Table of Contents

State/Territory Name: MN

State Plan Amendment (SPA) #: 17-0002

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages
May 26, 2017

Marie Zimmerman, State Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN  55164-0983

Dear Ms. Zimmerman:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #17-0002 --Updates the Alternative Benefit Plan to indicate, in Form ABP3 and ABP5, that the name of the benchmark plan is Health Partners. Also updates Form ABP8 to reflect the state’s new waiver authority to enroll American Indians into managed care.

--Effective Date: January 1, 2017

--Approval Date:  May 25, 2017

If you have any additional questions, please have a member of your staff contact Sandra Porter at (312) 353-8310 or via e-mail at Sandra.Porter@cms.hhs.gov.

Sincerely,

/s/
Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children’s Health Operations

Enclosures

c:  Ann Berg, MDHS
Sean Barrett, MDHS
State/Territory name: Minnesota

Transmittal Number:
Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST = the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.
MN-17-0002

Proposed Effective Date
01/01/2017

Federal Statute/Regulation Citation
42 CFR 440.305, 440.347

Federal Budget Impact

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<th>Federal Fiscal Year</th>
<th>Amount</th>
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<tr>
<td>Second Year 2018</td>
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Subject of Amendment
Alternative Benefit Plan

Governor's Office Review
Governor's office reported no comment

No reply received within 45 days of submittal

Other, as specified
Describe:

Signature of State Agency Official
Submitted By: Sean Barrett
Last Revision Date: Mar 29, 2017
Submit Date: Mar 29, 2017
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>DATE APPROVED</th>
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<tbody>
<tr>
<td>March 29, 2017</td>
<td>May 25, 2017</td>
</tr>
<tr>
<td><strong>PLAN APPROVED – ONE COPY ATTACHED</strong></td>
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</tr>
<tr>
<td><strong>EFFECTIVE DATE OF APPROVED MATERIAL</strong></td>
<td><strong>SIGNATURE OF REGIONAL OFFICIAL</strong></td>
</tr>
<tr>
<td>January 1, 2017</td>
<td>/s/</td>
</tr>
<tr>
<td><strong>TYPED NAME</strong></td>
<td><strong>TITLE</strong></td>
</tr>
<tr>
<td>Ruth A. Hughes</td>
<td>Associate Regional Administrator</td>
</tr>
</tbody>
</table>
Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package

Select one of the following:

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

Name of benefit package: Group VIII Adults

Selection of the Section 1937 Coverage Option

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

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

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

- The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- Secretary-Approved Coverage.

The state/territory offers benefits based on the approved state plan.

The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.

The state/territory offers the benefits provided in the approved state plan.

Benefits include all those provided in the approved state plan plus additional benefits.

Benefits are the same as provided in the approved state plan but in a different amount, duration and/or scope.

The state/territory offers only a partial list of benefits provided in the approved state plan.

The state/territory offers a partial list of benefits provided in the approved state plan plus additional benefits.

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

All benefits and applicable limitations are provided as outlined by the Minnesota State Plan under Title XIX of the Social Security Act, Medical Assistance Program in Section 3 - Services: General Provisions and Attachments 3.1-A and 3.1-B.

Selection of Base Benchmark Plan

MN SPA 17-0002 (Supersedes 16-0016, 13-0020)

Effective date: January 1, 2017

Approval date: 5/25/17

Page 1 of 2
The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

The Base Benchmark Plan is the same as the Section 1937 Coverage option. No

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

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

Plan name: Health Partners HLPT - 129123512

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

The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5. The state assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid state plan.

PRA Disclosure Statement

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

The state/territory is proposing “Secretary-Approved Coverage” as its section 1937 coverage option. **Yes**

### Secretary-Approved Benchmark Package: Benefit by Benefit Comparison Table

The state/territory must provide a benefit by benefit comparison of the benefits in its proposed Secretary-Approved Alternative Benefit Plan with the benefits provided by one of the section 1937 Benchmark Benefit Packages or the standard full Medicaid state plan under Title XIX of the Act. Submit a document indicating which of these benefit packages will be used to make the comparison and include a chart comparing each benefit in the proposed Secretary-Approved benefit package with the same or similar benefit in the comparison benefit package, including any limitations on amount, duration and scope pertaining to the benefits in each benefit package.

### An attachment is submitted.

#### Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Health Partners HLPT-129123512

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

Secretary-Approved
### Essential Health Benefit 1: Ambulatory patient services

<table>
<thead>
<tr>
<th>Benefit Provided</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians' Services</td>
<td>State Plan 1905(a)</td>
</tr>
<tr>
<td>Authorization:</td>
<td>Provider Qualifications:</td>
</tr>
<tr>
<td>None</td>
<td>Medicaid State Plan</td>
</tr>
<tr>
<td>Amount Limit:</td>
<td>Duration Limit:</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Scope Limit:</td>
<td></td>
</tr>
<tr>
<td>Services provided within the scope of practice as defined under state law.</td>
<td></td>
</tr>
</tbody>
</table>

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

Some services may require authorization based on criteria consistently applied across all service categories.

