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**State/Territory Name: Ohio** 

State Plan Amendment (SPA) #: 23-0020

This file contains the following documents in the order listed:

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

#### DEPARTMENT OF HEALTH & HUMAN SERVICES

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



Medicaid and CHIP Operations Group

October 19, 2023

Maureen M. Corcoran, Director Ohio Department of Medicaid P.O. Box 182709 50 West Town Street, Suite 400 Columbus, Ohio 43218

Re: Ohio State Plan Amendment (SPA) Transmittal Number 23-0020

Dear Ms. Corcoran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number 23-0020. This amendment adds psychiatric residential treatment facility (PRTF) services to Ohio's Alternative Benefit Plan to align with the Medicaid State Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Ohio Medicaid SPA 23-0020 was approved on October 19, 2023, with an effective date of November 1, 2023

If you have any questions, please contact Christine Davidson at (312) 886-3642 or via email at <a href="mailto:christine.davidson@cms.hhs.gov">christine.davidson@cms.hhs.gov</a>.

Sincerely,

James G. Scott, Director Division of Program Operations

Enclosure

cc: Rebecca Jackson, ODM Gregory Niehoff, ODM Tamara Edwards, ODM Jan Covello, CMCS

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

state/lerritory name:		Ohio		
Transmittal Number		iding dashes in the format SS VV NINI	N or SS-YY-NNNN-xxxx (with xxxx bei	ua antianal ta snasi
			ssion year, NNNN = 4-digit number with	
xxxx = OPTIONAL	L, 1- to 4-character alpi			
OH-23-0020				
Proposed Effective I	)ate			
11/01/2023	(mm/dd/yyyy)			
ederal Statute/Reg	ulation Citation			
Section 1937 of	the Social Security	Act		
ederal Budget Imp	act			
	Federal Fig	scal Year	Amount	
First Year	2024	\$ 0.00		
6 117	2025			
Second Year	2025	\$ 0.00		
ubject of Amendmo		COS A COMP OF THE STATE OF THE		
Alternative Ben	efit Plan - PRTF Ser	vices		
overnor's Office R	.eview			
Governo	or's office reported	no comment		
Comme	nts of Governor's o	ffice received		
Describe	5			
O No reply	received within 45	days of submittal		
Other, a	s specified			
Describe	<b>:</b>			
State Me	edicaid Director is th	ne Governor's designee.		
ignature of State A	gency Official			
Submitted By:	T. 15	Patrick Beatty		
2		(50)		
Last Revision	Date:	Sep 28, 2023		
Submit Date:		Aug 18 2023		



State Name: Ohio	Attachment 3.1-L-	OMB Control Number: 0938-1148
Transmittal Number: OH - 23 - 0020		
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:		
Anthem Blue Access PPO		
Enter the specific name of the section 1937 coverage option select Approved."	ed, if other than Secretary-Appr	oved. Otherwise, enter "Secretary-
Secretary-Approved		



Benefit Provided:	Source:	Deman
Physician Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization: Other	Medicaid State Plan	1
		Ц.
Amount Limit: See below	Duration Limit:  See below	7
The state of the s	See below	
Scope Limit:		-
See below		
Other information regarding this benefit, benchmark plan:  Coverage and limitations are the same as Limits can be exceeded if determined me		1
Benefit Provided: Outpatient Hospital Services	Source:	Remove
Outputent Hospital Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	<b>-</b> 0
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	= 56
See below	See below	
Scope Limit:		
See below		
The same same and same		
Other information regarding this benefit, benchmark plan:  Coverage and limitations are the same as Limits can be exceeded if determined me	in Attachment 3.1-A, Item 2-a. dically necessary by the State.	Pamoty
Other information regarding this benefit, benchmark plan:  Coverage and limitations are the same as Limits can be exceeded if determined me	in Attachment 3.1-A, Item 2-a.	Remove
Other information regarding this benefit, benchmark plan:  Coverage and limitations are the same as Limits can be exceeded if determined me	in Attachment 3.1-A, Item 2-a. dically necessary by the State.  Source:	Remove
Other information regarding this benefit, benchmark plan:  Coverage and limitations are the same as Limits can be exceeded if determined me  Benefit Provided:  Private Duty Nursing Services	in Attachment 3.1-A, Item 2-a. dically necessary by the State.  Source: State Plan 1905(a)	Remove
Other information regarding this benefit, benchmark plan:  Coverage and limitations are the same as Limits can be exceeded if determined me  Benefit Provided:  Private Duty Nursing Services  Authorization:	in Attachment 3.1-A, Item 2-a. dically necessary by the State.  Source:  State Plan 1905(a)  Provider Qualifications:	Remove
Other information regarding this benefit, benchmark plan:  Coverage and limitations are the same as Limits can be exceeded if determined me  Benefit Provided:  Private Duty Nursing Services  Authorization:  Other	in Attachment 3.1-A, Item 2-a. dically necessary by the State.  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan	Remove
Other information regarding this benefit, benchmark plan:  Coverage and limitations are the same as Limits can be exceeded if determined me  Benefit Provided:  Private Duty Nursing Services  Authorization:  Other  Amount Limit:  See below	in Attachment 3.1-A, Item 2-a. dically necessary by the State.  Source: State Plan 1905(a)  Provider Qualifications: Medicaid State Plan  Duration Limit:	Remove
Other information regarding this benefit, benchmark plan:  Coverage and limitations are the same as Limits can be exceeded if determined me  Benefit Provided:  Private Duty Nursing Services  Authorization:  Other  Amount Limit:	in Attachment 3.1-A, Item 2-a. dically necessary by the State.  Source: State Plan 1905(a)  Provider Qualifications: Medicaid State Plan  Duration Limit:	Remove
Other information regarding this benefit, benchmark plan:  Coverage and limitations are the same as Limits can be exceeded if determined me  Benefit Provided:  Private Duty Nursing Services  Authorization:  Other  Amount Limit:  See below  Scope Limit:  See below	in Attachment 3.1-A, Item 2-a. dically necessary by the State.  Source: State Plan 1905(a)  Provider Qualifications: Medicaid State Plan  Duration Limit:	Remove

Supersedes TN#: 23-0003 Effective Date: 11/01/2023



Benefit Provided:	Source:	Remove
Home Health Services	State Plan 1905(a)	Kelliove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
See below		
Other information regarding this benefit, including the benchmark plan:  Coverage and limitations are the same as in Attachin Limits can be exceeded if determined medically needs.	· ·	
Benefit Provided:	Source:	Remove
Other licensed practitioner services: Chiropractor	State Plan 1905(a)	Kelliove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
15 dates of service (ages 21 and older) per year	See below	
Scope Limit:		
See below		
Other information regarding this benefit, including the benchmark plan:	the specific name of the source plan if it is not the base	
Coverage and limitations are the same as in Attachr Limits may be exceeded based on medical necessity		
Benefit Provided:	Source:	Remove
Other laboratory and x-ray: x-ray services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
	Duration Limit:	
Amount Limit:		
Amount Limit: See below	See below	



