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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 17-0011

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 JFK Federal Building, Government Center Room 2275 Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

December 8, 2017

Marylou Sudders, Secretary Executive Office of Health and Human Services One Ashburton Place, Room 1109 Boston, Massachusetts 02108

Dear Secretary Sudders:

Enclosed for your records is an approved copy of the MassHealth Standard Alternative Benefit Plan (ABP) State plan amendment (SPA) No. MA 17-0011. This ABP, which was submitted through the Medicaid Model Data Lab (MMDL No. 0806.R00.04) on September 29, 2017, meets all federal statutory and regulatory requirements for establishing an ABP.

This SPA was submitted to revise your approved Standard ABP to update coverage for physician and midlevel practitioner services. This SPA has been approved effective August 1, 2017.

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

Enclosed are copies of the following approved State plan pages to be incorporated into the Massachusetts State plan:

• Attachment 3.1-L, form ABP 5, pages 1-39

If you have any questions regarding this matter you may contact Julie McCarthy at (617) 565-1244 or by e-mail at Julie.McCarthy@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal Associate Regional Administrator

Enclosure/s

cc: Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director Kaela Konefal, Federal Authority Policy Analyst/State Plan Coordinator

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

	State/Territory name: Massachusetts Transmittal Number: Please enter the Transmittal Number (TN) in the format ST-YY-0000 where S' of the submission year, and 0000 = a four digit number with leading zeros. The MA-17-0011	
	Proposed Effective Date 08/01/2017 (mm/dd/yyyy)	
	Federal Statute/Regulation Citation	
	42 U.S.C. 1396u-7(a); 42CFR 440.300 et seq	
	Federal Budget Impact	
	Federal Fiscal Year Amount	
	First Year 2017	
	\$ 0.00	
	Second Year 2018 \$ 0.00	
1	Subject of Amendment	rition TR 440.300 et seq Al Year Amount $ \begin{bmatrix} 0.00 \\ 0.00 \end{bmatrix} $ Plan to update the Standard Alternative Benefit Plan (ABP) State Plan to include, under the Other Licensed Practitioners' Services state plan Plan to update the Standard Alternative Benefit Plan (ABP) State Plan to include, under the Other Licensed Practitioners' Services state plan eported no comment
	An amendment to the Medicaid State Plan to update the Standard Alternative Benefit Plan (ABP) State Plan to in category, the services of certain newly distinguished MassHealth midlevel practitioner types.	Amount 0.00 0.00 0.00 e Standard Alternative Benefit Plan (ABP) State Plan to include, under the Other Licensed Practitioners' Services state plan fassHealth midlevel practitioner types.
(Governor's Office Review	
	O Governor's office reported no comment	
	O Comments of Governor's office received	
	Describe:	A IT The W
	O No reply received within 45 days of submittal	
	• Other, as specified	
	Describe:	
	Not required under 42 CFR 430.12(b)(2)(i)	
ŝ	Signature of State Agency Official Submitted By: Alison Kirchgasser Last Revision Date: Dec 8, 2017	
	Submit Date: PLAN APPROVED – ONE COPY ATTACHED Sep 29, 2017 PLAN APPROVED – ONE COPY ATTACHED	
	DATE RECEIVED: 09/29/2017 EFFECTIVE DATE OF APPROVED MATERIAL: 08/01/2017	DATE APPROVED: 12/08/2017
	ET LOTIVE DATE OF ALL ROVED WATERIAL. 00/01/2017	SIGNATURE OF REGIONAL OFFICIAL:
		/s/
	TYPED NAME: Richard R. McGreal	

TITLE: Associate Regional Administrator, Division of Medicaid & Children's Health Operations Boston Regional Office

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Alternative Benefit Plan

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

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Essential Health Benefit 1: Ambulatory pati-		Collapse All
Benefit Provided:	Source:	
Outpatient Hospital Service	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	The second se
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	20 2	
None		
Other information regarding this benefit benchmark plan:	t, including the specific name of the source plan if it is not the b	Jase
hospital require PA after 20 visits in a 1	ee for service (FFS), certain specific services are covered with p cal and occupational therapy services provided by an outpatient 12-month period. For those members receiving benefits through management may apply that may differ from the FFS authoriza	
Benefit Provided:	Source:	
lospice Care	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		10 N
None		
Other information regarding this benefit benchmark plan:	t, including the specific name of the source plan if it is not the b	pase
Hospice Care is provided in accordance of the Affordable Care Act.	with section 1905(o) of the Social Security Act and Section 23	302
Those members receiving benefits fee for elect hospice benefits.	or service (FFS) must receive certification of terminal illness an	ıd
	Source:	
	Source	
	State Plan 1905(a)	
Benefit Provided: DLP: Audiologists' Services Authorization:		

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Amount Limit:	Duration Limit:	
None	None	Remove
Scope Limit:		
None		
Other information regarding this benefit, include benchmark plan:	ling the specific name of the source plan if it is not the base	
State Plan Benefit Title: "Medical care and any furnished by licensed practitioners within the s Services."	other type of remedial care recognized under state law, cope of their practice as defined by state law: Audiologists'	
lare covered with prior authorization (PA). For	ervice (FFS), certain high-cost and replacement hearing aids those members receiving benefits through managed care ly that may differ from the FFS authorization that is	
Benefit Provided:	Source:	
DLP: Chiropractors' Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:		
20 visits/treatments per member per calendar		
Scope Limit:	The second s	
None		
	ding the specific name of the source plan if it is not the base	
State Plan Benefit Title: "Medical care and any	y other type of remedial care recognized under state law, scope of their practice as defined by state law: Chiropractors'	
For those members receiving benefits through apply that may differ from the FFS authorizati	managed care entities, other utilization management may on that is specified in this SPA.	
Benefit Provided:	Source:	
Physicians' Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		



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benchmark plan:		Remove
State Plan Benefit Title: "Physicians' servic hospital, a nursing facility or elsewhere."	ces whether furnished in the office, the patient's home, a	
For those members receiving benefits fee for	or service (FFS), certain specific services are covered with prior	
authorization (PA); for example, reconstruc	tive surgery and non-emergency out-of-state services provided	
through managed care entities, other utilization	les of the state border. For those members receiving benefits tion management may apply that may differ from the FFS	1
authorization that is specified in this SPA.	den management may appry that may unter nom the FFS	
Benefit Provided:	Source:	
Diagnostic Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None]
Scope Limit:		. I 10 IV
None		1
For those members receiving benefits fee fo	cluding the specific name of the source plan if it is not the base	1
For those members receiving benefits fee fo are covered with prior authorization (PA). F	cluding the specific name of the source plan if it is not the base or service (FFS), certain specific services, such as Breast MRI, for those members receiving benefits through managed care apply that may differ from the FFS authorization that is]
For those members receiving benefits fee fo are covered with prior authorization (PA). F entities, other utilization management may a	or service (FFS), certain specific services, such as Breast MRI,	
For those members receiving benefits fee fo are covered with prior authorization (PA). F entities, other utilization management may a specified in this SPA.	or service (FFS), certain specific services, such as Breast MRI, for those members receiving benefits through managed care apply that may differ from the FFS authorization that is] Remove
For those members receiving benefits fee fo are covered with prior authorization (PA). F entities, other utilization management may a specified in this SPA.	or service (FFS), certain specific services, such as Breast MRI, For those members receiving benefits through managed care apply that may differ from the FFS authorization that is Source:] Remove
benchmark plan: For those members receiving benefits fee fo are covered with prior authorization (PA). F entities, other utilization management may a specified in this SPA. Benefit Provided: creening Services	or service (FFS), certain specific services, such as Breast MRI, for those members receiving benefits through managed care apply that may differ from the FFS authorization that is Source:]] [Remove
benchmark plan: For those members receiving benefits fee fo are covered with prior authorization (PA). F entities, other utilization management may a specified in this SPA. Benefit Provided: creening Services Authorization:	or service (FFS), certain specific services, such as Breast MRI, for those members receiving benefits through managed care apply that may differ from the FFS authorization that is Source: State Plan 1905(a) Provider Qualifications:]
benchmark plan: For those members receiving benefits fee fo are covered with prior authorization (PA). F entities, other utilization management may a specified in this SPA. Benefit Provided: creening Services Authorization: None	or service (FFS), certain specific services, such as Breast MRI, for those members receiving benefits through managed care apply that may differ from the FFS authorization that is Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan]]
benchmark plan: For those members receiving benefits fee fo are covered with prior authorization (PA). F entities, other utilization management may a specified in this SPA. Benefit Provided: Creeening Services Authorization: None Amount Limit:	or service (FFS), certain specific services, such as Breast MRI, For those members receiving benefits through managed care apply that may differ from the FFS authorization that is Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:]] [<u>Remove</u>]
benchmark plan: For those members receiving benefits fee fo are covered with prior authorization (PA). F entities, other utilization management may a specified in this SPA. Benefit Provided: Acreening Services Authorization: None Amount Limit: None	or service (FFS), certain specific services, such as Breast MRI, For those members receiving benefits through managed care apply that may differ from the FFS authorization that is Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:] <u>Remove</u>]
benchmark plan: For those members receiving benefits fee fo are covered with prior authorization (PA). F entities, other utilization management may a specified in this SPA. Benefit Provided: Creeening Services Authorization: None Amount Limit: None Scope Limit: None	or service (FFS), certain specific services, such as Breast MRI, For those members receiving benefits through managed care apply that may differ from the FFS authorization that is Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:] <u>Remove</u>]
benchmark plan: For those members receiving benefits fee fo are covered with prior authorization (PA). F entities, other utilization management may a specified in this SPA. Benefit Provided: Authorization: None Amount Limit: None Scope Limit: None Other information regarding this benefit, inc benchmark plan:	or service (FFS), certain specific services, such as Breast MRI, For those members receiving benefits through managed care apply that may differ from the FFS authorization that is Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None] <u>Remove</u>]]
benchmark plan: For those members receiving benefits fee fo are covered with prior authorization (PA). F entities, other utilization management may a specified in this SPA. Benefit Provided: Authorization: None Amount Limit: None Scope Limit: None Other information regarding this benefit, inc benchmark plan:	or service (FFS), certain specific services, such as Breast MRI, for those members receiving benefits through managed care apply that may differ from the FFS authorization that is Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None]

