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State/Territory Name: South Dakota

State Plan Amendment (SPA) #: 24-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages



Medicaid and CHIP Operations Group

April 4, 2024

Heather Petermann Medicaid Director South Dakota Department of Social Services 700 Governors Drive Pierre, South Dakota 57501-2291

Re: South Dakota State Plan Amendment (SPA) 24-0002

Dear Director Petermann:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0002. This amendment proposes Alternative Benefit Plan (ABP) coverage of a primary care case management program (PCCM) for pregnant individuals and of adult vaccinations and their administration without cost sharing in order to align with the South Dakota State Plan.

We conducted our review of your submittal according to statutory requirements in Sections §1905(a)(13)(b), 1905(t), and 1902(a)(10) of the Social Security Act. This letter informs you that South Dakota's Medicaid SPA TN 24-0002 was approved on April 4, 2024, with an effective date of April 1, 2024.

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

If you have any questions, please contact Tyler Deines at (202) 571-8533 or via email at tyler.deines@cms.hhs.gov.

Sincerely,

James G. Scott, Director Division of Program Operations

Enclosures

cc: Matthew Ballard, South Dakota Medicaid

State/Territory name:

South Dakota

Transmittal Number: Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix. SD-24-0002

Proposed Effective Date

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

Federal Statute/Regulation Citation

Social Security Act Sections 1902(a)(10)(A)(i)(VIII) and 1937 and section 11405 of the Inflation Reduction Act (IRA)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2024	\$ 876605.00
Second Year	2025	\$ 1752151.00

Subject of Amendment

For purposes of alignment between the Alternative Benefit Plan ("Expansion group") and Medicaid State Plan amendments 23-0019 and 24-0001, the proposed state plan
amendment (SPA) adds coverage of Adult Vaccines and Administration and 1905(t) Primary Care Case Management Services for pregnant women.

1.

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received
- Describe:
- No reply received within 45 days of submittal

Other, as specified Describe:

Signature of State Agency Official

Submitted By:	Matthew Ballard
Last Revision Date:	Mar 28, 2024
Submit Date:	Feb 5, 2024



State Name: South Dakota		Attachr	nent 3.1-L-		OMB	Control Numb	er: 09381148
Transmittal Number: <u>SD</u> - <u>24</u> - <u>0002</u>			_				
Alternative Benefit Plan Populations							ABP1
Identify and define the population that will participate in the	e Altern	native Benefi	t Plan.				
Alternative Benefit Plan Population Name: Adult Expansi	ion Alte	ernative Bene	fit Plan (AB	P)			
Identify eligibility groups that are included in the Alternativ targeting criteria used to further define the population.	ve Bene	fit Plan's pop	ulation, and	which may	y conta	in individuals th	at meet any
Eligibility Groups Included in the Alternative Benefit Plan F	Populati	ion:					
Add Eligibility	y Group	p:				Enrollment is mandatory or voluntary?	Remove
Add Adult Group						Mandatory	Remove
Enrollment is available for all individuals in these eligibility	y group	(s).	Yes			l	
Geographic Area							
The Alternative Benefit Plan population will include individ	duals fro	om the entire	state/territor	у.	Yes		
Any other information the state/territory wishes to provide a	about th	ne population	(optional)				
The Adult Expansion Alternative Benefit Plan will include annual eligibility renewal.	individ	uals who bec	ome pregnar	nt in the ad	lult gro	up prior to their	next

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



State Name: South Dakota

Transmittal Number: <u>SD</u> - <u>24</u> - <u>0002</u>

Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

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

The benefits offered within South Dakota's Alternative Benefit Plan are equal to the benefits offered via the approved South Dakota Medicaid State Plan. Therefore the benefit packages are considered to be in alignment.

PRA Disclosure Statement

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

V.20160722

OMB Control Number: 09381148

ABP2a

Attachment 3.1-L-



Sta	te Name: South Dakota Attachment 3.1-L- OMB Control Number: 0938-1148
Tra	nsmittal Number: SD - 24 - 0002
Se	lection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package ABP3.1
Sel	ect 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: Adult Expansion Alternative Benefit Plan (ABP)
	Selection of EHB-Benchmark Plan
P SEP	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 South Dakota Benchmark Plan
	The EHB-benchmark plan is the same as the Section 1937 Coverage option: No
	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.
	\bigcirc State/Territory is selecting the EHB-benchmark plan used by the state/territory for the 2017 plan year.
	C 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.)
	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 actuarial certification and an associated actuarial report from an actuary, who is a member of the American Academy of Actuaries, in accordance with generally accepted actuarial principles and methodologies, has been completed and is available upon request.
	\checkmark The state/territory assures that all services in the EHB-benchmark plan have been accounted for throughout the benefit chart found in ABP 5.

Approval Date: April 4, 2024



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.
- O 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.
 - C 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:

Please refer to ABP 5 for a description of services.

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

The Alternative Benefit Plan will include the same services that are available through the State's approved Medicaid State Plan.



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



State Name: South Dakota

Attachment 3.1-L-

OMB Control Number: 09381148

ABP4

No

Transmittal Number: SD - 24- 0002

Alternative Benefit Plan Cost-Sharing

Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.

Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise described in the state plan. Any such cost sharing must comply with Section 1916 of the Social Security Act.

The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A.

Other Information Related to Cost Sharing Requirements (optional):

PRA Disclosure Statement

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

V.20160722



State Name: South Dakota	Attachment 3.1-L-	OMB Control Number: 0938-1148
Transmittal Number: SD - 24 - 0002		
Benefits Description		ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit pac	ekage. No	
Benefits Included in Alternative Benefit Plan		
Enter the specific name of the base benchmark plan selected:		
The South Dakota Benchmark Plan		
Enter the specific name of the section 1937 coverage option select Approved."	ed, if other than Secretary-Appr	oved. Otherwise, enter "Secretary-
Secretary-Approved		



. Essential Health Benefit: Ambulatory patient	nt services	Collapse All
Benefit Provided:	Source:	Remove
Licensed Physician Assistant Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information box below.	None	
Scope Limit:		
See other information box below.		
Other information regarding this benefit, i benchmark plan: See Attachment 3.1-A, 6.d.1, Services of	including the specific name of the source plan if it is not the base a licensed physician assistant	
Benefit Provided:	Source:	Remove
Physician Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See other information box below		
Other information regarding this benefit, i benchmark plan: See Attachment 3.1-A, 5.a, Physician Ser	including the specific name of the source plan if it is not the base vices	
Benefit Provided:	Source:	Remove
Chiropractic Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
1		



See Attachment 3.1-A, 6.c, Chiropractic Serv	ices	
enefit Provided:	Source:	Remove
Aedical Services by a Dentist	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See other information box below.		
benchmark plan: See Attachment 3.1-A, 5.b, Medical Services	by a Dentist	
enefit Provided:	Source:	Remove
Iospice Care	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, inclubenchmark plan: See Attachment 3.1-A, 18, Hospice Care	ading the specific name of the source plan if it is not the base	
enefit Provided:	Source:	Remove
ediatric or Family Nurse Practitioners	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	



See other information box below.		
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	
See Attachment 3.1-A, 23, Pediatric or Family Nu	urse Practitioners	
enefit Provided:	Source:	Remove
censed Certified Nurse Practitioner	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	I
See other information box below.	None	
Scope Limit:		
See other information box below.		
benchmark plan: See Attachment 3.1-A, 6.d.2, Services of a license family nurse practitioners	ed certified nurse practitioner other than pediatric or	
See Attachment 3.1-A, 6.d.2, Services of a license family nurse practitioners		Damagua
See Attachment 3.1-A, 6.d.2, Services of a license family nurse practitioners	ed certified nurse practitioner other than pediatric or Source: State Plan 1905(a)	Remove
See Attachment 3.1-A, 6.d.2, Services of a license family nurse practitioners nefit Provided:	Source:	Remove
See Attachment 3.1-A, 6.d.2, Services of a license family nurse practitioners nefit Provided: censed Certified Registered Nurse Anesthetist	Source: State Plan 1905(a)	Remove
See Attachment 3.1-A, 6.d.2, Services of a license family nurse practitioners nefit Provided: censed Certified Registered Nurse Anesthetist Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
See Attachment 3.1-A, 6.d.2, Services of a license family nurse practitioners nefit Provided: censed Certified Registered Nurse Anesthetist Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
See Attachment 3.1-A, 6.d.2, Services of a license family nurse practitioners mefit Provided: censed Certified Registered Nurse Anesthetist Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
See Attachment 3.1-A, 6.d.2, Services of a license family nurse practitioners enefit Provided: censed Certified Registered Nurse Anesthetist Authorization: None Amount Limit: See other information box below.	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
See Attachment 3.1-A, 6.d.2, Services of a license family nurse practitioners Inefit Provided: censed Certified Registered Nurse Anesthetist Authorization: None Amount Limit: See other information box below. Scope Limit: See other information box below. Other information regarding this benefit, including benchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None g the specific name of the source plan if it is not the base	Remove
See Attachment 3.1-A, 6.d.2, Services of a license family nurse practitioners nefit Provided: censed Certified Registered Nurse Anesthetist Authorization: None Amount Limit: See other information box below. Scope Limit: See other information box below. Other information regarding this benefit, including	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None g the specific name of the source plan if it is not the base	Remove
See Attachment 3.1-A, 6.d.2, Services of a license family nurse practitioners enefit Provided: censed Certified Registered Nurse Anesthetist Authorization: None Amount Limit: See other information box below. Scope Limit: See other information box below. Other information regarding this benefit, including benchmark plan: See Attachment 3.1-A, 6.d.3, Services of a license	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None g the specific name of the source plan if it is not the base	Remove
See Attachment 3.1-A, 6.d.2, Services of a license family nurse practitioners enefit Provided: censed Certified Registered Nurse Anesthetist Authorization: None Amount Limit: See other information box below. Scope Limit: See other information box below. Other information regarding this benefit, including benchmark plan: See Attachment 3.1-A, 6.d.3, Services of a license	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None g the specific name of the source plan if it is not the base ed certified registered nurse anesthetist	
See Attachment 3.1-A, 6.d.2, Services of a license family nurse practitioners enefit Provided: icensed Certified Registered Nurse Anesthetist Authorization: None Amount Limit: See other information box below. Scope Limit: See other information box below. Other information regarding this benefit, including benchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None g the specific name of the source plan if it is not the base ed certified registered nurse anesthetist Source:	



