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**State/Territory Name: New Hampshire**

**State Plan Amendment (SPA) #: 24-0022**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Page (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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September 16, 2024

Lori A. Weaver  
Commissioner  
Department of Health and Human Services  
129 Pleasant Street  
Concord, NH 03301

Re: New Hampshire State Plan Amendment (SPA) 24-0022

Dear Commissioner Weaver:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0022. This amendment is being submitted to New Hampshire's Alternative Benefit State Plan to demonstrate and ensure that community-based mobile crisis intervention services are provided to New Hampshire Medicaid beneficiaries as outlined in Section 9813 of the American Rescue Plan of 2021.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Section 1947(d) of the Social Security Act. This letter informs you that New Hampshire's Medicaid SPA TN 24-0022 was approved on September 16, 2024, effective April 1, 2024.

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

If you have any questions, please contact Joyce Butterworth at (857) 357-6375 or via email at [Joyce.Butterworth@cms.hhs.gov](mailto:Joyce.Butterworth@cms.hhs.gov).

Sincerely,

A large black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Henry Lipman, State Medicaid Director  
Dawn Tierney, Medicaid Business and Policy

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

State/Territory name: **New Hampshire**

Transmittal Number:

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

NH-240022

Proposed Effective Date

04/01/2024 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1905(a)(29) of the SSA

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2024	\$ 303676.00
Second Year	2025	\$ 607351.00

Subject of Amendment

Mandatory Medicaid State Plan Coverage of Mobile Crisis Services

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:

comments if any, will follow.

Signature of State Agency Official

Submitted By:

Jody Farwell

Last Revision Date:

Sep 4, 2024

Submit Date:

Jun 24, 2024



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: NH - 24 - 0022

Alternative Benefit Plan Populations			ABP1
Identify and define the population that will participate in the Alternative Benefit Plan.			
Alternative Benefit Plan Population Name: <input type="text" value="New Hampshire Adult Group"/>			
Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.			
Eligibility Groups Included in the Alternative Benefit Plan Population:			
	Eligibility Group:	Enrollment is mandatory or voluntary?	
<b>+</b>	Adult Group	Mandatory	<b>X</b>
Enrollment is available for all individuals in these eligibility group(s). <input type="text" value="Yes"/>			
<b>Geographic Area</b>			
The Alternative Benefit Plan population will include individuals from the entire state/territory. <input type="text" value="Yes"/>			
Any other information the state/territory wishes to provide about the population (optional)			
Effective January 1, 2019, New Hampshire will provide coverage to all members of the adult group through its Medicaid managed care network. In order to be eligible for the ABP, individuals must meet the eligibility requirements of the adult group (1902(a)(10)(A)(i)(VIII)(42 CFR 435.119) and the requirements of the 1115 demonstration. Adults in the Granite Advantage demonstration will receive the 10 Essential Health Benefits through this ABP, which will be aligned with the New Hampshire Medicaid State Plan benefit package for ease of administration.			

## 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: NH - 24 - 0022

## 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.

New Hampshire has fully aligned the benefits in its ABP with its approved Medicaid state plan. Services in the EHB base benchmark plan that are not included in the current state plan will be added to the state plan to ensure full alignment.

### PRA Disclosure Statement

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V.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: NH - 24 - 0022

## 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:

ABP benefits and limitations are commensurate with the State Plan. (1) The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP 5; and (2) The state assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid State Plan.

### 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):

See New Hampshire Aligned Medicaid ABP5.

### PRA Disclosure Statement

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V.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: NH - 24 - 0022

Alternative Benefit Plan Cost-Sharing	ABP4
<p>Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.</p> <p>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.</p> <p>The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A. <input type="text" value="No"/></p> <p>Other Information Related to Cost Sharing Requirements (optional):</p> <p>Cost sharing is described on pages G1-G3 of the cost sharing sections of the state plan. These state plan pages have superseded Attachment 4.18-A.</p>	

## PRA Disclosure Statement

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V.20160722





# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: NH - 24 - 0022

Benefits Description	ABP5
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="The base benchmark plan is the Matthew Thornton Blue Health Plan, supplemented with FEDVIP pediatric oral and vision benefits."/>	
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
Physician Visits	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Excludes coverage for reversal of voluntary sterilization, sclerotherapy for varicose veins and treatment of spider veins.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Includes physician, primary care, and specialist visits as well as physician/surgical services for outpatient surgery. Specialist visit benefits are available to determine the cause of medically documented infertility and the treatment of that underlying medical condition; does not include artificial insemination, assisted reproductive technologies or diagnostic tests to support AI or AIT. Prior authorization required for the following surgical services: bariatric surgery, breast reduction, blepharoplasty, panniculectomy, septoplasty, and rhinoplasty.		

