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State/Territory Name: South Dakota

State Plan Amendment (SPA) #: 23-0001

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 CMS Form 179
 Approved SPA Pages



Medicaid and CHIP Operations Group

May 23, 2023

Sarah Aker, Medicaid Director Department of Social Services Richard F. Kneip Building 700 Governors Drive Pierre, SD 57501-2291

RE: TN 23-0001

Dear Ms. Aker:

On February 24, 2023, the Centers for Medicare & Medicaid Services (CMS) received South Dakota's State Plan Amendment (SPA) Transmittal #23-0001. This SPA was submitted to add an Alternative Benefit Plan (ABP) to South Dakota's state plan to cover the Medicaid Expansion Population, effective July 1, 2023.

We are pleased to inform you that SPA #23-0001 was approved on May 23, 2023, with an effective date of July 1, 2023, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the South Dakota State Plan.

All requirements pertaining to ABPs must be met including, but not limited to: benefits, payment rates, reimbursement methodologies, cost-sharing state plan pages (as applicable) managed care delivery systems (waivers and contracts). Amendments to the state's approved Medicaid program (SPAs, waivers, contracts) may require corresponding amendments to the ABP if the changes to the benefit to the approved state plan will be mirrored in the ABP.

If you have any questions regarding this matter you may contact Mandy Strom at (303)844-7068 or by email at <u>mandy.strom@cms.hhs.gov</u>.

Sincerely,

James G. Scott, Director Division of Program Operations

Enclosures

cc: Matthew Ballard, South Dakota Medicaid Renae Hericks, South Dakota Medicaid

| 1 0 0 0 0 | ansmittal Number (TN | i) in the format ST-YY-0000 where ST = the state abbreviation, YY = the last two digits | of the submissio |
|--|--|---|------------------|
| year, and 0000 = a SD-23-0001 | four digit number with | h leading zeros. The dashes must also be entered. | |
| | | | |
| posed Effective I | | | |
| 07/01/2023 | (mm/dd/yyyy) | | |
| eral Statute/Reg | ulation Citation | | |
| Social Security | Act Sections 1902(a | a)(10)(A)(i)(VIII) and 1937 | |
| | 3929 a u | | |
| eral Budget Imp | act Federal Fi | scal Year Amount | |
| First Year | 2023 | \$ 125494504.00 | |
| Second Year | 2024 | \$ 501987015.00 | |
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| ject of Amendme | ent | | |
| ject of Amendme To establish the | | plan (ABP) for the new adult eligibility group. | |
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| State Name: South Dakota | Attachment 3.1-L- | OMB Control Number: 09381148 |
|---|--------------------------------------|---|
| Transmittal Number: <u>SD</u> - <u>23</u> - <u>0001</u> | | |
| Alternative Benefit Plan Populations | | ABP1 |
| Identify and define the population that will participate in the Altern | native Benefit Plan. | |
| Alternative Benefit Plan Population Name: Adult Expansion Alternative | ernative Benefit Plan (ABP) | |
| Identify eligibility groups that are included in the Alternative Bene targeting criteria used to further define the population. | fit Plan's population, and which may | contain individuals that meet any |
| Eligibility Groups Included in the Alternative Benefit Plan Populat | ion: | |
| Add Eligibility Group |): | Enrollment is mandatory or voluntary? |
| Add Adult Group | | Mandatory Remove |
| Enrollment is available for all individuals in these eligibility group | (s). Yes | |
| Geographic Area | | |
| The Alternative Benefit Plan population will include individuals fro | om the entire state/territory. | Yes |
| Any other information the state/territory wishes to provide about the | e population (optional) | |
| The Adult Expansion Alternative Benefit Plan will include individ annual eligibility renewal. | uals who become pregnant in the adu | lt group prior to their next |

PRA Disclosure Statement

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

V.20181119

Approval Date: May 23, 2023



State Name: South Dakota

Transmittal Number: SD - 23 - 0001

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

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

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

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

PRA Disclosure Statement

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

V.20160722

Approval Date: May 23, 2023

OMB Control Number: 09381148

ABP2a

Attachment 3.1-L-



| Sta | te Name: South Dakota Attachment 3.1-L- OMB Control Number: 0938-1148 |
|----------|--|
| Tra | nsmittal Number: SD - 23 - 0001 |
| Se | lection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package ABP3.1 |
| Sel | ect one of the following: |
| | ○ The state/territory is amending one existing benefit package for the population defined in Section 1. |
| | • The state/territory is creating a single new benefit package for the population defined in Section 1. |
| | Name of benefit package: Adult Expansion Alternative Benefit Plan (ABP) |
| | Selection of EHB-Benchmark Plan |
| P SEP | The state/territory must select an EHB-benchmark plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package. |
| | EHB-benchmark plan name: The South Dakota Benchmark Plan |
| | The EHB-benchmark plan is the same as the Section 1937 Coverage option: No |
| | Indicate the EHB-benchmark option as described at 45 CFR 156.111(b)(2)(B) the state/territory will use as its EHB- benchmark plan: |
| | State/Territory is selecting one of the below options to design an EHB package that complies with the requirements for the individual insurance market under 45 CFR 156.100 through 156.125. |
| | \bigcirc State/Territory is selecting the EHB-benchmark plan used by the state/territory for the 2017 plan year. |
| | O State/Territory is selecting one of the EHB-benchmark plans used for the 2017 plan year by another state/territory. |
| | State/ Territory selects the following EHB-benchmark plan used for the 2017 plan year but will replace coverage of one or more of the categories of EHB with coverage of the same category from the 2017 EHB-benchmark plan of one or more other states |
| | • Select a set of benefits consistent with the 10 EHB categories to become the new EHB-benchmark plan. (Complete and submit the ABP5: Benefits Description form to describe the set of benefits.) |
| | Assurances |
| | The state/territory assures the EHB plan meets the scope of benefits standards at 45 CFR 156.111(b), does not exceed generosity of most generous among a set of comparison plans, provides appropriate balance of coverage among 10 EHB categories, and the scope of benefits is equal to, or greater than, the scope of benefits provided under a typical employer plan as defined at 45 CFR 156.111(b)(2). |
| | The state/territory assures that actuarial certification and an associated actuarial report from an actuary, who is a member of the American Academy of Actuaries, in accordance with generally accepted actuarial principles and methodologies, has been completed and is available upon request. |
| | \checkmark The state/territory assures that all services in the EHB-benchmark plan have been accounted for throughout the benefit chart found in ABP 5. |

Approval Date: May 23, 2023



The state/territory assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid State Plan.

Selection of the Section 1937 Coverage Option

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

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

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

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

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

Please refer to ABP 5 for a description of services.

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

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



PRA Disclosure Statement

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

V.20190813



State Name: South Dakota

Attachment 3.1-L-

OMB Control Number: 09381148

ABP4

No

Transmittal Number: SD - 23 - 0001

Alternative Benefit Plan Cost-Sharing

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

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

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

Other Information Related to Cost Sharing Requirements (optional):

PRA Disclosure Statement

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

V.20160722

Approval Date: May 23, 2023



| State Name: South Dakota | Attachment 3.1-L- | OMB Control Number: 0938-1148 |
|---|---------------------------------|------------------------------------|
| Transmittal Number: SD - 23 - 0001 | | |
| Benefits Description | | ABP5 |
| The state/territory proposes a "Benchmark-Equivalent" benefit page | ckage. No | |
| Benefits Included in Alternative Benefit Plan | | |
| Enter the specific name of the base benchmark plan selected: | | |
| The South Dakota Benchmark Plan | | |
| | | |
| | | |
| Enter the specific name of the section 1937 coverage option select Approved." | ed, if other than Secretary-App | oved. Otherwise, enter "Secretary- |
| Secretary-Approved | | |
| | | |
| | | |



| . Essential Health Benefit: Ambulatory patier | nt services | Collapse All 🗌 |
|--|---|----------------|
| Benefit Provided: | Source: | Remove |
| Licensed Physician Assistant Services | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | 7 |
| Amount Limit: | Duration Limit: | _ |
| See other information box below. | None | |
| Scope Limit: | | |
| See other information box below. | | 7 |
| Other information regarding this benefit, i benchmark plan: See Attachment 3.1-A, 6.d.1, Services of | ncluding the specific name of the source plan if it is not the base a licensed physician assistant |] |
| Benefit Provided: | Source: | Remove |
| Physician Services | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| Yes | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |
| Scope Limit: | | |
| See other information box below | | 7 |
| Other information regarding this benefit, i benchmark plan: See Attachment 3.1-A, 5.a, Physician Ser | ncluding the specific name of the source plan if it is not the base vices |] |
| Benefit Provided: | Source: | Remove |
| Chiropractic Services | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | _ |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |
| Scope Limit: | | _ |
| See other information box below. | | 7 |



