

## **Table of Contents**

**State/Territory Name: Rhode Island**

**State Plan Amendment (SPA) #: RI 25-0019**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-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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February 23, 2026

Richard Charest, R.Ph, MBA, Secretary  
Executive Office of Health and Human Services  
3 West Road, Virks Building  
Cranston, RI 02920

Re: Rhode Island State Plan Amendment (SPA) – 25-0019

Dear Secretary Charest:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0019. This amendment updates the state's Alternative Benefit Plan (ABP) to include services added to the Medicaid State Plan between 2013 and 2025 and to reflect the elimination of the Primary Care Case Management (PCCM) program. This amendment to the Medicaid State Plan is strictly intended to align the state's ABP with all services currently covered by Rhode Island Medicaid.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR Part 440 Subpart C. This letter informs you that Rhode Island's Medicaid SPA TN 25-0019 was approved on February 23, 2026, with an effective date of October 1, 2025.

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

If you have any questions, please contact Joyce Butterworth at (617) 531-7573 or via email at [Joyce.Butterworth@cms.hhs.gov](mailto:Joyce.Butterworth@cms.hhs.gov).

Sincerely,



Wendy E. Hill Petras, Acting Director  
Division of Program Operations

Enclosures

cc: Kristin Sousa, Interim Medicaid Program Director  
Kathryn Thomas, Senior Economic and Policy Analyst

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 5 — 0 0 1 9</u>	2. STATE <u>RI</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**October 1, 2025**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR Part 440 Subpart C**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2026 \$ 0  
b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
~~Attachment 3.1-L, ABP 3.1, pgs 1-3~~  
~~Attachment 3.1-L, ABP 5, pgs 1-46~~  
~~Attachment 3.1-L, ABP 8, pgs 1-3~~  
Attachment 3.1-L, ABP 3.1, pgs 1-2, pg 3 (NEW)  
Attachment 3.1-L, ABP 5, pgs 1-41, pgs 42-48 (NEW)  
Attachment 3.1-L, ABP 8, pgs 1-2, pg 3 (NEW)  
ABP General Information; pgs 1-2 (NEW)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)  
Attachment 3.1-L, ABP 3, pgs 1-2 ((TN 13-028)  
Attachment 3.1-L, ABP 5, pgs 1-41 (TN 13-028)  
Attachment 3.1-L, ABP 8, pgs 1-2 (TN 13-028)

9. SUBJECT OF AMENDMENT  
**Alternative Benefit Plan (ABP) Update**

10. GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  
 OTHER, AS SPECIFIED:

11. SIGNING OFFICIAL  


12. TYPED NAME  
Richard Charest

13. TITLE  
Secretary, EOHHS

14. DATE SUBMITTED  
12/22/25

15. RETURN TO  
EOHHS  
3 West Road  
Cranston, RI 02920

**FOR CMS USE ONLY**

16. DATE RECEIVED  
12/22/2025

17. DATE APPROVED  
2/23/26

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
10/01/2025

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
Wendy Hill Petras

21. TITLE OF APPROVING OFFICIAL  
Acting Director, Division of Program Operations

22. REMARKS  
  
1/28/26: The State authorized the following pen & ink changes:  
Box 7: Correct pagination and add new page  
Box 8: Correct pagination and add SS TN No.



# ABP General Information

State Name:

Transmittal Number:

## General Information

Submission Title:

### Description:

The amendment seeks to update the State's Alternative Benefit Plan (ABP) to include services added to the Medicaid State Plan between 2013 and 2025 and to reflect the elimination of the Primary Care Case Management (PCCM) program. The proposed amendments to the Medicaid State Plan are strictly intended to align the State's ABP with all services currently covered by Rhode Island Medicaid, which have been expanded in the ten years since the ABP was first developed. This update does not effect benefits or change covered services, and there is no impact on Medicaid beneficiaries. All changes reflected in the updates to the ABP were implemented for the ABP population at the same time as for all other beneficiaries, and therefore no changes are being made to existing ABP service provision at this time.

The following is the list of benefits being added with their TN# and effective dates:

- Health Homes- Opioid Treatment, RI-13-0011, July 1, 2013
- Health Homes- IHH, RI-16-002, January 1, 2016
- Assertive Community Treatment (ACT), RI-16-002, January 1, 2016
- OT/PT/Speech services, RI-18-0015, October 1, 2018
- Medication Assisted Treatment (MAT), RI-21-0002, October 1, 2020
- Community Health Worker services (CHW), RI-21-0012, July 1, 2021
- Doula services, RI-21-0013, July 1, 2021

## Public Notice

- The state attests that this SPA does not make a substantive change and therefore does not require the state to provide public notice in accordance with 42 CFR 440.386.
- Public notice has been conducted prior to SPA submission pursuant to 42 CFR 440.386.

Date public notice was issued

- The state/territory assures that it has provided the public with advance notice of the amendment and reasonable opportunity to comment.
- The state/territory assures that it has included in the notice a description of the method for assuring compliance with 42CFR 440.345 related to full access to EPSDT services.
- The state/territory assures that it has included in the notice a description of the method for complying with the provisions of section 5006(e) of the American Recovery and Reinvestment Act of 2009.
- The state/territory assures that it has performed any required tribal consultation.



