
Table of Contents

State/Territory Name: Washington

State Plan Amendment (SPA) #: 14-0009

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

MAY 13 2014

Dorothy Frost Teeter, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
Post Office Box 45502
Olympia, Washington 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 14-0009-ABP (MMDL WA.0800R00.00)

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 14-0009-ABP. This SPA defines the new Alternative Benefit Package (ABP) for the new adult expansion group.

This SPA is approved effective January 1, 2014.

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

If you have any additional questions concerning this SPA or require further assistance, please contact me or have your staff contact Maria Garza at 206-615-2542 or Maria.Garza@cms.hhs.gov.

Sincerely,

A large black rectangular redaction box covers the signature area, obscuring the name and any handwritten notes or dates.

Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:

Ann Myers, SPA Coordinator
Jason Frandson, CMS Baltimore Office

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: Washington

Transmittal Number:

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

WA 14-0009

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 440.315

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

Alternative Benefit Plan

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Exempt

Signature of State Agency Official

Submitted By: Ann Myers
 Last Revision Date: May 9, 2014
 Submit Date: Mar 12, 2014

DATE RECEIVED : March 12, 2014	DATE APPROVED:
PLAN APPROVED-ONE COPY ATTACHED	
EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2014	SIGNATURE OF REGIONAL OFFICIAL: /s/
TYPED NAME Carol J.C. Peveryly	TITLE Associate Regional Administrator Division of Medicaid & Children's Health



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1 - - L

Alternative Benefit Plan Populations **ABP1**

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

Alternative Benefit Plan Population Name:

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

Eligibility Groups Included in the Alternative Benefit Plan Population:

	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	Adult Group	Mandatory	X

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

Geographic Area

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

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

PRA Disclosure Statement

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

V.20130917

TN NO: 14-0009

ABP1

Approval Date: 05/13/14

Washington

Effective Date: January 1, 2014



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1 - - L

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 EHB preventive services, including the federal definition of minimum coverage for the Essential Health Benefit. A state plan amendment is being submitted to sections 3.1-A and B to revise the scope of 1905(a) preventive services, address mental health parity, and provide other benefits authorized by the Washington State legislature (dental coverage, naturopathic services.)

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.20130917

TN NO: 14-0009
Washington

ABP2a

Approval Date: 05/13/14
Effective Date: January 1, 2014



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1 - **L**

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:

All benefits in the recently revised State Plan Amendment (approvals for revisions that reflect necessary changes were completed by 04/01/2014) are covered in the Alternative Benefit Plan.

Habilitation services beyond those found in the State Plan are being provided in this ABP.



Alternative Benefit Plan

Selection of Base Benchmark 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.

The Base Benchmark Plan for the Medicaid ABP is the same plan selected for the Washington State Health Benefit Exchange Qualified Health Plan base benchmark.

PRA Disclosure Statement

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V.20130917

TN NO: 14-0009

ABP3

Approval Date: 05/13/14

Washington

Effective Date: January 1, 2014



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1 - - L

Alternative Benefit Plan Cost-Sharing

ABP4

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

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

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

No

Other Information Related to Cost Sharing Requirements (optional):

PRA Disclosure Statement

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

V.20130917

TN NO: 14-0009

ABP4

Approval Date: 05/13/14

Washington

Effective Date: January 1, 2014



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1 - - L

Benefits Description	ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit package. <input type="checkbox"/> No	
Benefits Included in Alternative Benefit Plan	
Enter the specific name of the base benchmark plan selected:	
<input type="text" value="Regence Innova - largest plan in the state's small group market and the same benchmark as used by Washington State's Exchange."/>	
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."/>	

TN NO: 14-0009

ABP5

Approval Date: 05/13/14

Washington

Effective Date: January 1, 2014



Alternative Benefit Plan

Essential Health Benefit 1: Ambulatory patient services Collapse All

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

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:

This benefit includes all services rendered in the outpatient hospital setting. Coverage includes facility, treatment, supplies and all other related professional services performed with in the scope of the licensed professional. Prior authorization required for some outpatient surgeries or diagnostics done in this setting.

Benefit Provided:

Physicians' Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 office visit per day per physician

Duration Limit:

No limit in 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 specialists- within their scope of practice as defined by state law and provided in the patient's home, hospital, or skilled nursing facility, or elsewhere. Services provided by Optometrists (diagnosis and treatment of condition of the eye including the ordering and dispensing of materials such as contact lenses, and low vision aids) are also included under physician services. Some physician services require prior authorization. Any limitations can be extended with a limitation extension provided via prior authorization.

