



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-CiJ

OMB Control Number: 09381148

Transmittal Number: WA - 23 - 2014

<b>Alternative Benefit Plan Populations</b>	<b>ABPI</b>
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Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

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

Eligibility Groups Included in the Alternative Benefit Plan Population:

Add	Eligibility Group:	Enrollment is mandatory or voluntary?	Remove
<b>Add</b>	<input type="text" value="Pregnant Women"/>	<input type="text" value="voluntary"/>	Remove
<b>Add</b>	<input type="text" value="Parents and Other Caretaker Relatives"/>	<input type="text" value="voluntary"/>	Remove
<b>Add</b>	<input type="text" value="Adult Group"/>	<input type="text" value="voluntary"/>	Remove
<b>Add</b>	<input type="text" value="Transitional Medical Assistance"/>	<input type="text" value="voluntary"/>	Remove
<b>Add</b>	<input type="text" value="Extended Medicaid Due to Earnings"/>	<input type="text" value="voluntary"/>	Remove
<b>Add</b>	<input type="text" value="Extended Medicaid due to Spousal Support Collections"/>	<input type="text" value="voluntary"/>	Remove
<b>Add</b>	<input type="text" value="SSI Beneficiaries"/>	<input type="text" value="voluntary"/>	Remove
<b>Add</b>	<input type="text" value="Medically Needy Pregnant Women"/>	<input type="text" value="voluntary"/>	Remove
<b>Add</b>	<input type="text" value="Medically Needy Aged, Blind or Disabled"/>	<input type="text" value="voluntary"/>	Remove
<b>Add</b>	<input type="text" value="Medically Needy Pregnant Women"/>	<input type="text" value="voluntary"/>	Remove
<b>Add</b>	<input type="text" value="Medically Needy Children under Age 18"/>	<input type="text" value="voluntary"/>	Remove
<b>Add</b>	<input type="text" value="Medically Needy Children Age 18 through 20"/>	<input type="text" value="voluntary"/>	Remove
<b>Add</b>	<input type="text" value="Former Foster Care Children"/>	<input type="text" value="voluntary"/>	Remove
<b>Add</b>	<input type="text" value="Non-working Disabled under 1619(b)"/>	<input type="text" value="voluntary"/>	Remove
<b>Add</b>	<input type="text" value="Poverty Level Aged or Disabled"/>	<input type="text" value="voluntary"/>	Remove
<b>Add</b>	<input type="text" value="optional State Supplement - 1634 States and SSI Criteria States with 1616 Agreements"/>	<input type="text" value="voluntary"/>	Remove
<b>Add</b>	<input type="text" value="Reasonable Classifications of Individuals under Age 21"/>	<input type="text" value="voluntary"/>	Remove
<b>Add</b>	<input type="text" value="Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash"/>	<input type="text" value="voluntary"/>	Remove



# Alternative Benefit Plan

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

No

**Targeting Criteria** (select all that apply):

- Income Standard.
- Disease/Condition/Diagnosis/Disorder.
- Disease/Condition/Diagnosis/Disorder
- Physical Disability
- Brain Injury
- HIV/AIDS
- Medically Frail
- Technology Dependent
- Autism
- Developmental Disability
- Intellectual Disability
- Mental Illness
- Substance Use Disorder
- Diabetes
- Heart Disease
- Asthma
- Obesity
- Other Disease/Condition/Diagnosis/Disorder

Other.

Other Targeting Criteria (Describe):

Adults age 21 and older with a diagnosis of diabetes and clients age 16 and older with a diagnosis of pregnancy. Washington Administrative Code (WAC) excludes: Family Planning Only and Take Charge programs under chapter 182-535.

**Geographic Area**

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

No

Select a method of geographic variation:

- By county.
- By region.
- By city or town.



# Alternative Benefit Plan

Other geographic area.

Specify counties:

Thmston, Spokane

Cowlitz,

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

Adults age 21 and older with a diagnosis of diabetes and clients age 16 and older with a diagnosis of pregnancy. Washington Administrative Code (WAC) excludes: Family Planning Only and Take Charge programs under chapter 182-535.

### PRA Disclosure Statement

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

V.20181119



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: WA - 23 - 2014

**Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act** **ABP2a**

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

Yes

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

Washington State's Medicaid State Plan includes the same coverage of the Essential Health Benefit (EHB) preventive services, including the federal definition of minimum coverage for the EHB.

### PRA Disclosure Statement

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V.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: WA - 23 - 2014

**Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under Section 1902(a)(10)(A)(i)(VIII) of the Act** **ABP2b**

These assurances must be made by the state/territory if the ABP Population includes any eligibility groups other than or in addition to the Adult eligibility group.

When offering voluntary enrollment in an Alternative Benefit Plan (Benchmark or Benchmark-Equivalent), prior to enrollment:

- The state/territory must inform the individual they are exempt and the state/territory must comply with all requirements related to voluntary enrollment.
- The state/territory assures it will effectively inform individuals who voluntary enroll of the following:
  - a) Enrollment is voluntary;
  - b) The individual may disenroll from the Alternative Benefit Plan at any time and regain immediate access to full standard state/territory plan coverage;
  - c) What the process is for disenrolling.
- The state/territory assures it will inform the individual of:
  - a) The benefits available under the Alternative Benefit Plan; and
  - b) The costs of the different benefit packages and a comparison of how the Alternative Benefit Plan differs from the approved Medicaid state/territory plan.

How will the state/territory inform individuals about voluntary enrollment? (Check all that apply.)