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



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



| Amount Limit: | Duration Limit: | |
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| See other information box below. | See other information box below. | |
| Scope Limit: | | |
| See other information box below. | | |
| benchmark plan: | uding the specific name of the source plan if it is not the b icensed registered nurse or licensed practical nurse | base |
| Benefit Provided: | Source: | Remove |
| Licensed Clinical Nurse Specialist | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| See other information box below. | None | |
| Scope Limit: | | |
| | | 1 |
| See other information box below. Other information regarding this benefit, incl benchmark plan: See Attachment 3.1-A, 6.d.5, Licensed Clinic | uding the specific name of the source plan if it is not the b | base |
| Conternation regarding this benefit, include benchmark plan: See Attachment 3.1-A, 6.d.5, Licensed Clinic Benefit Provided: | cal Nurse Specialist Source: | base Remove |
| Conter information regarding this benefit, include benchmark plan: See Attachment 3.1-A, 6.d.5, Licensed Clinic Benefit Provided: | cal Nurse Specialist Source: State Plan 1905(a) | |
| Other information regarding this benefit, incl benchmark plan: See Attachment 3.1-A, 6.d.5, Licensed Clini Benefit Provided: Family Planning Clinics Authorization: | cal Nurse Specialist Source: State Plan 1905(a) Provider Qualifications: | |
| Other information regarding this benefit, incl benchmark plan: See Attachment 3.1-A, 6.d.5, Licensed Clini Benefit Provided: Family Planning Clinics | cal Nurse Specialist Source: State Plan 1905(a) | |
| Other information regarding this benefit, incl benchmark plan: See Attachment 3.1-A, 6.d.5, Licensed Clini Benefit Provided: Family Planning Clinics Authorization: None Amount Limit: | cal Nurse Specialist Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: | |
| L Other information regarding this benefit, incl benchmark plan: See Attachment 3.1-A, 6.d.5, Licensed Clinic Genefit Provided: Family Planning Clinics Authorization: None | cal Nurse Specialist Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan | |
| Other information regarding this benefit, incl benchmark plan: See Attachment 3.1-A, 6.d.5, Licensed Clini Benefit Provided: Family Planning Clinics Authorization: None Amount Limit: | cal Nurse Specialist Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: | |
| Cher information regarding this benefit, incl benchmark plan: See Attachment 3.1-A, 6.d.5, Licensed Clinic Benefit Provided: Family Planning Clinics Authorization: None Amount Limit: None | cal Nurse Specialist Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: | |
| Cher information regarding this benefit, incl benchmark plan: See Attachment 3.1-A, 6.d.5, Licensed Clinic Benefit Provided: Family Planning Clinics Authorization: None Amount Limit: None Scope Limit: See other information box below. | cal Nurse Specialist Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None None | Remove |
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| Authorization: | Provider Qualifications: | |
|--|--|---------|
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |
| Scope Limit: | | |
| See other information box below. | | |
| Other information regarding this benefit, | including the specific name of the source plan if it is not the base | |
| benchmark plan: | | |
| See Attachment 3.1-A, 9.b, Ambulatory | surgical centers | |
| | | |
| nefit Provided: | Source: | Damagua |
| ndstage Renal Disease Clinics | State Plan 1905(a) | Remove |
| | Provider Qualifications: | |
| Authorization: | Medicaid State Plan | |
| | | |
| Amount Limit: | Duration Limit: | |
| None | None | |
| Scope Limit: | | |
| See other information box below. | | |
| | | |
| Other information regarding this benefit, benchmark plan: See Attachment 3.1-A, 9.c Endstage rena | including the specific name of the source plan if it is not the base al disease clinics | |
| benchmark plan: | | Remove |
| benchmark plan: See Attachment 3.1-A, 9.c Endstage rena | al disease clinics | Remove |
| benchmark plan: See Attachment 3.1-A, 9.c Endstage reme enefit Provided: utpatient Hospital | al disease clinics Source: State Plan 1905(a) | Remove |
| benchmark plan: See Attachment 3.1-A, 9.c Endstage rena mefit Provided: | al disease clinics Source: | Remove |
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| benchmark plan: See Attachment 3.1-A, 9.c Endstage rena mefit Provided: utpatient Hospital Authorization: None Amount Limit: None | al disease clinics Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: | Remove |
| benchmark plan: See Attachment 3.1-A, 9.c Endstage reme inefit Provided: autpatient Hospital Authorization: None Amount Limit: None Scope Limit: See other information box below. Other information regarding this benefit, benchmark plan: | al disease clinics Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None including the specific name of the source plan if it is not the base | Remove |
| benchmark plan: See Attachment 3.1-A, 9.c Endstage remains inefit Provided: autpatient Hospital Authorization: None Amount Limit: None Scope Limit: See other information box below. Other information regarding this benefit, | al disease clinics Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None including the specific name of the source plan if it is not the base Iospital Services | Remove |



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



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



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



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

Add



| Benefit Provided: | Source: | Remove |
|---|--|--------|
| Nurse-Midwife Services | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| Yes | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |
| Scope Limit: | | |
| None | | |
| Other information regarding this benefit benchmark plan: See Attachment 3.1-A, 17, Nurse-Midw | , including the specific name of the source plan if it is not the base | |
| Benefit Provided: | Source: | Remove |
| Freestanding Birth Centers | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |
| Scope Limit: | | |
| None | | |
| Other information regarding this benefit benchmark plan: See Attachment 3.1-A, 26, Freestanding | r, including the specific name of the source plan if it is not the base g Birth Centers | |
| Benefit Provided: | Source: | Remove |
| Maternal Child Health Clinics | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | _ |
| None | Medicaid State Plan | |
| | Duration Limit: | |
| Amount Limit: | | |
| | None | |



| See Attachment 3.1-A, 9.e, Matern | | |
|--|---|--------|
| mefit Provided: | Source: | Remove |
| Authorization: | Provider Qualifications: | |
| Amount Limit: | Duration Limit: | |
| Scope Limit: | | |
| Other information regarding this be benchmark plan: | nefit, including the specific name of the source plan if it is not the base | |
| | | |



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

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

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

Approval Date: May 23, 2023

Collapse All



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



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



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



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

Collapse All

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

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



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



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



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



| Benefit Provided: | Source: | Remove |
|--|---|--------|
| Other Lab and X-Ray | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |
| Scope Limit: | | |
| None | | |
| Other information regarding this benefit, in benchmark plan: | ncluding the specific name of the source plan if it is not the base | |
| See Attachment 3.1-A, 3, Other Lab and 3 | ζ-Ray | |



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

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

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



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



11. Other Covered Benefits from Base Benchmark

Collapse All



| | Substitution or Duplication Collapse All |
|--|---|
| Base Benchmark Benefit that was Substituted: Specialist Visit | Source: Remove |
| | ng indicating the substituted benefit(s) or the duplicate section |
| nurse practitioners in EHB 1, Ambulatory patie Attachment 3.1-A, 6.d.1, Services of a licensed Attachment 3.1-A, 6.d.4, Services of a licensed Ambulatory patient services; Attachment 3.1-A, 23, Pediatric or Family Nur EHB 1, Ambulatory patient services; and | lan under EHB 1, Ambulatory patient services; d certified nurse practitioner other than pediatric or family ent services; d physician assistant in EHB 1, Ambulatory patient services; d registered nurse or licensed practical nurse in EHB 1, rse Practitioners in EHB 1, Ambulatory patient services; in eening, Diagnosis and Treatment (EPSDT) in EHB 10, |
| | |
| Base Benchmark Benefit that was Substituted: Primary Care Visit to Treat and Injury or Illness | Source: Remove Remove |
| nurse practitioners in EHB 1, Ambulatory patie Attachment 3.1-A, 6.d.1, Services of a licensed Attachment 3.1-A, 6.d.4, Services of a licensed Ambulatory patient services; Attachment 3.1-A, 23, Pediatric or Family Nur EHB 1, Ambulatory patient services; and | EHB 1, Ambulatory patient services; d certified nurse practitioner other than pediatric or family ent services; d physician assistant in EHB 1, Ambulatory patient services; d registered nurse or licensed practical nurse in EHB 1, rse Practitioners in EHB 1, Ambulatory patient services; in eening, Diagnosis and Treatment (EPSDT) in EHB 10, |
| Base Benchmark Benefit that was Substituted: Other Practitioner Office Visit (Nurse, PA) | Source: Remove |
| | lan under d physician assistant; |
| | |



