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State/Territory Name: Washington

State Plan Amendment (SPA) #: 22-0011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 20, 2023

Susan Birch, Director
Dr. Charissa Fotinos, State Medicaid Director
Health Care Authority
PO Box 45502
Olympia, WA 98504-5010

Re: Washington State Plan Amendment (SPA) WA-22-0011

Dear Susan Birch and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WA-22-0011. This amendment will bring the Alternative Benefit Plan (ABP) into alignment with changes that have already been in the Medicaid State Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 1902(a)(10)(A)(i)(VIII); 1902(k)(1) and 1937 of the act. This letter is to inform you that WA-22-0011 was approved on June 20, 2023, with an effective date of April 1, 2022.

If you have any questions, please contact Edwin Walaszek at 212-616-2512 or via email at Edwin.Walaszek1@cms.hhs.gov

Sincerely,

Ruth

Hughes -S

Ruth A. Hughes, Acting Director
Division of Program Operations

Digitally signed by
Ruth Hughes -S
Date: 2023.06.20
12:50:35 -05'00'

cc: ann.myers@hca.wa.gov

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: **Washington**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY= the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

WA-22-0011

Proposed Effective Date

04/01/2022 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the SSA

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2022	\$ 0.00
Second Year	2023	\$ 0.00

Subject of Amendment

Alternative Benefit Plan Updates

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:

Exempt

Signature of State Agency Official

Submitted By: **Ann Myers**
Last Revision Date: **Jun 13, 2023**
Submit Date: **Aug 15, 2022**



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WA - 22 - 0011

Alternative Benefit Plan Populations ABP1

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

Add	Eligibility Group:	Enrollment is mandatory or voluntary?	Remove
Add	<input type="text" value="Adult Group"/>	<input type="text" value="Mandatory"/>	<input type="text" value="Remove"/>

Enrollment is available for all individuals in these eligibility group(s).

Geographic Area

The Alternative Benefit Plan population will include individuals from the entire state/territory.

Any other information the state/territory wishes to provide about the population (optional)

PRA Disclosure Statement

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

V.20181119



Alternative Benefit Plan

State Name: Washington

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WA - 22 - 0011

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

ABP2a

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

PRA Disclosure Statement

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

V.20160722



Alternative Benefit Plan

State Name: Washington

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WA - 22 - 0011

Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package

ABP3

Select one of the following:

- The state/territory is amending one existing benefit package for the population defined in Section 1.
- The state/territory is creating a single new benefit package for the population defined in Section 1.

Name of benefit package: Alternative Benefit Plan 1

Selection of the Section 1937 Coverage Option

The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one):

- Benchmark Benefit Package.
- Benchmark-Equivalent Benefit Package.

The state/territory will provide the following Benchmark Benefit Package (check one that applies):

- The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- Secretary-Approved Coverage.
 - The state/territory offers benefits based on the approved state plan.
 - The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.
 - The state/territory offers the benefits provided in the approved state plan.
 - Benefits include all those provided in the approved state plan plus additional benefits.
 - Benefits are the same as provided in the approved state plan but in a different amount, duration and/or scope.
 - The state/territory offers only a partial list of benefits provided in the approved state plan.
 - The state/territory offers a partial list of benefits provided in the approved state plan plus additional benefits.

Please briefly identify the benefits, the source of benefits and any limitations:

All benefits in the State Plan are covered in the Alternative Benefit Plan.

Selection of Base Benchmark Plan



Alternative Benefit Plan

The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

The Base Benchmark Plan is the same as the Section 1937 Coverage option.

Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:

- Largest plan by enrollment of the three largest small group insurance products in the state's small group market.
- Any of the largest three state employee health benefit plans by enrollment.
- Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
- Largest insured commercial non-Medicaid HMO.

Plan name:

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

PRA Disclosure Statement

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V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WA - 15 - 0035

OMB Expiration date: 10/31/2014

Alternative Benefit Plan Cost-Sharing ABP4

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.20140415



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WA - 22 - 0011

Benefits Description	ABP5
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The state/territory proposes a "Benchmark-Equivalent" benefit package.

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

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



Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:	Source:	Remove
Clinic services: Free-standing ambulatory surgery	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limits	No limits	
Scope Limit:		
See below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Covers outpatient surgeries in the fee-standing ambulatory surgery center. Includes facility, related professional services, and supplies and equipment. Includes dental procedures when medically necessary. Prior authorization may be required for some procedures.		

Benefit Provided:	Source:	Remove
Clinic services: Free-standing kidney centers	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Treatment limits depending on type of analysis	No limit	
Scope Limit:		
See below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Coverage includes dialysis in outpatient or home setting: hemodialysis; intermittent peritoneal dialysis; continuous ambulatory peritoneal dialysis; home helper services for home-based care; and treatment-related supplies. Limits on services can be exceeded through a limitation extension provided via prior authorization.		

Benefit Provided:	Source:	Remove
Dental: Adult	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
For some services	No limit	
Scope Limit:		
See below		



Alternative Benefit Plan

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

Effective 1/1/2014, covers comprehensive dental services, including dentures. Some services require prior authorization. Services include: diagnostics, preventive care, treatment, prosthodontics, and sedation. Limits on services can be exceeded through a limitation extension provided via prior authorization.