### Benefit Provided:

<table>
<thead>
<tr>
<th>Outpatient Hospital Services</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization:</td>
<td>Provider Qualifications:</td>
</tr>
<tr>
<td>Other</td>
<td>Medicaid State Plan</td>
</tr>
<tr>
<td>Amount Limit:</td>
<td>Duration Limit:</td>
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<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Scope Limit:</td>
<td></td>
</tr>
<tr>
<td>Services provided within the scope of practice as defined under state law.</td>
<td></td>
</tr>
</tbody>
</table>

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

Some services may require authorization based on criteria consistently applied across all service categories.

### Benefit Provided:

<table>
<thead>
<tr>
<th>Clinic Services</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization:</td>
<td>Provider Qualifications:</td>
</tr>
<tr>
<td>None</td>
<td>Medicaid State Plan</td>
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<tr>
<td>Amount Limit:</td>
<td>Duration Limit:</td>
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<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Scope Limit:</td>
<td></td>
</tr>
<tr>
<td>Services provided within the scope of practice as defined under state law.</td>
<td></td>
</tr>
</tbody>
</table>
### Benefit Provided: Chiropractor (OLP)
- **Source:** State Plan 1905(a)
- **Authorization:** Provider Qualifications:
  - Authorization required in excess of limitation: Medicaid State Plan
  - Amount Limit: None
  - Duration Limit: None
- **Scope Limit:** Services provided within the scope of practice as defined under state law.

### Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Services beyond 6 manipulations per month or 24 per year require authorization. One annual evaluation allowed without prior authorization.

### Benefit Provided: Hospice Services
- **Source:** State Plan 1905(a)
- **Authorization:** Provider Qualifications:
  - None
  - Medicaid State Plan
- **Amount Limit:** None
- **Duration Limit:** None
- **Scope Limit:** Services provided within the scope of practice as defined under state law.

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

### Benefit Provided: Family Planning
- **Source:** State Plan 1905(a)
- **Authorization:** Provider Qualifications:
  - None
  - Medicaid State Plan
- **Amount Limit:** None
- **Duration Limit:** None

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**MN SPA 17-0002**
(Supersedes 16-0016, 13-0020)

**Effective date:** January 1, 2017

**Approval date:** 5/25/17
Scope Limit:
Services provided within the scope of practice as defined under state law.

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

MN SPA 17-0002 (Supersedes 16-0016, 13-0020)
Effective date: January 1, 2017
Approval date: 5/25/17
### Essential Health Benefit 2: Emergency services

<table>
<thead>
<tr>
<th>Benefit Provided</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Hospital Services (outpatient hospital)</td>
<td>State Plan 1905(a)</td>
</tr>
</tbody>
</table>

**Authorization:** None  
**Provider Qualifications:** Medicaid State Plan  
**Amount Limit:** None  
**Duration Limit:** None  
**Scope Limit:** Medical services required for the immediate diagnosis and treatment of medical conditions that, if not immediately diagnosed and treated, could lead to serious physical or mental disability or death or are necessary to alleviate severe pain.

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

<table>
<thead>
<tr>
<th>Benefit Provided</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Transp./Ambulance (outpatient hospital)</td>
<td>State Plan 1905(a)</td>
</tr>
</tbody>
</table>

**Authorization:** Prior Authorization  
**Provider Qualifications:** Medicaid State Plan  
**Amount Limit:** None  
**Duration Limit:** None  
**Scope Limit:** Services provided within the scope of practice as defined under state law.

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

All air ambulance transportation originating outside of Minnesota or going to a destination outside of Minnesota must receive authorization. Does not include destinations to facilities located in neighboring states when the county of the neighboring state is contiguous to Minnesota.
### Essential Health Benefit 3: Hospitalization

<table>
<thead>
<tr>
<th>Benefit Provided:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital Services</td>
<td>State Plan 1905(a)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Authorization:</th>
<th>Provider Qualifications:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>Medicaid State Plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount Limit:</th>
<th>Duration Limit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

**Scope Limit:**

Services provided within the scope of practice as defined under state law.

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

Certain inpatient hospital services, such as certain spinal fusion surgeries, may require authorization because other more appropriate treatments may exist.