| 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan und Attachment 3.1-A, 5.a, Physician Services in EHB 1, | der Ambulatory patient services; ied registered nurse anesthetist in EHB 1, Ambulatory in EHB 1, Ambulatory patient services; and in EHB 1, Ambulatory patient services. | Remove |
|---|--|--------|
| Explain the substitution or duplication, including india 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan und Attachment 3.1-A, 5.a, Physician Services in EHB 1, Attachment 3.1-A, 6.d.3, Services of a licensed certif patient services; Attachment 3.1-A, 9.b, Ambulatory Surgical Centers Attachment 3.1-A, 2.a, Outpatient Hospital Services in se Benchmark Benefit that was Substituted: ospice Services Explain the substitution or duplication, including india 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan under State Plan under State Plan under St | Base Benchmark cating the substituted benefit(s) or the duplicate section ential Health Benefits: der Ambulatory patient services; ifed registered nurse anesthetist in EHB 1, Ambulatory in EHB 1, Ambulatory patient services; and in EHB 1, Ambulatory patient services. Source: Base Benchmark | |
| 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan und Attachment 3.1-A, 5.a, Physician Services in EHB 1, Attachment 3.1-A, 6.d.3, Services of a licensed certif patient services; Attachment 3.1-A, 9.b, Ambulatory Surgical Centers Attachment 3.1-A, 2.a, Outpatient Hospital Services is se Benchmark Benefit that was Substituted: ospice Services Explain the substitution or duplication, including india 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan under | cating the substituted benefit(s) or the duplicate section ential Health Benefits: der Ambulatory patient services; ied registered nurse anesthetist in EHB 1, Ambulatory in EHB 1, Ambulatory patient services; and in EHB 1, Ambulatory patient services. | Remove |
| 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan und Attachment 3.1-A, 5.a, Physician Services in EHB 1, Attachment 3.1-A, 6.d.3, Services of a licensed certif patient services; Attachment 3.1-A, 9.b, Ambulatory Surgical Centers Attachment 3.1-A, 2.a, Outpatient Hospital Services is se Benchmark Benefit that was Substituted: ospice Services Explain the substitution or duplication, including india 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan under | ential Health Benefits: der Ambulatory patient services; fied registered nurse anesthetist in EHB 1, Ambulatory in EHB 1, Ambulatory patient services; and in EHB 1, Ambulatory patient services. Source: Base Benchmark | Remove |
| Attachment 3.1-A, 5.a, Physician Services in EHB 1, Attachment 3.1-A, 6.d.3, Services of a licensed certific patient services; Attachment 3.1-A, 9.b, Ambulatory Surgical Centers Attachment 3.1-A, 2.a, Outpatient Hospital Services is se Benchmark Benefit that was Substituted: ospice Services Explain the substitution or duplication, including india 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan under | Ambulatory patient services; ied registered nurse anesthetist in EHB 1, Ambulatory in EHB 1, Ambulatory patient services; and in EHB 1, Ambulatory patient services. | Remove |
| Attachment 3.1-A, 6.d.3, Services of a licensed certif patient services; Attachment 3.1-A, 9.b, Ambulatory Surgical Centers Attachment 3.1-A, 2.a, Outpatient Hospital Services is se Benchmark Benefit that was Substituted: ospice Services Explain the substitution or duplication, including india 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan under | ied registered nurse anesthetist in EHB 1, Ambulatory in EHB 1, Ambulatory patient services; and in EHB 1, Ambulatory patient services. Source: Base Benchmark | Remove |
| patient services; Attachment 3.1-A, 9.b, Ambulatory Surgical Centers Attachment 3.1-A, 2.a, Outpatient Hospital Services is se Benchmark Benefit that was Substituted: ospice Services Explain the substitution or duplication, including india 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan under | in EHB 1, Ambulatory patient services; and in EHB 1, Ambulatory patient services. | Remove |
| Attachment 3.1-A, 9.b, Ambulatory Surgical Centers Attachment 3.1-A, 2.a, Outpatient Hospital Services se Benchmark Benefit that was Substituted: ospice Services Explain the substitution or duplication, including india 1937 benchmark benefit(s) included above under Essed Duplication - Covered in the Medicaid State Plan under | in EHB 1, Ambulatory patient services. Source: Base Benchmark | Remove |
| se Benchmark Benefit that was Substituted: ospice Services Explain the substitution or duplication, including indi 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan und | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including india 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan under | Base Benchmark | Remove |
| Explain the substitution or duplication, including india 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan under | | |
| 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan und | cating the substituted benefit(s) or the duplicate section | |
| Duplication - Covered in the Medicaid State Plan und | | |
| | der | |
| se Benchmark Benefit that was Substituted: | Source: | D |
| ivate Duty Nursing | Base Benchmark | Remove |
| | Base Benefiniark | |
| Explain the substitution or duplication, including indi- 1937 benchmark benefit(s) included above under Esse | cating the substituted benefit(s) or the duplicate section ential Health Benefits: | |
| Duplication - Covered in the Medicaid State Plan und Attachment 3.1-A, 14.b, Skilled Nursing Facility Ser- services and devices. | | |
| se Benchmark Benefit that was Substituted: | Courses | - |
| rgent Care Centers or Facilities | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indi | cating the substituted benefit(s) or the duplicate section | |
| 1937 benchmark benefit(s) included above under Esse | | |
| Duplication - Covered in the Medicaid State Plan und | | |
| Attachment 3.1-A, 5.a, Physician Services in EHB 1, | | |
| Attachment 3.1-A, 6.d.2, Services of a licensed certif nurse practitioners in EHB 1, Ambulatory patient ser | | |
| | ician assistant in EHB 1, Ambulatory patient services; | |
| Attachment 3.1-A, 6.d.4, Services of a licensed physical Attachment 3.1-A, 6.d.4, Services of a licensed register and the serv | | |
| Ambulatory patient services; | • • | |
| | ctitioners in EHB 1, Ambulatory patient services; and | |
| Attachment 3.1-A, 4.b, Early and Periodic Screening | , Diagnosis and Treatment (EPSDT) in EHB 10, | |



| Pediatric services including oral and vision care. | | |
|--|---|--------|
| Base Benchmark Benefit that was Substituted: Home Health Care Services | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including ine 1937 benchmark benefit(s) included above under Es | dicating the substituted benefit(s) or the duplicate section | |
| Duplication - Covered in the Medicaid State Plan us Attachment 3.1-A, 7.a, Home Health Nursing Servi and devices; Attachment 3.1-A, 7.b, Home Health Aide Services devices; Attachment 3.1-A, 7,c, Home Health Medical Supp habilitative services and devices; and | nder ices in EHB 7, Rehabilitative and habilitative services s in EHB 7, Rehabilitative and habilitative services and | |
| Base Benchmark Benefit that was Substituted: | Source: | Remove |
| Emergency Room Services | Base Benchmark | |
| Duplication - Covered in the Medicaid State Plan us Attachment 3.1-A, item 24.e, Emergency Hospital Attachment 3.1-A, 4.b, Early and Periodic Screenin Pediatric services including oral and vision care. | Services in EHB 2, Emergency Services; and | |
| Base Benchmark Benefit that was Substituted: | Source: | |
| Emergency Transportation/Ambulance | Base Benchmark | Remove |
| Explain the substitution or duplication, including ine 1937 benchmark benefit(s) included above under Es | dicating the substituted benefit(s) or the duplicate section ssential Health Benefits: | |
| Duplication - Covered in the Medicaid State Plan us Attachment 3.1-A, 24.a, Ground and Air Ambulanc | | |
| Base Benchmark Benefit that was Substituted: | Source: | Remove |
| Inpatient Hospital Services | Base Benchmark | |
| 1937 benchmark benefit(s) included above under Es | | |
| Duplication - Covered in the Medicaid State Plan us | | |
| Duplication - Covered in the Medicaid State Plan us Attachment 3.1-A, 1, Inpatient Hospital Services in | | |
| - | | Remove |



| | indicating the substituted benefit(s) or the duplicate section | |
|--|--|---------|
| 1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Plan | | |
| Attachment 3.1-A, item 1, Inpatient Hospital Ser | | |
| Attachment 3.1-A, 5.a, Physician Services in EH | | |
| | ertified nurse practitioner other than pediatric or family | |
| nurse practitioners in EHB 1, Ambulatory patient | | |
| | hysician assistant in EHB 1, Ambulatory patient services; | |
| Attachment 3.1-A, 6.d.3, Services of a licensed c | ertified registered nurse anesthetist in EHB 1, Ambulatory | |
| patient services; | | |
| | egistered nurse or licensed practical nurse in EHB 1, | |
| Ambulatory patient services; | | |
| · · · · · · | Practitioners in EHB 1, Ambulatory patient services; in | |
| EHB 1, Ambulatory patient services; and | | |
| | ning, Diagnosis and Treatment (EPSDT) in EHB 10, | |
| Pediatric services including oral and vision care. | | |
| | | |
| Base Benchmark Benefit that was Substituted: | Source: | Remove |
| Bariatric Surgery | Base Benchmark | |
| Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under | indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: | |
| Duplication - Covered in the Medicaid State Plan | under | |
| Attachment 3.1-A, item 1, Inpatient Hospital Ser | | |
| Attachment 3.1-A, 5.a, Physician Services in EH | | |
| Attachment 3.1-A, 6.d.3, Services of a licensed c | ertified registered nurse anesthetist in EHB 1, Ambulatory | |
| patient services; | | |
| Attachment 3.1-A, 9.b, Ambulatory Surgical Cen | | |
| Attachment 3.1-A, 2.a, Outpatient Hospital Servi | ces in EHB 1, Ambulatory patient services. | |
| | <u> </u> | |
| Base Benchmark Benefit that was Substituted: | Source: | Remove |
| Skilled Nursing Facility | Base Benchmark | |
| | indicating the substituted benefit(s) or the duplicate section | |
| 1937 benchmark benefit(s) included above under | | |
| Duplication - Covered in the Medicaid State Plan | | |
| | Services in EHB 7, Rehabilitative and habilitative | |
| services and devices. | | |
| Base Benchmark Benefit that was Substituted: | Source: | Remove |
| Prenatal and Postnatal Care | Base Benchmark | Itemove |
| L | | |
| Explain the substitution or duplication, including | indicating the substituted benefit(s) or the duplicate section | |
| 1937 benchmark benefit(s) included above under | | |
| Duplication - Covered in the Medicaid State Plan | under | |
| Attachment 3.1-A, 1, Inpatient Hospital in EHB 3 | | |
| Attachment 3.1-A, 2.a, Outpatient Hospital Servi | | |
| Attachment 3.1-A, 3, Other Lab and X-Ray in El | | |
| Attachment 3.1-A, 5.a, Physician Services in EH | | |
| | ertified nurse practitioner other than pediatric or family | |
| | 1 1 7 | |
| Transmittal Number: SD-23-0001 Apr | proval Date: May 23, 2023 Effective Date: July | 1 2023 |



