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**State/Territory Name: Oklahoma**

**State Plan Amendment (SPA) #: 25-0006-B**

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

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May 21, 2025

Christina Foss  
State Medicaid Director  
Oklahoma Health Care Authority  
4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105

Re: Oklahoma State Plan Amendment (SPA) – 25-0006-B

Dear Director Foss:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0006-B. This amendment proposes to expand the Hospice Benefit to all Medicaid members provided they meet the criteria for hospice, and the hospice benefit is within the scope of their categorical eligibility.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act Section 1937, and 42 Code of Federal Regulations (CFR) Part 440, Subpart C. This letter informs you that Oklahoma's Medicaid SPA TN 25-0006 was approved on May 21, 2025, with an effective date of January 1, 2025.

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

If you have any questions, please contact Stacey Steiner at (469) 904-1068 or via email at [Stacey.Steiner@cms.hhs.gov](mailto:Stacey.Steiner@cms.hhs.gov).

Sincerely,

Shantrina Roberts, Acting Director  
Division of Program Operations

Enclosures

cc: Kasie McCarty, OHCA  
Heather Cox, OHCA

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

State/Territory name: **Oklahoma**

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.*

OK-25-0006-B

Proposed Effective Date

01/01/2025 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act; 42 CFR Part 440, Subpart C

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2025	\$ 20403.00
Second Year	2026	\$ 27204.00

Subject of Amendment

Expansion of Hospice Benefit to all Medicaid members so long as they meet the criteria for hospice and it's within the scope of their categorical eligibility.

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:

The Governor's office does not review State Plan amendments.

Signature of State Agency Official

Submitted By:	Heather Cox
Last Revision Date:	Feb 27, 2025
Submit Date:	Feb 21, 2025



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: OK - 25 - 0006-B

## Benefits Description

**ABP5**

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

### Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

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



# Alternative Benefit Plan

## ☒ 1. Essential Health Benefit: Ambulatory patient services

Collapse All ☐

Benefit Provided:

Primary Care Visits to Treat Injury or Illness

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

4 visits/month

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:

Reference approved State Plan, Attachment 3.1-A, section 5.  
Amount limits can be exceeded based on medical necessity.

Benefit Provided:

Specialty Visits

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

4 visits/month

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:

Reference approved State Plan, Attachment 3.1-A, section 5.  
Amount limits can be exceeded based on medical necessity.

Benefit Provided:

Other Practitioner Office Visits

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

4 visits/month for PA and APRN visits

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:

Reference approved State Plan, Attachment 3.1-A, section 6.d.



# Alternative Benefit Plan

Amount limits can be exceeded based on medical necessity.

Benefit Provided:

Outpatient Facility (ambulatory surgery ctr)

Source:

State Plan 1905(a)

Remove

Authorization:

No

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:

Reference approved State Plan, Attachment 3.1-A, section 2.a.

Benefit Provided:

Dialysis

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:

Reference approved State Plan, Attachment 3.1-A, section 2.a.

Benefit Provided:

Allergy Testing

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

60 tests/3 years

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:

Reference approved State Plan, Attachment 3.1-A, section 5  
Reference approved State Plan, Attachment 3.1-A, section 6.d.  
Amount limits can be exceeded based on medical necessity.

Benefit Provided:

Chemotherapy

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

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:

Reference approved State Plan, Attachment 3.1-A, section 2.a.

Benefit Provided:

Radiation

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:

Reference approved State Plan, Attachment 3.1-A, section 2.a.

Benefit Provided:

Outpatient Surgery Physician/Surgical 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:

None

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

Reference approved State Plan, Attachment 3.1-A, section 2.a.

Benefit Provided:

Hospice

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See "other information" box

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

Reference approved State Plan, Attachment 3.1-A, section 18

Revised within TN-21-0018, effective 10/01/21

Revised within TN 25-0006-B, effective 01/01/25

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

## ☒ 2. Essential Health Benefit: Emergency services

Collapse All ☐

Benefit Provided:

Emergency Room 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:

Reference approved State Plan, Attachment 3.1-A, section 2.a.