Benefit Provided:

Family planning

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

Covers contraceptive services and supplies rendered by licensed health care professionals practicing within their scope of practice as defined by state law.

Benefit Provided:

Home health care services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

2 nursing visits per day, 1 home health aide visit

Duration Limit:

No limit

Scope Limit:

See below

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

Covers home-based services: skilled nursing services by licensed nurses and services provided by certified nurse's aides through a Medicare-certified home health agency, or a registered nurse when no home health agency exists in the area. Effective 5/19/2021, services must be ordered by a physician, physician assistant (PA), or advanced registered nurse practitioner (ARNP) as part of a written plan of care. Effective 1/1/2022, includes social worker services. Limits on services can be extended through a limitation extension provided via prior authorization.

Benefit Provided:

Hospice care

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

In accordance with section 1905(o) of the Act.
Items not included in the daily rate require prior authorization.
Concurrent care for children (20 years of age and younger) on hospice in accordance with section 2302 of the Affordable Care Act.

Benefit Provided:

Other practitioners' services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

For some services

Duration Limit:

No limit

Scope Limit:

See below

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

Services include those provided by other practitioners, limited to their scope of practice as defined by state law, such as advanced registered nurse practitioners, certified nurse anesthetists, chiropractors (for EPSDT only), counselors, dental hygienists, dentists, denturists, dietitians, licensed marriage and family therapists, licensed mental health counselors, licensed non-nurse midwives, licensed social workers, naturopathic physicians, opticians, optometrists, physician assistants, podiatrists, psychiatrists, psychologists, and therapy assistants.
Effective 1/1/2018, collaborative care services provided by licensed providers.
Effective 7/1/2019, licensed emergency medical services providers for Treat and Refer services.
Effective 11/1/2020, pharmacists, pharmacy interns, and pharmacy technicians.
Effective 1/27/2021, lead behavior analysis therapists, (LBAT), licensed behavior analysts (LBA), and licensed assistant behavior analysts (LABA).
Effective 1/1/2022, social work services provided to enhance the effectiveness of practitioner-ordered home health services provided by licensed social workers.
Prior authorization required for some services rendered by these practitioners. Limits on services can be extended through an extension limitation via prior authorization.

Benefit Provided:

Outpatient hospital services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit



Alternative Benefit Plan

Scope Limit:

See below

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

Includes services rendered in the outpatient hospital setting. Prior authorization required for some outpatient services.

Benefit Provided:

Physicians' services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies by service

Duration Limit:

No limit on total number of visits

Scope Limit:

See below

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

Covers services by a physician (primary care or specialist) within their scope of practice as defined by state law and provided in the patient's home, a hospital, a skilled nursing facility, or elsewhere, including via telemedicine. Services provided by optometrists (diagnosis and treatment of conditions of the eye, including the ordering and dispensing of materials such as contact lenses and low vision aids) are included under physician services. Some physician services require prior authorization. Limits on services can be extended through a limitation extension provided via prior authorization.

Benefit Provided:

Source:

Remove

Authorization:

Yes

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

Add



Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Outpatient hospital: emergency"/>	<input type="text" value="State Plan 1905(a)"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Retroactive Authorization"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="No limit"/>	<input type="text" value="No limit"/>	
Scope Limit:		
<input type="text" value="Covers emergency services in the outpatient setting. Coverage includes facility, related professional services, diagnostics, treatment, and supplies. Some services may require retrospective authorization."/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		

Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Outpatient hospital svcs: ER transport-ambulance"/>	<input type="text" value="State Plan 1905(a)"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="No limit"/>	<input type="text" value="No limit"/>	
Scope Limit:		
<input type="text" value="Covers emergency transportation to an outpatient hospital setting for emergency care via ground or air ambulance"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		

Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Outpatient hospital services: Urgent care centers"/>	<input type="text" value="State Plan 1905(a)"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Yes"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="No limit"/>	<input type="text" value="No limit"/>	
Scope Limit:		
<input type="text" value="Covers emergency services in the outpatient setting. Coverage includes facility-related professional services, diagnostics, treatment, and supplies. Some services may require retrospective authorization."/>		



Alternative Benefit Plan

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

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

Add



Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided: Inpatient hospital services	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: No limit	Duration Limit: No limit	
Scope Limit: See below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Coverage includes room and board and all ancillary services provided during dates of service, medical, surgical, and physical medicine and rehabilitation admissions. Prior authorization required for some scheduled procedures or reasons for admission.		

Benefit Provided:	Source:	Remove
Authorization: Yes	Provider Qualifications:	
Amount Limit:	Duration Limit:	
Scope Limit:		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		

Add



Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Physician services: Maternity and newborn"/>	<input type="text" value="State Plan 1905(a)"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="No limit"/>	<input type="text" value="No limit"/>	
Scope Limit:		
<input type="text" value="Coverage includes prenatal care, delivery, postnatal care, and newborn care provided in a hospital, freestanding birthing center, and ambulatory care setting within the scope of practice as defined by state law."/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		

Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Inpatient hospital services: Maternity"/>	<input type="text" value="State Plan 1905(a)"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="No limit"/>	<input type="text" value="No limit"/>	
Scope Limit:		
<input type="text" value="Covers prenatal services, delivery, and postpartum care as medically necessary."/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		

Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text"/>	<input type="text"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Yes"/>	<input type="text"/>	
Amount Limit:	Duration Limit:	
<input type="text"/>	<input type="text"/>	
Scope Limit:		
<input type="text"/>		



Alternative Benefit Plan

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

Add



Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:	Source:	Remove
Rehab: Outpatient mental/behavioral health svcs	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limit	No limit	
Scope Limit:		
These services are not provided through institutions of mental disease (IMDs)		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Covers outpatient mental and behavioral health services including brief intervention treatment, crisis services, day support, family treatment, free-standing evaluation and treatment, group treatment services, high intensity services, individual treatment services, intake evaluation, medication management and monitoring, mental health services provided in a residential setting, peer support provided by enrolled peer counselors, psychological assessment, rehabilitation case management, specialized population evaluation, stabilization services and therapeutic psycho-education.		
Practitioners provide services within their scope of practice as defined by state law.		
Benefit Provided:	Source:	Remove
Rehab: Inpatient mental/behavioral health svcs	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limit	No limit	
Scope Limit:		
See below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Covers inpatient hospital care for mental/behavioral health conditions. May require prior authorization or retroactive authorization for admissions and concurrent stay review to approve the length of stay.		
Benefit Provided:	Source:	Remove
Rehab: Inpatient substance use disorder services	State Plan 1905(a)	



Alternative Benefit Plan

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Some limits

Duration Limit:

No limit

Scope Limit:

These services are not provided through institutions of mental disease

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

Covers screening, withdrawal management (detoxification), and counseling in certified facilities. To receive these services, clients must have been diagnosed with a substance use disorder based on DSM IV or V. Patient placement is based on ASAM patient placement criteria. Inpatient care is furnished by practitioners practicing in their scope of practice as defined by state law. Counseling must be provided by certified substance use disorder (SUD) counselors. Limits to services can be extended through a limitation extension provided via prior authorization.

Benefit Provided:

Rehab: Outpatient substance use disorder treatment

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

Covers screening, diagnostic evaluation, face-to-face individual and group counseling using therapeutic techniques, urinalysis screens, case management, and OST. Counseling must be provided by certified substance use disorder counselors. To receive these services, clients must have been diagnosed with a substance use disorder based on DSM IV or V. Patient placement is based on ASAM patient placement criteria.

Benefit Provided:

Source:

Remove

Authorization:

Yes

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:



Alternative Benefit Plan

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

Add



Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

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

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

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

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

The State of Washington's ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescribed drugs.



Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:	Source:	Remove
Habilitative services	Base Benchmark Small Group	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
24 units ea phys & occupa therapy; 6 units speech	No limit	
Scope Limit:		
See below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Covers services in the home or in the outpatient setting. These are medically necessary services to assist the client in partially or fully attaining, learning, maintaining, or improving developmentally age-appropriate skills that were not fully acquired as a result of a congenital, genetic, or early-acquired health condition, and are required to maximize, to the extent possible, the client's ability to function in their environment. Limitation extension allowed via prior authorization when medical necessity is demonstrated.		

Benefit Provided:	Source:	Remove
Home health services: Medical equipment & supplies	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
For some services	No limit	
Scope Limit:		
See below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Covers medical equipment, supplies, appliances, and related services for use in the home when ordered by state licensed professionals within their scope of practice. This includes devices, hearing aids, appliances, prosthetics, orthotics, oxygen and respiratory therapy equipment, home infusion-parenteral equipment and supplies, and medical nutrition and related supplies and services. Limitations to amounts can be extended through a limitation extension via prior authorization.		

Benefit Provided:	Source:	Remove
Nursing facility: Skilled	State Plan 1905(a)	



Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

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

Room and Board with skilled nursing and rehabilitation services, as well as for ventilator/tracheostomy care for clients of all ages. Admission requires authorization; client must meet level of care criteria for admission.

Benefit Provided:

Occupational therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

24 unit limit*

Duration Limit:

No limit

Scope Limit:

See below

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

Covers occupational therapy in the home or outpatient setting. *Limited to 24 units for clients age 21 and older only. Limitation extensions are allowed via prior authorization when medical necessity is demonstrated.

Benefit Provided:

Physical therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

24 unit limit*

Duration Limit:

No limit

Scope Limit:

See below

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

Covers physical therapy in the home or outpatient setting. *Limited to 24 units for clients age 21 and older only. Limitation extensions are allowed via prior authorization when medical necessity is demonstrated.



Alternative Benefit Plan

Benefit Provided:	Source:	Remove
Private duty nursing	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limit	No limit	
Scope Limit:		
See below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Services provided in the client's home by licensed nurses within their scope of practice as defined by state law. Clients must require at least four continuous hours of skilled nursing care on a day-to-day basis. Services provide an alternative to institutionalization or nursing facility and are not intended to supplant or replace other means of providing the services. Prior authorization is required to assure medical necessity and that policy requirements are met.		

Benefit Provided:	Source:	Remove
Speech, language, & hearing therapy	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
6 unit limit	No limit	
Scope Limit:		
See below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Covers speech, language and hearing therapy in the home and outpatient setting. *Limited to 6 units for clients age 21 and older only. Limitation extensions are allowed via prior authorization when medical necessity is demonstrated.		

