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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 24-0015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 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 13, 2024

Todd Richardson
Director, MO HealthNet Division
Missouri Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, MO 65102

Re: Missouri State Plan Amendment (SPA) – 24-0015

Dear Director Richardson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0015. This amendment proposes add doula services to the alternative benefit plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 Code of Federal Regulation (CFR) 440.300. This letter informs you that Missouri's Medicaid SPA TN 24-0015 was approved on December 13, 2024, with an effective date of October 1, 2024.

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

If you have any questions, please contact Rhonda Gray via email at Rhonda.Gray@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Marissa Crump

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name:
Missouri

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.
MO-24-0015

Proposed Effective Date
10/01/2024 (mm/dd/yyyy)

Federal Statute/Regulation Citation
Section 1937 of the Social Security Act, 42 CFR 440.300 et seq.

Federal Budget Impact	Federal Fiscal Year	Amount
First Year	2025	\$ 70535.00
Second Year	2026	\$ 86300.00

Subject of Amendment
This amendment is to add coverage of doula services. Doula services are being added to the Medicaid State Plan under SPA 24-0008.

Governor's Office Review
☒ Governor's office reported no comment
☐ Comments of Governor's office received
Describe:
☐ No reply received within 45 days of submittal
☐ Other, as specified
Describe:

Signature of State Agency Official
Submitted By: Marissa Crump
Last Revision Date: Dec 12, 2024
Submit Date: Dec 2, 2024



Alternative Benefit Plan

State Name: Missouri

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: MO - 24 - 0015

Benefits Description

ABP5

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

No

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Healthy Alliance Life Co (Anthem Blue Cross and Blue Shield)

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

Secretary-Approved



Alternative Benefit Plan

☒ 1. Essential Health Benefit: Ambulatory patient services

Collapse All ☐

Benefit Provided:

Outpatient Hospital Services

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:

Family Planning Services

Source:

State Plan 1905(a)

Remove

Authorization:

Yes

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:

Physician Services

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



Alternative Benefit Plan

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

Certain surgical procedure codes require prior authorization (i.e., bariatric surgery).

Benefit Provided:

Podiatrist Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Limited to medical, surgical and mechanical services for the foot or any area not above the ankle joint.

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

Service limitations apply in the area of physical medicine, hospital visits, house calls, nursing homes, surgery, anesthesia, laboratory, radiology and injections.

Benefit Provided:

Nurse Practitioners/Clinical Nurse Specialist

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:

Physician Assistant

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations



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:

Benefit Provided:

Assistant Physician

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

May only provide primary care services and vaccines within the scope of a collaborative practice arrangement.

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

Benefit Provided:

Chiropractor

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

20 per year

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:

Additional services in excess of 20 per year will be provided if medically necessary.

Benefit Provided:

Anesthesiologist Assistant

Source:

State Plan 1905(a)

Remove

Authorization:

None

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:

Clinic Services

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:

Dental Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Specific service limits

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:

Dental services are limited to the following categories of service and certain services require prior authorization: trauma of the mouth, jaw, teeth or other continuous sites as a result of injury. Certain services have specific quantity limitations.

Benefit Provided:

Hospice

Source:

State Plan 1905(a)

Remove



Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

Two 90-day periods with subsequent 60-day periods

Scope Limit:

Limited to participants with a physician certification of a life expectancy of 6 months or less

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

Participants aged 21 and over who have elected hospice waive services related to care, treatment or services related to their terminal illness unless approved by the hospice and attending physician. Hospice services for a child under the age of 21 may be concurrent with care related to the curative treatment of the child's condition for which a diagnosis of a terminal illness has been made.

Benefit Provided:

Non Emergency Medical Transportation (NEMT)

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Covered when no free appropriate transportation is available.

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

NEMT covers transportation for eligible participants to and from covered services. This service is provided through a broker for fee-for-service participants and through the Managed Care Organizations for participants in managed care. Transportation is arranged through the most appropriate mode (non-emergent ambulance, stretcher van, para-lift van, bus service, multi-passenger van, taxi, public transit/bus tokens, and gas reimbursement for private vehicles). Transportation is covered when the participant does not have access to free appropriate transportation to and from a covered service provide located within travel standards (with some exceptions). Participants are limited to three transportation legs (2 stops) per day unless authorized. NEMT is not covered to a pharmacy, to a durable medical equipment provider that provides free delivery or mail order services, for programs and services that include transportation, for services in an individualized education plan, for services provided in the home, for discharges from a nursing home, or for case management services. Ancillary services (meals and lodging) may be covered for adults and children, and one parent/guardian, if necessary, to accompany a child if the medical appointment requires an overnight stay; and if volunteer, community or other ancillary services are not available free of charge.