Benefit Provided:

Emergency Transportation/Ambulance

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:

Reference approved State Plan, Attachment 3.1-D.

Benefit Provided:

Urgent Care Center

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:

Reference approved State Plan, Attachment 3.1-A, section 9.

Add



# Alternative Benefit Plan

## ☒ 3. Essential Health Benefit: Hospitalization

Collapse All ☐

Benefit Provided:

Inpatient Hospital Services (Inpatient Stay)

Source:

State Plan 1905(a)

Remove

Authorization:

No

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:

Reference approved State Plan, Attachment 3.1-A, section 1.

Benefit Provided:

Inpatient Physician & Surgical Services

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Inpatient physician services: one visit per day per physician.  
Inpatient surgical services: no limit.

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

Reference approved State Plan, Attachment 3.1-A, section 5.  
Reference approved State Plan, Attachment 3.1-A, section 1.  
Amount limits can be exceeded based on medical necessity.

Benefit Provided:

Organ Transplants

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

All transplantation services, except kidney and cornea, must be prior authorized.



# Alternative Benefit Plan

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

Reference approved State Plan, Attachment 3.1-E.

Benefit Provided:

Reconstructive Surgery

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Non-cosmetic; breast reconstruction/implantation/removal is covered only when it is a direct result of a mastectomy which is medically necessary.

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

Reference approved State Plan, Attachment 3.1-A, section 1.

Benefit Provided:

Source:

Remove

Authorization:

Other

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

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

Collapse All ☐

Benefit Provided:

Prenatal & Postnatal care

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference approved State Plan, Attachment 3.1-A, section 3.  
Reference approved State Plan, Attachment 3.1-A, section 5.  
Reference approved State Plan, Attachment 3.1-A, section 6.d.  
Reference approved State Plan, Attachment 3.1-A, section 17.  
Reference approved State Plan, Attachment 3.1-A, section 20 and section 21.

Benefit Provided:

Delivery & Inpatient Services for Maternity Care

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference approved State Plan, Attachment 3.1-A, section 1.  
Reference approved State Plan, Attachment 3.1-A, section 3.  
Reference approved State Plan, Attachment 3.1-A, section 5.  
Reference approved State Plan, Attachment 3.1-A, section 6.d.  
Reference approved State Plan, Attachment 3.1-A, section 17.  
Reference approved State Plan, Attachment 3.1-A, section 20.

Benefit Provided:

Source:

Remove

Authorization:

No

Provider Qualifications:

Amount Limit:

Duration Limit:



# Alternative Benefit Plan

Scope Limit:

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

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
Mental/Behavioral Health Outpatient 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:		
Reference approved State Plan, Attachment 3.1-A, section 13.d.1. Amount limits can be exceeded based on medical necessity.		

Benefit Provided:	Source:	Remove
Mental/Behavioral Health Inpatient 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:		
Reference approved State Plan, Attachment 3.1-A, section 1. Amount limits can be exceeded based on medical necessity.		

Benefit Provided:	Source:	Remove
Substance Use Disorder Outpatient Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
No	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	



# Alternative Benefit Plan

Scope Limit:

None

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

Reference approved State Plan, Attachment 3.1-A, section 13.d.1.

Amount limits can be exceeded based on medical necessity.

Revised within TN-21-0014, effective 07/01/21

Benefit Provided:

Substance Use Disorder Inpatient 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:

Reference approved State Plan, Attachment 3.1-A, section 13.d.5.

Revised within TN-21-0014, effective 07/01/21

Benefit Provided:

Source:

Remove

Authorization:

Other

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:

No

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

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



# Alternative Benefit Plan

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

Collapse All ☐

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

Benefit Provided:	Source:	Remove
Outpatient Rehabilitation Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
15 visits/year for each OT, PT, & ST	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:		
Reference approved State Plan, Attachment 3.1-A, section 2.a. The benefit amount limits exceed the quantity limits within the base benchmark.		

