

Table of Contents

State/Territory Name: California

State Plan Amendment (SPA) #: 24-0051

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

December 18, 2024

Tyler Sadwith, State Medicaid Director
Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Re: California State Plan Amendment (SPA) 24-0051

Dear Director Sadwith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0051. This amendment proposes to align the Alternative Benefit Plan with the Medicaid state plan by adding Supported Employment as a covered service. This SPA also extends the availability of Supported Employment services to all full Medicaid eligibility groups who meet access criteria through the Specialty Mental Health Services (SMHS) program, Drug Medi-Cal (DMC) program, and/or the Drug Medi-Cal Organized Delivery System (DMC-ODS).

We conducted our review of your submittal according to statutory requirements in Section 1937 of Title XIX of the Social Security Act and implementing regulations at 42 Code of Federal Regulations 440.300 *et seq* and 42 CFR Part 447. This letter is to inform you that California Medicaid SPA 24-0051 was approved on December 18, 2024 with an effective date January 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the California State Plan.

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at Cheryl.Young@cms.hhs.gov.

Sincerely,

A black rectangular box redacts the signature of James G. Scott. A blue ink scribble is visible below the redacted area.

James G. Scott, Director
Division of Program Operations

Digitally signed by James G.
Scott -S
Date: 2024.12.18 13:49:53
-06'00'

Enclosures

cc: Lindy Harrington, DHCS
Rene Mollow, DHCS
Michael Freeman, DHCS
Jim Elliott, DHCS
Rafael Davtian, DHCS
Charles Anders, DHCS
Aaron Goff, DHCS
Saralyn Ang-Olson, DHCS
Angeli Lee, DHCS
Farrah Samimi, DHCS
Shanna Haysbert, DHCS

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)State/Territory name: **California**

Transmittal Number:

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

CA-24-0051

Proposed Effective Date

01/01/2025

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act, 42 CFR 440.300 et seq. and 42 CFR Part 447

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2025	\$ 3318.00
Second Year	2026	\$ 4424.00

Subject of Amendment

Adds Supported Employment as a covered Medicaid service and to expand the continuum of community-based services and evidence-based practices available through Medi-Cal specialty behavioral health

Governor's Office Review

☐ Governor's office reported no comment☐ Comments of Governor's office received

Describe:

☐ No reply received within 45 days of submittal☒ Other, as specified

Describe:

Please note: The Governor's Office does not wish to review the State Plan Amendment.

Signature of State Agency Official

Submitted By: **Angeli Lee**Last Revision Date: **Dec 11, 2024**Submit Date: **Dec 6, 2024**



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: CA - 24 - 0051

OMB Expiration date: 10/31/2014

Alternative Benefit Plan Populations

ABP1

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	Adult Group	Mandatory	X
+	Parents and Other Caretaker Relatives	Voluntary	X
+	Transitional Medical Assistance	Voluntary	X
+	Extended Medicaid Due to Earnings	Voluntary	X
+	Extended Medicaid due to Spousal Support Collections	Voluntary	X
+	Pregnant Women	Voluntary	X
+	Infants and Children under Age 19	Voluntary	X
+	Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	Voluntary	X
+	Former Foster Care Children	Voluntary	X
+	SSI Beneficiaries	Voluntary	X
+	Aged, Blind and Disabled Individuals in 209(b) States	Voluntary	X
+	Blind or Disabled Individuals Eligible in 1973	Voluntary	X
+	Individuals Eligible for SSI/SSP but for OASDI COLA increases since April, 1977	Voluntary	X
+	Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI	Voluntary	X
+	Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security	Voluntary	X
+	Working Disabled under 1619(b)	Voluntary	X
+	Disabled Adult Children	Voluntary	X
+	Reasonable Classifications of Individuals under Age 21	Voluntary	X



Alternative Benefit Plan

	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	Children with Non-IV-E Adoption Assistance	Voluntary	X
+	Independent Foster Care Adolescents	Voluntary	X
+	Optional Targeted Low Income Children	Voluntary	X
+	Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash	Voluntary	X
+	Individuals Receiving Home and Community Based Services under Institutional Rules	Voluntary	X
+	Optional State Supplement - 1634 States and SSI Criteria States with 1616 Agreements	Voluntary	X
+	Poverty Level Aged or Disabled	Voluntary	X
+	Work Incentives Eligibility Group	Voluntary	X
+	Medically Needy Pregnant Women	Voluntary	X
+	Medically Needy Children under Age 18	Voluntary	X
+	Medically Needy Children Age 18 through 20	Voluntary	X
+	Medically Needy Parents and Other Caretakers	Voluntary	X
+	Medically Needy Aged, Blind or Disabled	Voluntary	X
+	Medically Needy Blind or Disabled Individuals Eligible in 1973	Voluntary	X
+	Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972	Voluntary	X

Enrollment is available for all individuals in these eligibility group(s).

Yes

Geographic Area

The Alternative Benefit Plan population will include individuals from the entire state/territory.

Yes

Any other information the state/territory wishes to provide about the population (optional)

The State is relying on its 1915(b) authority to make Supported Employment available at county option in its specialty mental health services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) programs, and on 1115 waiver authority to make Supported Employment available at county option in the Drug Medi-Cal program (pending CMS approval of the BH-CONNECT 1115 waiver).



Alternative Benefit Plan

PRA Disclosure Statement

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

V.20140415



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: CA - 24 - 0051

OMB Expiration date: 10/31/2014

Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act

ABP2a

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

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

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

PRA Disclosure Statement

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

V.20140415



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: CA - 24 - 0051

Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under Section 1902(a)(10)(A)(i)(VIII) of the Act

ABP2b

These assurances must be made by the state/territory if the ABP Population includes any eligibility groups other than or in addition to the Adult eligibility group.

When offering voluntary enrollment in an Alternative Benefit Plan (Benchmark or Benchmark-Equivalent), prior to enrollment:

- ☒ The state/territory must inform the individual they are exempt and the state/territory must comply with all requirements related to voluntary enrollment.
- ☒ The state/territory assures it will effectively inform individuals who voluntary enroll of the following:
 - a) Enrollment is voluntary;
 - b) The individual may disenroll from the Alternative Benefit Plan at any time and regain immediate access to full standard state/territory plan coverage;
 - c) What the process is for disenrolling.
- ☒ The state/territory assures it will inform the individual of:
 - a) The benefits available under the Alternative Benefit Plan; and
 - b) The costs of the different benefit packages and a comparison of how the Alternative Benefit Plan differs from the approved Medicaid state/territory plan.

How will the state/territory inform individuals about voluntary enrollment? (Check all that apply.)

☐ Letter

☐ Email

☒ Other:

Describe:

The State will provide information about voluntary enrollment in the ABP to individuals during the process of enrolling in a Supported Employment program.

Provide a copy of the letter, email text or other communication text that will be used to inform individuals about voluntary enrollment.

An attachment is submitted.

When did/will the state/territory inform the individuals?

The State will inform individuals on an ongoing basis as they are assessing whether to participate in Supported Employment.

Please describe the state/territory's process for allowing voluntarily enrolled individuals to disenroll.

Individuals may disenroll by choosing to no longer participate in Supported Employment services and notifying their Supported



Alternative Benefit Plan

Employment provider.

☒ The state/territory assures it will document in the exempt individual's eligibility file that the individual:

- a) Was informed in accordance with this section prior to enrollment;
- b) Was given ample time to arrive at an informed choice; and
- c) Voluntarily and affirmatively chose to enroll in the Alternative Benefit Plan.

Where will the information be documented? (Check all that apply.)

- ☐ In the eligibility system.
- ☐ In the hard copy of the case record.
- ☒ Other:

Describe:

Information will be documented in the member's clinical records as documented by the Supported Employment provider.

What documentation will be maintained in the eligibility file? (Check all that apply.)

- ☐ Copy of correspondence sent to the individual.
- ☐ Signed documentation from the individual consenting to enrollment in the Alternative Benefit Plan.
- ☒ Other:

Describe:

Documentation will be maintained in the member's clinical records as documented by the Supported Employment provider.

☒ The state/territory assures that it will maintain data that tracks the total number of individuals who have voluntarily enrolled in an Alternative Benefit Plan and the total number who have disenrolled.

Other Information Related to Enrollment Assurance for Voluntary Participants (optional):

The State will only treat individuals as enrolled in the ABP after they choose to participate in a Supported Employment program. Members will confirm their participation in the ABP as part of the process of enrolling in Supported Employment. The State will track the total number of individuals who are enrolled in the ABP on a voluntary basis by reviewing claims data and identifying individuals that are receiving Supported Employment services. When individuals are no longer receiving Supported Employment services, they will no longer be considered to be enrolled in the ABP. Members may also choose to disenroll from the ABP by choosing to no longer receive Supported Employment services and notifying the Supported Employment provider.

