and Emergent Care	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		_
No Limits		
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Outpatient Hospital: Emergency Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limit		
TN No: 14-0006	Approval Da Effective Da	



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

Remove

This service includes urgent care that may be non-emergent, but is determined in accordance with AHCCCS to require prompt medical attention.

Add

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Essential Health Benefit 3: Hospitalization		Collapse All
Benefit Provided:	Source:	
Inpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
Inpatient hospital services include services in persons < 21 years in accordance with 42 CF	n inpatient psychiatric facilities, provided to EPSDT eligibles 441.150.	le
Other information regarding this benefit, incl benchmark plan:	uding the specific name of the source plan if it is not the ba	ase
adequately treated on an ambulatory basis as	ded for evaluation or treatment of conditions that cannot be defined by the Medicaid state plan. This benefit includes and Language Disorder Services for members 21+	
Benefit Provided:	Source:	
Organ Transplant Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
	plants for persons 21+:Pancreas only transplants,Partial splants,Intestine transplants (Visceral), Any transplant not	
Other information regarding this benefit, incl benchmark plan:	uding the specific name of the source plan if it is not the ba	ase
Medically necessary transplant services meet investigational organ or tissue transplants are	ting nationally recognized criteria for non-experimental, not available to AHCCCS members.	n-
Benefit Provided:	Source:	
Nursing Facility Services: Sub Acute or Rehab	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
90 days per contract year	none	

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hospitalization would be necessary if nursing fac	e care and the ALTCS transitional program when ility services are not provided.	Remove
Other information regarding this benefit, includin benchmark plan:	g the specific name of the source plan if it is not the base	
enefit Provided:	Source:	
on Emergency Transportation- In-Patient Only	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
No Limit	No Limit	
Scope Limit:		_
Non-emergency ambulance transportation is avaitreatment is being provided.	ilable for transport to and from facilities where medical	
Non-emergency transportation is only for in-pati	ent services.	_
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	-
Trips that exceed 100 miles require prior authoriz	ration	

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■ Ess	ential Health Benefit 4: Maternity and newborn care		Collapse All
Ве	enefit Provided:	Source:	
Ex	stended Services for Pregnant Woman	State Plan 1905(a)	Remove
<u> </u>	Authorization:	Provider Qualifications:	
	None	Medicaid State Plan]
	Amount Limit:	Duration Limit:	
	No Limit	No Limit	
	Scope Limit:		
	No Limit		
	Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Ве	enefit Provided:	Source:	
Ni	ırse-Midwife	State Plan 1905(a)	Remove
	Authorization:	Provider Qualifications:	
	None	Medicaid State Plan	
	Amount Limit:	Duration Limit:	
	No Limit	No Limit	
	Scope Limit:		
	No Limits		
	Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Ве	enefit Provided:	Source:	
In	patient Hospital: Maternity	State Plan 1905(a)	
	Authorization:	Provider Qualifications:	
	None	Medicaid State Plan	
	Amount Limit:	Duration Limit:	
	No Limit	No Limit	
	Scope Limit:		
	No Limit		

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Benefit Provided:	Source:	
Physician: Maternity	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
No Limit	No Limit	
Scope Limit:		
No Limit		
Other information regarding this benefit benchmark plan:	it, including the specific name of the source plan if it is not the base	1

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Arizona



Essential Health Benefit 5: Mental health and substance us behavioral health treatment	se disorder services including	Collapse All 🗌
Benefit Provided:	Source:	
Rehab: Inv, Grp &/or Family Therapy and Counseling	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
BHT's are limited to providing this service under an	ADHS/DBHS licensed agency.	
Other information regarding this benefit, including th benchmark plan:	e specific name of the source plan if it is not the base]
 Benefit Provided:	Source:	
Inpatient Hospital : Mental Health Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
No Limit	No Limit	
Scope Limit:		_
Not IMD Facilities. The IMD payment exclusion app	plies'	
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Inpatient Hospital:Substance Abuse Detoxification	State Plan 1905(a)	
Authorization:	Provider Qualifications:	_
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
No Limit	No Limit	_
Scope Limit:		_
Not IMD Facilities. The IMD payment exclusion ap	plies'	
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benchmark plan:	he specific name of the source plan if it is not the base	Remove
Benefit Provided:	Source:	
Outpatient Hospital: Mental Health Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
No Limit	No Limit	
Scope Limit:		
Not IMD Facilities		
benchmark plan:		1
Benefit Provided:	Source:	
	Source: State Plan 1905(a)	Remove
Benefit Provided:		Remove
Benefit Provided: Outpatient Hospital:Substance Abuse Rehabilitation	State Plan 1905(a)	Remove
Benefit Provided: Outpatient Hospital:Substance Abuse Rehabilitation Authorization:	State Plan 1905(a) Provider Qualifications:	Remove
Benefit Provided: Outpatient Hospital:Substance Abuse Rehabilitation Authorization: None	State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
Benefit Provided: Outpatient Hospital:Substance Abuse Rehabilitation Authorization: None Amount Limit:	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Benefit Provided: Outpatient Hospital:Substance Abuse Rehabilitation Authorization: None Amount Limit: No Limit	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Benefit Provided: Outpatient Hospital:Substance Abuse Rehabilitation Authorization: None Amount Limit: No Limit Scope Limit: Not IMD Facilities	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Benefit Provided: Outpatient Hospital:Substance Abuse Rehabilitation Authorization: None Amount Limit: No Limit Scope Limit: Not IMD Facilities Other information regarding this benefit, including t	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: No Limit	Remove

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Arizona



■ F	ssential Health Benefit 6: Prescription drugs		
F	enefit Provided:		
	Coverage is at least the greater of one drug in each same number of prescription drugs in each categories.		
	Prescription Drug Limits (Check all that apply.):	Authorization:	Provider Qualifications:
	Limit on days supply	No	State licensed
	Limit on number of prescriptions		
	☐ Limit on brand drugs		
	Other coverage limits		
	☐ Preferred drug list		
	Coverage that exceeds the minimum requirements	or other:	
	The State of Arizona's ABP prescription drug ben state plan for prescribed drugs.	efit plan is the same as und	ler the approved Medicaid