benchmark plan:  Coverage and limitations are the same as in Att	tachment 3.1-A, Item 3.	
Limits can be exceeded if determined medically		
enefit Provided:	Source:	-
Tospice Care	State Plan 1905(a)	Remove
Ad ''	Provider Qualifications:	
Authorization: Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
See below		
	ing the specific name of the source plan if it is not the base	
benchmark plan:	4 1 4 2 1 A I 4 10	
Coverage and limitations are the same as in Att Limits can be exceeded if determined medically		
	,, .,	
enefit Provided:	Source:	Remove
ther licensed practitioner services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Inone		
Scope Limit:		
Scope Limit: None		
Scope Limit:  None  Other information regarding this benefit, includ	ling the specific name of the source plan if it is not the base	
Scope Limit: None		
Scope Limit:  None  Other information regarding this benefit, includ benchmark plan:		
Scope Limit:  None  Other information regarding this benefit, includ benchmark plan:  Coverage and limitations are the same as in Att		
Scope Limit:  None  Other information regarding this benefit, includ benchmark plan:  Coverage and limitations are the same as in Attention of	tachment 3.1-A, Item 6.  Source:	Remove
Scope Limit:  None  Other information regarding this benefit, includ benchmark plan:  Coverage and limitations are the same as in Att	tachment 3.1-A, Item 6.	Remove
Scope Limit:  None  Other information regarding this benefit, includ benchmark plan:  Coverage and limitations are the same as in Attention of	tachment 3.1-A, Item 6.  Source:	Remove
Scope Limit:  None  Other information regarding this benefit, includ benchmark plan:  Coverage and limitations are the same as in Attention of	Source: State Plan 1905(a)	Remove
Scope Limit:  None  Other information regarding this benefit, includ benchmark plan:  Coverage and limitations are the same as in Attention and the same as in At	Source: State Plan 1905(a) Provider Qualifications:	Remove



Scope Limit:

See below

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

Coverage and limitations are the same as in Attachment 3.1-A, Item 9-c.

Limits can be exceeded if determined medically necessary by the State.

Add



Benefit Provided:	Source:	Remove
Other Medical Services:Emergency Hospital Services	State Plan 1905(a)	Kemove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	A54	_
None		
Benefit Provided:	Source:	Pomovi
	Source: State Plan 1905(a)	Remove
		Remove
Other Medical Service : Transportation/Ambulance	State Plan 1905(a)	Remove
Other Medical Service : Transportation/Ambulance  Authorization:	State Plan 1905(a) Provider Qualifications:	Remove
Other Medical Service : Transportation/Ambulance  Authorization:  Other	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan	Remove
Other Medical Service : Transportation/Ambulance  Authorization:  Other  Amount Limit:	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Other  Amount Limit: See below	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Other Medical Service : Transportation/Ambulance  Authorization: Other  Amount Limit: See below  Scope Limit: See below	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove

Add



Benefit Provided:	Source:	Remove
Inpatient Hospital Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	<del></del>
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:	7+2	
See below		
Other information regarding this benefit, benchmark plan:	including the specific name of the source plan if it is not the base	2
Coverage and limitations are the same a Limits can be exceeded if determined m		



Benefit Provided:	Source:	-
Physician services: maternity	State Plan 1905(a)	Remove
A contract constraint and a contract co	Provider Qualifications:	
Authorization: None	Medicaid State Plan	
and the second s		
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		<b>-</b>
None		
Coverage and limitations are the same as i	n Attachment 3.1-A, Items 5-a, 6-d-(5), and 6-d-(6).	
Benefit Provided:	Source:	Remove
Inpatient hospital services: maternity	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:  Coverage and limitations are the same as i	ncluding the specific name of the source plan if it is not the base n Attachment 3.1-A, Item 1.	
Benefit Provided:	Source:	Remove
Outpatient hospital: maternity	State Plan 1905(a)	
Authorization:	Provider Qualifications:	==±0
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	== 36 ==30
	None	
None		

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

Coverage and limitations are the same as in Attachment 3.1-A, Item 2-a.

Add



Essential Health Benefit: Mental health and substance chavioral health treatment	e use disorder services including	Collapse All
substance use disorder benefits in any classification	financial requirement or treatment limitation to mental that is more restrictive than the predominant financial re ially all medical/surgical benefits in the same classification	equirement or
Benefit Provided:	Source:	Remove
Other licensed practitioner services: NP-LBHP	State Plan 1905(a)	
Authorization:	Provider Qualifications:	_
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	<del>-</del>
See below	See below	
Scope Limit:		
See below		1
benchmark plan:  NP-LBHP: Non-Physician Licensed Behavioral He Coverage and limitations are the same as in Attachi Limits can be exceeded if determined medically needs	ment 3.1-A, Item 6-d-2.	
enefit Provided:	Source:	
Rehabilitative Services: SUD Outpatient Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		_
See below		7
Other information regarding this benefit, including t benchmark plan:	the specific name of the source plan if it is not the base	_
Coverage and limitations are the same as in Attach Limits can be exceeded if determined medically necessary		
Benefit Provided:	Source:	Remove
npatient Hospital Services: Mental Health Inpat	State Plan 1905(a)	Kelliove
Authorization:	Provider Qualifications:	T.
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	-
	# P P P P P P P P P P P P P P P P P P P	<b>—</b> 0.0