Benefit Provided:

Home Health Care Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit: Nursg visits limited to 2 per day;		Duration Limit: No Limit		Remove
Scope Limit: See below				
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 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. Any limitations can be extended with a limitation extension provided via prior authorization.				
Benefit Provided: Hospice Care		Source: State Plan 1905(a)		Remove
Authorization: None		Provider Qualifications: Medicaid State Plan		
Amount Limit: No Limits		Duration Limit: 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 home-based services by a State Department of Health, Medicare Title XVIII certified hospice agency with staff that are licensed or certified health care professionals (physicians, registered nurses, licensed practical nurses, social workers)as required by state law. Covers two (2) 90-day election periods followed by an unlimited number of 60-day election periods. A client or client's authorized representative must sign an election statement to initiate or reinstate an election period of hospice care. Patients can continue to receive hospice care as long as they remain under the care of an hospice agency and do not revoke the election. Coverage includes inpatient care in hospital, hospice care center and skilled nursing facility for general treatment or respite care. Concurrent care is available with hospice for children 20 and under; prior authorization only required for curative treatment.				
Benefit Provided: Clinic Services-Free Standing Kidney Centers		Source: State Plan 1905(a)		
Authorization: Authorization required in excess of limitation		Provider Qualifications: Medicaid State Plan		



Alternative Benefit Plan

Amount Limit: Treatment limits depending on type of dialysis	Duration Limit: No Limits	Remove
Scope Limit: See below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Coverage includes dialysis in outpatient or home setting; hemodialysis, intermittent peritoneal dialysis, continuous ambulatory peritoneal dialysis; home helper services for home based care; treatment related supplies. Any limitations can be extended with a limitation extension provided via prior authorization.		
Benefit Provided: Other Licensed Practitioner Services	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: For some services	Duration Limit: 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: Services provided under this benefit include those provided by other practitioners such as Advanced Registered Nurses, Physician Assistants, psychologists, licensed mental health counselors, licensed social workers, licensed marriage and family therapists, certified nurse anesthetists, dentists, denturists, dental hygienists, dietitians, nutritionists, radiological technicians, opticians, licensed non-nurse midwives, all limited to scope of practice by state law. Prior authorization required for some services rendered by these practitioners and any limits on services can be extended through an extension limitation via prior authorization.		
Benefit Provided: Clinic Services- Free Standing Ambulatory Surgery	Source: State Plan 1905(a)	
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: No Limits	Duration Limit: No Limits	
Scope Limit: Cover outpatient surgeries in the free standing ambulatory center; includes facility, related professional		



Alternative Benefit Plan

services, supplies and equipment. Prior authorization may be required for some procedures.

Remove

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

Benefit Provided:

Outpatient Hospital Services- Diabetes Education

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

6 hours per calendar year

Duration Limit:

Scope Limit:

Covers medically necessary diabetes education by qualified diabetes educators as determined by the Washington State Department of Health. Limits on services can be exceeded through an extension limitation via prior authorization.

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

Benefit Provided:

Family Planning

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

Scope Limit:

Covers contraceptive services and supplies rendered by licensed health care professionals practicing within their scope 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:

Benefit Provided:

Dental- Adult

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:	Duration Limit:	<input type="button" value="Remove"/>
<input type="text" value="Some Limits"/>	<input type="text"/>	
Scope Limit:		
<input type="text" value="Covers comprehensive dental services, including dentures. Some services require prior authorization. Limits on services can be exceeded through an extension limitation via prior 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"/>		
		<input type="button" value="Add"/>

TN NO: 14-0009

ABP5

Approval Date: 05/13/14

Washington

Effective Date: January 1, 2014



Alternative Benefit Plan

Essential Health Benefit 2: Emergency services

Collapse All

Benefit Provided:

Outpatient Hospital Services - Emergency

Source:

State Plan 1905(a)

Remove

Authorization:

Retroactive Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limits

Duration Limit:

No Limits

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:

Benefit Provided:

Outpatient Hospital - ER Transportation Ambulance

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

Covers emergency transportation to 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:

Benefit Provided:

Outpatient Hospital- Urgent Care Centers

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No 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:

Remove

Add

TN NO: 14-0009

ABP5

Approval Date: 05/13/14

Washington

Effective Date: January 1, 2014



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 3: Hospitalization		Collapse All <input type="checkbox"/>
Benefit Provided: Inpatient Hospital Services	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
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, e.g. bariatric surgery.		
Benefit Provided: Inpatient Physician Services	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: No Limit	Duration Limit: No Limit	
Scope Limit: Prior authorization required for some scheduled procedures or reasons for admission, e.g. bariatric surgery.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 4: Maternity and newborn care	Collapse All <input type="checkbox"/>															
<table style="width: 100%; border: none;"><tr><td style="width: 45%; border: none;">Benefit Provided: <input style="width: 95%;" type="text" value="Physician Services - Maternity and Newborn"/></td><td style="width: 35%; border: none;">Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/></td><td style="width: 20%; border: none; text-align: center;"><input type="button" value="Remove"/></td></tr><tr><td style="border: none;">Authorization: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;">Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/></td><td style="border: none;"></td></tr><tr><td style="border: none;">Amount Limit: <input style="width: 95%;" type="text" value="No Limits"/></td><td style="border: none;">Duration Limit: <input style="width: 95%;" type="text" value="No Limits"/></td><td style="border: none;"></td></tr><tr><td colspan="3" style="border: none;">Scope Limit: <input style="width: 95%;" type="text" value="Coverage includes prenatal care, delivery, postnatal care and newborn care provided in hospital, free standing birthing center, and ambulatory care setting within scope of practice as defined by state law."/></td></tr><tr><td colspan="3" style="border: none;">Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%;" type="text"/></td></tr></table>		Benefit Provided: <input style="width: 95%;" type="text" value="Physician Services - Maternity and Newborn"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>	Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>		Amount Limit: <input style="width: 95%;" type="text" value="No Limits"/>	Duration Limit: <input style="width: 95%;" type="text" value="No Limits"/>		Scope Limit: <input style="width: 95%;" type="text" value="Coverage includes prenatal care, delivery, postnatal care and newborn care provided in hospital, free standing birthing center, and ambulatory care setting within 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 style="width: 95%;" type="text"/>		
Benefit Provided: <input style="width: 95%;" type="text" value="Physician Services - Maternity and Newborn"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>														
Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>															
Amount Limit: <input style="width: 95%;" type="text" value="No Limits"/>	Duration Limit: <input style="width: 95%;" type="text" value="No Limits"/>															
Scope Limit: <input style="width: 95%;" type="text" value="Coverage includes prenatal care, delivery, postnatal care and newborn care provided in hospital, free standing birthing center, and ambulatory care setting within scope of practice as defined by state law."/>																
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<table style="width: 100%; border: none;"><tr><td style="width: 45%; border: none;">Benefit Provided: <input style="width: 95%;" type="text" value="Inpatient Hospital Services- Maternity"/></td><td style="width: 35%; border: none;">Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/></td><td style="width: 20%; border: none; text-align: center;"><input type="button" value="Remove"/></td></tr><tr><td style="border: none;">Authorization: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;">Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/></td><td style="border: none;"></td></tr><tr><td style="border: none;">Amount Limit: <input style="width: 95%;" type="text" value="No Limit"/></td><td style="border: none;">Duration Limit: <input style="width: 95%;" type="text" value="No Limit"/></td><td style="border: none;"></td></tr><tr><td colspan="3" style="border: none;">Scope Limit: <input style="width: 95%;" type="text" value="Covers prenatal services, delivery and post-partum as medically necessary"/></td></tr><tr><td colspan="3" style="border: none;">Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%;" type="text"/></td></tr></table>		Benefit Provided: <input style="width: 95%;" type="text" value="Inpatient Hospital Services- Maternity"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>	Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>		Amount Limit: <input style="width: 95%;" type="text" value="No Limit"/>	Duration Limit: <input style="width: 95%;" type="text" value="No Limit"/>		Scope Limit: <input style="width: 95%;" type="text" value="Covers prenatal services, delivery and post-partum 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 style="width: 95%;" type="text"/>		
Benefit Provided: <input style="width: 95%;" type="text" value="Inpatient Hospital Services- Maternity"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>														
Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>															
Amount Limit: <input style="width: 95%;" type="text" value="No Limit"/>	Duration Limit: <input style="width: 95%;" type="text" value="No Limit"/>															
Scope Limit: <input style="width: 95%;" type="text" value="Covers prenatal services, delivery and post-partum 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 style="width: 95%;" type="text"/>																
<input type="button" value="Add"/>																



Alternative Benefit Plan

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

Collapse All

Benefit Provided:

Rehab: Outpatient Mental/Behavioral Health Srvc

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limits

Duration Limit:

No Limits

Scope Limit:

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

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

Covers outpatient mental/behavioral health services including, brief intervention treatment, crisis services, day support, family treatment, free standing evaluation & treatment, group treatment services, high intensity services, individual treatment services, intake evaluation, medication management and monitoring, peer support, psychological assessment, rehabilitation case management, specialized population evaluation, stabilization services and therapeutic psycho-education.