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**MN SPA 17-0002**
(Supersedes 16-0016, 13-0020)

**Effective date:** January 1, 2017

**Approval date:** 5/25/17
### Essential Health Benefit 4: Maternity and newborn care

<table>
<thead>
<tr>
<th>Benefit Provided</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity and Postpartum Care (Physician)</td>
<td>State Plan 1905(a)</td>
</tr>
<tr>
<td>Authorization:</td>
<td>Provider Qualifications:</td>
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<td>None</td>
<td>Medicaid State Plan</td>
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<td>None</td>
</tr>
<tr>
<td>Scope Limit:</td>
<td>Services provided within the scope of practice as defined under state law.</td>
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</tbody>
</table>

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

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<thead>
<tr>
<th>Benefit Provided</th>
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<tbody>
<tr>
<td>Delivery and Inpatient Care (Inpatient Hospital)</td>
<td>State Plan 1905(a)</td>
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<tr>
<td>Authorization:</td>
<td>Provider Qualifications:</td>
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<tr>
<td>Scope Limit:</td>
<td>Services provided within the scope of practice as defined under state law.</td>
</tr>
</tbody>
</table>

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Essential Health Benefit 5: Mental health and substance use disorder services including behavioral health treatment

Benefit Provided: Medication Therapy Management (OLP)  
Source: State Plan 1905(a)  
Authorization: Authorization required in excess of limitation  
Provider Qualifications: Medicaid State Plan  
Amount Limit: None  
Duration Limit: None  
Scope Limit: Services provided within the scope of practice as defined under state law.  
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: The service is available to all outpatient recipients not eligible for Medicare Part D who are taking three or more prescriptions to treat or prevent one or more chronic conditions. Follow-up encounters in excess of coverage thresholds may be authorized.

Benefit Provided: Mental Health Outpatient Services - Rehab  
Source: State Plan 1905(a)  
Authorization: Authorization required in excess of limitation  
Provider Qualifications: Medicaid State Plan  
Amount Limit: None  
Duration Limit: None  
Scope Limit: Services provided within the scope of practice as defined under state law.  
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Some services may require authorization based on criteria consistently applied across all service categories.

Benefit Provided: Mental Health Inpatient Services - Rehab  
Source: State Plan 1905(a)  
Authorization: Authorization required in excess of limitation  
Provider Qualifications: Medicaid State Plan  
Amount Limit: None  
Duration Limit: None
**Alternative Benefit Plan**

### Scope Limit:

Services provided within the scope of practice as defined under state law.

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

Certain services, such as Intensive Residential Treatment Services (IRTS), require authorization to provide services in excess of thresholds. Providers must seek authorization to provide services beyond 90 days. Services are not provided in an IMD.

### Benefit Provided: Substance Abuse Outpatient Services - Rehab

<table>
<thead>
<tr>
<th>Source:</th>
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</thead>
<tbody>
<tr>
<td>Authorization:</td>
<td>Provider Qualifications: Medicaid State Plan</td>
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Scope Limit:

Services provided within the scope of practice as defined under state law.

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

Some services may require authorization based on criteria consistently applied across all service categories.

### Benefit Provided: Substance Abuse Residential Services - Rehab

<table>
<thead>
<tr>
<th>Source:</th>
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</thead>
<tbody>
<tr>
<td>Authorization:</td>
<td>Provider Qualifications: Medicaid State Plan</td>
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<td>Duration Limit:</td>
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<td>None</td>
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</tbody>
</table>

Scope Limit:

Services provided within the scope of practice as defined under state law.

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

Residential substance abuse services must be authorized via an assessment of medical necessity. Services are not provided in an IMD.

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**Effective date:** January 1, 2017  
**Approval date:** 5/25/17
## Essential Health Benefit 6: Prescription drugs

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

**Prescription Drug Limits (Check all that apply):**

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

<table>
<thead>
<tr>
<th>Authorization:</th>
<th>Provider Qualifications:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>State licensed</td>
</tr>
</tbody>
</table>

**Coverage that exceeds the minimum requirements or other:**

The State of Minnesota's Alternative Benefit Plan prescription drug benefit is the same as under the approved Medicaid state plan for prescribed drugs.
Essential Health Benefit 7: Rehabilitative and habilitative services and devices

**Benefit Provided:**

Home Health Services

**Source:**

State Plan 1905(a)

**Authorization:**

Prior Authorization

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

None

**Duration Limit:**

None

**Scope Limit:**

Services provided within the scope of practice as defined under state law.

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

Services include home health aide and skilled nurse visits which require authorization based on assessed need.

**Benefit Provided:**

Medical Supplies and Equipment (Home Health)

**Source:**

State Plan 1905(a)

**Authorization:**

Other

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

None

**Duration Limit:**

None

**Scope Limit:**

Services provided within the scope of practice as defined under state law.