## General Information

### ABP Screening Statements to Indicate Required Forms

Select one of the following options for eligibility group coverage:

- The population group for this Alternative Benefit Plan includes only the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act. If the state selects this option, the state must complete form ABP2a to indicate agreement to voluntary benefit package selection assurances for the adult group.
  - The population group for this Alternative Benefit Plan includes the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act, and also includes other groups. If the state selects this option, the state must complete forms ABP2a and ABP2b to indicate agreement to voluntary benefit package selection assurances for the adult group and voluntary enrollment assurances for other eligibility groups.
  - The population for this Alternative Benefit Plan does not include the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act. If the state selects this option, the state must complete form ABP2b to indicate agreement to voluntary enrollment assurances for these eligibility groups.
- Enrollment is mandatory for some or all participants. If selected, the state must complete form ABP2c to indicate agreement to mandatory enrollment assurances.



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: 25 - 0019

## Selection of Benchmark Benefit Package or Benchmark Equivalent Benefit Package

ABP3.1

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 EHB Benchmark Plan

The state/territory must select an EHB-benchmark plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

EHB-benchmark plan name:

The EHB-benchmark plan is the same as the Section 1937 Coverage option:

Indicate the EHB-benchmark option as described at 45 CFR 156.111(b)(2)(B) the state/territory will use as its EHB-benchmark plan:

State/Territory is selecting one of the below options to design an EHB package that complies with the requirements for the individual insurance market under 45 CFR 156.100 through 156.125.

- State/Territory is selecting the EHB-benchmark plan used by the state/territory for the 2017 plan year.
- State/Territory is selecting one of the EHB-benchmark plans used for the 2017 plan year by another state/territory.
- State/Territory selects the following EHB-benchmark plan used for the 2017 plan year but will replace coverage of one or more of the categories of EHB with coverage of the same category from the 2017 EHB-benchmark plan of one or more other states
- Select a set of benefits consistent with the 10 EHB categories to become the new EHB-benchmark plan. (Complete and submit the ABP5: Benefits Description form to describe the set of benefits.)

Type of EHB-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.



# Alternative Benefit Plan

## Assurances

- The state/territory assures the EHB plan meets the scope of benefits standards at 45 CFR 156.111(b), does not exceed generosity of most generous among a set of comparison plans, provides appropriate balance of coverage among 10 EHB categories, and the scope of benefits is equal to, or greater than, the scope of benefits provided under a typical employer plan as defined at 45 CFR 156.111(b)(2).
- The state/territory assures that all services in the EHB-benchmark plan have been accounted for throughout the benefit chart found in ABP 5.
- The state/territory 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 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:

The benefits correspond to the state's existing package of Medicaid State Plan benefits

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



# Alternative Benefit Plan

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### 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.20190813



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: RI - 25 - 0019

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="Blue Cross Blue Shield of Rhode Island Vantage Blue Plan"/>	
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
Outpatient Hospital 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:		
<input type="text"/>		

Benefit Provided:	Source:	Remove
Transportation: Non-Emergency	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:		
<input type="text"/>		

Benefit Provided:	Source:	Remove
Hospice Care 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:		
<input type="text"/>		



# Alternative Benefit Plan

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

Benefit Provided:

Physicians' Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Covered as needed, based on medical necessity, including primary care, specialty care, and obstetric care. Prior authorization is required for all surgical procedures of a cosmetic nature which must be performed for a functional purpose.

Benefit Provided:

Personal Care Services

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:

Benefit Provided:

Case Management

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

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:

Full State Plan Title: Case Management Services and TB-related Services - Case Management Services. Some case management services are limited to specific groups of individuals. Populations include:

- People with a severe and/or persistent mental or emotional disorder that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment.
- Pregnant or parenting adolescents (defined as individuals who have not attained age 20).
- People between ages 19 and 21 who meet the criteria for Special Education services (Part B services) as outlined in applicable state regulations.
- Adolescents who have been the victim of incest, sexual molestation, or sexual assault.
- People under age 21 eligible for EPSDT.
- People under age 21 who are determined to be at risk for developmental disabilities on the basis of specific medical conditions, including but not limited to genetic disorders, birth defects, inborn diseases of metabolism, and are displaying delays in gross motor, fine motor language, social, or cognitive development.
- People under age 21 who are coming into contact with the juvenile justice system.
- People who have a documented HIV infection and/or a diagnosis of AIDS.

Benefit Provided:

Other Licensed Practitioners - Podiatrist Services

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:

Prior authorization is required for x-rays performed for diagnostic evaluation purposes and molded shoes.

Benefit Provided:

Chiropractic Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

12 visits annually, additional visits upon PA

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:

Approval Date: September 16, 2024

Add



# Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:	Source:	Remove
Outpatient Hospital: Emergency 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:		
Covered both in- and out-of-state, for emergency services or when authorized by a provider, or in order to assess whether a condition warrants treatment as an emergency service.		

Benefit Provided:	Source:	Remove
Transportation: Emergency 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:		
Covered both in- and out-of-state, for emergency services or when authorized by a provider, or in order to assess whether a condition warrants treatment as an emergency service.		

Add



# Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Up to 365 days per year based on medical necessity

Scope Limit:

Payment not made for inpatient hospital services related to elective surgery performed for cosmetic purposes only.