Benefit Provided:	Source:	Remove
Authorization:	Provider Qualifications:	
Yes		
Amount Limit:	Duration Limit:	
Scope Limit:		



Alternative Benefit Plan

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

Add



Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:

Laboratory & radiology services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

Services are covered in outpatient and inpatient hospital settings, clinic/office setting, and the home setting. All outpatient advanced imaging procedures require prior authorization; some other diagnostic procedures, (e.g., genetic testing), require prior authorization.

Add



Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:	Source:	Remove
Preventive services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limit	No limit	
Scope Limit:		
See below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
As described above and in alignment with 42 CFR 440.130(c), including Screening, Brief Intervention, and Referral to Treatment (SBIRT). Provided by state- licensed providers within their scope of practice.		

Benefit Provided:	Source:	Remove
Authorization:	Provider Qualifications:	
Yes		
Amount Limit:	Duration Limit:	
Scope Limit:		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		

Add



Alternative Benefit Plan

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

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

No limit to services provided by qualified providers

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

Add



Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

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

Collapse All

Base Benchmark Benefit that was Substituted:

Acupuncture

Source:

Base Benchmark

Remove

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

Acupuncture mapped to the "Ambulatory patient services" EHB. Adult dental from the existing Medicaid State Plan was used for substitution purposes.

Base Benchmark Benefit that was Substituted:

Chiropractic care: Adults-substitution

Source:

Base Benchmark

Remove

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

Chiropractic Care for Adults mapped to "Ambulatory Patient Services" EHB. Adult dental from the existing Medicaid State Plan was used for substitution purposes.

Base Benchmark Benefit that was Substituted:

Chiropractic care: Children - duplication

Source:

Base Benchmark

Remove

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

Chiropractic Care for children mapped as an EPSDT service to "Pediatric services including oral and vision care" EHB. This is a duplication of services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Clinic services: Free-standing amb surgery - dup

Source:

Base Benchmark

Remove

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

Free Standing Ambulatory Surgery mapped to "Clinic Services- Free Standing Ambulatory Surgery Services " under the "Ambulatory Patient Services" EHB. This is a duplication of services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Cochlear implants: Adults - substitution

Source:

Base Benchmark

Remove

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

Cochlear Implants mapped to "Home Health Services: Medical Equipment & Supplies" under the "Rehabilitative and Habilitative Services and Devices" EHB. Private Duty Nursing from the existing Medicaid State Plan was used for substitution purposes.

Base Benchmark Benefit that was Substituted:

Delivery and all inpatient services - duplication

Source:

Base Benchmark

Remove



Alternative Benefit Plan

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

Delivery and all inpatient services mapped to "Inpatient Hospital Services- Maternity" under the "Maternity and Newborn care" EHB. This is a duplication of the Inpatient Hospital Services- Maternity services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Dental services: Children - duplication

Source:

Base Benchmark

Remove

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

Dental Services for children mapped as an EPSDT service to "Pediatric services including oral and vision care" EHB. This is a duplication of services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Diagnostic tests

Source:

Base Benchmark

Remove

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

Diagnostic tests mapped to "Laboratory and Radiology Services" in the "Laboratory Services" EHB category. This is a duplication of diagnostic services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Dialysis - Duplication

Source:

Base Benchmark

Remove

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

Dialysis services mapped to "Clinic Services - Free-Standing Kidney Center" of the "Ambulatory Patient Services" EHB category. This is a duplication of the clinic free-standing kidney dialysis services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Durable medical equipment - duplication

Source:

Base Benchmark

Remove

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

Durable medical equipment mapped to "Home health services: Medical equipment and supplies" under "Rehabilitative and habilitative services and devices" EHB. This is a duplication of the medical equipment and supplies service in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Emergency medical transportation - duplication

Source:

Base Benchmark

Remove

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

Emergency Medical Transportation mapped to "Outpatient Hospital- Emergency Transportation Ambulance" services under the "Emergency Services" EHB Category. This is a duplication of the



Alternative Benefit Plan

Emergency Transportation Ambulance services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Emergency room services - duplication

Source:

Base Benchmark

Remove

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

Emergency Room services mapped to "Outpatient Hospital Services - Emergency" under the "Emergency Services" EHB Category. This is a duplication of the outpatient hospital services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Eye glasses: Children - dupliction

Source:

Base Benchmark

Remove

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

Eye glasses for children mapped as an EPSDT service to "Pediatric services including oral and vision care" EHB. This is a duplication of services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Family planning - duplication

Source:

Base Benchmark

Remove

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

Family Planning mapped to "Family Planning" under the "Ambulatory Patient Services" EHB. This is a duplication of services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Habilitation services - duplication

Source:

Base Benchmark

Remove

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

Habilitation Services mapped to "Habilitative Services- PT, OT and ST" under the "Rehabilitative and Habilitative Services and Devices" EHB.

Base Benchmark Benefit that was Substituted:

Home health care - duplication

Source:

Base Benchmark

Remove

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

Home health care is mapped to "Ambulatory Patient Services" EHB category. This is duplication of the home health care services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Hospice services - Duplication

Source:

Base Benchmark

Remove



Alternative Benefit Plan

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

Hospice Services mapped to "Ambulatory Patient Services" EHB category. This is a duplication of the hospice care services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Hospital outpatient services - duplication

Source:

Base Benchmark

Remove

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

Hospital Outpatient Services mapped to "Outpatient Hospital" which were under the "Ambulatory Patient Services" EHB category 1. This is a duplication of outpatient hospital services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Imaging - duplication

Source:

Base Benchmark

Remove

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

Imaging mapped to "Laboratory and Radiology Services" in the "Laboratory Services" EHB category.