  

Benefit Provided:	Source:	Remove
Other Licensed Practitioner Visits	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Excludes coverage for reversal of voluntary sterilization, sclerotherapy for varicose veins and treatment of spider veins.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Includes Advance Practice Registered Nurse, Physician Assistant, Nurse Practitioner, Certified Midwives, Ophthalmologists/Optometrists, and Podiatrists consistent with their scope of practice. Includes physician, primary care, and specialist visits as well as physician/surgical services for outpatient surgery. Specialist visit benefits are available to determine the cause of medically documented infertility and the treatment of that underlying medical condition; does not include artificial insemination, assisted reproductive technologies or diagnostic tests to support AI or AIT. Prior authorization required for the following surgical services: bariatric surgery, breast reduction, blepharoplasty, panniculectomy, septoplasty, and rhinoplasty.		

  

Benefit Provided:	Source:	Remove
Outpatient Hospital	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	



## Alternative Benefit Plan

Amount Limit: None		Duration Limit: None
Scope Limit: Excludes coverage for reversal of voluntary sterilization; sclerotherapy for varicose veins and treatment of spider veins.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Outpatient services for specialist services are available to determine the cause of medically documented infertility and the treatment of that underlying medical condition; does not include artificial insemination, assisted reproductive technologies or diagnostic tests to support AI or AIT. Includes dialysis treatment.		
Benefit Provided: Hospice Services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:  		
Benefit Provided: FQHC/RHC Services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Federally Qualified Health Center (FQHC) and Rural Health Center (RHC) services include physician, primary care, and specialist visits. Specialist visit benefits are available to determine the cause of medically documented infertility and the treatment of that underlying medical condition; does not include artificial insemination, assisted reproductive technologies or diagnostic tests to support AI or AIT.		



# Alternative Benefit Plan

Benefit Provided:	Source:	Remove
<input type="text"/>	<input type="text"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<input type="text"/>	
Amount Limit:	Duration Limit:	
<input type="text"/>	<input type="text"/>	
Scope Limit:		
<input type="text"/>		
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

### 2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:	Source:	Remove
Outpatient Hospital/Emergency Hospital Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Includes emergency room and urgent care		

  

Benefit Provided:	Source:	Remove
Emergency Transportation/Ambulance and Air Amb	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		

  

Benefit Provided:	Source:	Remove
Authorization:	Provider Qualifications:	
None		
Amount Limit:	Duration Limit:	
Scope Limit:		



## Alternative Benefit Plan

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:	Source:	Remove
Inpatient Hospital Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Excludes coverage for reversal of voluntary sterilization; sclerotherapy for varicose veins and treatment of spider veins, and convenience services.		
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 out-of-state inpatient hospitalization.		

  

Benefit Provided:	Source:	Remove
Physician Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Excludes coverage for reversal of voluntary sterilization, sclerotherapy for varicose veins and treatment of spider veins.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Prior authorization required for the following surgical services: bariatric surgery, breast reduction, blepharoplasty, panniculectomy, septoplasty, and rhinoplasty; must meet PA coverage criteria and have lost at least 15% of body weight prior to scheduling bariatric surgery. Service includes reconstructive surgery. Services are available to determine the cause of medically documented infertility and the treatment of that underlying medical condition; does not include artificial insemination, assisted reproductive technologies or diagnostic tests to support AI or AIT. Human organ and tissue transplants are covered, including bone marrow and stem cell transplants.		

  

Benefit Provided:	Source:	Remove
Other Licensed Practitioner	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	



## Alternative Benefit Plan

<p>Scope Limit:</p> <p>As under physician if OLP is providing such services.</p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <p>As under physician if OLP is providing such services.</p>		
Benefit Provided:	Source:	Remove
<p>None</p>		
Authorization:	Provider Qualifications:	
<p>None</p>		
Amount Limit:	Duration Limit:	
<p></p>	<p></p>	
<p>Scope Limit:</p> <p></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <p></p>		
Add		





## Alternative Benefit Plan

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

Collapse All

Benefit Provided:	Source:	Remove
Physician Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Excludes coverage for surrogate parenting or gestational carriers		
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
Inpatient hospital services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Excludes delivery and inpatient coverage for surrogate parenting or gestational carriers		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Minimum stay must allow for coverage for at least 48 hours		

  

Benefit Provided:	Source:	Remove
Other licensed practitioner services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Includes APRNs, nurse midwives, certified pediatric and family nurse practitioners, certified midwives. Excludes delivery and inpatient coverage for surrogate parenting or gestational carriers		



## Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <div></div>		
Benefit Provided: FQHC/RHC services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Excludes coverage for surrogate parenting or gestational carriers		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <div></div>		
Benefit Provided: Tobacco Cessation for Pregnant Women	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: 8 counseling sessions per each of 2 quit attempts	Duration Limit: None	
Scope Limit: Limits can be exceeded via prior authorization based on medical necessity.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <div></div>		
Benefit Provided: Home health services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	



## Alternative Benefit Plan

Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
Benefit Provided: <input type="text" value="Extended services to pregnant women"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<a href="#">Remove</a>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
Benefit Provided: <input type="text" value="Freestanding birthing centers"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<a href="#">Remove</a>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Excludes delivery and inpatient coverage for surrogate parenting or gestational carriers"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
Benefit Provided: <input type="text" value="Family Planning Services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<a href="#">Remove</a>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	



# Alternative Benefit Plan

Amount Limit:  

None

Duration Limit:  

None

Scope Limit:  

None

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

Add



## Alternative Benefit Plan

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

[Collapse All](#)

Benefit Provided:	Source:	<a href="#">Remove</a>
Mental Health Services (dx, screen, prev, rehab)	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See below.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Provided under "other diagnostic, screening, preventive, and rehabilitative" services and known as "community mental health services." The \$1,800 limit per recipient/fiscal year may be exceeded if the recipient is certified to meet the DBH eligibility category criteria. Those who are adults with severe or severe and persistent mental illness with low service utilization are limited to \$4,000 which may be exceeded via request to waive. Benefits are available for outpatient treatment for mental health care and substance abuse care, partial hospitalizations, and day/night visits. Benefit does not include services provided in an IMD.		

  

Benefit Provided:	Source:	<a href="#">Remove</a>
IMD over 65 services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		

  

Benefit Provided:	Source:	<a href="#">Remove</a>
SUD - other dx, screening, prev, rehab	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	



## Alternative Benefit Plan

Scope Limit: <input type="text" value="See below."/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Substance Abuse Disorder Services (SUD) are provided under 'other diagnostic, screening, preventive, and rehabilitative' services. Benefits are available for outpatient treatment for mental health care and substance abuse care, partial hospitalizations, and day/night visits. Benefits are available for inpatient hospital services or residential treatment center facility for mental health care; inpatient rehabilitation treatment for substance abuse care in a hospital or substance abuse treatment facility; partial hospitalizations; and day/night visits. SUD includes clinic service of methadone clinics. Benefit does not include services provided in an IMD."/>		
Benefit Provided: <input type="text" value="Inpatient hospital services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<a href="#">Remove</a>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Prior authorization required for out of state, inpatient hospitalization. Acute care services only."/>		
Benefit Provided: <input type="text" value="Inpatient psychiatric services, under 22"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<a href="#">Remove</a>
Authorization: <input type="text" value="Prior Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
Benefit Provided: <input type="text" value="Other licensed practitioner services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<a href="#">Remove</a>



## Alternative Benefit Plan

Authorization: <input type="text" value="None"/>		Provider Qualifications: <input type="text" value="Medicaid State Plan"/>		
Amount Limit: <input type="text" value="None"/>		Duration Limit: <input type="text" value="None"/>		
Scope Limit: <input type="text" value="None"/>				
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>				
Benefit Provided: <input type="text" value="Physician services"/>		Source: <input type="text" value="State Plan 1905(a)"/>		<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>		Provider Qualifications: <input type="text" value="Medicaid State Plan"/>		
Amount Limit: <input type="text" value="None"/>		Duration Limit: <input type="text" value="None"/>		
Scope Limit: <input type="text" value="None"/>				
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>				
Benefit Provided: <input type="text"/>		Source: <input type="text"/>		<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>		Provider Qualifications: <input type="text"/>		
Amount Limit: <input type="text"/>		Duration Limit: <input type="text"/>		
Scope Limit: <input type="text"/>				
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>				
<input type="button" value="Add"/>				



## Alternative Benefit Plan

### 6. Essential Health Benefit: Prescription drugs

#### Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

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 ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.





## Alternative Benefit Plan

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

Collapse All

Benefit Provided: Home Health Care Services	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: 20 visit limit/year each therapy type	Duration Limit: None	
Scope Limit: No benefits are available for custodial care.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Includes home health, DME, supplies, and home health-PT/OT/ST services; 20 visit limit applies to therapies and there is a separate 20 visit limit for each type. Therapies provided via home health are combined with therapies provided via independent therapists when counting toward the limit.		

  

Benefit Provided: Physical, Occupational, Speech Therapy	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: 20 visits/year for each therapy type	Duration Limit: None	
Scope Limit: See below.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: There is a separate 20 visit limit for each of the following types of therapies physical, occupational, speech. Benefit limits are shared between outpatient rehabilitation and habilitation services, but the limit can be exceeded based on medical necessity. Prior authorization is required only for services over the limit.		