PRA Disclosure Statement

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Alternative Benefit Plan

V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: CA - 24 - 0051

OMB Expiration date: 10/31/2014

Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package

ABP3

Select one of the following:

- ☐ The state/territory is amending one existing benefit package for the population defined in Section 1.
- ☒ The state/territory is creating a single new benefit package for the population defined in Section 1.

Name of benefit package:

Selection of the Section 1937 Coverage Option

The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one):

- ☒ Benchmark Benefit Package.
- ☐ Benchmark-Equivalent Benefit Package.

The state/territory will provide the following Benchmark Benefit Package (check one that applies):

- ☐ The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- ☐ State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- ☐ A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- ☒ Secretary-Approved Coverage.
 - ☒ The state/territory offers benefits based on the approved state plan.
 - ☐ The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.
 - ☒ The state/territory offers the benefits provided in the approved state plan.
 - ☐ Benefits include all those provided in the approved state plan plus additional benefits.
 - ☐ Benefits are the same as provided in the approved state plan but in a different amount, duration and/or scope.
 - ☐ The state/territory offers only a partial list of benefits provided in the approved state plan.
 - ☐ The state/territory offers a partial list of benefits provided in the approved state plan plus additional benefits.

Please briefly identify the benefits, the source of benefits and any limitations:

Selection of Base Benchmark Plan



Alternative Benefit Plan

The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

The Base Benchmark Plan is the same as the Section 1937 Coverage option.

Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:

- ☐ Largest plan by enrollment of the three largest small group insurance products in the state's small group market.
- ☐ Any of the largest three state employee health benefit plans by enrollment.
- ☒ Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
- ☐ Largest insured commercial non-Medicaid HMO.

Plan name:

Other Information Related to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):

The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP 5. The state assures the accuracy of all information in ABP 5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid state plan.

PRA Disclosure Statement

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V.20140415



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: CA - 24 - 0051

OMB Expiration date: 10/31/2014

Alternative Benefit Plan Cost-Sharing

ABP4

☒ Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.

Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise described in the state plan. Any such cost sharing must comply with Section 1916 of the Social Security Act.

The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A.

Other Information Related to Cost Sharing Requirements (optional):

PRA Disclosure Statement

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

V.20140415



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: CA - 24 - 0051

OMB Expiration date: 10/31/2014

Benefits Description

ABP5

The state/territory proposes a "Benchmark-Equivalent" benefit package.

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

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



Alternative Benefit Plan

☒ 1. Essential Health Benefit: Ambulatory patient services

Collapse All ☐

Benefit Provided:

Hospital Outpatient & Outpatient Clinic Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

None

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

The following outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy; may exceed limit for medical necessity with Treatment Authorization Request (TAR). Includes Indian Health Services.

Benefit Provided:

Outpatient Hospital: Outpatient Surgery

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

Frequency limits of once per lifetime on some surgeries.

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

Includes anesthesiologist services.

Benefit Provided:

Other Licensed Practitioners: Podiatry

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

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

Benefit Provided:

Other Licensed Practitioners: Chiropractic

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

2 per month

Duration Limit:

None

Scope Limit:

Pregnant women and EPSDT covered. Other beneficiaries are only covered in FQHCs and RHCs.

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

Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy; may exceed limit for medical necessity with a TAR.

Benefit Provided:

Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Scope of licensure.

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

Benefit Provided:

Outpatient Hospital: Treatment Therapies

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

None

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

Chemotherapy, radiation therapy, Intensive-Modulated Radiation Therapy (IMRT), renal dialysis, IV/infusion therapy, medication management.

Benefit Provided:

Physician Services: Allergy Care

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Outpatient Hospital: Dialysis/Hemodialysis

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Chronic dialysis covered as an outpatient service when provided by renal dialysis centers or community hemodialysis units. Includes physician services, medical supplies, equipment, drugs and laboratory tests. Hemodialysis routine test can be conducted per treatment, weekly or monthly.

Benefit Provided:

Non-Emergency Ambulance Transportation

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

As related to program covered services.

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

Other Medical Care: Air transportation only covered when ground transportation is not feasible; transportation covered from non-contract hospital to nearest contract hospital when patient is stable.

Benefit Provided:

Hospice

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Six months, but may be longer with TAR

Scope Limit:

Any Medi-Cal eligible recipient certified by a physician as having a life expectancy of six months or less. Includes routine home care, continuous home care, respite care and general inpatient care.

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

Children may receive concurrent palliative care.

Add



Alternative Benefit Plan

☒ 2. Essential Health Benefit: Emergency services

Collapse All ☐

Benefit Provided:

Outpatient Hospital: Emergency

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

All inpatient and outpatient services that are necessary for the treatment of an emergency medical condition, including emergency dental services, as certified by the attending physician or other appropriate provider.

Benefit Provided:

Medical Transportation: Ambulance Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Nearest hospital capable of meeting patient's need.

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

Air transportation only covered when ground transportation is not feasible.

Add



Alternative Benefit Plan

☒ 3. Essential Health Benefit: Hospitalization

Collapse All ☐

Benefit Provided:

Inpatient Hospital/Surgical Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Frequency limits of once per lifetime on some surgeries.

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

Room and Board. Professional services performed by physicians, including surgery and consultation, within the scope of practice of medicine or osteopathy as defined by State law. Includes case management; respiratory care; laboratory and X-ray services; prescriptions for medication, DME and medical supplies; and Indian Health Services. These facilities are not Institutions for Mental Disease (IMD) and the IMD payment exclusion applies.

Benefit Provided:

Inpatient Hospital: Bariatric Surgery

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Patient must be at or above specified BMI levels and meet certain conditions to qualify.

Benefit Provided:

Other Lic. Practitioner: Anesthesiologist Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

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

Benefit Provided:

Inpatient Hospital: Organ & Tissue Transplantation

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Transplant surgery, pre-transplant evaluation, post-operative care and laboratory services for bone marrow, heart, liver, kidney, heart-lung, simultaneous kidney-pancreas, single lung, double lung, pancreas, small bowel and combined liver-small bowel surgeries.

Benefit Provided:

Inpatient Hospital: Reconstructive Surgery

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Cosmetic surgery is not a covered benefit.

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

Surgery is limited to that performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to improve function and/or to create a normal appearance, to the extent possible. Includes breast reconstruction after mastectomy.

Add



Alternative Benefit Plan

☒ 4. Essential Health Benefit: Maternity and newborn care

Collapse All ☐

Benefit Provided:

Physician Service: Prenatal Care

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Date of conception through delivery.

Scope Limit:

None

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

Diagnostic services include sonography, genetic testing and cordocentesis; genetic screening of father for cystic fibrosis if he is a Medi-Cal beneficiary.

Benefit Provided:

Inpatient Hospital: Delivery and Postpartum Care

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Delivery through 60 days after delivery.

Scope Limit:

Medical services related to delivery and postpartum care.

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

Hospital stay 48 to 96 hours post delivery.

Benefit Provided:

Physician Services: Breastfeeding Education

Source:

State Plan Other

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Other

Duration Limit:

Birth through discharge visit

Scope Limit:

Mother of newborn.



Alternative Benefit Plan

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

May be provided by physician, a registered nurse or a registered dietician working under physician.

Benefit Provided:

Nurse Midwife Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Date of conception through 60 days after delivery.

Scope Limit:

Under supervision of physician

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

Add



Alternative Benefit Plan

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

Collapse All ☐

Benefit Provided:

Rehabilitation: Outpatient Mental Health

Source:

State Plan Other

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Professional/Outpatient Mental Health Services. Includes individual and group psychotherapy, psychological testing and medication management.

Benefit Provided:

Rehabilitation: Outpatient Specialty Mental Health

Source:

State Plan Other

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Other/Outpatient Specialty Mental Health Services. Includes day treatment services; crisis intervention and stabilization; adult crisis residential; mental health services; medication management and targeted case management.

Benefit Provided:

Rehabilitation: Inpatient Mental Health

Source:

State Plan Other

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

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

Inpatient Specialty Mental Health Services. Acute psychiatric inpatient hospital services, psychiatric health facility services, and psychiatric inpatient professional services. The IMD payment exclusion applies to acute psychiatric inpatient hospital services, psychiatric health facility services, and psychiatric inpatient professional services, only when those services are provided in a facility that is considered an IMD based on 42 CFR Sections 435.1009 and 435.1010.

