#### **Table of Contents**

**State/Territory Name: California** 

State Plan Amendment (SPA) #: 14-018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/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

July 30, 2014

Toby Douglas, Director California Department of Health Care Services P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413

#### Dear Mr. Douglas:

Enclosed for your records is an approved copy of California's Alternative Benefit Plan (ABP) State Plan Amendment (SPA) CA-14-018. This ABP Amendment, which was submitted on June 27, 2014, meets all federal statutory and regulatory requirements for establishing an ABP.

This SPA adds adult dental into the ABP. This benefit change aligns California's ABP with the traditional State Medicaid Plan, which added adult dental through a separate SPA

This ABP SPA is approved effective May 1, 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 1-4
- o ABP 9, pages 1
- o ABP 10, page 1
- o ABP 11, page 1

#### Page 2 – Toby Douglas, Director

If you have any questions, please contact Tom Schenck at (415)744-3589 or tom.schenck@cms.hhs.gov.

Sincerely,

/s/

Hye Sun Lee Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations

cc: Laurie Weaver, California Department of Health Care Services Nate Emery, California Department of Health Care Services

#### Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name:			
California			
Transmittal Number		The test of the form of CT VV 0000 miles CT the state abbusylation VV - the last two	
Please enter th	e Transmittal Number (1 hmission year, and 0000 =	(N) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two = a four digit number with leading zeros. The dashes must also be entered.	
14-018	omission year, and oood	a four digit number with leading zeros. The dusines must also so entered.	
14 010	HAVE HELD THE		
Proposed Effective	Date		
05/01/2014	(mm/dd/yyyy	")	
		A	
Federal Statute/Reg	gulation Citation		
Section 1902(a	)(10)(A)(i)(VIII); SEction	1902(k)(1); Section 1937	
Federal Budget Im	pact		
	Federal Fiscal Year	Amount	
First Year	2014	\$ 5948000.00	
Second Year	2015		
Second Tear		\$ 201931000.00	
Subject of Amenda			
ACA Alternativ	e Benefit Plan		
Governor's Office			
	or's office reported no co		
Commo Describ	ents of Governor's office i	eceived	
Descrie	V.		d
****			•
O No repl	y received within 45 days	of submittal	
	as specified	•	
Describ		in the considerable Charles Diagram Amount	
The Go	vernor's Office does not wi	ish to review the State Plan Amendment	
Signature of State Submitted B			
Nathaniel E			
Last Revision	Date:		
Jul 17, 2014 Submit Date			
Jun 27, 201			



Attachment 3.1-C-	OMB Expiration date: 10/31/2014
Alternative Benefit Plan Populations	ABP1
Identify and define the population that will participate in the Alternative Benefit Plan.	
Alternative Benefit Plan Population Name: Adult Group	
Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may targeting criteria used to further define the population.	contain individuals that meet any
Eligibility Groups Included in the Alternative Benefit Plan Population:	
Eligibility Group:	Enrollment is mandatory or voluntary?
+ Adult Group	Mandatory X
Enrollment is available for all individuals in these eligibility group(s).  Yes	
Geographic Area	
The Alternative Benefit Plan population will include individuals from the entire state/territory.	Yes
Any other information the state/territory wishes 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 the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of the Paperwork Reduction Act of 1995, no persons are required to respond to the Paperwork Reduction Act of 1995, no persons are required to respond to the Paperwork Reduction Act of 1995, no persons are required to respond to the Paperwork Reduction Act of 1995, no persons are required to respond to the Paperwork Reduction Act of 1995, no persons are required to the Paperwork Reduction Act of 1995, no persons are required to the Paperwork Reduction Act of 1995, no persons are required to the Paperwork Reduction Act of 1995, no persons are required to the Paperwork Reduction Act of 1995, no persons are required to the Paperwork Reduction Act of 1995, no persons are required to the Paperwork Reduction Act of 1995, no persons are required to the Paperwork Reduction Act of 1995, no persons are required to the Paperwork Reduction Act of 1995, no persons are required to the 1995, no per	of information unloss it displays a
valid OMB control number. The valid OMB control number for this information collection is 0938-114	1 0

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.20130724

Page 1 of 1

OMB Control Number: 0938-1148



Attachment 3.1-C- OMB Control Number: 0938-1148
OMB Expiration date: 10/31/2014

## 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.

Yes

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

In accordance with CMS instruction and technical assistance, California has fully aligned its benefits in the ABP to reflect the State Plan, using the Blue Cross/Blue Shield FEHBP to define the EHBs. To the extent services are considered Long Term Services and Supports (LTSS), these services are only available under the ABP to individuals who meet the medically frail criteria. The criterion governing the availability of these State Plan services aligns with or is at least as stringent as the medically frail criteria. As such, those ABP recipients who qualify for State Plan LTSS services based on medical necessity will be considered medically frail and will not be subject to a separate determination beyond the applicable, service-specific needs assessment.

#### 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: 7/30/2014 Page 1 of 1 Effective Date: 5/01/2014

TN No: 14-018 California



OMB Control Number: 0938-1148 Attachment 3.1-C-OMB Expiration date: 10/31/2014 Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package Select one of the following: The state/territory is amending one existing benefit package for the population defined in Section 1. • The state/territory is creating a single new benefit package for the population defined in Section 1. Name of benefit package: ABP Adult Group 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. O Benefits are the same as provided in the approved state plan but in a different amount, duration and/or scope. The state/territory offers only a partial list of benefits provided in the approved state plan. The state/territory offers a partial list of benefits provided in the approved state plan plus additional benefits. Please briefly identify the benefits, the source of benefits and any limitations: State Plan benefits as described in the State Plan.

Approval Date: 7/30/2014

Approval Date: 5/01/2014

TN No: 14-018

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.
• 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: Blue Cross/ Blue Shield FEHBP
Other Information Related to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):
The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP 5. The state assures the accuracy of all information in ABP 5 depicting amount, duration and scope parameters of services authorized in the currently approved 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.

V.20130801

Approval Date: 7/30/2014 Page 2 of 2 Effective Date: 5/01/2014

TN No: 14-018 California



Attachment 3.1-C- OMB Expiration	n date: 10/31/2014
Alternative Benefit Plan Cost-Sharing	ABP4
Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.	
Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise described in the state cost sharing must comply with Section 1916 of the Social Security Act.	plan. Any such
The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described Attachment 4.18-A.	l in No
Other Information Related to Cost Sharing Requirements (optional):	

#### PRA Disclosure Statement

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

V.20130807

OMB Control Number: 0938-1148

Approval Date: 7/30/2014 Page 1 of 1 Effective Date: 5/01/2014

TN No: 14-018 California



OMB Control Number: 0938-1148

Page 1 of 43

Attachment 3.1-C
Benefits Description

ABP5

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

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

The Standard Blue Cross/Blue Shield Preferred Provider Option-Federal Employees Health Benefit Program (FEHBP)

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

Secretary-Approved



ssential Health Benefit 1: Ambulatory patient services		Collapse All
Benefit Provided:	Source:	
Hospital Outpatient & Outpatient Clinic Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
	naximum of two services in any one calendar month or neture, audiology, occupational therapy, podiatry, and ssity with Treatment Authorization Request (TAR).	
Benefit Provided:	Source:	
Outpatient Hospital: Outpatient Surgery	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	None	
Scope Limit:		
Scope Zimit.		
Frequency limits of once per lifetime on some surg	geries.	
Frequency limits of once per lifetime on some surg	geries.  the specific name of the source plan if it is not the base	
Frequency limits of once per lifetime on some surg Other information regarding this benefit, including	<u> </u>	
Frequency limits of once per lifetime on some surg Other information regarding this benefit, including benchmark plan:	<u> </u>	
Frequency limits of once per lifetime on some surg Other information regarding this benefit, including benchmark plan: Includes anesthesiologist services.	the specific name of the source plan if it is not the base	
Frequency limits of once per lifetime on some surg Other information regarding this benefit, including benchmark plan: Includes anesthesiologist services.  Benefit Provided:	the specific name of the source plan if it is not the base Source:	
Frequency limits of once per lifetime on some surg Other information regarding this benefit, including benchmark plan: Includes anesthesiologist services.  Benefit Provided: Other Licensed Practitioners: Podiatry	the specific name of the source plan if it is not the base  Source:  State Plan 1905(a)	
Frequency limits of once per lifetime on some surg Other information regarding this benefit, including benchmark plan: Includes anesthesiologist services.  Benefit Provided: Other Licensed Practitioners: Podiatry  Authorization:	Source:  State Plan 1905(a)  Provider Qualifications:	
Frequency limits of once per lifetime on some surg Other information regarding this benefit, including benchmark plan: Includes anesthesiologist services.  Benefit Provided: Other Licensed Practitioners: Podiatry  Authorization: Other	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	

TN No: 14-018 Approval Date: 7/30/2014 Effective Date: 5/01/2014 California



combination of two services per month from th	of two services in any one calendar month or any ne following services: acupuncture, audiology, chiropractic, rapy; may exceed limit for medical necessity with a TAR.	Remove
Benefit Provided:	Source:	
Other Licensed Practitioners: Chiropractic	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
2 per month	None	
Scope Limit:		
Pregnant women and EPSDT covered. Other b	beneficiaries are only covered in FQHCs and RHCs.	
Other information regarding this benefit, include benchmark plan:	ding the specific name of the source plan if it is not the base	
combination of two services per month from th	of two services in any one calendar month or any ne following services: acupuncture, audiology, chiropractic, rapy; may exceed limit for medical necessity with a TAR.	
combination of two services per month from th	ne following services: acupuncture, audiology, chiropractic,	
combination of two services per month from the occupational therapy, podiatry and speech therapy	ne following services: acupuncture, audiology, chiropractic, apy; may exceed limit for medical necessity with a TAR.	Remove
combination of two services per month from the occupational therapy, podiatry and speech there senefit Provided:	ne following services: acupuncture, audiology, chiropractic, papy; may exceed limit for medical necessity with a TAR.  Source:	Remove
combination of two services per month from the occupational therapy, podiatry and speech there.  Benefit Provided:  Physician Services	ne following services: acupuncture, audiology, chiropractic, rapy; may exceed limit for medical necessity with a TAR.  Source:  State Plan 1905(a)	Remove
combination of two services per month from the occupational therapy, podiatry and speech there.  Benefit Provided: Physician Services  Authorization:	source:  State Plan 1905(a)  Provider Qualifications:	Remove
combination of two services per month from the occupational therapy, podiatry and speech there.  Benefit Provided:  Physician Services  Authorization:  None	source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Medicaid State Plan	Remove
combination of two services per month from the occupational therapy, podiatry and speech there.  Benefit Provided:  Physician Services  Authorization:  None  Amount Limit:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
combination of two services per month from the occupational therapy, podiatry and speech there.  Benefit Provided: Physician Services  Authorization:  None  Amount Limit:  None	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
combination of two services per month from the occupational therapy, podiatry and speech there.  Benefit Provided:  Physician Services  Authorization:  None  Amount Limit:  None  Scope Limit:  Scope of licensure.	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
combination of two services per month from the occupational therapy, podiatry and speech there benefit Provided:  Physician Services  Authorization:  None  Amount Limit:  None  Scope Limit:  Scope of licensure.  Other information regarding this benefit, included.	source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None	Remove
combination of two services per month from the occupational therapy, podiatry and speech there.  Benefit Provided:  Physician Services  Authorization:  None  Amount Limit:  None  Scope Limit:  Scope of licensure.  Other information regarding this benefit, include benchmark plan:	source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  ding the specific name of the source plan if it is not the base	Remove
combination of two services per month from the occupational therapy, podiatry and speech there.  Benefit Provided:  Physician Services  Authorization:  None  Amount Limit:  None  Scope Limit:  Scope of licensure.  Other information regarding this benefit, include benchmark plan:  Benefit Provided:	source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  Source:  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  Source:  Source:  Source:  Source:	Remove