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:	Source:	Remove
Nurse Midwife 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:		
<input type="text"/>		

Benefit Provided:	Source:	Remove
Inpatient Hospital Services: Maternity	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:		
<input type="text"/>		

Benefit Provided:	Source:	Remove
Physicians' Services: Maternity	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:		
<input type="text"/>		



# Alternative Benefit Plan

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

Up to one annual and five GYN visits annually to a provider for family planning is covered without a PCP referral.

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.

<b>Benefit Provided:</b>	<b>Source:</b>	<b>Remove</b>
Rehabilitative Services - Residential Services	State Plan 1905(a)	
<b>Authorization:</b>	<b>Provider Qualifications:</b>	
Prior Authorization	Medicaid State Plan	
<b>Amount Limit:</b>	<b>Duration Limit:</b>	
Payment for room and board is excluded	None	
<b>Scope Limit:</b>		
Services are provided in facilities of no more than sixteen (16) beds		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
The service elements offered by a residential program shall include but not be limited to the provision of or linkage to the following based on each resident's individualized treatment plan: behavioral health therapeutic and rehabilitative services necessary for the resident to attain recovery; individual, family, and group counseling; Medication prescription, administration, education, cueing, and monitoring; behavioral management; menu planning, meal preparation, and nutrition education; skill training regarding health and hygiene; budgeting skills training and/or assistance; crisis intervention; community and daily living skills training; community resource information and access; social skills training and assistance in developing natural social support networks; coordination with the resident's medical care providers. These services are not provided in an IMD.		

<b>Benefit Provided:</b>	<b>Source:</b>	<b>Remove</b>
Rehab Services - Psychiatric Rehab Services	State Plan 1905(a)	
<b>Authorization:</b>	<b>Provider Qualifications:</b>	
Prior Authorization	Medicaid State Plan	
<b>Amount Limit:</b>	<b>Duration Limit:</b>	
None	None	
<b>Scope Limit:</b>		
Services are provided through Behavioral Health Organizations licensed by the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
This program may include any or all of the following, as determined to be medically necessary by inclusion in the client's individual treatment plan as approved by a physician or other licensed practitioner of the healing arts: occupational therapy; development and maintenance of necessary community and daily living skills including grooming, personal hygiene, cooking, nutrition, health and mental health education, money management, maintenance of the living environment, development of appropriate personal support networks, structured socialization activities to diminish isolation and withdrawal, development of the basic		



# Alternative Benefit Plan

language skills necessary to enable the client to function independently, training in the appropriate use of community services.

Benefit Provided:	Source:	Remove
Rehab Services: CPST	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Provided to clients who are 18 years of age or older. Services are provided through Behavioral Health Organizations licensed by the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Full State Plan Title: Rehabilitative Services: Community Psychiatric Supportive Treatment. Services to be provided may include, but are not limited to, counseling, support, and treatment services identified in the person's individualized treatment plan; and assistance in further developing the competencies the person needs to increase his or her social support network to minimize social isolation and withdrawal brought on by behavioral health issues.		

Benefit Provided:	Source:	Remove
Rehab Services: Substance Abuse Residential	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Payment for room and board is excluded	None	
Scope Limit:		
Services provided in non-institutional community-based substance abuse treatment facilities of 16 or less beds. Facilities and programs must be licensed by the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Full State Plan Title: Rehabilitative Services: Substance Abuse Residential Services. Services provided include individual and group counseling, psychological support, social guidance, family counseling and peer support as determined to be medically necessary by a treatment plan approved by a physician or the program's clinical director. These services are not provided in an IMD.		

Benefit Provided:	Source:	Remove
Rehab Services: Outpatient Counseling Services	State Plan 1905(a)	



# Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services are available to those individuals meeting ASAM PPC-2 criteria or to those individuals for whom this level of care can be clinically justified and documented.

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

Services provided with a primary purpose of evaluation, treatment, and rehabilitation of problems directly related to substance abuse. Services are provided in accordance with a treatment plan approved by the program's clinical director. Covered services include: individual counseling, group counseling, family counseling, and significant other counseling.

Benefit Provided:

Rehab Services: Substance Abuse Assessment

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services are provided through entities licensed by the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals to provide substance abuse treatment services or narcotic treatment services.

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

Full State Plan Title: Rehabilitative Services: Substance Abuse Assessment Services.  
An evaluation of at least 60-90 minutes duration which includes a comprehensive biopsychosocial assessment designed to determine the client's substance abuse history, diagnosis according to the latest version of the Diagnostic and Statistic Manual of Mental Disorders (DSM), treatment needs, readiness for treatment, and recommended level of care according to the American Society of Addiction Medicine Patient Placement Criteria.

Benefit Provided:

Rehab Services: Detoxification Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services must be provided by facilities and programs licensed by the Department of Behavioral



# Alternative Benefit Plan

Healthcare, Developmental Disabilities, and Hospitals to provide detoxification services or narcotic treatment services.

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

Services include 24-hour residential detoxification services in a non-hospital setting; outpatient ambulatory detoxification services, and outpatient ambulatory narcotic detoxification services.