Benefit Provided:	Source:	Remove
Home Health	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
No	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Provided by Home Health agencies		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Reference approved State Plan, Attachment 3.1-A, section 7.		

Benefit Provided:	Source:	Remove
Durable Medical Equipment	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	



# Alternative Benefit Plan

Scope Limit:

None

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

Some items may require prior authorization.  
Reference approved State Plan, Attachment 3.1-A, section 12.c.  
Reference approved State Plan, Attachment 3.1-A, section 7.

Benefit Provided:

Prosthetic Devices

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Some items may require prior authorization.  
Reference approved State Plan, Attachment 3.1-A, section 12.c.

Benefit Provided:

Orthotic Devices

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Some items may require prior authorization.  
Reference approved State Plan, Attachment 3.1-A, section 12.c.

Benefit Provided:

Habilitation Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

15 visits/year for each OT, PT, & ST

Duration Limit:

None

Scope Limit:

Provided only in outpatient hospitals

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

Reference approved State Plan, Attachment 3.1-A, section 2.a.

The benefit amount limits exceed the quantity limits within the base benchmark.

Benefit Provided:

Inpatient Rehab Hospital

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

90 days per individual per State Fiscal Year (SFY)

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:

Reference approved State Plan, Attachment 3.1-A, section 1.

Amount limits can be exceeded based on medical necessity. Revised within TN-22-0004, effective 01/01/22.

Benefit Provided:

Source:

Remove

Authorization:

Authorization required in excess of limitation

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:	Source:	Remove
Imaging (CT/PET scans, MRIs)	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:		
Reference approved State Plan, Attachment 3.1-A, section 2.a.		
Reference approved State Plan, Attachment 3.1-A, section 3.		

Benefit Provided:	Source:	Remove
Laboratory Outpatient & Professional Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Reference approved State Plan, Attachment 3.1-A, section 2.a.		
Reference approved State Plan, Attachment 3.1-A, section 3.		

Benefit Provided:	Source:	Remove
X-rays & Diagnostic Imaging	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Reference approved State Plan, Attachment 3.1-A, section 2.a.		



# Alternative Benefit Plan

Reference approved State Plan, Attachment 3.1-A, section 3.

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
Diabetes Education	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
10 hours/first year; 2 hours/subsequent year	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:		
Reference approved State Plan, Attachment 3.1-A, section 6.d. Amount limits can be exceeded based on medical necessity.		

Benefit Provided:	Source:	Remove
Preventive Care/Screening/Immunization	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:		
Reference approved State Plan, Attachment 3.1-A, section 5. Reference approved State Plan, Attachment 3.1-A, section 6.d.		

Benefit Provided:	Source:	Remove
Nutritional Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
No	Medicaid State Plan	
Amount Limit:	Duration Limit:	
6 hours/year	None	



# Alternative Benefit Plan

Scope Limit:

None

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

Reference approved State Plan, Attachment 3.1-A, section 6.d.  
Amount limits can be exceeded based on medical necessity.

Benefit Provided:

Source:

Remove

Authorization:

Authorization required in excess of limitation

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

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

Collapse All ☐

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

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:

Reference approved State Plan, Attachment 3.1-A, section 4.b.

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:

Hospice - Duplication

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:

Hospice services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 18 and are within EHB 1, Ambulatory patient services.

Revised within TN 21-0018, effective 10/01/21

Revised within TN 25-0006-B, effective 01/01/25

Base Benchmark Benefit that was Substituted:

Private Duty Nursing (PDN) - Substitution

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:

PDN services are a base benchmark benefit substituted with skilled nursing under the home health services benefit covered under the State Plan, Attachment 3.1-A, section 7 and are within EHB 7, rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Chiropractic Services - Substitution

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:

Chiropractic services are a base benchmark benefit substituted with rehabilitation occupational therapy, physical therapy, and speech therapy services in the outpatient hospital setting covered under the State Plan, Attachment 3.1-A, section 2.a. and are within EHB 7, rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Substance Use Disorder Outpatient Services - Dup

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:

Substance use disorder outpatient services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 13.d.1. and are within EHB 5, mental health and substance use disorder services including behavioral health treatment.