- Letter
- Email
- Other:

Describe:

Provide a copy of the letter, email text or other communication text that will be used to inform individuals about voluntary enrollment.

**An attachment is submitted.**

When did/will the state/territory inform the individuals?

Please describe the state/territory's process for allowing voluntarily enrolled individuals to disenroll.



# Alternative Benefit Plan

The state/territory assures it will document in the exempt individual's eligibility file that the individual:

- a) Was informed in accordance with this section prior to enrollment;
- b) Was given ample time to arrive at an informed choice; and
- c) Voluntarily and affirmatively chose to enroll in the Alternative Benefit Plan.

Where will the information be documented? (Check all that apply.)

- In the eligibility system.
- In the hard copy of the case record.
- Other:

What documentation will be maintained in the eligibility file? (Check all that apply.)

- Copy of correspondence sent to the individual.
- Signed documentation from the individual consenting to enrollment in the Alternative Benefit Plan.
- Other:

The state/territory assures that it will maintain data that tracks the total number of individuals who have voluntarily enrolled in an Alternative Benefit Plan and the total number who have disenrolled.

Other Information Related to Enrollment Assurance for Voluntary Participants (optional):

## PRA Disclosure Statement

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V.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: WA - 23 - 2014

## Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package ABP3

Select one of the following:

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

Name of benefit package:

### 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:

### Selection of Base Benchmark Plan



# Alternative Benefit Plan

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

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

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

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

Plan name:

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

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

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V.20160722





# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: WA - 23 - 2014

Alternative Benefit Plan Cost-Sharing	ABP4
<input checked="" type="checkbox"/> Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.	
Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise described in the state plan. Any such cost sharing must comply with Section 1916 of the Social Security Act.	
The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A.	<input type="text" value="No"/>
Other Information Related to Cost Sharing Requirements (optional):	
<div style="border: 1px solid black; height: 70px;"></div>	

### PRA Disclosure Statement

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# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WA - 23 - 2014

<b>Benefits Description</b>	<b>ABP5</b>
The state/territory proposes a "Benchmark-Equivalent" benefit package. <input type="text" value="No"/>	
<b>Benefits Included in Alternative Benefit Plan</b>	
Enter the specific name of the base benchmark plan selected:	
<input type="text" value="Regence Direct Gold +"/>	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."	
<input type="text" value="Secretary-Approved"/>	



# Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

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

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

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



# Alternative Benefit Plan

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

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

Benefit Provided:

Family planning

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

see below

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

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

Benefit Provided:

Home health care services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

2 nursing visits per day, 1 home health aide visit

Duration Limit:

No limit

Scope Limit:

See below

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

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

Benefit Provided:

Covers home-based services: skilled nursing servic

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

see below

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

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

Benefit Provided:

Other practitioners' services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

For some services

Duration Limit:

No limit

Scope Limit:

see below

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

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

Benefit Provided:

Outpatient hospital services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit



# Alternative Benefit Plan

Scope Limit:

See below

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

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

Benefit Provided:

Physicians' services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies by service

Duration Limit:

No limit on total number of visits

Scope Limit:

See below

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

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

Benefit Provided:

Source:

Remove

Authorization:

Yes

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

Add



# Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

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

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

Benefit Provided:	Source:	Remove
Outpatient hospital services: Urgent care centers	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limit	No limit	
Scope Limit:	Covers emergency services in the outpatient setting. Coverage includes facility-related professional services, diagnostics, treatment, and supplies. Some services may require retrospective authorization.	



# Alternative Benefit Plan

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

Add





# Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided:

Inpatient hospital services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

Coverage includes room and board and all ancillary services provided during dates of service, medical, surgical, and physical medicine and rehabilitation admissions. Prior authorization required for some scheduled procedures or reasons for admission.

Add



# Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

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

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

Add



# Alternative Benefit Plan

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

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

<b>Benefit Provided:</b> Rehab: Outpatient mental/behavioral health svcs	<b>Source:</b> State Plan 1905(a)	<input type="button" value="Remove"/>
<b>Authorization:</b> None	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> No limit	<b>Duration Limit:</b> No limit	
<b>Scope Limit:</b> These services are not provided through institutions of mental disease (IMDs)		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> Covers outpatient mental and behavioral health services including brief intervention treatment, crisis services, day support, family treatment, free-standing evaluation and treatment, group treatment services, high intensity services, individual treatment services, intake evaluation, medication management and monitoring, mental health services provided in a residential setting, peer support provided by enrolled peer counselors, psychological assessment, rehabilitation case management, specialized population evaluation, stabilization services and therapeutic psycho-education.  Practitioners provide services within their scope of practice as defined by state law.		

<b>Benefit Provided:</b> Rehab: Inpatient mental/behavioral health svcs	<b>Source:</b> State Plan 1905(a)	<input type="button" value="Remove"/>
<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> No limit	<b>Duration Limit:</b> No limit	
<b>Scope Limit:</b> See below		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> Covers inpatient hospital care for mental/behavioral health conditions. May require prior authorization or retroactive authorization for admissions and concurrent stay review to approve the length of stay.		

