

## **Table of Contents**

**State/Territory Name:** **District of Columbia**

**State Plan Amendment (SPA) #:** **22-0009**

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

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December 13, 2022

Melisa Byrd  
Medicaid Director  
Department of Health Care Finance  
441 4th Street, N.W., 9th Floor, South  
Washington, D.C. 20001

Re: State Plan Amendment (SPA) DC-22-0009

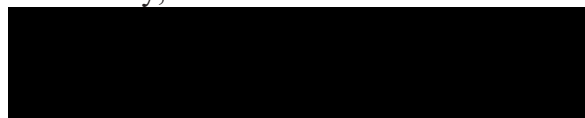
Dear Director Byrd:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) DC-22-0009. This amendment proposes to align the District's Alternative Benefit Plan (ABP) with the District's State Plan for Medical Assistance as required under Section 1937 of the Social Security Act.

We conducted our review of your submittal according to statutory requirements of the Social Security Act. This letter is to inform you that DC Medicaid SPA 22-0009 was approved on December 8, 2022, with an effective date of October 1, 2022.

If you have any questions, please contact LCDR Frankeena McGuire via email at [Frankeena.McGuire@cms.hhs.gov](mailto:Frankeena.McGuire@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

cc: Mario Ramsey, DHCF

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

**State/Territory name:** **Dist. of Columbia**

**Transmittal Number:**

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

DC-22-0009

**Proposed Effective Date**

10/01/2022 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

Section 1302 of the Patient Protection and Affordable Care Act, P.L. 111-148; Social Security Act Section 1937, authority gra

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2023	\$ 0.00
Second Year	2024	\$ 0.00

**Subject of Amendment**

Alternative Benefit Plan for newly-eligible adults

**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:

D.C. Act 22-434

**Signature of State Agency Official**

**Submitted By:** Mario Ramsey  
**Last Revision Date:** Dec 5, 2022  
**Submit Date:** Nov 2, 2022



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: DC - 22 - 0009

## 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:

Add	Eligibility Group:	Enrollment is mandatory or voluntary?	Remove
Add	Adult Group	Mandatory	Remove

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

### Geographic Area

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

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

### PRA Disclosure Statement

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

V.20181119



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: DC - 22 - 0009

**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.

Yes

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

The benefits offered to the new adult group under this secretary-approved Alternative Benefit Plan (ABP) are identical to the Medicaid State Plan. This plan provides for benefits covering all ten (10) essential health benefits in an amount and scope that is equal to or greater than those provided in the base-benchmark plan selected by the District.

### PRA Disclosure Statement

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

V.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: DC - 22 - 0009

## 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:

All benefits and applicable limitations are provided, as outlined by the District of Columbia's State Plan under title XIX of the Social Security Act, Medical Assistance Program in Section 3 - Services: General Provisions

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

### PRA Disclosure Statement

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

V.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: DC - 22 - 0009

## 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.20160722





# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: DC - 22 - 0009

<b>Benefits Description</b>	<b>ABP5</b>
The state/territory proposes a "Benchmark-Equivalent" benefit package. <input type="text" value="No"/>	
<b>Benefits Included in Alternative Benefit Plan</b>	
Enter the specific name of the base benchmark plan selected:	
<input type="text" value="Blue Cross Blue Shield/CareFirst Blue Preferred Option 1"/>	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."	
<input type="text" value="Secretary-Approved"/>	



# Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:	Source:	Remove
Physicians' services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limitation	No limitations	
Scope Limit:		
See "Other Information"		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Sterilizations not covered if patient is under 21 years of age. Induced abortions only covered if the life of the mother would be endangered if the fetus were carried to term, if the pregnancy resulted from rape or incest, or in the case where a woman suffers from a physical disorder, injury or illness, including a life-endangering physical condition caused by or arising from the pregnancy, as certified by a physician, that would place the woman in danger of death unless an abortion is performed.		