Base Benchmark Benefit that was Substituted:

Inpatient hospital services

Source:

Base Benchmark

Remove

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

Inpatient Hospital Services mapped to "Inpatient hospital Care" under the "Hospitalization" EHB and "Inpatient Rehabilitation Services" under "Rehabilitative and Habilitative Services and Devices." This is a duplication of services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Inpatient and surgical physician services

Source:

Base Benchmark

Remove

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

Inpatient and Surgical Physician Services mapped to "Inpatient Physician's Services" under the "Hospitalization" EHB. This is a duplication of services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Rehab: Inpatient mental/behavioral health svcs-dup

Source:

Base Benchmark

Remove

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

Rehab: Mental/Behavioral Health Inpatient Services mapped to "Rehab:Inpatient Mental/Behavioral Health services" under the "Mental health and substance use disorder services, including behavioral health treatment" EHB. This is a duplication of services in the existing Medicaid State Plan.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Rehab:Outpatient mental/behavioral health svcs-dup	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Rehab: Outpatient mental/behavioral health services mapped to "Rehab: Outpatient Mental/Behavioral Health Services" under the "Mental health and substance use disorder services, including behavioral health treatment" EHB. This is a duplication of services in the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Orthodontia services: Children - duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Orthodontia Services for children mapped as an EPSDT service to "Pediatric services including oral and vision care" EHB. This is a duplication of services in the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Other practitioner office visits - duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Other practitioner office visits and care mapped to "Ambulatory Patient Services" EHB category. This is a duplication of the other licensed practitioner services in the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Outpatient rehabilitation services - duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Outpatient Rehabilitation Services mapped to "Physical Therapy", "Occupational Therapy" and "Speech,Language and Hearing Therapy" under the "Rehabilitative and Habilitative Services and Devices" EHB. This is a duplication of the physical, occupational and speech therapy services in the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Physician/Surgeon fee - duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Physician/Surgeon Fee mapped to "Physician Services" under the "Ambulatory Patient Services" EHB category.		
Base Benchmark Benefit that was Substituted: Prenatal and postnatal care - duplication	Source: Base Benchmark	Remove



Alternative Benefit Plan

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

Prenatal and Postnatal Care mapped to "Physician Services -Maternity and Newborn Care Services" under the "Maternity and Newborn Care" EHB category. This is a duplication of the Maternity and Newborn Care services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Prescription drugs - duplication

Source:

Base Benchmark

Remove

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

Prescription Drugs services mapped to the "Prescription drugs" EHB category. This is a duplication of the Pharmacy service in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Preventive care, screening, immunizations - dup

Source:

Base Benchmark

Remove

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

Preventive care, screening, immunizations mapped to "Preventive Services" EHB category. This is a duplication of services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Primary care & specialist visits - duplication

Source:

Base Benchmark

Remove

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

Primary care and specialist care bundled and mapped to "Physician Services" under "Ambulatory Patient Services" EHB category. This is a duplication of the physician services in the existing Washington Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Provider contraceptives - duplicatio

Source:

Base Benchmark

Remove

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

Provider Contraceptives mapped to "Physician Services" under the "Ambulatory Patient Services" EHB category. This is a duplication of the physician's services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Routine eye care: Children - duplication

Source:

Base Benchmark

Remove

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

Routine eye care for children mapped as an EPSDT service to "Pediatric services including oral and vision care" EHB. This is a duplication of services in the existing Medicaid State Plan.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Routine foot care for diabetics - duplication

Source:

Base Benchmark

Remove

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

Skilled Nursing Care mapped to "Nursing Facility- Skilled" under the "Rehabilitative and Habilitative Services and Devices" EHB. This is a duplication of skilled nursing care service in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Substance use disorder inpatient services - dup

Source:

Base Benchmark

Remove

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

Substance Use Disorder Outpatient Services mapped to "Rehab:Inpatient substance use disorder services" under the "Mental health and substance use disorder services, including behavioral health treatment" EHB. This is a duplication of services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Urgent care - duplication

Source:

Base Benchmark

Remove

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

Urgent care services in this setting are mapped to "Emergency Services" EHB category. This is a duplication of Outpatient Hospital - Urgent Care services in the existing Medicaid State Plan.

Add



Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered Collapse All

Base Benchmark Benefit not Included in the Alternative Benefit Plan: <input style="width: 95%;" type="text" value="Routine non-pediatric eye exam:"/>	Source: <input style="width: 95%;" type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain why the state/territory chose not to include this benefit: <input style="width: 95%;" type="text" value="Per 45 CFR 156.115(d), routine non-pediatric eye exam services are exempted from the essential health benefits."/>		
<input type="button" value="Add"/>		



Alternative Benefit Plan

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

Collapse All

Other 1937 Benefit Provided:

1915(k) Community First Choice

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

12 months with redetermination

Scope Limit:

See below

Other:

The purpose of the benefit is to provide home and community-based attendant services and supports to eligible individuals who meet an institutional level of care that would be furnished in a hospital, a nursing home, an intermediate care facility for individuals with intellectual disabilities, an institution providing psychiatric services for individuals under age 21, or an institution for mental diseases for individuals age 65 and over, if the cost would be reimbursed under the State Plan. These services must be provided in a home or community-based setting that allows an individual to lead the most independent life in the most integrated community setting.