TN No: 14-018
California
Approval Date: 7/30/2014
Effective Date: 5/01/2014

Page 3 of 43



Amount Limit:	Duration Limit:	
None	None	Remove
Scope Limit:		
None		
benchmark plan:	the specific name of the source plan if it is not the base	
Chemotherapy, radiation therapy, Intensive-Modul infusion therapy, medication management.	ated Radiation Therapy (IMRT), renal dialysis, IV/	
Benefit Provided:	Source:	
Physician Services: Allergy Care	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
8 injections within 120 days	None	
Scope Limit:		
None  Other information regarding this benefit, including	the specific name of the source plan if it is not the base	
	the specific name of the source plan if it is not the base	
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base  Source:	
Other information regarding this benefit, including benchmark plan:  Emergency treatment does not require TAR.		Remove
Other information regarding this benefit, including benchmark plan:  Emergency treatment does not require TAR.  Benefit Provided:	Source:	Remove
Other information regarding this benefit, including benchmark plan:  Emergency treatment does not require TAR.  Benefit Provided:  Outpatient Hospital: Dialysis/Hemodialysis	Source: State Plan 1905(a)	Remove
Other information regarding this benefit, including benchmark plan:  Emergency treatment does not require TAR.  Benefit Provided:  Outpatient Hospital: Dialysis/Hemodialysis  Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
Other information regarding this benefit, including benchmark plan:  Emergency treatment does not require TAR.  Benefit Provided:  Outpatient Hospital: Dialysis/Hemodialysis  Authorization:  None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
Other information regarding this benefit, including benchmark plan:  Emergency treatment does not require TAR.  Benefit Provided:  Outpatient Hospital: Dialysis/Hemodialysis  Authorization:  None  Amount Limit:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Other information regarding this benefit, including benchmark plan:  Emergency treatment does not require TAR.  Benefit Provided:  Outpatient Hospital: Dialysis/Hemodialysis  Authorization:  None  Amount Limit:  None	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Other information regarding this benefit, including benchmark plan:  Emergency treatment does not require TAR.  Benefit Provided:  Outpatient Hospital: Dialysis/Hemodialysis  Authorization:  None  Amount Limit:  None  Scope Limit:  None	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Other information regarding this benefit, including benchmark plan:  Emergency treatment does not require TAR.  Benefit Provided:  Outpatient Hospital: Dialysis/Hemodialysis  Authorization:  None  Amount Limit:  None  Scope Limit:  None  Other information regarding this benefit, including benchmark plan:  Chronic dialysis covered as an outpatient service we	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  the specific name of the source plan if it is not the base when provided by renal dialysis centers or community edical supplies, equipment, drugs and laboratory tests.	Remove
Other information regarding this benefit, including benchmark plan:  Emergency treatment does not require TAR.  Benefit Provided:  Outpatient Hospital: Dialysis/Hemodialysis  Authorization:  None  Amount Limit:  None  Scope Limit:  None  Other information regarding this benefit, including benchmark plan:  Chronic dialysis covered as an outpatient service whemodialysis units. Includes physician services, metalogical process.	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  the specific name of the source plan if it is not the base when provided by renal dialysis centers or community edical supplies, equipment, drugs and laboratory tests.	Remove



Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
As related to program covered services.		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Other Medical Care: Air transportation only covered transportation covered from non-contract hospital transportation.		
Benefit Provided:	Source:	
Hospice	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	Six months, but may be longer with TAR	
Scope Limit:		
Any Medi-Cal eligible recipient certified by a phys Includes routine home care, continuous home care	sician as having a life expectancy of six months or less. , respite care and general inpatient care.	
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Children may receive concurrent palliative care.		

Add

Page 5 of 43



Essential Health Benefit 2: Emergency services		Collapse All
Benefit Provided:	Source:	_
Outpatient Hospital: Emergency	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
None		
Other information regarding this benefit, including benchmark plan:	ng the specific name of the source plan if it is not the base	
	essary for the treatment of an emergency medical as certified by the attending physician or other appropriate	
Benefit Provided:	Source:	
Medical Transportation: Ambulance Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Nearest hospital capable of meeting patient's near	ed.	
Other information regarding this benefit, including benchmark plan:	ng the specific name of the source plan if it is not the base	_
Air transportation only covered when ground tra	nsportation is not feasible.	
. , ,		
		Add

TN No: 14-018 Approval Date: 7/30/2014 California Effective Date: 5/01/2014

Date: 5/01/2014 Page 6 of 43



Essential Health Benefit 3: Hospitalization		Collapse All
Benefit Provided:	Source:	
Inpatient Hospital/Surgical Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		
Frequency limits of once per lifetime on some su	irgeries.	
Other information regarding this benefit, includin benchmark plan:	g the specific name of the source plan if it is not the base	_
within the scope of practice of medicine or osteoprespiratory care; laboratory and X-ray services; pr	d by physicians, including surgery and consultation, bathy as defined by State law. Includes case management rescriptions for medication, DME and medical supplies; not Institutions for Mental Disease (IMD) and the IMD	
Benefit Provided:	Source:	_
Inpatient Hospital: Bariatric Surgery	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, includin benchmark plan:	g the specific name of the source plan if it is not the base	
Patient must be at or above specified BMI levels a	and meet certain conditions to qualify.	
Benefit Provided:	Source:	_
Other Lic. Practitioner: Anesthesiologist Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	_
Other	Medicaid State Plan	
Other Amount Limit:	Medicaid State Plan  Duration Limit:	

TN No: 14-018 Approval Date: 7/30/2014 Effective Date: 5/01/2014 California

Page 7 of 43



Other information regarding this benefit, including the specific name of the source plan if it is not the base		
benchmark plan:	the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
npatient Hospital: Organ & Tissue Transplantation	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
benchmark plan:  Transplant surgery, pre-transplant evaluation, post-	the specific name of the source plan if it is not the base operative care and laboratory services for bone morrow, y-pancreas, single lung, double lung, pancreas, small	
Other information regarding this benefit, including benchmark plan:  Transplant surgery, pre-transplant evaluation, postheart, liver, kidney, heart-lung, simultaneous kidney bowel and combined liver-small bowel surgeries.	operative care and laboratory services for bone morrow, y-pancreas, single lung, double lung, pancreas, small	
Other information regarding this benefit, including benchmark plan:  Transplant surgery, pre-transplant evaluation, post-heart, liver, kidney, heart-lung, simultaneous kidney bowel and combined liver-small bowel surgeries.  Benefit Provided:	operative care and laboratory services for bone morrow, y-pancreas, single lung, double lung, pancreas, small  Source:	
Other information regarding this benefit, including benchmark plan:  Transplant surgery, pre-transplant evaluation, postheart, liver, kidney, heart-lung, simultaneous kidney bowel and combined liver-small bowel surgeries.	operative care and laboratory services for bone morrow, y-pancreas, single lung, double lung, pancreas, small	Remove
Other information regarding this benefit, including benchmark plan:  Transplant surgery, pre-transplant evaluation, post-heart, liver, kidney, heart-lung, simultaneous kidney bowel and combined liver-small bowel surgeries.  Benefit Provided:	operative care and laboratory services for bone morrow, y-pancreas, single lung, double lung, pancreas, small  Source:	Remove
Other information regarding this benefit, including benchmark plan:  Transplant surgery, pre-transplant evaluation, post-heart, liver, kidney, heart-lung, simultaneous kidney bowel and combined liver-small bowel surgeries.  Benefit Provided:  Inpatient Hospital: Reconstructive Surgery	operative care and laboratory services for bone morrow, y-pancreas, single lung, double lung, pancreas, small  Source:  State Plan 1905(a)	Remove
Other information regarding this benefit, including benchmark plan:  Transplant surgery, pre-transplant evaluation, post-heart, liver, kidney, heart-lung, simultaneous kidney bowel and combined liver-small bowel surgeries.  Benefit Provided:  Inpatient Hospital: Reconstructive Surgery  Authorization:	operative care and laboratory services for bone morrow, y-pancreas, single lung, double lung, pancreas, small  Source:  State Plan 1905(a)  Provider Qualifications:	Remove
Other information regarding this benefit, including benchmark plan:  Transplant surgery, pre-transplant evaluation, post-heart, liver, kidney, heart-lung, simultaneous kidney bowel and combined liver-small bowel surgeries.  Benefit Provided:  Inpatient Hospital: Reconstructive Surgery  Authorization:  Prior Authorization	operative care and laboratory services for bone morrow, y-pancreas, single lung, double lung, pancreas, small  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan	Remove
Other information regarding this benefit, including benchmark plan:  Transplant surgery, pre-transplant evaluation, post-heart, liver, kidney, heart-lung, simultaneous kidney bowel and combined liver-small bowel surgeries.  Benefit Provided:  Inpatient Hospital: Reconstructive Surgery  Authorization:  Prior Authorization  Amount Limit:	operative care and laboratory services for bone morrow, y-pancreas, single lung, double lung, pancreas, small  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Other information regarding this benefit, including benchmark plan:  Transplant surgery, pre-transplant evaluation, post-heart, liver, kidney, heart-lung, simultaneous kidney bowel and combined liver-small bowel surgeries.  Benefit Provided: Inpatient Hospital: Reconstructive Surgery  Authorization:  Prior Authorization  Amount Limit:  None	operative care and laboratory services for bone morrow, y-pancreas, single lung, double lung, pancreas, small  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Other information regarding this benefit, including benchmark plan:  Transplant surgery, pre-transplant evaluation, post-heart, liver, kidney, heart-lung, simultaneous kidney bowel and combined liver-small bowel surgeries.  Benefit Provided: Inpatient Hospital: Reconstructive Surgery  Authorization:  Prior Authorization  Amount Limit:  None  Scope Limit:  Cosmetic surgery is not a covered benefit.	operative care and laboratory services for bone morrow, y-pancreas, single lung, double lung, pancreas, small  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove

Add

Page 8 of 43



Essential Health Benefit 4: Maternity and newborn care		Collapse All
Benefit Provided:	Source:	
Physician Service: Prenatal Care	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	Date of conception through delivery.	
Scope Limit:		_
None		
benchmark plan:	he specific name of the source plan if it is not the base ing and cordocentesis; genetic screening of father for	7
cystic fibrosis if he is a Medi-Cal beneficiary.		
Benefit Provided:	Source:	_
Inpatient Hospital: Delivery and Postpartum Care	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	Delivery through 60 days after delivery.	
Scope Limit:		
Medical services related to delivery and postpartum	care.	
Other information regarding this benefit, including t benchmark plan:	he specific name of the source plan if it is not the base	
Hospital stay 48 to 96 hours post delivery.		
Benefit Provided:	Source:	_
Physician Services: Breastfeeding Education	State Plan Other	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
Other	Birth through discharge visit	
Scope Limit:		_
Mother of newborn.		