Base Benchmark Benefit that was Substituted:

Substance Use Disorder Inpatient Services - Dup

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:

Substance use disorder inpatient services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 13.d.5. and are within EHB 5, mental health and substance use disorder services including behavioral health treatment.



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Accidental Dental - substitution

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:

Accidental Dental is a base benchmark benefit substituted with medically necessary extractions covered under the State Plan, Attachment 3.1-A, section 10 and are within 14, other 1937 covered benefits that are not essential health benefits.

Base Benchmark Benefit that was Substituted:

Primary Care Visit to Treat Injury/Illness - Dup

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:

Primary care visits to treat injury or illness are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 5 and are within EHB 1, ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Specialist Visits - Duplication

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:

Specialty visits are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 5 and are within EHB 1, ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Other Practitioner Office Visits - Duplication

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:

Other practitioner office visits are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 6.d. and are within EHB 1, ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Outpatient Facility (Ambulatory Surgery Ctr) - Dup

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:

Outpatient facility fee (e.g., ambulatory surgery center) services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 2.a. and are within EHB 1, ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Outpatient Surgery Physician/Surgical - Dup

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:

Outpatient surgery physician/surgical services are a base benchmark benefit covered under the State Plan,



# Alternative Benefit Plan

Attachment 3.1-A, Section 2.a. and are within EHB 1, ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Urgent Care Centers or Facilities - Duplication

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:

Urgent care centers or facilities services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 9 and are within EHB 2, emergency services.

Base Benchmark Benefit that was Substituted:

Home Health Care Services - Duplication

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:

Home health care services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 7 and are within EHB 7, rehabilitation and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Emergency Room Services - Duplication

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:

Emergency room services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 2.a. and are within EHB 2, emergency services.

Base Benchmark Benefit that was Substituted:

Emergency Transportation/Ambulance - Duplication

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:

Emergency transportation/ambulance services are a base benchmark benefit covered under the State Plan, Attachment 3.1-D and are within EHB 2, emergency services.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital Services - Duplication

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:

Inpatient hospital services (inpatient stay) are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 1 and are within EHB 3, hospitalization.

Base Benchmark Benefit that was Substituted:

Inpatient Physician & Surgical Services - Dup

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:

Inpatient physician & surgical services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 1 & section 5 and are within EHB 3, hospitalization.

Base Benchmark Benefit that was Substituted:

Inpatient Rehab - Dup

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:

Inpatient rehab services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 1 and are within EHB 7, rehabilitative and habilitative services and devices. Revised within TN-22-0004, effective 01/01/22.

Base Benchmark Benefit that was Substituted:

Prenatal and Postnatal Care - Duplication

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:

Prenatal and postnatal care is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 3, section 5, section 6.d., section 17, section 20, & section 21 and is within EHB 4, maternity and newborn care.

Base Benchmark Benefit that was Substituted:

Delivery & Inpatient Services for Maternity - Dup

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:

Delivery & all inpatient services for maternity care is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 1, section 3, section 5, section 6.d., section 17, & section 20 and is within EHB 4, maternity and newborn care.

Base Benchmark Benefit that was Substituted:

Mental/Behavioral Health Outpatient Services - Dup

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:

Mental/behavioral health outpatient services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 13.d.1. and are within EHB 5, mental health and substance use disorder services including behavioral health treatment.

Base Benchmark Benefit that was Substituted:

Mental/Behavioral Health Inpatient Services - Dup

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:

Mental/behavioral health inpatient services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 1. and are within EHB 5, mental health and substance use disorder services



# Alternative Benefit Plan

including behavioral health treatment.