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Alternative Benefit Plan

Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, inclu benchmark plan:	ding the specific name of the source plan if it is not the base	
those summarized under Physicians' Services	ervice (FFS), the same prior authorization requirements as apply. For those members receiving benefits through ement may apply that may differ from the FFS authorization	
Benefit Provided:	Source:	
lome Health: Part-time Nursing Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	None	
Scope Limit:		
None		
	iding the specific name of the source plan if it is not the base	
State Plan Title: "Home health services: Intern health agency or by a registered nurse when n		
For those members receiving benefits fee for s	service (FFS), certain Home Health Services are covered with vices are covered with authorization in excess of limitation;	
for example, continuous skilled nursing require authorization after 30 visits in a 90 day period 90 day period, then a new 90 day period is trig before PA is required. For those members rec	res prior authorization; part time nursing requires I. If the member uses less than 30 part-time nursing visits in a ggered with a new allotment of 30 part-time nursing visits eiving benefits through managed care entities, other iffer from the FFS authorization that is specified in this SPA.	
for example, continuous skilled nursing require authorization after 30 visits in a 90 day period 90 day period, then a new 90 day period is trig before PA is required. For those members rec	res prior authorization; part time nursing requires I. If the member uses less than 30 part-time nursing visits in a ggered with a new allotment of 30 part-time nursing visits eiving benefits through managed care entities, other	
for example, continuous skilled nursing require authorization after 30 visits in a 90 day period 90 day period, then a new 90 day period is trig before PA is required. For those members rec utilization management may apply that may d	res prior authorization; part time nursing requires I. If the member uses less than 30 part-time nursing visits in a ggered with a new allotment of 30 part-time nursing visits eiving benefits through managed care entities, other iffer from the FFS authorization that is specified in this SPA.	
for example, continuous skilled nursing require authorization after 30 visits in a 90 day period 90 day period, then a new 90 day period is trig before PA is required. For those members rec utilization management may apply that may d Benefit Provided: Clinic Services	res prior authorization; part time nursing requires I. If the member uses less than 30 part-time nursing visits in a ggered with a new allotment of 30 part-time nursing visits eiving benefits through managed care entities, other iffer from the FFS authorization that is specified in this SPA. Source:	
for example, continuous skilled nursing require authorization after 30 visits in a 90 day period 90 day period, then a new 90 day period is trig before PA is required. For those members rec utilization management may apply that may d Benefit Provided:	res prior authorization; part time nursing requires I. If the member uses less than 30 part-time nursing visits in a ggered with a new allotment of 30 part-time nursing visits eiving benefits through managed care entities, other iffer from the FFS authorization that is specified in this SPA. Source: State Plan 1905(a)	
for example, continuous skilled nursing require authorization after 30 visits in a 90 day period 90 day period, then a new 90 day period is trig before PA is required. For those members rec utilization management may apply that may d Benefit Provided: Clinic Services Authorization:	res prior authorization; part time nursing requires I. If the member uses less than 30 part-time nursing visits in a ggered with a new allotment of 30 part-time nursing visits eiving benefits through managed care entities, other iffer from the FFS authorization that is specified in this SPA. Source: State Plan 1905(a) Provider Qualifications:	

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See Below	2	Remove
Other information regarding this benefit, incluenchmark plan:	uding the specific name of the source plan if it is not the base	
Centers, Family Planning Clinics, Sterilizatio Clinics, Rehabilitation Centers, Speech and H Disorder Treatment Clinics, and Limited Serv of clinic services who bill using those codes; services when the FASC is located more than clinics may be paid for a maximum of one HI per test per day, and a maximum of four HIV year; (5) case consultation at SUD outpatient months; (6) acupuncture at SUD outpatient co member per week for the first 2 weeks and 3 t covers medication assisted treatment for opioi accordance with applicable clinical standards; counseling sessions per member per week.	service (FFS), (1) MassHealth covers clinic services provided ntal Health Providers, Freestanding Ambulatory Surgery on Clinics, Radiation Oncology Centers, Renal Dialysis Hearing Centers, Mental Health Centers, Substance Use vices Clinics; (2) MassHealth applies NCCI edits to providers (3) Prior authorization is required for out of state FASC 50 miles from the Massachusetts border; (4) family planning IV pre-test and one HIV post-test counseling visits per member pre-test and four HIV post-test counseling visits per calendar counseling treatment clinics is limited to one hour every three punseling treatment clinics is limited to 6 treatments per treatments per member per week thereafter; (7) MassHealth id dependency at opioid treatment service centers, in ; (8) opioid treatment service centers may provide four	
nefit Provided:	Source:	
	Source: State Plan 1905(a)	Remove
		Remove
HC Services and other Amb. Services	State Plan 1905(a)	Remove
HC Services and other Amb. Services Authorization:	State Plan 1905(a) Provider Qualifications:	Remove
HC Services and other Amb. Services Authorization: Other	State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
HC Services and other Amb. Services Authorization: Other Amount Limit:	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
HC Services and other Amb. Services Authorization: Other Amount Limit: None	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other Amount Limit: None Scope Limit: None	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
HC Services and other Amb. Services Authorization: Other Amount Limit: None Scope Limit: None Other information regarding this benefit, inclubenchmark plan: State Plan Benefit Title: "Federally qualified her prior authorization requirements summar through managed care entities, other utilization	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Authorization: Other Amount Limit: None Scope Limit: None Other information regarding this benefit, inclu benchmark plan: State Plan Benefit Title: "Federally qualified h For those members receiving benefits fee for s same prior authorization requirements summar	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None ading the specific name of the source plan if it is not the base nealth center (FQHC) services and other ambulatory services." service (FFS), services provided at FQHCs are subject to the trized in this ABP. For those members receiving benefits	Remove

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Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	11	
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
State Plan Benefit Title: "Rural Health (health clinic."	Clinic Services and other ambulatory services furnished by a rural	
same prior authorization requirements s	be for service (FFS), services provided at RHCs are subject to the ummarized in this ABP. For those members receiving benefits lization management may apply that may differ from the FFS A.	-
nefit Provided:	Source:	
mily Planning Services and Supplies	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Other	Medicaid State Plan	
Other Amount Limit:	Medicaid State Plan Duration Limit:	
Other Amount Limit: None	Medicaid State Plan Duration Limit:	
Other Amount Limit: None Scope Limit: None Other information regarding this benefit benchmark plan:	Medicaid State Plan Duration Limit: None t, including the specific name of the source plan if it is not the base	
Other Amount Limit: None Scope Limit: None Other information regarding this benefit benchmark plan:	Medicaid State Plan Duration Limit: None	



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Essential Health Benefit 2: Emergency service	es	Collapse All
Benefit Provided:	Source:	
Emergency Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Covered without limitations.	including the specific name of the source plan if it is no	
Benefit Provided:	Source:	
Fransportation – Emergent	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	-
Scope Limit:		
None		
	including the specific name of the source plan if it is not	the base
Other information regarding this benefit.	including the specific name of the source plan if it is not	the base
Other information regarding this benefit, benchmark plan:	including the specific name of the source plan if it is not	the base

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Benefit Provided:	Source:	
Inpatient Hospital 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, in benchmark plan:	cluding the specific name of the source plan if it is not the base	
State Plan Title: "Inpatient hospital services disease)."	(other than those provided in an institution for mental	
preadmission screening for all elective adm	or service (FFS), as a condition of payment, MassHealth require issions to acute hospitals and for all admissions to a chronic or members with other insurance (including Medicare).	s
For those members receiving benefits throu apply that may differ from the FFS authoriz	gh managed care entities, other utilization management may ation that is specified in this SPA.	