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Source: State Plan 1905(a)	Remove
	Remove
Provider Qualifications:	_
Medicaid State Plan	
Duration Limit:	
None.	
contract year for rehabilitative purposes and 15	
specific name of the source plan if it is not the base	
ntact year for rehabilitation and 15 visits per contract	
Source:	
State Plan 1905(a)	Remove
Provider Qualifications:	
Medicaid State Plan	
Duration Limit:	1
No Limit	
	•
specific name of the source plan if it is not the base	1
do not include hearing aids, insulin pumps, for the lower limbs, in addition to microprocessor- nd vacuum devices.	
Source:	-
State Plan 1905(a)	
Provider Qualifications:	1
Medicaid State Plan	
Duration Limit:	
No Limit	
	None. contract year for rehabilitative purposes and 15 specific name of the source plan if it is not the base stact year for rehabilitation and 15 visits per contract Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: No Limit specific name of the source plan if it is not the base do not include hearing aids, insulin pumps, for the lower limbs, in addition to microprocessord vacuum devices. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:



Demonstrate including its as for a second of	Scope Limit:				
Personal care items including items for personal cleanliness, body hygiene, and grooming are not covered unless needed to treat a medical condition.					
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:					
Benefit Provided:	Source:	_			
Rehab: Psychosocial Rehabilitation	State Plan 1905(a)	Remove			
Authorization:	Provider Qualifications:	_			
None	Medicaid State Plan				
Amount Limit:	Duration Limit:				
No Limit	No Limit				
Scope Limit:		_			
No Limit					
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base				
her best age appropriate functional level for the pur independently and function in the community.	Ith symptoms and/or restoration of an individual to his/ rposes of maximizing the person's ability to live				
her best age appropriate functional level for the pur independently and function in the community.					
her best age appropriate functional level for the pur independently and function in the community. Benefit Provided:	Source:]			
her best age appropriate functional level for the pur independently and function in the community. Benefit Provided:	Source: State Plan 1905(a)]			
her best age appropriate functional level for the pur independently and function in the community. Benefit Provided:	Source: State Plan 1905(a) Provider Qualifications:				
her best age appropriate functional level for the pur independently and function in the community. Benefit Provided: Rehab: Home Care Training to Home Care Client	Source: State Plan 1905(a)				
her best age appropriate functional level for the pur independently and function in the community. Benefit Provided: Rehab: Home Care Training to Home Care Client Authorization:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:				
her best age appropriate functional level for the pur independently and function in the community. Benefit Provided: Rehab: Home Care Training to Home Care Client Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan]			
her best age appropriate functional level for the pur independently and function in the community. Benefit Provided: Rehab: Home Care Training to Home Care Client Authorization: None Amount Limit: No Limits Scope Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: No Limits				
her best age appropriate functional level for the pur independently and function in the community. Benefit Provided: Rehab: Home Care Training to Home Care Client Authorization: None Amount Limit: No Limits Scope Limit: HCTC services can only be provided for no more	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: No Limits Than three adults in an Adult Therapeutic Foster Home derally recognized Indian tribes that attest to CMS via				
her best age appropriate functional level for the pur independently and function in the community. Benefit Provided: Rehab: Home Care Training to Home Care Client Authorization: None Amount Limit: No Limits Scope Limit: HCTC services can only be provided for no more licensed by ADHS/OBHL or home licensed by fed AHCCCS that they meet equivalent requirements.	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: No Limits Than three adults in an Adult Therapeutic Foster Home derally recognized Indian tribes that attest to CMS via				
her best age appropriate functional level for the purindependently and function in the community. Benefit Provided: Rehab: Home Care Training to Home Care Client Authorization: None Amount Limit: No Limits Scope Limit: HCTC services can only be provided for no more licensed by ADHS/OBHL or home licensed by fed AHCCCS that they meet equivalent requirements. Other information regarding this benefit, including benchmark plan: These services are provided by behavioral health the member's ability to live and participate in the care.	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: No Limits Than three adults in an Adult Therapeutic Foster Home derally recognized Indian tribes that attest to CMS via the specific name of the source plan if it is not the base therapeutic home providers and are designed to maximize community and to function independently, including and any ancillary services (such as living skills and				



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Benefit Provided:	Source:	
Rehab: Supported Employment Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	1
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	1
No Limit	No Limit	
Scope Limit:		
BHT's and BHPP's are limited to providing t Certified Community Service Agency.	his service under an ADHS/OBHL licensed agency or a State	
Other information regarding this benefit, incl benchmark plan:	uding the specific name of the source plan if it is not the base	1
member's ability to manage mental health rel- with personal, community and social compete	or group of persons with a medical/behavioral health in the workplace. These services include supporting the ated symptoms, facilitate recovery from mental illness; assist encies, and to aid members to establish and navigate	
member's ability to manage mental health relawith personal, community and social competer environmental supports.	n the workplace. These services include supporting the ated symptoms, facilitate recovery from mental illness; assist encies, and to aid members to establish and navigate	
member's ability to manage mental health relawith personal, community and social competer environmental supports. Benefit Provided:	n the workplace. These services include supporting the ated symptoms, facilitate recovery from mental illness; assist encies, and to aid members to establish and navigate Source:	
member's ability to manage mental health relawith personal, community and social competer environmental supports. Benefit Provided: Rehab: Health Promotion	n the workplace. These services include supporting the ated symptoms, facilitate recovery from mental illness; assist encies, and to aid members to establish and navigate Source: State Plan 1905(a)	Remove
member's ability to manage mental health relawith personal, community and social competer environmental supports. Benefit Provided: Rehab: Health Promotion Authorization:	n the workplace. These services include supporting the ated symptoms, facilitate recovery from mental illness; assist encies, and to aid members to establish and navigate Source: State Plan 1905(a) Provider Qualifications:	Remove
member's ability to manage mental health relawith personal, community and social competer environmental supports. Benefit Provided: Rehab: Health Promotion	n the workplace. These services include supporting the ated symptoms, facilitate recovery from mental illness; assist encies, and to aid members to establish and navigate Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
member's ability to manage mental health relivith personal, community and social competer environmental supports. Benefit Provided: Rehab: Health Promotion Authorization: None Amount Limit:	n the workplace. These services include supporting the ated symptoms, facilitate recovery from mental illness; assist encies, and to aid members to establish and navigate Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
member's ability to manage mental health relawith personal, community and social competer environmental supports. Benefit Provided: Rehab: Health Promotion Authorization: None	n the workplace. These services include supporting the ated symptoms, facilitate recovery from mental illness; assist encies, and to aid members to establish and navigate Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
member's ability to manage mental health relawith personal, community and social competer environmental supports. Benefit Provided: Rehab: Health Promotion Authorization: None Amount Limit: No Limits Scope Limit:	n the workplace. These services include supporting the ated symptoms, facilitate recovery from mental illness; assist encies, and to aid members to establish and navigate Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: No Limits	Remove
member's ability to manage mental health relawith personal, community and social competer environmental supports. Benefit Provided: Rehab: Health Promotion Authorization: None Amount Limit: No Limits Scope Limit:	n the workplace. These services include supporting the ated symptoms, facilitate recovery from mental illness; assist encies, and to aid members to establish and navigate Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
member's ability to manage mental health relivith personal, community and social competer environmental supports. Benefit Provided: Rehab: Health Promotion Authorization: None Amount Limit: No Limits Scope Limit: BHT's and BHPP's are limited to providing to Certified Community Service Agency.	n the workplace. These services include supporting the ated symptoms, facilitate recovery from mental illness; assist encies, and to aid members to establish and navigate Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: No Limits	Remove