Benefit Provided:	Source:	Remove
Optometrists' services, OLP	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other information"	No limitations	
Scope Limit:		
Eyeglasses limited to one per 24 month period, unless enrollee loses their eyeglasses or their prescription changes by more than one half diopter, or is under 21 years of age. Contact lenses require prior authorization from state agency.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		

Benefit Provided:	Source:	Remove
Home health services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other Information"	See "Other Information"	



# Alternative Benefit Plan

Scope Limit:

No limitations

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

Cannot exceed 4 hours per day or 36 visits per year (including any therapy provided as part of service) without prior authorization from state agency.

Benefit Provided:

Family planning services and supplies

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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 services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

See "Other Information"

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

Must be medically-justified. Prior authorization from state agency required for: surgery for cosmetic purposes, including cosmetic dental and oral surgery (except emergency repair of accidental injury); gastric bypass surgery (also requires written justification); organ transplants; and assistant surgeon services. MH/SUD services are also provided in this benefit category.

Benefit Provided:

Hospice Services

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Benefit Provided:

Treatment at federally qualified health centers

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Benefit Provided:

Clinic services (including day treatment)

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Prior authorization is required only for the following: Assistant surgeon services, organ transplants, gastric bypass, and surgical procedures for cosmetic purposes (except emergency repair of accidental injury). Gastric bypass also requires both prior authorization and written justification.

Benefit Provided:

Source:

Remove



# Alternative Benefit Plan

Authorization:

Yes

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

## 2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:	Source:	Remove
Outpatient hospital - Emergency room services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other Information"	No limitations	
Scope Limit:		
See "Other information"		

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

There is no prior authorization for emergency room services, but for UR purposes the services must be authenticated by a licensed physician in order to receive reimbursement. Limit of one emergency room encounter per day. Sterilizations not covered if patient is under 21 years of age. Induced abortions only covered if the life of the mother would be endangered if the fetus were carried to term, if the pregnancy resulted from rape or incest, or in the case where a woman suffers from a physical disorder, injury or illness, including a life-endangering physical condition caused by or arising from the pregnancy, as certified by a physician, that would place the woman in danger of death unless an abortion is performed.

Benefit Provided:	Source:	Remove
Other medical care - Emergency transportation	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limitations	No limitations	
Scope Limit:		
No limitations		

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

Benefit Provided:	Source:	Remove
Authorization:	Provider Qualifications:	
Yes		
Amount Limit:	Duration Limit:	



# Alternative Benefit Plan

Scope Limit:

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

## 3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided:

Inpatient hospital services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

See "other information"

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

Must be medically-justified. Inpatient psychiatric services and psychiatric rehabilitation for ages 21-64 included under this category. Prior authorization from state agency required only for: surgery for cosmetic purposes, including cosmetic dental and oral surgery (except emergency repair of accidental injury); gastric bypass surgery (also requires written justification); organ transplants; assistant surgeon services, and hospital days in excess of one day prior to surgery. These services are not furnished as part of an IMD.

Add





# Alternative Benefit Plan

## 4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:	Source:	Remove
Maternity-related services - Outpatient hospital	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limitations	No limitations	
Scope Limit:		
No limitations		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Includes postpartum services through the 60th day after pregnancy ends, plus the remainder of that month. Benefit include all physician services.		

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

Benefit Provided:	Source:	Remove
Maternity-related services - Inpatient hospital	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limitations	No limitations	
Scope Limit:		
No limitations		



# Alternative Benefit Plan

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

Includes postpartum services through the 60th day after pregnancy ends, plus the remainder of that month.

Add



# Alternative Benefit Plan

Collapse All

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

The state/territory assures that it does not apply any financial requirement or treatment limitation to mental health or substance use disorder benefits in any classification that is more restrictive than the predominant financial requirement or treatment limitation of that type applied to substantially all medical/surgical benefits in the same classification.