TN No: 14-018 Approval Date: 7/30/2014 California Effective Date: 5/01/2014

Page 9 of 43



May be provided by physician, a regis	stered nurse or a registered dietician working under physician.	Remove
Benefit Provided:	Source:	
Nurse Midwife Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	Date of conception through 60 days after delivery.	
Scope Limit:		
Under supervision of physician		
Other information regarding this bene benchmark plan:	fit, including the specific name of the source plan if it is not the base	

TN No: 14-018 Approval Date: 7/30/2014 California Effective Date: 5/01/2014

Page 10 of 43



Essential Health Benefit 5: Mental health and substance us behavioral health treatment	se disorder services including	Collapse All
Benefit Provided:	Source:	
Rehabilitation: Outpatient Mental Health	State Plan Other	Remove
Authorization:	Provider Qualifications:	_
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	ne specific name of the source plan if it is not the base	_
Professional/Outpatient Mental Health Services. Inclupsychological testing and medication management.	udes individual and group psychotherapy,	
Benefit Provided:	Source:	
Rehabilitation:Outpatient Specialty Mental Health	State Plan Other	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
None		
Other information regarding this benefit, including the benchmark plan:	ne specific name of the source plan if it is not the base	_
Other/Outpatient Specialty Mental Health Services. I stabilization; adult crisis residential; mental health semanagement.	ncludes day treatment services; crisis intervention and rvices; medication management and targeted case	
Benefit Provided:	Source:	
Rehabilitation: Inpatient Mental Health	State Plan Other	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	

TN No: 14-018 Approval Date: 7/30/2014 California Effective Date: 5/01/2014

Page 11 of 43



Scope Limit:		
None		Remove
Other information regarding this benefit, including the benchmark plan:	the specific name of the source plan if it is not the base	
facility services and psychiatric inpatient profession acute psychiatric inpatient hospital services, psychia	sychiatric inpatient hospital services, psychiatric health hal services. The IMD payment exclusion applies to atric health facility services, and psychiatric inpatient provided in a facility that is considered an IMD based on	
Benefit Provided:	Source:	
Rehabilitation: Substance Use Disorder Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	the specific name of the source plan if it is not the base	
	res include Outpatient Drug Free; Intensive Outpatient ent Program. Post periodic review. Prior authorization is more than 200 minutes per month.	
Benefit Provided:	Source:	
Physician Service: Heroin/Opioid Detoxification	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	21 consecutive days per treatment	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	the specific name of the source plan if it is not the base	
necessary, additional 21-day treatments are covered	clude Narcotic Treatment Program. When medically after 28 days have passed since beneficiary completed necessary services to diagnose and treat diseases that n or other opioid detoxification services.	

TN No: 14-018 Approval Date: 7/30/2014 California Effective Date: 5/01/2014

Page 12 of 43



Benefit Provided:	Source:	
npatient Hosp.:Voluntary Inpatient Detoxification	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	ne specific name of the source plan if it is not the base	
Room and Board. Professional services performed by and consultation, within the scope of practice of med case management; respiratory care; laboratory and X medical supplies. These facilities are not IMDs and the	icine or osteopathy as defined by State law. Includes -ray services; prescriptions for medication, DME, and	
		Add

TN No: 14-018 Approval Date: 7/30/2014 California Effective Date: 5/01/2014

Page 13 of 43



efit Provided:		
Coverage is at least the greater of one drug in each same number of prescription drugs in each category	-	
Prescription Drug Limits (Check all that apply.):	Authorization:	Provider Qualifications:
∠ Limit on days supply	Yes	State licensed
○ Other coverage limits		
Preferred drug list		
Coverage that exceeds the minimum requirements	or other:	
The State of California's ABP prescription drug be State Plan for prescribed drugs.	enefit plan is the same as u	nder the approved Medicai



Essential Health Benefit 7: Rehabilitative and habilitative	services and devices	Collapse All
Benefit Provided:	Source:	
Physical Therapy	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:  Authorizations is valid for up to 120 days and must in granted for more than 30 treatments at any one time.	•	
Benefit Provided:	Source:	
Home Health: Durable Medical Equipment	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		_
Replacement limits vary by type of equipment.		
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:	
Home Health: Hearing Aids	State Plan 1905(a)	
Authorization:	Provider Qualifications:	_
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
\$1,510 cap per person, per year; some exceptions	None	
Scope Limit:		_
\$1,510 annual cap may be exceeded for medical neces	essity.	
		_



Replacement hearing aids for those that are lost, stole	en or damaged are not subject to the \$1,510 cap.	Remov
enefit Provided:	G	
	Source:	D
T and Related Services: Speech Therapy/Audiology	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
2 per month	None	
Scope Limit:		
Pregnant women and EPSDT covered. Other benefit departments and organized outpatient clinics.	ciaries are only covered in hospital outpatient	
Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base	
Outpatient services are limited to a maximum of two combination of two services per month from the folloccupational therapy, podiatry and speech therapy; n	owing services: acupuncture, audiology, chiropractic,	
enefit Provided:	Source:	
		Remov
	Source:	Remov
Γ and Related Services: Occupational Therapy	Source: State Plan 1905(a)	Remov
T and Related Services: Occupational Therapy  Authorization:	Source:  State Plan 1905(a)  Provider Qualifications:	Remov
T and Related Services: Occupational Therapy  Authorization:  None	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan	Remov
Authorization:  None  Amount Limit:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remov
Authorization:  None  Amount Limit:  2 per month	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None	Remov
Authorization:  None  Amount Limit:  2 per month  Scope Limit:  Pregnant women and EPSDT covered. Other benefit departments and organized outpatient clinics.	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None	Remov
Authorization:  None  Amount Limit:  2 per month  Scope Limit:  Pregnant women and EPSDT covered. Other benefit departments and organized outpatient clinics.  Other information regarding this benefit, including the benchmark plan:  Outpatient services are limited to a maximum of two	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  ciaries are only covered in hospital outpatient  the specific name of the source plan if it is not the base o services in any one calendar month or any owing services: acupuncture, audiology, chiropractic,	Remov
Authorization:  None  Amount Limit:  2 per month  Scope Limit:  Pregnant women and EPSDT covered. Other benefit departments and organized outpatient clinics.  Other information regarding this benefit, including the benchmark plan:  Outpatient services are limited to a maximum of two combination of two services per month from the follooccupational therapy, podiatry and speech therapy; near the services are serviced to the service of the serviced to the serviced to the serviced to the serviced therapy; near the serviced to	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  ciaries are only covered in hospital outpatient  the specific name of the source plan if it is not the base o services in any one calendar month or any owing services: acupuncture, audiology, chiropractic,	Remov
Authorization:  None  Amount Limit:  2 per month  Scope Limit:  Pregnant women and EPSDT covered. Other benefit departments and organized outpatient clinics.  Other information regarding this benefit, including the benchmark plan:  Outpatient services are limited to a maximum of two combination of two services per month from the folloccupational therapy, podiatry and speech therapy; menefit Provided:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  ciaries are only covered in hospital outpatient  the specific name of the source plan if it is not the base  services in any one calendar month or any owing services: acupuncture, audiology, chiropractic, may exceed limit for medical necessity with a TAR.	Remov
None  Amount Limit:  2 per month  Scope Limit:  Pregnant women and EPSDT covered. Other benefit departments and organized outpatient clinics.  Other information regarding this benefit, including the benchmark plan:  Outpatient services are limited to a maximum of two combination of two services per month from the follows:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  ciaries are only covered in hospital outpatient  the specific name of the source plan if it is not the base  services in any one calendar month or any owing services: acupuncture, audiology, chiropractic, may exceed limit for medical necessity with a TAR.  Source:	Remov

TN No: 14-018 Approval Date: 7/30/2014 California Effective Date: 5/01/2014

Page 16 of 43



	Duration Limit:	
2 per month	None	Remove
Scope Limit:		
Pregnant women and EPSDT covered. Other bene departments and organized outpatient clinics.	eficiaries are only covered in hospital outpatient	
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
	vo services in any one calendar month or any ollowing services: acupuncture, audiology, chiropractic, may exceed limit for medical necessity with a TAR.	
enefit Provided:	Source:	
ehabilitative Services: Cardiac Rehabilitation	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None	the specific name of the source plan if it is not the base	
None	the specific name of the source plan if it is not the base	
None Other information regarding this benefit, including benchmark plan:	Source:  State Plan 1905(a)	Remove
None Other information regarding this benefit, including benchmark plan: enefit Provided:	Source:	Remove
None Other information regarding this benefit, including benchmark plan: enefit Provided: ehabilitative Services: Pulmonary Rehabilitation	Source: State Plan 1905(a)	Remove
None Other information regarding this benefit, including benchmark plan: enefit Provided: ehabilitative Services: Pulmonary Rehabilitation Authorization:	Source:  State Plan 1905(a)  Provider Qualifications:	Remove
None Other information regarding this benefit, including benchmark plan: enefit Provided: ehabilitative Services: Pulmonary Rehabilitation  Authorization: Prior Authorization	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan	Remove
None Other information regarding this benefit, including benchmark plan: enefit Provided: ehabilitative Services: Pulmonary Rehabilitation  Authorization: Prior Authorization  Amount Limit:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
None Other information regarding this benefit, including benchmark plan:  enefit Provided: ehabilitative Services: Pulmonary Rehabilitation  Authorization: Prior Authorization  Amount Limit: None Scope Limit: Pulmonary rehabilitation for acute airway obstructions	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
None Other information regarding this benefit, including benchmark plan:  enefit Provided: ehabilitative Services: Pulmonary Rehabilitation  Authorization:  Prior Authorization  Amount Limit:  None  Scope Limit:  Pulmonary rehabilitation for acute airway obstructlimited to 6 in 30 days; aerosol inhalation of pentator prophylaxis is limited to 1 in 30 days.	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  tion or sputum induction for diagnostic purposes is	Remove

Approval Date: 7/30/2014 TN No: 14-018 Effective Date: 5/01/2014 California

Page 17 of 43



Benefit Provided:	Source:	
Home Health:Medical Supplies,Equipment, Appliances	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Cochlear implant for one ear only; frequency limits	s on replacement parts.	
Other information regarding this benefit, including the benchmark plan:	the specific name of the source plan if it is not the base	
Includes surgically implanted hearing devices, prior require TAR.	authorization required. Certain medical supplies	
Benefit Provided:	Source:	
Orthotics/Prostheses	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Frequency limits on replacements	None	
Scope Limit:		
TAR required when cumulative costs of orthotics e	exceed \$250 and prosthetics exceed \$500.	
Other information regarding this benefit, including the benchmark plan:	the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Home Health Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
	0 days, provided by home health agency that meets	

TN No: 14-018 Approval Date: 7/30/2014 Effective Date: 5/01/2014 California

Page 18 of 43



	apon type of service. Services include nursing services which may no home health agency exists in area; home health aid services; crapies.	Remove
Benefit Provided:	Source:	
Skilled Nursing Facility and Other	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	90 days	
Scope Limit:		
benchmark plan:  Nursing care, bed and boarding care, physervices, medical social services, drugs, land to the control of the	s including the specific name of the source plan if it is not the base a visical therapy, occupational therapy, speech-language pathology biologicals, supplies, appliances, and equipment. Patient must need	
Other information regarding this benefit, benchmark plan:  Nursing care, bed and boarding care, phy	ysical therapy, occupational therapy, speech-language pathology	
Other information regarding this benefit, benchmark plan:  Nursing care, bed and boarding care, phy services, medical social services, drugs, laily care.	ysical therapy, occupational therapy, speech-language pathology biologicals, supplies, appliances, and equipment. Patient must need	Remove
Other information regarding this benefit, benchmark plan:  Nursing care, bed and boarding care, phy services, medical social services, drugs, ldaily care.  Benefit Provided:	ysical therapy, occupational therapy, speech-language pathology biologicals, supplies, appliances, and equipment. Patient must need  Source:	Remove
Other information regarding this benefit, benchmark plan:  Nursing care, bed and boarding care, phy services, medical social services, drugs, ldaily care.  Benefit Provided:	ysical therapy, occupational therapy, speech-language pathology biologicals, supplies, appliances, and equipment. Patient must need  Source:  State Plan 1905(a)	Remove
Other information regarding this benefit, benchmark plan:  Nursing care, bed and boarding care, phy services, medical social services, drugs, ldaily care.  Benefit Provided:  GUHC Services  Authorization:	Source:  State Plan 1905(a)  Provider Qualifications:	Remove
Other information regarding this benefit, benchmark plan:  Nursing care, bed and boarding care, phy services, medical social services, drugs, I daily care.  Benefit Provided:  FQHC Services  Authorization:  None	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Medicaid State Plan	Remove
Other information regarding this benefit, benchmark plan:  Nursing care, bed and boarding care, phy services, medical social services, drugs, I daily care.  Benefit Provided:  GQHC Services  Authorization:  None  Amount Limit:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Other information regarding this benefit, benchmark plan:  Nursing care, bed and boarding care, phy services, medical social services, drugs, I daily care.  Benefit Provided:  GQHC Services  Authorization:  None  Amount Limit:  None	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove

Add

Page 19 of 43



Essential Health Benefit 8: Laboratory services		Collapse All
Benefit Provided:	Source:	
Outpatient Laboratory and X-Ray Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
by the Laboratory Services Reservation System (LS procedure codes for each beneficiary per year based abdominal, and retroperitoneal. More than four received prior authorization required for portable X-ray unless than the control of the control o	These limits are set per recipient, per service, per mont SRS). Up to four of the following radiological ultrasound on medical necessity: ultrasound, chest ultrasound, quires documentation of medical necessity or by report. ess performed in SNF or ICF. Various advanced imaging 7. Many of the procedures require a TAR and are subject.	d
		Add

TN No: 14-018 Approval Date: 7/30/2014 California Effective Date: 5/01/2014

Page 20 of 43



■ Essential Health Benefit 9: Preventive and wellness	services and chronic disease management	Collapse All
by the United States Preventive Services Task Force; Ac	range of preventive services including: "A" and "B" services dvisory Committee for Immunization Practices (ACIP) record dren and adults recommended by HRSA's Bright Futures pronded by the Institute of Medicine (IOM).	mended
Benefit Provided:	Source:	
Family Planning Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		-
Individuals of childbearing age; must be 21 to	receive sterilization	
Other information regarding this benefit, include benchmark plan:	ding the specific name of the source plan if it is not the base	
	nd laboratory procedures, radiology and drugs associated d for inpatient sterilization. Frequency limits on certain nsent required for sterilizations.  Source:	
Physician Services: Smoking Cessation	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	]
Amount Limit:	Duration Limit:	J
None	None	]
Scope Limit:		_
By or under supervision of physician		]
Other information regarding this benefit, include benchmark plan:	ding the specific name of the source plan if it is not the base	
	on products when used in conjunction with behavior e and one face-to-face counseling session per quit attempt for	



Source:	
State Plan 1905(a)	Remove
Provider Qualifications:	
Medicaid State Plan	
Duration Limit:	
None	
the specific name of the source plan if it is not the base	
alendar month or any combination of two services per udiology, chiropractic, occupational therapy, podiatry	
	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None

TN No: 14-018 Approval Date: 7/30/2014 California Effective Date: 5/01/2014

Page 22 of 43



Other Covered Benefits from Base Benchmark	Collapse All

TN No: 14-018 Approval Date: 7/30/2014 California Effective Date: 5/01/2014

Page 23 of 43



☐ Base Benchmark Benefits Not Covered due to Substitution or Duplication	
Base Benchmark Benefit that was Substituted: Source:	
Cognitive Rehabilitation Therapy (CRT)  Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplication 1937 benchmark benefit(s) included above under Essential Health Benefits:	ate
EHB 7 substitution: Rehabilitation, Cognitive Rehabilitation Therapy. Federally Qualified Health C (FQHC) services are being used from the existing State Plan for substitution purposes. Cognitive Rehabilitation Therapy would be considered "Rehabilitation and Habilitative Services and Devices category. CRT aims to rehabilitate lost or altered cognitive skills, enabling individuals to reach fun and independent daily living. FQHCs provide numerous rehabilitative services.	s" EHB7
Base Benchmark Benefit that was Substituted: Source:	
Outpatient Hospital Services  Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplication 1937 benchmark benefit(s) included above under Essential Health Benefits:	ate
EHB 1 duplication: Outpatient Hospital and Clinic Services The following hospital outpatient and services are limited to a maximum of two services in any one calendar month or any combination of services per month: acupuncture, audiology, occupational therapy, podiatry and speech therapy; may exceed limit for medical necessity with Treatment Authorization Request (TAR). Includes Indian F. Services.	of two aay
Base Benchmark Benefit that was Substituted:  Source:	
Ambulatory Surgical Center Services  Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplication 1937 benchmark benefit(s) included above under Essential Health Benefits:	ate
EHB 1 duplication: Outpatient Hospital Services, Outpatient Surgery Outpatient surgery include anesthesiologist services.	e's
Base Benchmark Benefit that was Substituted: Source:	
Podiatry Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplication 1937 benchmark benefit(s) included above under Essential Health Benefits:	ate
EHB 1 duplication: Other Licensed Practitioners, Podiatry. Outpatient services are limited to a max two services in any one calendar month or any combination of two services per month from the fol services: acupuncture, audiology, chiropractic, occupational therapy, podiatry and speech therapy; exceed limit for medical necessity with a TAR.	llowing
Base Benchmark Benefit that was Substituted: Source:	
Chiropractic Base Benchmark	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplication 1937 benchmark benefit(s) included above under Essential Health Benefits:	ate
EHB 1 duplication: Other Licensed Practitioners, Chiropractic Outpatient services are limited to maximum of two services in any one calendar month or any combination of two services per month	

TN No: 14-018 Approval Date: 7/30/2014 California Effective Date: 5/01/2014

Page 24 of 43



the following services: acupuncture, audiology, chiropractic, occupational therapy, podiatry and sp therapy; may exceed limit for medical necessity with a TAR.	Remove
Base Benchmark Benefit that was Substituted:  Allergy Care  Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplication 1937 benchmark benefit(s) included above under Essential Health Benefits:  EHB 1 duplication: Physician Services, Allergy Care Emergency treatment for allergy care does require TAR.	
Base Benchmark Benefit that was Substituted:  Treatment Therapies  Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplication 1937 benchmark benefit(s) included above under Essential Health Benefits:  EHB 1 duplication: Outpatient Hospital Services, Treatment Therapies Chemotherapy, radiation Intensive-Modulated Radiation Therapy (IMRT), renal dialysis, IV/infusion therapy, medication management.	
Base Benchmark Benefit that was Substituted:  Emergency Services/Accidents  Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplication.	Remove
section 1937 benchmark benefit(s) included above under Essential Health Benefits:  EHB 2 duplication: Outpatient Hospital Services, Emergency All inpatient and outpatient servic are necessary for the treatment of an emergency medical condition, including emergency dental secentified by the attending physician or other appropriate provider.	
Base Benchmark Benefit that was Substituted:  Ambulance  Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplication 1937 benchmark benefit(s) included above under Essential Health Benefits:  EHB 2 duplication: Medical Transportation, Ambulance Service Emergency Medical Transportation only covered when ground transportation is not feasible; emergency transportation of require TAR.	ation. Air
Base Benchmark Benefit that was Substituted:  Surgical Procedures  Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplication 1937 benchmark benefit(s) included above under Essential Health Benefits:	Remove
EHB 3 duplication: Inpatient Hospital Services, Surgical Services Room and Board. Professional services performed by physicians, including surgery and consultation, within the scope of practice medicine or osteopathy as defined by State law. Includes case management; respiratory care; labor X-ray services; prescriptions for medication, DME and medical supplies; and Indian Health Services.	of catory and

TN No: 14-018 Approval Date: 7/30/2014 California Effective Date: 5/01/2014

Page 25 of 43



Base Benchmark Benefit that was Substituted:	Source:	
Gastric Restrictive Procedures	Base Benchmark	Remove
Explain the substitution or duplication, including inc section 1937 benchmark benefit(s) included above u		
EHB 3 duplication Inpatient Hospital Services, Ba BMI levels and meet certain conditions to qualify fo	ariatric Surgery: Patient must be at or above specified r bariatric surgery.	
Base Benchmark Benefit that was Substituted:	Source:  Base Benchmark	
Anesthesia	Dase Benefiniark	Remove
Explain the substitution or duplication, including increase section 1937 benchmark benefit(s) included above u	<u> </u>	
EHB 3 duplication Anesthesiologist Services: med	dically necessary services by an anesthesiologist.	
Base Benchmark Benefit that was Substituted:	Source:	
Organ/Tissue Transplants	Base Benchmark	Remove
Explain the substitution or duplication, including inc section 1937 benchmark benefit(s) included above u		
transplant evaluation, post-operative care and labora	an & Tissue Transplantation Transplant surgery, pretory services for bone morrow, heart, liver, kidney, ag, double lung, pancreas, small bowel and combined	
Base Benchmark Benefit that was Substituted:	Source:	
Reconstructive Surgery	Base Benchmark	Remove
Explain the substitution or duplication, including inc section 1937 benchmark benefit(s) included above u		
EHB 3 duplication: Inpatient Hospital Services, Rec to that performed on abnormal structures of the body abnormalities, trauma, infection, tumors, or disease appearance, to the extent possible. Includes breast re-	to improve function and/or to create a normal	
Base Benchmark Benefit that was Substituted:	Source:  Base Benchmark	
Hospice Care	Dase Benchinark	Remove
Explain the substitution or duplication, including increase section 1937 benchmark benefit(s) included above u		
EHB 1 duplication: Hospice Care Hospice include care and general inpatient care. Children may receiv		
Base Benchmark Benefit that was Substituted:  Prenatal Care	Source: Base Benchmark	

TN No: 14-018
California
Approval Date: 7/30/2014
Effective Date: 5/01/2014



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Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above uncompared to the section 1937 benchmark benefit(s) included above uncompared to the section 1937 benchmark benefit(s) included above uncompared to the section 1937 benchmark benefit(s) included above uncompared to the section 1937 benchmark benefit(s) included above uncompared to the section 1937 benchmark benefit(s) included above uncompared to the section 1937 benchmark benefit(s) included above uncompared to the section 1937 benchmark benefit(s) included above uncompared to the section 1937 benchmark benefit(s) included above uncompared to the section 1937 benchmark benefit(s) included above uncompared to the section 1937 benchmark benefit(s) included above uncompared to the section 1937 benchmark benefit(s) included above uncompared to the section 1937 benchmark benefit(s) included above uncompared to the section 1937 benchmark benefit(s) included above uncompared to the section 1937 benchmark benefit(s) included above uncompared to the section 1937 benchmark benefit (s) included above uncompared to the section 1937 benchmark benefit (s) included above uncompared to the section 1937 benchmark benefit (s) included above uncompared to the section 1937 benchmark benefit (s) included above uncompared to the section 1937 benchmark benefit (s) included above uncompared to the section 1937 benchmark benefit (s) included above to the section 1937 benchmark benefit (s) included above to the section 1937 benchmark benefit (s) included above to the section 1937 benchmark benefit (s) included above to the section 1937 benchmark benefit (s) included above to the section 1937 benchmark benchmark benefit (s) included above to the section 1937 benchmark benefit (s) included above to the section 1937 benchmark benchmark benefit (s) included above to the section 1937 benchmark benchmar		
EHB 4 duplication: Physician Services, Prenatal Care		Remove
testing and cordocentesis; genetic screening of father		
Base Benchmark Benefit that was Substituted:	Source:	
	Base Benchmark	-
Delivery and Postpartum Care		Remove
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above uncompared to the substitution of the subst		
EHB 4: Inpatient Hospital Services, Delivery and Pos and postpartum care. Hospital stay 48 to 96 hours pos	*	
Base Benchmark Benefit that was Substituted:	Source:	
Breastfeeding Education	Base Benchmark	Remove
		Ttomo vo
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above un		
EHB 4 duplication: Physician Services, Breastfeeding		
provided by physician, a registered nurse or a register	,	
	Carract	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Maternity Care by a Nurse Midwife		Remove
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above under the control of th		
EHB 4 duplication: Services Furnished by a Nurse-Miconception through 60 days after delivery.	idwife services provided by nurse midwife from	
Base Benchmark Benefit that was Substituted:	Source:	
Outpatient Hospital Services: Mental Health	Base Benchmark	Remove
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above und		
EHB 5 duplication: Rehabilitation, Outpatient Mental psychotherapy, psychological testing and medication	© 1	
Base Benchmark Benefit that was Substituted:	Source:	
Outpatient Hospital Services: Mental Health	Base Benchmark	Remove
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above und		
EHB 5 duplication: Rehabilitation, Outpatient Special crisis intervention and stabilization; adult crisis reside targeted case management.		