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| nurse practitioners in EHB 1, Ambulatory patient service Attachment 3.1-A, 6.d.3, Services of a licensed certified | | |
| patient services; | registered hurse unestitetist in LTD 1, 7 unoutatory | |
| Attachment 3.1-A, 6.d.4, Services of a licensed registere | ed nurse or licensed practical nurse in EHB 1. | |
| Ambulatory patient services; | | |
| Attachment 3.1-A, 9.a, Family planning clinics in EHB | 1, Ambulatory patient services; | |
| Attachment 3.1-A, 9.e, Maternal Child Health Clinics in | | |
| Attachment 3.1-A, 17, Nurse-Midwife Services in EHB | 4, Maternity and newborn care; and | |
| Attachment 3.1-A, 26, Freestanding Birth Centers in EH | IB 4, Maternity and newborn care. | |
| | | |
| | Source: | Remove |
| elivery and All Inpatient Services for Maternity | Base Benchmark | |
| Explain the substitution or duplication, including indicati | ing the substituted benefit(s) or the duplicate section | |
| 1937 benchmark benefit(s) included above under Essenti- | al Health Benefits: | |
| Duplication - Covered in the Medicaid State Plan under | | |
| Attachment 3.1-A, 1, Inpatient Hospital in EHB 3, Hosp | | |
| Attachment 3.1-A, 6.d.2, Services of a licensed certified | | |
| nurse practitioners in EHB 1, Ambulatory patient service | | |
| Attachment 3.1-A, 6.d.3, Services of a licensed certified | registered nurse anesthetist in EHB 1, Ambulatory | |
| patient services; | | |
| Attachment 3.1-A, 6.d.4, Services of a licensed registere | ed nurse or licensed practical nurse in EHB 1, | |
| Ambulatory patient services; | | |
| Attachment 3.1-A, 17, Nurse-Midwife Services in EHB | | |
| Attachment 3.1-A, 26, Freestanding Birth Centers in EH | IB 4, Maternity and newborn care. | |
| | | |
| ase Benchmark Benefit that was Substituted: S | Source: | |
| | | Damaaria |
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| Iental/Behavioral Health Outpatient Services E Explain the substitution or duplication, including indication E | Base Benchmark ing the substituted benefit(s) or the duplicate section | Remove |
| Iental/Behavioral Health Outpatient Services | Base Benchmark ing the substituted benefit(s) or the duplicate section | Remove |
| Iental/Behavioral Health Outpatient Services E Explain the substitution or duplication, including indication E | Base Benchmark ing the substituted benefit(s) or the duplicate section | Remove |
| Iental/Behavioral Health Outpatient Services E Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above under Essention | Base Benchmark ing the substituted benefit(s) or the duplicate section ial Health Benefits: | Remove |
| Iental/Behavioral Health Outpatient Services E Explain the substitution or duplication, including indicati 1937 benchmark benefit(s) included above under Essenti Duplication - Covered in the Medicaid State Plan under | Base Benchmark ing the substituted benefit(s) or the duplicate section ial Health Benefits: enter Services in EHB 5, Mental health and | Remove |
| Iental/Behavioral Health Outpatient Services E Explain the substitution or duplication, including indicati 1937 benchmark benefit(s) included above under Essenti Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 13.d.1, Community Mental Health Community | Base Benchmark ing the substituted benefit(s) or the duplicate section ial Health Benefits: enter Services in EHB 5, Mental health and alth treatment; | Remove |
| Iental/Behavioral Health Outpatient Services I Explain the substitution or duplication, including indicati 1937 benchmark benefit(s) included above under Essenti Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 13.d.1, Community Mental Health Co substance use disorder services including behavioral health | Base Benchmark ing the substituted benefit(s) or the duplicate section ial Health Benefits: enter Services in EHB 5, Mental health and alth treatment; lor – Mental Health in EHB 5, Mental health and | Remove |
| Iental/Behavioral Health Outpatient Services I Explain the substitution or duplication, including indicati 1937 benchmark benefit(s) included above under Essenti Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 13.d.1, Community Mental Health Co substance use disorder services including behavioral hea Attachment 3.1-A, 6.d.5, Licensed Professional Counsel- substance use disorder services including behavioral hea Attachment 3.1-A, 6.d.5, Services of a Licensed Psychol | Base Benchmark ing the substituted benefit(s) or the duplicate section ial Health Benefits: enter Services in EHB 5, Mental health and alth treatment; lor – Mental Health in EHB 5, Mental health and alth treatment; logist in EHB 5, Mental health and substance use | Remove |
| Iental/Behavioral Health Outpatient Services I Explain the substitution or duplication, including indicati 1937 benchmark benefit(s) included above under Essenti Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 13.d.1, Community Mental Health Co substance use disorder services including behavioral hea Attachment 3.1-A, 6.d.5, Licensed Professional Counsel- substance use disorder services including behavioral hea Attachment 3.1-A, 6.d.5, Services of a Licensed Psychol disorder services including behavioral health treatment; | Base Benchmark ing the substituted benefit(s) or the duplicate section ial Health Benefits: enter Services in EHB 5, Mental health and alth treatment; lor – Mental Health in EHB 5, Mental health and alth treatment; logist in EHB 5, Mental health and substance use and | Remove |
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| Initial/Behavioral Health Outpatient ServicesExplain the substitution or duplication, including indicati1937 benchmark benefit(s) included above under EssentiDuplication - Covered in the Medicaid State Plan underAttachment 3.1-A, 13.d.1, Community Mental Health Cosubstance use disorder services including behavioral heaAttachment 3.1-A, 6.d.5, Licensed Professional Counsel-substance use disorder services including behavioral heaAttachment 3.1-A, 6.d.5, Services of a Licensed Psycholdisorder services including behavioral health treatment; aAttachment 3.1-A, 6.d.5, Licensed Professional Counsel- | Base Benchmark ing the substituted benefit(s) or the duplicate section ial Health Benefits: enter Services in EHB 5, Mental health and alth treatment; lor – Mental Health in EHB 5, Mental health and alth treatment; logist in EHB 5, Mental health and substance use and lor Working Toward a Mental Health Designation | Remove |
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| Iental/Behavioral Health Outpatient Services I Explain the substitution or duplication, including indicati 1937 benchmark benefit(s) included above under Essenti Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 13.d.1, Community Mental Health Co substance use disorder services including behavioral hea Attachment 3.1-A, 6.d.5, Licensed Professional Counsel- substance use disorder services including behavioral hea Attachment 3.1-A, 6.d.5, Services of a Licensed Psychol disorder services including behavioral health treatment; a Attachment 3.1-A, 6.d.5, Licensed Professional Counsel- substance use disorder services of a Licensed Psychol disorder services including behavioral health treatment; a Attachment 3.1-A, 6.d.5, Licensed Professional Counsel- in EHB 5, Mental health and substance use disorder services in EHB 5, Mental health and substance use disorder services Explain the substitution or duplication, including indicati 1937 benchmark benefit(s) included above under Essenti Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 1, Inpatient Hospital in EHB 3, Hospital | Base Benchmark ing the substituted benefit(s) or the duplicate section ial Health Benefits: enter Services in EHB 5, Mental health and alth treatment; lor – Mental Health in EHB 5, Mental health and alth treatment; logist in EHB 5, Mental health and substance use and lor Working Toward a Mental Health Designation vices including behavioral health treatment. Base Benchmark ing the substituted benefit(s) or the duplicate section ial Health Benefits: bitalization; | |
| Iental/Behavioral Health Outpatient Services I Explain the substitution or duplication, including indicati 1937 benchmark benefit(s) included above under Essenti Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 13.d.1, Community Mental Health Co substance use disorder services including behavioral hea Attachment 3.1-A, 6.d.5, Licensed Professional Counsel- substance use disorder services including behavioral hea Attachment 3.1-A, 6.d.5, Services of a Licensed Psychol disorder services including behavioral health treatment; a Attachment 3.1-A, 6.d.5, Licensed Professional Counsel- in EHB 5, Mental health and substance use disorder services I ase Benchmark Benefit that was Substituted: S fental/Behavioral Health Inpatient Services E Explain the substitution or duplication, including indicati 1937 benchmark benefit(s) included above under Essenti Duplication - Covered in the Medicaid State Plan under | Base Benchmark ing the substituted benefit(s) or the duplicate section ial Health Benefits: enter Services in EHB 5, Mental health and alth treatment; lor – Mental Health in EHB 5, Mental health and alth treatment; logist in EHB 5, Mental health and substance use and lor Working Toward a Mental Health Designation vices including behavioral health treatment. Base Benchmark ing the substituted benefit(s) or the duplicate section ial Health Benefits: bitalization; | |