<b>Benefit Provided:</b> Rehab: Inpatient substance use disorder services	<b>Source:</b> State Plan 1905(a)	<input type="button" value="Remove"/>
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# Alternative Benefit Plan

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Some limits

Duration Limit:

No limit

Scope Limit:

These services are not provided through institutions of mental disease (IMDs)

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

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

Benefit Provided:

Rehab: Outpatient substance use disorder treatment

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

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

Add



# Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

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

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

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

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

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



# Alternative Benefit Plan

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

Collapse All

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

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

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

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

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

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

Benefit Provided:

Occupational therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

24 hour limit\*

Duration Limit:

No limit

Scope Limit:

See below

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

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

Benefit Provided:

Physical therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

24 unit limit\*

Duration Limit:

No limit

Scope Limit:

See below

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

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



# Alternative Benefit Plan

Benefit Provided:

Private duty nursing

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

Services provided in the client's home by licensed nurses within their scope of practice as defined by state law. Clients must require at least four continuous hours of skilled nursing care on a day-to-day basis. Services provide an alternative to institutionalization or nursing facility and are not intended to supplant or replace other means of providing the services. Prior authorization is required to assure medical necessity and that policy requirements are met.

Benefit Provided:

Speech, language, & hearing therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

6 unit limit\*

Duration Limit:

No limit

Scope Limit:

See below

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

Covers speech, language and hearing therapy in the home and outpatient setting. \*Limited to 6 units for clients age 21 and older only. Limitation extensions are allowed via prior authorization when medical necessity is demonstrated.

Benefit Provided:

Source:

Remove

Authorization:

Yes

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:





# Alternative Benefit Plan

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

Add



# Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:

Laboratory & radiology services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

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

Add



# Alternative Benefit Plan

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

Collapse All

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

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

Add



# Alternative Benefit Plan

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

Collapse All

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

No limit to services provided by qualified providers

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

Add



# Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



# Alternative Benefit Plan

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

Collapse All

Base Benchmark Benefit that was Substituted:

Acupuncture

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Chiropractic care: Adults-substitution

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Chiropractic care: Children - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Clinic services: Free-standing amb surgery - dup

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Cochlear implants: Adults - substitution

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Delivery and all inpatient services - duplication

Source:

Base Benchmark

Remove



# Alternative Benefit Plan

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

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

Base Benchmark Benefit that was Substituted:

Dental services: Children - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Diagnostic tests

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Dialysis - Duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Durable medical equipment - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Emergency medical transportation - duplication

Source:

Base Benchmark

Remove

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

Emergency Medical Transportation mapped to "Outpatient Hospital- Emergency Transportation.  
Emergency Medical Transportation mapped to "Outpatient Hospital- Emergency Transportation



# Alternative Benefit Plan

Ambulance" services under the "Emergency Services" EHB Category. This is a duplication of the Emergency Transportation Ambulance services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Emergency room services - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Eye glasses: Children - dupliction

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Family planning - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Habilitation services - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Home health care - duplication

Source:

Base Benchmark

Remove

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

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





# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Hospice services - Duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Hospital outpatient services - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Imaging - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Inpatient hospital services

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Inpatient and surgical physician services

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Rehab: Inpatient mental/behavioral health svcs-dup

Source:

Base Benchmark

Remove



# Alternative Benefit Plan

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

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

Base Benchmark Benefit that was Substituted:

Rehab:Outpatient mental/behavioral health svcs-dup

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Orthodontia services: Children - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Other practitioner office visits - duplication

Source:

Base Benchmark

Remove

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

Other practitioner office visits and care mapped to "Ambulatory Patient Services" EHB category. This is a duplication of the other licensed practitioner services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Outpatient rehabilitation services - duplication

Source:

Base Benchmark

Remove

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

Outpatient Rehabilitation Services mapped to "Physical Therapy", "Occupational Therapy" and "Speech,Language and Hearing Therapy" under the "Rehabilitative and Habilitative Services and Devices" EHB. This is a duplication of the physical, occupational and speech therapy services in the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Physician/Surgeon fee - duplication

Source:

Base Benchmark

Remove



# Alternative Benefit Plan

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

Physician/Surgeon Fee mapped to "Physician Services" under the "Ambulatory Patient Services" EHB category.

Base Benchmark Benefit that was Substituted:

Prenatal and postnatal care - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Prescription drugs - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Preventive care, screening, immunizations - dup

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Primary care & specialist visits - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Provider contraceptives - duplication

Source:

Base Benchmark

Remove

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

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



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Routine eye care: Children - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Routine foot care for diabetics - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Substance use disorder inpatient services - dup

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Urgent care - duplication

Source:

Base Benchmark

Remove

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

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

Add



# Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered Collapse All

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



# Alternative Benefit Plan

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

Collapse All

Other 1937 Benefit Provided:

1915(k) Community First Choice

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

12 months with redetermination

Scope Limit:

See below

Other:

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

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

Other 1937 Benefit Provided:

Federally Qualified Health Centers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

Free-standing birthing centers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit



# Alternative Benefit Plan

Scope Limit:

see below

Other:

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

Other 1937 Benefit Provided:

Health homes

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

ICF/IID services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

Non-emergency transportation

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove



# Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Per contract

Duration Limit:

Per contract

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

Nursing facility: Long-term care

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

Personal care services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

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





# Alternative Benefit Plan

Other 1937 Benefit Provided:

Program for All Inclusive Care to Elderly (PACE)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

Routine non-pediatric eye exam: Adult

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

One per year

Duration Limit:

No limit

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

Rural Health Centers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

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



# Alternative Benefit Plan

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

**Other 1937 Benefit Provided:**

Targeted case mgmt: Alcohol&other drug dependency

**Source:**

Section 1937 Coverage Option Benchmark Benefit Package

Remove

**Authorization:**

Prior Authorization

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

No limit

**Duration Limit:**

No limit

**Scope Limit:**

See below

**Other:**

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

**Other 1937 Benefit Provided:**

Targeted case mgmt: HIV/AIDS

**Source:**

Section 1937 Coverage Option Benchmark Benefit Package

Remove

**Authorization:**

Other

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

No limit

**Duration Limit:**

No limit

**Scope Limit:**

See below

**Other:**

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

**Other 1937 Benefit Provided:**

Targeted case mgmt: Infants & parents

**Source:**

Section 1937 Coverage Option Benchmark Benefit Package

Remove

**Authorization:**

Other

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

No limit

**Duration Limit:**

No limit

**Scope Limit:**

See Below



# Alternative Benefit Plan

Other:

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

Other 1937 Benefit Provided:

Targeted case mgmt: Non-English speaking

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

Targeted case mgmt: Vulnerable adults

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

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



# Alternative Benefit Plan

Other 1937 Benefit Provided:

Tobacco cessation counseling services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

4 counseling sessions per quit attempt

Duration Limit:

No limit

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

Coverage of routine patient cost in clinical trial

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

Medication Assisted Treatment (MAT) for OUD

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

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



# Alternative Benefit Plan

Other:

Other 1937 Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other:

Other 1937 Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other:

Add



# Alternative Benefit Plan

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

Collapse All

## PRA Disclosure Statement

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

V.20190808



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: WA - 23 - 2014

## Benefits Assurances ABP7

### EPSDT Assurances

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

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

- The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345).
- The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act.

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

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

Per 42 CFR 440.345, please describe how the additional benefits will be provided, how access to additional benefits will be coordinated and how beneficiaries and providers will be informed of these processes in order to ensure individuals have access to the full EPSDT benefit.

Indicate whether additional EPSDT benefits will be provided through fee-for-service or contracts with a provider:

- State/territory provides additional EPSDT benefits through fee-for-service.
- State/territory contracts with a provider for additional EPSDT services.

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

All benefits allowed for the pilot participants are available under EPSDT

### Prescription Drug Coverage Assurances

- The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.
- The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.
- The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.
- The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.



# Alternative Benefit Plan

## Other Benefit Assurances

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

## PRA Disclosure Statement

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

V.20160722





# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: WA - 23 - 2014

## Service Delivery Systems

ABP8

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

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

Select one or more service delivery systems:

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

## Managed Care Options

### Managed Care Assurance

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

### Managed Care Implementation

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

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

### MCO: Managed Care Organization

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

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

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



# Alternative Benefit Plan

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

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

Describe program below:

Apple Health's managed care program serves approximately 2.2 million enrollees. The plan provides services as required under their contract as well as care coordination. When a client is enrolled with a managed care plan, there are some services that are non-contracted ("carved out") and covered by the FFS plan in order to assure access to all the benefits and services in the State Plan. See attachment for the list of "carved out" services.

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

## #type# Procurement or Selection Method

Indicate the method used to select #type#s:

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

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

## Other MCO-Based Service Delivery System Characteristics

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

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

Add	Name	Description	Remove
<b>Add</b>	Gender dysphoria non-drug treatment	FFS	<b>Remove</b>
<b>Add</b>	Ambulance services including ground and air	FFS	<b>Remove</b>
<b>Add</b>	Antihemophiliac Blood Products	-Blood factors VII, VIII and IX and anti-inhibitor for Hemophilia or von Willebrand disease when distributed for administration in the Enrollee's home or other outpatient setting. FFS	<b>Remove</b>
<b>Add</b>	Chemical-Using pregnant (CUP) Women in program as described in WAC 182-533-0730 when provided by an HCA-approved CUP provider. Now named Substance Using Pregnant People (SUPP) program.	FFS	<b>Remove</b>
<b>Add</b>	Dental services	FFS	<b>Remove</b>
<b>Add</b>	Eye glass frames, lenses, and fabrication services	FFS	<b>Remove</b>
<b>Add</b>	Glasses	FFS	<b>Remove</b>



# Alternative Benefit Plan

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

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

## #type# Participation Exclusions

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

## General #type# Participation Requirements

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

- Mandatory participation.



# Alternative Benefit Plan

Voluntary participation. Indicate the method for effectuating enrollment:

Describe method of enrollment in MCOs:

**Additional Information: #type# (Optional)**

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

**PIHP: Prepaid Inpatient Health Plan**

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

Yes

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

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

Identify the date the managed care program was approved by CMS: June 16, 2023

Describe program below:

The subset of clients who would qualify for services through the PIHP are those who do not qualify for or who have the option to opt out of the full integrated managed care program, such as American Indian/Alaska Native (AI/AN). Only a small percentage of the ABP population would access services through the PIHP.