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

Certain items such as diabetic supplies may require authorization when usage exceeds thresholds. Other items, such as a needle-free injection device may require prior authorization.

**Benefit Provided:**

Physical Therapy

**Source:**

State Plan 1905(a)

**Authorization:**

Other

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

None

**Duration Limit:**

None

**Scope Limit:**

Rehabilitative and habilitative services are provided within the scope of practice as defined under state law.
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

<table>
<thead>
<tr>
<th>Benefit Provided</th>
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<tbody>
<tr>
<td>Occupational Therapy</td>
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</tbody>
</table>

Scope Limit:

Rehabilitative and habilitative services are provided within the scope of practice as defined under state law.

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

<table>
<thead>
<tr>
<th>Benefit Provided</th>
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</thead>
<tbody>
<tr>
<td>Speech, Language, &amp; Hearing Therapy</td>
<td>State Plan 1905(a)</td>
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<tr>
<td>Authorization:</td>
<td>Provider Qualifications:</td>
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<td>Amount Limit:</td>
<td>Duration Limit:</td>
</tr>
<tr>
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</tbody>
</table>

Scope Limit:

Rehabilitative and habilitative services are provided within the scope of practice as defined under state law.

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

<table>
<thead>
<tr>
<th>Benefit Provided</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Facility</td>
<td>State Plan 1905(a)</td>
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<td>Duration Limit:</td>
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</table>

Speech language therapy requires prior authorization and authorization for continued services every 60 days. Certain audiology services require authorization to provide services in excess of service thresholds.
**Scope Limit:**

Services provided within the scope of practice as defined under state law for rehabilitative stays.

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

Department authorization based on assessed need is required for all nursing facility admissions.
### Essential Health Benefit 8: Laboratory services

<table>
<thead>
<tr>
<th>Benefit Provided:</th>
<th>Source:</th>
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</thead>
<tbody>
<tr>
<td>Lab and X-ray Services</td>
<td>State Plan 1905(a)</td>
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<table>
<thead>
<tr>
<th>Authorization:</th>
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<tbody>
<tr>
<td>Other</td>
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<table>
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<th>Duration Limit:</th>
</tr>
</thead>
<tbody>
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<td>None</td>
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</tr>
</tbody>
</table>

**Scope Limit:**

Services provided within the scope of practice as defined under state law.

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

Certain services such as genetic mutation testing for breast and ovarian cancer susceptibility may require authorization.
Essential Health Benefit 9: 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).

<table>
<thead>
<tr>
<th>Benefit Provided:</th>
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<tbody>
<tr>
<td>Preventive services</td>
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</table>

<table>
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</tr>
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<tbody>
<tr>
<td>None</td>
<td>Medicaid State Plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount Limit:</th>
<th>Duration Limit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

Scope Limit:

Services provided within the scope of practice as defined under state law.

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

Covered services include: “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).
**Essential Health Benefit 10: Pediatric services including oral and vision care**

<table>
<thead>
<tr>
<th>Benefit Provided:</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid State Plan EPSDT Benefits</td>
<td>State Plan 1905(a)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Authorization:</th>
<th>Provider Qualifications:</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Medicaid State Plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount Limit:</th>
<th>Duration Limit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

**Scope Limit:**

Services provided within the scope of practice as defined under state law.

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

MN SPA 17-0002 (Supersedes 16-0016, 13-0020)

Effective date: January 1, 2017

Approval date: 5/25/17
### Base Benchmark Benefits Not Covered due to Substitution or Duplication

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted</th>
<th>Source: Base Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Care Visit</strong> - duplication</td>
<td></td>
</tr>
<tr>
<td><strong>Specialist Visit</strong> - duplication</td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong> - duplication</td>
<td></td>
</tr>
<tr>
<td><strong>Urgent Care Visit</strong> - duplication</td>
<td></td>
</tr>
<tr>
<td><strong>Weight Loss Programs</strong> - duplication</td>
<td></td>
</tr>
<tr>
<td><strong>Port Wine Stain Removal</strong> - duplication</td>
<td></td>
</tr>
</tbody>
</table>

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

- **Primary care visits are mapped to the ambulatory patient services EHB category. The services are a duplication of physician and clinic services from the approved Medicaid state plan.**
- **Specialist visits are mapped to the ambulatory patient services EHB category. The services are a duplication of physician and clinic services from the approved Medicaid state plan.**
- **Outpatient surgery services are mapped to the ambulatory patient services EHB category. The services are a duplication of physician, outpatient hospital, and clinic services from the approved Medicaid state plan.**
- **Urgent care visits are mapped to the ambulatory patient services EHB category. The services are a duplication of physician and clinic services from the approved Medicaid state plan.**
- **Weight loss programs are mapped to the ambulatory patient services EHB category. The services are a duplication of physician and clinic services from the approved Medicaid state plan.**

**MN SPA 17-0002**  
(Supersedes 16-0016, 13-0020)  
**Effective date:** January 1, 2017  
**Approval date:** 5/25/17
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:

Port wine stain removal services are mapped to the ambulatory patient services EHB category. The services are a duplication of physician and clinic services from the approved Medicaid state plan.