Benefit Provided:	Source:	Remove
M.A.T. for substance use disorder - Rehabilitation	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limitations	No limitations	
Scope Limit:		
No limitations		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Provided through Department of Behavioral Health (DBH). Medication used for M.A.T. follows the limits set forth for prescription drugs in EHB 6. Limit of 365 per year.		

Benefit Provided:	Source:	Remove
Adult substance abuse services - Rehabilitation	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limitations	No limitations	
Scope Limit:		
Does not cover: inmates; services provided in nursing facilities, ICFs/ID, and IMDs; room, board, and transportation; human subject/clinical trial-related services; education, vocational, and job training, services covered elsewhere in State Plan.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Provided through the Department of Behavioral Health (DBH).		

Benefit Provided:	Source:	Remove
Mental health services - Rehabilitation	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	



# Alternative Benefit Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Does not cover: room and board costs, inpatient services, transportation, vocational services, school services, services rendered by family, socialization services, screening and prevention (beyond EPSDT), services not medically-necessary.

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

6. Essential Health Benefit: Prescription drugs

- The state/territory assures that the ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescribed 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.):

- Limit on days supply
- Limit on number of prescriptions
- Limit on brand drugs
- Other coverage limits
- Preferred drug list

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

The District of Columbia'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

- The state/territory assures that it is not imposing limits on habilitative services and devices that are more stringent than limits on rehabilitative services (45 CFR 156.115(a)(5)(ii)). Further, the state/territory understands that separate coverage limits must also be established for rehabilitative and habilitative services and devices. Combined rehabilitative and habilitative limits are allowed, if these limits can be exceeded based on medical necessity.

Benefit Provided:	Source:	Remove
Physical therapy	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limitations	No limitations	
Scope Limit:		
No limitations		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Must be part of a plan of treatment and provided in a hospital, skilled care facility, intermediate care facility, or home health agency. Covers both rehabilitative and habilitative services.		

Benefit Provided:	Source:	Remove
Occupational therapy	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limitations	No limitations	
Scope Limit:		
No limitations		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Must be part of a plan of treatment and provided in a hospital, skilled care facility, intermediate care facility, or home health agency. Covers both rehabilitative and habilitative services.		

Benefit Provided:	Source:	Remove
Home health - DME/POS	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limitations	No limitations	



# Alternative Benefit Plan

Scope Limit:

Durable Medical Equipment and Prosthetic Devices are limited to items found on the DME/POS billing manual, updated annually. Utilization limitations are used to address high-cost, high-volume, and high-risk items and services.

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

Benefit Provided:

Personal care services

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other information"

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Requires certification by a physician every 6 months, or after an interruption of services, including hospital admission. No more than 8 hours per day, unless authorized.

Benefit Provided:

Speech therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Covers both rehabilitative and habilitative services.

Add



# Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:

Laboratory tests and x-rays

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Services primarily for, or in connection with, cosmetic purposes require prior authorization from State Agency. Laboratory tests and x-ray service primarily for, or in connection with, dental or oral surgery limited to those required for emergency repair of accidental injury to the jaw and related structures.

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: Preventive services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Other	
Amount Limit: No limitations	Duration Limit: No limitations	
Scope Limit: No limitations		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
		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:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

This benefit includes coverage of inpatient psychiatric care for individuals under 21 years of age

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: Primary care visit to treat an illness	Source: Base Benchmark	<input type="button" value="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:

Duplicate benefit covered under EHB 1: Ambulatory patient services, physicians' services

Base Benchmark Benefit that was Substituted: Specialist visit	Source: Base Benchmark	<input type="button" value="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:

Duplicate benefit covered under EHB 1: Ambulatory patient services, physicians' services, clinic services, and treatment at federally qualified health centers

Base Benchmark Benefit that was Substituted: Outpatient facility fee	Source: Base Benchmark	<input type="button" value="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:

Duplicate benefit covered under EHB 1: Ambulatory patient services, outpatient hospital services, clinic services, physicians' services, and treatment at federally qualified health centers

Base Benchmark Benefit that was Substituted: Urgent care centers or facilities	Source: Base Benchmark	<input type="button" value="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:

Duplicate benefit covered under EHB 2: Emergency services, emergency room services, and under EHB 1: Ambulatory patient services, clinic services, physicians' services, and treatment at federally qualified health centers

Base Benchmark Benefit that was Substituted: Inpatient physician and surgical services	Source: Base Benchmark	<input type="button" value="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:

Duplicate benefit covered under EHB 3: Hospitalization, inpatient hospital services

Base Benchmark Benefit that was Substituted: Prenatal and postpartum care	Source: Base Benchmark	<input type="button" value="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:

Duplicate benefit covered under EHB 4: Maternity and newborn care, maternity-related services - outpatient hospital

Base Benchmark Benefit that was Substituted:

All inpatient services for maternal 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:

Duplicate benefit covered under EHB 4: Maternity and newborn care, maternity-related services - inpatient hospital

Base Benchmark Benefit that was Substituted:

Mental/behavioral health outpatient 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:

Duplicate benefit covered under EHB 5: Mental health services and addiction treatment; mental health services - rehabilitation and under EHB 1: Ambulatory patient services, outpatient hospital services

Base Benchmark Benefit that was Substituted:

Mental/behavioral health inpatient 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:

Duplicate benefit covered under EHB 5: Mental health services and addiction treatment; mental health services - rehabilitation, and under EHB 3: Hospitalization, inpatient hospital services

Base Benchmark Benefit that was Substituted:

Substance abuse disorder outpatient 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:

Duplicate benefit covered under EHB 5: Mental health services and addiction treatment; M.A.T. for substance abuse - rehabilitation and Adult Substance Abuse Services - rehabilitation, and EHB 1: Ambulatory patient services, outpatient hospital services

Base Benchmark Benefit that was Substituted:

Substance abuse disorder inpatient 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:

Duplicate benefit covered under EHB 5: Mental health services and addiction treatment, M.A.T. for substance abuse - Rehabilitation and Adult Substance Abuse Services - Rehabilitation, and EHB 3: Hospitalization: Inpatient hospital services



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Outpatient rehabilitation 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:

Duplicate benefit covered under EHB 7: Rehabilitative and habilitative services and devices, physical therapy, and occupational therapy

Base Benchmark Benefit that was Substituted:

Habilitation 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:

Duplicate benefit covered under EHB 7: Rehabilitative and habilitative services and devices, physical therapy, and occupational therapy

Base Benchmark Benefit that was Substituted:

Diagnostic test

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:

Duplicate benefit covered under EHB 8: Laboratory services, laboratory tests and x-rays

Base Benchmark Benefit that was Substituted:

Imaging (CT/PET scans, MRIs)

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:

Duplicate benefit covered under EHB 8: Laboratory services, laboratory tests and x-rays

Base Benchmark Benefit that was Substituted:

Weight loss programs

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:

Duplicate benefit covered under EHB 9: Preventive and wellness services and chronic disease management, preventive services

Base Benchmark Benefit that was Substituted:

Preventive care/screening/immunization

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:



# Alternative Benefit Plan

Duplicate benefit covered under EHB 9: Preventive and wellness services and chronic disease management, preventive services

Base Benchmark Benefit that was Substituted:

Routine eye exam/glasses for children

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:

Duplicate benefit covered under "EPSDT," under "Ambulatory patient services" and "Pediatric services, including oral and vision care" EHBs.