Services are provided in accordance with benefit descriptions on Attachment 3.1-K, pages 2 - 6 of the State Plan. Some activities include amount limitations that may be exceeded based on medical necessity.

Other 1937 Benefit Provided:

Federally Qualified Health Centers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Covers these sites for the provision of a broad range of medical, dental ,and mental health services. Services provided in this setting may be subject to prior authorization per service descriptions in ABP and prior authorization to use the setting.

Other 1937 Benefit Provided:

Free-standing birthing centers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit



Alternative Benefit Plan

Scope Limit:

See below

Other:

Covers birthing services rendered in a facility licensed under state law. No authorization required.

Other 1937 Benefit Provided:

Health homes

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Provides health home services to covered adults and children who have a specified chronic condition, meet certain risk criteria, and reside in one of thirty-seven (37) counties, in order to improve health outcomes and reduce costs. Services are provided to assure the coordination and delivery of integrated medical, mental health, chemical dependency, long-term care and other community-based social services. No prior authorization is required.

Other 1937 Benefit Provided:

ICF/IID services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Covers comprehensive, individualized health care and rehabilitation services for clients who meet institutional level of care to promote the client's functional status and independence.

Other 1937 Benefit Provided:

Non-emergency transportation

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove



Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Per contract

Duration Limit:

Per contract

Scope Limit:

See below

Other:

Effective 10/1/2008, non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4).

Other 1937 Benefit Provided:

Nursing facility: Long-term care

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Nursing services for clients who meet institutional level of care criteria and require long-term care. Includes specialized add-on services as medically necessary to assist clients in achieving a higher functional level and independence to support their return to the community.

Other 1937 Benefit Provided:

Personal care services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Covers physical or verbal assistance services provided to clients who have three activities of daily living (ADL) needs which require minimal assistance or one ADL requiring more than minimal assistance and result in functional limitations for the client. Examples: bathing, turning and repositioning, body care, dressing, eating, mobility, medication assistance, toileting, personal hygiene, nurse-delegated tasks, and self-directed treatment.



Alternative Benefit Plan

Other 1937 Benefit Provided:

Program for All Inclusive Care to Elderly (PACE)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Covers comprehensive, long-term State Plan-approved services on a fee-for-service basis: medical, mental health, and chemical dependency services. Provided through an interdisciplinary team of health care professionals to clients meeting a very specific criteria. These services enable the clients to remain at home rather than be admitted to a nursing facility.

Other 1937 Benefit Provided:

Routine non-pediatric eye exam: Adult

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

One per year

Duration Limit:

No limit

Scope Limit:

See below

Other:

Comprehensive eye and vision examination by qualified practitioners are covered. No prior authorization required

Other 1937 Benefit Provided:

Rural Health Centers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Covers these sites for the provision of a broad range of medical, dental and mental health services. Services



Alternative Benefit Plan

provided in this setting may be subject to prior authorization per service descriptions in ABP and prior authorization to use the setting.

Other 1937 Benefit Provided:

Targeted case mgmt: Alcohol&other drug dependency

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Covers case management and assistance in obtaining necessary medical, social, educational, vocational, and other services. Services are to assess needs, develop a plan, facilitate access to services and links to support systems, and serve as a liaison to providers and an client advocate. No authorization required.

Other 1937 Benefit Provided:

Targeted case mgmt: HIV/AIDS

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Covers case management services and assistance to clients to assure the client receives appropriate services and benefits; serves as a liaison with providers; links the client to formal and informal support systems; and assures access to support resources for the family. No authorization required.

Other 1937 Benefit Provided:

Targeted case mgmt: Infants & parents

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below



Alternative Benefit Plan

Other:

Covers case management and assistance to infants and their parents or caregiver, from the time the infant is three months of age through the month of the child's first birthday. Services are aimed at assuring the parent has access to medical, social, educational, and other services needed by the child. Services are screening and assessment, plan development, referral, and link to needed services, and providing ongoing follow-up to conduct reassessment and assure the plan and interventions are current to the child's changing needs. No authorization required.

Other 1937 Benefit Provided:

Targeted case mgmt: Non-English speaking

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Covers case management and assistance to clients who are age 16 and over who have limited English speaking skills, and are therefore unable to access information, obtain assistance or a job in order to become economically independent, unable to obtain required health and social services, and do not have family or friends to assist them. Services include: an assessment; information as to how to access needed services; and links to organizations that can assist the client and help the client receive appropriate benefits and services. No authorization required.

Other 1937 Benefit Provided:

Targeted case mgmt: Vulnerable adults

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Covers case management and assistance to clients over age 18 who require multiple health or social service providers, are unable to obtain the required services themselves, do not have family or friends to assist them, and have at least a minimal need for assistance with one or more activities of daily living (ADL). This service is to assure clients receive appropriate services and benefits and receive assistance in accomplishing necessary tasks. This service serves as a liaison with providers, links to formal and informal support systems, and intervenes in emergency situations. No authorization required.