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

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

**#type# Procurement or Selection Method**

Indicate the method used to select #type#s:

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

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

**Other PIHP-Based Service Delivery System Characteristics**



# Alternative Benefit Plan

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

Yes

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

Add	Name	Description	Remove
Add	1915(k) Community First Choice	Provides Home and community-based attendant services and supports to eligible individuals who meet an institutional level of care that would be furnished in a hospital, a nursing home, an intermediate care facility for individuals with intellectual disabilities, and institution providing psychiatric services for individuals under age 21, or and institution for mental diseases for individuals age 65 and over, if the cost would be reimbursed under the State Plan. These services must be provided in a home or community-based setting that allows an individual to lead the most independent life in the most integrated community setting. Services are provided in accordance with benefit descriptions in Attachment 3.1-K, pages 2 - 6 of the Medicaid State Plan. Some activities include amount limitations that may be exceeded based on medical necessity. FFS	Remove
Add	Clinic services - Freestanding Ambulatory Surgery Centers	Covers outpatient surgeries in the free-standing ambulatory surgery center. Includes facility, related professional services, and supplies and equipment. Includes dental procedures when medically necessary. Prior authorization may be required for some procedures. FFS	Remove
Add	Clinical trials - routine patient cost	Effective 1/1/2022, coverage of routine patient cost for items and services as defined in section 1905(gg)(1) of the Act that are furnished in connection with participation in a qualified clinical trial that meets the definition at section 1905(gg)(2). A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3). MC or FFS	Remove
Add	Dental - Adults	Effective 1/1/2014, covers comprehensive dental services, including dentures. Some services require prior authorization. Services include diagnostics, preventive care, treatment, prosthodontics, and sedations. Limits on services can be exceeded through a limitation extension provided via prior authorization. FFS	Remove
Add	EPSDT	Pediatric services including hospice, concurrent and palliative care, oral, and vision care. FFS or MC	Remove
Add	Eye exam - adults	Comprehensive eye exam and vision examination by qualified practitioners. FFS or MC	Remove



# Alternative Benefit Plan

<b>Add</b>	FQHC	Provides a broad range of medical, dental ,and mental health services. Services provided in this setting may be subject to prior authorization per service descriptions in ABP and prior authorization to use the setting. FFS or MC	<b>Remove</b>
<b>Add</b>	Family Planning	Covers contraceptive services and supplies rendered by licensed health care professionals practicing within their scope of practice as defined by state law. FFS or MC	<b>Remove</b>
<b>Add</b>	Free-standing birthing centers	Covers birthing services rendered in a facility licensed under state law. No authorization required. FFS	<b>Remove</b>
<b>Add</b>	Free-standing kidney centers	Coverage includes dialysis in outpatient or home setting: hemodialysis; intermittent peritoneal dialysis; continuous ambulatory peritoneal dialysis; home helper services for home-based care; and treatment-related supplies. Limits on services can be exceeded through a limitation extension provided via prior authorization. FFS	<b>Remove</b>
<b>Add</b>	Habilitative services	Available to children and expansion-eligible adults only. Covers services in the home or in the outpatient setting. These are medically necessary services to assist the client in partially or fully attaining, learning, maintaining, or improving developmentally age-appropriate skills that were not fully acquired as a result of a congenital, genetic, or early-acquired health condition, and are required to maximize, to the extent possible, the client's ability to function in their environment. Limitation extension allowed via prior authorization when medical necessity is demonstrated. FFS or MC	<b>Remove</b>
<b>Add</b>	Health Homes	Provides health home services to covered adults and children who have a specified chronic condition, meet certain risk criteria, and reside in one of thirty-seven (37) counties, in order to improve health outcomes and reduce costs. Services are provided to assure the coordination and delivery of integrated medical, mental health, chemical dependency, long-term care and other community- based social services. No prior authorization is required. FFS or MC	<b>Remove</b>
<b>Add</b>	Home health services	Covers home-based services: skilled nursing services by licensed nurses and services provided by certified nurse's aides through a Medicare-certified home health agency, or a registered nurse when no home health agency exists in the area. Effective 5/19/2021, services must be ordered by a physician, physician assistant (PA), or advanced registered nurse practitioner (ARNP) as part of a written plan of care. Effective 1/1/2022, includes social worker services. Limits on services can be extended through a limitation extension provided via prior authorization. FFS or MC	<b>Remove</b>



# Alternative Benefit Plan

<b>Add</b>	Hospice services	Core services are provided directly by hospice agency staff or contracted through a hospice agency as necessary. FFS or MC	<b>Remove</b>
<b>Add</b>	Hospital inpatient services	Coverage includes room and board and all ancillary services provided during dates of service, medical, surgical, and physical medicine and rehabilitation admissions. Prior authorization required for some scheduled procedures or reasons for admission. FFS or MC	<b>Remove</b>
<b>Add</b>	Hospital inpatient maternity services	Covers prenatal services, delivery, and postpartum care as medically necessary. FFS or MC	<b>Remove</b>
<b>Add</b>	Hospital outpatient	Includes services rendered in the outpatient hospital setting. Prior authorization required for some outpatient FFS or MC	<b>Remove</b>
<b>Add</b>	Hospital outpatient emergency	Covers emergency services in the outpatient setting. Coverage includes facility, related professional services, diagnostics, treatment, and supplies. Some services may require retrospective authorization. FFS or MC	<b>Remove</b>
<b>Add</b>	Hospital outpatient - ER transport ambulance	Covers emergency transportation to an outpatient hospital setting for emergency care via ground or air ambulance FFS or MC	<b>Remove</b>
<b>Add</b>	Hospital outpatient - Urgent care centers	Covers emergency services in the outpatient setting. Coverage includes facility-related professional services, diagnostics, treatment, and supplies. Some services may require retrospective authorization. FFS or MC	<b>Remove</b>
<b>Add</b>	ICF/IID services	Covers comprehensive, individualized health care and rehabilitation services for clients who meet institutional level of care to promote the client's functional status and independence. FFS	<b>Remove</b>
<b>Add</b>	Laboratory & radiology services	Services are covered in outpatient and inpatient hospital settings, clinic/office setting, and the home setting. All outpatient advanced imaging procedures require prior authorization; some other diagnostic procedures, (e.g., genetic testing), require prior authorization. FFS or MC	<b>Remove</b>
<b>Add</b>	Medication Assisted Treatment (MAT) for OUD	Any limits may be exceeded with prior authorization. MAT is provided as defined in the approved state plan 3.1-A and 3.1-B pages. MAT is provided in accordance with 1905(a)(29) for the period beginning October 1, 2020, and ending September 30, 2025. FFS or MC	<b>Remove</b>
<b>Add</b>	Non-emergency transportation	Effective 10/1/2008, non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4). FFS or MC	<b>Remove</b>