Benefit Provided:	Source:	Collapse All
Nurse-midwife Services	State Plan 1905(a)	Damara
		Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		se
those summarized under Physicians' Ser-	e for service (FFS), the same prior authorization requirements as vices apply. For those members receiving benefits through nanagement may apply that may differ from the FFS authorizatio	n
Benefit Provided:	Source:	2
Physicians' Services: Maternity	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 specific name of the source plan if it is not the base benchmark plan:		e
those summarized under Physicians' Serv	e for service (FFS), the same prior authorization requirements as vices apply. For those members receiving benefits through nanagement may apply that may differ from the FFS authorizatio	n
Benefit Provided:	Source:	
	Quere DL == 1005()	
npatient Hospital Services: Maternity	State Plan 1905(a)	
npatient Hospital Services: Maternity Authorization:	Provider Qualifications:	
Authorization:	Provider Qualifications:	

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None		Remove
Other information regarding this benefit, in benchmark plan:	cluding the specific name of the source plan if it is not the base	
those summarized under Inpatient Hospital	or service (FFS), the same prior authorization requirements as Services apply. For those members receiving benefits through agement may apply that may differ from the FFS authorization	1.1.11
enefit Provided:	Source:	
utpatient Hospital Services: Maternity	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	-
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None	- 4	
Other information regarding this benefit, in benchmark plan:	cluding the specific name of the source plan if it is not the base	
those summarized under Outpatient Hospita	or service (FFS), the same prior authorization requirements as al Services apply. For those members receiving benefits through agement may apply that may differ from the FFS authorization	



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Benefit Provided:	Source:	
Mental Health and Substance Use Disorder Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	Lease of the second
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None	Constant of Consta	
Other information regarding this benefit, including t benchmark plan:	he specific name of the source plan if it is not the base	
all members under state plan benefits including Phys Services, FQHCs, RHCs, Inpatient Hospital Servic MassHealth requires managed care contractors to pro-	order services including behavioral health treatment for sicians' Services, Clinic Services, Outpatient Hospital es, Emergency Hospital Services, and EPSDT. ovide certification with MHPAEA in compliance with an IMD are limited to members under the age of 21 or	
Benefit Provided:	Source:	
OLP: Psychologist	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	- N
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Amount Limit: None	Duration Limit: None	
None		
None Scope Limit: Psychological testing only		
None Scope Limit: Psychological testing only Other information regarding this benefit, including the benchmark plan:	None he specific name of the source plan if it is not the base 'remedial care recognized under state law, furnished by ice as defined by state law: Other Practitioners'	
None Scope Limit: Psychological testing only Other information regarding this benefit, including the benchmark plan: State Plan Title: "Medical care and any other type of licensed practitioners within the scope of their practitiservices." MassHealth requires managed care contrained practices."	None he specific name of the source plan if it is not the base 'remedial care recognized under state law, furnished by ice as defined by state law: Other Practitioners'	
None Scope Limit: Psychological testing only Other information regarding this benefit, including the benchmark plan: State Plan Title: "Medical care and any other type of licensed practitioners within the scope of their practices." MassHealth requires managed care contraction compliance with 130 CMR 450.117(J). Benefit Provided:	None he specific name of the source plan if it is not the base 'remedial care recognized under state law, furnished by ce as defined by state law: Other Practitioners' actors to provide certification with MHPAEA in	
None Scope Limit: Psychological testing only Other information regarding this benefit, including the benchmark plan: State Plan Title: "Medical care and any other type of licensed practitioners within the scope of their practitioners within the scope of their practices." MassHealth requires managed care contractioners with 130 CMR 450.117(J).	None he specific name of the source plan if it is not the base 'remedial care recognized under state law, furnished by ce as defined by state law: Other Practitioners' ictors to provide certification with MHPAEA in Source:	

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Amount Limit:	Duration Limit:	Remove
None	INONE	Remove
Scope Limit:		
None		
Other information regarding this benefit, benchmark plan:	including the specific name of the source plan if it is not the base	
hose summarized under Physicians' Serv apply. For those members receiving bene nay apply that may differ from the FFS a nanaged care contractors to provide certi	for service (FFS), the same prior authorization requirements as ices, Outpatient Hospital Services and Inpatient Hospital Services fits through managed care entities, other utilization management uthorization that is specified in this SPA. MassHealth requires fication with MHPAEA in compliance with 130 CMR 450.117(J). limited to members under the age of 21 or over the age of 64.	
		Add
npatient services provided in an IMD are	Infinited to members under the age of 21 of over the age of 64.	1.,010



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Essential Health Benefit 6: Prescription Benefit Provided:			15
same number of prescription drugs	in each category and class as	opeia (USP) category and class or the the base benchmark.	
Prescription Drug Limits (Check a	all that apply.): Authorization	Provider Qualifications:	
Limit on days supply	Yes	State licensed	
Limit on number of presc	riptions		
Limit on brand drugs			
Other coverage limits			
Preferred drug list			
Coverage that exceeds the minimu	m requirements or other:		
The Commonwealth of Massachus Medicaid state plan for prescribed	etts' ABP prescription drug be drugs.	nefit is the same as under the approved	

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Essential Health Benefit 7: Rehabilitative and habilitative s	services and devices	Collapse All
Benefit Provided:	Source:	17-
Therapies and Related Services: Physical therapy	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
20 visits per 12-month period	None	
Scope Limit:		-
Diversional and recreational therapies are not covered	d	
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
State Plan Benefit Title: "Therapies and Related Servi habilitative physical therapy to improve, or prevent th provided in accordance with 42 CFR 440.110. MassH licensed therapist when the therapist's specialized know services that are part of a maintenance program.	ne worsening of a congenital or acquired condition is lealth pays for maintenance therapy performed by a	
For those members receiving benefits through manage apply that may differ from the FFS authorization that	ed care entities, other utilization management may is specified in this SPA.	
Benefit Provided:	Source:	1
Therapies and RS: Occupational Therapy	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
20 visits per 12-month period	None	
Scope Limit:		-1
Diversional and recreational therapies are not covered	d.	
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
State Plan Benefit Title: "Therapies and Related Servi	ices: Occupational Therapy."	
Rehabilitative and habilitative occupational therapy to acquired condition is provided in accordance with 42	o improve, or prevent the worsening of a congenital o CFR 440.110. MassHealth pays for maintenance herapist's specialized knowledge and judgment are	r



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Benefit Provided:	Source:	
Therapies and RS: Speech, Hearing, and Language	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	e no este
Amount Limit:	Duration Limit:	
35 visits per 12-month period	None	
Scope Limit:		
Diversional and recreational therapies are not cover	red.	
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
State Plan Benefit Title: "Therapies and Related Ser and language disorders."	rvices: Services for individuals with speech, hearing,	
Rehabilitative and habilitative speech therapy to imp acquired condition is provided in accordance with 4 therapy performed by a licensed therapist when the required to perform services that are part of a mainter	2 CFR 440.110. MassHealth pays for maintenance therapist's specialized knowledge and judgment are	
For those members receiving benefits through mana apply that may differ from the FFS authorization the	nged care entities, other utilization management may at is specified in this SPA.	
Benefit Provided:	Source:	
Iome Health: Med Supplies, Equip., and Appliances	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		5.0
None		
Other information regarding this benefit, including t benchmark plan:	he specific name of the source plan if it is not the base	_
State Plan Title: "Home Health Services: Medical su the home."	applies, equipment, and appliances suitable for use in	
and in certain circumstances for use in facilities. DM	that can be appropriately used in the member's home, AE that is appropriate for use in the member's home eservices are covered with prior authorization (PA); for gen systems. For those members receiving benefits	