Benefit Provided:

Rehabilitation: Substance Use Disorder Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Outpatient Substance Use Disorder Services. Services include Outpatient Drug Free; Intensive Outpatient Treatment; Naltrexone Treatment; Narcotic Treatment Program. Post periodic review. Prior authorization is required for Narcotic Treatment Program counseling more than 200 minutes per month.

Benefit Provided:

Physician Service: Heroin/Opioid Detoxification

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

21 consecutive days per treatment

Scope Limit:

None

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

Outpatient heroin/opioid detoxification. Services include Narcotic Treatment Program. When medically necessary, additional 21-day treatments are covered after 28 days have passed since beneficiary completed a preceding course of treatment. Includes medically necessary services to diagnose and treat diseases that are concurrent with, but not part of, outpatient heroin or other opioid detoxification services.

Benefit Provided:

Inpatient Hosp.: Voluntary Inpatient Detoxification

Source:

State Plan 1905(a)

Remove



Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Room and Board. Professional services performed by physicians to aid detoxification, including surgery and consultation, within the scope of practice of medicine or osteopathy as defined by State law. Includes case management; respiratory care; laboratory and X-ray services; prescriptions for medication, DME, and medical supplies. These facilities are not IMDs and the IMD payment exclusion applies.

Add



Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.): Authorization: Provider Qualifications:

☒ Limit on days supply

Yes

State licensed

☒ Limit on number of prescriptions

☒ Limit on brand drugs

☒ Other coverage limits

☒ Preferred drug list

Coverage that exceeds the minimum requirements or other:

The State of California's ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescribed drugs.



Alternative Benefit Plan

7. Essential Health Benefit: Rehabilitative and habilitative services and devices

Collapse All ☐

Benefit Provided:

Physical Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Authorizations is valid for up to 120 days and must include a treatment plan. Prior authorization is not granted for more than 30 treatments at any one time.

Benefit Provided:

Home Health: Durable Medical Equipment

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Replacement limits vary by type of equipment.

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

Benefit Provided:

Home Health: Hearing Aids

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

\$1,510 cap per person, per year; some exceptions

Duration Limit:

None

Scope Limit:

\$1,510 annual cap may be exceeded for medical necessity.

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

Replacement hearing aids for those that are lost, stolen or damaged are not subject to the \$1,510 cap.



Alternative Benefit Plan

Benefit Provided: PT and Related Services: Speech Therapy/Audiology	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: 2 per month	Duration Limit: None	
Scope Limit: None		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px; min-height: 40px;">Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy; may exceed limit for medical necessity with a TAR.</div>		
Benefit Provided: PT and Related Services: Occupational Therapy	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: 2 per month	Duration Limit: None	
Scope Limit: None		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px; min-height: 40px;">Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy; may exceed limit for medical necessity with a TAR.</div>		
Benefit Provided: Other Licensed Practitioner: Acupuncture	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: 2 per month	Duration Limit: None	
Scope Limit: None		



Alternative Benefit Plan

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

Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy; may exceed limit for medical necessity with a TAR.

Benefit Provided:

Rehabilitative Services: Cardiac Rehabilitation

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

None

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

Cardiovascular rehabilitation and intensive cardiovascular rehabilitation (ICR) services are exercised-based and provided in an outpatient setting.

Benefit Provided:

Rehabilitative Services: Pulmonary Rehabilitation

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Pulmonary rehabilitation services are exercise-based and provided in an outpatient setting.

Benefit Provided:

Home Health: Medical Supplies, Equipment, Appliances

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

Cochlear implant for one ear only; frequency limits on replacement parts.

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

Includes surgically implanted hearing devices, prior authorization required. Certain medical supplies require TAR.

Benefit Provided:

Orthotics/Prostheses

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Frequency limits on replacements

Duration Limit:

None

Scope Limit:

TAR required when cumulative costs of orthotics exceed \$250 and prosthetics exceed \$500.

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

Benefit Provided:

Home Health Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Written plan of care reviewed by physician every 60 days, provided by home health agency that meets conditions for participation for Medicare.

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

Authorization requirements vary based upon type of service. Services include nursing services which may be provided by a registered nurse when no home health agency exists in area; home health aid services; medical supplies and equipment; and therapies.

Benefit Provided:

Skilled Nursing Facility and Other

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

90 days

Scope Limit:

Benefit provided only as a short stay.

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

Nursing care, bed and boarding care, physical therapy, occupational therapy, speech-language pathology services, medical social services, drugs, biologicals, supplies, appliances, and equipment. Patient must need daily care.

Benefit Provided:

FQHC Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Rehabilitative/Habilitative Services

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

Only the rehabilitative and/or habilitative portion of the FQHC benefit is offered through this EHB.

Add



Alternative Benefit Plan

☒ 8. Essential Health Benefit: Laboratory services

Collapse All ☐

Benefit Provided:

Outpatient Laboratory and X-Ray Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

None

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

Laboratory services are subject to frequency limits. These limits are set per recipient, per service, per month by the Laboratory Services Reservation System (LSRS). Up to four of the following radiological ultrasound procedure codes for each beneficiary per year based on medical necessity: ultrasound, chest ultrasound, abdominal, and retroperitoneal. More than four requires documentation of medical necessity or by report. Prior authorization required for portable X-ray unless performed in SNF or ICF. Various advanced imaging procedures are covered, based on medical necessity. Many of the procedures require a TAR and are subject to frequency limitations.

Add



Alternative Benefit Plan

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

Collapse All ☐

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

Benefit Provided:	Source:	Remove
Family Planning Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
Individuals of childbearing age; must be 21 to receive sterilization		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Includes family planning visits and counseling, invasive contraceptive procedures/devices, tubal ligations, vasectomies, contraceptive drugs or devices, and laboratory procedures, radiology and drugs associated with family planning procedures. TAR required for inpatient sterilization. Frequency limits on certain contraceptives and other services. Informed consent required for sterilizations.		

Benefit Provided:	Source:	Remove
Physician Services: Smoking Cessation	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
By or under supervision of physician		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Includes diagnosis, treatment, smoking cessation products when used in conjunction with behavior modification support, referral to 1-800 helpline and one face-to-face counseling session per quit attempt for specific populations.		

Add



Alternative Benefit Plan

☒ 10. Essential Health Benefit: Pediatric services including oral and vision care

Collapse All ☐

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

None

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

Up to age 21, or to finish treatment that began before beneficiary turned 21.

Add



Alternative Benefit Plan

☐ 11. Other Covered Benefits from Base Benchmark

Collapse All ☐



Alternative Benefit Plan

☒ 12. Base Benchmark Benefits Not Covered due to Substitution or Duplication

Collapse All ☐

Base Benchmark Benefit that was Substituted:

Cognitive Rehabilitation Therapy (CRT)

Source:

Base Benchmark

Remove

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

EHB 7 substitution: Rehabilitation, Cognitive Rehabilitation Therapy. Federally Qualified Health Center (FQHC) services are being used from the existing State Plan for substitution purposes. Cognitive Rehabilitation Therapy would be considered "Rehabilitation and Habilitative Services and Devices" EHB7 category. CRT aims to rehabilitate lost or altered cognitive skills, enabling individuals to reach functional and independent daily living. FQHCs provide numerous rehabilitative services.

Base Benchmark Benefit that was Substituted:

Outpatient Hospital Services

Source:

Base Benchmark

Remove

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

EHB 1 duplication: Outpatient Hospital and Clinic Services -- The following hospital outpatient and clinic services are limited to a maximum of two services in any one calendar month or any combination of two services per month: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy; may exceed limit for medical necessity with Treatment Authorization Request (TAR). Includes Indian Health Services.

Base Benchmark Benefit that was Substituted:

Ambulatory Surgical Center Services

Source:

Base Benchmark

Remove

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

EHB 1 duplication: Outpatient Hospital Services, Outpatient Surgery -- Outpatient surgery includes anesthesiologist services.

Base Benchmark Benefit that was Substituted:

Podiatry

Source:

Base Benchmark

Remove

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

EHB 1 duplication: Other Licensed Practitioners, Podiatry.

Base Benchmark Benefit that was Substituted:

Chiropractic

Source:

Base Benchmark

Remove

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

EHB 1 duplication: Other Licensed Practitioners, Chiropractic -- Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from



Alternative Benefit Plan

the following services: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy; may exceed limit for medical necessity with a TAR.

Base Benchmark Benefit that was Substituted:

Allergy Care

Source:

Base Benchmark

Remove

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

EHB 1 duplication: Physician Services, Allergy Care -- Emergency treatment for allergy care does not require TAR.