# Alternative Benefit Plan

Add	Nursing facility - Long-term care	Nursing services for clients who meet institutional level of care criteria and require long-term care. Includes specialized add-on services as medically necessary to assist clients in achieving a higher functional level and independence to support their return to the community. FFS	Remove
Add	Nursing facility - skilled	Room and Board with skilled nursing and rehabilitation services, as well as for ventilator/tracheostomy care for clients of all ages. Admission requires authorization; client must meet level of care criteria for admission. FFS	Remove
Add	Occupational therapy	Covers occupational therapy in the home or outpatient setting. *Limited to 24 units for clients age 21 and older only. Limitation extensions are allowed via prior authorization when medical necessity is demonstrated. FFS or MC	Remove
Add	Other practitioners' services	<p>Services include those provided by other practitioners, limited to their scope of practice as defined by state law, such as advanced registered nurse practitioners, certified nurse anesthetists, chiropractors (for EPSDT only), counselors, dental hygienists, dentists, denturists, dietitians, licensed marriage and family therapists, licensed mental health counselors, licensed non-nurse midwives, licensed social workers, naturopathic physicians, opticians, optometrists, physician assistants, podiatrists, psychiatrists, psychologists, and therapy assistants.</p> <p>Effective 7/23/2017, dental health aide therapists (DHAT) under the supervision of a dentist within the scope of practice as defined under state law.</p> <p>Effective 1/1/2018, collaborative care services provided by licensed providers.</p> <p>Effective 7/1/2019, licensed emergency medical services providers for Treat and Refer services.</p> <p>Effective 11/1/2020, pharmacists, pharmacy interns, and pharmacy technicians.</p> <p>Effective 1/27/2021, lead behavior analysis therapists, (LBAT), licensed behavior analysts (LBA), and licensed assistant behavior analysts (LABA).</p> <p>Effective 1/1/2022, social work services provided to enhance the effectiveness of practitioner-ordered home health services provided by licensed social workers.</p> <p>Prior authorization required for some services rendered by these practitioners. Limits on services can be extended through an extension limitation via prior authorization. FFS or MC</p>	Remove
Add	PACE (Program for All Inclusive Care for Elderly)	Covers comprehensive, long-term State Plan-approved services on a fee-for-service basis: medical, mental health, and chemical dependency services. Provided through an interdisciplinary team of health care professionals to clients meeting a very specific criteria. These services enable the clients to remain at home rather than be admitted to a nursing facility. FFS	Remove





# Alternative Benefit Plan

<b>Add</b>	Personal Care Services	Covers physical or verbal assistance services provided to clients who have three activities of daily living (ADL) needs which require minimal assistance or one ADL requiring more than minimal assistance and result in functional limitations for the client. Examples: bathing, turning and repositioning, body care, dressing, eating, mobility, medication assistance, toileting, personal hygiene, nurse-delegated tasks, and self-directed treatment. FFS or MC	<b>Remove</b>
<b>Add</b>	Physical therapy	Covers physical therapy in the home or outpatient setting. *Limited to 24 units for clients age 21 and older only. Limitation extensions are allowed via prior authorization when medical necessity is demonstrated. FFS or MC	<b>Remove</b>
<b>Add</b>	Physicians' services	Covers services by a physician (primary care or specialist) within their scope of practice as defined by state law and provided in the patient's home, a hospital, a skilled nursing facility, or elsewhere, including via telemedicine. Services provided by optometrists (diagnosis and treatment of conditions of the eye, including the ordering and dispensing of materials such as contact lenses and low vision aids) are included under physician services. Some physician services require prior authorization. Limits on services can be extended through a limitation extension provided via prior authorization. FFS or MC	<b>Remove</b>
<b>Add</b>	Physicians' services - maternity and newborn	Coverage includes prenatal care, delivery, postnatal care, and newborn care provided in a hospital, freestanding birthing center, and ambulatory care setting within the scope of practice as defined by state law. FFS or MC	<b>Remove</b>
<b>Add</b>	Prescription drugs	Washington's ABP prescription drug benefit is the same as under the approved Medicaid State Plan for prescribed drugs. FFS or MC	<b>Remove</b>
<b>Add</b>	Preventive services	No limits to amount or duration and in alignment with 42 CFR 440.130(c), including Screening, Brief Intervention, and Referral to Treatment (SBIRT). Provided by state-licensed providers within their scope of practice. FFS or MC	<b>Remove</b>
<b>Add</b>	Private duty nursing	Services provided in the client's home by licensed nurses within their scope of practice as defined by state law. Clients must require at least four continuous hours of skilled nursing care on a day-to-day basis. Services provide an alternative to institutionalization or nursing facility and are not intended to supplant or replace other means of providing the services. Prior authorization is required to assure medical necessity and that policy requirements are met. FFS or MC	<b>Remove</b>
<b>Add</b>	Rural Health Centers	Covers a broad range of medical, dental and mental health services. Services provided in this setting may be subject to prior authorization per service descriptions in ABP and prior authorization to use the setting. FFS or MC	<b>Remove</b>