These services also include mental health services provided in a residential setting: A specialized form of rehabilitation service (non-hospital)/non-IMD) for individuals that do not meet hospital admission criteria. This service is provided in residential settings that are considered the individual's home (e.g., boarding homes, supported housing, cluster housing, SRO apartments) for extended hours to provide direct mental health care to a Medicaid enrollee. The therapeutic interventions may be individual and group and include medication management and monitoring. The treatment is not for the purpose of providing custodial care or respite, nor is the sole purpose of increasing social activity. This service does not include the costs for room and board, custodial care and medical services.

Practitioners provide services as defined by state law.

Benefit Provided:

Rehab: Inpatient Mental/Behavioral Health Srvc

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

No Limitation

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 inpatient hospital care for mental health conditions. Requires prior authorization for admissions and



Alternative Benefit Plan

<input type="text" value="concurrent stay review to approve length of stay."/>		<input type="button" value="Remove"/>
Benefit Provided: <input type="text" value="Rehab: Outpatient Chemical Dependency Treatment"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="No Limits"/>	Duration Limit: <input type="text" value="No Limits"/>	
Scope Limit: <input type="text" value="See below"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Covers screening, diagnostic evaluation, face-to-face individual and group counseling using therapeutic techniques. OST, urinalysis screens, case management, and OST. Counseling must be provided by certified chemical dependency counselors. To receive these services client's need to have been diagnosed with a substance use disorder based on DSM IV or V. Patient placement is based in ASAM patient placement criteria."/>		
Benefit Provided: <input type="text" value="Rehab: Inpatient/Residential Alcohol & Drug Trtmt"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="Some Limits"/>	Duration Limit: <input type="text" value="No Limits"/>	
Scope Limit: <input type="text" value="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: <input type="text" value="Covers screening, detoxification and counseling in certified facilities. To receive these services client's need to have been diagnosed with a substance use disorder based on DSM IV or V. Patient placement is based in ASAM patient placement criteria. Inpatient care by practitioners practicing in their scope as defined by state law; counseling must be provided by certified chemical dependency counselors. Any limitations can be extended with a limitation extension provided via prior authorization."/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

Essential Health Benefit 6: Prescription drugs

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

- 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

Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

Home Health Services: Medical Equipment & Supplies

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Yes 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 and supplies for use in the home; This includes devices; appliances; prosthetics; orthotics; oxygen and respiratory therapy equipment; home infusion-parenteral equipment and supplies; medical nutrition and related supplies and services provided by a licensed/certified dietitian. Limitation extension on those services with a amount limit via prior authorization.

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 on the home or outpatient setting. *Limited to 24 units for clients 21 yrs of age and older only. Limitation extension via prior authorization when medical necessity is demonstrated.

Benefit Provided:

Occupational Therapy

Source:

State Plan 1905(a)

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

24 Unit limitation*

Duration Limit:

No Limit



Alternative Benefit Plan

Scope Limit:

See below

Remove

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

Covers occupational therapy on the home or outpatient setting. *Limited to 24 units for clients 21 yrs of age and older only- Limitation extension via prior authorization when medical necessity is demonstrated.

Benefit Provided:

Speech, Language and Hearing Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

6 Unit limitation*

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 21 yrs of age and older only. Limitation extension via prior authorization when medical necessity is demonstrated.

Benefit Provided:

Nursing Facility - Skilled

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No Limit

Scope Limit:

Room and Board with skilled nursing and rehab 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.

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

Benefit Provided:

Habilitative Services- PT, OT and Speech Therapy

Source:

Base Benchmark Small Group



Alternative Benefit Plan

Authorization: Authorization required in excess of limitation	Provider Qualifications: Medicaid State Plan	Remove
Amount Limit: 24U each physical and occupational thy; 6U Speech	Duration Limit: 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 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 developmental- 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 his or her environment. Limitation extension via prior authorization when medical necessity is demonstrated.		
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 by licensed nurses within their scope as defined by state law in the client's home. Client 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.		
		Add



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 8: Laboratory services		Collapse All <input type="checkbox"/>
Benefit Provided:	Source:	
<input type="text" value="Laboratory and Radiology services"/>	<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="Prior Authorization"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="No"/>	<input type="text" value="No Limit"/>	
Scope Limit:		
<input type="text" value="See below"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text" value="Services are covered in outpatient and inpatient hospital setting, clinic/office setting, and home setting. All advanced imaging procedures require prior authorization; some other diagnostic procedures, e.g. genetic testing, require prior authorization"/>		
		<input type="button" value="Add"/>

TN NO: 14-0009

ABP5

Approval Date: 05/13/14

Washington

Effective Date: January 1, 2014



Alternative Benefit Plan

Essential Health Benefit 9: 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 Limits

Duration Limit:

No Limits

Scope Limit:

As described above

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

<input checked="" type="checkbox"/> Essential Health Benefit 10: Pediatric services including oral and vision care		Collapse All <input type="checkbox"/>
Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Prior Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="No Limit"/>	Duration Limit: <input type="text" value="No Limit"/>	
Scope Limit: <input type="text"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
<input type="button" value="Add"/>		

TN NO: 14-0009

ABP5

Approval Date: 05/13/14

Washington

Effective Date: January 1, 2014



Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All

TN NO: 14-0009

ABP5

Approval Date: 05/13/14

Washington

Effective Date: January 1, 2014



Alternative Benefit Plan

<input checked="" type="checkbox"/>	Base Benchmark Benefits Not Covered due to Substitution or Duplication	Collapse All <input type="checkbox"/>
<hr/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Hospital Outpatient Services - Duplication"/>	Source: Base Benchmark	<input type="button" value="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:		
<input style="width: 95%;" type="text" value="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 from the existing State Medicaid Plan."/>		
<hr/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Primary Care and Specialist Visits - Duplication"/>	Source: Base Benchmark	<input type="button" value="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:		
<input style="width: 95%;" type="text" value="Primary care and specialist care bundled and mapped to 'Physician Services' under 'Ambulatory Patient Services' EHB category. This is a duplication of services physician services from existing Washington State Medicaid Plan."/>		
<hr/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Physician/Surgeon Fee - Duplication"/>	Source: Base Benchmark	<input type="button" value="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:		
<input style="width: 95%;" type="text" value="Physician/Surgeon Fee mapped to 'Physician Services' under the 'Ambulatory Patient Services' EHB category."/>		
<hr/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Hospice Service - Duplication"/>	Source: Base Benchmark	<input type="button" value="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:		
<input style="width: 95%;" type="text" value="Hospice Services mapped to 'Ambulatory Patient Services' EHB category. This is a duplication of the hospice care services from the existing State Medicaid plan."/>		
<hr/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Home Health Care - Duplication"/>	Source: Base Benchmark	<input type="button" value="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:		
<input style="width: 95%;" type="text" value="Home health care is mapped to 'Ambulatory Patient Services' EHB category. This is duplication of of home health care services from existing State Medicaid plan."/>		
<hr/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Other Practitioner Office Visits - Duplication"/>	Source: Base Benchmark	



Alternative Benefit Plan

<p>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:</p> <p>Other practitioner office visits and care mapped to "Ambulatory Patient Services" EHB category. This is a duplication of the other licensed practitioner service from the existing State Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Provider Contraceptives - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>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:</p> <p>Provider Contraceptives mapped to "Physician Services" under the "Ambulatory Patient Services" EHB category. This is a duplication of physician's services in existing State Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Routine Foot Care for Diabetics - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>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:</p> <p>Routine Foot Care for Diabetics mapped to "Physician Services" and "Other Licensed Practitioners" under the "Ambulatory Patient Services" EHB. This is a duplication of physician's service from the existing State Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Dialysis - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>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:</p> <p>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 service from the existing State Medicaid Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Emergency Room Services - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>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:</p> <p>Emergency Room services mapped to "Outpatient Hospital Services - Emergency" under the "Emergency Services" EHB Category. This is a duplication of the outpatient hospital service from the existing State Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Emergency Medical Transportation - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>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:</p> <p>Emergency Medical Transportation mapped to "Outpatient Hospital- Emergency Transportation Ambulance" services under the "Emergency Services" EHB Category. This is a duplication service from the Emergency Transportation Ambulance services in existing State Medicaid plan.</p>	<p>Remove</p>



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Urgent Care - Duplication"/>	Source: Base Benchmark	<input type="button" value="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: <input type="text" value="Urgent care services in this setting are mapped to 'Emergency Services' EHB category. This is a duplication of Outpatient Hospital - Urgent Care in existing State Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient and Surgical Physician Services"/>	Source: Base Benchmark	<input type="button" value="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: <input type="text" value="Inpatient and Surgical Physician Services mapped to 'Inpatient Physician's Services' under the 'Hospitalization' EHB. This is a duplication service from the existing State Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient Hospital Services - Duplication"/>	Source: Base Benchmark	<input type="button" value="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: <input type="text" value="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 service from the existing State Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Prenatal and Postnatal Care - Duplication"/>	Source: Base Benchmark	<input type="button" value="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: <input type="text" value="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 service from the Maternity and Newborn Care service existing State Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Delivery and all Inpatient Services - Duplication"/>	Source: Base Benchmark	<input type="button" value="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: <input type="text" value="Delivery and all inpatient services mapped to 'Inpatient Hospital Services- Maternity' under the 'Maternity an Newborn care' EHB. This is a duplication of the Inpatient Hospital Services- Maternity service in the existing State Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Mental/Behavioral Health Inpatient Services - Dup."/>	Source: Base Benchmark	