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Essential Health Benefit 8: Laboratory services		Collapse All
Benefit Provided:	Source:	
Other laboratory and x-ray services.	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
See Other Information		
Other information regarding this benefit, include benchmark plan:	ding the specific name of the source plan if it is not the base	e
genetic tests are necessary to differentiate betw	es. Genetic testing is not covered unless the result of the veen treatment options. Genetic testing is not covered to en such determination would not definitively alter the	
		Add



Essential Health Benefit 9: Preventive and wellness servi	ces	s and chronic disease management	Collapse All
The state/territory must provide, at a minimum, a broad range by the United States Preventive Services Task Force; Advisor faccines; preventive care and screening for infants, children a and additional preventive services for women recommended by	ry (ind	Committee for Immunization Practices (ACIP) recom l adults recommended by HRSA's Bright Futures prog	mended
Benefit Provided:		Source:	
Preventative Services		State Plan 1905(a)	Remove
Authorization:	_	Provider Qualifications:	
None		Medicaid State Plan	
Amount Limit:	_	Duration Limit:	'
No Limit		No Limit	
Scope Limit:	_		'
No Limit			
Other information regarding this benefit, including the benchmark plan:	he	specific name of the source plan if it is not the base	
"A" and "B" services recommended by the United S Committee for Immunization Practices (ACIP) recommended by HRSA preventive services for women recommended by the benefit.	mn 's]	nended vaccines; preventive care and screening for Bright Futures program/project; and additional	
Benefit Provided:		Source:	
Screening Services		State Plan 1905(a)	Remove
Authorization:	_	Provider Qualifications:	
None		Medicaid State Plan	
Amount Limit:	_	Duration Limit:	,
No Limit		No Limit	
Scope Limit:			•
No Limit			
Other information regarding this benefit, including to benchmark plan:	he	specific name of the source plan if it is not the base	
"A" and "B" services recommended by the United S Committee for Immunization Practices (ACIP) recoinfants, children and adults recommended by HRSA preventive services for women recommended by the benefit.	nın 's	nended vaccines; preventive care and screening for Bright Futures program/project; and additional	
Benefit Provided:		Source:	
Rehab Services: Peer Support Services		State Plan 1905(a)	
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Authorization:	Provider Qualifications:	
None	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
Services provided by persons who have been consum least 18 years old.	ners of the behavioral health system and who are at	
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Peer support may involve assistance with more effect assisting with developing plans of care, accessing sup service barriers or assisting the member to understand coaching, role modeling and mentoring.	ports, partnering with professionals, overcoming	
enefit Provided:	Source:	
chab Services: Family Support/Home Care Training	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limit		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
enhancement, or maintenance of the family functioning care for the member in the home and community whe	on relevant to the member's treatment plan. May to adjust to the member's disability, developing skills derstanding the causes and treatment of behavioral	
Benefit Provided:	Source:	
Rehab Services Living Skills Training	State Plan 1905(a)	
Authorization:	Provider Qualifications:	

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Amount Limit:	Duration Limit:	_
No Limit	No Limit	Remove
Scope Limit:		
No Limit		
Other information regarding this be benchmark plan:	nefit, including the specific name of the source plan if it is not the base	_
appropriate independent living, soc	restoration, enhancement, maintenance, and assistance in obtaining age ial, and communication skills to members and/or their families in order blive and participate in the community and to function independently.	
Benefit Provided:	Source:	_
Respite	Secretary-Approved Other	Remove
Authorization:	Provider Qualifications:	
None	Other	
Amount Limit:	Duration Limit:	
600 hours per year	none	
Scope Limit:		
No Limit		
Other information regarding this be benchmark plan:	nefit, including the specific name of the source plan if it is not the base	
	der the 1115 Research and Demonstration Waiver for the Arizona em	
Benefit Provided:	Source:	
Case Management	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Other	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		_
No Limit		
Other information regarding this be benchmark plan:	nefit, including the specific name of the source plan if it is not the base	_
l .		1

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enefit Provided:	Source:	
her practitioners' srvs:Other practitioners' srv	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		_
No Limit		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
I. Respiratory Therapists ii. Certified Nurse Practitioners iii. Certified Registered Nurse Anesthetists iv. Non-physician First Surgical Assistants and Phy v. Licensed midwives within the limitations provide and Procedures vi. Licensed affiliated practice dental hygienists pra Arizona's state practice act. vii. Licensed Pharmacists employed by an AHCCC acting within the scope of their practice may admin pneumococcal vaccines and anaphylaxis agents. viii. Non-physician behavioral health professionals provided by the following state-licensed practitione assistants, psychologists, counselors, registered nur marriage and family therapists, and substance abuse	ed in the AHCCCS policy acticing within the scope of S-registered pharmacy and sister seasonal flu and , as defined in rule, when the services are ers: social workers, physician rses, psychiatric nurse practitioners,	

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enefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		_
Only provided to individuals under 21 year	s of age	
Other information regarding this benefit, in benchmark plan:	cluding the specific name of the source plan if it is not the base	
and illnesses discovered by the screening primandatory categories of "Medical Assistance"	nat correct or ameliorate physical and mental defects, conditions occess when those services fall within the optional and ce" as defined in the Medicaid Act. Services covered under the Federal Law even when they are not listed as covered services.	,