Scope Limit:		
Inpatient services related to mental health disorde	ers.	
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Coverage and limitations are the same as in Attack Limits can be exceeded if determined medically no		
Benefit Provided:	Source:	Remove
Inpatient Hospital Services: SUD Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
See below		
benchmark plan: Federal Financial Participation is not permitted for	the specific name of the source plan if it is not the base r services of residents aged 22 - 64 in facilities that meet	
benchmark plan:	r services of residents aged 22 - 64 in facilities that meet MD permitted at 42 CFR 438.6(e). hment 3.1-A, Item 1.	
benchmark plan:  Federal Financial Participation is not permitted for the Federal definition of an institution for the an Il Coverage and limitations are the same as in Attack Limits can be exceeded if determined medically not be Benefit Provided:	r services of residents aged 22 - 64 in facilities that meet MD permitted at 42 CFR 438.6(e). hment 3.1-A, Item 1.	Remove
benchmark plan:  Federal Financial Participation is not permitted for the Federal definition of an institution for the an Il Coverage and limitations are the same as in Attack Limits can be exceeded if determined medically not be a superficient of the same as in Attack Limits can be exceeded if determined medically not be a superficient of the same as in Attack Limits can be exceeded if determined medically not be a superficient of the same as in Attack Limits can be exceeded if determined medically not be a superficient of the same as in Attack Limits can be exceeded if determined medically not be a superficient of the same as in Attack Limits can be exceeded if determined medically not be a superficient of the same as in Attack Limits can be exceeded if determined medically not be a superficient of the same as in Attack Limits can be exceeded if determined medically not be a superficient of the same as in Attack Limits can be exceeded if determined medically not be a superficient of the same as in Attack Limits can be exceeded if determined medically not be a superficient of the same as in Attack Limits can be exceeded if determined medically not be a superficient of the same as in Attack Limits can be exceeded in the same as a superficient of	r services of residents aged 22 - 64 in facilities that meet MD permitted at 42 CFR 438.6(e). hment 3.1-A, Item 1. eccessary by the State.	Remove
benchmark plan:  Federal Financial Participation is not permitted for the Federal definition of an institution for the an Il Coverage and limitations are the same as in Attack Limits can be exceeded if determined medically not be Benefit Provided:	r services of residents aged 22 - 64 in facilities that meet MD permitted at 42 CFR 438.6(e). hment 3.1-A, Item 1. eccessary by the State.  Source:	Remove
benchmark plan:  Federal Financial Participation is not permitted for the Federal definition of an institution for the an II Coverage and limitations are the same as in Attack Limits can be exceeded if determined medically no Benefit Provided:  Physician services: MH/SUD Services	r services of residents aged 22 - 64 in facilities that meet MD permitted at 42 CFR 438.6(e). hment 3.1-A, Item 1. eccessary by the State.  Source: State Plan 1905(a)	Remove
benchmark plan:  Federal Financial Participation is not permitted for the Federal definition of an institution for the an Il Coverage and limitations are the same as in Attack Limits can be exceeded if determined medically not be serviced:  Benefit Provided: Physician services: MH/SUD Services  Authorization:	r services of residents aged 22 - 64 in facilities that meet MD permitted at 42 CFR 438.6(e). hment 3.1-A, Item 1. eccessary by the State.  Source: State Plan 1905(a) Provider Qualifications:	Remove
benchmark plan:  Federal Financial Participation is not permitted for the Federal definition of an institution for the an II Coverage and limitations are the same as in Attack Limits can be exceeded if determined medically not be Benefit Provided:  Physician services: MH/SUD Services  Authorization:  Other	r services of residents aged 22 - 64 in facilities that meet MD permitted at 42 CFR 438.6(e). hment 3.1-A, Item 1. eccessary by the State.  Source: State Plan 1905(a)  Provider Qualifications: Medicaid State Plan	Remove
benchmark plan:  Federal Financial Participation is not permitted for the Federal definition of an institution for the an Il Coverage and limitations are the same as in Attack Limits can be exceeded if determined medically not be serviced.  Benefit Provided: Physician services: MH/SUD Services  Authorization:  Other  Amount Limit:	r services of residents aged 22 - 64 in facilities that meet MD permitted at 42 CFR 438.6(e). hment 3.1-A, Item 1. eccessary by the State.  Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan:  Federal Financial Participation is not permitted for the Federal definition of an institution for the an II Coverage and limitations are the same as in Attack Limits can be exceeded if determined medically not be serviced:  Benefit Provided: Physician services: MH/SUD Services  Authorization:  Other  Amount Limit:  See below	r services of residents aged 22 - 64 in facilities that meet MD permitted at 42 CFR 438.6(e). hment 3.1-A, Item 1. eccessary by the State.  Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan:  Federal Financial Participation is not permitted for the Federal definition of an institution for the an II Coverage and limitations are the same as in Attack Limits can be exceeded if determined medically not be a serviced by the services of the same as in Attack Limits can be exceeded if determined medically not be a serviced by the services of	r services of residents aged 22 - 64 in facilities that meet MD permitted at 42 CFR 438.6(e). hment 3.1-A, Item 1. eccessary by the State.  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  See below  g the specific name of the source plan if it is not the base hment 3.1-A, Items 5-a, 13-d-1, 13-d-2.	Remove
benchmark plan:  Federal Financial Participation is not permitted for the Federal definition of an institution for the an II Coverage and limitations are the same as in Attack Limits can be exceeded if determined medically not be provided:  Physician services: MH/SUD Services  Authorization:  Other  Amount Limit:  See below  Scope Limit:  See below  Other information regarding this benefit, including benchmark plan:  Coverage and limitations are the same as in Attack	r services of residents aged 22 - 64 in facilities that meet MD permitted at 42 CFR 438.6(e). hment 3.1-A, Item 1. eccessary by the State.  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  See below  g the specific name of the source plan if it is not the base hment 3.1-A, Items 5-a, 13-d-1, 13-d-2.	Remove
benchmark plan:  Federal Financial Participation is not permitted for the Federal definition of an institution for the an II Coverage and limitations are the same as in Attack Limits can be exceeded if determined medically not be a services: MH/SUD Services  Benefit Provided: Physician services: MH/SUD Services  Authorization:  Other  Amount Limit: See below  Scope Limit: See below  Other information regarding this benefit, including benchmark plan:  Coverage and limitations are the same as in Attack Limits can be exceeded if determined medically not benefit Provided:	r services of residents aged 22 - 64 in facilities that meet MD permitted at 42 CFR 438.6(e). hment 3.1-A, Item 1. eccessary by the State.  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  See below  g the specific name of the source plan if it is not the base hment 3.1-A, Items 5-a, 13-d-1, 13-d-2.	Remove
benchmark plan:  Federal Financial Participation is not permitted for the Federal definition of an institution for the an II Coverage and limitations are the same as in Attack Limits can be exceeded if determined medically not be a service in the English of the	r services of residents aged 22 - 64 in facilities that meet MD permitted at 42 CFR 438.6(e). hment 3.1-A, Item 1. eccessary by the State.  Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: See below  g the specific name of the source plan if it is not the base hment 3.1-A, Items 5-a, 13-d-1, 13-d-2. eccessary by the State.	
benchmark plan:  Federal Financial Participation is not permitted for the Federal definition of an institution for the an II Coverage and limitations are the same as in Attack Limits can be exceeded if determined medically not be a services: MH/SUD Services  Benefit Provided: Physician services: MH/SUD Services  Authorization:  Other  Amount Limit: See below  Scope Limit: See below  Other information regarding this benefit, including benchmark plan:  Coverage and limitations are the same as in Attack Limits can be exceeded if determined medically not benefit Provided:	r services of residents aged 22 - 64 in facilities that meet MD permitted at 42 CFR 438.6(e). hment 3.1-A, Item 1. eccessary by the State.  Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: See below  g the specific name of the source plan if it is not the base hment 3.1-A, Items 5-a, 13-d-1, 13-d-2. eccessary by the State.	

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Amount Limit:	Duration Limit:	1
See below	See below	
Scope Limit:		
See below		
Other information regarding this benefit, in benchmark plan:  Coverage and limitations are the same as it Limits can be exceeded if determined medians.		
enefit Provided:	Source:	Remove
Rehab Services-Assertive Community Treatm	State Plan 1905(a)	
Authorization:	Provider Qualifications:	•
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	•
See below	See below	]
See below	See selow	
	See dello "	
Scope Limit: See below		
Scope Limit: See below	in Attachment 3.1-A, Item 13-d-1.	
Scope Limit:  See below  Other information regarding this benefit, in benchmark plan:  Coverage and limitations are the same as in Limits can be exceeded if determined medianese enefit Provided:	in Attachment 3.1-A, Item 13-d-1.	Remove
Scope Limit:  See below  Other information regarding this benefit, in benchmark plan:  Coverage and limitations are the same as it Limits can be exceeded if determined median.	in Attachment 3.1-A, Item 13-d-1. dically necessary by the State.	Remove
Scope Limit:  See below  Other information regarding this benefit, in benchmark plan:  Coverage and limitations are the same as in Limits can be exceeded if determined medianese enefit Provided:	in Attachment 3.1-A, Item 13-d-1. dically necessary by the State.  Source:	Remove
Scope Limit:  See below  Other information regarding this benefit, in benchmark plan:  Coverage and limitations are the same as a Limits can be exceeded if determined medianely enefit Provided:  Rehab Services - SUD Residential	in Attachment 3.1-A, Item 13-d-1. lically necessary by the State.  Source:  State Plan 1905(a)	Remove
Scope Limit:  See below  Other information regarding this benefit, in benchmark plan:  Coverage and limitations are the same as in Limits can be exceeded if determined medianely enefit Provided:  Rehab Services - SUD Residential  Authorization:	ncluding the specific name of the source plan if it is not the base in Attachment 3.1-A, Item 13-d-1. dically necessary by the State.  Source:  State Plan 1905(a)  Provider Qualifications:	Remove
Scope Limit:  See below  Other information regarding this benefit, in benchmark plan:  Coverage and limitations are the same as in Limits can be exceeded if determined medianest provided:  Rehab Services - SUD Residential  Authorization:  Other	In Attachment 3.1-A, Item 13-d-1.  Idically necessary by the State.  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan	Remove
Scope Limit:  See below  Other information regarding this benefit, in benchmark plan:  Coverage and limitations are the same as a Limits can be exceeded if determined medianely enefit Provided: Rehab Services - SUD Residential  Authorization:  Other  Amount Limit:  See below	In Attachment 3.1-A, Item 13-d-1.  Idically necessary by the State.  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Scope Limit:  See below  Other information regarding this benefit, in benchmark plan:  Coverage and limitations are the same as a Limits can be exceeded if determined mederates and the services of the services of the services.  See below  Other Amount Limit:	In Attachment 3.1-A, Item 13-d-1.  Idically necessary by the State.  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Scope Limit:  See below  Other information regarding this benefit, in benchmark plan:  Coverage and limitations are the same as in Limits can be exceeded if determined medianest enefit Provided:  Rehab Services - SUD Residential  Authorization:  Other  Amount Limit:  See below  Scope Limit:  See below	In Attachment 3.1-A, Item 13-d-1.  Idically necessary by the State.  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove

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Add



5. Essential Health Benefit: Prescription drugs			
The state/territory assures that the ABP prescript State Plan for prescribed drugs.	ion drug benefit plan i	s the same as under the approved Medicaio	d
Benefit Provided:			
Coverage is at least the greater of one drug in each same number of prescription drugs in each category.	PERSONAL SECTION AND AND AND CONTRACTOR OF A PROPERTY OF THE P	[20] 1 - [1]	
Prescription Drug Limits (Check all that apply.)	. Authorization:	Provider Qualifications:	
∠ Limit on days supply	Yes	State licensed	
Limit on number of prescriptions	Ži.		
Limit on brand drugs			
Other coverage limits			
Preferred drug list			
Coverage that exceeds the minimum requirement	s or other:		
The State of Ohio's ABP prescription drug benef plan for prescribed drugs, described in Attachme		nder the approved Medicaid state	
L		5.0	



limits must also be established for rehabilitative and habilitative limits are allowed, if these limits can be	I habilitative services and devices. Combined rehabilitative caseded based on medical necessity.	ve and
Benefit Provided:	Source:	Remove
Physical therapy and related services: PT	State Plan 1905(a)	1100000
Authorization:	Provider Qualifications:	<b></b>
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	<b>-</b> 27
See below	See below	1
Scope Limit:		<b>4</b>
See below		1
PT: Physical Therapy Physical Therapy services are used to provide rehal Coverage and limitations are the same as in Attach	ment 3.1-A, Item 11-a.	
Limits can be exceeded if determined medically ne	cessary by the state.	4
	Source:	Remove
Benefit Provided:		Remove
Benefit Provided:	Source:	Remove
Benefit Provided: Physical therapy and related services: OT	Source: State Plan 1905(a)	Remove
Benefit Provided: Physical therapy and related services: OT  Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
Physical therapy and related services: OT  Authorization:  Authorization required in excess of limitation	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
Authorization:  Authorization required in excess of limitation  Amount Limit:	Source: State Plan 1905(a)  Provider Qualifications: Medicaid State Plan  Duration Limit:	Remove
Authorization:  Authorization required in excess of limitation  Amount Limit:  See below	Source: State Plan 1905(a)  Provider Qualifications: Medicaid State Plan  Duration Limit:	Remove
Benefit Provided: Physical therapy and related services: OT  Authorization: Authorization required in excess of limitation  Amount Limit: See below  Scope Limit: See below  Other information regarding this benefit, including the benchmark plan:	Source: State Plan 1905(a)  Provider Qualifications: Medicaid State Plan  Duration Limit:	Remove
Benefit Provided: Physical therapy and related services: OT  Authorization: Authorization required in excess of limitation  Amount Limit: See below  Scope Limit: See below  Other information regarding this benefit, including the services of limitation of the services of limitation.	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  See below  the specific name of the source plan if it is not the base rehabilitative and habilitative services. ment 3.1-A, Item 11-b.	Remove
Benefit Provided: Physical therapy and related services: OT  Authorization: Authorization required in excess of limitation  Amount Limit: See below  Scope Limit: See below  Other information regarding this benefit, including the benchmark plan: OT: Occupational Therapy Occupational Therapy services are used to provide Coverage and limitations are the same as in Attach Limits can be exceeded if determined medically needs	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  See below  the specific name of the source plan if it is not the base rehabilitative and habilitative services. ment 3.1-A, Item 11-b.	
Benefit Provided: Physical therapy and related services: OT  Authorization: Authorization required in excess of limitation  Amount Limit: See below  Scope Limit: See below  Other information regarding this benefit, including the benchmark plan: OT: Occupational Therapy Occupational Therapy services are used to provide Coverage and limitations are the same as in Attacha Limits can be exceeded if determined medically necessity.	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  See below  the specific name of the source plan if it is not the base rehabilitative and habilitative services.  ment 3.1-A, Item 11-b.  cessary by the State.	Remove
Benefit Provided: Physical therapy and related services: OT  Authorization: Authorization required in excess of limitation Amount Limit: See below  Scope Limit: See below  Other information regarding this benefit, including the benchmark plan: OT: Occupational Therapy Occupational Therapy services are used to provide to Coverage and limitations are the same as in Attachn	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  See below  the specific name of the source plan if it is not the base rehabilitative and habilitative services.  ment 3.1-A, Item 11-b. cessary by the State.  Source:	



Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
See below		
Other information regarding this benefit, including the benchmark plan:	the specific name of the source plan if it is not the base	
ST: Speech Therapy: speech-language pathology speech-language pathology services and audiology habilitative services.  Coverage and limitations are the same as in Attachi Limits can be exceeded if determined medically needs	services are used to provide rehabilitative and ment 3.1-A, Item 11-c.	
enefit Provided:	Source:	Remov
ome health services: Medical supplies, equipment	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	J
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Other information regarding this benefit, including the benchmark plan:  Coverage and limitations are the same as in Attachmatical Limits can be exceeded if determined medically necessity.		
enefit Provided:	Source:	Remov
ursing Facility	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Rehabilitative		
Other information regarding this benefit, including t benchmark plan:	the specific name of the source plan if it is not the base	
Beneficiary must meet Nursing Facility-based level	of care.	
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Benefit Provided:	Source:	Remove
Other Laboratory and x-ray: Diagnostic Lab	State Plan 1905(a)	
Authorization:	Provider Qualifications:	_
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:	762	
See below		
Other information regarding this benefit, include benchmark plan:	ding the specific name of the source plan if it is not the base	
Coverage and limitations are the same as in Attachment 3.1-A, Item 3.  Limits can be exceeded if determined medically necessary by the State.		



enefit Provided:	Source:	Remove
Preventive services	State Plan 1905(a)	V.
Authorization:	Provider Qualifications:	NOV.
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		



Benefit Provided:	Source:	Remove
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	
Authorization:	Provider Qualifications:	_
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
See below		
Other information regarding this benefit, in benchmark plan:	ncluding the specific name of the source plan if it is not the base	
	Coverage and limitations are the same as in Attachment 3.1-A, Item 4-b.  Limits can be exceeded if determined medically necessary by the State.	