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<b>Add</b>	Speech, language, and hearing therapy	Covers speech, language and hearing therapy in the home and outpatient setting. *Limited to 6 units for clients age 21 and older only. Limitation extensions are allowed via prior authorization when medical necessity is demonstrated. FFS or MC	<b>Remove</b>
<b>Add</b>	Targeted Case Management - HIV/AIDS	Contracted service through the Department of Health. Covers case management services and assistance to clients to assure the client receives appropriate services and benefits; serves as a liaison with providers; links the client to formal and informal support systems; and assures access to support resources for the family. No authorization required. FFS	<b>Remove</b>
<b>Add</b>	Targeted Case Management - Infants and parents	Covers case management and assistance to infants and their parents or caregiver, from the time the infant is three months of age through the month of the child's first birthday. Services are aimed at assuring the parent has access to medical, social, educational, and other services needed by the child. Services are screening and assessment, plan development, referral, and link to needed services, and providing ongoing follow-up to conduct reassessment and assure the plan and interventions are current to the child's changing needs. No authorization required. FFS	<b>Remove</b>
<b>Add</b>	Targeted Case Management - Non-English speaking	Covers case management and assistance to clients who are age 16 and over who have limited English speaking skills, and are therefore unable to access information, obtain assistance or a job in order to become economically independent, unable to obtain required health and social services, and do not have family or friends to assist them. Services include: an assessment; information as to how to access needed services; and links to organizations that can assist the client and help the client receive appropriate benefits and services. No authorization required. FFS	<b>Remove</b>
<b>Add</b>	Case Management - Vulnerable adults	Covers case management and assistance to clients over age 18 who require multiple health or social service providers, are unable to obtain the required services themselves, do not have family or friends to assist them, and have at least a minimal need for assistance with one or more activities of daily living (ADL). This service is to assure clients receive appropriate services and benefits and receive assistance in accomplishing necessary tasks. This service serves as a liaison with providers, links to formal and informal support systems, and intervenes in emergency situations. No authorization required. FFS	<b>Remove</b>
<b>Add</b>	Tobacco Cessation Counseling	Covers services provided by a physician or under the supervision of a physician, to all clients including pregnant women, in an effort to support the client in the effort to stop smoking. FFS or MC	<b>Remove</b>



# Alternative Benefit Plan

<b>Add</b>	Transportation - non-emergency	Effective 10/1/2008, non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4). FFS or MC	<b>Remove</b>
<b>Add</b>	Gender dysphoria non-drug treatment	FFS	<b>Remove</b>
<b>Add</b>	Antihemophilic Blood Products	Blood factors VII, VIII and IX, anti-inhibitor, and all FDA approved products labeled with an indication for use in treatment of hemophilia and von Wille brand disease when distributed for administration in the enrollee's home or other outpatient setting. FFS	<b>Remove</b>
<b>Add</b>	Chemical-Using pregnant (CUP) Women in program as described in WAC 182-533-0730 when provided by an HCA-approved CUP provider. Now named Substance Using Pregnant People (SUPP) program.	FFS	<b>Remove</b>
<b>Add</b>	Eye glass frames, lenses, and fabrication services	Covered under HCA's selective contract for these services for children under age 21 (21), and associated fitting and dispensing services. FFS	<b>Remove</b>
<b>Add</b>	Glasses	FFS	<b>Remove</b>
<b>Add</b>	Health care services provided by a Neurodevelopmental Center recognized by the Department of Health	FFS	<b>Remove</b>
<b>Add</b>	Hemophilic products	Blood factors VII, VIII and IX, anti-inhibitor, and all FDA approved products labeled with an indication for use in treatment of hemophilia and von Wille brand disease when distributed for administration in the enrollee's home or other outpatient setting. FFS	<b>Remove</b>
<b>Add</b>	Immune modulators and antiretrovirals for the treatment of Hepatitis C	FFS	<b>Remove</b>
<b>Add</b>	Inpatient Hospital charges at Certified Public Expenditure (CPE) hospitals for Categorically Needy - Blind and Disabled identified by HCA	FFS	<b>Remove</b>
<b>Add</b>	Interpreter services	FFS	<b>Remove</b>
<b>Add</b>	Long-Term Inpatient Psychiatric Program in state-contracted facilities	FFS	<b>Remove</b>
<b>Add</b>	Maternity Support Services/Infant Case Management (First Steps program)	FFS	<b>Remove</b>
<b>Add</b>	Orthodontics	FFS	<b>Remove</b>
<b>Add</b>	Out-of-state residential intensive behavioral treatment centers	FFS	<b>Remove</b>