Alternative Benefit Plan

Other 1937 Benefit Provided:

Tobacco cessation counseling services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

4 counseling sessions per quit attempt

Duration Limit:

No limit

Scope Limit:

See below

Other:

Covers services provided by a physician or under the supervision of a physician, to all clients including pregnant women, in an effort to support the client in the effort to stop smoking.

Other 1937 Benefit Provided:

Coverage of routine patient cost in clinical trial

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Effective 1/1/2022, coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial that meets the definition at section 1905(gg)(2). A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

Other 1937 Benefit Provided:

Medication Assisted Treatment (MAT) for OUD

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

Any limits may be exceed with prior authorization. MAT is provided as defined in the approved state plan 3.1-A and 3.1-B pages. MAT is provided in accordance with 1905(a)(29) for the period beginning October 1, 2020, and ending September 30, 2025



Alternative Benefit Plan

Other:

Other 1937 Benefit Provided:

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Yes

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other:

Add



Alternative Benefit Plan

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

Collapse All

PRA Disclosure Statement

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

V.20190808



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WA - 22 - 0011

Benefits Assurances

ABP7

EPSDT Assurances

If the target population includes persons under 21, please complete the following assurances regarding EPSDT. Otherwise, skip to the Prescription Drug Coverage Assurances below.

The alternative benefit plan includes beneficiaries under 21 years of age.

The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345).

The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act.

Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services:

Through an Alternative Benefit Plan.

Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as defined in 1905(r).

Other Information regarding how EPSDT benefits will be provided to participants under 21 years of age (optional):

Prescription Drug Coverage Assurances

The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.

The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.

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.

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.



Alternative Benefit Plan

- 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

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

V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WA - 22 - 0011

Service Delivery Systems

ABP8

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

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

Select one or more service delivery systems:

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

Managed Care Options

Managed Care Assurance

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

Managed Care Implementation

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

A review of the benefits under the ABP has been provided to the managed care plans and additional meetings to discuss implementation were conducted. We worked with the plans to develop member and provider communication, including HCA's client and provider communication webpages. In addition we revised our Washington State Administrative Code (WAC) and Provider Guides, as indicated, to reflect the new benefits changes which convey our new related policies. This information is available to our stakeholders and members.

MCO: Managed Care Organization

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

Yes

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

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



Alternative Benefit Plan

Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

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

Describe program below:

Apple Health's managed care program serves approximately 1.8 million enrollees. The plan provides services as required under their contract as well as care coordination. When a client is enrolled with a managed care plan, there are some services that are non-contracted ("carved out") and covered by the FFS plan in order to assure access to all the benefits and services in the State Plan. See attachment for the list of "carved out" services.

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

MCO Procurement or Selection Method

Indicate the method used to select MCOs:

- Competitive procurement method (RFP, RFA).
- Other procurement/selection method.

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

Other MCO-Based Service Delivery System Characteristics

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

List the benefits or services that will be provided apart from the MCO, and explain how they will be provided. Add as many rows as needed.

Add	Benefit/service	Description of how the benefit/service will be provided	Remove
Add	Gender dysphoria non-drug treatment	Provided by fee-for-service program	Remove
Add	Ambulance services including air and ground	Provided by fee-for-service program	Remove
Add	Antihemophilic Blood Products	-Blood factors VII, VIII and IX and anti-inhibitor for Hemophilia or von Willebrand disease when distributed for administration in the Enrollee's home or other outpatient setting. Provided by fee-for-service program	Remove
Add	Chemical-Using Pregnant (CUP) Women in program as described in WAC 182-533-0730 when provided by an HCA-approved CUP provider.	Provided by fee-for-service program	Remove
Add	Dental services	Provided by fee-for-service program	Remove
Add	Eyeglass frames, lenses, and fabrication services	Covered under HCA's selective contract for these services for children under age twenty-one (21), and associated fitting and dispensing services. Provided by fee-for-service program	Remove
Add	Glasses	Provided by fee-for-service program	Remove



Alternative Benefit Plan

Add	Health care services provided by a neurodevelopmental center recognized by the Department of Health	Provided by fee-for-service program	Remove
Add	Hemophiliac Products	Blood factors VII, VIII and IX, anti-inhibitor, and all FDA approved products labeled with an indication for use in treatment of hemophilia and von Willebrand disease when distributed for administration in the Enrollee's home or other outpatient setting. Provided by fee-for-service program	Remove
Add	HIV Case Management	Contracted service through Washington DOH. Provided by fee-for-service program	Remove
Add	Immune modulators and antiretrovirals for the treatment of Hepatitis C	Provided by fee-for-service program	Remove
Add	Inpatient Hospital charges at Certified Public Expenditure (CPE) hospitals for Categorically Needy - Blind and Disabled identified by HCA	Provided by fee-for-service program	Remove
Add	Interpreter Services	Provided by fee-for-service program	Remove
Add	Long-Term Inpatient Psych Program in state-contracted facilities	Provided by fee-for-service program	Remove
Add	Maternity Support Services/Infant Case Management (First Steps Program)	Provided by fee-for-service program	Remove
Add	Non emergent-ambulance	Provided by fee-for-service program	Remove
Add	Orthodontics	Provided by fee-for-service program	Remove
Add	Out of state residential intensive behavior treatment services	Provided by fee-for-service program	Remove
Add	School-based Health Care Services	For Children in Special Education with an Individualized Education Plan or Individualized Family Service Plan who have a disability, developmental delay or are diagnosed with a physical or mental condition. Provided by fee-for-service program	Remove
Add	Transportation services	Transportation services other than ambulance including court ordered. Provided by fee-for-service program	Remove

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

MCO Participation Exclusions

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

General MCO Participation Requirements

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

Mandatory participation.