11. Other Covered Benefits from Base Benchmark	Collapse All



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## **Alternative Benefit Plan**

12. Base Benchmark Benefits Not Covered due to Substitu	ution or Duplication	Collapse All
Base Benchmark Benefit that was Substituted: Outpatient Facility (e.g. Amb. Surgery Ctr.)	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indication and the substitution or duplication, including indication and the substitution or duplication, including indication and the substitution and the substitution are substitution and the substitution and the substitution are substitution and the substitution and the substitution are substitution and the substitution or duplication, including indication, including indication are substitution and included above under Esse Duplication: covered under the Ohio Medicaid state production are substituted in the substitution and including indication are substituted in the substitution are substituted in the substitute are substituted in the substitution are substituted in the substitute are substitut	ential Health Benefits: plan in Attachment 3.1-A, Items 2-a and 9-c as	on
Base Benchmark Benefit that was Substituted:	Source:	Remove
Primary care visit treatment of illness or injury	Base Benchmark	
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above under Esse Duplication: covered under the Ohio Medicaid state provides and Other licensed practitioner services under Base Benchmark Plan: no limitations	ential Health Benefits: plan in Attachment 3.1-A, Items 5-a and 6 as Physicia	
Base Benchmark Benefit that was Substituted:  Specialist visit	Source: Base Benchmark	Remove
1937 benchmark benefit(s) included above under Esse Duplication: covered under the Ohio Medicaid state p services under EHB 1: Ambulatory patient services. Base Benchmark Plan: no limitations		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Other practitioner office visit (RN PA)	Base Benchmark	
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above under Esse		on
Duplication: covered under the Ohio Medicaid state particles and Other licensed practitioner services under Base benchmark Plan: no limitations		n
Base Benchmark Benefit that was Substituted:	Source:	Remove
Outpatient Surgery Physician Surgical Services	Base Benchmark	
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above under Esse		on
Duplication: covered under the Ohio Medicaid state p services under EHB 1: Ambulatory patient services. Base Benchmark Plan: no limitations.		
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Chiropractic care	Source:	Remove
	Base Benchmark	
1937 benchmark benefit(s) included above under E	tte plan in Attachment 3.1-A, Item 6-c as Other licensed Ambulatory patient services.	
Base Benchmark Benefit that was Substituted: Outpatient Rehabilitation services	Source: Base Benchmark	Remove
1937 benchmark benefit(s) included above under E Duplication: covered under the Ohio Medicaid sta and related services for PT, OT and ST under EHE	the plan in Attachment 3.1-A, Item 11 as Physical therapy B 7: Rehabilitative and habilitative services and devices. T visits, 20 OT visits, 36 Cardiac Rehabilitation visits, 20	
Base Benchmark Benefit that was Substituted: Hospice services	Source: Base Benchmark	Remove
under EHB 1: Ambulatory patient services.	tte plan in Attachment 3.1-A, Item 18 as Hospice care	
Base Benchmark coverage: Patient must have a lift attending physician. Covered services will continu	fe expectancy of six months or less, as confirmed by the me if the patient lives longer than six months. Services and inhalation therapies, if part of a treatment plan; medical given by the Hospice; and home health aide.	
Base Benchmark coverage: Patient must have a lift attending physician. Covered services will continu- include skilled nursing; diagnostic; PT, speech, an	ne if the patient lives longer than six months. Services and inhalation therapies, if part of a treatment plan; medical	Remove
Base Benchmark coverage: Patient must have a lift attending physician. Covered services will continuinclude skilled nursing; diagnostic; PT, speech, an supplies; counseling services; prescription drugs g  Base Benchmark Benefit that was Substituted:  Urgent Care Centers or Facilities	Source:  Base Benchmark  Indicating the substituted benefit(s) or the duplicate section  Essential Health Benefits:  Interparation of the patient lives longer than six months. Services and inhalation therapies, if part of a treatment plan; medical given by the Hospice; and home health aide.  Source:  Base Benchmark  Indicating the substituted benefit(s) or the duplicate section between the plan in Attachment 3.1-A, Items 2-a and 5-a as	Remove
Base Benchmark coverage: Patient must have a lift attending physician. Covered services will continuinclude skilled nursing; diagnostic; PT, speech, an supplies; counseling services; prescription drugs g  Base Benchmark Benefit that was Substituted:  Urgent Care Centers or Facilities  Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E  Duplication: covered under the Ohio Medicaid sta Physician services and Outpatient hospital service	Source:  Base Benchmark  Indicating the substituted benefit(s) or the duplicate section  Essential Health Benefits:  Interparation of the patient lives longer than six months. Services and inhalation therapies, if part of a treatment plan; medical given by the Hospice; and home health aide.  Source:  Base Benchmark  Indicating the substituted benefit(s) or the duplicate section between the plan in Attachment 3.1-A, Items 2-a and 5-a as	Remove

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over the base rate of 4 hours at \$5.69 per 15 minute u	payments of \$52.20 plus 96 unit rates per 15 minutes unit could be paid per day over a year.  Ith Services benefit. Limitation on annual spending of	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Home Care Services: Home Health	Base Benchmark	
Explain the substitution or duplication, including indi 1937 benchmark benefit(s) included above under Essa Duplication: covered under the Ohio Medicaid state punder EHB 1: Ambulatory patient services.  Base Benchmark Plan: 100 visits, Network and Non-approved by the attending physician.	plan in Attachment 3.1-A, Item 7 as Home Health	
Base Benchmark Benefit that was Substituted:	Source:	Damaria
Emergency services	Base Benchmark	Remove
1937 benchmark benefit(s) included above under Esse	plan in Attachment 3.1-A, Item 24-e as Other Medical	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Emergency Transportation/Ambulance	Base Benchmark	
1937 benchmark benefit(s) included above under Esse	plan in Attachment 3.1-A, Item 24-a as Other Medical	
Base Benchmark Benefit that was Substituted:	Source:	D
Inpatient Hospital Services	Base Benchmark	Remove
1937 benchmark benefit(s) included above under Essa Duplication: covered under the Ohio Medicaid state particles under EHB 3: Hospitalization.	cating the substituted benefit(s) or the duplicate section ential Health Benefits:  plan in Attachment 3.1-A, Item 1 as Inpatient hospital  apatient treatment of biologically based mental illness	
Base Benchmark Benefit that was Substituted:	Source:	D
Inpatient Physician and Surgical services	Base Benchmark	Remove
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:	

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### **Alternative Benefit Plan**