Base Benchmark Benefit that was Substituted:

Dental check-up for children

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:

Duplicate service covered under EHB 10: Pediatric services including oral and vision care, EPSDT benefits

Base Benchmark Benefit that was Substituted:

Postpartum home visits

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:

Duplicate service covered under EHB 4: Maternity and newborn care, maternity-related services - outpatient hospital

Base Benchmark Benefit that was Substituted:

Dialysis

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:

Duplicate benefit covered under EHB 1: Ambulatory patient services, outpatient hospital services

Base Benchmark Benefit that was Substituted:

Allergy injections

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:

Duplicate benefit covered under EHB 6: Prescription drugs, prescription drugs



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Radiation 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: Duplicate benefit covered under EHB 1: Ambulatory patient services, outpatient hospital services		
Base Benchmark Benefit that was Substituted: Chemotherapy	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: Duplicate benefit covered under EHB 1: Ambulatory patient services, outpatient hospital services		
Base Benchmark Benefit that was Substituted: Blood, blood products, and administration	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: Duplicate benefit covered under EHB 1: Ambulatory patient services, outpatient hospital services		
Base Benchmark Benefit that was Substituted: 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: Duplicate benefit covered under EHB 5: Mental health services and addiction treatment, M.A.T. for substance abuse - Rehabilitation, and under Adult Substance Abuse Services - Rehabilitation		
Base Benchmark Benefit that was Substituted: Routine gynecological exam	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: Duplicate benefit covered under EHB 1: Ambulatory patient services, outpatient hospital services		
Base Benchmark Benefit that was Substituted: Medical nutrition therapy	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:

Duplicate benefit covered under EHB 1: Ambulatory patient services, outpatient hospital services

Base Benchmark Benefit that was Substituted:

Professional nutrition counseling

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:

Duplicate benefit covered under EHB 9: Preventive and wellness services and chronic disease management, preventive services

Base Benchmark Benefit that was Substituted:

Hair prosthesis

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:

Provides hair prosthesis when hair loss resulted from chemotherapy or radiation treatment for cancer. Substituted with EHB 7: Rehabilitative and habilitative services, personal care services

Base Benchmark Benefit that was Substituted:

Home health care 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:

Duplicate benefit covered under EHB 1: Ambulatory patient services, home health services

Base Benchmark Benefit that was Substituted:

Family planning 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:

Duplicate benefit: covered under EHB 1: Ambulatory patient services, family planning services and supplies

Base Benchmark Benefit that was Substituted:

Prescription drugs

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:

Duplicate benefit covered under EHB 6: Prescription drugs, prescription drugs

Approval Date: 12/08/2022

Effective Date: 10/01/2022

TN: DC-22-0009

Superseded TN: DC-22-0003



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Emergency transportation/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: Duplicate benefit covered under EHB 2: Emergency services, Other medical care - Emergency transportation		
Base Benchmark Benefit that was Substituted: Speech 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: Duplicate benefit covered under EHB 7: Rehabilitative and habilitative services, speech therapy		
Base Benchmark Benefit that was Substituted: Hospice 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: Duplicate benefit covered under EHB 1: Ambulatory patient services, hospice services		
Add		



# Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered Collapse All

Base Benchmark Benefit not Included in the Alternative Benefit Plan: <input type="text" value="Adult routine eye exam"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain why the state/territory chose not to include this benefit: <input type="text" value="This benefit is not covered since it is an excepted benefit for adults and not considered to be an EHB"/>		
Base Benchmark Benefit not Included in the Alternative Benefit Plan: <input type="text" value="Adult routine dental services"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain why the state/territory chose not to include this benefit: <input type="text" value="This benefit is not covered since it is an excepted benefit for adults and not considered to be an EHB"/>		
<input type="button" value="Add"/>		



# Alternative Benefit Plan

14. Other 1937 Covered Benefits that are not Essential Health Benefits Collapse All

<b>Other 1937 Benefit Provided:</b> <input type="text" value="Tuberculosis-related services"/>	<b>Source:</b> <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
<b>Authorization:</b> <input type="text" value="Other"/>	<b>Provider Qualifications:</b> <input type="text" value="Medicaid State Plan"/>	
<b>Amount Limit:</b> <input type="text" value="No limitations"/>	<b>Duration Limit:</b> <input type="text" value="No limitations"/>	
<b>Scope Limit:</b> <input type="text" value="No limitations"/>		
<b>Other:</b> <input available="" drop-down="" in="" menu)"="" none"="" not="" type="text" value="No authorization required ("/>		