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Benefit Provided:	Source:	
Prosthetic Devices	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	- 1
Scope Limit:		
None	and a second	
Other information regarding this benefit, including t benchmark plan :	he specific name of the source plan if it is not the base	_
State Plan Title: "Prescribed drugs, dentures, and pro physician skilled in diseases of the eye or by an opto	osthetic devices and eyeglasses prescribed by a ometrist: Prosthetic Devices."	
specific services are covered with prior authorization	after the exhaustion of manufacturer warranties. Certain n (PA); for example, electronic elbows and some upper benefits through managed care entities, other utilization	1.1.2
Benefit Provided:	Source:	
Nursing Facility Services for 21 or Older	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	ē.
None	None	
Scope Limit:		
Non-custodial nursing care		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
State Plan Title: "Nursing facility services (other that individuals 21 years of age or older."	an services in an institution for mental diseases) for	
For those members receiving benefits fee for service authorizations for nursing-facilty services. New clin circumstances such as when a member is transferred Medicaid from Medicare or a third party private pay	ical authorizations may be required in some 1 from one nursing facility to another or converts to	



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enefit Provided:	Source:	
ome Health: PT, OT, SP and Audiology Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:] [
Authorization required in excess of limitation	Medicaid State Plan	1
Amount Limit:	Duration Limit:	
See below	None	1 –
Scope Limit:		1
Diversional and recreational therapies are not cover	ed.	- 1
Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base	
State Plan Title: "Home health services: Physical the audiology services provided by a home health agence	rapy, occupational therapy, or speech pathology and y or medical rehabilitation facility."	
For those members receiving benefits fee for service those summarized under Therapy Services apply. For care entities, other utilization management may apply specified in this SPA.	r those members receiving benefits through managed	
		×
		Add
		Add

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Alternative Benefit Plan

Benefit Pro	ovided:	Source:	
Other Labo	oratory and X-ray Services	State Plan 1905(a)	Remove
Autho	orization:	Provider Qualifications:	
Other		Medicaid State Plan	
Amou	int Limit:	Duration Limit:	
None		None	
Scope	Limit:		
None			
benchr For the authori manag	mark plan: ose members receiving benefits f ization (PA); for example, BRC/ ged care entities, other utilization	it, including the specific name of the source plan if it is not the base fee for service (FFS), certain specific services are covered with prior A genetic testing. For those members receiving benefits through management may apply that may differ from the FFS authorization	
that is	specified in this SPA.		
			Add
	-		

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

Collapse All

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

	Source:	
reventive Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	-
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	T	
None	and the state of the particular	
Other information regarding this benefit, ir benchmark plan:	ncluding the specific name of the source plan if it is not the base	
those summarized under Physicians' Servic	or service (FFS), the same prior authorization requirements as ses apply. For those members receiving benefits through nagement may apply that may differ from the FFS authorization	
enefit Provided:	Source:	
ce-to-face Tobacco Cessation Counseling Se	ervices State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	H
Authorization required in excess of limitat	ion Medicaid State Plan	
Amount Limit:	Duration Limit:	
16 group and individual sessions/12 month	18 None	
Scope Limit:		
Scope Limit: None		
None	cluding the specific name of the source plan if it is not the base	

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ssential Health Benefit 10: Pediatric services includ	ing oral and vision care	Collapse All
Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	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, includi benchmark plan:	ng the specific name of the source plan if it is not the base	_
example, members are limited to one compreher additional services are medically necessary. The	certain services are covered with prior authorization, for nsive eye examination within a 12 month period unless MassHealth agency pays for all medically necessary services, for EPSDT-eligible members, without regard to uire prior authorization.	
Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	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, includi benchmark plan:	ing the specific name of the source plan if it is not the base	
age 21 prior to admission to a psychiatric inpatie medically necessary psychiatric inpatient hospit service limitations. Such additional services req	rvices for individuals under 21 years of age. rvice (FFS), a screening team must screen a member under ent hospitalization. The MassHealth agency pays for all al services for EPSDT-eligible members, without regard to uire prior authorization. For those members receiving ilization management may apply that may differ from the	
Benefit Provided:	Source:	11.
Medicaid State Plan EPSDT Benefits		



Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
None	None]
Scope Limit:		_]:
None		1
State Plan Benefit Title: "Nursing fac	ility services for patients under 21 years of age."	
For members under age 21 receiving authorizations from a medical review	ility services for patients under 21 years of age." benefits fee for service (FFS), the MassHealth agency requires team for nursing-facility services. For those members receiving s, other utilization management may apply that may differ from the	
FFS authorization that is specified in	this SPA.	2
		Add

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Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All

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Base Benchmark Benefits Not Covered due to Substitution or Duplication	Collapse All
Base Benchmark Benefit that was Substituted: Source:	
Acupuncture – Duplication Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: covered under the Medicaid state plan as Physicians' Services, Outpatient Hospital Service Clinic Services, FQHCs, and RHCs under EHB 1; and Inpatient Hospital Services under EHB 3. MassHealth provides acupuncture for pain relief, as a substitute for anesthesia and as a substance abuse treatment. Base benchmark plan: limited to 20 procedures per person per calendar year, for anesthesia and pain rel	
Base Benchmark Benefit that was Substituted: Source:	
Outpatient Hospital, Clinic, or ASC - Duplication Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: covered under the Medicaid state plan as Outpatient Hospital Services and Clinic Services under EHB 1.	
Base Benchmark Benefit that was Substituted: Source:	
Hospice – Duplication Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: covered under the Medicaid state plan as Hospice Care under EHB 1.	
Base Benchmark Benefit that was Substituted: Source:	
Audiologist and Hearing Services – Duplication Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: covered under the Medicaid state plan as Outpatient Hospital Services and OLP: Audiologi Services under EHB 1; Inpatient Hospital Services under EHB 3; and Home Health Services: Medical Supplies , Equipment, and Appliances under EHB 7.	ists'
Base Benchmark Benefit that was Substituted: Source:	
Chiropractic – Duplication Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: covered under the Medicaid state plan as OLP: Chiropractors' Services under EHB 1.	
Base Benchmark Benefit that was Substituted: Source:	
Foot Care - Duplication Base Benchmark	

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Duplication: covered in the Medicaid state plan as I	Physician Services under EHB 1.	Remove
Base Benchmark Benefit that was Substituted: Physician Services – Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above	under Essential Health Benefits:	
Duplication: covered in the Medicaid state plan as I	Physicians' Services under EHB 1.	
Base Benchmark Benefit that was Substituted: Diagnostic and Treatment Services – Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above	dicating the substituted benefit(s) or the duplicate under Essential Health Benefits:	<u></u>
Duplication: covered in the Medicaid state plan as		-
Base Benchmark Benefit that was Substituted: Adult Preventive Care - Duplication Explain the substitution or duplication, including ir	Source: Base Benchmark	Remove
section 1937 benchmark benefit(s) included above Duplication: covered in the Medicaid state plan as Services and Screening Services under EHB 1; Inp Services under EHB 9.	under Essential Health Benefits: FQHC, RHC, Physicians' Services, Outpatient Hospital atient Hospital Services under EHB 3; and Preventive	
Base Benchmark Benefit that was Substituted:	Source:	
Nurse Practitioner - Duplication	base benchmark	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above	under Essential Health Benefits;	1
Duplication: covered in the Medicaid state plan as Practitioner Services, FQHCs and RHCs under EH	Physicians' Services, Pediatric or Family Nurse B 1.	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Skilled Nursing Facility – Duplication	Base benefittatik	Remove
	ndicating the substituted benefit(s) or the duplicate	
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above		
section 1937 benchmark benefit(s) included above	Nursing Facility Services for 21 or Older under EHB 7;	