  

Benefit Provided: Inpatient hospital	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		



## Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Coverage for cardiac rehabilitation and respiratory therapy.		
Benefit Provided: Outpatient hospital services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Coverage for cardiac rehabilitation and respiratory therapy		
Benefit Provided: Habilitation Services	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: 20 visits/year for each therapy type	Duration Limit: None	
Scope Limit: See below.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: There is a separate 20 visit limit for each of the following types of therapies physical, occupational, speech. Benefit limits are shared between outpatient rehabilitation and habilitation services, but the limit can be exceeded based on medical necessity. Prior authorization is required only for services over the limit.		
Benefit Provided: Prosthetics	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	



## Alternative Benefit Plan

Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Benefits are available for prosthetic devices supported by a letter of medical necessity. Monaural and binaural hearing aids covered as determined medically necessary by the practitioner."/>		
Benefit Provided: <input type="text" value="Skilled Nursing Facility Services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Yes"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Individual must meet functional assessment/level of care criteria"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Skilled level nursing facility services are covered for care that is not long-term custodial care."/>		
Benefit Provided: <input type="text"/>	Source: <input type="text"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text"/>	
Amount Limit: <input type="text"/>	Duration Limit: <input type="text"/>	
Scope Limit: <input type="text"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
<input type="button" value="Add"/>		



## Alternative Benefit Plan

### 8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:	Source:	Remove
Other Lab and X-Ray Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
No benefits are available for diagnostic x-rays in connection with research or study. Prior authorization is required for the following types of imaging: CT, PET, MRI, MRA, and nuclear cardiology.		

  

Benefit Provided:	Source:	Remove
Authorization:	Provider Qualifications:	
Yes		
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

### 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
Physician Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<p>The preventive care benefit includes the following: (1) all services listed on the USPSTF A and B lists; (2) Advisory Committee for Immunization Practices (ACIP) recommended vaccines; (3) preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and (4) additional preventive services for women recommended by the Institute of Medicine (IOM) and HRSA. This benefit includes family planning services and contraceptive coverage, consistent with the requirements of the additional preventive services for women recommended by the IOM and HRSA. Specifically, the preventive services benefit includes all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.</p>		

Benefit Provided:	Source:	Remove
Other licensed practitioners	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<p>The preventive care benefit includes the following: (1) all services listed on the USPSTF A and B lists; (2) Advisory Committee for Immunization Practices (ACIP) recommended vaccines; (3) preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and (4) additional preventive services for women recommended by the Institute of Medicine (IOM) and HRSA. This benefit includes family planning services and contraceptive coverage, consistent with the requirements of the additional preventive services for women recommended by the IOM and HRSA. Specifically, the preventive services benefit includes all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.</p>		



## Alternative Benefit Plan

Benefit Provided:	Source:	Remove
FQHC/RHC	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
The preventive care benefit includes the following: (1) all services listed on the USPSTF A and B lists; (2) Advisory Committee for Immunization Practices (ACIP) recommended vaccines; (3) preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and (4) additional preventive services for women recommended by the Institute of Medicine (IOM) and HRSA. This benefit includes family planning services and contraceptive coverage, consistent with the requirements of the additional preventive services for women recommended by the IOM and HRSA. Specifically, the preventive services benefit includes all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.		

Benefit Provided:	Source:	Remove
EPSDT	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
The preventive care benefit includes the following: (1) all services listed on the USPSTF A and B lists; (2) Advisory Committee for Immunization Practices (ACIP) recommended vaccines; (3) preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and (4) additional preventive services for women recommended by the Institute of Medicine (IOM) and HRSA. This benefit includes family planning services and contraceptive coverage, consistent with the requirements of the additional preventive services for women recommended by the IOM and HRSA. Specifically, the preventive services benefit includes all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.		

Benefit Provided:	Source:	Remove
Nicotine Cessation Counseling	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	



## Alternative Benefit Plan

Amount Limit:	Duration Limit:	
8 counseling sessions per each of 2 quit attempts	None	
Scope Limit:		
Limits can be exceeded via prior authorization based on medical necessity.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
The preventive care benefit includes the following: (1) all services listed on the USPSTF A and B lists; (2) Advisory Committee for Immunization Practices (ACIP) recommended vaccines; (3) preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and (4) additional preventive services for women recommended by the Institute of Medicine (IOM) and HRSA. This benefit includes family planning services and contraceptive coverage, consistent with the requirements of the additional preventive services for women recommended by the IOM and HRSA. Specifically, the preventive services benefit includes all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.		
Benefit Provided:	Source:	Remove
Lactation Consultation Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
The preventive care benefit includes the following: (1) all services listed on the USPSTF A and B lists; (2) Advisory Committee for Immunization Practices (ACIP) recommended vaccines; (3) preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and (4) additional preventive services for women recommended by the Institute of Medicine (IOM) and HRSA. This benefit includes family planning services and contraceptive coverage, consistent with the requirements of the additional preventive services for women recommended by the IOM and HRSA. Specifically, the preventive services benefit includes all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.		
		Add