Base Benchmark Benefit that was Substituted:  Inpatient Hospital Services: Mental Health	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above und		
EHB 5 duplication: Rehabilitation, Inpatient Specialty inpatient hospital services, psychiatric health facility s services. The IMD payment exclusion applies to acute health facility services, and psychiatric inpatient profe provided in a facility that is considered an IMD based	services and psychiatric inpatient professional e psychiatric inpatient hospital services, psychiatric essional services only when those services are	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Outpatient Hospital Services: SUD		Remove
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above und		
EHB 5 duplication Rehabilitation: Outpatient Subst. Outpatient Drug Free; Intensive Outpatient Treatment Post periodic review. Prior authorization is required for 200 minutes per month.	; Naltrexone Treatment; Narcotic Treatment Program.	
Base Benchmark Benefit that was Substituted:	Source:	
Physician Services: Heroin/opioid detoxification	Base Benchmark	Remove
Explain the substitution or duplication, including indicasection 1937 benchmark benefit(s) included above und		
EHB 5 duplication Rehabilitation: Outpatient heroin Treatment Program. When medically necessary, additionable passed since beneficiary completed a preceding conservices to diagnose and treat diseases that are concurred opioid detoxification services.	ional 21-day treatments are covered after 28 days course of treatment. Includes medically necessary	
Base Benchmark Benefit that was Substituted:	Source:	
Inpatient Hospital Services: Detoxification	Base Benchmark	Remove
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above und		
EHB 5 duplication: Inpatient hospital, Voluntary Inpa services performed by physicians to aid detoxification of practice of medicine or osteopathy as defined by St laboratory and X-ray services; prescriptions for medic are not Institutions for Mental Disease (IMD) and the	ate law. Includes case management; respiratory care; ration, DME, and medical supplies. These facilities	
Base Benchmark Benefit that was Substituted:  Prescription Drug Benefits	Source: Base Benchmark	



Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		Pamaya
EHB 6 duplication: Prescribed Drugs TAR required	d for more than six prescriptions per month.	Remove
Base Benchmark Benefit that was Substituted:  Physical Therapy	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
EHB 7 duplication: Physical therapy Authorization must include a treatment plan. Prior authorization is n time.		
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Durable Medical Equipment	Base Benefithark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un EHB 7 duplication: Home Health Services, Durable North prescribed by physician.	der Essential Health Benefits:	
Base Benchmark Benefit that was Substituted:	Source:	
Hearing Aids	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un EHB 7 duplication: Home Health Services, Hearing A be exceeded for medical necessity.		
Base Benchmark Benefit that was Substituted:	Source:	
Speech Therapy/Audiology	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
EHB 7 duplication: Physical Therapy and Related Serservices are limited to a maximum of two services in services per month from the following services: acupe podiatry, and speech therapy; may exceed limit for metallic therapy.	any one calendar month or any combination of two uncture, audiology, chiropractic, occupational therapy,	
Base Benchmark Benefit that was Substituted:	Source:	
Occupational Therapy	Base Benchmark	
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
EHB 7 duplication: Physical Therapy and Related Ser are limited to a maximum of two services in any one per month from the following services: acupuncture, a		

TN No: 14-018 Approval Date: 7/30/2014 California Effective Date: 5/01/2014

Page 29 of 43



and speech therapy; may exceed limit for medical nec	cessity with a TAR.	
		Remove
Base Benchmark Benefit that was Substituted:	Source:	
Alternative Treatments: Acupuncture	Base Benchmark	Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
EHB 7 duplication: Other Licensed Practitioners, Accommaximum of two services in any one calendar month the following services: acupuncture, audiology, chiro therapy; may exceed limit for medical necessity with	or any combination of two services per month from opractic, occupational therapy, podiatry and speech	
Base Benchmark Benefit that was Substituted:	Source:	
Outpatient Cardiac Rehabilitation	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
EHB 7 duplication: Rehabilitative Services, Cardiac		
Base Benchmark Benefit that was Substituted:	Source:	
Pulmonary Rehabilitation	Base Benchmark	Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
EHB 7 duplication: Rehabilitative Services: Pulmona	ary Rehabilitation	
Base Benchmark Benefit that was Substituted:	Source:	
Medical Supplies, Equipment, Devices	Base Benchmark	Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
EHB 7 duplication: Home Health Services, Medical Services medical supplies require TAR. Cochlear implant for a Includes surgically implanted hearing devices, prior a require TAR.		
Base Benchmark Benefit that was Substituted:	Source:	
Orthopedic and Prosthetic Devices	Base Benchmark	Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
EHB 7 duplication: Prescribed Prosthetic Devices 'exceed \$250 and prosthetics exceed \$500.	TAR required when cumulative costs of orthotics	