Base Benchmark Benefit that was Substituted: Other Practitioner Office Visit - duplication
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:

Other practitioner office visits are mapped to the ambulatory patient services EHB category. The services are a duplication of physician and clinic services from the approved Medicaid state plan.

Base Benchmark Benefit that was Substituted: Inpatient Physician and Surgical - duplication
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:

Inpatient physician and surgical services are mapped to the hospitalization services EHB category. The services are a duplication of inpatient hospital services from the approved Medicaid state plan.

Base Benchmark Benefit that was Substituted: Maternity and Postpartum Care - duplication
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:

Maternity and postpartum care are mapped to the maternity and newborn care services EHB category. The services are a duplication of physician services from the approved Medicaid state plan.

Base Benchmark Benefit that was Substituted: Mental/Behavioral Health Outpatient - duplication
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:

Mental/behavioral health outpatient services were mapped to the mental health and substance use disorder services including behavioral health treatment EHB category. The services are a duplication of outpatient mental/behavorial health services provided under the rehabilitative services benefit in the approved Medicaid state plan.

Base Benchmark Benefit that was Substituted: Substance Abuse Disorder Residential - duplication
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:

Substance abuse disorder residential services are mapped to the mental health and substance use disorder services including behavioral health treatment EHB category. The services are a duplication of residential substance use disorder services provided under the rehabilitative services benefit in the approved Medicaid state plan.

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(Supersedes 16-0016, 13-0020)
Effective date: January 1, 2017
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<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted:</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Habilitation Services - duplication</td>
<td>Base Benchmark</td>
</tr>
</tbody>
</table>

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

Habilitation services are mapped to the rehabilitative and habilitative services and devices EHB category. The service is a duplication of physical therapy, occupational therapy, and speech, language and hearing therapy services from the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted:</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental/Behavioral Health Residential - duplication</td>
<td>Base Benchmark</td>
</tr>
</tbody>
</table>

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:

Residential Mental/behavioral health services are mapped to the mental health and substance use disorder services including behavioral health treatment EHB category. The services are a duplication of residential and outpatient mental/behavioral health services provided under the rehabilitative services benefit in the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted:</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse Disorder Outpatient - duplication</td>
<td>Base Benchmark</td>
</tr>
</tbody>
</table>

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

Outpatient substance abuse disorder outpatient services are mapped to the mental health and substance use disorder services including behavioral health treatment EHB category. The services are a duplication of substance use disorder services provided under the rehabilitative services benefit in the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted:</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Aids - duplication</td>
<td>Base Benchmark</td>
</tr>
</tbody>
</table>

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

Hearing aid services were mapped to the rehabilitative and habilitative services and devices EHB category. The service is a duplication of durable medical supplies and equipment provided under the home health benefit in the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted:</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Testing - duplication</td>
<td>Base Benchmark</td>
</tr>
</tbody>
</table>

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

Diagnostic testing services were bundled with imaging services and mapped to the laboratory services EHB category. The bundled services are a duplication of lab and x-ray services from the approved Medicaid state plan.

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(Supersedes 16-0016, 13-0020)

Effective date: January 1, 2017
Approval date: 5/25/17
**Alternative Benefit Plan**

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted:</th>
<th>Source: Base Benchmark</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imaging - duplication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Diagnostic testing services were bundled with imaging services and mapped to the laboratory services EHB category. The bundled services are a duplication of lab and x-ray services from the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted:</th>
<th>Source: Base Benchmark</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Education - duplication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

Health education services are mapped to the preventive and wellness services and chronic disease management EHB category. The services are a duplication of preventive health services provided under the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted:</th>
<th>Source: Base Benchmark</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Trans. / Ambulance - duplication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Emergency transportation and ambulance services services are mapped to the emergency services EHB category. The services are a duplication of outpatient hospital services from the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted:</th>
<th>Source: Base Benchmark</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care - duplication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Preventive care, screenings, and immunization services are mapped to the preventive and wellness services and chronic disease management EHB category. The services are a duplication of preventive services from the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted:</th>
<th>Source: Base Benchmark</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospice Services - duplication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Hospice services are mapped to the ambulatory services EHB category. The services are a duplication of hospice services from the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted:</th>
<th>Source: Base Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Planning Services - duplication</td>
<td></td>
</tr>
</tbody>
</table>