Benefit Provided:

Source:

Remove

Authorization:

Prior Authorization

Provider Qualifications:



Alternative Benefit Plan

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:

Emergency Medical Technicians

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:

Paramedics

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:

Transportation

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Emergency ambulance service is provided when an emergency medical situation exists, the participant is transported to the nearest appropriate hospital or emergency room, and the patient could not be safely transported by any other means.



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:

Outpatient Hospital Services

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:

Add



Alternative Benefit Plan

☒ 3. Essential Health Benefit: Hospitalization

Collapse All ☐

Benefit Provided:

Inpatient Hospital

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Certified days

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:

Admission certification is required for inpatient hospital stays unless exempt.

Benefit Provided:

Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

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:

Some services such as transplants, bariatric surgery and others require prior authorization.

Add



Alternative Benefit Plan

☒ 4. Essential Health Benefit: Maternity and newborn care

Collapse All ☐

Benefit Provided:

Nurse Mid-Wife Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

Six weeks post delivery

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:

Family Nurse/Pediatric Nurse Practitioner

Source:

State Plan 1905(a)

Remove

Authorization:

Yes

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:

Free Standing Birth Center

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Services limited to labor and delivery.



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:

Source:

Remove

Authorization:

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

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

Collapse All ☐

- ☒ 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
Behavioral Health 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:		
Services are performed by licensed professional counselors, licensed clinical social workers, licensed marital and family therapists, licensed psychologists, school psychologists and nurse practitioners/clinical nurse specialists.		

Benefit Provided:	Source:	Remove
Community Psychiatric Rehabilitation	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
Comprehensive Substance Treatment & Rehab (CSTAR)	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limitations	No limitations	



Alternative Benefit Plan

Scope Limit:

Limited to participants assessed to need a particular level of CSTAR services.

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

Benefit Provided:

Certified Community Behavioral Health Organization

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:

Inpatient Psychiatric Facility Services (under 22)

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Only for participants under age 22.

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

Services are limited to participants medically certified as requiring this level of care in accordance 42 CFR 441.152. Participants ages 19-20 may receive this benefit. Services are limited to under age 21, but if receiving the service immediately prior to age 21 the service may not extend beyond the earlier of the date the services are no longer required or the date the participant turns age 22.

Benefit Provided:

Inpatient Hospital - Detoxification

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Detoxification services, the acute phase of alcohol or drug abuse, are covered. Alcohol and drug rehabilitation services are not covered as inpatient services.

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

Inpatient stays must be certified. Initial certification is for three days but may be extended to five days if medically necessary. Additional days may be certified after physician review.

Benefit Provided:

Source:

Remove

Authorization:

Prior Authorization

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

☒ 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:

Missouri ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescription drugs.

Clinical Edits and PDL Documents <https://dss.mo.gov/mhd/cs/pharmacy/pages/clinedit.htm>

Other Prior Authorization information <https://dss.mo.gov/mhd/cs/pharmacy/pages/frequpdat.htm>



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
Inpatient hospital - Rehabilitative	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	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:		
Admission certification is required for all inpatient hospital stays. The rehabilitative hospital services are acute care hospitals and are not IMD.		

Benefit Provided:	Source:	Remove
Skilled Nursing Facility 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:		
Level of care and pre-admission screening requirements must be met.		

Benefit Provided:	Source:	Remove
Durable Medical Equipment/Prosthetics	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Specific item have quantity limitations	No limitations	



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:

Specific items require prior authorization. Specific items have quantity limitations. All items require a prescription by a qualified prescriber.

Benefit Provided:

Complementary Med and Alternatives to Pain Mgmt

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

30 hours/120 units

Duration Limit:

Calendar Year

Scope Limit:

Includes physical therapy, chiropractic and acupuncture services

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

Limits apply to either a single service or services combined per rolling calendar year. Additional hours/units may be approved if determined medically necessary after clinical review.

Benefit Provided:

Outpatient Hospital Cardiac Rehabilitation

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

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:

Home Health

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

100 visits per calendar year

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:

The combination skilled nurse visits and home health aide visits is limited to 100 per calendar year.