Other Covered Benefits from Base Benchmark	Collapse All

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Base Benchmark Benefits Not Covered due to Substitution or Duplication		
Base Benchmark Benefit that was Substituted: Source:	-	
Physician Services- Duplication Base Benchman	rk Remove	
Explain the substitution or duplication, including indicating the substitution of the		
Physician Services for diagnostic and treatment services were mapped t EHB category. The services are a duplication of physician services from		
Base Benchmark Benefit that was Substituted: Source: Base Benchmark	rk	
Family Planning Services-Duplication	Remove	
Explain the substitution or duplication, including indicating the substitute section 1937 benchmark benefit(s) included above under Essential Heal		
Family Planning Services for contraception and voluntary sterilization patient services' EHB category. The services are a duplication of family individuals of child bearing age from the existing state Medicaid plan.		
Base Benchmark Benefit that was Substituted: Source:		
Hospice Services-Duplication Base Benchman	rk Remove	
Explain the substitution or duplication, including indicating the substitute section 1937 benchmark benefit(s) included above under Essential Heal		
Hospice Services that meet the physical, psychological, spiritual and so their families were mapped to the 'ambulatory patient services' EHB calduplication of hospice care from the existing state Medicaid plan.		
Base Benchmark Benefit that was Substituted: Source:		
Ambulance Services-Duplication Base Benchman	rk Remove	
Explain the substitution or duplication, including indicating the substituted section 1937 benchmark benefit(s) included above under Essential Hea		
Ambulance Services to/from an appropriate provider or facility for eme facility transfer were mapped to the 'Ambulatory Services', 'Emergency EHB categories. The services are a duplication of transportation: emerg non-emergency services from the existing state Medicaid plan.	Services', and 'Hospitalization'	
Base Benchmark Benefit that was Substituted: Source: Base Benchma		
Urgent Care-Duplication	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:		
Urgent Care for the medical, surgical, hospital and related health care s emergency services were bundled, along with emergency services and the EHB category. The services are a duplication of clinic services: urgent state Medicaid plan.	mapped to the 'emergency services'	



Base Benchmark Benefit that was Substituted: Source:				
Emergency Services-Duplication Base Benchmark		Remove		
Explain the substitution or duplication, including indicating the substituted bene section 1937 benchmark benefit(s) included above under Essential Health Benefit				
Emergency services for the sudden onset of medical or behavioral conditions that manifests itself by acute symptoms were bundled, along with urgent care and mapped to the 'emergency services' EHB category. The bundled services are a duplication of outpatient hospital:emergency hospital services from the existing state Medicaid plan.				
Base Benchmark Benefit that was Substituted: Source:	The state of the s			
Inpatient Hospital Services- Duplication 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:				
Inpatient hospital services for services that cannot be adequately treated on an a another Participating Health Care Facility were mapped to the 'hospitalization' lare a duplication of inpatient hospital from the existing state Medicaid plan.				
Base Benchmark Benefit that was Substituted: Source:				
Outpatient Facility Services-Duplication 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:				
Outpatient facility services for services provided on an outpatient basis were map patient services' EHB category. The services are a duplication of outpatient hos existing state Medicaid plan.				
Base Benchmark Benefit that was Substituted: Source:				
Organ Transplant Services-Duplication 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:				
Organ transplant services (not including pancreas only transplants) for the transplant of human organs and tissue were mapped to the 'hospitalization' EHB category. The services are a duplication of organ transplant services from the existing state Medicaid plan.				
Base Benchmark Benefit that was Substituted: Source:				
Subacute Care-Duplication 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:				
Subacute care including but not limited to hospital-based skilled nursing facilities nursing facilities were mapped to the 'hospitalization' EHB category. The service nursing facility: sub acute or rehab services from the existing state Medicaid plants.	ces are a duplication of			



Base Benchmark Benefit that was Substituted: Maternity Care Services-Duplication	Source: Base Benchmark	Remove	
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur			
Maternity care services include medical, surgical and hospital care for the term of the pregnancy, upon delivery and during the postpartum period were mapped to the 'maternity and newborn care' EHB category. The services are a duplication of extended services for pregnant women from the existing state Medicaid plan.			
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark		
Prenatal Care and Program Services-Duplication	Base Benchmark	Remove	
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur			
	surgical and hospital care for the term of the pregnancy B category. The services are a duplication of extended Medicaid plan.		
Base Benchmark Benefit that was Substituted:	Source:		
Midwife Services-Duplication	Base Benchmark	Remove	
Explain the substitution or duplication, including indesection 1937 benchmark benefit(s) included above un			
Midwife services provided by a certified midwife we category. The services are a duplication of nurse-mid			
Base Benchmark Benefit that was Substituted: Cosmetic Surgery-Duplication	Source: Base Benchmark	Remove	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:			
Cosmetic Surgery for reconstructive surgery that con diagnosed services required for the prompt repair of EHB category. The service is a duplication of inpatie plan.			
Base Benchmark Benefit that was Substituted:	Source:		
Bariatric Surgery -Duplication	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:			
	t least one co-morbidity related to obesity and who t for obesity was mapped to the 'hospitalization' EHB spital services from the existing state Medicaid plan.		