Amount Limit:	Duration Limit:	
See other information box below.	See other information box below.	
Scope Limit:		
See other information box below.		
benchmark plan:	luding the specific name of the source plan if it is not the base icensed registered nurse or licensed practical nurse	,
Benefit Provided:	Source:	Remove
Licensed Clinical Nurse Specialist	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information box below.	None	
Scope Limit: See other information box below. Other information regarding this benefit, inc benchmark plan: See Attachment 3.1-A, 6.d.5, Licensed Climit	luding the specific name of the source plan if it is not the base ical Nurse Specialist	,
Eenefit Provided: Family Planning Clinics	Source: State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
L Amount Limit:	Duration Limit:]
None	None	
~		
Scope Limit: See other information box below. Other information regarding this benefit, inc benchmark plan: See Attachment 3.1-A, 9.a, Family planning	luding the specific name of the source plan if it is not the base	;



Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See other information box below.		
Other information regarding this benefit, i	including the specific name of the source plan if it is not the base	
benchmark plan:		
See Attachment 3.1-A, 9.b, Ambulatory s	surgical centers	
nefit Provided:	Source:	D
ndstage Renal Disease Clinics	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See other information box below.		
Other information regarding this benefit, i benchmark plan:	including the specific name of the source plan if it is not the base	
See Attachment 3.1-A, 9.c Endstage rena	l disease clinics	
See Attachment 3.1-A, 9.c Endstage rena	l disease clinics Source:	Remova
-		Remove
See Attachment 3.1-A, 9.c Endstage rena nefit Provided: utpatient Hospital	Source: State Plan 1905(a)	Remove
See Attachment 3.1-A, 9.c Endstage rena nefit Provided: utpatient Hospital Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
See Attachment 3.1-A, 9.c Endstage rena nefit Provided: utpatient Hospital Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
See Attachment 3.1-A, 9.c Endstage rena nefit Provided: utpatient Hospital Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
See Attachment 3.1-A, 9.c Endstage rena nefit Provided: utpatient Hospital Authorization: None Amount Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
See Attachment 3.1-A, 9.c Endstage rena nefit Provided: utpatient Hospital Authorization: None Amount Limit: None Scope Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
See Attachment 3.1-A, 9.c Endstage rena nefit Provided: autpatient Hospital Authorization: None Amount Limit: None Scope Limit: See other information box below.	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
See Attachment 3.1-A, 9.c Endstage rena nefit Provided: utpatient Hospital Authorization: None Amount Limit: None Scope Limit: See other information box below. Other information regarding this benefit, i benchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
See Attachment 3.1-A, 9.c Endstage rena nefit Provided: utpatient Hospital Authorization: None Amount Limit: None Scope Limit: See other information box below. Other information regarding this benefit, i	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None including the specific name of the source plan if it is not the base ospital Services	Remove



nefit Provided:	Source:	Remov
Authorization:	Provider Qualifications:	
Prior Authorization		
Amount Limit:	Duration Limit:	
Scope Limit:		
	including the specific name of the source plan if it is not the b	ase
benchmark plan:		
benchmark plan:		



Benefit Provided:	Source:	D
Ground and Air Ambulance Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit:	
	None	
Scope Limit:		
See other information box below.		
benchmark plan: See Attachment 3.1-A, item 24.a, Transport	ation	
Benefit Provided:	Source:	Remove
Emergency Hospital Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, inc benchmark plan: See Attachment 3.1-A, item 24.e, Emergend	eluding the specific name of the source plan if it is no	t the base
Benefit Provided:	Source:	Remove
Authorization:	Provider Qualifications:	
None		
Amount Limit:	Duration Limit:	



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

Add



. Essential Health Benefit: Hospitalization		Collapse All
Benefit Provided:	Source:	Remove
Inpatient Hospitalization	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See other information box below.		
Other information regarding this benefit, benchmark plan: See Attachment 3.1-A, 1, Inpatient Hosp Some services may require prior authori		
Benefit Provided:	Source:	Remove
Organ Transplant Services	State Plan 1905(a)	Keniove
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See other information box below		
Other information regarding this benefit, benchmark plan: See Attachment 3.1-E, Standard for Cov Some services may require prior authori		not the base
Benefit Provided:	Source:	Remove
Authorization:	Provider Qualifications:	
Prior Authorization		
Amount Limit:	Duration Limit:	



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

Add



Benefit Provided:	Source:	D
Extended services for Pregnant Women	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See below		
Other information regarding this benefit, include benchmark plan: See Attachment 3.1-A,20. Extended services	luding the specific name of the source plan if it is not the b s for Pregnant Women	
Benefit Provided:	Source:	Remove
Nurse-Midwife Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, includence benchmark plan: See Attachment 3.1-A, 17, Nurse-Midwife S	luding the specific name of the source plan if it is not the b Services	ase
Benefit Provided:	Source:	Remove
Freestanding Birth Centers	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
	Duration Limit:	
Amount Limit:		
Amount Limit: None	None	



See Attachment 3.1-A, 26, Freestandi		
efit Provided:	Source:	Remove
ternal Child Health Clinics	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan: See Attachment 3.1-A, 9.e, Maternal (Child Health Clinics	t the base
	Child Health Clinics Source:	Remove
See Attachment 3.1-A, 9.e, Maternal		
See Attachment 3.1-A, 9.e, Maternal (efit Provided:	Source:	
See Attachment 3.1-A, 9.e, Maternal (efit Provided: Authorization:	Source:	
See Attachment 3.1-A, 9.e, Maternal (efit Provided: Authorization: None	Source: Provider Qualifications:	



5. Essential Health Benefit: Mental health and behavioral health treatment	l substance use	disorder servio	ces including
behavioral health treatment			

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

Benefit Provided:	Source:	Remove
Community Mental Health Center 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, includin benchmark plan: See Attachment 3.1-A, 13.d.1, Community Ment	ng the specific name of the source plan if it is not the base al Health Center Services	
Benefit Provided:	Source:	Remove
Substance Use Disorder Agency Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information box below.	See other information box below.	
Scope Limit:		
None		
benchmark plan: See Attachment 3.1-A, 13.d.2, Substance Use Di Includes individuals with substance use disorders	ng the specific name of the source plan if it is not the base sorder Agency Services s who are patients in certain institutions for mental diseases Security Act. See Attachment 3.1-M. – this provision	
Benefit Provided:	Source:	Remove
Licensed Professional Counselor – Mental Health	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	

Approval Date: April 4, 2024

Collapse All



See other information box below.		
benchmark plan:	ing the specific name of the source plan if it is not the base	_
See Attachment 3.1-A, 6.d.5, Licensed Professio	onal Counselor – Mental Health	
enefit Provided:	Source:	Remove
ervices of a Licensed Psychologist	State Plan 1905(a)	
Authorization:	Provider Qualifications:	_
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	-
See other information box below.	None	
Scope Limit:		_
See other information box below.		7
See Attachment 3.1-A, 6.d.5, Services of a Lice	ing the specific name of the source plan if it is not the base ensed Psychologist]
benchmark plan: See Attachment 3.1-A, 6.d.5, Services of a Lice enefit Provided:	ensed Psychologist Source:	Remove
benchmark plan: See Attachment 3.1-A, 6.d.5, Services of a Lice enefit Provided:	ensed Psychologist	Remove
benchmark plan: See Attachment 3.1-A, 6.d.5, Services of a Lice enefit Provided:	ensed Psychologist Source:	Remove
benchmark plan: See Attachment 3.1-A, 6.d.5, Services of a Lice enefit Provided: ervices of a Licensed Professional Counselor	Source: State Plan 1905(a)] Remove
benchmark plan: See Attachment 3.1-A, 6.d.5, Services of a Lice enefit Provided: ervices of a Licensed Professional Counselor Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
benchmark plan: See Attachment 3.1-A, 6.d.5, Services of a Lice enefit Provided: ervices of a Licensed Professional Counselor Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
benchmark plan: See Attachment 3.1-A, 6.d.5, Services of a Lice enefit Provided: ervices of a Licensed Professional Counselor Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan: See Attachment 3.1-A, 6.d.5, Services of a Lice enefit Provided: ervices of a Licensed Professional Counselor Authorization: None Amount Limit: See other information box below.	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan: See Attachment 3.1-A, 6.d.5, Services of a Lice enefit Provided: ervices of a Licensed Professional Counselor Authorization: None Amount Limit: See other information box below. Scope Limit: See other information box below. Other information regarding this benefit, includi benchmark plan:	source: Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
benchmark plan: See Attachment 3.1-A, 6.d.5, Services of a Lice enefit Provided: ervices of a Licensed Professional Counselor Authorization: None Amount Limit: See other information box below. Scope Limit: See other information box below. Other information regarding this benefit, includi benchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
benchmark plan: See Attachment 3.1-A, 6.d.5, Services of a Lice enefit Provided: ervices of a Licensed Professional Counselor Authorization: None Amount Limit: See other information box below. Scope Limit: See other information box below. Other information regarding this benefit, includi benchmark plan: See Attachment 3.1-A, 6.d.5, Licensed Profession Designation	source: Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None ing the specific name of the source plan if it is not the base	Remove Remove
benchmark plan: See Attachment 3.1-A, 6.d.5, Services of a Lice enefit Provided: ervices of a Licensed Professional Counselor Authorization: None Amount Limit: See other information box below. Scope Limit: See other information box below. Other information regarding this benefit, includi benchmark plan: See Attachment 3.1-A, 6.d.5, Licensed Profession	Source: Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None ing the specific name of the source plan if it is not the base onal Counselor Working Toward a Mental Health	