<b>Other 1937 Benefit Provided:</b> <input type="text" value="Non-emergency transportation"/>	<b>Source:</b> <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
<b>Authorization:</b> <input type="text" value="Other"/>	<b>Provider Qualifications:</b> <input type="text" value="Medicaid State Plan"/>	
<b>Amount Limit:</b> <input type="text" value="No limitations"/>	<b>Duration Limit:</b> <input type="text" value="No limitations"/>	
<b>Scope Limit:</b> <input type="text" value="No limitations"/>		
<b>Other:</b> <input type="text" value="Authorization required for ambulatory transportation based on medical necessity when it is not one of the following: wheelchair van, taxi, stretcher car, bus passes, other public transportation including METRO rail and bus system."/>		

<b>Other 1937 Benefit Provided:</b> <input type="text" value="Nursing facility services"/>	<b>Source:</b> <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
<b>Authorization:</b> <input type="text" value="Other"/>	<b>Provider Qualifications:</b> <input type="text" value="Medicaid State Plan"/>	
<b>Amount Limit:</b> <input type="text" value="No limitations"/>	<b>Duration Limit:</b> <input type="text" value="No limitations"/>	
<b>Scope Limit:</b> <input type="text" value="No limitations"/>		
<b>Other:</b> <input available="" drop-down="" in="" menu)"="" none"="" not="" type="text" value="No authorization required ("/>		



# Alternative Benefit Plan

<input type="text"/>		
Other 1937 Benefit Provided: <input type="text" value="Intermediate care facility/IID"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="No limitations"/>	Duration Limit: <input type="text" value="No limitations"/>	
Scope Limit: <input type="text" value="No limitations"/>		
Other: <input type="text" value="No authorization required ('none' not available in drop-down menu)"/>		
Other 1937 Benefit Provided: <input type="text" value="Podiatrists services (OLP)"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="No limitations"/>	Duration Limit: <input type="text" value="No limitations"/>	
Scope Limit: <input type="text" value="Treatment of flat foot, routine foot care, and supportive devices for feet generally not covered unless presenting in the presence of a systemic condition that may require specialized foot care."/>		
Other: <input type="text" value="No authorization required ('none' not available in drop-down menu)"/>		
Other 1937 Benefit Provided: <input type="text" value="Private duty nursing services"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Prior Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="No limitations"/>	Duration Limit: <input type="text" value="No limitations"/>	
Scope Limit: <input type="text" value="No limitations"/>		



# Alternative Benefit Plan

Other:

Only available for beneficiaries who require more individual and continuous care than is routinely provided by a visiting nurse association or routinely provided by a skilled nursing facility or hospital.

Other 1937 Benefit Provided:

Routine eye exam for adults

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other:

No authorization required ("none" not available in drop-down menu)

Other 1937 Benefit Provided:

Freestanding birth center

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other:

No authorization required ("none" not available in drop-down menu)

Other 1937 Benefit Provided:

Dental services for 21 and older

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations



# Alternative Benefit Plan

Scope Limit:

No limitations

Other:

No authorization required ("none" not available in drop-down menu)

Other 1937 Benefit Provided:

Extended services for women 60 days post-partum

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other:

Pregnancy-related and post-partum services for 60 days after the pregnancy ends are provided without limitation

Other 1937 Benefit Provided:

Nurse practitioner services - Outpatient

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other:

No authorization required ("none" not available in drop-down menu). The services of the nurse practitioner are subsumed under the broad category, Advanced Practice Registered Nursing, which includes, but is not limited to, nurse midwife, nurse anesthetist, nurse practitioner and clinical nurse specialist.

Other 1937 Benefit Provided:

Routine Patient Cost in Qualifying Clinical Trials

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Items and Services associated with a qualifying clinical trial, defined at 1905(gg)(2) of the Social Security Act (SSA).

Other:

District of Columbia State Plan, Attachment 3.1-A, item 30, 'Coverage of Routine Patient Costs in Qualifying Clinical Trials.'