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	Base Benchmark Benefit that was Substituted: Breast Reconstruction and Prostheses-Duplication	Source: Base Benchmark	D		
	Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above under		Remove		
	Breast Reconstruction and Breast Prostheses following	g a mastectomy were mapped to the 'Hospitalization' categories. The services are a duplication of inpatient			
	Base Benchmark Benefit that was Substituted:	Source: Base Benchmark			
	Inpatient Mental Health Services-Duplication	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:				
	Inpatient Mental Health Services provided by a participating hospital for the treatment and evaluation of mental health during an inpatient stay were mapped to the 'mental health and substance abuse disorder services/behavioral health treatment' EHB category. The services are a duplication of inpatient hospital: mental health services from the existing state Medicaid plan.				
	Base Benchmark Benefit that was Substituted:	Source:			
	Outpatient Mental Health Services-Duplication	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:					
	Outpatient Mental Health Services provided by a participating providers for the treatment and evaluation of mental health on an outpatient basis in an individual, group or structured group therapy program were mapped to the 'mental health and substance abuse disorder services/behavioral health treatment' EHB category. The services are a duplication of outpatient hospital: mental health services from the existing state Medicaid plan.				
	Base Benchmark Benefit that was Substituted:	Source:			
	Outpatient SA Rehabilitation Services-Duplication	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:					
	Outpatient Substance Abuse Rehabilitation Services p and diagnosis of abuse or addiction to alcohol and/or of structured group or intensive outpatient therapy progra abuse disorder services/behavioral health treatment' E outpatient hospital: substance abuse rehabilitation services/	drugs on an outpatient basis in an individual, group, am were mapped to the 'mental health and substance HB category. The services are a duplication of			
	Base Benchmark Benefit that was Substituted: Residential MH/SA Treatment Services-Duplication	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:					
	Residential MH/SA Treatment Services for voluntary mental health and substance abuse treatment were ma	and court-ordered residential substance abuse for			
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disorder services/behavioral health treatment' EHB category. The services are a duplication of individual, group and/or family therapy and counseling: services from the existing state Medicaid plan.	Remove
Base Benchmark Benefit that was Substituted: SA Detoxification Services-Duplication Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Substance Abuse Detoxification Services for detoxification and related medical ancillary services when required for the diagnosis and treatment of addiction to alcohol and/or drugs, and medication management when provided in conjunction with a consultation were mapped to the 'mental health and substance abuse disorder services/behavioral health treatment' EHB category. The services are a duplication of inpatient hospital: substance abuse detoxification services from the existing state Medicaid plan.	
Base Benchmark Benefit that was Substituted: Source: Base Benchmark	E MANUEL STATE OF THE STATE OF
Diagnostic Testing, Lab and Radiology Services- Dup	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:	_
Diagnostic testing, including labratory and radiology services were mapped to the 'laboratory services' EHB category. The services are a duplication of other laboratory and x-ray services from the existing state Medicaid plan.	
Base Benchmark Benefit that was Substituted: Source:	
Short-term Rehabilitative Therapy-OP-Substitution 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:	
Short term rehabilitative services including PT, OT, SP, and cardiac rehabilitation limited to 60 visits per member per year were mapped to the 'Rehabilitative and Habilitative Services and Devices' EHB category. Health promotion, home care training to home care client, supported employment services and psychosocial rehabilitation from the existing Medicaid plan were used for substitution purposes related to benefit limitations.	
Base Benchmark Benefit that was Substituted: Source: Base Benchmark	
Foot Orthotics-Substitution	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:	_
Foot Orthotics as defined by section 7.20 diabetic services and supplies were mapped to the 'Rehabilitative and Habilitative Services and Devices' EHB category. Health promotion, home care training to home care client, supported employment services and psychosocial rehabilitation from the existing Medicaid plan were used for substitution purposes related to benefit limitations.	
Base Benchmark Benefit that was Substituted: Source:	
External Prosthetic Appliances-Duplication Base Benchmark	



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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Remove External prosthetic appliances used as a replacement or substitute for a missing body part and are necessary for the alleviation or correction of illness, injury, congenital defect, or alopecia as a result of chemotherapy, radiation therapy, and second or third degree burns were mapped to the 'Rehabilitative and Habilitative Services and Devices' EHB category. The services are a duplication of prosthetic devices from the existing state Medicaid plan. Base Benchmark Benefit that was Substituted: Source: Base Benchmark Durable Medical Equipment (DME)-Duplication 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: DME services for the medical or surgical treatment of an illness or injury were mapped to the 'Rehabilitative and Habilitative Services and Devices' EHB category. The services are a duplication of medical supplies, equipment, and appliances suitable for use in the home from the existing state Medicaid Source: Base Benchmark Benefit that was Substituted: Base Benchmark Chiropractic Care Services- Substitution 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: Chiropractic services including the conservative management of neuromusculoskeletal conditions through manipulation and ancillary physiological treatment rendered to specific joints to restore motion, reduce pain and improve function were mapped to the 'Rehabilitative and Habilitative Services and Devices' EHB category. Health promotion, home care training to home care client, supported employment services and psychosocial rehabilitation from the existing Medicaid plan were used for substitution purposes. Source: Base Benchmark Benefit that was Substituted: Base Benchmark Hearing Aids- Substitution 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: Hearing aid devices limited to \$1,500 per ear, per plan year were mapped to the 'Rehabilitative and Habilitative Services and Devices' EHB category. Health promotion, home care training to home care client, supported employment services and psychosocial rehabilitation from the existing Medicaid plan were used for substitution purposes. Source: Base Benchmark Benefit that was Substituted: Base Benchmark Ostomy Supplies-Duplication 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: Ostomy supplies which are medically appropriate for care and cleaning of a temporary or permanent ostomy were mapped to the 'Rehabilitative and Habilitative Services and Devices' EHB category. The services are a duplication of medical supplies, equipment, and appliances suitable for use in the home from the existing state Medicaid plan.

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Base Benchmark Benefit that was Substituted: Internal Prosthetic/Medical Appliances-Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including inc section 1937 benchmark benefit(s) included above u		
aids and supports for nonfunctional body parts, were	s and appliances as permanent or temporary internal emapped to the 'Rehabilitative and Habilitative re a duplication of prosthetic devices from the existing	
Base Benchmark Benefit that was Substituted: Oxygen and the Oxygen Delivery System-Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including inc section 1937 benchmark benefit(s) included above u		
Oxygen and the Oxygen Delivery System was mapp chronic disease management EHB category. The set the existing state Medicaid plan.	need to the 'preventative and wellness services and rvices are a duplication of the home health benefit from	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Medical Supplies-Duplication		Remove
Explain the substitution or duplication, including inc section 1937 benchmark benefit(s) included above u		
are required for a Member in a course of treatment f 'Rehabilitative and Habilitative Services and Device		
Base Benchmark Benefit that was Substituted:	Source:	
Compression Garments-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including increase section 1937 benchmark benefit(s) included above up	ınder Essential Health Benefits:	
Compression garments for the treatment of lymphed Habilitative Services and Devices' EHB category. T equipment, and appliances suitable for use in the ho	he services are a duplication of medical supplies,	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Immunizations-Duplication	Dase Delicilitation	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above to		1
Immunizations were mapped to the 'preventative an EHB category. The services are a duplication of preplan.	d wellness services and chronic disease management' eventative services from the existing state Medicaid	