Add



# Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

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

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

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

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:



# 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
Home Health Services: Nursing	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Home Health Services do not include respite care, relief care, or day care.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Full State Plan Title: Home Health Services - Intermittent and Part-time Nursing Services Covered services include those services provided under a written plan of care authorized by a physician including full-time, part-time, or intermittent skilled nursing care and certified nursing assistant services as well as physical therapy, occupational therapy, respiratory therapy and speech-language pathology, as ordered by a physician. This service also includes medical social services, durable medical equipment, and medical supplies for use at home.		

Benefit Provided:	Source:	Remove
Nursing Facility Services: Rehab	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	30 consecutive days	
Scope Limit:		
Provided for individuals over age 21.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
This benefit is intended for rehabilitative purposes. Patients requiring treatment for longer than 30 days are covered under the Nursing Facility Services: Custodial Care benefit.		

Benefit Provided:	Source:	Remove
Home Health: Medical Supplies	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	



# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Limited to those items provided for in the manual entitled "Provisions for the Payment of Durable Medical Equipment, Surgical Appliances and Prosthetic Devices through the Rhode Island Medical Assistance Program."

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

Full State Plan Title: Home Health: Medical Supplies, Equipment, and Appliances.

Benefit Provided:

Home Health Services - Physical Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Provided by a home health agency or medical rehabilitation facility

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 for nursing, home health aid, and therapy visits in excess of 8 per month.

Benefit Provided:

Home Health Services - Occupational Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Provided by a home health agency or medical rehabilitation facility

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 for nursing, home health aid, and therapy visits in excess of 8 per month.

Benefit Provided:

Home Health Services - Speech Therapy

Source:

State Plan 1905(a)

Remove



# Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Provided by a home health agency or medical rehabilitation facility

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 for nursing, home health aid, and therapy visits in excess of 8 per month.

Benefit Provided:

Physical/Occupational/Speech Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Approval Date January 10, 2019

Add



# Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided: Other Laboratory and X-Ray Services	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Covered when ordered by a Health Plan physician/provider; including urine drug screens		
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).

<b>Benefit Provided:</b> Tobacco Cessation Counseling Services	<b>Source:</b> State Plan 1905(a)	<input type="button" value="Remove"/>
<b>Authorization:</b> Prior Authorization	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

<b>Benefit Provided:</b> Family Planning Services and Supplies	<b>Source:</b> State Plan 1905(a)	<input type="button" value="Remove"/>
<b>Authorization:</b> Prior Authorization	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

<b>Benefit Provided:</b> Doula Services	<b>Source:</b> State Plan 1905(a)	<input type="button" value="Remove"/>
<b>Authorization:</b> None	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> 3 prenatal, 1 delivery, 3 postpartum	<b>Duration Limit:</b> 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:

Approval Date: May 24, 2022

Add



# Alternative Benefit Plan

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

<b>Benefit Provided:</b> Medicaid State Plan EPSDT Benefits	<b>Source:</b> State Plan 1905(a)	<input type="button" value="Remove"/>
<b>Authorization:</b> Prior Authorization	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> Provided to all children and young adults up to age 21.		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> The prior authorization requirements which are applicable to all other medical services and supplies provided in the Rhode Island Medical Assistance Program apply for EPSDT services.		



# Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



# Alternative Benefit Plan

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

Base Benchmark Benefit that was Substituted:  Source:

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:

Office Visits with PCP were bundled along with Physicians' Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of Physicians' Services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:  Source:

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 Medical Services were mapped to the "Emergency Services" EHB category. These services are a duplication of Outpatient Hospital: Emergency Services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:  Source:

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:

Surgery was bundled along with Inpatient Hospital Services and mapped to the "Hospitalization" EHB category. Furthermore, it was bundled with Outpatient Hospital Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:  Source:

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:

Detoxification Services were bundled along with Rehabilitative Services: Detoxification Services and mapped to the "Mental Health and Substance Use Disorder Services" EHB. The bundled services are a duplication of Rehabilitative Services: Detoxification Services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:  Source:

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:

Prostheses and Orthotic Devices were bundled along with Home Health Services - Medical Supplies, Equipment, and Appliances, and mapped to the "Rehabilitative and Habilitative Services and Devices" EHB category. The bundled services are a duplication of Home Health Services - Medical Supplies, Equipment, and Appliances from the existing Medicaid State Plan.



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Hair Prostheses - 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: Hair Prostheses were bundled along with Medical Supplies, Equipment, and Appliances, and mapped to the "Rehabilitative and Habilitative Services and Devices" EHB category. The bundled services are a duplication of Medical Supplies, Equipment, and Appliances from the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Cardiac Rehab - 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: Cardiac Rehab was bundled along with Outpatient Hospital Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of Outpatient Services from the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Enteral Formula - 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: Enteral Formula was bundled along with Home Health Services - Medical Supplies, Equipment, and Appliances, and mapped to the "Rehabilitative and Habilitative Services and Devices" EHB category. The bundled services are a duplication of Home Health Services - Medical Supplies, Equipment, and Appliances from the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Therapy Treatments - 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: Therapy Treatments were bundled along with Outpatient Hospital Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of Outpatient Hospital Services from the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Routine Check Ups - 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: Routine Check Ups were bundled along with Physicians' Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of Physicians' Services from the existing Medicaid State Plan.		