Other 1937 Benefit Provided:

Transplantation of kidney/liver from living donor

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

See "Other"

Other:

District of Columbia State Plan Attachment 3.1-E pages 1-2.

Other 1937 Benefit Provided:

M.A.T. for Opioid Use Disorder (OUD)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Other

Duration Limit:

Other

Scope Limit:

MAT services, defined at section 1905(ee) and as covered under section 1905(a)(29) of the Social Security Act.

Other:

MAT is provided as defined in the approved state plan Supplement 1 to Attachment 3.1-A. MAT is provided in accordance with 1905(a)(29) for the period beginning October 1, 2020, and ending September 30, 2025.

Other 1937 Benefit Provided:

Supported Employment Services - SUD/SMI

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove





# Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See District of Columbia State Plan Attachment 3.1-i.

Other:

Beneficiaries must meet needs-based criteria to be eligible for supported employment services.

Coverage effective July 1, 2022.

Other 1937 Benefit Provided:

Housing Supportive Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Yes

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other"

Duration Limit:

See "Other"

Scope Limit:

See District of Columbia State Plan Attachment 3.1-i.

Other:

Beneficiaries must meet needs-based criteria to be eligible for housing supportive services.

No limits on amount or duration for housing supportive services. Housing navigation services will be limited to six (6) months from the first interaction. Additional months of services may be provided subject to prior authorization.

Coverage effective May 1, 2022.

Other 1937 Benefit Provided:

Ind. Licensed behavioral health providers (OLP)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other"

Duration Limit:

See "Other"

Scope Limit:

Independently Licensed Behavioral health Practitioners are covered within their scope of practice in accordance with state law.

Other:

District of Columbia State Plan Supplement 1 to Attachment 3.1-A page 8.1.



# Alternative Benefit Plan

Amount and Duration of services provided by Independently Licensed Behavioral Health Practitioners may be found in Supplement 6 to Attachment 3.1-A of the District of Columbia State Plan.

Coverage effective January 1, 2022.

Other 1937 Benefit Provided:

Pharmacists Services (OLP)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other"

Duration Limit:

See "Other"

Scope Limit:

Licensed pharmacists are covered within their scope of practice in accordance with state law.

Other:

Authorization, Amount and Duration of Services may all be found in District of Columbia State Plan Supplement 1 to Attachment 3.1-A.

Coverage effective February 15, 2020.

Other 1937 Benefit Provided:

Health Homes - Chronic conditions

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

N/A

Duration Limit:

N/A

Scope Limit:

District of Columbia State Plan Attachment 3.1-H. Services consistent with, but not limited to those set forth under 42 CFR Section 440.169.

Other:

To be eligible, beneficiaries must have two or more chronic conditions as outlined in the District State Plan Attachment 3.1-H, page 11-12.

Coverage effective July 1, 2017.

Other 1937 Benefit Provided:

Health Homes - SMI

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

N/A

Duration Limit:

N/A

Scope Limit:

District of Columbia State Plan Attachment 3.1-H.

Other:

To be eligible, beneficiaries must have a serious and persistent mental health condition as defined in D.C. Code Section 7-1131.02 (1f) and (24).

Coverage effective January 1, 2016.

Other 1937 Benefit Provided:

Doula Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other"

Duration Limit:

See "Other"

Scope Limit:

See "Other"

Other:

Doula services do not require prior authorization.

Doula services are provided to birthing parents throughout pregnancy and postpartum periods. Amount, duration and scope limits can be found on District of Columbia State Plan Supplement 1 to Attachment 3.1A, page 21A.

Other 1937 Benefit Provided:

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other:

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

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20190808



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: DC - 22 - 0009

## 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.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: DC - 22 - 0009

## 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.

Because the Alternative Benefit Plan will not differ in any substantial way from the current MCO benefit package and will continue to be offered to Medicaid MCO enrollees, there will be no Alternative Benefit Plan-specific outreach.