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Outpatient Hospital Services: Maternity and Inpa	hysicians' Services: Maternity, Nurse-midwife services, atient Hospital Services: Maternity under EHB 4.	Remove
Base Benchmark Benefit that was Substituted:	Source:	
Inpatient Hospital - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above	; indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits;	
Duplication: covered in Medicaid state plan as In		
Base Benchmark Benefit that was Substituted:	Source:	
Mental Health and SUD Services - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov	indicating the substituted benefit(s) or the duplicate /e under Essential Health Benefits:	
Substance Use Disorder Services, OLP: Psycholo and Inpatient Hospital Services under EHB 3. Base Benchmark: Psychological testing is limited psychiatric treatment. All services under the bene services by pastoral, marital, drug/alcohol and oth	rgency Hospital Services under EHB 2; Mental Health and ogist, and Rehabilitative Services: MH/SUD under EHB 5; d to testing necessary to determine the appropriate efit require pre-certification. Excluded services include: her counselors including therapy for sexual problems:	
treatments for learning disabilities and mental retr to conduct therapy; services rendered or billed by marriage counseling; and services that are not me	ardation; telephone therapy; travel time to member's home / schools, or halfway houses or members of their staffs:	
to conduct therapy; services rendered or billed by	ardation; telephone therapy; travel time to member's home y schools, or halfway houses or members of their staffs; edically necessary.	
to conduct therapy; services rendered or billed by marriage counseling; and services that are not me	ardation; telephone therapy; travel time to member's home y schools, or halfway houses or members of their staffs; edically necessary.	Remove
to conduct therapy; services rendered or billed by marriage counseling; and services that are not me Base Benchmark Benefit that was Substituted: PT and OT – Duplication	A schools, or halfway houses or members of their staffs; edically necessary. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate	Remove
to conduct therapy; services rendered or billed by marriage counseling; and services that are not me Base Benchmark Benefit that was Substituted: PT and OT – Duplication Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov Duplication: covered in Medicaid state plan as Th Occupational Therapy, and Home Health: PT, OT Base Benchmark: All physical and occupational t rehabilitation services only. In addition, the benefit	A schools, or halfway houses or members of their staffs; edically necessary. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate re under Essential Health Benefits: herapies and Related services: Physical Therapy,	Remove
to conduct therapy; services rendered or billed by marriage counseling; and services that are not me Base Benchmark Benefit that was Substituted: PT and OT – Duplication Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov Duplication: covered in Medicaid state plan as Th Occupational Therapy, and Home Health: PT, OT Base Benchmark: All physical and occupational t rehabilitation services only. In addition, the benefit therapy visits per person per calendar year, combi	Source: ardation; telephone therapy; travel time to member's home schools, or halfway houses or members of their staffs; edically necessary. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate re under Essential Health Benefits: herapies and Related services: Physical Therapy, T, SP, and Audiology Services under EHB 7. therapy visits require preauthorization. The benefit covers fit is limited to 60 physical therapy and occupational ined. (One visit is two hours or less of physical or Source:	Remove
to conduct therapy; services rendered or billed by marriage counseling; and services that are not me Base Benchmark Benefit that was Substituted: PT and OT – Duplication Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov Duplication: covered in Medicaid state plan as Th Occupational Therapy, and Home Health: PT, OT Base Benchmark: All physical and occupational t rehabilitation services only. In addition, the benefit therapy visits per person per calendar year, combio occupational therapy.)	Source: Base Benchmark indicating the substituted benefit(s) or the duplicate re under Essential Health Benefits: herapies and Related services: Physical Therapy, T, SP, and Audiology Services under EHB 7. therapy visits require preauthorization. The benefit covers fit is limited to 60 physical therapy and occupational ined. (One visit is two hours or less of physical or	Remove
to conduct therapy; services rendered or billed by marriage counseling; and services that are not me Base Benchmark Benefit that was Substituted: PT and OT – Duplication Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov Duplication: covered in Medicaid state plan as Th Occupational Therapy, and Home Health: PT, OT Base Benchmark: All physical and occupational t rehabilitation services only. In addition, the benef therapy visits per person per calendar year, combi occupational therapy.) Base Benchmark Benefit that was Substituted: Speech Therapy – Duplication	ardation; telephone therapy; travel time to member's home v schools, or halfway houses or members of their staffs; bedically necessary. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate e under Essential Health Benefits: herapies and Related services: Physical Therapy, F, SP, and Audiology Services under EHB 7. therapy visits require preauthorization. The benefit covers fit is limited to 60 physical therapy and occupational inde. (One visit is two hours or less of physical or Source: Base Benchmark indicating the substituted benefit(s) or the duplicate	Remove

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Alternative Benefit Plan

services only. In addition, the benefit is limited to hours or less of speech therapy); and speech ther - orders the care	ient requires and the medical necessity for skilled services	Remove
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Family Planning Services – Duplication	in the second	Remove
section 1937 benchmark benefit(s) included above		
Duplication: covered in the Medicaid state plan a and Family Planning Services and Supplies under	as Physicians' Services, Clinic Services, FQHCs, RHCs, r EHB 1.	
Base Benchmark Benefit that was Substituted:	Source:	
Infertility Services - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above	g indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits:	
Services, FQHCs, and RHCs under EHB 1; and benefits are limited to the diagnosis and treatment	lan as Physicians' Services, Diagnostic Services, Clinic Laboratory and X-ray services under EHB 8. MassHealth at of infertility as an underlying medical condition. nosis and treatment of infertility as an underlying medical	- 1
Services, FQHCs, and RHCs under EHB 1; and benefits are limited to the diagnosis and treatmen Base benchmark: benefits are limited to the diag	Laboratory and X-ray services under EHB 8. MassHealth nt of infertility as an underlying medical condition. nosis and treatment of infertility as an underlying medical Source:	
Services, FQHCs, and RHCs under EHB 1; and benefits are limited to the diagnosis and treatmen Base benchmark: benefits are limited to the diag condition.	Laboratory and X-ray services under EHB 8. MassHealth at of infertility as an underlying medical condition. nosis and treatment of infertility as an underlying medical	Remove
Services, FQHCs, and RHCs under EHB 1; and benefits are limited to the diagnosis and treatmen Base benchmark: benefits are limited to the diag condition. Base Benchmark Benefit that was Substituted: Preventive Care, Children – Duplication	Laboratory and X-ray services under EHB 8. MassHealth th of infertility as an underlying medical condition. nosis and treatment of infertility as an underlying medical Source: Base Benchmark g indicating the substituted benefit(s) or the duplicate	Remove
Services, FQHCs, and RHCs under EHB 1; and benefits are limited to the diagnosis and treatmen Base benchmark: benefits are limited to the diag condition. Base Benchmark Benefit that was Substituted: Preventive Care, Children – Duplication Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abor Duplication: covered in the Medicaid state plan	Laboratory and X-ray services under EHB 8. MassHealth th of infertility as an underlying medical condition. nosis and treatment of infertility as an underlying medical Source: Base Benchmark g indicating the substituted benefit(s) or the duplicate	Remove
 Services, FQHCs, and RHCs under EHB 1; and benefits are limited to the diagnosis and treatmen Base benchmark: benefits are limited to the diag condition. Base Benchmark Benefit that was Substituted: Preventive Care, Children – Duplication Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abor Duplication: covered in the Medicaid state plan a Hospital Services and Screening Services under 	Laboratory and X-ray services under EHB 8. MassHealth at of infertility as an underlying medical condition. nosis and treatment of infertility as an underlying medical Source: Base Benchmark g indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits: as FQHCs, RHCs, Physicians' Services, Outpatient EHB 1; Preventive Services under EHB 9; and EPSDT Source:	Remove
 Services, FQHCs, and RHCs under EHB 1; and benefits are limited to the diagnosis and treatmen Base benchmark: benefits are limited to the diag condition. Base Benchmark Benefit that was Substituted: Preventive Care, Children – Duplication Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abor Duplication: covered in the Medicaid state plan Hospital Services and Screening Services under under EHB 10. 	Laboratory and X-ray services under EHB 8. MassHealth nt of infertility as an underlying medical condition. nosis and treatment of infertility as an underlying medical Source: Base Benchmark g indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits: as FQHCs, RHCs, Physicians' Services, Outpatient EHB 1; Preventive Services under EHB 9; and EPSDT	Remove
 Services, FQHCs, and RHCs under EHB 1; and benefits are limited to the diagnosis and treatmen Base benchmark: benefits are limited to the diag condition. Base Benchmark Benefit that was Substituted: Preventive Care, Children – Duplication Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov Duplication: covered in the Medicaid state plan a Hospital Services and Screening Services under under EHB 10. Base Benchmark Benefit that was Substituted: Allergy Care – Duplication 	Laboratory and X-ray services under EHB 8. MassHealth at of infertility as an underlying medical condition. nosis and treatment of infertility as an underlying medical Source: Base Benchmark g indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits: as FQHCs, RHCs, Physicians' Services, Outpatient EHB 1; Preventive Services under EHB 9; and EPSDT Source: Base Benchmark g indicating the substituted benefit(s) or the duplicate	
 Services, FQHCs, and RHCs under EHB 1; and benefits are limited to the diagnosis and treatmen Base benchmark: benefits are limited to the diag condition. Base Benchmark Benefit that was Substituted: Preventive Care, Children – Duplication Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abor Duplication: covered in the Medicaid state plan a Hospital Services and Screening Services under under EHB 10. Base Benchmark Benefit that was Substituted: Allergy Care – Duplication Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abor 	Laboratory and X-ray services under EHB 8. MassHealth at of infertility as an underlying medical condition. nosis and treatment of infertility as an underlying medical Source: Base Benchmark g indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits: as FQHCs, RHCs, Physicians' Services, Outpatient EHB 1; Preventive Services under EHB 9; and EPSDT Source: Base Benchmark g indicating the substituted benefit(s) or the duplicate	
 Services, FQHCs, and RHCs under EHB 1; and benefits are limited to the diagnosis and treatmen Base benchmark: benefits are limited to the diag condition. Base Benchmark Benefit that was Substituted: Preventive Care, Children – Duplication Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abor Duplication: covered in the Medicaid state plan a Hospital Services and Screening Services under under EHB 10. Base Benchmark Benefit that was Substituted: Allergy Care – Duplication Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abor 	Laboratory and X-ray services under EHB 8. MassHealth nt of infertility as an underlying medical condition. nosis and treatment of infertility as an underlying medical Source: Base Benchmark g indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits: as FQHCs, RHCs, Physicians' Services, Outpatient EHB 1; Preventive Services under EHB 9; and EPSDT Source: Base Benchmark g indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits:	