Base Benchmark Benefit that was Substituted:

Treatment Therapies

Source:

Base Benchmark

Remove

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

EHB 1 duplication: Outpatient Hospital Services, Treatment Therapies -- Chemotherapy, radiation therapy, Intensive-Modulated Radiation Therapy (IMRT), renal dialysis, IV/infusion therapy, medication management.

Base Benchmark Benefit that was Substituted:

Emergency Services/Accidents

Source:

Base Benchmark

Remove

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

EHB 2 duplication: Outpatient Hospital Services, Emergency -- All inpatient and outpatient services that are necessary for the treatment of an emergency medical condition, including emergency dental services, as certified by the attending physician or other appropriate provider.

Base Benchmark Benefit that was Substituted:

Ambulance

Source:

Base Benchmark

Remove

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

EHB 2 duplication: Medical Transportation, Ambulance Service -- Emergency Medical Transportation. Air transportation only covered when ground transportation is not feasible; emergency transportation does not require TAR.

Base Benchmark Benefit that was Substituted:

Surgical Procedures

Source:

Base Benchmark

Remove

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

EHB 3 duplication: Inpatient Hospital Services, Surgical Services -- Room and Board. Professional services performed by physicians, including surgery and consultation, within the scope of practice of medicine or osteopathy as defined by State law. Includes case management; respiratory care; laboratory and X-ray services; prescriptions for medication, DME and medical supplies; and Indian Health Services.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Gastric Restrictive Procedures

Source:

Base Benchmark

Remove

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

EHB 3 duplication -- Inpatient Hospital Services, Bariatric Surgery: Patient must be at or above specified BMI levels and meet certain conditions to qualify for bariatric surgery.

Base Benchmark Benefit that was Substituted:

Anesthesia

Source:

Base Benchmark

Remove

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

EHB 3 duplication -- Anesthesiologist Services: medically necessary services by an anesthesiologist.

Base Benchmark Benefit that was Substituted:

Organ/Tissue Transplants

Source:

Base Benchmark

Remove

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

EHB 3 duplication: Inpatient Hospital Services, Organ & Tissue Transplantation -- Transplant surgery, pre-transplant evaluation, post-operative care and laboratory services for bone marrow, heart, liver, kidney, heart-lung, simultaneous kidney-pancreas, single lung, double lung, pancreas, small bowel and combined liver-small bowel surgeries.

Base Benchmark Benefit that was Substituted:

Reconstructive Surgery

Source:

Base Benchmark

Remove

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

EHB 3 duplication: Inpatient Hospital Services, Reconstructive Surgery -- Reconstructive surgery is limited to that performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to improve function and/or to create a normal appearance, to the extent possible. Includes breast reconstruction after mastectomy.

Base Benchmark Benefit that was Substituted:

Hospice Care

Source:

Base Benchmark

Remove

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

EHB 1 duplication: Hospice Care -- Hospice includes routine home care, continuous home care, respite care and general inpatient care. Children may receive concurrent palliative care.

Base Benchmark Benefit that was Substituted:

Prenatal Care

Source:

Base Benchmark

Remove



Alternative Benefit Plan

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

EHB 4 duplication: Physician Services, Prenatal Care -- Diagnostic services include sonography, genetic testing and cordocentesis; genetic screening of father for cystic fibrosis if he is a Medi-Cal beneficiary.

Base Benchmark Benefit that was Substituted:

Delivery and Postpartum Care

Source:

Base Benchmark

Remove

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

EHB 4: Inpatient Hospital Services, Delivery and Postpartum Care -- Medical services related to delivery and postpartum care. Hospital stay 48 to 96 hours post delivery.

Base Benchmark Benefit that was Substituted:

Breastfeeding Education

Source:

Base Benchmark

Remove

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

EHB 4 duplication: Physician Services, Breastfeeding Education -- Breastfeeding education may be provided by physician, a registered nurse or a registered dietician working under physician.

Base Benchmark Benefit that was Substituted:

Maternity Care by a Nurse Midwife

Source:

Base Benchmark

Remove

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

EHB 4 duplication: Services Furnished by a Nurse-Midwife -- services provided by nurse midwife from conception through 60 days after delivery.

Base Benchmark Benefit that was Substituted:

Outpatient Hospital Services: Mental Health

Source:

Base Benchmark

Remove

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

EHB 5 duplication: Rehabilitation, Outpatient Mental Health -- Includes individual and group psychotherapy, psychological testing and medication management.

Base Benchmark Benefit that was Substituted:

Outpatient Hospital Services: Mental Health

Source:

Base Benchmark

Remove

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

EHB 5 duplication: Rehabilitation, Outpatient Specialty Mental Health -- Includes day treatment services; crisis intervention and stabilization; adult crisis residential; mental health services; medication support; and targeted case management.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Inpatient Hospital Services: Mental Health

Source:

Base Benchmark

Remove

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

EHB 5 duplication: Rehabilitation, Inpatient Specialty Mental Health Services -- Acute psychiatric inpatient hospital services, psychiatric health facility services and psychiatric inpatient professional services. The IMD payment exclusion applies to acute psychiatric inpatient hospital services, psychiatric health facility services, and psychiatric inpatient professional services only when those services are provided in a facility that is considered an IMD based on 42 CFR Sections 435.1009 and 435.1010.

Base Benchmark Benefit that was Substituted:

Outpatient Hospital Services: SUD

Source:

Base Benchmark

Remove

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

EHB 5 duplication -- Rehabilitation: Outpatient Substance Use Disorder Services. Services include Outpatient Drug Free; Intensive Outpatient Treatment; Naltrexone Treatment; Narcotic Treatment Program. Post periodic review. Prior authorization is required for Narcotic Treatment Program counseling more than 200 minutes per month.

Base Benchmark Benefit that was Substituted:

Physician Services: Heroin/opioid detoxification

Source:

Base Benchmark

Remove

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

EHB 5 duplication -- Rehabilitation: Outpatient heroin/opioid detoxification. Services include Narcotic Treatment Program. When medically necessary, additional 21-day treatments are covered after 28 days have passed since beneficiary completed a preceding course of treatment. Includes medically necessary services to diagnose and treat diseases that are concurrent with, but not part of, outpatient heroin or other opioid detoxification services.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital Services: Detoxification

Source:

Base Benchmark

Remove

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

EHB 5 duplication: Inpatient hospital, Voluntary Inpatient Detoxification -- Room and Board. Professional services performed by physicians to aid detoxification, including surgery and consultation, within the scope of practice of medicine or osteopathy as defined by State law. Includes case management; respiratory care; laboratory and X-ray services; prescriptions for medication, DME, and medical supplies. These facilities are not Institutions for Mental Disease (IMD) and the IMD payment exclusion applies.

Base Benchmark Benefit that was Substituted:

Prescription Drug Benefits

Source:

Base Benchmark

Remove



Alternative Benefit Plan

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

EHB 6 duplication: Prescribed Drugs -- TAR required for more than six prescriptions per month.

Base Benchmark Benefit that was Substituted:

Physical Therapy

Source:

Base Benchmark

Remove

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

EHB 7 duplication: Physical therapy -- Authorizations for physical therapy is valid for up to 120 days and must include a treatment plan. Prior authorization is not granted for more than 30 treatments at any one time.

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment

Source:

Base Benchmark

Remove

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

EHB 7 duplication: Home Health Services, Durable Medical Equipment -- durable medical equipment prescribed by physician, nurse practitioner, clinical nurse specialist, or physician assistant.

Base Benchmark Benefit that was Substituted:

Hearing Aids

Source:

Base Benchmark

Remove

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

EHB 7 duplication: Home Health Services, Hearing Aids -- \$1,510 annual cap for hearing aid benefits may be exceeded for medical necessity.

Base Benchmark Benefit that was Substituted:

Speech Therapy/Audiology

Source:

Base Benchmark

Remove

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

EHB 7 duplication: Physical Therapy and Related Services, Speech Therapy/Audiology -- Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy; may exceed limit for medical necessity with a TAR.

Base Benchmark Benefit that was Substituted:

Occupational Therapy

Source:

Base Benchmark

Remove

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

EHB 7 duplication: Physical Therapy and Related Services, Occupational Therapy -- Outpatient services

Alternative Benefit Plan

are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy; may exceed limit for medical necessity with a TAR.

Base Benchmark Benefit that was Substituted:

Alternative Treatments: Acupuncture

Source:

Base Benchmark

Remove

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

EHB 7 duplication: Other Licensed Practitioners, Acupuncture -- Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy; may exceed limit for medical necessity with a TAR.