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Tests and Procedures Ordered by PCP - 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:

Tests and Procedures Ordered by PCP were bundled along with Outpatient Hospital Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of Outpatient Hospital Services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Immunizations - 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:

Immunizations were bundled along with Prescribed Drugs and mapped to the "Prescription Drugs" EHB category. The bundled services are a duplication of Prescribed Drug benefit from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Human Leukocyte Antigen 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:

Human Leukocyte Antigen Testing was bundled along with Other Laboratory and X-Ray Services and mapped to the "Laboratory services" EHB category. The bundled services are a duplication of Other Laboratory and X-Ray Services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Newborn 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:

Newborn Care was bundled along with Inpatient Hospital Services: Maternity and mapped to the "Maternity and Newborn Care" EHB category. The bundled services are a duplication of Inpatient Hospital Services: Maternity from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Allergist 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:

Allergist Services were bundled along with Physicians' Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of Physicians' Services from the existing Medicaid State Plan.



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Dermatologist 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: Dermatologist Services were bundled along with Physicians' Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of Physicians' Services from the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Hearing 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: Hearing Services were bundled along with Physicians' Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of Physicians' Services from the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Preadmission 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: Preadmission Testing was bundled along with Inpatient Hospital Services and mapped to the "Hospitalization" EHB category. The bundled services are a duplication of Inpatient Hospital Services from the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Voluntary Sterilization - 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: Voluntary Sterilization was bundled along with Outpatient Hospital Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of Outpatient Hospital Services from the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: HIV Testing and 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: HIV Testing and Counseling was bundled along with Family Planning Services and Supplies and mapped to the "Preventive and Wellness Services and Chronic Disease Management" EHB category. The bundled services are a duplication of the Family Planning Services and Supplies from the existing Medicaid State Plan.		



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Chiropractic Services - Duplication"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Chiropractic Services were mapped to the 'Ambulatory Patient Services' EHB category. Chiropractic Services from the existing Medicaid State Plan was used for duplication purposes."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Infertility Treatment Services - Substitution"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="IVF Services were mapped to the 'Ambulatory Patient Services' EHB category. Personal Care Services from the existing Medicaid State Plan were used for substitution purposes."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Chronic Disease Management - Duplication"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Chronic Disease Management was bundled along with Case Management and TB-Related Services - Case Management Services and mapped to the 'Ambulatory Patient Services' EHB category. The bundled services are a duplication of services from the existing Medicaid State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient Services - Duplication"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Inpatient Services were mapped to the 'Hospitalization' EHB category. These services are a duplication of Inpatient Hospital Services from the existing Medicaid State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient Services - Duplication"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Outpatient Services were mapped to the 'Ambulatory Patient Services' EHB category. These services are a duplication of Outpatient Hospital Services from the existing Medicaid State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Skilled Nursing Care Facility - Duplication"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>



# Alternative Benefit Plan

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

Skilled Nursing Care Facility was mapped to the "Rehabilitative and Habilitative Services and Devices" EHB category. This service is a duplication of Nursing Facility Services: Rehabilitative from the existing Medicaid State Plan.

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 was mapped to the "Ambulatory Patient Services" EHB category. These services are a duplication of Hospice Care Services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Coordinated Cancer 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:

Coordinated Cancer Care was bundled along with Case Management and TB-Related Services - Case Management Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Diabetic 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:

Diabetic Services were bundled along with Case Management and TB-Related Services - Case Management Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Hemophilia 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:

Hemophilia Services were bundled along with Case Management and TB-Related Services - Case Management Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Lyme Disease Diagnosis and Treatment - 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:

Lyme Disease Diagnosis and Treatment was bundled along with Physicians' Services and mapped to the



# Alternative Benefit Plan

"Ambulatory Patient Services" EHB. The bundled services are a duplication of services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Asthma 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:

Asthma Education was bundled along with Case Management and TB-Related Services - Case Management Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Maternity 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:

Maternity Care was mapped to the "Maternity and Newborn Care" EHB category. These services are a duplication of Inpatient Hospital Services: Maternity from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Diagnostic Laboratory 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:

Diagnostic Laboratory Services were bundled along with Other Laboratory and X-Ray Services and mapped to the "Laboratory Services" EHB category. These services are a duplication of Other Laboratory and X-Ray Services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Radiology and Imaging 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:

Radiology and Imaging Services were bundled along with Other Laboratory and X-Ray Services and mapped to the "Laboratory Services" EHB category. These services are a duplication of Other Laboratory and X-Ray Services from the existing Medicaid State Plan.

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:

DME was mapped to the "Rehabilitative and Habilitative Services and Chronic Disease Management" EHB category. This service is a duplication of Home Health Services - Medical Supplies, Equipment, and Appliances from the existing Medicaid State Plan.