Base Benchmark Benefit that was Substituted:

Habilitation Services - Duplication

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:

Habilitation services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 2.a. and are within EHB 7, rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment - Duplication

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:

Durable medical equipment is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 12.c. & section 7 and is within EHB 7, rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Hearing Aids for Children - Duplication

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:

Hearing aids for children are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 4.b. and are within EHB 10, pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Imaging (CT/PET Scans, MRIs) - Duplication

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:

Imaging (CT/PET Scans, MRIs) services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 2.a. & section 3 and are within EHB 8, laboratory services.

Base Benchmark Benefit that was Substituted:

Preventive Care/Screening/Immunization - Dup

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:

Preventive care/screening/immunization services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 5 & section 6.d. and are within EHB 9, preventive and wellness services and chronic disease management.

Base Benchmark Benefit that was Substituted:

Routine Eye Exam for Children - Duplication

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:

Routine eye exams for children are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 4.b. and are within EHB 10, pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Eye Glasses for Children - Duplication

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:

Eye glasses for children are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 4.b. and are within EHB 10, pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Dental Check-Up for Children - Duplication

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:

Dental check-up for children are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 4.b. and are within EHB 10, pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Well Baby Visits and Care - Duplication

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:

Well baby visits and care are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 4.b. and are within EHB 10, pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Lab Outpatient & Professional Services - Dup

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:

Laboratory outpatient & professional services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 2.a. & section 3 and are within EHB 8, laboratory services.

Base Benchmark Benefit that was Substituted:

X-rays and Diagnostic Imaging - Duplication

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:

X-rays and diagnostic imaging services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 2.a. & section 3 and are within EHB 8, laboratory services.





# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Basic Dental Care – Child - Duplication

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:

are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 4.b. and are within EHB 10, pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Orthodontia – Child - Duplication

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:

Basic dental care for children is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 4.b. and is within EHB 10, pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Major Dental Care – Child - Duplication

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:

Major dental care for children is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 4.b. and is within EHB 10, pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Transplant - Duplication

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:

Transplant services are a base benchmark benefit covered under the State Plan, Attachment 3.1-E and are within EHB 3, hospitalization.

Base Benchmark Benefit that was Substituted:

Dialysis - Duplication

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:

Dialysis is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 2.a. and is within EHB 1, ambulatory services.

Base Benchmark Benefit that was Substituted:

Allergy Testing - Duplication

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

Allergy testing is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 5 & section 6.d. and is within EHB 1, ambulatory services.

Base Benchmark Benefit that was Substituted:

Chemotherapy - Duplication

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:

Chemotherapy is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 2.a. and is within EHB 1, ambulatory services.

Base Benchmark Benefit that was Substituted:

Radiation - Duplication

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:

Radiation is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 2.a. and is within EHB 1, ambulatory services.

Base Benchmark Benefit that was Substituted:

Diabetes Education - Duplication

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:

Diabetes education is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 6.d. and is within EHB 9, preventive and wellness services and chronic disease management.

Base Benchmark Benefit that was Substituted:

Prosthetic Devices - Duplication

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:

Prosthetic devices is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 12.c. and is within EHB 7, rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Nutritional Counseling - Duplication

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:

Nutritional counseling is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 6.d. and is within EHB 9, preventive and wellness services and chronic disease management.