Benefit Provided:

Habilitative Services

Source:

Other state-defined

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Other

Amount Limit:

20 Visits

Duration Limit:

No limitation

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:

Covered services include physical therapy, occupational therapy and speech-language pathology. Services shall be provided by qualified providers in accordance with 42 CFR 440.110. The combination of habilitative physical and occupational therapy and speech-language pathology shall be limited to 20 visits per year. There is no lifetime limit on habilitative services.

Benefit Provided:

Personal Care Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Average Nursing Facility Cost

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:

Personal care services are medically oriented services provided in the individual's home, community or licensed residential care facility I or II to assist with activities of daily living and/or instrumental activities of daily living. Personal care services are provided in accordance with a service plan approved by the state or ordered by a physician. Individuals must be assessed as meeting nursing facility level of care.



Alternative Benefit Plan

Benefit Provided:

Source:

Remove

Authorization:

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

☒ 8. Essential Health Benefit: Laboratory services

Collapse All ☐

Benefit Provided:

Laboratory and X-ray Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

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:

Some procedures require prior authorization.

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
Preventive Care/Screening/Immunization	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limitations	No limitations	
Scope Limit:		
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
Diabetes Prevention Program Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
26 sessions	12 months	
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:		
An additional 12 months of service with a maximum of 4 additional sessions may be prior authorized.		

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:

Prior Authorization

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:

Add



Alternative Benefit Plan

<input type="checkbox"/> 11. Other Covered Benefits from Base Benchmark	Collapse All <input type="checkbox"/>
---	---------------------------------------



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 or Injury

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:

Duplication - This base benchmark benefit is covered under Physician Services and Nurse Practitioner/Clinical Nurse Specialist placed within EHB-1.

Base Benchmark Benefit that was Substituted:

Specialist visit

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:

Duplication - This base benchmark benefit is covered under Physician Services and Family Planning Services placed within EHB-1.

Base Benchmark Benefit that was Substituted:

Other Practitioner Office Visit

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:

Duplication - This base benchmark benefit is covered under Nurse Practitioner/Clinical Nurse Specialist, Physician Assistant, Assistant Physician, and Anesthesiologist Assistant placed within EHB-1.

Base Benchmark Benefit that was Substituted:

Outpatient Facility Fee

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:

Duplication - This base benchmark benefit is covered under Outpatient Hospital Services and Clinic Services placed within EHB-1.

Base Benchmark Benefit that was Substituted:

Outpatient Surgery Physician/Surgical 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:

Duplication - This base benchmark benefit is covered under Physician Services, Clinic Services and Outpatient Hospital Services placed within EHB-1.

Base Benchmark Benefit that was Substituted:

Hospice Services

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:

Duplication - This base benchmark benefit is covered under Hospice Services placed within EHB-1.

Base Benchmark Benefit that was Substituted:

Private-Duty Nursing

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:

Substitution - This base benchmark benefit is substituted with Non-Emergency Medical Transportation placed within EHB-1.

Base Benchmark Benefit that was Substituted:

Urgent Care Centers or Facilities

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:

Duplication - This base benchmark benefit is covered under Clinic and Outpatient Hospital placed within EHB-1.

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:

Duplication - This base benchmark benefit is covered under Home Health Services placed within EHB-7.

Base Benchmark Benefit that was Substituted:

Emergency Room 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:

Duplication- This base benchmark benefit is covered under Outpatient Hospital Services placed within EHB-2.

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:

Duplication - This base benchmark benefit is covered under Transportation, Paramedics and Emergency Medical Technicians placed within EHB-2.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Inpatient 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: Duplication - This base benchmark benefit is covered under Inpatient Hospital placed within EHB-3; and Inpatient Rehabilitation placed within EHB-7.		
Base Benchmark Benefit that was Substituted: Inpatient Physician and Surgical 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: Duplication - This base benchmark benefit is covered under Physician Services placed within EHB-3.		
Base Benchmark Benefit that was Substituted: Skilled Nursing 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: Duplication - This base benchmark benefit is covered under Skilled Nursing Facility placed within EHB-7.		
Base Benchmark Benefit that was Substituted: Prenatal and Postnatal 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: Duplication - This base benchmark benefit is covered under Physician Services, Nurse Practitioner/Clinical Nurse Specialist, Assistant Physician and Physician Assistant placed within EHB-1; and Family Nurse Practitioner/Pediatric Nurse Practitioner placed within EHB-4.		
Base Benchmark Benefit that was Substituted: Delivery and All Inpatient Services for Maternity	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: Duplication - This base benchmark benefit is covered under Inpatient Hospital placed within EHB-3; Nurse Mid-Wife and Free Standing Birth Center covered under EHB-4; and Physician Services placed within EHB-1.		
Base Benchmark Benefit that was Substituted: Mental/Behavioral Health Outpatient Services	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:

Duplication - This base benchmark benefit is covered under Behavioral Health Services (performed by licensed professional counselors, licensed clinical social workers, licensed marital and family therapists, psychologists, school psychologists, nurse practitioner/clinical nurse specialist), Community Psychiatric Rehabilitation, and Community Behavioral Health Organizations (CCBHO) placed within EHB-5; and Physician Services (psychiatrists), Outpatient Hospital Services and Clinic Services placed within EHB-1.

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:

Duplication - This base benchmark benefit is covered under Inpatient Hospital placed under EHB-3; Physician Services placed under EHB-1; and Inpatient Psychiatric Facility Services (under age 22) placed within EHB-5.

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:

Duplication - This base benchmark benefit is covered under Comprehensive Substance and Rehabilitation Services and Certified Community Behavioral Health Organizations (CCBHO) services placed within EHB-5.

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:

Duplication - This base benchmark benefit is covered under Inpatient Hospital-Detoxification Services placed within EHB-5.

Base Benchmark Benefit that was Substituted:

Generic 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:

Duplication- This base benchmark benefit is covered under Outpatient Drugs placed within EHB-6.

Base Benchmark Benefit that was Substituted:

Preferred Brand 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:



Alternative Benefit Plan

Duplication - This base benchmark benefit is covered under Outpatient Drugs placed within EHB-6.

Base Benchmark Benefit that was Substituted:

Non-Preferred Brand 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:

Duplication - This base benchmark benefit is covered under Outpatient Drugs placed within EHB-6.

Base Benchmark Benefit that was Substituted:

Specialty 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:

Duplication - This base benchmark benefit is covered under Outpatient Drugs placed within EHB-6.

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:

This base benchmark benefit is covered under Outpatient Hospital Cardiac Rehabilitation and Home Health placed within EHB-7; and Community Psychiatric Rehabilitation and Comprehensive Substance Treatment and Rehabilitation Services placed within EHB-5.

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:

Duplication - This base benchmark benefit is covered under Habilitative Services placed within EHB-7.

Base Benchmark Benefit that was Substituted:

Chiropractic 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:

Duplication - This base benchmark benefit is covered under Chiropractor placed within EHB-1.



Alternative Benefit Plan

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: Duplication - This base benchmark benefit is covered under Durable Medical Equipment/Prosthetics placed within EHB-7.		
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: Duplication - This base benchmark benefit is covered under Laboratory and X-Ray Services placed under EHB-8.		
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: Duplication - This base-benchmark service is covered under Physician Services, Assistant Physician, Physician Assistant, Nurse Practitioner/Clinical Nurse Specialist placed within EHB-1, Preventive Care/Screening/Immunization and Diabetes Prevention Services placed within EHB-9, EPSDT Services placed within EHB-10.		
Base Benchmark Benefit that was Substituted: Routine Foot 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: Duplication - This base benchmark benefit is covered under Podiatrist Services placed within EHB-1.		
Base Benchmark Benefit that was Substituted: Routine Eye Exam 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: Duplication - This base benchmark benefit is covered under EPSDT placed within EHB-10.		
Base Benchmark Benefit that was Substituted: Eye Glasses for Children	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:

Duplication - This base benchmark benefit is covered under EPSDT placed within EHB-10.

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:

Duplication - This base benchmark benefit is covered under EPSDT placed within EHB-10.

Base Benchmark Benefit that was Substituted:

Rehabilitative 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:

Substitution: This base benchmark benefit is substituted with Personal Care Services placed within EHB-7.

Base Benchmark Benefit that was Substituted:

Rehabilitative Occupational and 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:

Duplication - This base benchmark benefit is covered under Complementary Medicine and Alternatives to Chronic Pain Management placed within EHB-7.

Substitution - This base benchmark benefit is substituted with Personal Care Services placed within EHB-7.

Base Benchmark Benefit that was Substituted:

Laboratory Outpatient and Professional 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:

Duplication - This base benchmark benefit is covered under Laboratory and X-Ray Services placed within EHB-8, and Physician Services placed within EHB-1.