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section 1937 benchmark benefit(s) included above u		Remove
Duplication: covered in Medicaid state plan as Press Outpatient Hospital Services, Clinic Services, FQHO Services under EHB 3.	Subed Drugs under EHB 6; Physicians' Services, Cs and RHCs under EHB 1; and Inpatient Hospital	
Base Benchmark Benefit that was Substituted:	Source:	
Orthopedic and Prosthetic Devices – Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including inc section 1937 benchmark benefit(s) included above u	dicating the substituted benefit(s) or the duplicate inder Essential Health Benefits:	
Duplication: covered in Medicaid state plan as Physi EHB 1; Inpatient Hospital Services in EHB 3; and "I		
Base Benchmark Benefit that was Substituted:	Source:	
Durable Medical Equipment – Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above u	J licating the substituted benefit(s) or the duplicate nder Essential Health Benefits:	
	ne Health: medical supplies, equipment, and appliances	n Addining Geographic
Base Benchmark Benefit that was Substituted:	Source:	
Home Health Services – Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up	- licating the substituted benefit(s) or the duplicate nder Essential Health Benefits:	
Duplication: covered in the Medicaid State Plan as H The base benchmark Home Health Services benefit i	Home Health: Part-time Nursing Services in EHB 1	
Base Benchmark Benefit that was Substituted:	Source:	
Educational Classes and Programs – Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur	icating the substituted benefit(s) or the duplicate nder Essential Health Benefits:	
Duplication: Diabetes education and nutritional coun Physicians' Services under EHB 1. Tobacco cessation	nseling are covered in the Medicaid state plan as n counseling is covered in the Medicaid state plan as 9 and Prescription Drugs under EHB 6.	
Tobacco Cessation Counseling services under EHB 9 Base benchmark: Coverage for tobacco cessation cou sessions per calendar year.	unseling services under this benefit is limited to 8	
Tobacco Cessation Counseling services under EHB 9 Base benchmark: Coverage for tobacco cessation courseling	Source: Base Benchmark	

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section 1937 benchmark benefit(s) included abov Duplication: covered in the Medicaid state plan a under EHB 1; and Inpatient Hospital Services und	s Physicians' Services and Outpatient Hospital Services	Remove
Base Benchmark Benefit that was Substituted: Ambulance - Duplication	Source: Base Benchmark indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits:	Remove
Base Benchmark Benefit that was Substituted: Prescription Drugs - Duplication Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov Duplication: covered in the Medicaid state plan a		Remove
Base Benchmark Benefit that was Substituted: Emergency Services - Duplication	Source: Base Benchmark ; indicating the substituted benefit(s) or the duplicate	Remove
Duplication: covered in the Medicaid state plan a		Add



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Alternative Benefit Plan

Other Base Benchmark Benefits Not Covered		Collapse All
Base Benchmark Benefit not Included in the Alternative Benefit Plan: Christian Science Facilities	Source: Base Benchmark	Remove
MassHealth does not cover this provider type; howe	his benefit: ience Facilities and by Christian Science Practitioners ver, all the medically necessary services they provide ncluding Physicians' Services and Outpatient Hospital	1
	- Incolor incol	Add

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Other 1937 Covered Benefits that are not Essential H	Health Benefits	Collapse All
Other 1937 Benefit Provided:	Source:	
Amb services offered by PHSA Health Centers	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	_
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	-7.
None	None	
Scope Limit:		
None		
Other:		
age." For those members receiving benefits fee for se	PHSA) to a pregnant woman or individual under 18 years of ervice (FFS), services provided at PHSA Health Centers are ments summarized in this ABP. For those members receiving tilization management may apply that may differ from the	
Other 1937 Benefit Provided:	Source:	
Freestanding Birth Center Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Other	Metheald State I fair	
	Duration Limit:	
Other Amount Limit: None		1
Amount Limit: None	Duration Limit:	
Amount Limit:	Duration Limit:	
Amount Limit: None Scope Limit:	Duration Limit:	
Amount Limit: None Scope Limit: None Other: For those members receiving benefits fee for so same prior authorization requirements summar Midwife Services. For those members receivin	Duration Limit:	
Amount Limit: None Scope Limit: None Other: For those members receiving benefits fee for so same prior authorization requirements summar Midwife Services. For those members receivin	Duration Limit: None ervice (FFS), services provided at FSBCs are subject to the ized in this ABP, including Physicians' Services and Nurse g benefits through managed care entities, other utilization he FFS authorization that is specified in this SPA. Source:	
Amount Limit: None Scope Limit: None Other: For those members receiving benefits fee for se same prior authorization requirements summar Midwife Services. For those members receivin management may apply that may differ from th	Duration Limit: None ervice (FFS), services provided at FSBCs are subject to the ized in this ABP, including Physicians' Services and Nurse g benefits through managed care entities, other utilization he FFS authorization that is specified in this SPA. Source: Section 1937 Coverage Option Benchmark Benefi	 t
Amount Limit: None Scope Limit: None Other: For those members receiving benefits fee for se same prior authorization requirements summar Midwife Services. For those members receivin management may apply that may differ from th Other 1937 Benefit Provided:	Duration Limit: None ervice (FFS), services provided at FSBCs are subject to the ized in this ABP, including Physicians' Services and Nurse g benefits through managed care entities, other utilization he FFS authorization that is specified in this SPA. Source:	



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Amount Limit:	Duration Limit:	
None	None	Remove
Scope Limit:		
Treatment for congenital dyslexia by this p	rovider type is excluded.	
Other:		
State Plan Benefit Title: "Medical care and a furnished by licensed practitioners within th services."	any other type of remedial care recognized under state law, e scope of their practice as defined by state law: Optometrists'	
leye examination within a 24-month period;	benefits fee for service (FFS) are limited to one comprehensive additional services are provided when medically necessary. For lanaged care entities, other utilization management may apply hat is specified in this SPA.	
ther 1937 Benefit Provided:	Source:	
veglasses	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See below for scope limits	a la constante de la constante	
Other:		
physician skilled in diseases of the eye or by Exclusions consist of absorptive lenses of gr contact lenses for extended wear use; invisib For those members receiving benefits fee for authorization (PA); for example, certain high	eater than 25% absorption, prisms obtained by decentration; le bifocals; and Welsh 4-drop lenses. service (FFS), certain specific services are covered with prior n-index lenses, special needs glasses, and glass lenses. For anaged care entities, other utilization management may apply	
her 1937 Benefit Provided:	Source:	
rsonal Care Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	