Duplication: covered under the Ohio Medicaid state p services under EHB 1: Ambulatory patient services.  Base Benchmark Plan: no limitations.	olan in Attachment 3.1-A, Item 5-a as Physician	
Base Benchmark Benefit that was Substituted:  Skilled Nursing Facility  Explain the substitution or duplication, including indications benchmark benefit(s) included above under Esse Duplication: covered under the Ohio Medicaid state parallel Rehabilitative and habilitative services and devices.  Base Benchmark Plan: 90 days per benefit period.		Remove
1937 benchmark benefit(s) included above under Esse  Duplication: covered under the Ohio Medicaid state p		Remove
Base Benchmark Benefit that was Substituted:  Delivery/Inpatient Services for Maternity Care  Explain the substitution or duplication, including indic 1937 benchmark benefit(s) included above under Esse Duplication: covered under the Ohio Medicaid state p services: maternity under EHB 4: Maternity and newb Base Benchmark Plan: no limitations.	olan in Attachment 3.1-A, Item 1 as Inpatient hospital	Remove
Base Benchmark Benefit that was Substituted:  Generic Drugs  Explain the substitution or duplication, including indications benchmark benefit(s) included above under Esse Duplication: covered under the Ohio Medicaid state parescription drugs.  Base Benchmark Plan: Covered services will be limited limits established by the Plan. Certain limitations with categories include but are not limited to, contraceptive unless one component requires a prescription, drugs to to tobacco and tobacco products, over the counter drug authorization using Step Therapy is a utilization contraction Preferred, and. Non-preferred drug categories.	ed based on Medical Necessity quantity and/or age hin the Generic, Preferred, and Non-preferred drug e devices, human growth hormone, compound drugs o reduce or eliminate the dependency on, or addiction ags, and drugs used in fertility treatment. Prior	Remove

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Base Benchmark Benefit that was Substituted:	Source:	Remove
Preferred Brand Drugs	Base Benchmark	Ttellie ve
Explain the substitution or duplication, including indi 1937 benchmark benefit(s) included above under Essa Duplication: covered under the Ohio Medicaid state prescription drugs.  Base Benchmark Plan: see limits detailed in Generic	plan in Attachment 3.1-A, Item 12-a under EHB 6:	
Base Benchmark Benefit that was Substituted:  Non-Preferred Brand Drugs	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi 1937 benchmark benefit(s) included above under Esse Duplication: covered under the Ohio Medicaid state prescription drugs.  Base Benchmark Plan: see limits detailed in Generic	plan in Attachment 3.1-A, Item 12-a under EHB 6:	
Base Benchmark Benefit that was Substituted: Habilitation services	Source: Base Benchmark	Remove
and related services: PT, OT, and ST under EHB 7:	visits, 20 OT visits, 36 Cardiac Rehabilitation visits, 20	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Durable Medical Equipment	Base Benchmark	
Explain the substitution or duplication, including indi 1937 benchmark benefit(s) included above under Esse Duplication: covered under the Ohio Medicaid state pservices: Medical supplies, equipment, and appliance Rehabilitative and habilitative services and devices. Base Benchmark Plan: Authorization required. Non-dentures, dental appliances, orthopedic shoes.	plan in Attachment 3.1-A, Item 7-c as Home health as suitable for use in the home under EHB 7:	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Diagnostic Test (x-ray and lab work)	Base Benchmark	Ttemeve
Explain the substitution or duplication, including indi 1937 benchmark benefit(s) included above under Esse Duplication: covered under the Ohio Medicaid state 1 & x-ray: x-ray services under EHB 1: Ambulatory pa Diagnostic Lab under EHB 8: Laboratory services.	plan in Attachment 3.1-A, Item 3 as Other laboratory	

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Base Benchmark Benefit that was Substituted:	Source:	Remove
Imaging (CT/PET Scans, MRIs)	Base Benchmark	Remove
1937 benchmark benefit(s) included above under Es	e plan in Attachment 3.1-A, Item 3 as Other laboratory	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Preventive Care/screening/immunization	Base Benchmark	
1937 benchmark benefit(s) included above under Es	e plan in Attachment 3.1-A, Item 13-c as Preventive	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Mental/Behavioral Health Outpatient Services	Base Benchmark	
1937 benchmark benefit(s) included above under Estimated Duplication: covered under the Ohio Medicaid State		
Duplication: covered under the Ohio Medicaid Stat OLP: NP-LBHP, Physician Services: MH/SUD ser	te Plan in Attachment 3.1-A, Items 13-d-1 and 13-d-2 as	
Duplication: covered under the Ohio Medicaid Stat OLP: NP-LBHP, Physician Services: MH/SUD ser outpatient under EHB 5: Mental health and substantreatment.	te Plan in Attachment 3.1-A, Items 13-d-1 and 13-d-2 as vices, and Outpatient Hospital Services: MH/SUD	Remove
Duplication: covered under the Ohio Medicaid Stat OLP: NP-LBHP, Physician Services: MH/SUD ser outpatient under EHB 5: Mental health and substan treatment.  Base Benchmark Plan: no limitations.	te Plan in Attachment 3.1-A, Items 13-d-1 and 13-d-2 as evices, and Outpatient Hospital Services: MH/SUD ace use disorder services including behavioral health	Remove
Duplication: covered under the Ohio Medicaid State OLP: NP-LBHP, Physician Services: MH/SUD ser outpatient under EHB 5: Mental health and substant treatment.  Base Benchmark Plan: no limitations.  Base Benchmark Benefit that was Substituted:  Mental/Behavioral Health Inpatient Services  Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under Estimated.	Source: Base Benchmark  dicating the substituted benefit(s) or the duplicate section ssential Health Benefits: e plan in Attachment 3.1-A, Items 13-d-1 and 13-d-2 as not under EHB 5: Mental health and substance use	Remove
Duplication: covered under the Ohio Medicaid State OLP: NP-LBHP, Physician Services: MH/SUD services outpatient under EHB 5: Mental health and substant treatment.  Base Benchmark Plan: no limitations.  Base Benchmark Benefit that was Substituted:  Mental/Behavioral Health Inpatient Services  Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under Explain the Services under the Ohio Medicaid state Inpatient Hospital Services: Mental Health Inpatier disorder services including behavioral health treatments.  Base Benchmark Plan: no limitations.  Base Benchmark Benefit that was Substituted:	Source:  Source: Base Benchmark  dicating the substituted benefit(s) or the duplicate section ssential Health Benefits: e plan in Attachment 3.1-A, Items 13-d-1 and 13-d-2 as not under EHB 5: Mental health and substance use ment.  Source:	Remove
Duplication: covered under the Ohio Medicaid State OLP: NP-LBHP, Physician Services: MH/SUD ser outpatient under EHB 5: Mental health and substant treatment.  Base Benchmark Plan: no limitations.  Base Benchmark Benefit that was Substituted:  Mental/Behavioral Health Inpatient Services  Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under Explain the Services under the Ohio Medicaid state Inpatient Hospital Services: Mental Health Inpatier disorder services including behavioral health treating Base Benchmark Plan: no limitations.	Source:  Base Benchmark  dicating the substituted benefit(s) or the duplicate section seential Health Benefits:  e plan in Attachment 3.1-A, Items 13-d-1 and 13-d-2 as int under EHB 5: Mental health and substance use ment.	
Duplication: covered under the Ohio Medicaid State OLP: NP-LBHP, Physician Services: MH/SUD ser outpatient under EHB 5: Mental health and substant treatment.  Base Benchmark Plan: no limitations.  Base Benchmark Benefit that was Substituted:  Mental/Behavioral Health Inpatient Services  Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under Estimated in the substitution of the Ohio Medicaid state Inpatient Hospital Services: Mental Health Inpatient disorder services including behavioral health treatm Base Benchmark Plan: no limitations.  Base Benchmark Benefit that was Substituted:  Substance Abuse Disorder Outpatient Services  Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under Estimated in 1937 benchmark benefit in 1937 benchmark benef	Source:  Base Benchmark  dicating the substituted benefit(s) or the duplicate section sential Health Benefits:  e plan in Attachment 3.1-A, Items 13-d-1 and 13-d-2 as not under EHB 5: Mental health and substance use nent.  Source:  Source:  Base Benchmark  Source:  Base Benchmark  Source:  Source:  Base Benchmark  dicating the substituted benefit(s) or the duplicate section sential Health Benefits:  separate of the substituted benefit (s) or the duplicate section sential Health Benefits:	
Duplication: covered under the Ohio Medicaid State OLP: NP-LBHP, Physician Services: MH/SUD ser outpatient under EHB 5: Mental health and substant treatment.  Base Benchmark Plan: no limitations.  Base Benchmark Benefit that was Substituted:  Mental/Behavioral Health Inpatient Services  Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under Estimated in Inpatient Hospital Services: Mental Health Inpatient disorder services including behavioral health treatm Base Benchmark Plan: no limitations.  Base Benchmark Benefit that was Substituted:  Substance Abuse Disorder Outpatient Services  Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under Estimated in 1937 benchmark benefit in 1937	Source:  Base Benchmark  dicating the substituted benefit(s) or the duplicate section sential Health Benefits:  e plan in Attachment 3.1-A, Items 13-d-1 and 13-d-2 as not under EHB 5: Mental health and substance use ment.  Source:  Base Benchmark  Source:  Base Benchmark  Source:  Base Benchmark  dicating the substituted benefit(s) or the duplicate section sential Health Benefits:  e plan in Attachment 3.1-A, Items 13-d-1 and 13-d-2 as not under EHB 5: Mental health and substance use ment.  Source:  Base Benchmark  dicating the substituted benefit(s) or the duplicate section sential Health Benefits:  e plan in Attachment 3.1-A, Item 13-d-2 as	