Scope Limit:		_
L		
	it, including the specific name of the source plan if it is not the base	
Other information regarding this benefi benchmark plan:	it, including the specific name of the source plan if it is not the base	_
	t, including the specific name of the source plan if it is not the base	



The state/territory assures that the ABP prescription drug benefit plan is the same as under the approved Medi	caid
State Plan for prescribed drugs.	ouru
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.): Authorization: Provider Qualifications:	
Limit on days supply Yes State licensed	
Limit on number of prescriptions	
Limit on brand drugs	
Other coverage limits	
Preferred drug list	
Coverage that exceeds the minimum requirements or other:	
The State's ABP prescription drug benefit is the same as the approved Medicaid state plan for prescription drugs. Pharmacy prior authorizations (PA) can processed electronically or manually. Electronic PA's are	
processed by the pharmacy point of sale system (POS) real time during claim adjudication. Manual PA's	
require additional information that is not present in the POS (ex. lab values). Manual PA's can be	
submitted via fax using a hard copy PA form or the PA can be requested by contacting the PA help desk by phone.	
	I



■ 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 imits 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 Nursing Services	State Plan 1905(a)]
Authorization:	Provider Qualifications:	-
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See other information box below.		
benchmark plan:	g the specific name of the source plan if it is not the base	
See Attachment 3.1-A, 7.a, Home Health Nursing	g Services	
Benefit Provided: Home Health Aide Services	Source: State Plan 1905(a)	Remove
Authorization:	Provider Qualifications: Medicaid State Plan	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See other information box below.		
benchmark plan:	g the specific name of the source plan if it is not the base	
See Attachment 3.1-A, 7.b, Home Health Aide Se	ervices	
Benefit Provided:	Source:	Remove
Home Health Medical Supplies and Equipment	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	



See other information box below.		
Other information regarding this benefit, i benchmark plan:	including the specific name of the source plan if it is not the b	base
See Attachment 3.1-A, 7.c, Home Health Some services may require prior authoriz		
nefit Provided:	Source:	Remove
me Health Therapy Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan:	Including the specific name of the source plan if it is not the b Therapy Services (PT, OT, SLP, and Audiology Services)	
benchmark plan: See Attachment 3.1-A, 7.d, Home Health nefît Provided:	Therapy Services (PT, OT, SLP, and Audiology Services) Source:	Remove
benchmark plan: See Attachment 3.1-A, 7.d, Home Health nefit Provided: ysical Therapy Service	Therapy Services (PT, OT, SLP, and Audiology Services) Source: State Plan 1905(a)	
benchmark plan: See Attachment 3.1-A, 7.d, Home Health nefit Provided: ysical Therapy Service Authorization:	Therapy Services (PT, OT, SLP, and Audiology Services) Source: State Plan 1905(a) Provider Qualifications:	
benchmark plan: See Attachment 3.1-A, 7.d, Home Health nefit Provided: ysical Therapy Service Authorization: None	Therapy Services (PT, OT, SLP, and Audiology Services) Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	
benchmark plan: See Attachment 3.1-A, 7.d, Home Health nefit Provided: ysical Therapy Service Authorization: None Amount Limit:	Therapy Services (PT, OT, SLP, and Audiology Services) Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	
benchmark plan: See Attachment 3.1-A, 7.d, Home Health nefit Provided: ysical Therapy Service Authorization: None	Therapy Services (PT, OT, SLP, and Audiology Services) Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	
benchmark plan: See Attachment 3.1-A, 7.d, Home Health nefit Provided: ysical Therapy Service Authorization: None Amount Limit: None Scope Limit:	Therapy Services (PT, OT, SLP, and Audiology Services) Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	
benchmark plan: See Attachment 3.1-A, 7.d, Home Health nefit Provided: ysical Therapy Service Authorization: None Amount Limit: None	Therapy Services (PT, OT, SLP, and Audiology Services) Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	
benchmark plan: See Attachment 3.1-A, 7.d, Home Health nefit Provided: ysical Therapy Service Authorization: None Amount Limit: None Scope Limit: None Other information regarding this benefit, i benchmark plan:	Therapy Services (PT, OT, SLP, and Audiology Services) Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None including the specific name of the source plan if it is not the b	Remove
benchmark plan: See Attachment 3.1-A, 7.d, Home Health nefit Provided: ysical Therapy Service Authorization: None Amount Limit: None Scope Limit: None Other information regarding this benefit, i benchmark plan:	Therapy Services (PT, OT, SLP, and Audiology Services) Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
benchmark plan: See Attachment 3.1-A, 7.d, Home Health nefit Provided: ysical Therapy Service Authorization: None Amount Limit: None Scope Limit: None Other information regarding this benefit, i benchmark plan: Physical Therapy Services are used to pro See Attachment 3.1-A, 11.a, Physical The	Therapy Services (PT, OT, SLP, and Audiology Services) Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
benchmark plan: See Attachment 3.1-A, 7.d, Home Health nefit Provided: ysical Therapy Service Authorization: None Amount Limit: None Scope Limit: None Other information regarding this benefit, i benchmark plan: Physical Therapy Services are used to pro See Attachment 3.1-A, 11.a, Physical The mefit Provided:	Therapy Services (PT, OT, SLP, and Audiology Services) Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
benchmark plan: See Attachment 3.1-A, 7.d, Home Health nefit Provided: ysical Therapy Service Authorization: None Amount Limit: None Scope Limit: None Other information regarding this benefit, i benchmark plan: Physical Therapy Services are used to pro-	Therapy Services (PT, OT, SLP, and Audiology Services) Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None including the specific name of the source plan if it is not the bovide rehabilitative, habilitative and audiology services. erapy (PT, OT, SLP) Source: Source:	Remove



Amount Limit:	Duration Limit:	1
None	None	
Scope Limit:		-
None		
benchmark plan:	the specific name of the source plan if it is not the base	-
Occupational Therapy Services are used to provide See Attachment 3.1-A, 11.b, Occupational Therapy		
enefit Provided:	Source:	Remove
Speech, Hearing, and Language Disorder Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan]
L Amount Limit:	Duration Limit:	J
None	None	
Scope Limit:]
None		1
U Other information regarding this benefit, including the benchmark plan: Speech, Hearing, and Language Disorder Services audiology services.	-]
U Other information regarding this benefit, including benchmark plan: Speech, Hearing, and Language Disorder Services	are used to provide rehabilitative, habilitative and]
Other information regarding this benefit, including benchmark plan: Speech, Hearing, and Language Disorder Services audiology services. See Attachment 3.1-A, 11.c, Services for Individua	are used to provide rehabilitative, habilitative and]
Conter information regarding this benefit, including the benchmark plan: Speech, Hearing, and Language Disorder Services audiology services. See Attachment 3.1-A, 11.c, Services for Individua	are used to provide rehabilitative, habilitative and ls with Speech, Hearing, or Language Disorders] Remove
Other information regarding this benefit, including benchmark plan: Speech, Hearing, and Language Disorder Services audiology services. See Attachment 3.1-A, 11.c, Services for Individua	are used to provide rehabilitative, habilitative and ls with Speech, Hearing, or Language Disorders Source:] Remove
Understand Other information regarding this benefit, including the benchmark plan: Speech, Hearing, and Language Disorder Services audiology services. See Attachment 3.1-A, 11.c, Services for Individua Senefit Provided: Prosthetic Devices	are used to provide rehabilitative, habilitative and ls with Speech, Hearing, or Language Disorders Source: State Plan 1905(a)] Remove
Other information regarding this benefit, including benchmark plan: Speech, Hearing, and Language Disorder Services audiology services. See Attachment 3.1-A, 11.c, Services for Individua Penefit Provided: Prosthetic Devices Authorization:	are used to provide rehabilitative, habilitative and ls with Speech, Hearing, or Language Disorders Source: State Plan 1905(a) Provider Qualifications:] Remove
Understand Other information regarding this benefit, including the benchmark plan: Speech, Hearing, and Language Disorder Services audiology services. See Attachment 3.1-A, 11.c, Services for Individua Penefit Provided: Prosthetic Devices Authorization: Yes	are used to provide rehabilitative, habilitative and ls with Speech, Hearing, or Language Disorders Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan] [Remove]
Other information regarding this benefit, including the benchmark plan: Speech, Hearing, and Language Disorder Services audiology services. See Attachment 3.1-A, 11.c, Services for Individua Senefit Provided: Prosthetic Devices Authorization: Yes Amount Limit:	are used to provide rehabilitative, habilitative and ls with Speech, Hearing, or Language Disorders Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:]
Understand Other information regarding this benefit, including the benchmark plan: Speech, Hearing, and Language Disorder Services audiology services. See Attachment 3.1-A, 11.c, Services for Individua Senefit Provided: Prosthetic Devices Authorization: Yes Amount Limit: None	are used to provide rehabilitative, habilitative and ls with Speech, Hearing, or Language Disorders Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:] Remove
Understand Other information regarding this benefit, including the benchmark plan: Speech, Hearing, and Language Disorder Services audiology services. See Attachment 3.1-A, 11.c, Services for Individua Senefit Provided: Prosthetic Devices Authorization: Yes Amount Limit: None Scope Limit: None Other information regarding this benefit, including the benchmark plan:	are used to provide rehabilitative, habilitative and ls with Speech, Hearing, or Language Disorders Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:] [Remove]]]
Understand Other information regarding this benefit, including the benchmark plan: Speech, Hearing, and Language Disorder Services and udiology services. See Attachment 3.1-A, 11.c, Services for Individua Senefit Provided: Prosthetic Devices Authorization: Yes Amount Limit: None Scope Limit: None Other information regarding this benefit, including the sentence of the sentence	are used to provide rehabilitative, habilitative and Is with Speech, Hearing, or Language Disorders Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None] Remove]]]]]
Understand Other information regarding this benefit, including the benchmark plan: Speech, Hearing, and Language Disorder Services audiology services. See Attachment 3.1-A, 11.c, Services for Individua Benefit Provided: Prosthetic Devices Authorization: Yes Amount Limit: None Scope Limit: None Other information regarding this benefit, including the benchmark plan: See Attachment 3.1-A, 12.c, Prosthetic Devices.	are used to provide rehabilitative, habilitative and Is with Speech, Hearing, or Language Disorders Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None] Remove]