| Base Benchmark Benefit that was Substituted: Source: Base Benchmark Substance Use Disorder Outpatient Services Base Benchmark Remove Fxplain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section Remove Duplication - Covered in the Medicaid State Plan under Remove Remove Base Benchmark Benefit that was Substituted: Source: Remove Stabtance Use Disorder Agency Services in EHB 5, Mental health and substance use disorder services including behavioral health treatment. Base Benchmark Benefit that was Substituted: Source: Remove Stabtance Use Disorder Inpatient Services Base Benchmark Remove Base Benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 1, Inpatient Hospital in EHB 3, Hospitalization. Remove Prescription Drugs Base Benchmark Remove Diplication - Covered in the Medicaid State Plan under Remove Attachment 3.1-A, 12, Represeribed Drugs in EHB 6, Prescription drugs. Remove Diplication - Covered in the Medicaid State Plan under Remove Attachment 3.1-A, 12, Prescribed Drugs in EHB 6, Prescription drugs. Remove Base Ben | substance use disorder services including behavioral l Attachment 3.1-A, 6.d.5, Services of a Licensed Psyc Attachment 3.1-A, 6.d.5, Licensed Professional Coun | hologist; and | |
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| 1937 benchmark benefit (b) included above under Essential Health Benefits: Puplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 13.2, Usbature Use Disorder Agency Services in EHB 5, Mental health and substance use disorder services including behavioral health treatment. Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Remove Substance Use Disorder Inpatient Services Base Benchmark Remove Puplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 1.1, Inpatient Hospital in EHB 3, Hospitalization. Remove Base Benchmark benefit (b) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Remove Prescription Drugs Base Benchmark Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 1.2.a, Prescribed Drugs in EHB 6, Prescription drugs. Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Remove Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 1.2.a, Prescribed Drugs in EHB 6, Prescription drugs. Remove | | | Remove |
| Substance Use Disorder Inpatient Services Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 1, Inpatient Hospital in EHB 3, Hospitalization. Remove Base Benchmark Benefit that was Substituted: Source: Remove Prescription Drugs Base Benchmark Remove Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 12.a, Prescribed Drugs in EHB 6, Prescription drugs. Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Remove Outpatient Rehabilitation or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Remove Dupplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.a, Physical Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.a, Occupational Therapy in EHB 7, Rehabilitative services and devices; Attachment 3.1-A, 11.a, Occupational Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.c, Services for Individuals with Speech, Hearing, or Language Disorders in EHB 7, Rehabilitative and habilitative services and devic | 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan und Attachment 3.1-A, 13.d.2, Substance Use Disorder A | ential Health Benefits: ler gency Services in EHB 5, Mental health and substance | |
| 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 1, Inpatient Hospital in EHB 3, Hospitalization. Remove Base Benchmark Benefit that was Substituted: Source: Remove Prescription Drugs Base Benchmark Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 12.a, Prescribed Drugs in EHB 6, Prescription drugs. Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Remove Outpatient Rehabilitation Services Base Benchmark Base Enchmark Remove Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.2, a, Prescribed Drugs in EHB 6, Prescription drugs. Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Remove Outpatient Rehabilitation Services Base Benchmark Base Enclinark Remove Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.e, Physical Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.e, Services for Individuals with Speech, Hearing, or Language Disorders in EHB 7, Rehabilitative and habilitative services and devices. Remove Base Benchmark Benefit that was Substituted: < | | | Remove |
| Prescription Drugs Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 12.a, Prescribed Drugs in EHB 6, Prescription drugs. Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Remove Outpatient Rehabilitation Services Base Benchmark Base Benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Remove Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.a, Physical Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.b, Occupational Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.c, Services for Individuals with Speech, Hearing, or Language Disorders in EHB 7, Rehabilitative and habilitative services and devices; Base Benchmark Remove Base Benchmark Benefit that was Substituted: Source: Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Base Benchmark Benefit that was Substituted: Source: Base Benchmark Base Benchmark Benefit that was Substituted: Source: Base Benchmark Base Benchmark Benefit that was Substituted: Source: Base Benchmark <td>1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan und</td> <td>ential Health Benefits:</td> <td></td> | 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan und | ential Health Benefits: | |
| 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 12.a, Prescribed Drugs in EHB 6, Prescription drugs. Remove Base Benchmark Benefit that was Substituted: Source: Outpatient Rehabilitation Services Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.a, Physical Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.b, Occupational Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.c, Services for Individuals with Speech, Hearing, or Language Disorders in EHB 7, Rehabilitative and habilitative services and devices: Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Base Benchmark Benefit that was Substituted: Base Benchmark Benefit (s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Puplication - Covered in the Medicaid State Plan under Habilitation Services Base Benchmark Benefit that was Substituted: Base Benchmark Base Benchmark Benefit that was Substituted: Base Benchmark Benefit (s) or the duplicate section 1937 benchmark b | | | Remove |
| Outpatient Rehabilitation Services Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.a, Physical Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.b, Occupational Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.c, Services for Individuals with Speech, Hearing, or Language Disorders in EHB 7, Rehabilitative and habilitative services and devices. Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Habilitation Services Base Benchmark Remove Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Duplication - Covered in the Medicaid State Plan under Duplication - Covered in the Medicaid State Plan under Remove | 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan und | ential Health Benefits: | |
| 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 11.a, Physical Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.b, Occupational Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.b, Occupational Therapy in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 11.c, Services for Individuals with Speech, Hearing, or Language Disorders in EHB 7, Rehabilitative and habilitative services and devices. Base Benchmark Benefit that was Substituted: Source: Base Benchmark Benefit that was Substituted: Source: Base Benchmark Benefit that was Substituted: Source: Base Benchmark Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under | | | Remove |
| Habilitation Services Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under | 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan und Attachment 3.1-A, 11.a, Physical Therapy in EHB 7, Attachment 3.1-A, 11.b, Occupational Therapy in EH devices; Attachment 3.1-A, 11.c, Services for Individuals with | ential Health Benefits: ler Rehabilitative and habilitative services and devices; IB 7, Rehabilitative and habilitative services and | |
| 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under | | | Remove |
| Transmittal Number: SD-23-0001 Approval Date: May 23, 2023 Effective Date: July 1, 2023 | 1937 benchmark benefit(s) included above under Esse Duplication - Covered in the Medicaid State Plan und Attachment 3.1-A, 11.a, Physical Therapy in EHB 7, | ential Health Benefits: ler Rehabilitative and habilitative services and devices; | |



| Attachment 3.1-A, 11.b, Occupational Therapy in I devices; Attachment 3.1-A, 11.c, Services for Individuals w Rehabilitative and habilitative services and devices Attachment 3.1-A, 7.d, Home Health Services in E devices. | with Speech, Hearing, or Language Disorders in EHB 7, | |
|---|--|--------|
| Base Benchmark Benefit that was Substituted: | Source: | Remove |
| Chiropractic Care | Base Benchmark | |
| Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under Es Duplication - Covered in the Medicaid State Plan u Attachment 3.1-A, 6.c, Chiropractic Services in EF | inder | |
| Base Benchmark Benefit that was Substituted: | Source: | Remove |
| Durable Medical Equipment | Base Benchmark | Temove |
| 1937 benchmark benefit(s) included above under Es Duplication - Covered in the Medicaid State Plan u Attachment 3.1-A, 7.c, Medical supplies, equipmer habilitative services and devices. | Inder | |
| Base Benchmark Benefit that was Substituted: | Source: | Remove |
| Imaging | Base Benchmark | |
| Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under Ex Duplication - Covered in the Medicaid State Plan u Attachment 3.1-A, 3, Other Laboratory and X-ray S | inder | |
| Base Benchmark Benefit that was Substituted: | Courses | _ |
| Preventative Care/Screenings Immunizations | Source: Base Benchmark | Remove |
| 1937 benchmark benefit(s) included above under Est Duplication - Covered in the Medicaid State Plan u Attachment 3.1-A, 3, Other Laboratory and X-ray S Attachment 3.1-A, 5, Physician Services in EHB 1, Attachment 3.1-A, 6.d.2, Services of a licensed cer nurse practitioners in EHB 1, Ambulatory patient s Attachment 3.1-A, 6.d.4, Services of a licensed reg Ambulatory patient services; | Inder Services in EHB 8, Laboratory services; , Ambulatory patient services; tified nurse practitioner other than pediatric or family services; gistered nurse or licensed practical nurse in EHB 1, Practitioners in EHB 1, Ambulatory patient services; Specialist in EHB 1, Ambulatory patient services; | |
| Attachment 3.1-A, 13.c,2, Community Health Wor | ker Services in EHB 9, Preventative and wellness | 1 2022 |