### MCO: Managed Care Organization

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

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:



# Alternative Benefit Plan

Describe program below:

This is the secretary-approved MCO program for Medicaid enrollees

The Alternative Benefit Plan will be provided through primary care case management (PCCM) consistent with applicable managed care requirements (42 CFR Part 438, section 1903(m) of the Social Security Act, and section 1932 of the Social Security Act).

**#type# Procurement or Selection Method**

Indicate the method used to select #type#s:

- Competitive procurement method (RFP, RFA).
- Other procurement/selection method.

Describe the method used by the state/territory to procure or select the MCOs:

**Other MCO-Based Service Delivery System Characteristics**

One or more of the Alternative Benefit Plan benefits or services will be provided apart from the managed care organization. Yes

List the benefits or services that will be provided apart from the #type#, and explain how they will be provided. Add as many rows as needed.

Add	Name	Description	Remove
<b>Add</b>	Emergency Transportation	FFS	<b>Remove</b>
<b>Add</b>	Prescription drugs for HIV/AIDS	FFS	<b>Remove</b>
<b>Add</b>	Prescription drug for which the Contractor has received prior approval in writing from DHCF to exclude from the Contractor's Formulary	FFS	<b>Remove</b>
<b>Add</b>	Transplant services (MCO responsible for pre and post care)	FFS	<b>Remove</b>
<b>Add</b>	Outpatient Alcohol and Drug Abuse Treatment	FFS	<b>Remove</b>
<b>Add</b>	Services Provided by Department of Behavioral Health (DBH): community-based interventions; multi-systemic therapy; assertive community treatment; community support; recovery support services; vocational supported employment; clubhouse services	FFS	<b>Remove</b>
<b>Add</b>	Psychiatric Residential Treatment Facility (PRTF) stays beyond 30 consecutive days.	FFS	<b>Remove</b>





# Alternative Benefit Plan

<b>Add</b>	Nursing facility services for individuals age twenty-one (21) or older (other than services in an institution for mental diseases) described in 42 C.F.R. §§ 440.40 and 440.155, beyond 90 consecutive days	FFS	<b>Remove</b>
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MCO service delivery is provided on less than a statewide basis.  No

## #type# Participation Exclusions

Individuals are excluded from MCO participation in the Alternative Benefit Plan:  No

## General #type# Participation Requirements

Indicate if participation in the managed care is mandatory or voluntary:

- Mandatory participation.
- Voluntary participation. Indicate the method for effectuating enrollment:

Describe method of enrollment in MCOs:

The enrollment broker sends a notice to the beneficiary of their right to choose an MCO within thirty (30) days of the date of the notice. The notice is sent with an enrollment packet and a list of all available MCOs. If the beneficiary does not choose an MCO, the beneficiary is auto-assigned an MCO using the algorithm described below in "Additional information: MCO." Upon assignment to the MCO, the enrollment broker shall develop, print and distribute a notice to inform beneficiaries that they are automatically enrolled in an MCO. Within that notice is language informing beneficiaries of their rights, inclusive of disenrollment, under assignment.

## Additional Information: #type# (Optional)

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

There are certain groups whose enrollment in managed care is voluntary or exempt, who may opt to be covered by fee-for-service. These groups can be found in the District's State Plan, Attachment 3.1F.

The auto-assignment algorithm is based on a round-robin system where each MCO's position in the assignment order is stored in a table within the enrollment broker's system. This means the system effectively remembers the next MCO in the order for a beneficiary assignment. On the date of assignment, the enrollment broker shall develop, print and distribute a notice to inform beneficiaries that they are automatically enrolled in an MCO. The notice includes information on the beneficiary's rights under assignment, including the right to disenroll.

## 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.

## Additional Information: Fee-For-Service (Optional)



# Alternative Benefit Plan

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

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V.20181119



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: DC - 22 - 0009

## 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.

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

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V.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: DC - 22 - 0009

## 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.

### PRA Disclosure Statement

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V.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: DC - 22 - 0009

## 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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