Base Benchmark Benefit that was Substituted:

Outpatient Cardiac Rehabilitation

Source:

Base Benchmark

Remove

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

EHB 7 duplication: Rehabilitative Services, Cardiac Rehabilitation

Base Benchmark Benefit that was Substituted:

Pulmonary Rehabilitation

Source:

Base Benchmark

Remove

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

EHB 7 duplication: Rehabilitative Services: Pulmonary Rehabilitation

Base Benchmark Benefit that was Substituted:

Medical Supplies, Equipment, Devices

Source:

Base Benchmark

Remove

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

EHB 7 duplication: Home Health Services, Medical Supplies and DME; and Prosthetic Devices -- Certain medical supplies require TAR. Cochlear implant for one ear only; frequency limits on replacement parts. Includes surgically implanted hearing devices, prior authorization required. Certain medical supplies require TAR.

Base Benchmark Benefit that was Substituted:

Orthopedic and Prosthetic Devices

Source:

Base Benchmark

Remove

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

EHB 7 duplication: Prescribed Prosthetic Devices -- TAR required when cumulative costs of orthotics exceed \$250 and prosthetics exceed \$500.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Home Health Services

Source:

Base Benchmark

Remove

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

EHB 7 duplication: Home Health Services -- Authorization requirements for home health services vary based upon type of service. Services include nursing services which may be provided by a registered nurse when no home health agency exists in area; home health aid services; medical supplies and equipment; and therapies.

Base Benchmark Benefit that was Substituted:

Lab, X-Ray, and Other Diagnostic Tests

Source:

Base Benchmark

Remove

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

EHB 8 duplication: Other Laboratory and X-Ray Services -- Laboratory services are subject to frequency limits. These limits are set per recipient, per service, per month by the Laboratory Services Reservation System (LSRS). Up to four of the following radiological ultrasound procedure codes for each beneficiary per year based on medical necessity: ultrasound, chest ultrasound, abdominal, and retroperitoneal. More than four requires documentation of medical necessity or by report. Prior authorization required for portable X-ray unless performed in SNF or ICF. Various advanced imaging procedures are covered, based on medical necessity. Many of the procedures require a TAR and are subject to frequency limitations.

Base Benchmark Benefit that was Substituted:

Family Planning

Source:

Base Benchmark

Remove

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

EHB 9 duplication: Family Planning Services -- Includes family planning visits and counseling, invasive contraceptive procedures/devices, tubal ligations, vasectomies, contraceptive drugs or devices, and laboratory procedures, radiology and drugs associated with family planning procedures. TAR required for inpatient sterilization. Frequency limits on certain contraceptives and other services. Informed consent required for sterilizations.

Base Benchmark Benefit that was Substituted:

Treatment Therapies: Dialysis/Hemodialysis

Source:

Base Benchmark

Remove

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

EHB 1 duplication: Outpatient Hospital, Dialysis/Hemodialysis -- Chronic dialysis covered as an outpatient service when provided by renal dialysis centers or community hemodialysis units. Includes physician services, medical supplies, equipment, drugs and laboratory tests. Hemodialysis routine test can be conducted per treatment, weekly or monthly.

Base Benchmark Benefit that was Substituted:

Educational Classes & Programs: Smoking Cessation

Source:

Base Benchmark

Remove



Alternative Benefit Plan

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

EHB 9 duplication: Physician Services, Smoking Cessation -- Includes diagnosis, treatment, smoking cessation products when used in conjunction with behavior modification support, referral to 1-800 helpline and one face-to-face counseling session per quit attempt for specific populations.

Base Benchmark Benefit that was Substituted:

Skilled Nursing Care Facility

Source:

Base Benchmark

Remove

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

EHB 7 duplication: Skilled Nursing Facility and Other -- Nursing care, bed and boarding care, physical therapy, occupational therapy, speech-language pathology services, medical social services, drugs, biologicals, supplies, appliances and equipment. Patient must need daily care.

Base Benchmark Benefit that was Substituted:

Medical Services Provided by Physician

Source:

Base Benchmark

Remove

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

EHB1 duplication: Physician Services -- physician services within license.

Base Benchmark Benefit that was Substituted:

Ambulance Transport Service

Source:

Base Benchmark

Remove

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

EHB 1 duplication: Medical Transportation, Non-Emergency Ambulance Service -- Air transportation only covered when ground transportation is not feasible; transportation covered from non-contract hospital to nearest contract hospital when patient is stable.

Add



Alternative Benefit Plan

☒ 13. Other Base Benchmark Benefits Not Covered

Collapse All ☐

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Newborn Hearing Screening

Source:

Base Benchmark

Remove

Explain why the state/territory chose not to include this benefit:

Not applicable to New Adult Group.

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Nursery Care

Source:

Base Benchmark

Remove

Explain why the state/territory chose not to include this benefit:

Not applicable to New Adult Group.

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Adult Dental

Source:

Base Benchmark

Remove

Explain why the state/territory chose not to include this benefit:

Base benchmark adult dental services are not an Essential Health Benefit, and are not covered. Medicaid State Plan dental services are described in the 'Other 1937 Covered Services' section of this template.

Add



Alternative Benefit Plan

☒ 14. Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All ☐

Other 1937 Benefit Provided:

Federally Qualified Health Centers (FQHC) services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

None

Scope Limit:

None

Other:

Includes services by physicians, PA, NP, CNM, visiting nurses, Comprehensive Perinatal Services Program, LPCC, APCC, LCSW, ACSW (effective 03/14/2023), psychologists, MFT, AMFT (effective 03/14/2023), and acupuncturists. Rehabilitative and/or habilitative services are not included as part of the Other 1937 Benefits.

Other 1937 Benefit Provided:

Rural Health Clinic (RHC) services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

None

Scope Limit:

None

Other:

Includes services by physicians, PA, NP, CNM, visiting nurses, Comprehensive Perinatal Services Program, LPCC, APCC, LCSW, ACSW (effective 03/14/2023), psychologists, MFT, AMFT (effective 03/14/2023), and acupuncturists. Rehabilitative and/or habilitative services are not included as part of the Other 1937 Benefits.

Other 1937 Benefit Provided:

Alternative Birth Centers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Conception through discharge.

Scope Limit:

None



Alternative Benefit Plan

Other:

Licensed or Otherwise State-Approved Free Standing Birthing Centers.

Other 1937 Benefit Provided:

Transportation Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Lowest cost type to cover patient's need

Duration Limit:

None

Scope Limit:

Nonemergency medical transportation (NEMT), see "Other" below.

Nonmedical transportation (NMT), see "Other" below.

Other:

Transportation is subject to utilization controls and permissible time and distance standards, to obtain covered Medi-Cal services.

NEMT is provided via ambulance, litter van, or wheelchair van only when ordinary public or private conveyance is medically contra-indicated and transportation. Prior authorization is required for NEMT and must include a written prescription by a licensed provider.

NMT includes round trip transportation by any other form of public or private conveyance and requires prior authorization and appointment verification by a licensed provider.

Other 1937 Benefit Provided:

Adult Vision

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 routine eye exam in 24 months

Duration Limit:

None

Scope Limit:

Orthoptics and pleoptics are not covered.

Other:

Glasses and other medically necessary eye appliances are covered.

Other 1937 Benefit Provided:

TCM: Children at Risk of Medical Compromise

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove



Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Children up to age 21.

Other:

1915(g) State Plan. Services to assist eligible individuals access medical, social and educational services. Includes children who need assistance to access medical, social and education services when comprehensive case management is not provided elsewhere. Only available in specific areas Prior authorization is not required.

Other 1937 Benefit Provided:

TCM: Medically Fragile with Multiple Diagnoses

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Beneficiaries 18 and older

Other:

1915(g) State Plan. Services to assist eligible individuals access medical, social and educational services. Includes individuals transitioning to a community setting. Services available for up to 180 consecutive days of a covered stay in a medical institution. Prior authorization is not required. Only available in specific counties.

Other 1937 Benefit Provided:

Targeted Case Management: Children with IEP/IFSP

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Children up to age 21 with an Individualized Education Plan or Individualized Family Service Plan.

Other:

1915(g) State Plan. Services to assist eligible individuals access medical, social and educational services. Prior authorization is not required.



Alternative Benefit Plan

Other 1937 Benefit Provided:

TCM: Individuals at Risk of Institutionalization

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Other

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Individuals 18 or older in frail health who meet specific criteria.

Other:

1915(g) State Plan. Services to assist eligible individuals access medical, social and educational services. Includes individuals transitioning to a community setting. Services available for up to 180 consecutive days of a covered stay in a medical institution. Only available in specific counties. Prior authorization is not required.