## Alternative Benefit Plan

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

Collapse All

Benefit Provided:	Source:	Remove
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
EPSDT will apply for all 19 and 20 year olds. Prior authorization required for the following dental services: comprehensive and interceptive orthodontics, dental orthotic devices, surgical periodontal treatment, and extraction of asymptomatic teeth. Routine eye exam to determine need for glasses is covered. These benefits may be provided under state plan physician, OLP, FQHC/RHC, EPSDT, and dental services. All medically necessary mandatory and optional Medicaid benefits are provided under EPSDT.		

  

Benefit Provided:	Source:	Remove
Medicaid State Plan EPSDT Benefits		
Authorization:	Provider Qualifications:	
Yes		
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:		

  

Benefit Provided:	Source:	Remove
Medicaid State Plan EPSDT Benefits		
Authorization:	Provider Qualifications:	
Amount Limit:	Duration Limit:	
Scope Limit:		

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## Alternative Benefit Plan

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

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
<div style="border: 1px solid black; padding: 2px;">Base Benchmark Benefit that was Substituted:</div> <div style="border: 1px solid black; padding: 2px;">Emergency Room Services</div>	<div style="border: 1px solid black; padding: 2px;">Source:</div> <div style="border: 1px solid black; padding: 2px;">Base Benchmark</div>	<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div>
<div style="border: 1px solid black; padding: 5px;">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:</div> <div style="border: 1px solid black; padding: 5px;">Duplication: Covered under New Hampshire Medicaid state plan as outpatient hospital care/emergency room services under EHB 2.</div> <div style="border: 1px solid black; padding: 5px;">State plan benefit has no scope limit.</div>		
<div style="border: 1px solid black; padding: 2px;">Base Benchmark Benefit that was Substituted:</div> <div style="border: 1px solid black; padding: 2px;">Chiropractic Care</div>	<div style="border: 1px solid black; padding: 2px;">Source:</div> <div style="border: 1px solid black; padding: 2px;">Base Benchmark</div>	<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div>
<div style="border: 1px solid black; padding: 5px;">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:</div> <div style="border: 1px solid black; padding: 5px;">Chiropractic services were removed and replaced by substitution with the actuarial value of eye glasses, which are not covered in the base benchmark. Coverage for eyeglasses comes from coverage provided in the State Plan and includes 1 pair bifocals or 1 pair reading and distance vision glasses. One pair single vision lenses with frames is covered, provided that the refractive error is at least plus or minus .50 diopter according to the type of refractive error, in each eye. One pair of glasses with bifocal corrective lenses or one pair of glasses with corrective lenses for close vision and one pair of glasses with corrective lenses for distant vision if there is a refractive error of at least .50 diopter for both close and distant vision.</div>		
<div style="border: 1px solid black; padding: 2px;">Base Benchmark Benefit that was Substituted:</div> <div style="border: 1px solid black; padding: 2px;">Diabetic Education and Nutritional Therapy</div>	<div style="border: 1px solid black; padding: 2px;">Source:</div> <div style="border: 1px solid black; padding: 2px;">Base Benchmark</div>	<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div>
<div style="border: 1px solid black; padding: 5px;">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:</div> <div style="border: 1px solid black; padding: 5px;">Diabetic Education and Nutrition Therapy was removed and replaced by substitution with the actuarial value of adult medical day care which is not covered in the base benchmark.</div>		
<div style="border: 1px solid black; padding: 2px;">Base Benchmark Benefit that was Substituted:</div> <div style="border: 1px solid black; padding: 2px;">Primary Care,Specialist,Other Practitioner Visits</div>	<div style="border: 1px solid black; padding: 2px;">Source:</div> <div style="border: 1px solid black; padding: 2px;">Base Benchmark</div>	<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div>
<div style="border: 1px solid black; padding: 5px;">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:</div> <div style="border: 1px solid black; padding: 5px;">Duplication: Covered under NH Medicaid state plan as physician, other licensed practitioner, and FQHC/RHC services and mapped to EHB 1, Ambulatory Patient Services</div>		
<div style="border: 1px solid black; padding: 2px;">Base Benchmark Benefit that was Substituted:</div> <div style="border: 1px solid black; padding: 2px;">Outpatient Facility</div>	<div style="border: 1px solid black; padding: 2px;">Source:</div> <div style="border: 1px solid black; padding: 2px;">Base Benchmark</div>	<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div>