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Rehab: Physical Therapy - 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: Rehab: Physical Therapy was bundled along with Outpatient Hospital Services and mapped to the "Rehabilitative and Habilitative Services and Devices" EHB category. This service is a duplication of Outpatient Hospital Services from the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Rehab: Occupational Therapy - 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: Rehab: Occupational Therapy was bundled along with Outpatient Hospital Services and mapped to the "Rehabilitative and Habilitative Services and Devices" EHB category. This service is a duplication of Outpatient Hospital Services from the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Rehab: Speech Therapy - 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: Rehab: Speech Therapy was bundled along with Outpatient Hospital Services and mapped to the "Rehabilitative and Habilitative Services and Devices" EHB category. This service is a duplication of Outpatient Hospital Services from the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Prescription Drugs - 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: Prescription Drugs were mapped to the "Prescription Drugs" EHB category. These services are a duplication of Prescription Drugs from the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Non-prescription drugs - 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: Non-Prescription Drugs were bundled along with Prescription Drugs and mapped to the "Prescription Drugs" EHB category. These services are a duplication of Prescription Drugs from the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Emergency Transportation - 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:

Emergency Transportation was bundled along with Transportation and mapped to the "Emergency Services" EHB category. This service is a duplication of Transportation from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Non-emergency Transportation - 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:

Non-Emergency Transportation was bundled along with Transportation and mapped to the "Ambulatory Patient Services" EHB category. This service is a duplication of Transportation from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Emergency Dental 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 Dental Services were bundled along with Dental Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of Dental Services from the existing Medicaid State Plan.

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 were mapped to the "Rehabilitative and Habilitative Services and Devices" EHB category. This service is a duplication of Home Health Services - Home Health Aide Services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Skilled Nursing 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:

Skilled Nursing Services were mapped to the "Rehabilitative and Habilitative Services and Devices" EHB category. This service is a duplication of Home Health Services - Intermittent and Part-time Nursing Services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Experimental and/or Investigational Treatment-Sub

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:

Experimental and/or Investigational Treatments were mapped to the "Ambulatory Patient Services" EHB category. Dental Services from the existing Medicaid State Plan were used for substitution purposes.

Base Benchmark Benefit that was Substituted:

Diagnosis and Treatment of Infertility - Substitut

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:

Diagnosis and Treatment of Infertility was mapped to the "Ambulatory Patient Services" EHB category. Personal Care Services from the existing Medicaid State Plan were used for substitution purposes.

Base Benchmark Benefit that was Substituted:

Assisted Reproductive Technology Procedures - Sub

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:

Assisted Reproductive Technology Procedures were mapped to the "Ambulatory Patient Services" EHB category. Personal Care Services from the existing Medicaid State Plan were used for substitution purposes.

Base Benchmark Benefit that was Substituted:

Family Planning: Contraception - 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:

Family Planning: Contraception was bundled along with Family Planning Services and Supplies and mapped to the "Preventive and Wellness Services and Chronic Disease Management" EHB category. The bundled services are a duplication of the Family Planning Services and Supplies from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Family Planning: Abortion - 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:

Family Planning: Abortion was bundled along with Physicians' Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of Physicians' Services from the existing Medicaid State Plan. The state conforms to the Hyde Amendment and does not cover abortions except in cases of rape, incest, or when the mother's life is at risk.

Base Benchmark Benefit that was Substituted:

Midwifery Services - 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:

Midwifery Services were mapped to the "Maternity and Newborn Care" EHB category. These services are a duplication of Nurse Midwife Services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Smoking Cessation Programs - 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:

Smoking Cessation Programs were mapped to the "Preventive and Wellness Services and Chronic Disease Management" EHB category. These services are a duplication of Face-to-Face Tobacco Cessation Counseling Services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Foot 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:

Foot Care Services were bundled along with Other Licensed Practitioners - Podiatrists' Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of the Other Licensed Practitioners - Podiatrists' Services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Foot Care related to a specific condition - Duplic

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:

Foot Care Related to a Specific Condition was bundled along with Other Licensed Practitioners - Podiatrists' Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled service is a duplication of the Other Licensed Practitioners - Podiatrists' Services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Routine Foot 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:

Routine Foot Care was bundled along with Other Licensed Practitioners - Podiatrists' Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled service is a duplication of the Other Licensed Practitioners - Podiatrists' Services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Nutritional Counseling - 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:

Nutritional Counseling was bundled along with Physicians' Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of Physicians' Services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Mental Health Treatment: Inpatient - 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:

Mental Health Treatment: Inpatient was bundled along with Rehabilitative Services - Residential Services and mapped to the "Mental Health and Substance Use Disorder Services" EHB category. The bundled service is a duplication of the Rehabilitative Services - Residential Services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Mental Health Treatment: Outpatient - 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:

Mental Health Treatment: Outpatient was bundled along with Rehabilitative Services - Psychiatric Rehabilitative Services and mapped to the "Mental Health and Substance Use Disorder Services" EHB category. The bundled service is a duplication of the Rehabilitative Services - Psychiatric Rehabilitative Services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Mental Health Treatment: Provider Office - 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 Health Treatment: Provider's Home or Office was bundled along with Rehabilitative Services: Community Psychiatric Supportive Treatment and mapped to the "Mental Health and Substance Use Disorder Services" EHB category. The bundled service is a duplication of the Rehabilitative Services: Community Psychiatric Supportive Treatment from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Chemical Dependency Srv: Inpatient - 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:

Chemical Dependency Services: Inpatient was bundled along with Rehabilitative Services: Substance Abuse Residential Services and mapped to the "Mental Health and Substance Use Disorder Services" EHB category. The bundled service is a duplication of the Rehabilitative Services: Substance Abuse Residential Services from the existing Medicaid State Plan.