Other 1937 Benefit Provided:

TCM: Persons in Jeopardy of Negative Outcomes

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

People in jeopardy of negative health or psycho-social outcomes due to disparity factors.

Other:

1915(g) State Plan. Services to assist eligible individuals access medical, social and educational services. Includes people who need assistance to access medical, social and education services when comprehensive case management is not provided elsewhere. Only available in specific counties. Prior authorization is not required.

Other 1937 Benefit Provided:

TCM: Individuals with a Communicable Disease

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Until risk of exposure has passed; limited to eligible individuals.



Alternative Benefit Plan

Other:

1915(g) State Plan. Services to assist eligible individual access medical, social and educational services. Includes people who need assistance to access medical, social and education services when comprehensive case management is not provided elsewhere. Only available in specific counties. Prior authorization is not required.

Other 1937 Benefit Provided:

Targeted Case Management: Lead Poisoned

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Children up to age 21 with laboratory test results showing elevated lead blood levels.

Other:

1915(g) State Plan. Services to assist eligible individual access medical, social and educational services. Prior authorization is not required.

Other 1937 Benefit Provided:

TCM: Individuals with Developmental Disability

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Individuals diagnosed with a developmental disability.

Other:

1915(g) State Plan. Services to assist eligible individuals access medical, social and educational services. Includes individuals transitioning to a community setting. Services available for up to 180 consecutive days of a covered stay in a medical institution. Prior authorization is not required.

Other 1937 Benefit Provided:

Skilled Nursing Facility

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Medical necessity as described in "other."

Other:

The individual is unable to perform some activity of daily living independently and patient must need daily care. Services include nursing care, bed and boarding care, physical therapy, occupational therapy, speech-language pathology services, medical social services, drugs, biological, supplies, appliances and equipment. An initial authorization may be granted for periods up to one year from date of admission and shall be required prior to the transfer of a beneficiary between skilled nursing facilities. The attending physician must re-certify at least every 60 days.

Other 1937 Benefit Provided:

Personal Care Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

283 hours per month

Duration Limit:

None

Scope Limit:

Medical necessity as described in "other."

Other:

Beneficiary has chronic, disabling disease expected to last at least 12 months and requires assistance in performing some activities of daily living, is unable to obtain, retain or return to work, and is at risk of institutional placement. Authorized by county based upon assessment in accordance with plan of treatment prepared by physician. Services may include activities such as assistance with administration of medication, basic personal hygiene, eating, grooming, etc. Beneficiary must not be an inpatient or resident of a hospital, NF, ICF-DD, or ICF-MD.

Other 1937 Benefit Provided:

Self-Directed Personal Assistance Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

283 hours per month

Duration Limit:

None

Scope Limit:

Medical necessity as described in "other."

Other:

1915(j) State Plan. Beneficiary has chronic, disabling disease expected to last at least 12 months and requires assistance in performing some activities of daily living, is unable to obtain, retain or return to



Alternative Benefit Plan

work, and is at risk of institutional placement. Authorized by county based upon assessment in accordance with plan of treatment prepared by physician. Services include personal care and related services, to be self-directed by the beneficiary. Beneficiary may not be an inpatient or resident of a hospital, NF, ICF-DD, or ICF-MD.

Other 1937 Benefit Provided:

Community First Choice Option

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Medical necessity as described in "other."

Other:

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

Other 1937 Benefit Provided:

Home and Community Based Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Medical necessity as described in "other."

Other:

1915(i) State Plan. Must have developmental disability and need habilitation services. Individual must have a condition that results in major impairment of cognitive and/or social functioning and is likely to retain new skills through habilitation. Services include habilitation – community living arrangement services, supported living services, day services, behavioral intervention services, respite care, supported



Alternative Benefit Plan

employment, prevocational services, homemaker services, home health aide services, community based adult services; personal emergency response systems; and vehicle modification and adaptation services. A developmental disability is a condition that originated before the age of 18, expected to continue indefinitely and constitute a substantial disability for the individual. It includes mental retardation, cerebral palsy, autism and any other disabling conditions similar to mental retardation, but not handicapping conditions solely physical in nature.

Other 1937 Benefit Provided:

Adult Dental Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

As described in 'other' information below

Duration Limit:

None

Scope Limit:

Cosmetic procedures, experimental procedures, and orthodontic services for beneficiaries 21 years of age and older are not covered. \$1,800 annual cap, as described below.

Other:

Emergency and essential diagnostic and restorative dental services; medically necessary dental services for EPSDT-eligible individuals. For beneficiaries 21 years of age or older, \$1,800 annual cap does not apply to emergency dental services, pregnancy-related services, dentures, complex oral surgery, dental implants, and implant-retained prostheses. The cap may exceed limit for medical necessity with a TAR.

Other 1937 Benefit Provided:

Preventive Services - Behavioral Health Treatment

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Children up to age 21

Other:

Behavioral Health Treatment (BHT) services, such as Applied Behavioral Analysis (ABA) and other evidence-based behavioral intervention services, prevent or minimize the adverse effects of Autism Spectrum Disorder (ASD) and promote to the maximum extent practicable, the functioning of a beneficiary. Services that treat or address ASD will be provided to all children up to age 21 who meet the medical necessity criteria for receipt of the service(s). Services include behavioral assessment and development of treatment plan, delivery of evidence-based BHT services, training of parents/guardian, and observation and direction, as set forth on Limitations on Attachment 3.1-A pages 18b-18c and on Supplement 6 to Attachment 3.1-A, page 1. No limitations.



Alternative Benefit Plan

Other 1937 Benefit Provided:

Other Licensed Practitioners: Licensed Midwives

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None.

Duration Limit:

See "Other" below.

Scope Limit:

All services permitted under the scope of practice.

Other:

Obstetrical and delivery services throughout pregnancy and through the end of the month following 60 days after the pregnancy ends.

Other 1937 Benefit Provided:

Diabetes Prevention Program (DPP)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None.

Duration Limit:

None.

Scope Limit:

None

Other:

A DPP services provider must be an organization enrolled in Medi-Cal and must have either pending, preliminary, or full recognition by the Centers for Disease Control and Prevention (CDC) for DPP. DPP services include individual and group nutrition and behavioral counseling as well as physical activity and fitness assessments to help prevent or delay the onset of type 2 diabetes for beneficiaries with indications of prediabetes, over the course of 1-2 years. DPP services are delivered by lifestyle coaches who have completed nationally recognized training for delivery of DPP services. Lifestyle coaches may be physicians; licensed nonphysician practitioners; and unlicensed practitioners under the supervision of a DPP services provider or a licensed Medi-Cal practitioner.

Other 1937 Benefit Provided:

Pharmacist Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

Licensed Pharmacists may perform all services under California's Scope of Practice Act law.

Other:

Specified pharmacist services, when provided by an enrolled Medi-Cal pharmacy provider and consistent with California law, are covered Medi-Cal benefits when medically necessary. Does not include dispensing services. Treatment Authorization Request (TAR) is required for Licensed Pharmacist Services visits that exceed six visits in 90 days. Includes Medication Therapy Management.

Other 1937 Benefit Provided:

Local Education Agency Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Medi-Cal eligible public school children up to age 22 or end of school year beneficiary turns 22.

Other:

Services provided by Individualized Education Plan, Individualized Family Service Plan, California Children Services, Short-Doyle, or prepaid health plan. Services include health and mental health evaluation and education, individualized education plan, individualized family service plan, physician services, physical therapy, occupational therapy, speech therapy, audiology services, psychology and counseling, nursing services, school health aid services, medical transportation/mileage and targeted care management services.

Other 1937 Benefit Provided:

Community Health Worker Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Preventive services, as defined in 42 CFR 440.130(c).

Other:

Community health workers assist beneficiaries by providing health education, health navigation, support, and advocacy assist them in accessing health care services, and provide key linkages with other similar and related community-based resources. Includes violence prevention services. CHWs must be supervised by a licensed provider, clinic, hospital, pharmacy, community-based organization, or local health jurisdiction.



Alternative Benefit Plan

Other 1937 Benefit Provided:

Asthma Preventive Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Two annually for education and home assessment.

Duration Limit:

None

Scope Limit:

Unlicensed providers must be supervised.

Other:

Asthma preventive services are provided by licensed and unlicensed practitioners. Services include evidence-based asthma self-management education and home environmental trigger assessments. Limits may be exceeded for medical necessity.

Other 1937 Benefit Provided:

Routine patient costs for clinical trials

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

See Attachment 3.1-A and Attachment 3.1-B, Item 30. Coverage of Routine Patient Cost in Qualifying Clinical Trials in California's Medicaid State Plan.