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**MN SPA 17-0002**  
(Supersedes 16-0016, 13-0020)  
Effective date: January 1, 2017  
Approval date: 5/25/17
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:

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health Care Services - duplication</td>
<td>Base Benchmark</td>
</tr>
<tr>
<td>Emergency Hospital Services - duplication</td>
<td>Base Benchmark</td>
</tr>
<tr>
<td>Chiropractor - duplication</td>
<td>Base Benchmark</td>
</tr>
<tr>
<td>Medication Management - duplication</td>
<td>Base Benchmark</td>
</tr>
<tr>
<td>Durable Medical Equipment - duplication</td>
<td>Base Benchmark</td>
</tr>
</tbody>
</table>

Family planning services are mapped to the ambulatory services EHB category. The services are a duplication of family planning services from the approved Medicaid state plan.

Home health care services are mapped to the rehabilitative and habilitative services and devices EHB category. The services are a duplication of home health services from the approved Medicaid state plan.

Emergency hospital services are mapped to the emergency services EHB category. The services are a duplication of outpatient hospital services from the approved Medicaid state plan.

Chiropractor services are mapped to the ambulatory services EHB category. The services are a duplication of chiropractor services from the approved Medicaid state plan.

Medication management services were mapped to the mental health and substance use disorder services including behavioral health treatment EHB category. The service is a duplication of medication therapy management (OLP) services from the approved Medicaid state plan.

Durable medical equipment is mapped to the rehabilitative and habilitative services and devices EHB category. The services are a duplication of the home health medical supplies, equipment and supplies benefit in the approved Medicaid state plan.
### Alternative Benefit Plan

#### Delivery and Inpatient Care - duplication

**Source:** Base Benchmark

Delivery and inpatient care is mapped to the maternity and newborn care EHB category. The services are a duplication of the inpatient hospital services benefit in the approved Medicaid state plan.

### Prescription Drugs - duplication

**Source:** Base Benchmark

Prescription drugs are mapped to the prescription drugs EHB category. The services are a duplication of the prescribed drugs benefit in the approved Medicaid state plan.

### Nursing Facility - duplication

**Source:** Base Benchmark

Nursing facility rehabilitation stay benefits are mapped to the rehabilitative and habilitative services and devices EHB category. The services are a duplication of the nursing facilities benefit in the approved state plan.
<table>
<thead>
<tr>
<th>Base Benchmark Benefit not Included in the Alternative Benefit Plan:</th>
<th>Source: Base Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Eye Exam (Adult)</td>
<td></td>
</tr>
</tbody>
</table>

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

Routine eye exams for adults is excluded from the EHB under 45 CFR 156.115(d).
### Other 1937 Covered Benefits that are not Essential Health Benefits

<table>
<thead>
<tr>
<th>Other 1937 Benefit Provided:</th>
<th>Source:</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Dental</td>
<td>Section 1937 Coverage Option Benchmark Benefit Package</td>
<td></td>
</tr>
</tbody>
</table>

**Authorization:**
- Authorization required in excess of limitation

**Provider Qualifications:**
- Medicaid State Plan

**Amount Limit:**
- No

**Duration Limit:**
- None

**Scope Limit:**
- Adult dental services are generally limited to the prevention and amelioration of dental disease states.

**Other:**
- Certain services, such as bite wing x-rays, require authorization to provide services in excess of thresholds. Providers must seek authorization to provide bite wing x-rays in excess of one series per calendar year.

---

### Other 1937 Benefit Provided: ICF/IID Services

<table>
<thead>
<tr>
<th>Authorization:</th>
<th>Provider Qualifications:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Authorization</td>
<td>Medicaid State Plan</td>
</tr>
</tbody>
</table>

**Amount Limit:**
- None

**Duration Limit:**
- None

**Scope Limit:**
- Services provided within the scope of practice as defined under state law.

**Other:**
- Department authorization based on assessed need is required for all ICF/IID services.

---

### Other 1937 Benefit Provided: Podiatrist Services (OLP)

<table>
<thead>
<tr>
<th>Authorization:</th>
<th>Provider Qualifications:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization required in excess of limitation</td>
<td>Medicaid State Plan</td>
</tr>
</tbody>
</table>

**Amount Limit:**
- None

**Duration Limit:**
- None

**Scope Limit:**
- Services provided within the scope of practice as defined under state law.
### Alternative Benefit Plan

**Other:**

Debridement or reduction of pathological toenails and of infected or eczematized corns or calluses is limited to once every 60 days without authorization.