Approval Date: May 25, 2025



| services and chronic disease management; and Attachment 3.1-A, 4.b, Early and Periodic Screen Pediatric services including oral and vision care. | ing, Diagnosis and Treatment (EPSDT) in EHB 10, | |
|--|--|---------|
| Base Benchmark Benefit that was Substituted: | Source: | Remove |
| Routine Eye Exams for Children | Base Benchmark | |
| 1937 benchmark benefit(s) included above under I Duplication - Covered in the Medicaid State Plan | | |
| Base Benchmark Benefit that was Substituted: | Source: | Remove |
| Dental Check-Up for Children | Base Benchmark | Itemove |
| 1937 benchmark benefit(s) included above under I Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 10, Dental Services in EHB 1, | under | |
| Base Benchmark Benefit that was Substituted: | Source: | Remove |
| Rehabilitative Speech Therapy | Base Benchmark | Kennove |
| 1937 benchmark benefit(s) included above under I Duplication - Covered in the Medicaid State Plan | under with Speech, Hearing, or Language Disorders in EHB 7, | |
| Base Benchmark Benefit that was Substituted: | Source: | Remove |
| Rehabilitative Occupational and Physical Therapy | Base Benchmark | |
| 1937 benchmark benefit(s) included above under I Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 11.a, Physical Therapy in EHE | | |
| Base Benchmark Benefit that was Substituted: | Source: | Domosio |
| Well Baby Visits and Care | Base Benchmark | Remove |
| Explain the substitution or duplication, including i 1937 benchmark benefit(s) included above under I Duplication - Covered in the Medicaid State Plan | indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: | |
| | | |
| Transmittal Number: SD-23-0001 App | roval Date: May 23, 2023 Effective Date: July | 1. 2023 |



| Attachment 3.1-A, 3, Other Laboratory and X-ray S Attachment 3.1-A, 5, Physician Services in EHB 1, Attachment 3.1-A, 6.d.4, Services of a licensed regins Ambulatory patient services; Attachment 3.1-A, 23, Pediatric or Family Nurse Pr Attachment 3.1-A, 6.d.5, Licensed Clinical Nurse S Attachment 3.1-A, 9.e, Maternal Child Health Clini Attachment 3.1-A, 4.b, Early and Periodic Screenin Pediatric services including oral and vision care. | Ambulatory patient services; istered nurse or licensed practical nurse in EHB 1, ractitioners in EHB 1, Ambulatory patient services; specialist in EHB 1, Ambulatory patient services; ics; and | |
|--|---|--------|
| Base Benchmark Benefit that was Substituted: Laboratory Outpatient and Professional Services | Source: | Remove |
| | nder | |
| Base Benchmark Benefit that was Substituted: | Source: | Remove |
| X-Rays and Diagnostic Imaging | Base Benchmark | |
| Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, 3, Other Laboratory and X-ray S Base Benchmark Benefit that was Substituted: | | Remove |
| Basic Dental Care - Child | Base Benchmark | |
| Explain the substitution or duplication, including ind 1937 benchmark benefit(s) included above under Es Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, 10, Dental Services in EHB 1, A | nder | |
| Base Benchmark Benefit that was Substituted: | 0 | |
| Orthodontia - Child | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including ind 1937 benchmark benefit(s) included above under Es Duplication - Covered in the Medicaid State Plan un Attachment 3.1-A, 10, Dental Services in EHB 1, A Attachment 3.1-A, 10, Dental Services in EHB 1, A Attachment 3.1-A, 4.b, Early and Periodic Screenin Pediatric services including oral and vision care. | dicating the substituted benefit(s) or the duplicate section ssential Health Benefits: nder Ambulatory patient services; Ambulatory patient services; and | |
| | | |
| Base Benchmark Benefit that was Substituted: Major Dental Care - Child | Source: Base Benchmark | Remove |
| | | |



| Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 10, Dental Services in EHB 1, Attachment 3.1-A, 4.b, Early and Periodic Screen Pediatric services including oral and vision care. | | |
|--|--|--------|
| Base Benchmark Benefit that was Substituted: | Source: | Remove |
| Transplant | Base Benchmark | |
| 1937 benchmark benefit(s) included above under | | |
| Duplication - Covered in the Medicaid State Plan Attachment 3.1-E, Standard for Coverage of Orga | an Transplant Services in EHB 3, Hospitalization. | |
| Base Benchmark Benefit that was Substituted: | Source: | Remove |
| Accidental Dental | Base Benchmark | |
| Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under | indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: | |
| Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 5.b, Medical Services by a De | | |
| Base Benchmark Benefit that was Substituted: | Source: | D |
| | | Remove |
| Dialysis | Base Benchmark | Remove |
| Dialysis Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under | Base Benchmark indicating the substituted benefit(s) or the duplicate section | Remove |
| Explain the substitution or duplication, including | Base Benchmark indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: under ces in EHB 1, Ambulatory patient services; and | Remove |
| Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 2.a, Outpatient Hospital Servic Attachment 3.1-A, 9.c Endstage renal disease clin Base Benchmark Benefit that was Substituted: | Base Benchmark indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: under ces in EHB 1, Ambulatory patient services; and | Remove |
| Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 2.a, Outpatient Hospital Servic Attachment 3.1-A, 9.c Endstage renal disease clin Base Benchmark Benefit that was Substituted: | Base Benchmark indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: under ces in EHB 1, Ambulatory patient services; and nics in EHB 1, Ambulatory patient services. | |
| Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 2.a, Outpatient Hospital Servic Attachment 3.1-A, 9.c Endstage renal disease clin Base Benchmark Benefit that was Substituted: Allergy Testing | Base Benchmark indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: under ces in EHB 1, Ambulatory patient services; and nics in EHB 1, Ambulatory patient services. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate section | |
| Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 2.a, Outpatient Hospital Servic Attachment 3.1-A, 9.c Endstage renal disease clin Base Benchmark Benefit that was Substituted: Allergy Testing Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 5, Physician Services in EHB | Base Benchmark indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: under ces in EHB 1, Ambulatory patient services; and nics in EHB 1, Ambulatory patient services. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: under 1, Ambulatory patient services; | |
| Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 2.a, Outpatient Hospital Servic Attachment 3.1-A, 9.c Endstage renal disease clin Base Benchmark Benefit that was Substituted: Allergy Testing Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 5, Physician Services in EHB Attachment 3.1-A, 6.d.2, Services of a licensed co | Base Benchmark indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: under ces in EHB 1, Ambulatory patient services; and nics in EHB 1, Ambulatory patient services. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: under 1, Ambulatory patient services; ertified nurse practitioner other than pediatric or family | |
| Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 2.a, Outpatient Hospital Servid Attachment 3.1-A, 9.c Endstage renal disease clin Base Benchmark Benefit that was Substituted: Allergy Testing Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 5, Physician Services in EHB Attachment 3.1-A, 6.d.2, Services of a licensed or nurse practitioners in EHB 1, Ambulatory patient Attachment 3.1-A, 23, Pediatric or Family Nurse | Base Benchmark indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: under ces in EHB 1, Ambulatory patient services; and nics in EHB 1, Ambulatory patient services. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: under 1, Ambulatory patient services; ertified nurse practitioner other than pediatric or family | |
| Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 2.a, Outpatient Hospital Servic Attachment 3.1-A, 9.c Endstage renal disease clin Base Benchmark Benefit that was Substituted: Allergy Testing Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under Duplication - Covered in the Medicaid State Plan Attachment 3.1-A, 5, Physician Services in EHB Attachment 3.1-A, 6.d.2, Services of a licensed conurse practitioners in EHB 1, Ambulatory patient Attachment 3.1-A, 23, Pediatric or Family Nurse Attachment 3.1-A, 4.b, Early and Periodic Screer | Base Benchmark indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: under ces in EHB 1, Ambulatory patient services; and nics in EHB 1, Ambulatory patient services. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: under 1, Ambulatory patient services; ertified nurse practitioner other than pediatric or family t services; Practitioners in EHB 1, Ambulatory patient services; | |