Authorization:	Provider Qualifications:	
Prior Authorization	Other	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benchmark plan: See Attachment 3.1-A, 14.b, Skilled	efit, including the specific name of the source plan if it is not the b Nursing Facility Services	Dase
efit Provided:	Source:	Remove
Authorization:	Provider Qualifications:	
None		
Amount Limit:	Duration Limit:	
Scope Limit:		
Other information regarding this bend benchmark plan:	efit, including the specific name of the source plan if it is not the b	base



Benefit Provided:	Source:	Remove
Other Lab and X-Ray	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, i benchmark plan:	ncluding the specific name of the source plan if it is not the base	_
See Attachment 3.1-A, 3, Other Lab and	X-Ray	



9. Essential Health Benefit: Preventive and wellness services and chronic disease management

The state/territory must provide, at a minimum, a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided:	Source:	Remove
Diabetes Self-Management Training	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information box below.	See other information box below.	
Scope Limit:		
See other information box below.		
Other information regarding this benefit, incl benchmark plan: See Attachment 3.1-A, 13.c,1, Diabetes Self	uding the specific name of the source plan if it is not the base -Management Training	
Benefit Provided:	Source:	Remove
Community Health Worker Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information box below.	See other information box below.	
Scope Limit:		
See other information box below.		
Other information regarding this benefit, incl benchmark plan: See Attachment 3.1-A, 13.c,2, Community H	uding the specific name of the source plan if it is not the base lealth Worker Services	
Benefit Provided:	Source:	Remove
Vaccines and Vaccine Administration	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	



Other information regarding this benef benchmark plan:	it, including the specific name of the source plan if it is not the base	
See Attachment 3.1-A, 13.c,3, Vaccin	es and Vaccine Administration	
nefit Provided:	Source:	Remove
Authorization:	Provider Qualifications:	
Amount Limit:	Duration Limit:	
Scope Limit:		
Other information regarding this benef benchmark plan:	it, including the specific name of the source plan if it is not the base	



Source:	Remove
State Plan 1905(a)	
Provider Qualifications:	_
Medicaid State Plan	
Duration Limit:	_
None	
	_
cluding the specific name of the source plan if it is not the base	
	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:



11. Other Covered Benefits from Base Benchmark

Collapse All



2. Base Benchmark Benefits Not Covered due to Substitu	tion or Duplication	Collapse All
Base Benchmark Benefit that was Substituted: Specialist Visit	Source: Base Benchmark	Remove
	Base Benchmark	
Explain the substitution or duplication, including indic 1937 benchmark benefit(s) included above under Esser		on
Duplication - Covered in the Medicaid State Plan under	er	7
Attachment 3.1-A, 5.a, Physician Services in EHB 1, A		
Attachment 3.1-A, 6.d.2, Services of a licensed certific nurse practitioners in EHB 1, Ambulatory patient serv		
Attachment 3.1-A, 6.d.1, Services of a licensed physic		
Attachment 3.1-A, 6.d.4, Services of a licensed register		
Ambulatory patient services;	-	
Attachment 3.1-A, 23, Pediatric or Family Nurse Prac EHB 1, Ambulatory patient services; and Attachment 3.1-A, 4.b, Early and Periodic Screening, Pediatric services including oral and vision care.		
Base Benchmark Benefit that was Substituted: Primary Care Visit to Treat and Injury or Illness	Source:	Remove
Thinary Care visit to Treat and highly of finiess	Base Benchmark	
Explain the substitution or duplication, including indic 1937 benchmark benefit(s) included above under Esser		on
Duplication - Covered in the Medicaid State Plan under		7
Attachment 3.1-A, 5.a, Physician Services in EHB 1, 4		
Attachment 3.1-A, 6.d.2, Services of a licensed certific		
nurse practitioners in EHB 1, Ambulatory patient serv		
Attachment 3.1-A, 6.d.1, Services of a licensed physic		
Attachment 3.1-A, 6.d.4, Services of a licensed register	ered nurse or licensed practical nurse in EHB 1,	
Ambulatory patient services;		
Attachment 3.1-A, 23, Pediatric or Family Nurse Prac	titioners in EHB 1, Ambulatory patient services; in	
EHB 1, Ambulatory patient services; and		
Attachment 3.1-A, 4.b, Early and Periodic Screening, Pediatric services including oral and vision care.	Diagnosis and Treatment (EPSDT) in EHB 10,	
rediatile services including oral and vision care.		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Other Practitioner Office Visit (Nurse, PA)	Base Benchmark	
Explain the substitution or duplication, including indic	\mathbf{L}	
1937 benchmark benefit(s) included above under Esser		/11
Duplication - Covered in the Medicaid State Plan under		7
Attachment 3.1-A, 6.d.1, Services of a licensed physic		
Attachment 3.1-A, 6.d.2, Services of a licensed certific		
nurse practitioners;	• • •	
Attachment 3.1-A, 6.d.5, Licensed Clinical Nurse Spe		
Attachment 3.1-A, 6.d.5, Licensed Clinical Nurse Spe Attachment 3.1-A, 6.d.4, Services of a licensed register	ered nurse or licensed practical nurse;	
Attachment 3.1-A, 6.d.5, Licensed Clinical Nurse Spe		Remove



Attachment 3.1-A, 9.b, Ambulatory Surgical Cent Attachment 3.1-A, 2.a, Outpatient Hospital Servic		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Outpatient Surgery Physician/Surgical Services	Base Benchmark	
Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E	ndicating the substituted benefit(s) or the duplicate section Essential Health Benefits:	
Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 5.a, Physician Services in EHB Attachment 3.1-A, 6.d.3, Services of a licensed ce patient services; Attachment 3.1-A, 9.b, Ambulatory Surgical Cent Attachment 3.1-A, 2.a, Outpatient Hospital Service	3 1, Ambulatory patient services; ertified registered nurse anesthetist in EHB 1, Ambulatory ers in EHB 1, Ambulatory patient services; and	
Base Benchmark Benefit that was Substituted:	Source:	Domosia
Hospice Services	Base Benchmark	Remove
Base Benchmark Benefit that was Substituted:	Source:	Remove
Private Duty Nursing	Base Benchmark	
1937 benchmark benefit(s) included above under E Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 14.b, Skilled Nursing Facility S	under	
services and devices.		Remove
	Source	Kennove
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
 Base Benchmark Benefit that was Substituted: Urgent Care Centers or Facilities Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E Duplication - Covered in the Medicaid State Plant Attachment 3.1-A, 5.a, Physician Services in EHB Attachment 3.1-A, 6.d.2, Services of a licensed ce nurse practitioners in EHB 1, Ambulatory patient 4 Attachment 3.1-A, 6.d.1, Services of a licensed ph Attachment 3.1-A, 6.d.4, Services of a licensed reg Ambulatory patient services; 	Base Benchmark ndicating the substituted benefit(s) or the duplicate section Essential Health Benefits: under 3 1, Ambulatory patient services; ertified nurse practitioner other than pediatric or family	