TN No: 14-018 Approval Date: 7/30/2014 California Effective Date: 5/01/2014

Page 30 of 43



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:  EHB 7 duplication: Home Health Services Authorization requirements for home health services vary based upon type of service. Services include nursing services which may be provided by a registered nurse when no home health agency exists in area; home health ad services; medical supplies and equipment; and therapies.  Base Benchmark Benefit that was Substituted:  Base Benchmark Benefit that was Substituted:  Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  EHB 8 duplication: Other Laboratory and X-Ray Services Laboratory services are subject to frequency limits. These limits are set per recipient, per service, per month by the Laboratory Services Reservation System (LSRS). Up to four of the following radiological ultrasound procedure codes for each beneficiary per year based on medical necessity. Untrasound, chest ultrasound, abondmial, and retroperitoneal. More than four requires documentation of medical necessity ultrasound, abondmial, and retroperitoneal whore than four requires documentation of medical necessity ultrasound, abondmial, and retroperitoneal whore than four requires documentation of medical necessity ultrasound, abondmial, and retroperitorional. More than four requires documentation of medical necessity ultrasound, abondmial, and retroperitorional. More than four requires documentation of medical necessity ultrasound, abondmial, and retroperitorional. More than four requires documentation of medical necessity ultrasound, abondmial, and retroperitorional. More than four requires and substituted to frequency limits on the procedures require a TAR and are subject to frequency limitations.  Base Benchmark Benefit that was Substituted:  Family Planning  Explain the substi	Base Benchmark Benefit that was Substituted:	Source:	
EHB 7 duplication: Home Health Services Authorization requirements for home health services vary based upon type of service. Services include nursing services which may be provided by a registered nurse when no home health agency exists in area; home health aid services; medical supplies and equipment; and therapies.  Base Benchmark Benefit that was Substituted:  Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  EHB 8 duplication: Other Laboratory and X-Ray Services Laboratory services are subject to frequency limits. These limits are set per recipient, per service, per month by the Laboratory Services Reservation System (LSRS). Up to four of the following radiological ultrasound procedure codes for each beneficiary per year based on medical necessity: ultrasound, chest ultrasound, abdominal, and retroperitoneal. More than four requires documentation of medical necessity or by report. Prior authorization required for portable X-ray unless performed in SNF or ICF. Various advanced imaging procedures are covered, based on medical necessity. Many of the procedures require a TAR and are subject to frequency limitations.  Base Benchmark Benefit that was Substituted:  Source:  Family Planning  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:  EHB 9 duplication: Family Planning Services Includes family planning visits and counseling, invasive contraceptive procedures/devices, tubal ligations, vascetomics, contraceptive drugs or devices, and laboratory procedures/devices, tubal ligations, vascetomics, contraceptive drugs or devices, and laboratory procedures, radiology and drugs associated with family planning procedures. TAR required for inpatient sterilization. Frequency limits on certain contraceptives and other services. Informed con	Home Health Services	Base Benchmark	Remove
Base Benchmark Benefit that was Substituted:  Source: Base Benchmark Benefit that was Substituted:  Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  EIHB 8 duplication: Other Laboratory and X-Ray Services Laboratory services are subject to frequency limits. These limits are set per recipient, per service, per month by the Laboratory Services Reservation System (LSRS). Up to four of the following radiological ultrasound, abdominal, and retroperitoneal. More than four requires documentation of medical necessity or by report. Prior authorization required for portable X-ray unless performed in SNF or ICF. Various advanced imaging procedures are covered, based on medical necessity. Many of the procedures require a TAR and are subject to frequency limitations.  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark Benefit that was Substituted:  Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  EIHB 9 duplication: Family Planning Services Includes family planning visits and counseling, invasive contraceptive procedures, radiology and drugs associated with family planning procedures. TAR required for impatient sterilization. Frequency limits on certain contraceptives and other services. Informed consent required for sterilizations.  Base Benchmark Benefit that was Substituted:  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:  EIHB 1 duplication: Outpatient Hospital, Dialysis/Hemodialysis Chronic dialysis covered as an outpatient service when provided by renal dialysis centers or community hemodialysis units. Includes physician services, medical supplies, equi		-	
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:  EHB 8 duplication: Other Laboratory and X-Ray Services Laboratory services are subject to frequency limits. These limits are set per recipient, per service, per month by the Laboratory Services Reservation System (LSRS). Up to four of the following radiological ultrasound procedure codes for each beneficiary per year based on medical necessity: ultrasound, chest ultrasound, abdominal, and retroperitoneal. More than four requires documentation of medical necessity or by report. Prior authorization required for portable X-ray unless performed in SNF or ICF. Various advanced imaging procedures are covered, based on medical necessity. Many of the procedures require a TAR and are subject to frequency limitations.  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark Benefit that was Substituted:  Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  EHB 9 duplication: Family Planning Services Includes family planning visits and counseling, invasive contraceptive procedures/devices, tubal ligations, vasectomics, contraceptive drugs or devices, and alaboratory procedures, radiology and drugs associated with family planning procedures. TAR required for inpatient sterilization. Frequency limits on certain contraceptives and other services. Informed consent required for sterilizations.  Base Benchmark Benefit that was Substituted:  Source:  Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  EHB 1 duplication: Outpatient Hospital, Dialysis/Hemodialysis Chronic dialysis covered as an outpatient services, medical supplies, equipment, drugs and l	based upon type of service. Services include nursing when no home health agency exists in area; home health	services which may be provided by a registered nurse	
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:  EHB 8 duplication: Other Laboratory and X-Ray Services Laboratory services are subject to frequency limits. These limits are set per recipient, per service, per month by the Laboratory Services Reservation System (LSRS). Up to four of the following radiological ultrasound procedure codes for each beneficiary per year based on medical necessity: ultrasound, chest ultrasound, abdominal, and retroperitoneal. More than four requires documentation of medical necessity or by report. Prior authorization required for portable X-ray unless performed in SNF or ICF. Various advanced imaging procedures are covered, based on medical necessity. Many of the procedures require a TAR and are subject to frequency limitations.  Base Benchmark Benefit that was Substituted:  Source:  EHB 9 duplication: Family Planning Services Includes family planning visits and counseling, invasive contraceptive procedures/devices, tubal ligations, vasectomies, contraceptive drugs or devices, and laboratory procedures, radiology and drugs associated with family planning procedures. TAR required for inpatient sterilization. Frequency limits on certain contraceptives and other services. Informed consent required for sterilizations.  Base Benchmark Benefit that was Substituted:  Source:  Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  EHB 1 duplication: Outpatient Hospital, Dialysis/Hemodialysis Chronic dialysis covered as an outpatient service when provided by renal dialysis centers or community hemodialysis routine test can be conducted per treatment, weekly or monthly.  Base Benchmark  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark	Base Benchmark Benefit that was Substituted:		
EHB 8 duplication: Other Laboratory and X-Ray Services — Laboratory services are subject to frequency limits. These limits are set per recipient, per service, per month by the Laboratory Services Reservation System (LSRS). Up to four of the following radiological ultrasound procedure codes for each beneficiary per year based on medical necessity: ultrasound, chest ultrasound, abdominal, and retroperitoneal. More than four requires documentation of medical necessity or by report. Prior authorization required for portable X-ray unless performed in SNF or ICF. Various advanced imaging procedures are covered, based on medical necessity. Many of the procedures require a TAR and are subject to frequency limitations.  Base Benchmark Benefit that was Substituted:  Source:  Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  EHB 9 duplication: Family Planning Services — Includes family planning visits and counseling, invasive contraceptive procedures, radiology and drugs associated with family planning procedures. TAR required for inpatient sterilization. Frequency limits on certain contraceptives and other services. Informed consent required for sterilizations.  Base Benchmark Benefit that was Substituted:  Source:  Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  EHB 1 duplication: Outpatient Hospital, Dialysis/Hemodialysis — Chronic dialysis covered as an outpatient service when provided by renal dialysis centers or community hemodialysis units. Includes physician services, medical supplies, equipment, drugs and laboratory tests. Hemodialysis routine test can be conducted per treatment, weekly or monthly.  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark Benefit that was Substituted:	Lab, X-Ray, and Other Diagnostic Tests	Base Benchmark	Remove
limits. These limits are set per recipient, per service, per month by the Laboratory Services Reservation System (LSRS). Up to four of the following radiological ultrasound a procedure codes for each beneficiary per year based on medical necessity: ultrasound, chest ultrasound, abdominal, and retroperitoneal. More than four requires documentation of medical necessity or by report. Prior authorization required for portable X-ray unless performed in SNF or ICF. Various advanced imaging procedures are covered, based on medical necessity. Many of the procedures require a TAR and are subject to frequency limitations.  Base Benchmark Benefit that was Substituted:  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:  EHB 9 duplication: Family Planning Services — Includes family planning visits and counseling, invasive contraceptive procedures, devices, tubal ligations, vasectomies, contraceptive drugs or devices, and laboratory procedures, radiology and drugs associated with family planning procedures. TAR required for inpatient sterilization. Frequency limits on certain contraceptives and other services. Informed consent required for sterilizations.  Base Benchmark Benefit that was Substituted:  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:  EHB 1 duplication: Outpatient Hospital, Dialysis/Hemodialysis — Chronic dialysis covered as an outpatient service when provided by renal dialysis centers or community hemodialysis units. Includes physician services, medical supplies, equipment, drugs and laboratory tests. Hemodialysis routine test can be conducted per treatment, weekly or monthly.  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:  EHB 9 duplication: Family Planning Services Includes family planning visits and counseling, invasive contraceptive procedures, radiology and drugs associated with family planning procedures. TAR required for inpatient sterilization. Frequency limits on certain contraceptives and other services. Informed consent required for sterilizations.  Base Benchmark Benefit that was Substituted:  Treatment Therapies: Dialysis/Hemodialysis  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:  EHB 1 duplication: Outpatient Hospital, Dialysis/Hemodialysis Chronic dialysis covered as an outpatient service when provided by renal dialysis centers or community hemodialysis units. Includes physician services, medical supplies, equipment, drugs and laboratory tests. Hemodialysis routine test can be conducted per treatment, weekly or monthly.  Base Benchmark  Base Benchmark  Base Benchmark  Base Benchmark  Base Benchmark	limits. These limits are set per recipient, per service, J System (LSRS). Up to four of the following radiology per year based on medical necessity: ultrasound, chest than four requires documentation of medical necessity. X-ray unless performed in SNF or ICF. Various adva	per month by the Laboratory Services Reservation ical ultrasound procedure codes for each beneficiary st ultrasound, abdominal, and retroperitoneal. More by or by report. Prior authorization required for portable unced imaging procedures are covered, based on	
section 1937 benchmark benefit(s) included above under Essential Health Benefits:  EHB 9 duplication: Family Planning Services Includes family planning visits and counseling, invasive contraceptive procedures/devices, tubal ligations, vasectomies, contraceptive drugs or devices, and laboratory procedures, radiology and drugs associated with family planning procedures. TAR required for inpatient sterilization. Frequency limits on certain contraceptives and other services. Informed consent required for sterilizations.  Base Benchmark Benefit that was Substituted:  Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  EHB 1 duplication: Outpatient Hospital, Dialysis/Hemodialysis Chronic dialysis covered as an outpatient service when provided by renal dialysis centers or community hemodialysis units. Includes physician services, medical supplies, equipment, drugs and laboratory tests. Hemodialysis routine test can be conducted per treatment, weekly or monthly.  Base Benchmark  Base Benchmark  Source:  Base Benchmark			Remove
contraceptive procedures/devices, tubal ligations, vasectomies, contraceptive drugs or devices, and laboratory procedures, radiology and drugs associated with family planning procedures. TAR required for inpatient sterilization. Frequency limits on certain contraceptives and other services. Informed consent required for sterilizations.  Base Benchmark Benefit that was Substituted:  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:  EHB 1 duplication: Outpatient Hospital, Dialysis/Hemodialysis Chronic dialysis covered as an outpatient service when provided by renal dialysis centers or community hemodialysis units. Includes physician services, medical supplies, equipment, drugs and laboratory tests. Hemodialysis routine test can be conducted per treatment, weekly or monthly.  Base Benchmark  Base Benchmark  Source:  Base Benchmark		-	
Treatment Therapies: Dialysis/Hemodialysis  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:  EHB 1 duplication: Outpatient Hospital, Dialysis/Hemodialysis Chronic dialysis covered as an outpatient service when provided by renal dialysis centers or community hemodialysis units. Includes physician services, medical supplies, equipment, drugs and laboratory tests. Hemodialysis routine test can be conducted per treatment, weekly or monthly.  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark	contraceptive procedures/devices, tubal ligations, vas laboratory procedures, radiology and drugs associated inpatient sterilization. Frequency limits on certain con	sectomies, contraceptive drugs or devices, and d with family planning procedures. TAR required for	
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:  EHB 1 duplication: Outpatient Hospital, Dialysis/Hemodialysis Chronic dialysis covered as an outpatient service when provided by renal dialysis centers or community hemodialysis units. Includes physician services, medical supplies, equipment, drugs and laboratory tests. Hemodialysis routine test can be conducted per treatment, weekly or monthly.  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark	Base Benchmark Benefit that was Substituted:		
section 1937 benchmark benefit(s) included above under Essential Health Benefits:  EHB 1 duplication: Outpatient Hospital, Dialysis/Hemodialysis Chronic dialysis covered as an outpatient service when provided by renal dialysis centers or community hemodialysis units. Includes physician services, medical supplies, equipment, drugs and laboratory tests. Hemodialysis routine test can be conducted per treatment, weekly or monthly.  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark	Treatment Therapies: Dialysis/Hemodialysis	Base Benchmark	Remove
service when provided by renal dialysis centers or community hemodialysis units. Includes physician services, medical supplies, equipment, drugs and laboratory tests. Hemodialysis routine test can be conducted per treatment, weekly or monthly.  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark			
Rase Benchmark	service when provided by renal dialysis centers or co- services, medical supplies, equipment, drugs and labor	mmunity hemodialysis units. Includes physician	
Educational Classes & Programs: Smoking Cessation	Base Benchmark Benefit that was Substituted:		
	Educational Classes & Programs: Smoking Cessation	Dase Dehemmark	

TN No: 14-018 Approval Date: 7/30/2014 California Effective Date: 5/01/2014

Page 31 of 43



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:  EHB 9 duplication: Physician Services, Smoking Cessation Includes diagnosis, treatment, smoking cessation products when used in conjunction with behavior modification support, referral to 1-800 helpline and one face-to-face counseling session per quit attempt for specific populations.	Remove
Base Benchmark Benefit that was Substituted:  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:  EHB 7 duplication: Skilled Nursing Facility and Other Nursing care, bed and boarding care, physical therapy, occupational therapy, speech-language pathology services, medical social services, drugs, biologicals, supplies, appliances and equipment. Patient must need daily care.	Remove
Base Benchmark Benefit that was Substituted:  Medical Services Provided by Physician  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:  EHB1 duplication: Physician Services physician services within license.	Remove
Base Benchmark Benefit that was Substituted:  Ambulance Transport Service  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:  EHB 1 duplication: Medical Transportation, Non-Emergency Ambulance Service Air transportation only covered when ground transportation is not feasible; transportation covered from non-contract hospital to nearest contract hospital when patient is stable.	Remove
	Add

TN No: 14-018 Approval Date: 7/30/2014 Effective Date: 5/01/2014 California

Page 32 of 43



Other Base Benchmark Benefits Not Covered		Collapse All
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	Remove
Newborn Hearing Screening		Remove
Explain why the state/territory chose not to include th	is benefit:	
Not applicable to New Adult Group.		
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	Remove
Nursery Care		1101110 10
Explain why the state/territory chose not to include th	is benefit:	
Not applicable to New Adult Group.		
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	Remove
Adult Dental		Remove
Explain why the state/territory chose not to include th	is benefit:	
Base benchmark adult dental services are not an Esser State Plan dental services are described in the 'Other'		
		Add

TN No: 14-018 Approval Date: 7/30/2014 California Effective Date: 5/01/2014

Page 33 of 43



$\boxtimes$ (	Other 1937 Covered Benefits that are not Essential Health	Benefits	Collapse All
	Other 1937 Benefit Provided:	Source:	
	Federally Qualified Health Centers (FQHC) services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
	Authorization:	Provider Qualifications:	
	Other	Medicaid State Plan	
	Amount Limit:	Duration Limit:	
	Varies	None	
	Scope Limit:		
	None		
	Other:		_
	Includes services by physicians, PA, NP, CNM, visiting Program, LCSW, and psychologists. Rehabilitative and the Other 1937 Benefits.		
	Other 1937 Benefit Provided:	Source:	
	Rural Health Clinic (RHC) services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
	Authorization:	Provider Qualifications:	
	Other	Medicaid State Plan	
	Amount Limit:	Duration Limit:	
	Varies	None	
	Scope Limit:		
	None		
	Other:		_
	Includes services by physicians, PA, NP, CNM, visitin Program, LCSW, and psychologists.	ng nurses, Comprehensive Perinatal Services	
	Other 1937 Benefit Provided:	Source:	
	Indian Health Services	Section 1937 Coverage Option Benchmark Benefit Package	
	Authorization:	Provider Qualifications:	_
	Other	Other	
	Amount Limit:	Duration Limit:	_
	Varies	None	
	Scope Limit:		_
	None		