---

**Other 1937 Benefit Provided:**

**Freestanding Birth Centers**

**Source:**

Section 1937 Coverage Option Benchmark Benefit Package

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

None

**Duration Limit:**

None

**Scope Limit:**

Services provided within the scope of practice as defined under state law.

**Other:**

No authorization requirements.

---

**Other 1937 Benefit Provided:**

**Mental Health Targeted Case Management**

**Source:**

Section 1937 Coverage Option Benchmark Benefit Package

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

None

**Duration Limit:**

None

**Scope Limit:**

Services provided within the scope of practice as defined under state law.

**Other:**

Recipients must be diagnosed with severe and persistent mental illness, be referred for services by a medical professional or other interested party, and be determined eligible every 36 months by a county or tribal entity.

---

**Other 1937 Benefit Provided:**

**Private Duty Nursing**

**Source:**

Section 1937 Coverage Option Benchmark Benefit Package

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

None

**Duration Limit:**

None

---

**Effective date:** January 1, 2017

**Approval date:** 5/25/17

**MN SPA 17-0002**

(Supersedes 16-0016, 13-0020)
Scope Limit:
Services provided within the scope of practice as defined under state law.

Other:
Department authorization based on assessed need is required for all private duty nursing services.

Other 1937 Benefit Provided:

Personal Care Services

Authorization:
Prior Authorization

Amount Limit:
Yes

Scope Limit:
Services provided within the scope of practice as defined under state law.

Other:
Department authorization based on assessed need is required for all personal care attendant services.

Nursing Facility Services

Authorization:
Prior Authorization

Amount Limit:
None

Scope Limit:
Services provided within the scope of practice as defined under state law for long term stays.

Other:
Department authorization based on assessed need is required for all nursing facility admissions.

Dentures

Authorization:
Other

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Provider Qualifications:
Medicaid State Plan

Effective date: January 1, 2017
Approval date: 5/25/17
## Alternative Benefit Plan

<table>
<thead>
<tr>
<th>Amount Limit:</th>
<th>Duration Limit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

**Scope Limit:**

Services provided within the scope of practice as defined under state law.

**Other:**

Initial placement or replacement of removable dentures is limited to one time every six years for a recipient unless the dentures are misplaced, stolen or damaged due to circumstances beyond the recipient's control, or the dentures cannot be modified or altered to meet the client's dental needs.

---

### Other 1937 Benefit Provided: FQHC/RHC Services

**Source:** Section 1937 Coverage Option Benchmark Benefit Package

**Authorization:**

- Other

**Amount Limit:**

- None

**Scope Limit:**

Services provided within the scope of practice as defined under state law.

**Other:**

Some services may require authorization based on criteria consistently applied across all service categories and applicable to all providers of similar services.

---

### Other 1937 Benefit Provided: Routine Eye Exam (Adult)

**Source:** Section 1937 Coverage Option Benchmark Benefit Package

**Authorization:**

- Medicaid State Plan

**Amount Limit:**

- None

**Scope Limit:**

Services provided within the scope of practice as defined under state law.

**Other:**

No authorization requirements.

---

### Other 1937 Benefit Provided: Acupuncture Services (OLP)

**Source:** Section 1937 Coverage Option Benchmark Benefit Package

**Authorization:**

- Medicaid State Plan

**Amount Limit:**

- None

**Scope Limit:**

Services provided within the scope of practice as defined under state law.

---

**Source:**

- Medicaid State Plan

**Effective date:** January 1, 2017

**Approval date:** 5/25/17
### Alternative Benefit Plan

<table>
<thead>
<tr>
<th>Authorization:</th>
<th>Provider Qualifications:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization required in excess of limitation</td>
<td>Medicaid State Plan</td>
</tr>
</tbody>
</table>

**Amount Limit:**

- None

**Duration Limit:**

- None

**Scope Limit:**

- Services provided within the scope of practice as defined under state law.

**Other:**

- Acupuncture services in excess of 40 units requires authorization.

---

### Other 1937 Benefit Provided:

**Source:**

Section 1937 Coverage Option Benchmark Benefit Package

**Nurse Midwife**

<table>
<thead>
<tr>
<th>Authorization:</th>
<th>Provider Qualifications:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medicaid State Plan</td>
</tr>
</tbody>
</table>

**Amount Limit:**

- None

**Duration Limit:**

- None

**Scope Limit:**

- Services provided within the scope of practice as defined under state law.

**Other:**

- No authorization requirements.