Pediatric services including oral and vision care.		
Base Benchmark Benefit that was Substituted: Home Health Care Services	Source: Base Benchmark	Remove
 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan und Attachment 3.1-A, 7.a, Home Health Nursing Service and devices; Attachment 3.1-A, 7.b, Home Health Aide Services in devices; Attachment 3.1-A, 7,c, Home Health Medical Supplie habilitative services and devices; and 	cating the substituted benefit(s) or the duplicate section ential Health Benefits: ler es in EHB 7, Rehabilitative and habilitative services in EHB 7, Rehabilitative and habilitative services and es and Equipment in EHB 7, Rehabilitative and	
Attachment 3.1-A, 7.d, Home Health Therapy Service and devices. Base Benchmark Benefit that was Substituted: Emergency Room Services	es in EHB 7, Rehabilitative and habilitative services	Remove
Explain the substitution or duplication, including indic 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan und Attachment 3.1-A, item 24.e, Emergency Hospital Sc Attachment 3.1-A, 4.b, Early and Periodic Screening, Pediatric services including oral and vision care.	ler ervices in EHB 2, Emergency Services; and	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Emergency Transportation/Ambulance	Base Benchmark	
Explain the substitution or duplication, including india 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan und Attachment 3.1-A, 24.a, Ground and Air Ambulance	ler	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Inpatient Hospital Services	Base Benchmark	
Explain the substitution or duplication, including indic 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan und Attachment 3.1-A, 1, Inpatient Hospital Services in E	ler	
Base Benchmark Benefit that was Substituted: Inpatient Physician and Surgical Services	Source:	Remove
inpatient i hysician and Surgical Scivices	Base Benchmark	



	indicating the substituted benefit(s) or the duplicate section	
1937 benchmark benefit(s) included above under I		
Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, item 1, Inpatient Hospital Serv		
Attachment 3.1-A, s.a, Physician Services in EH		
	ertified nurse practitioner other than pediatric or family	
nurse practitioners in EHB 1, Ambulatory patient	1 1 1	
	hysician assistant in EHB 1, Ambulatory patient services;	
	ertified registered nurse anesthetist in EHB 1, Ambulatory	
patient services;		
1	gistered nurse or licensed practical nurse in EHB 1,	
Ambulatory patient services;		
	Practitioners in EHB 1, Ambulatory patient services; in	
EHB 1, Ambulatory patient services; and		
Attachment 3.1-A, 4.b, Early and Periodic Screen	ing, Diagnosis and Treatment (EPSDT) in EHB 10,	
Pediatric services including oral and vision care.		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Bariatric Surgery	Base Benchmark	
 1937 benchmark benefit(s) included above under I Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, item 1, Inpatient Hospital Serv Attachment 3.1-A, 5.a, Physician Services in EHE Attachment 3.1-A, 6.d.3, Services of a licensed ce patient services; Attachment 3.1-A, 9.b, Ambulatory Surgical Cent Attachment 3.1-A, 2.a, Outpatient Hospital Servic Base Benchmark Benefit that was Substituted: Skilled Nursing Facility Explain the substitution or duplication, including i 1937 benchmark benefit(s) included above under I Duplication - Covered in the Medicaid State Plan 	under vices in EHB 3, Hospitalization; B 1, Ambulatory patient services; ertified registered nurse anesthetist in EHB 1, Ambulatory ters in EHB 1, Ambulatory patient services; and ces in EHB 1, Ambulatory patient services. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate section Essential Health Benefits:	Remove
services and devices.		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Prenatal and Postnatal Care	Base Benchmark	
	Buse Benefiniark	
	indicating the substituted benefit(s) or the duplicate section	
1937 benchmark benefit(s) included above under l	indicating the substituted benefit(s) or the duplicate section Essential Health Benefits:	
1937 benchmark benefit(s) included above under I Duplication - Covered in the Medicaid State Plan	indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: under	
1937 benchmark benefit(s) included above under I Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 1, Inpatient Hospital in EHB 3	indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: under , Hospitalization;	
1937 benchmark benefit(s) included above under I Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 1, Inpatient Hospital in EHB 3 Attachment 3.1-A, 2.a, Outpatient Hospital Service	indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: under , Hospitalization; ces in EHB 1, Ambulatory patient services;	
1937 benchmark benefit(s) included above under I Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 1, Inpatient Hospital in EHB 3 Attachment 3.1-A, 2.a, Outpatient Hospital Servic Attachment 3.1-A, 3, Other Lab and X-Ray in EH	indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: under b, Hospitalization; ces in EHB 1, Ambulatory patient services; IB 8, Laboratory services;	
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Attachment 3.1-A, 6.d.4, Services of a licensed regi Ambulatory patient services;	-	
Attachment 3.1-A, 9.a, Family planning clinics in E		
Attachment 3.1-A, 9.e, Maternal Child Health Clini Attachment 3.1-A, 17, Nurse-Midwife Services in E		
Attachment 3.1-A, 26, Freestanding Birth Centers in		
Trate intent 5.1 74, 20, 1100 suite ing Dirai Centers in		
se Benchmark Benefit that was Substituted:	Source:	
elivery and All Inpatient Services for Maternity	Base Benchmark	Remove
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	dicating the substituted benefit(s) or the duplicate section	
1937 benchmark benefit(s) included above under Es		
Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, 1, Inpatient Hospital in EHB 3, F		
	ified nurse practitioner other than pediatric or family	
nurse practitioners in EHB 1, Ambulatory patient se	1 1 2	
Attachment 3.1-A, 6.d.3, Services of a licensed cert	ified registered nurse anesthetist in EHB 1, Ambulatory	
patient services;		
Attachment 3.1-A, 6.d.4, Services of a licensed regi Ambulatory patient services;	stered nurse or licensed practical nurse in EHB 1,	
Attachment 3.1-A, 17, Nurse-Midwife Services in E	HB 4 Maternity and newhorn care: and	
Attachment 3.1-A, 26, Freestanding Birth Centers in		
e Benchmark Benefit that was Substituted	Source	
se Benchmark Benefit that was Substituted: ental/Behavioral Health Outpatient Services	Source:	Remove
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substance use disorder services including behavio Attachment 3.1-A, 6.d.5, Services of a Licensed F Attachment 3.1-A, 6.d.5, Licensed Professional C		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Substance Use Disorder Outpatient Services	Base Benchmark	
1937 benchmark benefit(s) included above under I Duplication - Covered in the Medicaid State Plan	under er Agency Services in EHB 5, Mental health and substance	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Substance Use Disorder Inpatient Services	Base Benchmark	Remove
Explain the substitution or duplication, including i 1937 benchmark benefit(s) included above under I Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 1, Inpatient Hospital in EHB 3	under	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Prescription Drugs	Base Benchmark	
1937 benchmark benefit(s) included above under l Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 12.a, Prescribed Drugs in EHE	under	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Outpatient Rehabilitation Services	Base Benchmark	
1937 benchmark benefit(s) included above under I Duplication - Covered in the Medicaid State Plan		
Attachment 3.1-A, 11.b, Occupational Therapy in devices;	EHB 7, Rehabilitative and habilitative services and with Speech, Hearing, or Language Disorders in EHB 7,	
Base Benchmark Benefit that was Substituted:	Source	-
Habilitation Services	Source: Base Benchmark	Remove
1937 benchmark benefit(s) included above under I Duplication - Covered in the Medicaid State Plan		
Transmittal Number: SD-24-0002	oval Date: April 4, 2024 Effective Date: April	1 2024



 1937 benchmark benefit(s) included above under Es Duplication - Covered in the Medicaid State Plan u Attachment 3.1-A, 6.c, Chiropractic Services in EF Base Benchmark Benefit that was Substituted: Durable Medical Equipment Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under Es Duplication - Covered in the Medicaid State Plan u	Inder HB 1, Ambulatory patient services. Source: Base Benchmark Indicating the substituted benefit(s) or the duplicate section Indicating the substituted benefit(s) or the duplicate section	Remove
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Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under Es Duplication - Covered in the Medicaid State Plan u	ndicating the substituted benefit(s) or the duplicate section essential Health Benefits:	
1937 benchmark benefit(s) included above under Es Duplication - Covered in the Medicaid State Plan u	ssential Health Benefits:	
habilitative services and devices.	nt, and appliances in EHB 7, Rehabilitative and	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Imaging	Base Benchmark	
Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under Ex Duplication - Covered in the Medicaid State Plan u Attachment 3.1-A, 3, Other Laboratory and X-ray S	under	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Preventative Care/Screenings Immunizations	Base Benchmark	Kennove
1937 benchmark benefit(s) included above under Es Duplication - Covered in the Medicaid State Plan u Attachment 3.1-A, 3, Other Laboratory and X-ray S Attachment 3.1-A, 5, Physician Services in EHB 1, Attachment 3.1-A, 6.d.2, Services of a licensed cer nurse practitioners in EHB 1, Ambulatory patient s Attachment 3.1-A, 6.d.4, Services of a licensed reg Ambulatory patient services;	Inder Services in EHB 8, Laboratory services; , Ambulatory patient services; rtified nurse practitioner other than pediatric or family services; gistered nurse or licensed practical nurse in EHB 1, Practitioners in EHB 1, Ambulatory patient services; Specialist in EHB 1, Ambulatory patient services; nent Training in EHB 9, Preventative and wellness	
	wal Date: April 4, 2024 Effective Date: April	