TN No: 14-018 Approval Date: 7/30/2014 California Effective Date: 5/01/2014

Page 34 of 43



Includes services by physicians, PA, NP, CNM, vis Program, LCSW, psychologists, and optometrists.	siting nurses, Comprehensive Perinatal Services	Remove
Other 1937 Benefit Provided: Alternative Birth Centers	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	Conception through discharge.	
Scope Limit:		
None		
Other:		
Licensed or Otherwise State-Approved Free Stands	ing Birthing Centers.	
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	_
Non-Emergency Medical Transportation Services	Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Lowest cost type to cover patient's need	None	
Scope Limit:		
	an only when ordinary public or private conveyance is equired for obtaining needed medical care for a Medi-Cal	
Other:		
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Adult Vision	Package	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
1 routine eye exam in 24 months	None	

TN No: 14-018 Approval Date: 7/30/2014 California Effective Date: 5/01/2014

Page 35 of 43



Scope Limit:		
Orthoptics, pleoptics and glasses are not covered.		Remove
Other:		
Glasses and contact lenses are covered for EPSDT a	and pregnant women.	
Other 1937 Benefit Provided:	Source:	
Local Education Agency Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
24 services within 12 months	None	
Scope Limit:		
Medi-Cal eligible public school children up to age 2	22 or end of school year beneficiary turns 22.	
Other:		
individualized family service plan, physician service therapy, audiology services, psychology and counse	a Children Services, Short-Doyle, or prepaid health uation and education, individualized education plan, es, physical therapy, occupational therapy, speech ling, nursing services, school health aid services,	
Plan, Individualized Family Service Plan, California plan. Services include health and mental health eval- individualized family service plan, physician service	a Children Services, Short-Doyle, or prepaid health uation and education, individualized education plan, es, physical therapy, occupational therapy, speech ling, nursing services, school health aid services, anagement services.  Source:	
Plan, Individualized Family Service Plan, California plan. Services include health and mental health evalindividualized family service plan, physician service therapy, audiology services, psychology and counse medical transportation/mileage and targeted care ma	a Children Services, Short-Doyle, or prepaid health uation and education, individualized education plan, es, physical therapy, occupational therapy, speech ling, nursing services, school health aid services, magement services.	Remove
Plan, Individualized Family Service Plan, California plan. Services include health and mental health evaluatividualized family service plan, physician service therapy, audiology services, psychology and counse medical transportation/mileage and targeted care matches the control of the services.  Other 1937 Benefit Provided:	a Children Services, Short-Doyle, or prepaid health uation and education, individualized education plan, es, physical therapy, occupational therapy, speech ling, nursing services, school health aid services, anagement services.  Source:  Section 1937 Coverage Option Benchmark Benefit	Remove
Plan, Individualized Family Service Plan, California plan. Services include health and mental health evaluatividualized family service plan, physician service therapy, audiology services, psychology and counse medical transportation/mileage and targeted care matched the composition of the services.  Other 1937 Benefit Provided:  TCM: Children at Risk of Medical Compromise	a Children Services, Short-Doyle, or prepaid health uation and education, individualized education plan, es, physical therapy, occupational therapy, speech ling, nursing services, school health aid services, magement services.  Source:  Section 1937 Coverage Option Benchmark Benefit Package	Remove
Plan, Individualized Family Service Plan, California plan. Services include health and mental health evaluatividualized family service plan, physician service therapy, audiology services, psychology and counse medical transportation/mileage and targeted care matched the composition of the services.  Other 1937 Benefit Provided:  TCM: Children at Risk of Medical Compromise  Authorization:	Children Services, Short-Doyle, or prepaid health uation and education, individualized education plan, es, physical therapy, occupational therapy, speech ling, nursing services, school health aid services, magement services.  Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
Plan, Individualized Family Service Plan, California plan. Services include health and mental health evaluatividualized family service plan, physician service therapy, audiology services, psychology and counse medical transportation/mileage and targeted care material transportation (Cher 1937 Benefit Provided:  TCM: Children at Risk of Medical Compromise  Authorization:  Other	Children Services, Short-Doyle, or prepaid health uation and education, individualized education plan, es, physical therapy, occupational therapy, speech ling, nursing services, school health aid services, anagement services.  Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan	Remove
Plan, Individualized Family Service Plan, California plan. Services include health and mental health evaluatividualized family service plan, physician service therapy, audiology services, psychology and counse medical transportation/mileage and targeted care material Composition of Medical Compromise  Authorization:  Other  Amount Limit:	a Children Services, Short-Doyle, or prepaid health uation and education, individualized education plan, es, physical therapy, occupational therapy, speech ling, nursing services, school health aid services, magement services.  Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Plan, Individualized Family Service Plan, California plan. Services include health and mental health evaluatividualized family service plan, physician service therapy, audiology services, psychology and counse medical transportation/mileage and targeted care material transportation (Services). Temporal transportation (Services) and targeted care material transportation (Services) and targeted care ma	a Children Services, Short-Doyle, or prepaid health uation and education, individualized education plan, es, physical therapy, occupational therapy, speech ling, nursing services, school health aid services, magement services.  Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Plan, Individualized Family Service Plan, California plan. Services include health and mental health evaluatividualized family service plan, physician service therapy, audiology services, psychology and counse medical transportation/mileage and targeted care material transportation (Control of the Provided:  TCM: Children at Risk of Medical Compromise  Authorization:  Other  Amount Limit:  None  Scope Limit:	a Children Services, Short-Doyle, or prepaid health uation and education, individualized education plan, es, physical therapy, occupational therapy, speech ling, nursing services, school health aid services, magement services.  Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Plan, Individualized Family Service Plan, California plan. Services include health and mental health evaluatividualized family service plan, physician service therapy, audiology services, psychology and counse medical transportation/mileage and targeted care material evaluation.  Other 1937 Benefit Provided:  TCM: Children at Risk of Medical Compromise  Authorization:  Other  Amount Limit:  None  Scope Limit:  Children up to age 21.  Other:	Children Services, Short-Doyle, or prepaid health uation and education, individualized education plan, es, physical therapy, occupational therapy, speech ling, nursing services, school health aid services, anagement services.  Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  duals access medical, social and educational services.  dical, social and education services when	Remove
Plan, Individualized Family Service Plan, California plan. Services include health and mental health evaluatividualized family service plan, physician service therapy, audiology services, psychology and counse medical transportation/mileage and targeted care material medical transportation/mileage and targeted care material medical transportation/mileage and targeted care material medical transportation medical Compromise  Other 1937 Benefit Provided:  TCM: Children at Risk of Medical Compromise  Authorization:  Other  Amount Limit:  None  Scope Limit:  Children up to age 21.  Other:  1915(g) State Plan. Services to assist eligible individed includes children who need assistance to access medical comprehensive case management is not provided else	Children Services, Short-Doyle, or prepaid health uation and education, individualized education plan, es, physical therapy, occupational therapy, speech ling, nursing services, school health aid services, anagement services.  Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  duals access medical, social and educational services.  dical, social and education services when	Remove



Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Beneficiaries up to age 21.		
Other:		
1915(g) State Plan. Services to assist eligible individu Includes individuals transitioning to a community set of a covered stay in a medical institution. Prior author counties.	ting. Services available for up to 180 consecutive days	
Other 1937 Benefit Provided:	Source:	
Case Management: Children with IEP/IFSP	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Children up to age 21 with an Individualized Educati	on Plan or Individualized Family Service Plan.	
Other:		
1915(g) State Plan. Services to assist eligible individu Prior authorization is not required.	nals access medical, social and educational services.	
Other 1937 Benefit Provided:	Source:	
TCM: Individuals at Risk of Institutionalization	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Other	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Individuals 18 or older in frail health who meet speci	ific criteria.	
Other:		
1915(g) State Plan. Services to assist eligible individu Includes individuals transitioning to a community set of a covered stay in a medical institution. Only availa	ting. Services available for up to 180 consecutive days	

TN No: 14-018 Approval Date: 7/30/2014 Effective Date: 5/01/2014 California

Page 37 of 43



required.		
		Remove
Other 1937 Benefit Provided:	Source:	
TCM: Persons in Jeopardy of Negative Outcomes	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
People in jeopardy of negative health or pyscho-soci	ial outcomes due to disparity factors.	
Other:		
1 1	luals access medical, social and educational services. cal, social and education services when comprehensive vailable in specific counties. Prior authorization is not	
Other 1937 Benefit Provided:	Source:	
TCM: Individuals with a Communicable Disease	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Until risk of exposure has passed; limited to eligible	e individuals.	
Other:		
	dual access medical, social and educational services. cal, social and education services when comprehensive vailable in specific counties. Prior authorization is not	
Other 1937 Benefit Provided:	Source:	
Case Management: Lead Poisoned	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	



Other:		
1915(g) State Plan. Services to assist eligible indiversity Prior authorization is not required.	vidual access medical, social and educational services.	
ther 1937 Benefit Provided:  CM: Individuals with Developmental Disability	Source: Section 1937 Coverage Option Benchmark Benefit	Remov
Authorization:	Package Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Individuals diagnosed with a developmental disab	pility.	
Other:		
of a covered stay in a medical institution. Prior aut	thorization is not required.  Source:	
ther 1937 Benefit Provided:		Remov
ther 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remov
ther 1937 Benefit Provided: xilled Nursing Facility	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remov
ther 1937 Benefit Provided:  killed Nursing Facility  Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remov
ther 1937 Benefit Provided:  killed Nursing Facility  Authorization:  Prior Authorization	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan	Remov
ther 1937 Benefit Provided:  cilled Nursing Facility  Authorization:  Prior Authorization  Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remov
ther 1937 Benefit Provided:  cilled Nursing Facility  Authorization:  Prior Authorization  Amount Limit:  None	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remov
ther 1937 Benefit Provided: cilled Nursing Facility  Authorization: Prior Authorization  Amount Limit: None Scope Limit: Medical necessity as described in "other."  Other:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:  None	Remov
ther 1937 Benefit Provided:  cilled Nursing Facility  Authorization:  Prior Authorization  Amount Limit:  None  Scope Limit:  Medical necessity as described in "other."  Other:  The individual is unable to perform some activity care. Services include nursing care, bed and board language pathology services, medical social service An initial authorization may be granted for periods.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remov
ther 1937 Benefit Provided:  cilled Nursing Facility  Authorization:  Prior Authorization  Amount Limit:  None  Scope Limit:  Medical necessity as described in "other."  Other:  The individual is unable to perform some activity care. Services include nursing care, bed and board language pathology services, medical social service An initial authorization may be granted for periods required prior to the transfer of a beneficiary between	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit: None  of daily living independently and patient must need daily ing care, physical therapy, occupational therapy, speeches, drugs, biological, supplies, appliances and equipment. Is up to one year from date of admission and shall be	Remov

TN No: 14-018 Approval Date: 7/30/2014 California Effective Date: 5/01/2014

Page 39 of 43



Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
283 hours per month	None	
Scope Limit:		
Medical necessity as described in "other."		
Other:		
performing some activities of daily living, institutional placement. Authorized by corprepared by physician. Services may inclu	expected to last at least 12 months and requires assistance in is unable to obtain, retain or return to work, and is at risk of unty based upon assessment in accordance with plan of treatment de activities such as assistance with administration of , grooming, etc. Beneficiary must not be an inpatient or resident	
Other 1937 Benefit Provided:	Source:	
Self-Directed Personal Assistance Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
283 hours per month	None	
Scope Limit:		
Medical necessity as described in "other."		
Other:		
requires assistance in performing some act work, and is at risk of institutional placement with plan of treatment prepared by physici	e, disabling disease expected to last at least 12 months and ivities of daily living, is unable to obtain, retain or return to ent. Authorized by county based upon assessment in accordance an. Services include personal care and related services, to be self-ay not be an inpatient or resident of a hospital, NF, ICF-DD, or	
Other 1937 Benefit Provided:	Source:	
Community First Choice Option	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
	Duration Limit:	
Amount Limit:	Duration Limit.	
Amount Limit:  None	None None	



#### Other:

1915(k) State Plan. Effective on July 1, 2013, an individual is eligible for CFCO services when, (1) he or she is in an eligibility group under the State Plan that includes nursing facility services or has an income that is at or below 150 percent of the Federal Poverty Level, and in addition, (2) it is determined that in the absence of home and community-based attendant services and supports, he or she would otherwise require a Medicaid-covered level of care furnished in a hospital, a nursing facility, an intermediate care facility for the mentally retarded, an institution providing psychiatric services (for individuals under age 21), or an institution for mental diseases (for individuals age 65 and over). The individual is unable to perform some activity of daily living independently and without access to this service would be at risk of placement in out-of-home care. Services include assistance with Activities of Daily Living; and acquisition, maintenance and enhancement of skills necessary for the individual to accomplish activities of daily living and health related tasks. The California Department of Social Services will complete authorization by annual review or as needed when the individual's support needs or circumstances change, or at the request of the individual or the individual's representative. EPSDT beneficiaries may receive additional services for medical necessity.