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Base Benchmark Benefit that was Substituted: Routine Physical- Duplication	Source: Base Benchmark	100
Explain the substitution or duplication, including indi	cating the substituted benefit(s) or the duplicate	Remove
section 1937 benchmark benefit(s) included above un		
Routine physical, periodic routine health examination EHB category. The services are a duplication of physical		
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Well Woman Examinations-Duplication	Dase Benefittark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Well woman examinations were mapped to the 'ambu are a duplication of physician services from the existing		
Base Benchmark Benefit that was Substituted:	Source:	
Well Man Examinations-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Well man examinations were mapped to the 'ambulate duplication of physician services from the existing sta	ory patient services' EHB category. The services are a te Medicaid plan.	
Base Benchmark Benefit that was Substituted:	Source:	
Home Health Services-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Home health services were mapped to the 'ambulatory duplication of home health services from the existing		
Base Benchmark Benefit that was Substituted:	Source:	
Mammograms-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un	•	Manage and a state of the state
Mammograms for routine and diagnostic breast care values services and chronic disease management' EHB categorices from the existing state Medicaid plan.		
Base Benchmark Benefit that was Substituted:	Source:	
Nutritional Evaluation-Duplication	Base Benchmark	
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un	•	
Nutritional evaluation and counseling when dietary ac chronic disease/condition were mapped to the 'preven		
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management EHB category. The services are a duplic existing state Medicaid plan.	cation of other practitioners' services from the	Remove
Base Benchmark Benefit that was Substituted: Prostate Screening- Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi- section 1937 benchmark benefit(s) included above un Prostate screening services were mapped to the 'preve- management' EHB category. The services are a duplic Medicaid plan.	der Essential Health Benefits: entative and wellness services and chronic disease	
Base Benchmark Benefit that was Substituted: Cochlear Implants- Substitution Explain the substitution or duplication, including indi	Source: Base Benchmark cating the substituted benefit(s) or the duplicate	Remove
section 1937 benchmark benefit(s) included above un Cochlear implants were mapped to the 'preventative a	der Essential Health Benefits: and wellness services and chronic disease ort, family support/home care training and living skills	
Base Benchmark Benefit that was Substituted: Allergy Testing-Substitution Explain the substitution or duplication, including indi	Source: Base Benchmark cating the substituted benefit(s) or the duplicate	Remove
section 1937 benchmark benefit(s) included above un Allergy testing were mapped to the 'preventative and	der Essential Health Benefits: wellness services and chronic disease management' port/home care training and living skills training from	
Base Benchmark Benefit that was Substituted: Antigen Admin Desensitization/trtmnt-Substitution	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un Antigen administration desensitization/treatment were and chronic disease management EHB category. Restraining and living skills training from the existing states.	der Essential Health Benefits: e mapped to the 'preventative and wellness services	
Base Benchmark Benefit that was Substituted: Generic Drugs-Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un Generic Drugs were mapped to 'prescription drug' Ex- prescription drug plan from the existing state Medical	der Essential Health Benefits: HB category. The services are a duplication of the	

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	^	
Base Benchmark Benefit that was Substituted:	Source:	
Formulary Brand Drugs- Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Formulary Brand Drugs were mapped to 'prescription of the prescription drug plan from the existing state M		
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Non-Formulary Brand Drugs- Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Non-Formulary Brand Drugs were mapped to 'prescr duplication of the prescription drug plan from the exist		
Base Benchmark Benefit that was Substituted:	Source:	
Case Management-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Case Management services were mapped to the 'preve management' EHB category. The services are a duplic state Medicaid plan.	entative and wellness services and chronic disease cation of case management services from the existing	
Base Benchmark Benefit that was Substituted:	Source:	
Cancer Clinical Trials-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Cancer Clinical Trials were mapped to the 'ambulator duplication of physician services from the existing sta		
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Diabetic Services and Supplies-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Diabetic Services and Supplies were mapped to the 'a services are a duplication of physician services from t		
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Medical Foods/Metabolic Spplments/Gastric Form Dup	Dase Delicilitary	
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Medical Foods/Metabolic Supplements/Gastric Form	ula were mapped to the 'prescription drugs' EHB	
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category. The services are a duplication of prescription	n drug services from the existing state Medicaid plan.	
, and the second	o distribution of the state of	Remove
		Kemove
Base Benchmark Benefit that was Substituted:	Source:	
ABA for Autism- Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
ABA for Autism were mapped to the "Rehabilitative a The services are a duplication of rehabilitative service	and Habilitative Services and Devices' EHB category. es from the existing state Medicaid plan.	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Clinic Services: Non-Urgent-Duplication		Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
Clinic Services: Non-Urgent for medical services pro- 'ambulatory patient services' EHB category. The servi from the existing state Medicaid plan.	vided in an ambulatory clinic were mapped to the ces are a duplication of Clinic Services: Non-Urgent	
Base Benchmark Benefit that was Substituted:	Source:	
Dental Services – Accident Only-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Dental Services – Accident Only for the treatment of were mapped to the 'emergency services' EHB categor hospital services from the existing state Medicaid plant	ory. The services are a duplication of emergency	
Base Benchmark Benefit that was Substituted:	Source:	
Orthognathic Surgery-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
nature or change the occlusion of the teeth (external o	ontic services and/or appliances that are orthodontic in or intra-oral) were mapped to the 'ambulatory patient of outpatient hospital services from the existing state	
Base Benchmark Benefit that was Substituted:	Source:	
Dental Confinements/Anesthesia-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Dental Confinements/Anesthesia were mapped to the services are a duplication of outpatient hospital services		

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Base Benchmark Benefit that was Substituted:

Source:

Temporomandibular Joint (TMJ) Disorder-Duplication

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:

Temporomandibular Joint (TMJ) Disorder were mapped to the 'ambulatory patient services' EHB category. The services are a duplication of medical and surgical services furnished by a dentist from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Source:

Pancreas Only Transplant Services-Substitution

Base Benchmark

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:

Pancreas only transplant services were mapped to the 'hospitalization' EHB category. NEMT only for inpatient services from the existing state Medicaid plan were used for substitution purposes.

Add

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Other Base Benchmark Benefits Not Covered	Collapse All