Routine Eye Exams for Children Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 4.b, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) in EHB 10, Pediatric services including oral and vision care. Rem Base Benchmark Benefit that was Substituted: Source: Base Benchmark Dental Check-Up for Children Base Benchmark Base Enchmark 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 4.b, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) in EHB 10, Pediatric services including oral and vision care. Rem Base Benchmark Benefit that was Substituted: Source: Base Benchmark Rem Attachment 3.1-A, 4.b, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) in EHB 10, Pediatric services including oral and vision care. Rem Base Benchmark Benefit that was Substituted: Source: Base Benchmark Rem Base Benchmark benefit that was Substituted: Source: Rem Rehabilitative Speech Therapy Base Benchmark Duplication - Covered in the Medicaid State Plan under Attachmen 3.1-A, 11.C, Services for Individuala	services and chronic disease management; and Attachment 3.1-A, 4.b, Early and Periodic Screening Pediatric services including oral and vision care.	g, Diagnosis and Treatment (EPSDT) in EHB 10,	
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1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 10, Dental Services in EHB 1, Ambulatory patient services; and Attachment 3.1-A, 4.b, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) in EHB 10, Pediatric services including oral and vision care. Base Benchmark Benefit that was Substituted: Source: Rehabilitative Speech Therapy Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.e, Services for Individuals with Speech, Hearing, or Language Disorders in EHB 7, Rehabilitative and habilitative services and devices. Base Benchmark Benefit that was Substituted: Source: Rehabilitative Occupational and Physical Therapy Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.a, Physical Therapy Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s)	Dental Check-Up for Children	Base Benchmark	Itemove
Rehabilitative Speech Therapy Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.c, Services for Individuals with Speech, Hearing, or Language Disorders in EHB 7, Rehabilitative and habilitative services and devices. Base Benchmark Benefit that was Substituted: Source: Rehabilitative Occupational and Physical Therapy Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.a, Physical Therapy Base Benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.a, Physical Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.a, Physical Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.b, Occupational Therapy in EHB 7, Rehabilitative and habilitative services and devices; Base Benchmark Benefit that was Substituted: Source: Base Benchmark Benefit that was Substituted: Source: <td>1937 benchmark benefit(s) included above under Ess Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, 10, Dental Services in EHB 1, Ar Attachment 3.1-A, 4.b, Early and Periodic Screening</td> <td>sential Health Benefits: nder mbulatory patient services; and</td> <td></td>	1937 benchmark benefit(s) included above under Ess Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, 10, Dental Services in EHB 1, Ar Attachment 3.1-A, 4.b, Early and Periodic Screening	sential Health Benefits: nder mbulatory patient services; and	
Rehabilitative Speech Therapy Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.c, Services for Individuals with Speech, Hearing, or Language Disorders in EHB 7, Rehabilitative and habilitative services and devices. Base Benchmark Benefit that was Substituted: Source: Rehabilitative Occupational and Physical Therapy Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.a, Physical Therapy Base Benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.a, Physical Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.a, Physical Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.b, Occupational Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.b, Occupational Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.b, Occupational Therapy in EHB 7, Rehabilitative and habilitative services and devices.	ase Benchmark Benefit that was Substituted:	Source:	Remove
1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.e, Services for Individuals with Speech, Hearing, or Language Disorders in EHB 7, Rehabilitative and habilitative services and devices. Base Benchmark Benefit that was Substituted: Source: Rehabilitative Occupational and Physical Therapy Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.a, Physical Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.b, Occupational Therapy in EHB 7, Rehabilitative and habilitative services and devices. Rem Base Benchmark Benefit that was Substituted: Source: Rem	chabilitative Speech Therapy	Base Benchmark	Remove
Rehabilitative Occupational and Physical Therapy Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.a, Physical Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.b, Occupational Therapy in EHB 7, Rehabilitative and habilitative services and devices. Base Benchmark Benefit that was Substituted: Source:	1937 benchmark benefit(s) included above under Ess Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, 11.c, Services for Individuals wit	sential Health Benefits:	
Rehabilitative Occupational and Physical Therapy Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.a, Physical Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.b, Occupational Therapy in EHB 7, Rehabilitative and habilitative services and devices. Base Benchmark Benefit that was Substituted: Source:	ase Benchmark Benefit that was Substituted:	Source:	Remove
1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.a, Physical Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.b, Occupational Therapy in EHB 7, Rehabilitative and habilitative services and devices. Base Benchmark Benefit that was Substituted: Source:	ehabilitative Occupational and Physical Therapy	Base Benchmark	
	1937 benchmark benefit(s) included above under Ess Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, 11.a, Physical Therapy in EHB 7. Attachment 3.1-A, 11.b, Occupational Therapy in El	sential Health Benefits: nder , Rehabilitative and habilitative services and devices;	
	ase Benchmark Benefit that was Substituted	Source	D
			Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under	1937 benchmark benefit(s) included above under Ess	L L L L L L L L L L L L L L L L L L L	
Transmittal Number: SD-24-0002 Approval Date: April 4, 2024 Effective Date: April 1, 2024			



Ambulatory patient services; Attachment 3.1-A, 23, Pediatric or Family Nurse F Attachment 3.1-A, 6.d.5, Licensed Clinical Nurse Attachment 3.1-A, 9.e, Maternal Child Health Clin	, Ambulatory patient services; gistered nurse or licensed practical nurse in EHB 1, Practitioners in EHB 1, Ambulatory patient services; Specialist in EHB 1, Ambulatory patient services;	
Base Benchmark Benefit that was Substituted: Laboratory Outpatient and Professional Services	Source:	Remove
	under	
Base Benchmark Benefit that was Substituted: X-Rays and Diagnostic Imaging	Source: Base Benchmark	Remove
Attachment 3.1-A, 3, Other Laboratory and X-ray Base Benchmark Benefit that was Substituted:	Services in EHB 8, Laboratory services.	Remove
Basic Dental Care - Child Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E Duplication - Covered in the Medicaid State Plan u Attachment 3.1-A, 10, Dental Services in EHB 1, 2	under	
Base Benchmark Benefit that was Substituted: Orthodontia - Child	Source: Base Benchmark	Remove
1937 benchmark benefit(s) included above under E Duplication - Covered in the Medicaid State Plant Attachment 3.1-A, 10, Dental Services in EHB 1, A Attachment 3.1-A, 10, Dental Services in EHB 1, A	under Ambulatory patient services;	
Base Benchmark Benefit that was Substituted: Major Dental Care - Child	Source: Base Benchmark	Remove
Transmittal Number: SD-24-0002 Appro	oval Date: April 4, 2024 Effective Date: April 1	2024



Duplication - Covered in the Medicaid State Pl Attachment 3.1-A, 10, Dental Services in EHB Attachment 3.1-A, 4.b, Early and Periodic Scre Pediatric services including oral and vision car	8 1, Ambulatory patient services; and eening, Diagnosis and Treatment (EPSDT) in EHB 10,	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Transplant	Base Benchmark	
1937 benchmark benefit(s) included above und Duplication - Covered in the Medicaid State Pl		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Accidental Dental	Base Benchmark	Remove
Attachment 3.1-A, 5.b, Medical Services by a Base Benchmark Benefit that was Substituted:	Dentist in EHB 1, Ambulatory patient services. Source: Base Benchmark	Remove
1937 benchmark benefit(s) included above und Duplication - Covered in the Medicaid State Pl	an under rvices in EHB 1, Ambulatory patient services; and	
1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Pl Attachment 3.1-A, 2.a, Outpatient Hospital Ser Attachment 3.1-A, 9.c Endstage renal disease c	er Essential Health Benefits: lan under rvices in EHB 1, Ambulatory patient services; and clinics in EHB 1, Ambulatory patient services.	
1937 benchmark benefit(s) included above unde Duplication - Covered in the Medicaid State Pl Attachment 3.1-A, 2.a, Outpatient Hospital Ser Attachment 3.1-A, 9.c Endstage renal disease c	er Essential Health Benefits: lan under rvices in EHB 1, Ambulatory patient services; and clinics in EHB 1, Ambulatory patient services.	Remove
 1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Pl Attachment 3.1-A, 2.a, Outpatient Hospital Ser Attachment 3.1-A, 9.c Endstage renal disease of Base Benchmark Benefit that was Substituted: Base Benchmark Benefit that was Substituted: Allergy Testing Explain the substitution or duplication, includin 1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Pl Attachment 3.1-A, 5, Physician Services in EH Attachment 3.1-A, 6.d.2, Services of a licensed nurse practitioners in EHB 1, Ambulatory patie Attachment 3.1-A, 23, Pediatric or Family Nur 	er Essential Health Benefits: lan under rvices in EHB 1, Ambulatory patient services; and clinics in EHB 1, Ambulatory patient services. Source: Base Benchmark ng indicating the substituted benefit(s) or the duplicate section er Essential Health Benefits: lan under IB 1, Ambulatory patient services; l certified nurse practitioner other than pediatric or family ent services; rse Practitioners in EHB 1, Ambulatory patient services; eening, Diagnosis and Treatment (EPSDT) in EHB 10,	Remove
 1937 benchmark benefit(s) included above unde Duplication - Covered in the Medicaid State PI Attachment 3.1-A, 2.a, Outpatient Hospital Ser Attachment 3.1-A, 9.c Endstage renal disease of Base Benchmark Benefit that was Substituted: Allergy Testing Explain the substitution or duplication, includin 1937 benchmark benefit(s) included above unde Duplication - Covered in the Medicaid State PI Attachment 3.1-A, 5, Physician Services in EH Attachment 3.1-A, 6.d.2, Services of a licensed nurse practitioners in EHB 1, Ambulatory patie Attachment 3.1-A, 23, Pediatric or Family Nur Attachment 3.1-A, 4.b, Early and Periodic Scree 	er Essential Health Benefits: lan under rvices in EHB 1, Ambulatory patient services; and clinics in EHB 1, Ambulatory patient services. Source: Base Benchmark ng indicating the substituted benefit(s) or the duplicate section er Essential Health Benefits: lan under IB 1, Ambulatory patient services; l certified nurse practitioner other than pediatric or family ent services; rse Practitioners in EHB 1, Ambulatory patient services; eening, Diagnosis and Treatment (EPSDT) in EHB 10,	Remove

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Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 2.a, Outpatient Hospital Servi		
ase Benchmark Benefit that was Substituted:	Source:	Remove
Radiation	Base Benchmark	
Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 2.a, Outpatient Hospital Servi	under	
ase Benchmark Benefit that was Substituted:	Source:	Remove
Diabetes Education	Base Benchmark	
1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Plan		
ase Benchmark Benefit that was Substituted:	Source:	Remove
Prosthetic Devices	Base Benchmark	
1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Plan		
ase Benchmark Benefit that was Substituted:	Source:	Remove
nfusion therapy	Base Benchmark	
1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Plan	n under prvices in EHB 7, Rehabilitative and habilitative services 3, Hospitalization; and	
ase Benchmark Benefit that was Substituted:	Source:	-
Treatment for Temporomandibular Joint Disease	Base Benchmark	Remove
Explain the substitution or duplication, including	indicating the substituted benefit(s) or the duplicate section Essential Health Benefits:	