Alternative Benefit Plan

<p>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:</p> <p>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 service from the existing State Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Substance Use Disorder Inpatient Services - Dup.</p> <p>Source:</p> <p>Base Benchmark</p> <p>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:</p> <p>Substance Use Disorder Inpatient Services mapped to "Rehab:Inpatient Alcohol and Drug Treatment services" under the "Mental health and substance use disorder services, including behavioral health treatment" EHB. This is a duplication service from the existing State Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Mental/Behavioral Health OP Services - Dup.</p> <p>Source:</p> <p>Base Benchmark</p> <p>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:</p> <p>Mental/Behavioral Health OP Services mapped to "Rehab: Outpt. Mental/Behavioral Health Services" under the "Mental health and substance use disorder services, including behavioral health treatment" EHB. This is a duplication service from the existing State Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Substance Use Disorder Outpatient Services - Dup.</p> <p>Source:</p> <p>Base Benchmark</p> <p>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:</p> <p>Substance Use Disorder Outpatient Services mapped to "Rehab:OP Chemical Dependency Treatment services" under the "Mental health and substance use disorder services, including behavioral health treatment" EHB. This is a duplication service from the existing State Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Prescription Drugs - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>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:</p> <p>Prescription Drugs services mapped to the "Prescription drugs" EHB category. This is a duplication of the Pharmacy service from the existing State Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Outpatient Rehabilitation Services - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>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:</p> <p>Outpatient Rehabilitation Services mapped to "Physical Therapy", "Occupational Therapy" and "Speech,</p>	



Alternative Benefit Plan

<p>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 from the existing State Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Habilitation Services - Duplication</p> <p>Source: Base Benchmark</p> <p>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.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Durable Medical Equipment - Duplication</p> <p>Source: Base Benchmark</p> <p>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 & Supplies" under the "Rehabilitative and Habilitative Services and Devices" EHB. This is a duplication of the medical equipment and supplies service from the existing State Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Skilled Nursing Care - Duplication</p> <p>Source: Base Benchmark</p> <p>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 State Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Diagnostic Tests - Duplication</p> <p>Source: Base Benchmark</p> <p>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 existing State Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Imaging - Duplication</p> <p>Source: Base Benchmark</p> <p>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.</p>	



Alternative Benefit Plan

<p>This is a duplication of diagnostic services in existing State Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Preventive care, screening, immunizations- Dup.</p> <p>Source: Base Benchmark</p> <p>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 service from the existing State Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Chiropractic Care - (Children) -Duplication</p> <p>Source: Base Benchmark</p> <p>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 service from the existing State Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Routine Eye Care - (Children) - Duplication</p> <p>Source: Base Benchmark</p> <p>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 service from the existing State Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Eye Glasses - (Children) - Duplication</p> <p>Source: Base Benchmark</p> <p>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 service from the existing State Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Dental Services - (Children) - Duplication</p> <p>Source: Base Benchmark</p> <p>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 for Services children mapped as an EPSDT service to "Pediatric services including oral and vision care" EHB. This is a duplication service from the existing State Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Orthodontia Services - (Children) - Duplication</p> <p>Source: Base Benchmark</p>	



Alternative Benefit Plan

<p>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:</p> <p>Orthodontia Services children mapped as an EPSDT service to "Pediatric services including oral and vision care" EHB. This is a duplication service from the existing State Medicaid plan.</p>	<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Clinic Services- Free Standing Amb. Surgery- Dup.</p> <p>Source:</p> <p>Base Benchmark</p> <p>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:</p> <p>Free Standing Ambulatory Surgery mapped to "Clinic Services- Free Standing Ambulatory Surgery Services " under the "Ambulatory Patient Services" EHB. This is a duplication service from the existing State Medicaid plan.</p>	<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Family Planning - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>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:</p> <p>Family Planning mapped to "Family Planning" under the "Ambulatory Patient Services" EHB. This is a duplication service from the existing State Medicaid plan.</p>	<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Diabetes Education - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>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:</p> <p>Diabetes Education services are mapped to "Outpatient Hospital Services- Diabetes Education" under to "Ambulatory Patient Services" EHB. This is a duplication service from the existing State Medicaid plan.</p>	<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Cochlear Implants - (Adults) -Substitution</p> <p>Source:</p> <p>Base Benchmark</p> <p>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:</p> <p>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 state plan were used for substitution purposes.</p>	<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Chiropractic Care- (Adults) - Substitution</p> <p>Source:</p> <p>Base Benchmark</p> <p>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:</p> <p>Chiropractic Care for Adults mapped to "Ambulatory Patient Services" EHB. Adult Dental from the existing state plan were used for substitution purposes.</p>	<input type="button" value="Remove"/>