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<b>Add</b>	School-Based Health Care Services	For Children in Special Education with an Individualized Education Plan or Individualized Family Service Plan who have a disability, developmental delay or are diagnosed with a physical or mental condition. FFS	<b>Remove</b>
<b>Add</b>	Transportation services other than ambulance	Includes court-ordered. FFS	<b>Remove</b>
<b>Add</b>	Applied Behavior Analysis (ABA)	FFS or MC	<b>Remove</b>
<b>Add</b>	Hearing aids	FSS or MC	<b>Remove</b>
<b>Add</b>	Collaborative Care Model	FFS or MC	<b>Remove</b>
<b>Add</b>	Durable medical equipment including Hearing aids	FFS or MC	<b>Remove</b>
<b>Add</b>	Drugs - over-the-counter	FFS or MC	<b>Remove</b>
<b>Add</b>	Early elective induction (before 39 weeks)	FFS or MC	<b>Remove</b>
<b>Add</b>	Enteral and parenteral supplements and supplies including prescribed infant formula	FFS or MC	<b>Remove</b>
<b>Add</b>	Fitting prosthetic and orthotic devices	FFS or MC	<b>Remove</b>
<b>Add</b>	Genetic services other than prenatal diagnosis and genetic counseling, including testing, counseling, and laboratory services	FFS or MC	<b>Remove</b>
<b>Add</b>	Immunizations	FFS or MC	<b>Remove</b>
<b>Add</b>	Medical exams including adult wellness	FFS or MC	<b>Remove</b>
<b>Add</b>	Nutritional counseling	FFS or MC	<b>Remove</b>
<b>Add</b>	Private duty nursing for children age 17 and younger	FFS or MC	<b>Remove</b>
<b>Add</b>	Respiratory care	FFS or MC	<b>Remove</b>
<b>Add</b>	Screening, Brief Intervention, & Referral to Treatment (SBIRT)	FFS or MC	<b>Remove</b>
<b>Add</b>	Telemedicine	FFS or MC	<b>Remove</b>
<b>Add</b>	Transplants	FFS or MC	<b>Remove</b>



# Alternative Benefit Plan

<b>Add</b>	Habilitative services for children and expansion-eligible adults	Includes assistive technology, behavior support and consultation, community access, community guide, therapy, supported employment, transportation, and other services. FFS or MC	<b>Remove</b>
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PIHP service delivery is provided on less than a statewide basis.

## #type# Participation Exclusions

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

## General #type# Participation Requirements

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

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

Describe method of enrollment in PIHPs:

## Additional Information: #type# (Optional)

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

## PCCM: Primary Care Case Management

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

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

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

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

Describe program below:

The PCCM program is a care management program for Tribal providers who opt into the program where the State provides a nominal per-member-per-month (PMPM) amount for care coordination services only, provided through Tribal clinics and Urban Indian Health Organizations. All other services are provided through fee-for-service. American Indians/Alaska Natives (AI/AN) have a federal right to exempt themselves from Medicaid managed care, in part because Tribal clinics and Urban Indian Health Organizations already have the responsibility to manage the care of their AI/AN clients. In respect of this federal trust responsibility and of the relationship between Tribal clinics/Urban Indian Health Organizations and their clients, the State has offered the PCCM program through Tribal clinics and Urban Indian Health Organizations since it offered Medicaid managed care to non-AI/ANs. With a nominal monthly payment, the PCCM program supports care coordination by Tribal clinics and Urban Indian Health Organizations for clients who are not participating in Medicaid managed care and therefore not receiving care coordination from Medicaid managed care organizations.



# Alternative Benefit Plan

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

## #type# Procurement or Selection Method

Indicate the method used to select #type#s:

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

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

All Tribal clinics and Urban Indian Health Organizations are eligible to participate in the PCCM program, and may submit a contract request at any time.

## Other PCCM-Based Service Delivery System Characteristics

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

Yes

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

Add	Name	Description	Remove
<b>Add</b>	All services listed above.	See above program description	<b>Remove</b>

PCCM service delivery is provided on less than a statewide basis. No

## PCCM Payments

Specify how payment for services is handled:

- Per member/per month case management fee paid to PCCM provider.
- Other:

## Additional Information: #type# (Optional)

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

PCCM is voluntary and is not geographically limited and may be offered statewide. However, a Tribal provider may opt into the program. PCCM services are a program in which clients can voluntarily enroll if they live in an area where services are available.

## Fee-For-Service Options

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

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

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

The fee-for-service program (FFS) covers services for those members of New Adult section VIII group who are not enrolled in the Managed Care Organization program.  
Examples of clients remaining in fee-for-service are: those with third party coverage (another commercial health care coverage); those who qualify for the emergency undocumented alien coverage; and those who live in the counties where managed care enrollment is mandatory and have been approved to opt out of managed care. In addition, when a client is enrolled with a managed



# Alternative Benefit Plan

care plan, there are some services that are "carved out" and covered by the FFS plan in order to assure access to all the benefits and services in the State Plan. Chemical dependency services are also offered to clients on a FFS basis in all parts of the state. Reimbursement methodologies for services are those approved in the State Plan Attachment 4.

## Additional Information: Fee-For-Service (Optional)

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

### PRA Disclosure Statement

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

V.20181119



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: WA - 23 - 2014

## Employer Sponsored Insurance and Payment of Premiums ABP9

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

The state/territory otherwise provides for payment of premiums.

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

For a Medicaid client who receives coverage in a health plan in the individual market through the state's approved Medicaid State Plan that provides premium assistance under section 1905(a) and regulations codified at 42 CFR §435.1015, the state assures that the Medicaid client will receive a benefit package that includes a wrap around of benefits in the individual market health plan that equals the benefit package to which the client is entitled. The client will not be responsible for payment of premiums or other cost sharing that exceeds nominal levels as established at 42 CFR part 447 subpart A.

### PRA Disclosure Statement

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

V.20160722





# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: WA - 23 - 2014

## General Assurances ABP10

### Economy and Efficiency of Plans

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

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

### Compliance with the Law

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

### PRA Disclosure Statement

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

V.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: WA - 23 - 2014

## Payment Methodology ABP11

### Alternative Benefit Plans - Payment Methodologies

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

**An attachment is submitted.**

### PRA Disclosure Statement

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

V.20160722