---

### Other 1937 Benefit Provided:

**Source:**

Section 1937 Coverage Option Benchmark Benefit Package

**Eyeglasses**

<table>
<thead>
<tr>
<th>Authorization:</th>
<th>Provider Qualifications:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Authorization</td>
<td>Medicaid State Plan</td>
</tr>
</tbody>
</table>

**Amount Limit:**

- None

**Duration Limit:**

- None

**Scope Limit:**

- Services provided within the scope of practice as defined under state law.

**Other:**

- Certain vision therapies require authorization.
Other 1937 Benefit Provided:

<table>
<thead>
<tr>
<th>Child Welfare TCM</th>
<th>Section 1937 Coverage Option Benchmark Benefit Package</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Authorization:</strong></td>
<td>Remove</td>
</tr>
<tr>
<td>Prior Authorization</td>
<td>Medicaid State Plan</td>
</tr>
<tr>
<td>Amount Limit:</td>
<td>Duration Limit:</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Scope Limit:</strong></td>
<td></td>
</tr>
<tr>
<td>Services provided within the scope of practice as defined under state law.</td>
<td></td>
</tr>
<tr>
<td><strong>Other:</strong></td>
<td></td>
</tr>
<tr>
<td>Child welfare targeted case management services are available to individuals under the age of 21 with an assessed need.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relocation Service Coordination TCM</th>
<th>Section 1937 Coverage Option Benchmark Benefit Package</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Authorization:</strong></td>
<td>Remove</td>
</tr>
<tr>
<td>Other</td>
<td>Medicaid State Plan</td>
</tr>
<tr>
<td><strong>Amount Limit:</strong></td>
<td>Duration Limit:</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Scope Limit:</strong></td>
<td></td>
</tr>
<tr>
<td>Services provided within the scope of practice as defined under state law.</td>
<td></td>
</tr>
<tr>
<td><strong>Other:</strong></td>
<td></td>
</tr>
<tr>
<td>Relocation coordination services are provided to recipients residing in inpatient hospitals, nursing facilities, and intermediate care facilities for persons with intellectual disabilities (ICF/IID) who choose to move from an institution to the community.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vulnerable Adult TCM</th>
<th>Section 1937 Coverage Option Benchmark Benefit Package</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Authorization:</strong></td>
<td>Remove</td>
</tr>
<tr>
<td>Other</td>
<td>Medicaid State Plan</td>
</tr>
<tr>
<td><strong>Amount Limit:</strong></td>
<td>Duration Limit:</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Scope Limit:</strong></td>
<td></td>
</tr>
<tr>
<td>Services provided within the scope of practice as defined under state law.</td>
<td></td>
</tr>
<tr>
<td><strong>Other:</strong></td>
<td></td>
</tr>
<tr>
<td>Targeted case management services are provided to certain vulnerable adults not receiving services through...</td>
<td></td>
</tr>
</tbody>
</table>
Alternative Benefit Plan

<table>
<thead>
<tr>
<th>Other 1937 Benefit Provided</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Home Services</td>
<td>Section 1937 Coverage Option Benchmark Benefit Package</td>
</tr>
<tr>
<td>Authorization:</td>
<td>Provider Qualifications:</td>
</tr>
<tr>
<td></td>
<td>Medicaid State Plan</td>
</tr>
<tr>
<td>Amount Limit:</td>
<td>Duration Limit:</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Scope Limit:</td>
<td></td>
</tr>
<tr>
<td>Services provided within the scope of practice as defined under state law.</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>No authorization requirements.</td>
<td></td>
</tr>
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</table>
PRA Disclosure Statement

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V.20130808
Alternative Benefit Plan

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:

- [x] Managed care.
  - [x] 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.

See approved Section 1932(a) pages in Attachment 3.1-F for a description of the implementation plan.

MCO: Managed Care Organization

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

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

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

Identify the date the managed care program was approved by CMS: Mar 26, 2012
Describe program below:

Beneficiaries will receive coverage through a managed care organization as described in the state's approved Medicaid state plan. American Indians as defined in 25 U.S.C. 1603(c) will receive coverage through a managed care organization as described in the state’s MSC+ waiver approved on December 22, 2015.

Additional Information: MCO (Optional)
Provide any additional details regarding this service delivery system (optional):

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

☐ Traditional state-managed fee-for-service

☐ Services managed under an administrative services organization (ASO) arrangement

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.

Payments will be made in compliance with the state’s approved Medicaid state plan. Existing managed care service carve outs for child welfare targeted case management, targeted case management for vulnerable/developmentally disabled adults, relocation service coordination, ICF-DD services, nursing home services, abortion services, and services identified in an enrollee's individual education plan (IEP) will carry over and be reimbursed fee for service. During the 30 day managed care selection period, individuals will receive coverage via a fee for service delivery system.

Additional Information: Fee-For-Service (Optional)
Provide any additional details regarding this service delivery system (optional):

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