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Other:		
For those members receiving benefits fee service. For those members receiving ben	e for service (FFS), personal care is provided as a self-directed nefits through managed care entities, other utilization management authorization that is specified in this SPA.	
ther 1937 Benefit Provided:	Source:	
rgeted Case Management Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	Li u uy	
None	1	
Other:		
criteria described in the state plan in Sup - Case Management for Medicaid Recipi in a staffed, congregate residential progra requirements for the AIDS/HIV Bureau, person be HIV positive, and in which no	ices. FFS members seeking TCM are subject to the eligibility plement 1 to Attachment 3.1-A. ients Age 18 and Older who are Diagnosed with AIDS and Living am which meets the Department of Public Health (DPH) funding Supportive Residential Services program which require that a more than three mentally and/or physically impaired individuals	
 criteria described in the state plan in Sup Case Management for Medicaid Recipiin a staffed, congregate residential prograrequirements for the AIDS/HIV Bureau, person be HIV positive, and in which no share a single bedroom and bathroom. Case Management for Individuals eligiarranged by the Department of Mental R Case Management for Individuals with (DMH). Case Management for Individuals under 	plement 1 to Attachment 3.1-A. tents Age 18 and Older who are Diagnosed with AIDS and Living am which meets the Department of Public Health (DPH) funding Supportive Residential Services program which require that a	
 criteria described in the state plan in Sup Case Management for Medicaid Recipiin a staffed, congregate residential prograrequirements for the AIDS/HIV Bureau, person be HIV positive, and in which no share a single bedroom and bathroom. Case Management for Individuals eligiarranged by the Department of Mental R Case Management for Individuals with (DMH). Case Management for Individuals under 	plement 1 to Attachment 3.1-A. tents Age 18 and Older who are Diagnosed with AIDS and Living am which meets the Department of Public Health (DPH) funding Supportive Residential Services program which require that a more than three mentally and/or physically impaired individuals ble for Medical Assistance and for services provided, purchased, or etardation, not including individuals who reside in ICFs/MR. Mental Illness as Determined by the Department of Mental Health er age 21 with Serious Emotional Disturbance (SED). itted to the Department of Youth Services. Source:	
 criteria described in the state plan in Sup Case Management for Medicaid Recipi in a staffed, congregate residential progra requirements for the AIDS/HIV Bureau, person be HIV positive, and in which no share a single bedroom and bathroom. Case Management for Individuals eligi arranged by the Department of Mental R Case Management for Individuals with (DMH). Case Management for Individuals under Case Management for Children Comm 	plement 1 to Attachment 3.1-A. tents Age 18 and Older who are Diagnosed with AIDS and Living am which meets the Department of Public Health (DPH) funding Supportive Residential Services program which require that a more than three mentally and/or physically impaired individuals ble for Medical Assistance and for services provided, purchased, or etardation, not including individuals who reside in ICFs/MR. Mental Illness as Determined by the Department of Mental Health er age 21 with Serious Emotional Disturbance (SED). itted to the Department of Youth Services.	
criteria described in the state plan in Sup - Case Management for Medicaid Recipi in a staffed, congregate residential progra requirements for the AIDS/HIV Bureau, person be HIV positive, and in which no share a single bedroom and bathroom. - Case Management for Individuals eligi arranged by the Department of Mental R - Case Management for Individuals with (DMH). - Case Management for Individuals unde - Case Management for Children Comm ther 1937 Benefit Provided:	plement 1 to Attachment 3.1-A. tents Age 18 and Older who are Diagnosed with AIDS and Living am which meets the Department of Public Health (DPH) funding Supportive Residential Services program which require that a more than three mentally and/or physically impaired individuals ble for Medical Assistance and for services provided, purchased, or tetardation, not including individuals who reside in ICFs/MR. Mental Illness as Determined by the Department of Mental Health er age 21 with Serious Emotional Disturbance (SED). itted to the Department of Youth Services. Source: Source:	
criteria described in the state plan in Sup - Case Management for Medicaid Recipi in a staffed, congregate residential progra requirements for the AIDS/HIV Bureau, person be HIV positive, and in which no share a single bedroom and bathroom. - Case Management for Individuals eligi arranged by the Department of Mental R - Case Management for Individuals with (DMH). - Case Management for Individuals unde - Case Management for Children Comm ther 1937 Benefit Provided: ental	plement 1 to Attachment 3.1-A. tents Age 18 and Older who are Diagnosed with AIDS and Living am which meets the Department of Public Health (DPH) funding Supportive Residential Services program which require that a more than three mentally and/or physically impaired individuals ble for Medical Assistance and for services provided, purchased, or etardation, not including individuals who reside in ICFs/MR. Mental Illness as Determined by the Department of Mental Health er age 21 with Serious Emotional Disturbance (SED). itted to the Department of Youth Services. Source: Section 1937 Coverage Option Benchmark Benefit Package	
criteria described in the state plan in Sup - Case Management for Medicaid Recipi in a staffed, congregate residential progra- requirements for the AIDS/HIV Bureau, person be HIV positive, and in which no share a single bedroom and bathroom. - Case Management for Individuals eligi arranged by the Department of Mental R - Case Management for Individuals with (DMH). - Case Management for Individuals unde - Case Management for Children Comm- ther 1937 Benefit Provided: ental Authorization:	plement 1 to Attachment 3.1-A. tents Age 18 and Older who are Diagnosed with AIDS and Living am which meets the Department of Public Health (DPH) funding Supportive Residential Services program which require that a more than three mentally and/or physically impaired individuals ble for Medical Assistance and for services provided, purchased, or tetardation, not including individuals who reside in ICFs/MR. Mental Illness as Determined by the Department of Mental Health er age 21 with Serious Emotional Disturbance (SED). itted to the Department of Youth Services. Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	
criteria described in the state plan in Sup - Case Management for Medicaid Recipi in a staffed, congregate residential progra- requirements for the AIDS/HIV Bureau, person be HIV positive, and in which no share a single bedroom and bathroom. - Case Management for Individuals eligi arranged by the Department of Mental R - Case Management for Individuals with (DMH). - Case Management for Individuals unde - Case Management for Children Comm- ther 1937 Benefit Provided: ental Authorization: Other	plement 1 to Attachment 3.1-A. tents Age 18 and Older who are Diagnosed with AIDS and Living am which meets the Department of Public Health (DPH) funding Supportive Residential Services program which require that a more than three mentally and/or physically impaired individuals ble for Medical Assistance and for services provided, purchased, or etardation, not including individuals who reside in ICFs/MR. Mental Illness as Determined by the Department of Mental Health er age 21 with Serious Emotional Disturbance (SED). itted to the Department of Youth Services. Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	
criteria described in the state plan in Sup - Case Management for Medicaid Recipi in a staffed, congregate residential progra- requirements for the AIDS/HIV Bureau, person be HIV positive, and in which no share a single bedroom and bathroom. - Case Management for Individuals eligi arranged by the Department of Mental R - Case Management for Individuals with (DMH). - Case Management for Individuals unde - Case Management for Children Comm- ther 1937 Benefit Provided; ental Authorization; Other Amount Limit:	plement 1 to Attachment 3.1-A. tents Age 18 and Older who are Diagnosed with AIDS and Living am which meets the Department of Public Health (DPH) funding Supportive Residential Services program which require that a more than three mentally and/or physically impaired individuals ble for Medical Assistance and for services provided, purchased, or etardation, not including individuals who reside in ICFs/MR. Mental Illness as Determined by the Department of Mental Health er age 21 with Serious Emotional Disturbance (SED). itted to the Department of Youth Services. Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	
criteria described in the state plan in Sup - Case Management for Medicaid Recipi in a staffed, congregate residential progra- requirements for the AIDS/HIV Bureau, person be HIV positive, and in which no share a single bedroom and bathroom. - Case Management for Individuals eligi arranged by the Department of Mental R - Case Management for Individuals with (DMH). - Case Management for Individuals unde - Case Management for Children Comm ther 1937 Benefit Provided: ental Authorization: Other Amount Limit: None	plement 1 to Attachment 3.1-A. tents Age 18 and Older who are Diagnosed with AIDS and Living am which meets the Department of Public Health (DPH) funding Supportive Residential Services program which require that a more than three mentally and/or physically impaired individuals ble for Medical Assistance and for services provided, purchased, or etardation, not including individuals who reside in ICFs/MR. Mental Illness as Determined by the Department of Mental Health er age 21 with Serious Emotional Disturbance (SED). itted to the Department of Youth Services. Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	