Other 1937 Benefit Provided:

Doula Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

11 visits per pregnancy

Duration Limit:

Pregnancy through postpartum period

Scope Limit:

Preventive services, as defined in 42 CFR 440.130(c).

Other:

Doula services encompass the health education; advocacy; and physical, emotional, and nonmedical support provided before, during, and after childbirth or end of a pregnancy, including throughout the



Alternative Benefit Plan

postpartum period. More than 11 visits are available with a second recommendation by a physician or other licensed provider.

Other 1937 Benefit Provided:

Medication-Assisted Treatment

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Medication-Assisted Treatment, as described in Supplement 7 to Attachment 3.1-A, is covered for all Medi-Cal members who meet the medical necessity criteria, effective October 1, 2020 through September 30, 2025. MAT includes group counseling, individual counseling, medical psychotherapy, medication services, and patient education for Opioid Use Disorder.

Other 1937 Benefit Provided:

Peer support services by peer support specialists

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Under the direction of a Behavioral Health Professional

Other:

Peer support services by peer support specialists promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills. Peer Support Services are based on an approved plan of care and can be delivered as a standalone service. Services include educational skill building groups, engagement, and therapeutic activities. Effective July 1, 2022.

Other 1937 Benefit Provided:

DMC-ODS expanded SUD Treatment Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

Rehabilitative services, as defined in 42 CFR 440.130(d).

Other:

Expanded Substance Use Disorder (SUD) treatment services are provided to restore the beneficiary to their best possible functional level. All expanded SUD treatment services must be recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice. Expanded SUD treatment services are based on medical necessity. Effective January 1, 2022.

Other 1937 Benefit Provided:

Community-Based Mobile Crisis Intervention Service

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Medi-Cal beneficiaries who are experiencing a mental health and/or SUD crisis

Other:

Community-based mobile crisis intervention services provide rapid response, individual assessment and community-based stabilization to Medi-Cal beneficiaries who are experiencing a mental health and/or SUD crisis. Mobile crisis services are designed to provide relief to beneficiaries experiencing a behavioral health crisis. Services are provided as a Rehabilitative Mental Health Service, Substance Use Disorder (SUD) Treatment Service, and Expanded SUD Treatment Service. Effective January 1, 2023.

Other 1937 Benefit Provided:

IPS Supported Employment

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Other

Duration Limit:

Other

Scope Limit:

Other

Other:

Section 1915(i):

Needs-Based Criteria:

Individuals who, due to a diagnosed or suspected mental health condition and/or substance use disorder, require assistance with at least one instrumental activity of daily living, including support in establishing and maintaining competitive employment and/or interacting in an appropriate manner with other individuals in the workplace, are eligible for IPS Supported Employment services.

Alternative Benefit Plan

Service Description:

Individual Placement and Support (IPS) Supported Employment is an evidence-based service that supports individuals with behavioral health conditions to lead functional and productive lives in the community and reduce the risk of psychiatric hospitalization and emergency room visits, residential treatment, involvement with the criminal justice system, alcohol or substance use, and homelessness. IPS Supported Employment is a community-based intervention that assists individuals with obtaining and sustaining paid employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals. IPS Supported Employment may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment needs of the individual.

IPS Supported Employment includes the following service components:

Pre-Employment Services:

- Job-related discovery or assessment
- Person-centered employment planning
- Job development and placement
- Job carving
- Benefits education and planning

Employment Sustaining Services:

- Career advancement services
- Negotiation with employers
- Job analysis
- Job coaching
- Benefits education and planning
- Asset development
- Follow-along supports

IPS Supported Employment does not include:

- Generalized employer contacts that are not connected to a specific enrolled individual or an authorized service
- Services for individuals in sub-minimum wage, or sheltered workshop settings
- Facility-based habilitation or personal care services
- Wage or wage enhancements for individuals
- Duplicative services from other state or federal programs
- Payment to employers for supervision, training, support, and adaptations typically available to other workers without disabilities filling similar positions in the business.

Documentation is maintained in the file of each individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et. seq.)

Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or
2. Payments that are passed through to users of supported employment services.

Provider Qualifications:

IPS Supported Employment services are provided by licensed mental health professionals, mental health rehabilitation specialists, physician assistants, pharmacists, other qualified providers, medical assistants, clinical trainees, counselors, licensed practitioners of the healing arts, peer support specialists and/or other mental health and substance use practitioners defined in Supplement 3 to Attachment 3.1-A. Providers of

Alternative Benefit Plan

IPS Supported Employment services must all complete training in the evidence-based model of IPS Supported Employment.

Person-Centered Planning Process:

The need for IPS Supported Employment services is determined by or under the direction of a mental health professional or licensed practitioner of the healing arts defined in Supplement 3 to Attachment 3.1-A through a person-centered planning process and is documented in the individual's clinical record. In addition, all individuals receiving IPS Supported Employment participate in a person-centered employment planning process. IPS Supported Employment is fully voluntary.

In the person-centered planning process, the IPS Supported Employment team works with the individual to:

- Identify the individual's strengths, preferences and goals;
- Determine the desired outcome of IPS Supported Employment services;
- Identify other members of the individual's mental health treatment team and significant support network; and
- Review other preferences and cultural considerations to inform the delivery of IPS Supported Employment.

The information gathered through the person-centered employment planning process is captured in a career profile. Both the IPS Supported Employment team and the individual must sign off on the career profile. The person-centered employment planning process is complemented by updates made to the individual's clinical record on an ongoing basis by a behavioral health practitioner in consultation with the individual.

The state assures that the planning process:

- Is timely and occurs at times and locations convenient to the individual
- Reflects the individual's cultural considerations and is conducted by providing information in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited in English proficient.
- Includes strategies for solving conflict or disagreement within the process
- Includes a method for the individual to request updates to the plan, as needed.

Additionally, the state assures that the plan:

- Reflects the individual's strengths and preferences
- Reflects clinical and support needs as identified through an assessment of functional need
- Includes individually identified goals and desired outcomes
- Reflects the supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of supported employment, including natural supports
- Reflects risk factors and measures in place to minimize them, including individualized backup plans and strategies when needed
- Be understandable to the individual and the individuals supporting them
- Identifies the individual and/or entity responsible for monitoring the plan
- Be finalized and agreed to, with the informed consent of the individual in writing, and signed by all the individuals responsible for its implementation
- Be distributed to the individual and other people involved in the plan
- Prevents the provision of unnecessary or inappropriate supports

Supported Employment Settings:

IPS Supported Employment is provided in a community-based setting, including an outpatient behavioral health setting or a community location. At the individual's request, an IPS Supported Employment provider may provide services in the individual's home or deliver services via telehealth. IPS Supported Employment services may not be delivered in provider-operated or controlled residential settings. Employment gained as a result of IPS Supported Employment services will be in a competitive employment setting.

Alternative Benefit Plan

The State will contract with a third-party Center of Excellence to conduct annual fidelity reviews and provide training and technical assistance to IPS Supported Employment providers. As part of the fidelity review process, the Center of Excellence will ensure that settings where services are provided meet HCBS setting requirements.

Supported Employment will be provided in settings that meet all HCBS settings requirements:

- The setting is integrated in and supports full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS: IPS Supported Employment is provided in community-based settings, allowing individuals to remain integrated in the greater community. Receipt of IPS Supported Employment services leads to individuals being employed in competitive employment settings, which are also integrated within the greater community.
- The setting is selected by the individual from among setting options, including non-disability specific settings: Individuals work in collaboration with their IPS Supported Employment team to identify a competitive employment setting that helps them achieve their employment goals and objectives from a range of suitable employment settings.
- The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint: Individuals are expected to work in competitive employment settings where their rights of privacy, dignity, respect, and freedom from coercion and restraint are upheld.
- The setting optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact: Individuals receiving IPS Supported Employment have autonomy in determining their place of competitive employment.
- The setting facilitates individual choice regarding services and supports and who provides them: Individuals have the ability to make their own choices regarding whether or not to receive IPS Supported Employment.
- Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
- Individuals are able to have visitors of their choosing at any time.
- The setting is physically accessible to the individual.

HCBS Settings Requirements for the Person-Centered Plan:

The state assures that the following will be included in the Person-Centered Plan described above:

- The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.

For provider owned or controlled settings, any modification of the additional conditions under 42 CFR §441.710(a)(1)(vi)(A) through (D) must be supported by a specific assessed need and justified in the person-centered service plan and the following will be documented in the person-centered service plan:

- A specific and individualized assessed need for the modification.
- Positive interventions and supports used prior to any modifications to the person-centered service plan.
- Less intrusive methods of meeting the need that have been tried but did not work.
- A clear description of the condition that is directly proportionate to the specific assessed need.
- Regular collection and review of data to measure the ongoing effectiveness of the modification.
- Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
- Informed consent of the individual.
- An assurance that interventions and supports will cause no harm to the individual.