Alternative Benefit Plan

Voluntary participation. Indicate the method for effectuating enrollment:

Describe method of enrollment in MCOs:

Additional Information: MCO (Optional)

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

PIHP: Prepaid Inpatient Health Plan

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

Yes

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

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

Identify the date the managed care program was approved by CMS: Apr 12, 2012

Describe program below:

This program covers all medically necessary rehabilitative services as described in the State Plan Attachments 3.1-A and 3.1-B. Recipients of these services qualify for behavioral health (mental health services and Substance Use Disorder Treatment services) under this program. Clients who need lower-acuity support for a behavioral health condition can receive unlimited mental health services and a range of mental health professionals (psychiatrists, psychiatric ARNPs, psychologists, licensed mental health counselors, licensed social workers, and licensed marriage and family therapists) under the ABP State plan 1932 benefits and services and administered by the Managed care plans and the fee-for-service programs. As a client's behavior health condition deteriorates or improves a client can seek and receive services in the most appropriate program available under these programs.

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).

PIHP Procurement or Selection Method

Indicate the method used to select PIHPs:

- Competitive procurement method (RFP, RFA).
- Other procurement/selection method.

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

Other PIHP-Based Service Delivery System Characteristics

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

No

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



Alternative Benefit Plan

PIHP Participation Exclusions

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

General PIHP Participation Requirements

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

- Mandatory participation.
- Voluntary participation. Indicate the method for effectuating enrollment:

Additional Information: PIHP (Optional)

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

PCCM: Primary Care Case Management

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

The PCCM 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.

Identify the date the managed care program was approved by CMS: Apr 12, 2012

Describe program below:

Primary Care Case Management (PCCM) is a program in which clients can voluntarily enroll if they live in Benton, Clallam, Douglas, Ferry, Grant, Grays Harbor, Jefferson, King, Kitsap, Lincoln, Okanogan, Pacific, Pierce, Skamania, Snohomish, Spokane, Stevens, Whatcom or Yakima County.

PCCM services are only available through tribal clinics and Urban Indian Health Centers (FQHCs) and serve only American Indian and Alaska Native adults and children, and female non-Native TANF clients if they are pregnant with a child whose father is an American Indian or Alaska Native.

Recipients can choose to receive their health care services through the PCCM program, a managed care plan, or the fee-for-service (FFS) program. When a client is enrolled with a managed care plan, there are some services that are "carved out" and covered by the FFS plan in order to assure access to all the benefits and services in the State Plan. See attachment for the list of these "carved out" services. Enrollees can disenroll from PCCM at any time.

Available services include all services described in the approved State Plan, as well as case management and care coordination services. While the PCCM clinics provide and coordinate all covered health care services, services are paid for through the applicable fee-for-service program, community mental health program or chemical dependency program, as indicated.

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).

PCCM Procurement or Selection Method



Alternative Benefit Plan

Indicate the method used to select PCCMs:

- Competitive procurement method (RFP, RFA).
- Other procurement/selection method.

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

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: PCCM (Optional)

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

Fee-For-Service Options

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

- Traditional state-managed fee-for-service
- Services managed under an administrative services organization (ASO) arrangement

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.

The fee-for-service program (FFS) covers services for those members of New Adult section VIII group who are not enrolled in the managed care organization program.

Examples of clients remaining in fee-for-service are: those with Medicare(FFS for physical Health benefits); those with third party coverage (another commercial health care coverage), those who qualify for the emergency undocumented alien coverage; those who live in the counties where managed care enrollment is mandatory and have been approved to opt out of managed care. In addition, when a client is enrolled with a managed care plan, there are some services that are "carved out" and covered by the FFS plan in order to assure access to all the benefits and services in the State Plan.

Chemical dependency services are also offered to clients on a FFS basis in all parts of the state.

Reimbursement methodologies for services are those approved in the State Plan Attachments 3.1-A, 3.1-B, and 4.

Additional Information: Fee-For-Service (Optional)



Alternative Benefit Plan

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

PRA Disclosure Statement

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V.20181119



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: WA - 22 - 0011

Employer Sponsored Insurance and Payment of Premiums	ABP9
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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 Package.

The state/territory otherwise provides for payment of premiums.

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

PRA Disclosure Statement

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V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WA - 22 - 0011

OMB Expiration date: 10/31/2014

General Assurances

ABP10

Economy and Efficiency of Plans

- 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.
- The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 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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V.20140415



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WA - 22 - 0011

OMB Expiration date: 10/31/2014

Payment Methodology

ABP11

Alternative Benefit Plans - Payment Methodologies

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

An attachment is submitted.

PRA Disclosure Statement

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

V.20140415