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limitations.		1
Including oral evaluation (comprehensive and prophylaxis; emergency care visits; certain rest (full and partial dentures including repairs); ex surgery; certain oral surgery such as biopsies a exceptions that allow for topical fluoride when For those members receiving benefits fee for su authorization (PA); for example, orthodontic su	ervice (FFS), certain specific services are covered with prior ervices and removal of impacted teeth (completely bony). managed care entities other utilization management may	Remove
Other 1937 Benefit Provided:	Source:]
ntermediate Care Facility Services for IID	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		1;
See Below		
Other:		
mental diseases) for persons determined, in acc need of such care." Coverage is limited to state school ICF/MR (th	ility services (other than such services in an institution for ordance with section 1902(a)(31)(A) of the Act, to be in ese schools have more than 15 beds). For those members is, other utilization management may apply that may differ his SPA.	- A., 1
Other 1937 Benefit Provided:	Source:	
ransportation – Non-emergent	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Non-emergency transportation is covered to the	same extent as described in the approved Medicaid state	
plan for transportation. For those members rece	iving benefits fee for service (FFS), all forms of ire prior authorization from the MassHealth agency. For	
La anoportation encope puono ir anoportation requ	ine prior authorization from the Massrealth agency. For	

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ther 1937 Benefit Provided:	Source:	
rivate Duty Nursing Services	Section 1937 Coverage Option Benchmark Benefit	Remove
Authorization:	Package Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Not provided in a hospital or skilled nursing facili	ty.	
Other:	NAL REPORT	
nurse require prior authorization. For those member	ce (FFS), nursing services provided by an independent ers receiving benefits through managed care entities, differ from the FFS authorization that is specified in this	
ther 1937 Benefit Provided:	Source:	
ome Health: Aide 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:	
None	None	
Scope Limit:		
None		
Other:		
For those members receiving benefits fee for servi member has a need for either home health part-tim occupational therapy, or speech therapy services. If units in a 90 day period for services provided purs If the member uses less than 240 units in a 90 day allotment of 240 units before PA is required. For h home health physical, occupational, or speech ther 240 home health aide units in a 90 day period, PA therapy visits in a calendar year if home health aid or occupational therapy services, or after 35 speec	alth aide services provided by a home health agency." ce (FFS), home health aide services are covered when the e nursing services or home health physical therapy, Prior authorization is required after 240 home health aide uant to a need for home health part-time nursing services, period, then a new 90 day period is triggered, with a new home health aide services provided pursuant to a need for rapy services, in addition to the requirement for PA after is also required after 20 physical therapy or occupational e services are provided pursuant to home health physical h therapy visits in a calendar year if home health aide therapy services. For those members receiving benefits	



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Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
	Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
(FFS), the same prior authorization requiren Hospital Services and Inpatient Hospital Ser screening for clinical authorization; for exar and day habilitation. For those members red	alth. For those members receiving benefits fee for service ments as those outlined under Physicians' Services, Outpatient rvices apply, Certain long term services and supports require mple, adult day health, adult foster care, group adult foster care, ceiving benefits through managed care entities, other utilization in the FFS authorization that is specified in this SPA.	
ther 1937 Benefit Provided:	Source:	
LP: Podiatrist	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See Below	None	
Scope Limit:		
Other than routine foot care services		
Other:		
licensed practitioners within the scope of the limits are hard limits for members aged 21 a limited visit per 30 day period; one extended of office visits are limited to one visit in a 30 and two visits in a 30 day period in a hospita	r type of remedial care recognized under state law, furnished by eir practice as defined by state law: Podiatrist." The following ind older: Office visits are limited to one initial visit; one d visit per 30 day period; and one follow up visit per week. Out 0 day period in a long-term-care facility or the member's home al setting. For those members receiving benefits through agement may apply that may differ from the FFS authorization	
licensed practitioners within the scope of the limits are hard limits for members aged 21 a limited visit per 30 day period; one extended of office visits are limited to one visit in a 30 and two visits in a 30 day period in a hospita managed care entities, other utilization mana that is specified in this SPA.	eir practice as defined by state law: Podiatrist." The following and older: Office visits are limited to one initial visit; one d visit per 30 day period; and one follow up visit per week. Out 0 day period in a long-term-care facility or the member's home al setting. For those members receiving benefits through agement may apply that may differ from the FFS authorization Source:	
licensed practitioners within the scope of the limits are hard limits for members aged 21 a limited visit per 30 day period; one extended of office visits are limited to one visit in a 30 and two visits in a 30 day period in a hospita managed care entities, other utilization mana that is specified in this SPA.	eir practice as defined by state law: Podiatrist." The following and older: Office visits are limited to one initial visit; one d visit per 30 day period; and one follow up visit per week. Out 0 day period in a long-term-care facility or the member's home al setting. For those members receiving benefits through agement may apply that may differ from the FFS authorization	
licensed practitioners within the scope of the limits are hard limits for members aged 21 a limited visit per 30 day period; one extended of office visits are limited to one visit in a 30 and two visits in a 30 day period in a hospita managed care entities, other utilization mana	eir practice as defined by state law: Podiatrist." The following and older: Office visits are limited to one initial visit; one d visit per 30 day period; and one follow up visit per week. Out 0 day period in a long-term-care facility or the member's home al setting. For those members receiving benefits through agement may apply that may differ from the FFS authorization Source: Section 1937 Coverage Option Benchmark Benefit	

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Alternative Benefit Plan

	Amount Limit:	Duration Limit:		
	None	None	Remove	
	Scope Limit:			
	See Below		5 I	
	Other:			
	Practitioners' Services (OLP)". OLP Services not li specialist services, and public health dental hygieni limited to the practice of fitting and dispensing of h hearing solely for the purpose of making selections compensate for impaired hearing. For those member specific services are covered with prior authorization	e of their practice as defined by state law: Other Licensed isted elsewhere also include hearing instrument ist services. Hearing instrument specialist services are hearing aids which means measurement of human s, adaptations or sales of hearing aids intended to ers receiving benefits fee for service (FFS), certain on (PA); for example, certain high-cost hearing aids. For d care entities, other utilization management may apply		
	Other 1937 Benefit Provided:	Source:		
ſ	Extended Services for Pregnant Women	Section 1937 Coverage Option Benchmark Benefit Package	Remove	
6	Authorization:	Provider Qualifications:	- 1 T	
	Other	Medicaid State Plan		
	Amount Limit:	Duration Limit:		
	None	None		
	Scope Limit:			
	None			
	Other:			
	For those members receiving benefits fee for service (FFS), qualified providers are subject to the same prior authorization requirements summarized in this ABP, including Physicians' Services and Outpatient Hospital Services. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.			
	Other 1937 Benefit Provided:	Source:		
	Nursing Fac. Serv. for 21 or Older: Custodial Care	Section 1937 Coverage Option Benchmark Benefit Package		
	Authorization:	Provider Qualifications:		
	Other	Medicaid State Plan		
	Amount Limit:	Duration Limit:		
	None	None		
	Scope Limit:			
	Custodial Nursing Care			

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Alternative Benefit Plan

Inty services. New clinical authorizations may be mber is transferred from one nursing facility to ty private payer. For those members receiving be	Ith agency requires clinical authorizations for nursing- be required in some circumstances such as when a		
nagement may apply that may differ from the Fl	another or converts to Medicaid from Medicare or a third enefits through managed care entities, other utilization FS authorization that is specified in this SPA.		
937 Benefit Provided:	Source:		
Aidlevel Practitioners' Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove	
ithorization:	Provider Qualifications:		
her	Medicaid State Plan		
nount Limit:	Duration Limit:		
ne	None		
ope Limit:			
See Below			
Dther:			
tate Plan Title: "Medical care and any other type of remedial care provided by licensed practitioners irnished by licensed practitioners within the scope of their practice as defined by state law: Midlevel ractitioners' Services". This includes services of certain midlevel practitioners (e.g., clinical nurse becialists, psychiatric clinical nurse specialists, certified registered nurse anesthetists and certified nurse ractitioners) not listed elsewhere. Services that are not covered include experimental, unproven, cosmetic, r otherwise medically unnecessary procedures or treatments; the treatment of male or female infertility ncluding, but not limited to, laboratory tests, drugs and procedures associated with such treatment); powever, diagnosis of male or female infertility is covered. Limits on covered services can be exceeded hen medically necessary, with prior authorization. For those members receiving benefits through nanaged care entities, other utilization management may apply that may differ from the FFS authorization at is specified in this SPA.			

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

Collapse All

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

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