Add



Alternative Benefit Plan

☐

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

Collapse All ☐

PRA Disclosure Statement

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V.20140415



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: CA - 24 - 0051

OMB Expiration date: 10/31/2014

Benefits Assurances

ABP7

EPSDT Assurances

If the target population includes persons under 21, please complete the following assurances regarding EPSDT. Otherwise, skip to the Prescription Drug Coverage Assurances below.

The alternative benefit plan includes beneficiaries under 21 years of age.

☒ The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345).

☒ The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act.

Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services:

☒ Through an Alternative Benefit Plan.

☐ Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as defined in 1905(r).

Other Information regarding how EPSDT benefits will be provided to participants under 21 years of age (optional):

Prescription Drug Coverage Assurances

☒ The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

☒ The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.

☒ The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.

☒ The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.

Other Benefit Assurances

☒ The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.

☒ The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.



Alternative Benefit Plan

- ☒ The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.
- ☒ The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
- ☒ The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
- ☒ The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
- ☒ The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
- ☒ The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

PRA Disclosure Statement

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V.20140415



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: CA - 24 - 0051

OMB Expiration date: 10/31/2014

Service Delivery Systems

ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

☒ Managed care.

☒ Managed Care Organizations (MCO).

☒ Prepaid Inpatient Health Plans (PIHP).

☒ Prepaid Ambulatory Health Plans (PAHP).

☐ Primary Care Case Management (PCCM).

☒ Fee-for-service.

☐ Other service delivery system.

Managed Care Options

Managed Care Assurance

- ☒ The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

Managed Care Implementation

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

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

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

With modification of the ABP to add Supported Employment effective January 1, 2025, DHCS is planning to conduct outreach to county behavioral health delivery systems to educate county partners on the ABP changes.



Alternative Benefit Plan

MCO: Managed Care Organization

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

Yes

The managed care program is operating under (select one):

- ☐ Section 1915(a) voluntary managed care program.
- ☒ Section 1915(b) managed care waiver.
- ☐ Section 1932(a) mandatory managed care state plan amendment.
- ☐ Section 1115 demonstration.
- ☐ Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS:

Jan 1, 2022

Describe program below:

In 2021, California submitted a request to renew its 1915(b) waiver, entitled California Advancing & Innovating Medi-Cal (CalAIM). California's CalAIM Section 1915(b) waiver was approved by the Centers for Medicare & Medicaid Services (CMS) and is effective from January 1, 2022. The CalAIM Section 1915(b) waiver authorizes the Specialty Mental Health Services (SMHS) program, as well as Medi-Cal managed care, dental managed care, and Drug Medi-Cal Organized Delivery System (DMC-ODS).

Additional Information: MCO (Optional)

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

PIHP: Prepaid Inpatient Health Plan

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

Yes

The managed care program is operating under (select one):

- ☐ Section 1915(a) voluntary managed care program.
- ☒ Section 1915(b) managed care waiver.
- ☐ Section 1115 demonstration.
- ☐ Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS:

Jan 1, 2022

Describe program below:

Similar to the MCO language above, California's CalAIM Section 1915(b) waiver was approved by the Centers for Medicare & Medicaid Services (CMS) and is effective from January 1, 2022. The approved 1915(b) waiver permits California to operate PIHPs for SMHS and DMC-ODS on a non-risk basis (see pg. 20 of the 1915(b) approved application: <https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-1915bWaiver-CA-0017-R10-01-Application.pdf>).

Additional Information: PIHP (Optional)

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



Alternative Benefit Plan

PAHP: Prepaid Ambulatory Health Plan

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

Yes

The managed care program is operating under (select one):

- ☐ Section 1915(a) voluntary managed care program.
- ☒ Section 1915(b) managed care waiver.
- ☐ Section 1115 demonstration.
- ☐ Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS:

Jan 1, 2022

Describe program below:

Sacramento County's GMC Dental Managed Care Model

Additional Information: PAHP (Optional)

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

California's CalAIM Section 1915(b) waiver was approved by the Centers for Medicare & Medicaid Services (CMS) and is effective from January 1, 2022. The approved 1915(b) waiver authorizes dental managed care in Sacramento County. Los Angeles County provides dental managed care through voluntary enrollment along with a fee-for-service option.

Fee-For-Service Options

Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:

- ☒ Traditional state-managed fee-for-service
- ☐ Services managed under an administrative services organization (ASO) arrangement

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

FFS providers render services and then submit claims for payment that are adjudicated, processed and paid (or denied) by the Medi-Cal program's fiscal intermediary. Generally, Medi-Cal outpatient fee-for-services (FFS) rates reflect a percentage of the California Specific Medicare Rate. The CA-MMIS system reimburses at no more than the maximum allowable rate that is on file in the system. Further, all 58 counties participate in a Managed Care system, and fewer than 10 percent of Medi-Cal's 15 million members are in FFS.

Specified services are carved out of the Managed Care Plans and only reimbursed via FFS, such as county based Specialty Mental Health Services (1915 (b) waiver) and Substance Use Disorder Services, which are reimbursed at rates established in a behavioral health plan fee schedule to county behavioral health plans. Pharmaceuticals are paid on FFS basis in 58 counties and dental services are paid on FFS basis in 57 counties. 2 counties, Sacramento County and Los Angeles County, offer dental managed care plans. Sacramento County and Los Angeles County's dental managed care are delivered through a PAHP.

Additional Information: Fee-For-Service (Optional)

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



Alternative Benefit Plan

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V.20140417



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: CA - 24 - 0051

OMB Expiration date: 10/31/2014

Employer Sponsored Insurance and Payment of Premiums

ABP9

The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.

The state/territory otherwise provides for payment of premiums.

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

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

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

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

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V.20140415



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: CA - 24 - 0051

OMB Expiration date: 10/31/2014

General Assurances

ABP10

Economy and Efficiency of Plans

- ☒ The state/territory assures that Alternative Benefit Plan coverage is provided in accordance with Federal upper payment limit requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

Economy and efficiency will be achieved using the same approach as used for Medicaid state plan services.

Compliance with the Law

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

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V.20140415



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: CA - 24 - 0051

Payment Methodology

ABP11

Alternative Benefit Plans - Payment Methodologies

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

An attachment is submitted.

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V.20160722

PAYMENT FOR SUPPORTED EMPLOYMENT SERVICES

A. GENERAL APPLICABILITY

Payment for Supported Employment Services will be limited to the fee schedule developed by the State.

B. DEFINITIONS

“Full Month of Service” means a provider delivered a service in a Supported Employment program to the same beneficiary on at least 4 separate days in a month. At least 3 of the services must have been face-to-face with the beneficiary. Other services may be collateral contacts. If a provider delivered a face-to-face service and a collateral contact on the same day, it is counted as two separate days.

“Home Health Agency Market Basket Index” means the IHS Global Inc. CMS Market Basket Index Levels for Home Health Agencies.

“Partial Month of Service” means a provider delivered a service in a Supported Employment program to the same beneficiary on at least 2 separate days in a month. At least 1 of the services must have been face-to-face with the beneficiary. Other services may be collateral contacts. If a provider delivered a face-to-face service and a collateral contact on the same day, it is counted as two separate days.

“Supported Employment” means a bundle of services as defined in Attachment 3.1-L of the Alternative Benefit Plan.

C. SUPPORTED EMPLOYMENT SERVICES PAYMENT METHODOLOGY

1. The State establishes a county-based bundled rate for a Full Month of Service and a county-based bundled rate for a Partial Month of Service. Except as otherwise noted in the State Plan, the State-developed fee schedule rates are the same for both governmental and private providers. The county-based bundled rates effective for services provided on or after January 1, 2025, July 1, 2025, and annually thereafter, are posted to the following webpage: <https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules.aspx>.
2. The State pays all providers of Supported Employment Services the county-based bundled rate for each Full Month of Service and Partial Month of Service based upon the county where the provider is located.

3. The county-based bundled rate for Supported Employment Services is paid for the following service components:
 - Pre-employment services
 - Employment sustaining services
4. The July 1, 2025 fee schedule will be equal to the January 1, 2025 fee schedule increased by the percentage change in the Home Health Agency Market Basket Index from 2025 Quarter 1 to 2025 Quarter 3.
5. The State will annually increase the July 1, 2025 fee schedule by the percentage change in the four-quarter average Home Health Agency Market Basket Index and post to the following webpage: <https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules.aspx>.