# Alternative Benefit Plan

<b>Base Benchmark Benefit that was Substituted:</b> <div style="border: 1px solid black; padding: 2px;">Reconstructive Surgery - Duplication</div>	<b>Source:</b> <div style="border: 1px solid black; padding: 2px;">Base Benchmark</div>	<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div>
<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> <div style="border: 1px solid black; padding: 5px;">Reconstructive surgery is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 1 and is within EHB 3, hospitalization.</div>		
<b>Base Benchmark Benefit that was Substituted:</b> <div style="border: 1px solid black; padding: 2px;">Rehabilitation Speech Therapy - Duplication</div>	<b>Source:</b> <div style="border: 1px solid black; padding: 2px;">Base Benchmark</div>	<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div>
<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> <div style="border: 1px solid black; padding: 5px;">Rehabilitation speech therapy services are a base benchmark benefit duplicated with outpatient rehabilitation services covered under the State Plan, Attachment 3.1-A, section 2.a. and are within EHB 7, rehabilitative and habilitative services and devices.</div>		
<b>Base Benchmark Benefit that was Substituted:</b> <div style="border: 1px solid black; padding: 2px;">Rehab Occupational &amp; Physical Therapy - Dup</div>	<b>Source:</b> <div style="border: 1px solid black; padding: 2px;">Base Benchmark</div>	<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div>
<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> <div style="border: 1px solid black; padding: 5px;">Rehabilitation occupational and physical therapy services are a base benchmark benefit duplicated with outpatient rehabilitation services covered under the State Plan, Attachment 3.1-A, section 2.a. and are within EHB 7, rehabilitative and habilitative services and devices.</div>		
<b>Base Benchmark Benefit that was Substituted:</b> <div style="border: 1px solid black; padding: 2px;">Outpatient Rehabilitation Services - Dup</div>	<b>Source:</b> <div style="border: 1px solid black; padding: 2px;">Base Benchmark</div>	<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div>
<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> <div style="border: 1px solid black; padding: 5px;">Outpatient rehabilitation services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 2.a. and are within EHB 7, rehabilitative and habilitative services and devices.</div>		
<b>Base Benchmark Benefit that was Substituted:</b> <div style="border: 1px solid black; padding: 2px;">Orthotic Devices - Duplication</div>	<b>Source:</b> <div style="border: 1px solid black; padding: 2px;">Base Benchmark</div>	<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div>
<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> <div style="border: 1px solid black; padding: 5px;">Orthotic devices is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 12.c. and is within EHB 7, rehabilitative and habilitative services and devices.</div>		
<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Add</div>		



# Alternative Benefit Plan

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

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Orthodontia - Adult

Source:

Base Benchmark

Remove

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

It is not a mandatory benefit

Add



# Alternative Benefit Plan

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

Collapse All ☐

Other 1937 Benefit Provided:

Nursing facility services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 4.a.  
Revised within TN-21-0014, effective 07/01/21.

Other 1937 Benefit Provided:

Medically Necessary Extractions - Adult

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

No

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 10.

Other 1937 Benefit Provided:

Family planning

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 4.c.



# Alternative Benefit Plan

Other 1937 Benefit Provided:	Source:	Remove
Bariatric Surgery	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Bariatric surgery is not covered for the treatment of obesity alone.		
Other:		
Reference approved State Plan, Attachment 3.1-A, section 1. Reference approved State Plan, Attachment 3.1-A, section 5.		

Other 1937 Benefit Provided:	Source:	Remove
Non-emergency transportation	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Other:		
Reference approved State Plan, Attachment 3.1-A, section 24a. Reference approved State Plan, Attachment 3.1-D .		

Other 1937 Benefit Provided:	Source:	Remove
Podiatric services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
4 office visits/month	None	
Scope Limit:		
None		
Other:		
Reference approved State Plan, Attachment 3.1-A, section 6.a.		



# Alternative Benefit Plan

<b>Other 1937 Benefit Provided:</b>		<b>Remove</b>
Eye care to treat a medical or surgical condition	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	
<b>Authorization:</b> Authorization required in excess of limitation	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> 4 office visits/month	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> Services are to treat to treat a medical or surgical condition only.		
<b>Other:</b> Reference approved State Plan, Attachment 3.1-A, section 6.b.		
<b>Other 1937 Benefit Provided:</b>		<b>Remove</b>
Meals and Lodging	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	
<b>Authorization:</b> Authorization required in excess of limitation	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> Payment for lodging and/or meals assistance for an eligible member and an approved medical escort, if needed, is provided only when medically necessary in connection with transportation to and from SoonerCare compensable services.		
<b>Other:</b> Reference approved State Plan, Attachment 4.19-B, transportation, section C, meals and lodging.		
<b>Other 1937 Benefit Provided:</b>		<b>Remove</b>
Personal Care Services	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	
<b>Authorization:</b> Prior Authorization	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	



# Alternative Benefit Plan

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 24.f.