## Alternative Benefit Plan

<p>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:</p> <p>Duplication: Covered under NH Medicaid state plan as outpatient hospital and mapped to EHB 1, Ambulatory Patient Services.</p>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Outpatient Surgery Physician/Surgical Services	Base Benchmark	
<p>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:</p> <p>Duplication: Covered under NH Medicaid state plan as physician and other licensed practitioner services and mapped to EHB 1, Ambulatory Patient Services.</p>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Hospice Services	Base Benchmark	
<p>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:</p> <p>Duplication: Covered under NH Medicaid state plan as hospice services and mapped to EHB 1, Ambulatory Patient Services.</p>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Routine Foot Care	Base Benchmark	
<p>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:</p> <p>Duplication: Covered under NH Medicaid state plan as other licensed practitioner services and mapped to EHB 1, Ambulatory Patient Services.</p>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Routine Eye Exam, Adult	Base Benchmark	
<p>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:</p> <p>Duplication: Covered under NH Medicaid state plan as other licensed practitioner services and mapped to EHB 1, Ambulatory Patient Services.</p>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Clinic Services-Dialysis Treatment	Base Benchmark	
<p>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:</p> <p>Duplication: Covered under NH Medicaid state plan as outpatient hospital services (or any other appropriate setting covered under the state plan) and mapped to EHB 1, Ambulatory Patient Services.</p>		



## Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Urgent Care Ctrs/Facilities, OP Hospital ER	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: Covered under NH Medicaid state plan as outpatient hospital and emergency hospital services and mapped to EHB 2, Emergency Services.		
Base Benchmark Benefit that was Substituted: Emergency Transport/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: Covered under NH Medicaid state plan as emergency ambulance and air ambulance transportation services and mapped to EHB 2, Emergency Services.		
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: Covered under NH Medicaid state plan as inpatient hospital services and mapped to EHB 3, Hospitalization Services.		
Base Benchmark Benefit that was Substituted: IP Phys/Surgical/Bariatric/Organ 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: Covered under NH Medicaid state plan as physician and other licensed practitioner and mapped to EHB 3, Hospitalization Services.		
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: Covered under NH Medicaid state plan as physician, other licensed practitioner, FQHC/RHC, tobacco cessation for PW, home health, IP hospital, extended services to PW, freestanding birthing centers, and mapped to EHB 4, Maternity and Newborn Care Services.		
Base Benchmark Benefit that was Substituted: Delivery and IP 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: Covered under NH Medicaid state plan as inpatient hospital and freestanding birthing center		



## Alternative Benefit Plan

services and mapped to EHB 4, Maternity and Newborn Care Services.		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Mental/Behavioral Health OP Services	Base Benchmark	
<p>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:</p> <p>Duplication: Covered under NH Medicaid state plan as community mental health center services under other diagnostic, preventive, screening and rehab services; SUD services; physician services; and other licensed practitioner services; and mapped to EHB 5, Mental health and substance use disorder services including behavioral health treatment.</p>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Mental/Behavioral Health IP Services	Base Benchmark	
<p>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:</p> <p>Duplication: Covered under NH Medicaid state plan as IP hospital, IMD over 65, and IP psych under 22, and mapped to EHB 5, Mental health and substance use disorder services including behavioral health treatment.</p>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Substance Abuse Disorder (SUD) OP Services	Base Benchmark	
<p>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:</p> <p>Duplication: Covered under NH Medicaid state plan as SUD under other diagnostic, rehab, preventive and screening services and mapped to EHB 5, Mental health and substance use disorder services including behavioral health treatment.</p>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
SUD IP Services	Base Benchmark	
<p>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:</p> <p>Duplication: Covered under NH Medicaid state plan as SUD under other diagnostic, rehab, preventive and screening services and IP hospital services, and mapped to EHB 5, Mental health and substance use disorder services including behavioral health treatment.</p>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Prescription drugs	Base Benchmark	
<p>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:</p> <p>Duplication: Covered under NH Medicaid state plan as prescribed drugs and mapped to EHB 6, Prescription drugs.</p>		