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Acupuncture - Substitution"/>	Source: Base Benchmark	<input type="button" value="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: <input type="text" value="Acupuncture mapped to the 'Ambulatory Patient Services' EHB. Adult Dental from the existing state plan were used for substitution purposes.."/>		
		<input type="button" value="Add"/>

TN NO: 14-0009

ABP5

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Washington

Effective Date: January 1, 2014



Alternative Benefit Plan

<input checked="" type="checkbox"/> Other Base Benchmark Benefits Not Covered		Collapse All <input type="checkbox"/>
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	<input type="button" value="Remove"/>
<input type="text" value="Routine non-pediatric eye exam- (Adult)"/>		
Explain why the state/territory chose not to include this benefit:		
<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"/>

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ABP5

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Alternative Benefit Plan

Other 1937 Covered Benefits that are not Essential Health Benefits Collapse All

Other 1937 Benefit Provided:

Program for All Inclusive Care to Elderly (PACE)

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, long term State plan approved services on a fee- for-services basis: medical, mental health, and chemical dependency services - through a 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:

Health Homes

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

See below

Other:

Washington has an approved State Plan for the provision of health home services to covered adult and children who have a specified chronic condition and meet rick criteria to improve health outcomes and reduce costs and reside in one of thirty-seven (37) counties. 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

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limits

Duration Limit:

No Limits



Alternative Benefit Plan

Scope Limit: 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.		Remove
Other: 		
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. E.g. bathing, turning and repositioning, body care, dressing, eating, mobility, medication assistance, toileting, personal hygiene, nurse delegated tasks, and self directed treatment.		
Other 1937 Benefit Provided: Tobacco Cessation Counseling Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: 	Provider Qualifications: Medicaid State Plan	
Amount Limit: 4 counseling sessions per quit attempt	Duration Limit: No Limit	
Scope Limit: 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 their effort to stop smoking.		
Other: 		
Other 1937 Benefit Provided: Nursing facility - Long term Care	Source: Section 1937 Coverage Option Benchmark Benefit Package	



Alternative Benefit Plan

Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	Remove
Amount Limit: No Limit	Duration Limit: No Limit	
Scope Limit: Nursing services for clients who meet institutional level of care criteria and require long term care.		
Other: 		
Other 1937 Benefit Provided: Federally Qualified Health Centers	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: 	Provider Qualifications: Medicaid State Plan	
Amount Limit: No Limit	Duration Limit: No Limit	
Scope Limit: Covers this sites for the provision of broad range of medical, dental and mental health services. No authorization required.		
Other: 		
Other 1937 Benefit Provided: Rural Health Care Centers	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: 	Provider Qualifications: Medicaid State Plan	
Amount Limit: No Limit	Duration Limit: No Limit	
Scope Limit: Covers this sites for the provision of broad range of medical, dental and mental health services. No authorization required.		
Other: 		



Alternative Benefit Plan

Other 1937 Benefit Provided: <input type="text" value="Free Standing Birth Centers"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="No Limit"/>	Duration Limit: <input type="text" value="No Limit"/>	
Scope Limit: <input type="text" value="Covers birthing services rendered in a facility licensed under state law. No authorization required."/>		
Other: <input type="text"/>		
Other 1937 Benefit Provided: <input type="text" value="Targeted Case Management - Vulnerable Adults"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: <input type="text"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="No Limit"/>	Duration Limit: <input type="text" value="No Limit"/>	
Scope Limit: <input type="text" value="See below"/>		
Other: <input type="text" value="Covers case management and assistance to client over 18 years of age who require multiple health/social service providers; are unable to obtain the required services themselves; do not have family or friends to assist them; and have at least minimal need for assistance with one or more activities of daily living. Services are to assure client receives appropriate services and benefits, receives assistance in accomplishing necessary tasks, serves as a liaison with providers, links to formal and informal support systems, intervenes in emergency situations. No authorization required."/>		
Other 1937 Benefit Provided: <input type="text" value="Targeted Case Management - Infants and Parents"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: <input type="text"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="No Limit"/>	Duration Limit: <input type="text" value="No Limit"/>	



Alternative Benefit Plan

Scope Limit:

See below

Remove

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 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 provide ongoing follow-up to conduct reassessment and assure plan and interventions are current to child's changing needs. No authorization required.

Other 1937 Benefit Provided:

Targeted Case Management - non-English speaking

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

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

Other 1937 Benefit Provided:

Targeted Case Management- HIV/AIDS

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

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 client to formal and informal support systems and assures access to support resources for family. No authorization required.