Remove

Page 41 of 43

Other 1937 Benefit Provided:	Source:  Soution 1027 Coverage Option Renchmark Panefit	
Home and Community Based Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Medical necessity as described in "other."		
Other:		
a condition that results in major impairment of cognit new skills through habilitation. Services include habil supported living services, day services, behavioral int employment, prevocational services, homemaker serv adult services; personal emergency response systems; developmental disability is a condition that originated	litation – community living arrangement services, tervention services, respite care, supported vices, home health aide services, community based and vehicle modification and adaptation services. A libefore the age of 18, expected to continue the individual. It includes mental retardation, cerebral	
Other 1937 Benefit Provided:	Source:	
Adult Dental Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	

TN No: 14-018 Approval Date: 7/30/2014 California Effective Date: 5/01/2014

None

As described in 'other' information below



#### Scope Limit:

Medically necessary basic preventive, diagnostic, and repair services, as described below.

Remove

#### Other:

Examination, radiographs/photographic images, prophylaxis, fluoride treatments, amalgam and composite restorations, stainless steel, resin, and resin window crowns, anterior root canal therapy, complete dentures (including immediate dentures once every five years) and complete denture adjustments, repairs and relines. Additional services available when medically necessary for pregnant women and EPSDT. \$1,800 annual cap for non-EPSDT eligible individuals does not apply to emergency dental services, pregnancy-related services, dentures, dental implants, and implant-retained prostheses. The \$1,800 cap can be exceeded based on medical necessity through prior authorization.

Add

Page 42 of 43



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.)	
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#### 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.20130814

Page 43 of 43



OMB Control Number: 0938-1148

Attachment 3.1-C-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 The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345). The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/ territory plan under section 1902(a)(10)(A) of the Act. Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services: • Through an Alternative Benefit Plan. Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as defined in 1905(r). Other Information regarding how ESPDT benefits will be provided to participants under 21 years of age (optional): **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

TN No: 14-018 Approval Date: 7/30/2014 Approval Date: 5/01/2014 Effective Date: 5/01/2014

Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.

1902(bb) of the Social Security Act.

The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section



- ☑ The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
- The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
- The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
- The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
- The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

#### PRA Disclosure Statement

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

V.20130807

Page 2 of 2 Approval Date: 7/30/2014 Effective Date: 5/01/2014



Attachment 3.1-C- 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 Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area. Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s). Select one or more service delivery systems: Managed care. Managed Care Organizations (MCO). Prepaid Inpatient Health Plans (PIHP). Prepaid Ambulatory Health Plans (PAHP). Primary Care Case Management (PCCM). Fee-for-service. Other service delivery system. **Managed Care Options** Managed Care Assurance The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

#### Managed Care Implementation

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

CA has actively engaged in numerous activities to ensure successful expansion of Medicaid coverage to newly eligible adults. CA is expecting that approximately 600,000 eligible beneficiaries will be covered on January 1, 2014 with a projected take up between 30,000-45,000 a month over the course of the first year. CA has 35 health plan contract amendments and has worked closely with the Region 9 team to ensure all 35 contracts are executed prior to January 1, 2014. To ensure network adequacy, CA assessed health plan capacity based on the provider ratios, such as PCPs (1:2000) and Physicians (1:1200) as well as measures of time and distance to Hospitals and PCPs (10 miles or 30 minutes). Additionally, CA took into account the Primary Care Physicians who are accepting new patients.

The majority of the newly eligible adults will be enrolled in Medi-Cal managed care through the administrative eligibility transition of the current Low Income Health Program (LIHP) population. LIHP is a county-based, optional health care services program under the California "Bridge to Reform" §1115 Medicaid Demonstration. To meet expansion goals, DHCS in collaboration with stakeholders implemented a LIHP Transition Plan to ensure a seamless transition of LIHP enrollees to the Medi-Cal Program. CA monitors network capacity and access issues on a quarterly basis. Additionally, CA monitors access to care through an Ombudsman's office for Managed Care enrollees and a compliance call center through its Licensing department. CA will determine trends or daily activities to work with health plans to address issues or concerns of access to care. As a result of extensive preparation, CA remains in good standing to implement effective January 1, 2014.

#### MCO: Managed Care Organization

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

Yes

Page 1 of 4



14680-14685.1 and 14700-14726.

## **Alternative Benefit Plan**

The managed care program is operating under (select one):	
○ Section 1915(a) voluntary managed care program.	
○ Section 1915(b) managed care waiver.	
Section 1932(a) mandatory managed care state plan amendment.	
© Section 1115 demonstration.	
Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.	
Identify the date the managed care program was approved by CMS: Jun 28, 2013	
Describe program below:	
This proposal allows CA to phase in coverage in individual counties for adults aged 19-64 with incomes at or below 133 percent of the federal poverty level (FPL), who are eligible under the new Affordable Care Act State option and adults betwee 133 percent - 200 percent of the FPL who are not otherwise eligible for Medicaid; expand the existing Safety Net Care Pool (SNCP) that was established to ensure continued government support for the provision of health care to the uninsured by hospitals, clinics, and other providers; implement a series of infrastructure improvements through a new funding sub-pool, the would be used to strengthen care coordination, enhance primary care and improve the quality of patient care; create coordinate systems of care for Seniors and Persons with Disabilities (SPDs) in counties with new or existing Medi-Cal managed care organizations through the mandatory enrollment of the population into Medicaid managed care plans.	at
Additional Information: MCO (Optional)	
Provide any additional details regarding this service delivery system (optional):	
PIHP: Prepaid Inpatient Health Plan	
The managed care delivery system is the same as an already approved managed care program.	s
The managed care program is operating under (select one):	
○ Section 1915(a) voluntary managed care program.	
© Section 1915(b) managed care waiver.	
○ Section 1115 demonstration.	
C Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.	
Identify the date the managed care program was approved by CMS: December 26, 2013	
Describe program below:	
1915 (b) Medi-Cal Specialty Mental Health Services (SMHS) Consolidation. Section 1915 (b) waivers relevant to Specialty Mental Health Services (SMHS) have been in effect in California since 1995. An eighth renewal of the SMHS waiver has been granted for a two year period effective July 1, 2013-June 30, 2015. For the purposes of the SMHS waiver program, persons with special health care needs are adults who have a serious mental disorder and children with a serious emotional disturbance. These beneficiaries are identified through the assessment process by the county Mental Health Plan (MHP) as meeting the SMHS medical necessity criteria. The design of managed care for California's Medi-Cal mental health program was phased in	e.

 TN No: 14-018
 Approval Date: 7/30/2014

 California
 Effective Date: 5/01/2014

over several years. The State's enabling legislation for this waiver is set forth at Welfare and Institutions (W&I) Code, Sections

Page 2 of 4



All Medi-Cal beneficiaries are enrolled in the SMHS waiver and have access to the services provided through the waiver if they meet the medical necessity criteria. During the eighth waiver renewal SMHS will be provided to the newly eligible adult beneficiaries by the county MHPs. CMS approved a waiver amendment request to include this population on December 26, 2013.

The PIHPs are not at risk for FFP for the cost of services. The SMHS Consolidation waiver program is administered locally by each county's MHP and each county's MHP provides, or arranges for, specialty mental health services for Medi-Cal beneficiaries. MHPs are not paid on a capitated basis; instead, MHPs are paid on a fee-for-service basis.

Beneficiaries are automatically enrolled in the single MHP in their county. The State continues to contractually require MHPs to ensure the availability and accessibility of adequate numbers of institutional facilities, service locations, service sites, and professional, allied and supportive personnel to provide medically necessary services, and ensure the authorization of services for urgent conditions on a one-hour basis.

Beneficiaries are provided with a choice of providers within the MHP and an opportunity to change providers whenever feasible. Although the regulation allows MHPs to limit the beneficiary's choice to two (2) providers, the beneficiary may request an additional change if not satisfied; the opportunity for choice may be limited by feasibility. In most cases, feasibility is linked to the number of providers in the MHP's network.

Access continues to be assured and monitored through state regulations, and the MHP contract, the State's review and approval of any amendments to the MHPs implementation plans for the program on-going contract management by the State; and formal triennial reviews of the MHPs conducted by State staff, and annual External Quality Reviews conducted by the contracted External Quality Review Organization.

Additional Information:	PIHP (	(Optional)
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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
- Services managed under an administrative services organization (ASO) arrangement

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

A significant proportion of total Medi-Cal expenditures are generated through the FFS health care delivery system. FFS providers render services and then submit claims for payment that are adjudicated, processed and paid (or denied) by the Medi-Cal program's fiscal intermediary. Generally, Medi-Cal outpatient FFS rates are set at no more than 80% of the California Specific Medicare Rate. The CA-MMIS system reimburses at no more than the maximum allowable rate that is on file in the system. Further, as a result of the Managed Care expansion in California, all 58 counties now participate in a Managed Care system, which prior to the expansion served approximately 74% of the total Medi-Cal population or about 6.0M Medi-Cal beneficiaries in 30 counties.

Specified services are carved out of the Managed Care Plans and only reimbursed via FFS, such as county based Specialty Mental Health Services (1915 (b) waiver) and Substance Use Disorder Services, which are reimbursed on a cost-based fee-for-service basis, based on certified public expenditures.

Additional Information: Fee-For-Service (O)	Iptional	۱
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Provide any additional details regarding this service delivery system (optional):

TN No: 14-018 Approval Date: 7/30/2014 California Effective Date: 5/01/2014

Page 3 of 4



#### 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.20130718

Page 4 of 4



Attachment 3.1-C- OMB Control Number: 0938-1148
OMB Expiration date: 10/31/2014

### **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.

Yes

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

The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals. The requirements for Requirements for Health Insurance Premium Payment (HIPP) Program / Cost Avoidance: Full scope or fee-for-service Medi-Cal; a high cost medical condition that requires ongoing treatment from a medical provider; current health insurance coverage (or access to health coverage through an employer at the time of application) – policy must cover the health condition.

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

The state assures that ESI coverage is established in sections 3.2 and 4.22(c) of the state's approved Medicaid state plan. The beneficiary will receive a benefit package that includes a wrap of benefits around the employer sponsored insurance plan that equals the benefit package to which the beneficiary is entitled. The beneficiary will not be responsible for payment of premiums or other cost sharing that exceeds nominal levels as established at 42 CFR part 447 subpart A."

#### PRA Disclosure Statement

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Approval Date: 7/30/2014 Page 1 of 1 Effective Date: 5/01/2014



Attachment 3.1-C-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 The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/ territory plan under this title. The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e). The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.

### PRA Disclosure Statement

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Attachment 3.1-C
Payment Methodology

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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