## Alternative Benefit Plan

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: Covered under NH Medicaid state plan as home health services and mapped to EHB 7, rehabilitative and habilitative services and devices.		
Base Benchmark Benefit that was Substituted: Outpatient rehabilitation and habilitation	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: Covered under NH Medicaid state plan as home health-PT/ST/OT services and physical therapy and related services and mapped to EHB 7, rehabilitative and habilitative services and devices.		
Base Benchmark Benefit that was Substituted: Respiratory therapy and cardiac rehabilitation	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under NH Medicaid state plan as outpatient and inpatient hospital services and mapped to EHB 7, rehabilitative and habilitative services and devices		
Base Benchmark Benefit that was Substituted: DME, supplies, prosthetics, hearing aids	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under NH Medicaid state plan as home health and prosthetics and mapped to EHB 7, rehabilitative and habilitative services and devices.		
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: Covered under NH Medicaid state plan as skilled level nursing facility services and mapped to EHB 7, rehabilitative and habilitative services and devices.		
Base Benchmark Benefit that was Substituted: Diagnostic x-rays/lab work and Imaging(CT/PET, MRI)	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

<div>Duplication: Covered under NH Medicaid state plan as other lab and x-ray services and mapped to EHB 8, laboratory services.</div>		
Base Benchmark Benefit that was Substituted: <div>Preventive care/screening/well baby/immunization</div>	Source: <div>Base Benchmark</div>	<div>Remove</div>
<div>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:</div> <div>Duplication: Covered under NH Medicaid state plan as physician, other licensed practitioner, FQHC/RHC, EPSDT, and mapped to EHB 9, Preventive and wellness services and chronic disease management.</div>		
Base Benchmark Benefit that was Substituted: <div>Maternity and Reproductive Health</div>	Source: <div>Base Benchmark</div>	<div>Remove</div>
<div>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:</div> <div>Duplication: Covered under NH Medicaid state plan as physician, inpatient hospital, other licensed practitioner, FQHC/RHC, and family planning, and mapped to EHB 4, Essential health benefit: maternity and newborn care.</div>		
Base Benchmark Benefit that was Substituted: <div>Nicotine Cessation Counseling</div>	Source: <div>Base Benchmark</div>	<div>Remove</div>
<div>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:</div> <div>Duplication: Covered under NH Medicaid state plan as Nicotine Cessation Counseling - Preventive Service and Mapped to EHB 9, Essential Health Benefit: Preventive and wellness services and chronic disease management.</div>		
Base Benchmark Benefit that was Substituted: <div>Lactation Consultation Services</div>	Source: <div>Base Benchmark</div>	<div>Remove</div>
<div>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:</div> <div>Duplication: Covered under NH Medicaid state plan as Lactation Consultation - Preventive Service and Mapped to EHB 9, Essential Health Benefit: Preventive and wellness services and chronic disease management.</div>		
<div>Add</div>		





## Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered

[Collapse All](#)



## Alternative Benefit Plan

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

Collapse All

Other 1937 Benefit Provided:	Source:	Remove
Non-Emergency Medical Transportation	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Prior authorization is required for non-emergency medical transportation, including scheduled ambulance.		

  

Other 1937 Benefit Provided:	Source:	Remove
Dental for individuals 21 and over	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
\$1,500, excluding preventive services	None	
Scope Limit:		
Diagnostic, preventive, limited periodontics, restorative, and oral surgery services.		
Other:		
Benefit is the same as described in the Medicaid State Plan. No authorization is required. "Authorization - Other" = None		

  

Other 1937 Benefit Provided:	Source:	Remove
Private Duty Nursing	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Must meet functional assessment		

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## Alternative Benefit Plan

Other 1937 Benefit Provided:	Source:	Remove
Personal Care Attendant Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Must be chronically wheelchair bound. "Authorization - Other" = None		
Other 1937 Benefit Provided:	Source:	Remove
AMDC (dx, screen, prev, rehab)	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
"Authorization - Other" = None. Adult medical day care (AMDC) is provided under "other diagnostic, screening, preventive, and rehabilitative services."		
Other 1937 Benefit Provided:	Source:	Remove
Eyeglasses	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
1 pair bifocals or 1 pair reading and distance vision glasses. "Authorization - Other" = None		
Other:		
One pair single vision lenses with frames is covered, provided that the refractive error is at least plus or		