Base Benchmark Benefit that was Substituted:

X-rays and Diagnostic Imaging

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:

Duplication - This base benchmark benefit is covered under Laboratory and X-Ray Services placed within EHB-8, and Physician Services placed within EHB-1.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Basic Dental Care - Child

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:

Duplication - This base benchmark benefit is covered under EPSDT Services placed within EHB-10.

Base Benchmark Benefit that was Substituted:

Orthodontia - Child

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:

Duplication - This base benchmark benefit is covered under EPSDT Services placed within EHB-10.

Base Benchmark Benefit that was Substituted:

Major Dental Care - Child

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:

Duplication - This base benchmark benefit is covered under EPSDT Services placed within EHB-10.

Base Benchmark Benefit that was Substituted:

Transplant

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:

Duplication - This base benchmark benefit is covered under Clinic Services and Physician Services placed within EHB-1, and Inpatient Hospital placed within EHB-3.

Base Benchmark Benefit that was Substituted:

Accidental Dental

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:

Duplication - This base benchmark benefit is covered under Dental Services placed within EHB-1.

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:



Alternative Benefit Plan

Duplication - This base benchmark benefit is covered under Clinic Services and Outpatient Hospital Services placed within EHB-1, and Inpatient Hospital placed within EHB-3.

Base Benchmark Benefit that was Substituted:

Allergy Testing

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:

Duplication - This base benchmark benefit is covered under Physician Services placed within EHB-1.

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:

Duplication - This base benchmark benefit is covered under Outpatient Hospital, Clinic and Physician Services placed within EHB-1.

Base Benchmark Benefit that was Substituted:

Radiation

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:

Duplication - This base benchmark benefit is covered under Outpatient Hospital, Clinic and Physician Services placed within EHB-1, and Laboratory and X-Ray Services placed within EHB-8.

Base Benchmark Benefit that was Substituted:

Diabetes 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:

Duplication - This base benchmark benefit is covered under Diabetes Prevention Program Services placed within EHB-9.

Base Benchmark Benefit that was Substituted:

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:

Duplication - This base benchmark benefit is covered under Durable Medical Equipment/Prosthetics placed within EHB-7.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Infusion 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:

Duplication - This base benchmark benefit is covered under Outpatient Hospital Services and Clinic Services placed within EHB-1, and Home Health placed within EHB-7.

Base Benchmark Benefit that was Substituted:

Treatment for Temporomandibular Joint Disorders

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:

Duplication - This base benchmark benefit is covered under Physician Services placed within EHB-1.

Base Benchmark Benefit that was Substituted:

Nutritional 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:

Duplication - This base benchmark benefit is covered under Diabetes Prevention Program Services placed within EHB-9, and Physician Services, Nurse Practitioner/Clinical Nurse Specialist, Assistant Physician and Physician Assistant placed within EHB-1.

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:

Duplication - This base bench mark benefit is covered under Physician Services, Outpatient Hospital, and Clinic Services placed within EHB-1, and Inpatient Hospital placed within EHB-3.

Add



Alternative Benefit Plan

☒ 13. Other Base Benchmark Benefits Not Covered Collapse All ☐

Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source:	Remove
Hearing Aids	Base Benchmark	
Explain why the state/territory chose not to include this benefit:		
Service is not covered in the base-benchmark for adults or children older than newborns.		
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source:	Remove
Well Baby Visits and Care	Base Benchmark	
Explain why the state/territory chose not to include this benefit:		
This ABP is for participants in the age range of 19-64.		
Add		



Alternative Benefit Plan

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

Collapse All ☐

Other 1937 Benefit Provided:

Rural Health Clinic Services

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:

Other 1937 Benefit Provided:

Federally Qualified Health Center (FQHC)

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:

Other 1937 Benefit Provided:

Long-Term Nursing Facility Services

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:

Level of care and pre-admission screening requirements must be met.



Alternative Benefit Plan

Other 1937 Benefit Provided:	Source:	Remove
Skilled Nursing Facility for Under 21	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limitations	No limitations	
Scope Limit:		
Participants under age 21		
Other:		
Certification by the State Medical Consultant as requiring a skilled nursing level of care		

Other 1937 Benefit Provided:	Source:	Remove
Intermediate Care Facility Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limitations	No limitations	
Scope Limit:		
No limitations		
Other:		
Level of care and pre-admission screening requirements must be met.		