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Base Benchmark Benefit that was Substituted:	Source:	Remove
Reconstructive Surgery	Base Benchmark	
Explain the substitution or duplication, includi 1937 benchmark benefit(s) included above unc	ng indicating the substituted benefit(s) or the dup ler Essential Health Benefits:	licate section
Duplication - Covered in the Medicaid State P Attachment 3.1-A, item 1, Inpatient Hospital S		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Base Benchmark Benefit that was Substituted: Eyeglasses for Children	Source: Base Benchmark	Remove
Eyeglasses for Children	Base Benchmark ng indicating the substituted benefit(s) or the dup	



13. Other Base Benchmark Benefits Not Covered

Collapse All



Other 1937 Benefit Provided:	Source:	_
Rural Health Clinics (RHCs)	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
	Package	
Authorization:	Provider Qualifications:	_
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
See other information box below.	See other information box below.	
Scope Limit:		
See other information box below.		7
Other:		
See Attachment 3.1-A, 2.b, Rural Health Clinics Some items may require prior authorization.	s (RHCs)	
Other 1937 Benefit Provided:	Source:	Remove
Federally Qualified Health Clinics (FQHCs).	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	_
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information box below.	See other information box below.	
Scope Limit:		
See other information box below.		
Other:		
See Attachment 3.1-A, 2.c, Federally Qualified Some items may require prior authorization.	Health Centers (FQHCs)	
Other 1937 Benefit Provided:	Source:	Remove
Licensed Nutritionist and Licensed Dietician	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	_
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
See other information box below.	None	
Scope Limit:		_
See other information box below.		
Other:		



Other 1937 Benefit Provided:	Source:	Remove
Clinical Trials	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit: None		
Other:		
See Attachment 3.1-A, 30, Coverage of Routi	ne Patient Cost in Qualifying Clinical Trails	
Other 1937 Benefit Provided:	Source:	Remove
Non-Emergency Medical Transportation	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See other information box below.		
Other:	·]	
See Attachment 3.1-A, item 24.a, Transportat		
Other 1937 Benefit Provided:	Source:	Remove
Nursing Facility Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Amount Limit.	None	
None		
None		
None Scope Limit:		

-



Other 1937 Benefit Provided:	Source:	Remove
Intermediate Care Facilities for Intellectual Disa	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
See Attachment 3.1-A, 15.b, Intermediate Care Fa	acilities for Intellectual Disabilities	
Other 1937 Benefit Provided: Nursing Facility Services for patients under 21	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
	Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
See Attachment 3.1-A, 24.d, Nursing Facility Ser	vices for Patients Under 21 Years of Age	
L		
Other 1937 Benefit Provided:	Source:	Remove
Intermediate Care Facility Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		



Other:		
See Attachment 3.1-A, 14.c, Intermediate Care Fa	acility Services	
	2	
Other 1937 Benefit Provided: Inpatient Psychiatric Facility Services for Indiv	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
	Package	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information box below.	See other information box below.	
Scope Limit:		
See other information box below.		
See Attachment 3.1-A, 16, Inpatient Psychiatric F Some items may require prior authorization.	Facility Services for Individuals Under 22 Years of Age	
Other 1937 Benefit Provided:	Source:	Remove
1945 Health Homes	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
See Attachment 3.1-H, Health Homes		
Other 1937 Benefit Provided:	Source:	Remove
Licensed Certified Social Worker – PIP	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Authorization: Other	Provider Qualifications: Medicaid State Plan	



See other information box below.		
Other:		
See Attachment 3.1-A, 6.d.5, Licensed Certified So	ocial Worker – PIP	
ther 1937 Benefit Provided:	Source:	Remove
icensed Certified Social Worker – PIP candidate	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information box below.	None	
Scope Limit:		
See other information box below.		
Other: See Attachment 3.1-A, 6.d.5, Licensed Certified So	ocial Worker – PIP candidate	
See Attachment 3.1-A, 6.d.5, Licensed Certified So ther 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
See Attachment 3.1-A, 6.d.5, Licensed Certified So ther 1937 Benefit Provided: icensed Marriage and Family Therapist	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
See Attachment 3.1-A, 6.d.5, Licensed Certified So ther 1937 Benefit Provided: icensed Marriage and Family Therapist Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
See Attachment 3.1-A, 6.d.5, Licensed Certified So ther 1937 Benefit Provided: icensed Marriage and Family Therapist Authorization: Other	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
See Attachment 3.1-A, 6.d.5, Licensed Certified So ther 1937 Benefit Provided: icensed Marriage and Family Therapist Authorization: Other Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
See Attachment 3.1-A, 6.d.5, Licensed Certified So ther 1937 Benefit Provided: icensed Marriage and Family Therapist Authorization: Other Amount Limit: See other information box below.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
See Attachment 3.1-A, 6.d.5, Licensed Certified So ther 1937 Benefit Provided: icensed Marriage and Family Therapist Authorization: Other Amount Limit: See other information box below. Scope Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
See Attachment 3.1-A, 6.d.5, Licensed Certified So ther 1937 Benefit Provided: icensed Marriage and Family Therapist Authorization: Other Amount Limit: See other information box below. Scope Limit: See other information box below.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
See Attachment 3.1-A, 6.d.5, Licensed Certified So ther 1937 Benefit Provided: icensed Marriage and Family Therapist Authorization: Other Amount Limit: See other information box below. Scope Limit: See other information box below. Other:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
See Attachment 3.1-A, 6.d.5, Licensed Certified So ther 1937 Benefit Provided: icensed Marriage and Family Therapist Authorization: Other Amount Limit: See other information box below. Scope Limit: See other information box below.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
See Attachment 3.1-A, 6.d.5, Licensed Certified So ther 1937 Benefit Provided: icensed Marriage and Family Therapist Authorization: Other Amount Limit: See other information box below. Scope Limit: See other information box below. Other:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
See Attachment 3.1-A, 6.d.5, Licensed Certified So ther 1937 Benefit Provided: icensed Marriage and Family Therapist Authorization: Other Amount Limit: See other information box below. Scope Limit: See other information box below. Other: See Attachment 3.1-A, 6.d.5, Licensed Marriage and See Attachment 3.1-A, 6.d.5, Licensed Marriage Attachment 3.1-A, 6.d.5, Licensed Marri	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	
See Attachment 3.1-A, 6.d.5, Licensed Certified So ther 1937 Benefit Provided: icensed Marriage and Family Therapist Authorization: Other Amount Limit: See other information box below. Scope Limit: See other information box below. Other: See Attachment 3.1-A, 6.d.5, Licensed Marriage ar ther 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
See Attachment 3.1-A, 6.d.5, Licensed Certified So ether 1937 Benefit Provided: Licensed Marriage and Family Therapist Authorization: Other Amount Limit: See other information box below. Scope Limit: See other information box below. Other:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None None	



Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other: See Attachment 3.1-A, 9.d, Indian Health Servio	ce Clinics	
her 1937 Benefit Provided:	Source:	Remove
amily Planning Services and Supplies	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Scope Limit: See other information box below. Other: See Attachment 3.1-A, 4.c, Family Planning Ser	rvices and Supplies	
See other information box below. Other: See Attachment 3.1-A, 4.c, Family Planning Ser her 1937 Benefit Provided:	Source:	Remove
See other information box below. Other: See Attachment 3.1-A, 4.c, Family Planning Ser		Remove
See other information box below. Other: See Attachment 3.1-A, 4.c, Family Planning Ser her 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
See other information box below. Other: See Attachment 3.1-A, 4.c, Family Planning Ser her 1937 Benefit Provided: ental Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
See other information box below. Other: See Attachment 3.1-A, 4.c, Family Planning Ser her 1937 Benefit Provided: ental Services Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
See other information box below. Other: See Attachment 3.1-A, 4.c, Family Planning Ser her 1937 Benefit Provided: ental Services Authorization: Prior Authorization	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
See other information box below. Other: See Attachment 3.1-A, 4.c, Family Planning Set her 1937 Benefit Provided: ental Services Authorization: Prior Authorization Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
See other information box below. Other: See Attachment 3.1-A, 4.c, Family Planning Set her 1937 Benefit Provided: ental Services Authorization: Prior Authorization Amount Limit: See other information box below.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
See other information box below. Other: See Attachment 3.1-A, 4.c, Family Planning Ser her 1937 Benefit Provided: ental Services Authorization: Prior Authorization Amount Limit: See other information box below. Scope Limit: See other information box below. Other:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
See other information box below. Other: See Attachment 3.1-A, 4.c, Family Planning Ser her 1937 Benefit Provided: ental Services Authorization: Prior Authorization Amount Limit: See other information box below. Scope Limit: See other information box below.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
See other information box below. Other: See Attachment 3.1-A, 4.c, Family Planning Set her 1937 Benefit Provided: ental Services Authorization: Prior Authorization Amount Limit: See other information box below. Scope Limit: See other information box below. Other: See Attachment 3.1-A, 10, Dental Services	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove



Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See other information box below.		
Other:		
See Attachment 3.1-A, 6.a, Podiatrists Service	ces	
ther 1937 Benefit Provided:	Source:	Remove
Optometrist Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	1
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Tone		
Other: See Attachment 3.1-A, 6.b, Optometrist Serv	rices	
Other:	rices	
Other:	ices	
Other:	vices Source:	Remove
Other: See Attachment 3.1-A, 6.b, Optometrist Serv		Remove
Other: See Attachment 3.1-A, 6.b, Optometrist Serv ther 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
Other: See Attachment 3.1-A, 6.b, Optometrist Serv ther 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Other: See Attachment 3.1-A, 6.b, Optometrist Serv ther 1937 Benefit Provided: Dentures	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
Other: See Attachment 3.1-A, 6.b, Optometrist Serv ther 1937 Benefit Provided: Dentures Authorization: Prior Authorization	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
Other: See Attachment 3.1-A, 6.b, Optometrist Serv ther 1937 Benefit Provided: Dentures Authorization: Prior Authorization Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other: See Attachment 3.1-A, 6.b, Optometrist Serv ther 1937 Benefit Provided: Dentures Authorization: Prior Authorization Amount Limit: See other information box below.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other: See Attachment 3.1-A, 6.b, Optometrist Serv ther 1937 Benefit Provided: Dentures Authorization: Prior Authorization Amount Limit: See other information box below. Scope Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other: See Attachment 3.1-A, 6.b, Optometrist Serv ther 1937 Benefit Provided: Dentures Authorization: Prior Authorization Amount Limit: See other information box below. Scope Limit: See other information box below.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: See other information box below.	Remove



ther 1937 Benefit Provided:	Source:	Remove
yeglasses	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
LAmount Limit:	Duration Limit:	
See other information box below.	See other information box below.	
Scope Limit:	J []	
See other information box below.		
Other:		
See Attachment 3.1-A, 12.d, Eyeglasses		
ther 1937 Benefit Provided:	Source:	Remove
ersonal Care Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information box below.	See other information box below.	
Scope Limit:		
See other information box below.		
Other:		
See Attachment 3.1-A, 25, Personal Care Services Some services may require prior authorization.		
shan 1027 Davie 64 Descrided	0	
ther 1937 Benefit Provided: Tobacco Cessation Counseling for Pregnant Women	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
	Section 1937 Coverage Option Benchmark Benefit	Remove
obacco Cessation Counseling for Pregnant Women	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Obacco Cessation Counseling for Pregnant Women Authorization:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
Production Counseling for Pregnant Women Authorization: Other	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
Probacco Cessation Counseling for Pregnant Women Authorization: Other Amount Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Probacco Cessation Counseling for Pregnant Women Authorization: Other Amount Limit: None	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Probacco Cessation Counseling for Pregnant Women Authorization: Other Amount Limit: None Scope Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Probacco Cessation Counseling for Pregnant Women Authorization: Other Amount Limit: None Scope Limit: See other information below	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: See other information below	Remove
Probacco Cessation Counseling for Pregnant Women Authorization: Other Amount Limit: None Scope Limit: See other information below Other:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: See other information below	Remove



Other 1937 Benefit Provided: Non-routine ACIP recommended vaccinations	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
toutine ACH recommended vaccinations	Package	
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
in section 1905(a)(13)(B) of the Act.	ommended vaccines and vaccine administration described anges are made to ACIP recommendations, South Dakota nply with those revisions.	
Other 1937 Benefit Provided:	Source:	D
1905(t) Primary Care Case Management Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See below		
Other:		
Effective April 1, 2024. See Attachment 3.1-A, 27, 1905(t) Primary Care C	Case Management Services	
Other 1937 Benefit Provided:	Source:	
Vaccines and Vaccine Administration	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
See Attachment 3.1-A, 13.c.3, Vaccines and Vacci	ine Administration	
	wal Date: April 4. 2024 Effective Date: April	



er 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remov
Authorization: Other	Provider Qualifications:	
Amount Limit:	Duration Limit:	
Scope Limit:		
Cther:		



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.



State Name: South Dakota	Attachment 3.1-L- OMB Control Number: 09381148
Transmittal Number: <u>SD</u> - <u>24</u> - <u>0002</u>	
Benefits Assurances	ABP7
EPSDT Assurances	
If the target population includes persons under 21, please complete Prescription Drug Coverage Assurances below.	e the following assurances regarding EPSDT. Otherwise, skip to the
The alternative benefit plan includes beneficiaries under 21 years of	of age. Yes
The state/territory assures that the notice to an individual inclu (42 CFR 440.345).	ides a description of the method for ensuring access to EPSDT services
The state/territory assures EPSDT services will be provided to state/territory plan under section 1902(a)(10)(A) of the Act.	individuals under 21 years of age who are covered under the
Indicate whether EPSDT services will be provided only throug additional benefits to ensure EPSDT services:	gh an Alternative Benefit Plan or whether the state/territory will provide
○ Through an Alternative Benefit Plan.	
• Through an Alternative Benefit Plan with additional benefit	fits to ensure EPSDT services as defined in 1905(r).
	benefits will be provided, how access to additional benefits will be informed of these processes in order to ensure individuals have access to
Indicate whether additional EPSDT benefits will be provi	ded through fee-for-service or contracts with a provider:
• State/territory provides additional EPSDT benefit	ts through fee-for-service.
○ State/territory contracts with a provider for addition	ional EPSDT services.
Other Information regarding how ESPDT benefits will be provided	d to participants under 21 years of age (optional):
The EPSDT benefit includes, but is not limited to, reimbursement	for the items listed in Attachment 4.19-B, item 4b.
Prescription Drug Coverage Assurances	
	ants for preservition drug severage in section 1027 of the Ast and
	ents for prescription drug coverage in section 1937 of the Act and least the greater of one drug in each United States Pharmacopeia (USP) n each category and class as the base benchmark.
The state/territory assures that procedures are in place to allow prescription drugs when not covered.	a beneficiary to request and gain access to clinically appropriate
_	cription drugs covered under an Alternative Benefit Plan, it meets the gulations at 42 CFR 440.345, except for those requirements that are

 \checkmark The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.

directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.

Approval Date: April 4, 2024



Other Benefit Assurances

- The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.
- ✓ The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.
- The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.
- The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
- The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
- The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
- ✓ The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
- ✓ The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

PRA Disclosure Statement

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Attachment 3.1-L-

State Name: South Dakota

Transmittal Number: $\underline{SD} - \underline{24} - \underline{0002}$

Service Delivery Systems

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.

South Dakota plans to use the existing Medicaid PCCM model for the new adult group. South Dakota held a public comment period prior to submitting the ABP SPA to CMS.

PCCM: Primary Care Case Management

 The PCCM delivery system is the same as an already approved PCCM program.
 Yes

 The managed care program is operating under (select one):
 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.
 I2/26/2002

Describe program below:

<u>Transmittal Number: SD-24-0002</u> Supersedes Transmittal Number: SD-24-0001 OMB Control Number: 09381148

ABP8



South Dakota Medicaid's Managed Care Program, Provider and Recipient in Medicaid Efficiency Program (PRIME), is based on the primary care case management (PCCM) model. The program is operational statewide, is applicable for recipients eligible under Title XIX of the Social Security Act and is administered by South Dakota Department of Social Services Office of Medical Services (OMS). Reimbursement is based on fee for service plus a monthly case management fee.

The basic concept is to allow Medical Assistance enrollees to select one primary care provider (PCP). The PCP will provide, through an ongoing patient/physician relationship, primary care services and referrals for all necessary specialty services. The PCP is responsible for monitoring the health care and utilization of managed care covered services. All services other than the case management fee are billed and reimbursed to the provider who renders the service.

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

#type# Procurement or Selection Method

Indicate the method used to select #type#s:

Competitive procurement method (RFP, RFA).

• Other procurement/selection method.

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

PCCMs are individual physicians, physician assistants, nurse practitioners or clinics that agree to the terms of the PCCM addendum to the provider agreement and are reimbursed a per member per month payment.

No

Other PCCM-Based Service Delivery System Characteristics

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

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

PCCM Payments

Specify how payment for services is handled:

• Per member/per month case management fee paid to PCCM provider.

Other:

Additional Information: #type# (Optional)

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

NA

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

No



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

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State Name: South Dakota

Attachment 3.1-L-

OMB Control Number: 09381148

ABP9

Yes

Transmittal Number: SD - 24 - 0002

Employer Sponsored Insurance and Payment of Premiums

The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Plackage.

The state/territory otherwise provides for payment of premiums.

Provide a description including the population covered, the amount of premium assistance by population, required contributions, cost-effectiveness test requirements, and benefits information.

The Premium Assistance Program is available to any Medicaid-eligible recipient with qualifying group or individual market health insurance premiums meeting the cost-effectiveness criteria as set forth on Attachment 4.22-C in the State's approved Medicaid state plan.

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

More details about the State's Premium Assistance program can be found at Attachment 4.22-C.

PRA Disclosure Statement

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State Name: South Dakota

Attachment 3.1-L-

OMB Control Number: 09381148

ABP10

Yes

Transmittal Number:	SD	- 24 -	0002
Transmittai Number.	\mathbf{D}	- 27 -	0002

General Assurances

Economy and Efficiency of Plans

 \checkmark The state/territory assures that Alternative Benefit Plan coverage is provided in accordance with Federal upper payment limit requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

Economy and efficiency will be achieved using the same approach as used for Medicaid state plan services.

Compliance with the Law

- The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/territory plan under this title.
- CFR 430.2 and 42 CFR 440.347(e).
- ✓ The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.

PRA Disclosure Statement

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State Name: South Dakota

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: SD - 24 - 0002

Payment Methodology

Alternative Benefit Plans - Payment Methodologies

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

An attachment is submitted.

PRA Disclosure Statement

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ABP11