| Base Benchmark Benefit that was Substituted: Source: Remove Radiation Base Benchmark Base Benchmark Duplication - Covered in the Medicial State Plan under Attachment 3.1-A, 2.a, Outpatient Hospital Services in EHB 1, Ambulatory patient services. Remove Base Benchmark Benefit that was Substituted: Source: Remove Diabetes Education Base Benchmark Benefits: Duplication - Covered in the Medicial State Plan under Remove Attachment 3.1-A, 2.a, Dutpatient Hospital Services in EHB 1, Ambulatory patient services Remove Base Benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicial State Plan under Attachment 3.1-A, 3.2, Diabetes Self-Management Training in EHB 9, Preventative and wellness services Remove Prosthetic Devices Base Benchmark Benefit: Duplication - Covered in the Medicial State Plan under Attachment 3.1-A, 1.2, Diabetes Self-Management Training in EHB 9, Preventative and wellness services Remove Prosthetic Devices Base Benchmark Benefit that was Substituted: Source: Duplication - Covered in the Medicial State Plan under Attachment 3.1-A, 1.2, Prosthetic Devices in EHB 7, Rehabilitative and habilitative services and devices. Remove Infusion therapy | | S | |
|---|---|--|--------|
| Dase Determining Dase Determining Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 2.a, Outpatient Hospital Services in EHB 1, Ambulatory patient services. Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Duplication - Covered in the Medicaid State Plan under Remove Attachment 3.1-A, 1.2, Diabetes Self-Management Training in EHB 9, Preventative and wellness services and chronic disease management. Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Prosthetic Devices Base Benchmark Remove Base Benchmark Benefit that was Substituted: Source: Remove Prosthetic Devices Base Benchmark Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 1.2, C, Prosthetic Devices in EHB 7, Rehabilitative and habilitative services and devices. Base Benchmark Benefit that was Substituted: Source: Base Benchmark Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 1.2, C, Prosthetic Devices in | | | Remove |
| 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 2.a, Outpatient Hospital Services in EHB 1, Ambulatory patient services. Remove Base Benchmark Benefit that was Substituted: Source: Duplication - Covered in the Medicaid State Plan under Base Benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 12. Attachment 3.1-A, 12. Diabetes Self-Management Training in EHB 9, Preventative and wellness services and chronic disease management. Base Benchmark Benefit that was Substituted: Source: Remove Prosthetic Devices Base Benchmark Remove Base Benchmark Benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 1.2. Prosthetic Devices in EHB 7, Rehabilitative and habilitative services and devices. Remove Base Benchmark Benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Remove Infusion therapy Base Benchmark Base Benchmark Remove Infusion therapy Base Benchmark Remove Infusion therapy Base Benchmark Remove <th></th> <th>Base Benchmark</th> <th></th> | | Base Benchmark | |
| Attachment 3.1-A, 2.a, Outpatient Hospital Services in EHB 1, Ambulatory patient services. Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Diabetes Education Base Benchmark Remove Base John the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Remove Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 13.c, Diabetes Self-Management Training in EHB 9, Preventative and wellness services and chronic disease management. Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Prosthetic Devices Base Benchmark Remove Prosthetic Devices Base Benchmark Remove Matachment 3.1-A, 12.c, Prosthetic Devices in EHB 7, Rehabilitative and habilitative services and devices. Remove Muschmark Benefit that was Substituted: Source: Base Benchmark Base Benchmark Benefit that was Substituted: Source: Remove Infusion therapy Base Benchmark Remove Infusion therapy Base Benchmark Remove Dyplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 14, Home Health Therapy Services in EHB 7, Rehabilitative and habilitative | | | |
| Diabetes Education Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 13.e, Diabetes Self-Management Training in EHB 9, Preventative and wellness services and chronic disease management. Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Prosthetic Devices Base Benchmark Remove Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 12.e, Prosthetic Devices in EHB 7, Rehabilitative and habilitative services and devices. Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Remove Infusion therapy Base Benchmark Base Benchmark Remove Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 1.2.e, Prosthetic Devices in EHB 7, Rehabilitative and habilitative services and devices. Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Remove Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 7.d, Home Health Therapy Services in EHB 7, Rehabilitative and | - | | |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 13.c, Diabetes Self-Management Training in EHB 9, Preventative and wellness services and chronic disease management. Base Benchmark Benefit that was Substituted: Source: Prosthetic Devices Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 12.c, Prosthetic Devices in EHB 7, Rehabilitative and habilitative services and devices. Asse Benchmark Benefit that was Substituted: Source: Infusion therapy Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 7, d, Home Health Therapy Services in EHB 7, Rehabilitative and habilitative services and devices; and devices; Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 1, Inpatient Hospital in EHB 3, Hospitalization; and Attachment 3.1-A, 2, a, Outpatient Hospital Services in EHB 1, Ambulatory patient services. Base Benchmark Benefit | | Source: | Remove |
| 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 13.c, Diabetes Self-Management Training in EHB 9, Preventative and wellness services and chronic disease management. Base Benchmark Benefit that was Substituted: Source: Prosthetic Devices Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Remove Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 12.c, Prosthetic Devices in EHB 7, Rehabilitative and habilitative services and devices. Base Benchmark Benefit that was Substituted: Source: Remove Infusion therapy 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: Remove Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 7.d, Home Health Therapy Services in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 7.d, Home Health Therapy Services in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 1. Inpatient Hospital in EHB 3, Hospitalization; and Attachment 3.1-A, 2.a, Outpatient Hospital Services in EHB 1, Ambulatory patient services. Remove <tr< td=""><td>iabetes Education</td><td>Base Benchmark</td><td></td></tr<> | iabetes Education | Base Benchmark | |
| and chronic disease management. Remove Base Benchmark Benefit that was Substituted: Source: Prosthetic Devices Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 12.c, Prosthetic Devices in EHB 7, Rehabilitative and habilitative services and devices. Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Infusion therapy Base Benchmark Remove Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 7.d, Home Health Therapy Services in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 7.d, Home Health Therapy Services in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 1, Inpatient Hospital in EHB 3, Hospitalization; and Attachment 3.1-A, 2.a, Outpatient Hospital Services in EHB 1, Ambulatory patient services. Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section Remove Base Benchmark Benefit that | 1937 benchmark benefit(s) included above under Ess Duplication - Covered in the Medicaid State Plan un | sential Health Benefits: nder | |
| Prosthetic Devices Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 12.c, Prosthetic Devices in EHB 7, Rehabilitative and habilitative services and devices. Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Remove Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 7.d, Home Health Therapy Services in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 7.d, Home Health Therapy Services in EHB 7, Rehabilitative and habilitative services and devices; and devices; in EHB 3, Hospitalization; and Attachment 3.1-A, 2.a, Outpatient Hospital in EHB 3, Hospitalization; and Attachment 3.1-A, 2.a, Outpatient Hospital Services in EHB 1, Ambulatory patient services. Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section Remove | | t Training in EHB 9, Preventative and wellness services | |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 12.c, Prosthetic Devices in EHB 7, Rehabilitative and habilitative services and devices. Base Benchmark Benefit that was Substituted: Source: Infusion therapy Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 7.d, Home Health Therapy Services in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 1. Inpatient Hospital in EHB 3, Hospitalization; and Attachment 3.1-A, 2.a, Outpatient Hospital Services in EHB 1, Ambulatory patient services. Remove Base Benchmark Benefit that was Substituted: Source: Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section Remove | | Source: | Remove |
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| Infusion therapy Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 7.d, Home Health Therapy Services in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 1, Inpatient Hospital in EHB 3, Hospitalization; and Attachment 3.1-A, 2.a, Outpatient Hospital Services in EHB 1, Ambulatory patient services. Base Benchmark Benefit that was Substituted: Source: Treatment for Temporomandibular Joint Disease Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section | 1937 benchmark benefit(s) included above under Ess Duplication - Covered in the Medicaid State Plan un | sential Health Benefits: nder | |
| Infusion therapy Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 7.d, Home Health Therapy Services in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 1, Inpatient Hospital in EHB 3, Hospitalization; and Attachment 3.1-A, 2.a, Outpatient Hospital Services in EHB 1, Ambulatory patient services. Base Benchmark Benefit that was Substituted: Source: Treatment for Temporomandibular Joint Disease Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section | use Benchmark Benefit that was Substituted: | Source: | Remove |
| 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - Covered in the Medicaid State Plan under Attachment 3.1-A, 7.d, Home Health Therapy Services in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 1, Inpatient Hospital in EHB 3, Hospitalization; and Attachment 3.1-A, 2.a, Outpatient Hospital Services in EHB 1, Ambulatory patient services. Base Benchmark Benefit that was Substituted: Source: Treatment for Temporomandibular Joint Disease Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section Remove | fusion therapy | Base Benchmark | |
| Attachment 3.1-A, 7.d, Home Health Therapy Services in EHB 7, Rehabilitative and habilitative services and devices; Attachment 3.1-A, 1, Inpatient Hospital in EHB 3, Hospitalization; and Attachment 3.1-A, 2.a, Outpatient Hospital Services in EHB 1, Ambulatory patient services. Base Benchmark Benefit that was Substituted: Treatment for Temporomandibular Joint Disease Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section | 1937 benchmark benefit(s) included above under Ess | sential Health Benefits: | |
| Base Benchmark Benefit that was Substituted: Source: Remove Treatment for Temporomandibular Joint Disease Base Benchmark Remove Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section Remove | Attachment 3.1-A, 7.d, Home Health Therapy Servi and devices; Attachment 3.1-A, 1, Inpatient Hospital in EHB 3, F | ces in EHB 7, Rehabilitative and habilitative services Hospitalization; and | |
| Treatment for Temporomandibular Joint Disease Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section | | | |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section | | | Remove |
| | reatment for Temporomandibular Joint Disease | Base Benchmark | |
| Duplication - Covered in the Medicaid State Plan under | 1937 benchmark benefit(s) included above under Ess | sential Health Benefits: | |



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



13. Other Base Benchmark Benefits Not Covered

Collapse All



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



| Other 1937 Benefit Provided: Clinical Trials | Source: Section 1937 Coverage Option Benchmark Benefit | Remove |
|---|--|-----------|
| | Package | |
| Authorization: | Provider Qualifications: | |
| Other | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |
| Scope Limit: | | |
| None | | |
| Other: See Attachment 3.1-A, 30, Coverage of Routi | | |
| Other 1937 Benefit Provided: | Source: | Demension |
| Non-Emergency Medical Transportation | Section 1937 Coverage Option Benchmark Benefit Package | Remove |
| Authorization: | Provider Qualifications: | |
| Other | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |
| Scope Limit: | | |
| See other information box below. | | |
| Other: | | |
| See Attachment 3.1-A, item 24.a, Transportat | ion | |
| Other 1937 Benefit Provided: | Source: | Remove |
| Nursing Facility Services | Section 1937 Coverage Option Benchmark Benefit Package | |
| | I dekage | |
| Authorization: | Provider Qualifications: | |
| Authorization: Other | | |
| | Provider Qualifications: | |
| Other | Provider Qualifications: Medicaid State Plan | |
| Other Amount Limit: | Provider Qualifications: Medicaid State Plan Duration Limit: | |
| Other Amount Limit: None | Provider Qualifications: Medicaid State Plan Duration Limit: | |
| Other Amount Limit: None Scope Limit: | Provider Qualifications: Medicaid State Plan Duration Limit: None | |