Other 1937 Benefit Provided:

Medication-Assisted Treatment Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 29.  
Revised within TN-21-0014, effective 07/01/21

Other 1937 Benefit Provided:

Infusion Therapy

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:

Reference approved State Plan, Attachment 3.1-A, section 2.a. and section 5.  
Revised within TN-21-0014, effective 07/01/21

Other 1937 Benefit Provided:

Diagnostic Dental - Adult

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan





# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 10.  
Revised within TN-21-0014, effective 07/01/21

Other 1937 Benefit Provided:

Preventive Dental - Adult

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 10.  
Revised within TN-21-0014, effective 07/01/21

Other 1937 Benefit Provided:

Restorative Dental - Adult

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 10.  
Revised within TN-21-0014, effective 07/01/21

Other 1937 Benefit Provided:

Non-surgical Periodontal Therapy - Adult

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove



# Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 10.  
Revised within TN-21-0014, effective 07/01/21

Other 1937 Benefit Provided:

Removable Prosthetics Dental - Adult

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 10.  
Revised within TN-21-0014, effective 07/01/21

Other 1937 Benefit Provided:

PCCM/PCMH Service Delivery Model

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Other

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

The Primary Care Case Management (PCCM)/ Patient Centered providers Medical Home (PCMH) is a service delivery model in which the State contracts directly with primary care providers (PCPs) throughout the state to provide basic health care services. The PCCM is a managed care service delivery system and follows managed care rules. As part of the SoonerCare Choice coordinated care delivery service system, eligible members select a PCMH for primary care and care coordination. Providers are eligible to receive a per month (PMPM) care coordination payment for each enrolled beneficiary, based upon the services provided at the medical home.



# Alternative Benefit Plan

American Indian/Alaskan Native (AI/AN) individuals eligible as Expansion Adult members who do not opt-in to the SoonerSelect managed care program may elect to enroll in the PCCM with a SoonerCare Choice provider, or an Indian Health Services (IHS), tribal, or urban Indian (I/T/U) clinic SoonerCare Choice provider as their primary care provider. Additionally, these members are eligible to receive Health Management Program (HMP) and Health Access Network (HAN) support based on their health status and coordinated care needs.

Eligible members are enrolled into the PCCM other than during a period of presumptive eligibility.

Revised within TN-21-0031, effective 07/01/21

Revised within TN-23-0007, effective 02/01/24

Other 1937 Benefit Provided:

ICF/IID services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan Section 3.1-A, section 15. Revised within TN-22-0004, effective 01/01/22.

Other 1937 Benefit Provided:

Alternative Treatment for Pain Management

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

48 units for PT; 12 visits for chiropractic

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 13.d.6.

Amount limits can be exceeded based on medical necessity. Revised within TN-22-0004, effective 01/01/22.

Other 1937 Benefit Provided:

Routine Patient Cost in Qualifying Clinical Trials

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove



# Alternative Benefit Plan

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 30.  
Revised within TN-22-0004, effective 01/01/22.

Other 1937 Benefit Provided:

Source:

Section 1937 Coverage Option Benchmark Benefit  
Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other:

Add



# Alternative Benefit Plan

☐

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

Collapse All ☐

## PRA Disclosure Statement

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

V.20190808



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: OK-25-0006-B

## Payment Methodology

**ABP11**

### Alternative Benefit Plans - Payment Methodologies

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

**An attachment is submitted.**

### 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