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Other 1937 Covered Benefits that are not Essential Hea	iiin Benefits	Collapse All
Other 1937 Benefit Provided:	Source:	
Medically Necessary Termination of Pregnancy	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limits	No Limits	
Scope Limit:		
	ncest; or in the case where a woman suffers from a ess, including a life-endangering physical condition	
Other:		
Inpatient Hospital Services: Medically Necessary	Termination of Pregnancy	
No authorization required		
Other 1937 Benefit Provided:	Source:	
Rural Health Clinic Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
No Limit	No Limit	
Scope Limit:		_
No Limit		
Other:		_
Rural health clinic services and other ambulatory so otherwise included in the State plan). Rural Health Clinic Services:Rural Health Clinic Solution required	services furnished by a rural health clinic (which are	
Other 1937 Benefit Provided:	Source:	
Federally qualified health center (FQHC)	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	_
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
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	c) services and other ambulatory services that are covered under the rdance with section 4231 of the State Medicaid Manual (HCFA-	Remove
Pub. 45-4).	(1.02.1	
Other:		
Federally qualified health center (FQHC)): Federally qualified health center (FQHC)	
No authorization required		
Other 1937 Benefit Provided:	Source:	
Optometrists' Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limit	No limit	
Scope Limit:		
No Limit		
	are recognized under State Law- Optometrists' Services:	
Medical care and any type of remedial ca Optometrists' Services No authorization required		
Medical care and any type of remedial ca Optometrists' Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Medical care and any type of remedial ca Optometrists' Services No authorization required Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
Medical care and any type of remedial ca Optometrists' Services No authorization required Other 1937 Benefit Provided: Eyeglasses	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Medical care and any type of remedial ca Optometrists' Services No authorization required Other 1937 Benefit Provided: Eyeglasses	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
Medical care and any type of remedial ca Optometrists' Services No authorization required Other 1937 Benefit Provided: Eyeglasses Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
Medical care and any type of remedial ca Optometrists' Services No authorization required Other 1937 Benefit Provided: Eyeglasses Authorization: Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Medical care and any type of remedial ca Optometrists' Services No authorization required Other 1937 Benefit Provided: Eyeglasses Authorization: Amount Limit: No Limit Scope Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Medical care and any type of remedial ca Optometrists' Services No authorization required Other 1937 Benefit Provided: Eyeglasses Authorization: Amount Limit: No Limit Scope Limit: Adult Services are limited to eyeglasses	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: No Limit	Remove
Medical care and any type of remedial ca Optometrists' Services No authorization required Other 1937 Benefit Provided: Eyeglasses Authorization: Amount Limit: No Limit Scope Limit: Adult Services are limited to eyeglasses extraction. Other:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: No Limit and contact lenses as the sole prosthetic device after a cataract	Remove
Medical care and any type of remedial ca Optometrists' Services No authorization required Other 1937 Benefit Provided: Eyeglasses Authorization: Amount Limit: No Limit Scope Limit: Adult Services are limited to eyeglasses extraction. Other:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: No Limit and contact lenses as the sole prosthetic device after a cataract are recognized under State Law- Optometrists' Services: Eyeglasses	Remove

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Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Rehab: Screening/Evaluation/Assessment	Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limits	No Limits	
Scope Limit:		
These services can only be provided in the following hospital, outpatient hospital, emergency room, inpat center, rural health clinic,	g settings: office, home, urgent care facility, inpatient tient psychiatric facility, community mental health	
Other:		
	th Centers (FQHCs), rural substance abuse transitional apeutic day program, Level 2 behavioral health group	
Other 1937 Benefit Provided:	Source:	
Non-Emergency Transportation OP (Non Ambulance)	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
Non-emergency ambulance transportation is available treatment is being provided.	ole for transport to and from facilities where medical	
Other:		
This is limited to NEMT for out-patient services Trips that exceed 100 miles require prior authorization	on	
Other 1937 Benefit Provided:	Source:	
Face-to Face Tobacco Cessation Counseling Service	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	

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Scope Limit:		
No Limit		Remove
Other:		
No authorization required Family Planning Services: Face-to Face Tobacco Ces	sation Counseling Service	
Other 1937 Benefit Provided:	Source:	
Tobacco Cessation for Pregnant Women	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
At least four counseling sessions per quit attempt	None	
Scope Limit:		
Cost sharing not imposed for Tobacco Cessation Ser	vices for pregnant women	
Other:		
No authorization required Tobacco Cessation for Pregnant Women: Face-to-Fac		
Tobacco Cessation for Pregnant Women: Face-to-Fac Other 1937 Benefit Provided:	Source:	
Tobacco Cessation for Pregnant Women: Face-to-Fac		Remove
Tobacco Cessation for Pregnant Women: Face-to-Fac Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
Tobacco Cessation for Pregnant Women: Face-to-Face Other 1937 Benefit Provided: Nursing facility- custodial	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Tobacco Cessation for Pregnant Women: Face-to-Face Other 1937 Benefit Provided: Nursing facility- custodial	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
Tobacco Cessation for Pregnant Women: Face-to-Face Other 1937 Benefit Provided: Nursing facility- custodial Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
Tobacco Cessation for Pregnant Women: Face-to-Face Other 1937 Benefit Provided: Nursing facility- custodial Authorization: Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Tobacco Cessation for Pregnant Women: Face-to-Face Other 1937 Benefit Provided: Nursing facility- custodial Authorization: Amount Limit: 90 days per contract year	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Tobacco Cessation for Pregnant Women: Face-to-Face Other 1937 Benefit Provided: Nursing facility- custodial Authorization: Amount Limit: 90 days per contract year Scope Limit: Benefit is for when hospitalization would be necessary	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Other 1937 Benefit Provided: Nursing facility- custodial Authorization: Amount Limit: 90 days per contract year Scope Limit: Benefit is for when hospitalization would be necessar	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Tobacco Cessation for Pregnant Women: Face-to-Face Other 1937 Benefit Provided: Nursing facility- custodial Authorization: Amount Limit: 90 days per contract year Scope Limit: Benefit is for when hospitalization would be necessary	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None ry if nursing facility services were not provided Source:	Remove
Tobacco Cessation for Pregnant Women: Face-to-Face Other 1937 Benefit Provided: Nursing facility- custodial Authorization: Amount Limit: 90 days per contract year Scope Limit: Benefit is for when hospitalization would be necessary Other: No prior authorization required	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None Try if nursing facility services were not provided	Remove
Tobacco Cessation for Pregnant Women: Face-to-Face Other 1937 Benefit Provided: Nursing facility- custodial Authorization: Amount Limit: 90 days per contract year Scope Limit: Benefit is for when hospitalization would be necessary Other: No prior authorization required Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None ry if nursing facility services were not provided Source: Section 1937 Coverage Option Benchmark Benefit	Remove

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Amount Limit:	Duration Limit:	
No Limit	No Limit	Remove
Scope Limit:		
No Limit		
Other:		
No prior authorization required		
Other 1937 Benefit Provided:	Source:	
Certified pediatric or family nurse practitioner's	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limit		
No Limit Other:		
Other:	Source:	
Other: No prior authorization required	Section 1937 Coverage Option Benchmark Benefit	Remove
Other: No prior authorization required Other 1937 Benefit Provided:		Remove
Other: No prior authorization required Other 1937 Benefit Provided: Licensed/State-approved freestanding birth centers	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Other: No prior authorization required Other 1937 Benefit Provided: Licensed/State-approved freestanding birth centers	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
Other: No prior authorization required Other 1937 Benefit Provided: Licensed/State-approved freestanding birth centers Authorization:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
Other: No prior authorization required Other 1937 Benefit Provided: Licensed/State-approved freestanding birth centers Authorization: Amount Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other: No prior authorization required Other 1937 Benefit Provided: Licensed/State-approved freestanding birth centers Authorization: Amount Limit: No Limit	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other: No prior authorization required Other 1937 Benefit Provided: Licensed/State-approved freestanding birth centers Authorization: Amount Limit: No Limit Scope Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other: No prior authorization required Other 1937 Benefit Provided: Licensed/State-approved freestanding birth centers Authorization: Amount Limit: No Limit Scope Limit: No Limit	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other: No prior authorization required Other 1937 Benefit Provided: Licensed/State-approved freestanding birth centers Authorization: Amount Limit: No Limit Scope Limit: No Limit Other:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove

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Provider Qualifications:	
Medicaid State Plan	Remove
Duration Limit:	
No Limit	
covered professionals providing services in the freestanding birth	n
	Add
	Medicaid State Plan Duration Limit: No Limit

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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

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V.20130917

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OMB Control Number: 0938-1148 Attachment 3.1-L-OMB Expiration date: 10/31/2014 **Benefits Assurances** ABP7 EPSDT Assurances If the target population includes persons under 21, please complete the following assurances regarding EPSDT. Otherwise, skip to the Prescription Drug Coverage Assurances below. The alternative benefit plan includes beneficiaries under 21 years of age. Yes [7] The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345). [7] The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/ territory plan under section 1902(a)(10)(A) of the Act. Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services: Through an Alternative Benefit Plan. C Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as defined in 1905(r). Other Information regarding how ESPDT benefits will be provided to participants under 21 years of age (optional): The ABP is fully aligned with the State plan which includes the following EPSDT covered services: services that correct or ameliorate physical and mental defects, conditions, and illnesses discovered by the screening process when those services fall within the optional and mandatory categories of "Medical Assistance" as defined in the Medicaid Act. Services covered under EPSDT include categories of services in the Federal Law even when they are not listed as covered services in the AHCCCS State Plan, AHCCCS statutes, rules, or policies as long as the services are medically necessary and cost effective. Prescription Drug Coverage Assurances The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark. The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered. The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act. The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act. Other Benefit Assurances The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS. The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FOHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.

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√	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.
V	The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
√	The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
✓	The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
V	The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
V	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).

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Attachment 3.1-L-	OMB Control Number: 0938-1148 OMB Expiration date: 10/31/2014
Service Delivery Systems	ABP8
Provide detail on the type of delivery system(s) the state/territory will use for the Abenchmark-equivalent benefit package, including any variation by the participants	Alternative Benefit Plan's benchmark benefit package or geographic area.
Type of service delivery system(s) the state/territory will use for this Alternative B	Benefit Plan(s).
Select one or more service delivery systems:	
Managed care.	
Managed Care Organizations (MCO).	
Prepaid Inpatient Health Plans (PIHP).	
Prepaid Ambulatory Health Plans (PAHP).	
Primary Care Case Management (PCCM).	
∑ Fee-for-service.	
Other service delivery system.	
Managed Care Options	
Managed Care Assurance	
The state/territory certifies that it will comply with all applicable Medicaid law 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing man Plan. This includes the requirement for CMS approval of contracts and rates p	aged care services through this Alternative Benefit
Managed Care Implementation	
Please describe the implementation plan for the Alternative Benefit Plan under maprovider outreach efforts.	anaged care including member, stakeholder, and
AHCCCS has implemented a managed care delivery system for Medicaid benefit infrastructure and resources for the implementation of the ABP.	s since 1982. We will utilize the existing systems,
MCO: Managed Care Organization	
The managed care delivery system is the same as an already approved managed ca	are program.
The managed care program is operating under (select one):	
C Section 1915(a) voluntary managed care program.	
C Section 1915(b) managed care waiver.	
C Section 1932(a) mandatory managed care state plan amendment.	
© Section 1115 demonstration.	
C Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment	
Identify the date the managed care program was approved by CMS:	27, 2013

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Describe prog	ram bel	ow:
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The Arizona Health Care Cost Containment System (AHCCCS), the State's Medicaid Agency, uses federal, state, and county funds to provide health care coverage to the State's acute, long-term care Medicaid populations and low-income groups. Since 1982, when it became the first statewide Medicaid managed care system in the nation, AHCCCS has operated under a federal Research and Demonstration 1115 Waiver authority that allows for the operation of a total managed care model. AHCCCS makes prospective capitation payments to contracted health plans responsible for the delivery of care to members. The result is a managed care system that mainstreams recipients, allows them to select their providers, and encourages quality care and preventive services. The new adult group is included in the managed care program.

Additional Information: MCO (Optional)	
Provide any additional details regarding this service delivery system (optional):	
Fee-For-Service Options	
Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:	

Traditional state-managed fee-for-service

C 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-forservice care management models/non-risk, contractual incentives as well as the population served via this delivery system.

The American Indian/Alaska Native population cannot be mandated to enroll in managed care. The AHCCCS Administration anages a fee-for-service program for those AI/AN members who do not elect to enroll in an MCO. The AHCCCS Administration

Add	Additional Information: Fee-For-Service (Optional)		
	Administration also pays claims for MCO enrolled AI/AN members who elect to receive care at IHS/638 facilities.		
	pays claims for the care provided to AI/AN FFS members both at IHS/638 facilities and non-IHS/638 facilities. The AHCCCS		
	inaliages a rec-for-service program for those restrict members who do not elect to enton in an integer. The refreeded realistication		

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

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Attachment 3.1-L- OMB Expiration date: 10	0/31/2014
Employer Sponsored Insurance and Payment of Premiums	ABP9
The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.	No
The state/territory otherwise provides for payment of premiums.	No
Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:	

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.20130917

OMB Control Number: 0938-1148

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OMB Control Number: 0938-1148 Attachment 3.1-L-OMB Expiration date: 10/31/2014 General Assurances ABP10 **Economy and Efficiency of Plans** The state/territory assures that Alternative Benefit Plan coverage is provided in accordance with Federal upper payment limit requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained. Economy and efficiency will be achieved using the same approach as used for Medicaid state plan services. Yes Compliance with the Law [7] The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/ territory plan under this title. The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e). The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.

PRA Disclosure Statement

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.

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Attachment 3.1-L
OMB Expiration date: 10/31/2014

Payment Methodology

ABP11

Alternative Benefit Plans - Payment Methodologies

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

An attachment is submitted.

PRA Disclosure Statement

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