Other 1937 Benefit Provided:	Source:	Remove
Intermediate Care Facility for Mentally Retarded	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limitations	No limitations	
Scope Limit:		
No limitations		
Other:		
Level of care and pre-admission screening requirements must be met.		



Alternative Benefit Plan

Other 1937 Benefit Provided:

Optometrist

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

One exam per year unless authorized

Duration Limit:

No limitation

Scope Limit:

No limitation

Other:

Additional examination may be authorized if medically necessary.

Other 1937 Benefit Provided:

Eyeglasses

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

One pair every two years

Duration Limit:

No limitations

Scope Limit:

No limitations

Other:

Additional lenses may be authorized if medically necessary.

Other 1937 Benefit Provided:

Dental - basic

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Specific service limitations

Duration Limit:

No limitations

Scope Limit:

No limitations



Alternative Benefit Plan

Other:

Dental services are limited to the following categories of service and certain services require prior authorization: trauma of the mouth, jaw, teeth or other continuous sites as a result of injury; treatment of a disease/medical condition without which the health of the individual would be adversely affected; preventive services; restorative services; periodontal treatment; oral surgery; extractions; radiographs; pain evaluation and relief; infection control; and general anesthesia. Certain services have specific quantity limitations.

Other 1937 Benefit Provided:

Extended Services for Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies by service

Duration Limit:

During pregnancy and 60 days post partum

Scope Limit:

Varies by service

Other:

Other 1937 Benefit Provided:

Targeted Case Management for Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

During pregnancy and 60 days post partum

Scope Limit:

No limitations

Other:

Other 1937 Benefit Provided:

PACE

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Yes

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other:

Individuals must be age 55 or over and meet nursing home level of care.

Other 1937 Benefit Provided:

Targeted Case Management-Developmental Disability

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:

Individuals with a developmental disability

Other:

Other 1937 Benefit Provided:

Targeted Case Management - Youth - Mental Health

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

No limitation

Scope Limit:

Children and youth with a serious psychiatric disorder

Other:

Other 1937 Benefit Provided:

Targeted Case Management - Adult - Mental Health

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove



Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Individuals ages 16 and over suffering from chronic mental illness

Other:

Other 1937 Benefit Provided:

Community Mental Health Center - Health Home

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:

Meet criteria as specified in the Medicaid State Plan.

Other 1937 Benefit Provided:

Primary Care Health Home

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:

Meet criteria as specified in the Medicaid State Plan.



Alternative Benefit Plan

Other 1937 Benefit Provided:

Medication Therapy Managment Service

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 limitation

Other:

Medication Therapy Management (MTM) services are initiated by a rules engine that juries an individual's claim history, including medication and diagnostic information in conjunction with nationally recognized evidence-based practices, and flags individuals for potential MTM intervention.

Other 1937 Benefit Provided:

Smoking Cessation Treatment Program

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

two twelve week quit attempts per lifetime

Duration Limit:

twelve weeks

Scope Limit:

no limitations

Other:

Individuals are allowed two twelve week quit attempts per lifetime. Pregnant women may have two twelve week quit attempts per pregnancy.

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:

Other

Scope Limit:

See Other

Other:

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



Alternative Benefit Plan

Other 1937 Benefit Provided:

Biosychosocial Treatment of Obesity

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none

Scope Limit:

See other

Other:

Biopsychosocial Treatment of Obesity Services provide integrated medical nutrition therapy and behavioral health services, coordinated by the primary care or referring physician, or other licensed practitioner of the healing arts, to facilitate behavior changes to manage obesity and associated co-morbidities.

Other 1937 Benefit Provided:

Routine Patient Cost in Qualifying Clinical Trials

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

Varies

Other:

See Attachment 3.1-A, Item 30 - Coverage of Routine Patient Cost in Qualifying Clinical trials in Missouri's Medicaid State Plan.

Other 1937 Benefit Provided:

Developmental Disabilities Health Home

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:

Authorization: Individuals must be enrolled in the DD Health Home for the service to be covered. Individuals must meet criteria specified in the Medicaid State Plan.



Alternative Benefit 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:

See other

Duration Limit:

Prenatal and postpartum (12 months after delivery)

Scope Limit:

See other

Other:

Authorization: Individuals must meet criteria specified in the Medicaid State Plan.

Amount Limit: See Attachment 3.1-A item 13.c and item 20 in Missouri's Medicaid State Plan.

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