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Chemical Dependency Srv: Outpatient - 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:

Chemical Dependency Services: Outpatient was bundled along with Rehabilitative Services: Outpatient Counseling Services and mapped to the "Mental Health and Substance Use Disorder Services" EHB category. The bundled service is a duplication of the Rehabilitative Services: Outpatient Counseling Services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Chemical Dependency Srv: Provider Office - 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:

Chemical Dependency Services: Provider's Home or Office was bundled along with Rehabilitative Services: Substance Abuse Assessment Services and mapped to the "Mental Health and Substance Use Disorder Services" EHB category. The bundled service is a duplication of the Rehabilitative Services: Substance Abuse Assessment Services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Detoxification Services: Inpatient - 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:

Detoxification Services: Inpatient was bundled along with Rehabilitative Services: Detoxification Services and mapped to the "Mental Health and Substance Use Disorder Services" EHB category. The bundled service is a duplication of the Rehabilitative Services: Detoxification Services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Detoxification Services: Residential - 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:

Detoxification Services: Residential was bundled along with Rehabilitative Services: Detoxification Services and mapped to the "Mental Health and Substance Use Disorder Services" EHB category. The bundled service is a duplication of the Rehabilitative Services: Detoxification Services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Doula 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:

Doula Services have been mapped to the Preventive and wellness services and chronic disease management EHB category. The service is a duplication of the doula service from the existing Medicaid State Plan.



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Physical, Occupational, and Speech Therapies- Dupl

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:

PT, OT, and SP therapies have been mapped to Rehabilitation Services EHB category. The service is a duplication of the PT, OT, and SP therapies services in the existing Medicaid State Plan.

Add



# Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered

Collapse All

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Early Intervention Services

Source:

Base Benchmark

Remove

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

Early Intervention Services target young children. That particular benefit is not applicable since Rhode Island's Alternative Benefit Plan covers only adults between ages 19-64.

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Pediatric Care

Source:

Base Benchmark

Remove

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

Pediatric Care applies to children under age 18. That particular benefit is not applicable since Rhode Island's Alternative Benefit Plan covers only adults between ages 19-64.

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Routine Vision Services

Source:

Base Benchmark

Remove

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

This benefit is not considered an EHB.

Add



# Alternative Benefit Plan

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

<b>Other 1937 Benefit Provided:</b> Medical and Surgical Services Provided by Dentist	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
<b>Authorization:</b> Prior Authorization	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other:</b>  		

<b>Other 1937 Benefit Provided:</b> Tuberculosis-Related Services	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
<b>Authorization:</b> Prior Authorization	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other:</b> Full State Plan Title: Case Management Services and TB-Related Services - Special TB-Related Services		

<b>Other 1937 Benefit Provided:</b> ICF-IID	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
<b>Authorization:</b> Prior Authorization	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other:</b> Full State Plan Title: Intermediate Care Facility Services for Individuals with Intellectual Disabilities.		



# Alternative Benefit Plan

<input type="text"/>		
Other 1937 Benefit Provided:	Source:	Remove
<input type="text" value="Rural Health Clinics"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Prior Authorization"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:		
<input type="text" value="None"/>		
Other:		
<input type="text"/>		
Other 1937 Benefit Provided:	Source:	Remove
<input type="text" value="Federally Qualified Health Centers"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Prior Authorization"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:		
<input type="text" value="None"/>		
Other:		
<input type="text"/>		
Other 1937 Benefit Provided:	Source:	Remove
<input type="text" value="Other Licensed Practitioners-Optometrists' Serv"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Prior Authorization"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:		
<input type="text"/>		



# Alternative Benefit Plan

Other:

Vision services for adults over 21 years of age and older.  
Includes eyeglasses. Vision services for children under 21 years of age is covered under EHB10.

Other 1937 Benefit Provided:

Certified Pediatric or Family Nurse Practitioner

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:

Full State Plan Title: Certified Pediatric or Family Nurse Practitioners' Services

Other 1937 Benefit Provided:

Rehab Services: Clinician's Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Clinician's services do not include those services that are part of another community mental health service, such as psychiatric rehabilitation program components, crisis intervention services, or services defined as case management.

Other:

Clinician's Services refer to services rendered to eligible recipients with mental or emotional disorders. Services include, but are not limited to, assessment and evaluation; psychological and neuropsychological assessment and evaluation; individual and group therapy; medication treatment and review.

Other 1937 Benefit Provided:

Rehab Services: Crisis Intervention Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services are provided through Behavioral Health Organizations licensed by the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals.

Other:

Behavioral health emergency, crisis intervention, and crisis stabilization services are immediate and short-term behavioral healthcare interventions provided to individuals experiencing an emergency or crisis situation. These services continue until the crisis is stabilized or the individual is safely transferred or referred for appropriate stabilization and/or ongoing treatment.

Other 1937 Benefit Provided:

Rehab Services: Adult Medical Day Care

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:

Services are provided through Behavioral Health Organizations licensed by the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals.

Other:

Rehabilitative Services: Adult Medical Day Care Services are provided to assist individuals who, due to a developmental disability, severe disability related to age or chronic illness, encounter special problems resulting in physical and/or social isolation detrimental to the individuals' well-being, or require close monitoring and supervision for health reasons.

Other 1937 Benefit Provided:

Rehab Services: Day/Evening Treatment

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services are provided through entities licensed by the Behavioral Health Organizations licensed by the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals to provide substance abuse treatment services.