he substituted benefit(s) or the duplicate section ealth Benefits:  Attachment 3.1-A, Item 13-d-2 as Inpatient ntal health and substance use disorder services	
mai neath and substance use disorder services	



☐ 13. Other Base Benchmark Benefits Not Covered	Collapse All



Other 1937 Benefit Provided:	Course	
Dental Services	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
Dental Services	Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	7
L Amount Limit:	Duration Limit:	
See below	See below	
	See below	
Scope Limit: See below		
See below		
Other:		_
Coverage and limitations are the same as in A Limits can be exceeded if determined medical		
Elimis can be exceeded if determined incure	my necessary by the state.	
Other 1937 Benefit Provided:	Source:	Remov
Nursing Facility	Section 1937 Coverage Option Benchmark Benefit	Kelliov
	Package Package	
Authorization:	Provider Qualifications:	_
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Sagna Limit	[	
Scope Limit: Long term custodial care		
Other:	11 1 0	_
Beneficiary must meet Nursing Facility-base	d level of care.	
Other 1937 Benefit Provided:	Source:	Remove
	Section 1937 Coverage Option Benchmark Benefit	Remov
		Remove
	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:	Remov
Other licensed practitioner: Podiatry	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Other licensed practitioner: Podiatry  Authorization:	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:	Remove
Other licensed practitioner: Podiatry  Authorization:  Other	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan	Remove
Other licensed practitioner: Podiatry  Authorization: Other  Amount Limit: See below	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Other  Amount Limit: See below  Scope Limit:	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remov
Other licensed practitioner: Podiatry  Authorization: Other  Amount Limit: See below	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Other licensed practitioner: Podiatry  Authorization: Other  Amount Limit: See below  Scope Limit:	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:  See below	Remove

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her 1937 Benefit Provided:	Source:	Remove
yeglasses	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
See below		
Other:		
Coverage and limitations are the same as in Attach Limits can be exceeded if determined medically ne	· ·	
her 1937 Benefit Provided:	Source:	Remov
argeted Case Management	Section 1937 Coverage Option Benchmark Benefit Package	remov
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
See below		
Other:		
Target groups are described in Supplement 1 to Att Limits can be exceeded if determined medically ne	rachment 3.1-A of Ohio's Medicaid state plan. cessary by the State.	
her 1937 Benefit Provided:	Source:	Remov
ehabilitation Services: Comm. Psych. Sup. Treat.	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		

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ther 1937 Benefit Provided: CF/IID	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
See below		
Other:		
ICF/IID: Intermediate Care Facility for Ind Must meet institutional level of care.	The first of the f	
ther 1937 Benefit Provided:	Source:	Remove
ederally Qualified Health Centers	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
See below		
Other:		
Coverage and limitations are the same as in Limits can be exceeded if determined medical		
ther 1937 Benefit Provided:	Source:	Remove
tural Health Clinic services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Carra I imite		
Scope Limit:		

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Other:		
Coverage and limitations are the same as in Attachm Limits can be exceeded if determined medically nec		
Other 1937 Benefit Provided:	Source:	Remove
Clinic services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
See below		
Other:		
Coverage and limitations are the same as in Attachm	ment 3.1-A, Item 9.	
Limits can be exceeded if determined medically nec	cessary by the State.	
Other 1937 Benefit Provided: Physician services: Routine eye exam non-pediatric	Source:  Section 1937 Coverage Option Benchmark Benefit	Remove
Typician solvices. Iteratine type than non-pediatric	Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below		
200 0010 11	See below	
	See below	
Scope Limit: See below	See below	
Scope Limit: See below	See below	
Scope Limit: See below Other:		
Scope Limit: See below	ment 3.1-A, Item 5-a.	
Scope Limit: See below Other: Coverage and limitations are the same as in Attachn	ment 3.1-A, Item 5-a.	
Scope Limit:  See below  Other:  Coverage and limitations are the same as in Attachm Limits can be exceeded if determined medically nec	ment 3.1-A, Item 5-a. cessary by the State.	
Scope Limit:  See below  Other:  Coverage and limitations are the same as in Attachn Limits can be exceeded if determined medically nec	ment 3.1-A, Item 5-a. cessary by the State.  Source:	Remove
Scope Limit:  See below  Other:  Coverage and limitations are the same as in Attachn Limits can be exceeded if determined medically nec	ment 3.1-A, Item 5-a. cessary by the State.	Remove
Scope Limit:  See below  Other:  Coverage and limitations are the same as in Attachn Limits can be exceeded if determined medically nec	nent 3.1-A, Item 5-a. cessary by the State.  Source: Section 1937 Coverage Option Benchmark Benefit	Remove
Scope Limit:  See below  Other:  Coverage and limitations are the same as in Attachn Limits can be exceeded if determined medically nec  Other 1937 Benefit Provided:  Free standing birthing centers	nent 3.1-A, Item 5-a.  Dessary by the State.  Source:  Section 1937 Coverage Option Benchmark Benefit Package	Remove
Scope Limit: See below  Other: Coverage and limitations are the same as in Attachm Limits can be exceeded if determined medically neconter 1937 Benefit Provided: Free standing birthing centers  Authorization:	nent 3.1-A, Item 5-a. cessary by the State.  Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove



See below		
Other:		
Coverage and limitations are the same as in Attac		
Limits can be exceeded if determined medically	necessary by the State.	
Other 1937 Benefit Provided:	Source:	Remov
Family planning services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
	Joee Dellow	
Scope Limit:		
See below		
0.1		
Other:  Coverage and limitations are the same as in Attac Limits can be exceeded if determined medically	· ·	
Coverage and limitations are the same as in Attac	· ·	
Coverage and limitations are the same as in Attac Limits can be exceeded if determined medically a other 1937 Benefit Provided:	necessary by the State.  Source:	Remov
Coverage and limitations are the same as in Attac Limits can be exceeded if determined medically a other 1937 Benefit Provided:	necessary by the State.	Remov
Coverage and limitations are the same as in Attac Limits can be exceeded if determined medically a other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remov
Coverage and limitations are the same as in Attac Limits can be exceeded if determined medically a Other 1937 Benefit Provided: Ext Svcs to Preg Women: Targeted Case Mgt	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remov
Coverage and limitations are the same as in Attac Limits can be exceeded if determined medically and the same as in Attac Dither 1937 Benefit Provided: Ext Svcs to Preg Women: Targeted Case Mgt  Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remov
Coverage and limitations are the same as in Attac Limits can be exceeded if determined medically of Other 1937 Benefit Provided: Ext Svcs to Preg Women: Targeted Case Mgt  Authorization:  Other	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remov
Coverage and limitations are the same as in Attac Limits can be exceeded if determined medically and the same as in Attac Dither 1937 Benefit Provided: Ext Svcs to Preg Women: Targeted Case Mgt  Authorization:  Other  Amount Limit:  See below	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remov
Coverage and limitations are the same as in Attac Limits can be exceeded if determined medically of Other 1937 Benefit Provided: Ext Svcs to Preg Women: Targeted Case Mgt  Authorization: Other  Amount Limit: See below  Scope Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remov
Coverage and limitations are the same as in Attac Limits can be exceeded if determined medically and the control of the same as in Attac Limits can be exceeded if determined medically and the same as in Attac Limits can be exceeded if determined medically and the same as in Attac Limits are the same are the same as in Attac Limits are the same are the same as in Attac Limits are the same are the s	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remov
Coverage and limitations are the same as in Attac Limits can be exceeded if determined medically and the same as in Attac Limits can be exceeded if determined medically and the same as in Attac Limits can be exceeded if determined medically and the same as in Attac Limits are the same are the same as in Attac Limits are the same are the same as in Attac Limits are the same are t	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: See below	Remov
Coverage and limitations are the same as in Attac Limits can be exceeded if determined medically and the same as in Attac Limits can be exceeded if determined medically and the same as in Attac Limits can be exceeded if determined medically and the same as in Attac Limits are same	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan  Duration Limit: See below  Attachment 3.1-A of Ohio's Medicaid state plan.	Remov
Coverage and limitations are the same as in Attac Limits can be exceeded if determined medically and the control of the same as in Attac Limits can be exceeded if determined medically and the same as in Attac Limits can be exceeded if determined medically and the same as in Attac Limits are the same are the same as in Attac Limits are the same ar	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan  Duration Limit: See below  Attachment 3.1-A of Ohio's Medicaid state plan.	Remov
Coverage and limitations are the same as in Attac Limits can be exceeded if determined medically and the same as in Attac Limits can be exceeded if determined medically and the same as in Attac Limits can be exceeded if determined medically and the same as in Attac Limits and the same as in Attac Limits are the same are the same as in Attac Limits are the same are the sa	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan  Duration Limit: See below  Attachment 3.1-A of Ohio's Medicaid state plan.	Remov
Coverage and limitations are the same as in Attac Limits can be exceeded if determined medically and the content of the conten	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan  Duration Limit: See below  Attachment 3.1-A of Ohio's Medicaid state plan. necessary by the State.  Source:	
Coverage and limitations are the same as in Attac Limits can be exceeded if determined medically and the content of the conten	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan  Duration Limit: See below  Attachment 3.1-A of Ohio's Medicaid state plan. necessary by the State.	
Coverage and limitations are the same as in Attac Limits can be exceeded if determined medically and the control of the same as in Attac Limits can be exceeded if determined medically and the control of the same as in Attac Limits can be exceeded if determined medically and the control of the same as in Attac Limits are the same as in Attac Limits	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: See below  Attachment 3.1-A of Ohio's Medicaid state plan. necessary by the State.  Source: Section 1937 Coverage Option Benchmark Benefit	Remove



None	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:  Coverage and limitations are the same as in Attach	nment 3.1-A, Items 4-d and 13-c.	
Other 1937 Benefit Provided:	Source:	Remove
Rehab Services-Therapeutic Behavioral Services	Section 1937 Coverage Option Benchmark Benefit Package	Temove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
See below		
Coverage and limitations are the same as in Attack Limits can be exceeded if determined medically no		
	Source:  Section 1937 Coverage Option Benchmark Benefit	Remove
Rehab Services-Psychosocial Rehabilitation	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Rehab Services-Psychosocial Rehabilitation  Authorization:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
Rehab Services-Psychosocial Rehabilitation  Authorization:  Other	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan	Remove
Rehab Services-Psychosocial Rehabilitation  Authorization: Other  Amount Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Rehab Services-Psychosocial Rehabilitation  Authorization: Other  Amount Limit: See below	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan	Remove
Rehab Services-Psychosocial Rehabilitation  Authorization: Other  Amount Limit: See below  Scope Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Rehab Services-Psychosocial Rehabilitation  Authorization: Other  Amount Limit: See below  Scope Limit: See below	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other  Amount Limit: See below  Scope Limit:	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit: See below  mment 3.1-A, Item 13-d-1.	Remove



Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
See below		
Other:		
Coverage and limitations are the same as in Attachr		
Limits can be exceeded if determined medically neo	cessary by the State.	
Other 1937 Benefit Provided:	Source:	Remove
Other Licensed Practitioner: Nurse Midwives	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:		
Other 1937 Benefit Provided:	Source:	D
Other Licensed Practitioner: Acupuncturist	Section 1937 Coverage Option Benchmark Benefit	Remove
	Package	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	
Scope Limit:		
See below		
Other:		
Coverage and limitations are the same as in Attachr	ment 3.1-A, Item 6-d-9.	
Limits can be exceeded if determined medically neo		



Other 1937 Benefit Provided:	Source:	Remove
Qualifying Clinical Trials	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
	chment 3.1-A, Item 30, as added to the state plan with OH	
SPA TN 22-004, effective January 1, 2022.		
SPA TN 22-004, effective January 1, 2022.		
	Saura	
Other 1937 Benefit Provided:	Source:  Section 1937 Coverage Ontion Benchmark Benefit	Remove
SPA TN 22-004, effective January 1, 2022.  Other 1937 Benefit Provided:  npatient Psychiatric Svcs for Indiv's Under 22	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Other 1937 Benefit Provided:	Section 1937 Coverage Option Benchmark Benefit	Remove
Other 1937 Benefit Provided: npatient Psychiatric Svcs for Indiv's Under 22	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Other 1937 Benefit Provided: Inpatient Psychiatric Svcs for Indiv's Under 22  Authorization:	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:	Remove
Other 1937 Benefit Provided: Inpatient Psychiatric Svcs for Indiv's Under 22  Authorization: Prior Authorization	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan	Remove
Other 1937 Benefit Provided: Inpatient Psychiatric Svcs for Indiv's Under 22  Authorization: Prior Authorization  Amount Limit:	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Authorization:  Prior Authorization  Amount Limit:  None	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Authorization:  Prior Authorization  Amount Limit:  None  Scope Limit:	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Authorization:  Prior Authorization  Amount Limit:  None  Scope Limit:  None	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None	Remove
Authorization:  Prior Authorization  Amount Limit:  None  Scope Limit:  None  Other:	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None	Remove



5. Additional Covered Benefits (This category of benefits is not applicable to the adult group nder 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.

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