## Alternative Benefit Plan

minus .50 diopter according to the type of refractive error, in each eye. One pair of glasses with bifocal corrective lenses or one pair of glasses with corrective lenses for close vision and one pair of glasses with corrective lenses for distant vision if there is a refractive error of at least .50 diopter for both close and distant vision.		
<div>Other 1937 Benefit Provided: Intermediate Level Nursing Facility Services</div>		
<div>Source: Section 1937 Coverage Option Benchmark Benefit Package</div>		<div>Remove</div>
<div>Authorization: Other</div>	<div>Provider Qualifications: Medicaid State Plan</div>	
<div>Amount Limit: None</div>	<div>Duration Limit: None</div>	
<div>Scope Limit: Individual must meet functional assessment/level of care criteria</div>		
<div>Other: Must meet level of care, as in scope above. Services are covered for long term custodial care.</div>		
<div>Other 1937 Benefit Provided: Targeted Case Management</div>		
<div>Source: Section 1937 Coverage Option Benchmark Benefit Package</div>		<div>Remove</div>
<div>Authorization: Other</div>	<div>Provider Qualifications: Medicaid State Plan</div>	
<div>Amount Limit: None</div>	<div>Duration Limit: as per state plan</div>	
<div>Scope Limit: None</div>		
<div>Other: "Authorization-Other" = None. TCM includes developmentally disabled, behavioral health, chronically ill children, adult and elderly, and EPSDT case management. For those transitioning to a community setting, number of consecutive days varies among the various types of TCM as per the state plan details.</div>		
<div>Other 1937 Benefit Provided: 1915(i) HCBC Services</div>		
<div>Source: Section 1937 Coverage Option Benchmark Benefit Package</div>		<div>Remove</div>
<div>Authorization: Other</div>	<div>Provider Qualifications: Medicaid State Plan</div>	
<div>Amount Limit: See other below</div>	<div>Duration Limit: See other below</div>	



## Alternative Benefit Plan

<p>Scope Limit: See other below</p>		
<p>Other: HCBC 1915(i) for children age 5 up to 21 years of age with Severe Emotional Disturbance. Based on functional assessment. There are various limits and time frames in the extensive service details of the various components of the 1915(i) as specified in Attachment 3.1(i) of the state plan.</p>		
Other 1937 Benefit Provided: ICF-IDD	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Individual must meet functional assessment/level of care criteria		
Other: Intermediate Care Facility Services for Individuals with Intellectual Disabilities (ICF-IDD) are covered and based on functional assessment/level of care noted above		
Other 1937 Benefit Provided: Non-Routine Foot Care	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Yes	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other: "Authorization-Other" = None. Provided under "other licensed practitioner" (podiatrist).		
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: Varies	Duration Limit: Varies	
Scope Limit: Varies		
Other: See Attachment 3.1-A, Page 12, Item 30; and Attachment 3.1-B, Page 12, Item 30. Coverage of Routine Patient Cost in Qualifying Clinical Trials in New Hampshire's Medicaid State Plan.		
Other 1937 Benefit Provided: Medication Assisted Treatment (MAT)	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other: MAT is provided as defined in the approved State Plan 3.1-A, Page 6 pre-a 1-3, Supplement Page 13-25; and Attachment 3.1-B, Page 5-a 1-3, Supplement Page 13-25. 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: Crisis Stabilization	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 below		
Other: Crisis Stabilization is an outpatient service providing up to 30-days of stabilization services per crisis episode. Crisis Stabilization includes services that are designed to ameliorate or minimize an acute crisis episode or to prevent incarceration, emergency department, inpatient psychiatric hospitalization, or medical detoxification. Services are provided to recipients who have suffered a breakdown of their normal strategies or resources and who exhibit acute problems or disturbed thoughts, behaviors, or moods which could threaten the safety of self or others.		



## Alternative Benefit Plan

Other 1937 Benefit Provided:		Source:	Remove
Mobile Crisis Response and Stabilization Services		Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:		
Other	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:			
See below			
Other:			
<p>Mobile Crisis Response and Stabilization Services (MCRSS) are intended to provide rapid crisis response, individual assessment, and evaluation and treatment of mental health crisis to individuals experiencing a mental health crisis or substance use disorder crisis. A mental health crisis is defined as a turning point in the course of anything decisive or critical in an individual's life, in which the outcome may decide whether possible negative consequences will follow. MCRSS will be available 24 hours a day, 7 days a week, 365 days per year basis and where the individual is experiencing a mental health crisis and shall not be restricted to select locations within any region on particular days or times and must address substance use disorders, including opioid use disorder, if identified. MCRSS are furnished outside of a hospital or other facility setting. MCRSS are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available. MCRSS involve all services, supports, and treatments necessary to provide a timely crisis response, crisis interventions such as de-escalation, and crisis prevention activities specific to the needs of the individual. At a minimum, MCRSS include initial response of conducting immediate crisis screening and assessment, mobile crisis stabilization and de-escalation, and coordination with and referral to health, social and other services as needed to effect symptom reduction, harm reduction and/or to safely transition persons in acute crisis to the appropriate environment for continued stabilization. All MCRSS must be provided under the supervision of an independently licensed behavioral health professional who must be available to provide real time clinical assessment in person or via telehealth.</p>			
Other 1937 Benefit Provided:		Source:	Remove
		Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:		
Other			
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

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.

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