Other:

Services are provided with a primary purpose of evaluation, treatment, and rehabilitation for individuals with substance abuse provided in an ambulatory setting at a high level of intensity, minimum 4 hour per day, 4 or more days per week. Services are available to those individuals meeting ASAM PPC-2 criteria



# Alternative Benefit Plan

for this level of care or, alternatively, to those individuals for whom this level of care can be clinically justified and documented. Services are provided in accordance with a treatment plan approved by the program's clinical director.

Other 1937 Benefit Provided:

Nursing Facility Services: Custodial Care

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:

Provided for individuals over age 21.

Other:

This benefit is provided for long-term custodial care.

Other 1937 Benefit Provided:

Dental Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Dental Services for adults 21 years of age or older

Other:

Prior authorization is required for all services except for emergency and palliative treatment, examination and charting, prophylaxis and x-rays required to achieve a proper diagnosis. Dental services for children under 21 years of age is covered under EHB 10.

Other 1937 Benefit Provided:

Cessation of Tobacco Use by Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



# Alternative Benefit Plan

Scope Limit:

None

Other:

Other 1937 Benefit Provided:

Outpatient Hospital Services: Therapy

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:

Benefit applies to rehabilitative and habilitative treatments.

Other:

Therapies include physical therapy, occupational therapy, and speech therapy.

Other 1937 Benefit Provided:

Dentures

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:

Prior authorization is required for rebase, reline, interim dentures, and precision attachments for those under 21 years of age.

Other:

Other 1937 Benefit Provided:

Health Homes- Opioid Treatment

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Approval Date: November 6, 2013

Other 1937 Benefit Provided:

Health Homes - IHH

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:

Approval Date: January 12, 2017

Other 1937 Benefit Provided:

Family Home Visiting

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:

Prior authorization not required  
First Connections Approval Date: August 31, 2022  
Parents as Teachers Approval Date: December 9, 2022  
Healthy Families America Approval Date: November 15, 2024



# Alternative Benefit Plan

Other 1937 Benefit Provided:

Community Health Workers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Yes

Duration Limit:

Yes

Scope Limit:

None

Other:

Prior authorization not required  
Approval Date: May 23, 2022

Limited to 2 hours in a 24 hour period, not to exceed 12 hours per calendar month. If medical necessity is indicated, prior authorization can be requested for additional hours.

Other 1937 Benefit Provided:

Assertive Community Treatment (ACT)

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:

Approval Date: January 12, 2017

Other 1937 Benefit Provided:

Non-Routine ACIP recommendations Vaccines

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



# Alternative Benefit Plan

Other:

Prior authorization not required  
Approval Date: February 1, 2024

The state covers the non-routine ACIP recommended vaccines and vaccine administration described in section 1905(a)(13)(B) of the Act.

As changes are made to ACIP recommendations, the coverage and billing codes will be updated to comply with those revisions.

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:

Prior authorization not required  
Approval Date: June 25, 2021

MAT is provided as defined in the approved state plan 3.1A and if applicable, 3.1B pages.  
MAT is provided in accordance with 1905(a)(29)

Other 1937 Benefit Provided:

Routine Costs for Clinical Trials

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Prior authorization not required  
Approval Date: April 8, 2022

Coverage of routine patient costs in qualifying clinical trials as required under Section 1905(a)(30).

Coverage is provided as defined in the state plan 3.1A and 3.1B pages under "Coverage of Routine Patient Cost in Qualifying Clinical Trials".



# Alternative Benefit Plan

	<input type="button" value="Add"/>
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# 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: 0938-1148

Transmittal Number: RI - 25 - 0019

## Service Delivery Systems

ABP8

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

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

Select one or more service delivery systems:

- Managed care.
  - Managed Care Organizations (MCO).
  - Prepaid Inpatient Health Plans (PIHP).
  - Prepaid Ambulatory Health Plans (PAHP).
  - Primary Care Case Management (PCCM).
- Fee-for-service.
- Other service delivery system.

## Managed Care Options

### Managed Care Assurance

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

### Managed Care Implementation

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

This new expansion population will be enrolled in existing Medicaid Managed Care programs in Rhode Island. There is a statewide outreach program including media and in person outreach workers. Consumer Advisory Committees are active in each MCO as well as through EOHHS, the Single State Agency. The MCOs have actively outreached to providers regarding these new members and have implemented the PCP rate bump.

### MCO: Managed Care Organization

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

Yes

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

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



# Alternative Benefit Plan

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

Describe program below:

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

## MCO Procurement or Selection Method

Indicate the method used to select MCOs:

Competitive procurement method (RFP, RFA).

Other procurement/selection method.

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

## Other MCO-Based Service Delivery System Characteristics

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

MCO service delivery is provided on less than a statewide basis.

## MCO Participation Exclusions

Individuals are excluded from MCO participation in the Alternative Benefit Plan:

## General MCO Participation Requirements

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

Mandatory participation.

Voluntary participation. Indicate the method for effectuating enrollment:

Describe method of enrollment in MCOs:

## Additional Information: MCO (Optional)

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

## Fee-For-Service Options

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

Traditional state-managed fee-for-service

Services managed under an administrative services organization (ASO) arrangement



# Alternative Benefit Plan

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

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

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

PRA Disclosure Statement

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

V.20181119