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



| Other: | acility Samiras | |
|---|---|--------|
| See Attachment 3.1-A, 14.c, Intermediate Care Fa | acinty services | |
| | | |
| Other 1937 Benefit Provided: | Source: | Remove |
| Inpatient Psychiatric Facility Services for Indiv | Section 1937 Coverage Option Benchmark Benefit Package | |
| Authorization: | Provider Qualifications: | |
| Prior Authorization | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| See other information box below. | See other information box below. | |
| Scope Limit: | | |
| See other information box below. | | |
| Some items may require prior authorization. | Facility Services for Individuals Under 22 Years of Age | |
| Other 1937 Benefit Provided: | Source: | Remove |
| 945 Health Homes | Section 1937 Coverage Option Benchmark Benefit Package | |
| Authorization: | Provider Qualifications: | |
| Other | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |
| Scope Limit: | | |
| None | | |
| Other: | | |
| See Attachment 3.1-H, Health Homes | | |
| Other 1937 Benefit Provided: | Source: | Remove |
| Licensed Certified Social Worker – PIP | Section 1937 Coverage Option Benchmark Benefit Package | |
| Authorization: | Provider Qualifications: | |
| Other | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| | | |



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



| Amount Limit: | Duration Limit: | |
|--|--|--------|
| None | None | |
| Scope Limit: | | |
| None | | |
| Other: | | |
| See Attachment 3.1-A, 9.d, Indian Health Servic | e Clinics | |
| | | |
| | | |
| ther 1937 Benefit Provided: | Source: | Remove |
| amily Planning Services and Supplies | Section 1937 Coverage Option Benchmark Benefit Package | |
| Authorization: | Provider Qualifications: | |
| Other | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |
| | | |
| Scope Limit: | | |
| Scope Limit: See other information box below. Other: See Attachment 3.1-A, 4.c, Family Planning Ser | vices and Supplies | |
| See other information box below. Other: See Attachment 3.1-A, 4.c, Family Planning Ser | | |
| See other information box below. Other: | vices and Supplies Source: Section 1937 Coverage Option Benchmark Benefit Package | Remove |
| See other information box below. Other: See Attachment 3.1-A, 4.c, Family Planning Ser ther 1937 Benefit Provided: | Source: Section 1937 Coverage Option Benchmark Benefit | Remove |
| See other information box below. Other: See Attachment 3.1-A, 4.c, Family Planning Ser ther 1937 Benefit Provided: rental Services | Source: Section 1937 Coverage Option Benchmark Benefit Package | Remove |
| See other information box below. Other: See Attachment 3.1-A, 4.c, Family Planning Ser ther 1937 Benefit Provided: ental Services Authorization: | Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: | Remove |
| See other information box below. Other: See Attachment 3.1-A, 4.c, Family Planning Ser ther 1937 Benefit Provided: ther a services Authorization: Prior Authorization | Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan | Remove |
| See other information box below. Other: See Attachment 3.1-A, 4.c, Family Planning Ser ther 1937 Benefit Provided: ental Services Authorization: Prior Authorization Amount Limit: | Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: | Remove |
| See other information box below. Other: See Attachment 3.1-A, 4.c, Family Planning Ser ther 1937 Benefit Provided: ental Services Authorization: Prior Authorization Amount Limit: See other information box below. | Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: | Remove |
| See other information box below. Other: See Attachment 3.1-A, 4.c, Family Planning Ser ther 1937 Benefit Provided: tental Services Authorization: Prior Authorization Amount Limit: See other information box below. Scope Limit: See other information box below. Other: | Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: | Remove |
| See other information box below. Other: See Attachment 3.1-A, 4.c, Family Planning Ser ther 1937 Benefit Provided: tental Services Authorization: Prior Authorization Amount Limit: See other information box below. Scope Limit: See other information box below. | Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: | Remove |
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| Scope Limit: | | |
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| See Attachment 3.1-A, 6.a, Podiatrists Servi | ces | |
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| ptometrist Services | Section 1937 Coverage Option Benchmark Benefit Package | |
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| Package Provider Qualifications: Medicaid State Plan Duration Limit: See other information box below. See other information box below. Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan | Remove |
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| Source: Section 1937 Coverage Option Benchmark Benefit | Remove |
| Package | |
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| Medicaid State Plan | |
| Duration Limit: | |
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| sation Counseling Services for Pregnant Women | |
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| | Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: |



| er 1937 Benefit Provided: | Source: Section 1937 Coverage Option Benchmark Benefit Package | Remov |
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| Authorization: | Provider Qualifications: | |
| Yes | | |
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| er 1937 Benefit Provided: | Source: Section 1937 Coverage Option Benchmark Benefit Package | Remove |
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| Amount Limit: | Duration Limit: | |
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| Scope Limit: Other: | | |
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15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)

Collapse All

PRA Disclosure Statement

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



| State Name: South Dakota | Attachment 3.1-L- OMB Control Number: 09381148 |
|--|--|
| Transmittal Number: SD - 23 - 0001 | |
| Benefits Assurances | ABP7 |
| EPSDT Assurances | |
| If the target population includes persons under 21, please complete Prescription Drug Coverage Assurances below. | e the following assurances regarding EPSDT. Otherwise, skip to the |
| The alternative benefit plan includes beneficiaries under 21 years of | of age. Yes |
| The state/territory assures that the notice to an individual inclu (42 CFR 440.345). | ides a description of the method for ensuring access to EPSDT services |
| The state/territory assures EPSDT services will be provided to state/territory plan under section 1902(a)(10)(A) of the Act. | individuals under 21 years of age who are covered under the |
| Indicate whether EPSDT services will be provided only throug additional benefits to ensure EPSDT services: | gh an Alternative Benefit Plan or whether the state/territory will provide |
| ○ Through an Alternative Benefit Plan. | |
| • Through an Alternative Benefit Plan with additional bene | fits to ensure EPSDT services as defined in 1905(r). |
| | benefits will be provided, how access to additional benefits will be informed of these processes in order to ensure individuals have access to |
| Indicate whether additional EPSDT benefits will be provi | ded through fee-for-service or contracts with a provider: |
| • State/territory provides additional EPSDT benefit | ts through fee-for-service. |
| ○ State/territory contracts with a provider for addit | ional EPSDT services. |
| Other Information regarding how ESPDT benefits will be provide | d to participants under 21 years of age (optional): |
| The EPSDT benefit includes, but is not limited to, reimbursement | for the items listed in Attachment 4.19-B, item 4b. |
| | |
| Prescription Drug Coverage Assurances | |
| | ents for prescription drug coverage in section 1937 of the Act and least the greater of one drug in each United States Pharmacopeia (USP) n each category and class as the base benchmark. |
| The state/territory assures that procedures are in place to allow prescription drugs when not covered. | a beneficiary to request and gain access to clinically appropriate |
| | cription drugs covered under an Alternative Benefit Plan, it meets the gulations at 42 CFR 440.345, except for those requirements that are |

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

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

Approval Date: May 23, 2023



Other Benefit Assurances

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

PRA Disclosure Statement

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.



Attachment 3.1-L-

State Name: South Dakota

Transmittal Number: SD - 23 - 0001

Service Delivery Systems

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

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

Select one or more service delivery systems:

Managed care.

Managed Care Organizations (MCO).

- Prepaid Inpatient Health Plans (PIHP).
- Prepaid Ambulatory Health Plans (PAHP).

Primary Care Case Management (PCCM).

Fee-for-service.

Other service delivery system.

Managed Care Options

Managed Care Assurance

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

Managed Care Implementation

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

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

PCCM: Primary Care Case Management

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

 The managed care program is operating under (select one):
 Section 1915(b) managed care waiver.

 Section 1932(a) mandatory managed care state plan amendment.
 Section 1115 demonstration.

 Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.
 Iz/26/2002

Describe program below:

OMB Control Number: 09381148

ABP8



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

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

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

#type# Procurement or Selection Method

Indicate the method used to select #type#s:

Competitive procurement method (RFP, RFA).

• Other procurement/selection method.

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

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

No

Other PCCM-Based Service Delivery System Characteristics

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

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

PCCM Payments

Specify how payment for services is handled:

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

Other:

Additional Information: #type# (Optional)

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

NA

Fee-For-Service Options

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

Traditional state-managed fee-for-service

Services managed under an administrative services organization (ASO) arrangement

No



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

Additional Information: Fee-For-Service (Optional)

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

PRA Disclosure Statement

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State Name: South Dakota

Attachment 3.1-L-

OMB Control Number: 09381148

ABP9

Yes

Transmittal Number: SD - 23 - 0001

Employer Sponsored Insurance and Payment of Premiums

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

The state/territory otherwise provides for payment of premiums.

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

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

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

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

PRA Disclosure Statement

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| State Name: | South Dakota |
|--------------|--------------|
| State Frame. | South Dakota |

Attachment 3.1-L-

OMB Control Number: 09381148

ABP10

Yes

General Assurances

Economy and Efficiency of Plans

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

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

Compliance with the Law

- The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/territory plan under this title.
- ✓ 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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State Name: South Dakota

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: SD - 23 - 0001

Payment Methodology

Alternative Benefit Plans - Payment Methodologies

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

An attachment is submitted.

PRA Disclosure Statement

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

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