Alternative Benefit Plan

<p>Other 1937 Benefit Provided:</p> <input type="text" value="TCM- Alcohol and other drug dependency"/>	<p>Source:</p> <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input type="text"/>	<p>Provider Qualifications:</p> <input type="text" value="Medicaid State Plan"/>	
<p>Amount Limit:</p> <input type="text" value="No Limit"/>	<p>Duration Limit:</p> <input type="text" value="No Limit"/>	
<p>Scope Limit:</p> <input type="text" value="see below"/>		
<p>Other:</p> <input type="text" value="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 link to support systems, and serve as a liaison to providers and an client advocate. No authorization required."/>		
<p>Other 1937 Benefit Provided:</p> <input type="text" value="Routine non-pediatric eye exam- (Adult)"/>	<p>Source:</p> <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input type="text" value="Other"/>	<p>Provider Qualifications:</p> <input type="text" value="Medicaid State Plan"/>	
<p>Amount Limit:</p> <input type="text" value="One per year"/>	<p>Duration Limit:</p> <input type="text" value="No Limit"/>	
<p>Scope Limit:</p> <input type="text"/>		
<p>Other:</p> <input type="text" value="No prior authorization required"/>		
<input type="button" value="Add"/>		



Alternative Benefit Plan

<input type="checkbox"/> 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 <input type="checkbox"/>
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Alternative Benefit Plan

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Attachment 3.1 - L

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. Yes

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

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

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

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

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

Consistent with the provisions of 3.1A and 3.1B of the current State Plan Amendment

Prescription Drug Coverage Assurances

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

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

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

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

Other Benefit Assurances

The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.

The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.

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.



Alternative Benefit Plan

- 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).

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Alternative Benefit Plan

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Attachment 3.1 - L

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, 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 will be available to our stakeholders and members. An ABP presentation to the committee of tribal representatives occurred the end of October 2013.

MCO: Managed Care Organization

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

Yes

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

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

TN NO: 14-0009

ABP8

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Alternative Benefit Plan

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

Apr 12, 2012

Describe program below:

Apple Health's managed care program serves approximately 1.2 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 "carved out" and covered by the FFS plan in order to assure access to all the benefits and services in the State Plan. See attachment for the list of these "carved - out services".

Additional Information: MCO (Optional)

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

PIHP: Prepaid Inpatient Health Plan

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

Yes

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

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

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

Oct 1, 2012

Describe program below:

This program covers all medically necessary inpatient psychiatric care and comprehensive outpatient mental health services as described in the State Plan Amendment 3.1A and 3.1B. Recipients of these services exhibit a severity of illness which meets the Access to Care Standards (approved in the October 2012 SPA) and qualifies them for mental health services under this program. Clients who do not meet the Access to Care Standards OR who have been stabilized having received mental health services provided under this program, have access to additional, unlimited mental health services and a range of mental health professionals (psychiatrists, psychiatric ARNPs, psychologists, licensed mental health counselors, licensed social workers, and licensed marriage and family therapists) under the ABP State plan 1932 benefits and services and administered by the Managed care plans and the fee-for-service programs. As a client's behavior health condition deteriorates or improves a client can seek and receive services in the most appropriate program available under these programs.

Additional Information: PIHP (Optional)

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

PCCM: Primary Care Case Management

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

Yes

The PCCM program is operating under (select one):

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



Alternative Benefit Plan

- 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:

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

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

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

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

Additional Information: PCCM (Optional)

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

Fee-For-Service Options

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

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

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

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

Examples of clients remaining in fee-for-service are: those with Medicare; those with third party coverage (another commercial health care coverage), those who qualify for the emergency undocumented alien coverage; those who live in the counties where managed care enrollment is mandatory and have been approved to opt out of managed care; those clients who live in counties where managed care is not mandatory, Skamania and Kootenai counties; those whose managed care enrollment period has not yet started; and in general, anyone who isn't enrolled in a managed care plan will be covered under FFS are not yet enrolled into managed care. In addition, when a client is enrolled with a managed care plan, there are some services that are "carved out" and covered by the FFS plan in order to assure access to all the benefits and services in the State Plan. See attachment for the list of these "carved - out services".



Alternative Benefit 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 amendment 3.1A and 3.1B.

Additional Information: Fee-For-Service (Optional)

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

Other Service Delivery Model

Name of service delivery system:

Provide a narrative description of the model:

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Alternative Benefit Plan

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Attachment 3.1 - - L

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.

No

The state/territory otherwise provides for payment of premiums.

No

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 of benefits around 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

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Attachment 3.1 - -

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.

Yes

Compliance with the Law

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

PRA Disclosure Statement

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OMB Expiration date: 10/31/2014

Attachment 3.1 - L

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.

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Approval Date: 05/13/14

Washington

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