



# Alternative Benefit Plan

State Name: Washington Transmittal

Attachment 3.1-L-

OMB Control Number: 0938-1148

Number: WA - 24 - 0014

## Benefits Description

ABP5

The state/territory proposes a "Benchmark-Equivalent" benefit package.

No

### Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Regence Direct Gold +

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



# Alternative Benefit Plan

## ☒ 1. Essential Health Benefit: Ambulatory patient services

Collapse All ☐

Benefit Provided:

Clinic services: Free-standing ambulatory surgery

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

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 outpatient surgeries in the fee-standing ambulatory surgery center. Includes facility, related professional services, and supplies and equipment. Includes dental procedures when medically necessary. Prior authorization may be required for some procedures.

Benefit Provided:

Clinic services: Free-standing kidney centers

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Treatment limits depending on type of analysys

Duration Limit:

No limit

Scope Limit:

See below

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

Coverage includes dialysis in outpatient or home setting: hemodialysis; intermittent peritoneal dialysis; continuous ambulatory peritoneal dialysis; home helper services for home-based care; and treatment-related supplies. Limits on services can be exceeded through a limitation extension provided via prior authorization.

Benefit Provided:

Dental: Adult

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

For some services

Duration Limit:

No limit

Scope Limit:

See below



# Alternative Benefit Plan

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

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

Benefit Provided:

Family planning

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

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

Benefit Provided:

Home health care services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

2 nursing visits per day, 1 home health aide visit

Duration Limit:

No limit

Scope Limit:

See below

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

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

Benefit Provided:

Hospice care

Source:

State Plan 1905(a)

Remove



# Alternative Benefit Plan

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

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

Benefit Provided:

Other practitioners' services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

For some services

Duration Limit:

No limit

Scope Limit:

See below

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

Services include those provided by other practitioners, limited to their scope of practice as defined by state law, such as advanced registered nurse practitioners, certified nurse anesthetists, chiropractors (for EPSDT only), counselors, dental hygienists, dentists, denturists, dietitians, licensed marriage and family therapists, licensed mental health counselors, licensed non-nurse midwives, licensed social workers, naturopathic physicians, opticians, optometrists, physician assistants, podiatrists, psychiatrists, psychologists, and therapy assistants.

Effective 7/23/2017, dental health aide therapists (under the supervision of a dentist within their scope of practice as defined under state law. The supervising licensed practitioner assumes professional responsibility for the services provided by the unlicensed practitioner and the licensed practitioner bills for services furnished by unlicensed practitioners).

Effective 1/1/2018, collaborative care services provided by licensed providers.

Effective 7/1/2019, licensed emergency medical services providers for Treat and Refer services.

Effective 11/1/2020, pharmacists, pharmacy interns, and pharmacy technicians.

Effective 1/27/2021, lead behavior analysis therapists, (LBAT), licensed behavior analysts (LBA), and licensed assistant behavior analysts (LABA).

Effective 1/1/2022, social work services provided to enhance the effectiveness of practitioner-ordered home health services provided by licensed social workers.

Effective 10/1/2022, Mental Health Specialists treating clients under age 21. Licensed psychiatrists, psychiatric advanced nurse practitioners, independent clinical social workers, advanced social workers, marriage & family therapists, or mental health counselors who meet the requirements of a MH Specialist



# Alternative Benefit Plan

and work under the supervision of one of the above who meets the requirements of a MH specialist.

Prior authorization required for some services rendered by these practitioners. Limits on services can be extended through an extension limitation via prior authorization.

Benefit Provided:

Outpatient hospital services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

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

Benefit Provided:

Physicians' services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies by service

Duration Limit:

No limit on total number of visits

Scope Limit:

See below

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

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

Add



# Alternative Benefit Plan

## ☒ 2. Essential Health Benefit: Emergency services

Collapse All ☐

Benefit Provided:

Outpatient hospital: emergency

Source:

State Plan 1905(a)

Remove

Authorization:

Retroactive Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

Covers emergency services in the outpatient setting. Coverage includes facility, related professional services, diagnostics, treatment, and supplies. Some services may require retrospective authorization.

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

Benefit Provided:

Outpatient hospital svcs: ER transport-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 an outpatient hospital setting for emergency care via ground or air ambulance

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

Benefit Provided:

Outpatient hospital services: Urgent care centers

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 services in the outpatient setting. Coverage includes facility-related professional services, diagnostics, treatment, and supplies. Some services may require retrospective authorization.



# Alternative Benefit Plan

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

Add



# Alternative Benefit Plan

☒ 3. Essential Health Benefit: Hospitalization

Collapse All ☐

Benefit Provided:

Inpatient hospital services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

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

Add





# Alternative Benefit Plan

## ☒ 4. Essential Health Benefit: Maternity and newborn care

Collapse All ☐

Benefit Provided:

Physician services: Maternity and newborn

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

Coverage includes prenatal care, delivery, postnatal care, and newborn care provided in a hospital, freestanding birthing center, and ambulatory care setting within the scope of practice as defined by state law.

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

Benefit Provided:

Inpatient hospital services: Maternity

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

Covers prenatal services, delivery, and postpartum care as medically necessary.

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

Add



# Alternative Benefit Plan

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

Collapse All ☐

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

Benefit Provided:

Rehab: Outpatient mental/behavioral health svcs

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

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

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

Covers outpatient mental and behavioral health services including crisis services (intervention and stabilization); intake evaluation, assessment and screening for mental health, substance use, and gambling disorders; medication management and monitoring; mental health treatment interventions including individual, family, and group therapy, therapeutic psychoeducation, and intensive or brief intervention; peer support; behavioral healthcare coordination and community integration; substance use disorder brief intervention; substance use or problem gambling disorder treatment interventions; substance use disorder withdrawal management.

Practitioners provide services within their scope of practice as defined by state law.

Benefit Provided:

Rehab: Inpatient mental/behavioral health svcs

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

Covers inpatient hospital care for mental/behavioral health conditions. May require prior authorization or retroactive authorization for admissions and concurrent stay review to approve the length of stay.



# Alternative Benefit Plan

Benefit Provided:

Rehab: Inpatient substance use disorder services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Some limits

Duration Limit:

No limit

Scope Limit:

These services are not provided through institutions of mental disease

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

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

Benefit Provided:

Rehab: Outpatient substance use disorder treatment

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

See Rehab: Outpatient mental/behavioral health svcs

Add



# Alternative Benefit Plan

☒ 6. Essential Health Benefit: Prescription drugs

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

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

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

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

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



# Alternative Benefit Plan

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

Collapse All ☐

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

Benefit Provided:

Habilitative services

Source:

Base Benchmark Small Group

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

24 units ea phys & occupa therapy; 6 units speech

Duration Limit:

No limit

Scope Limit:

See below

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

Covers services in the home or in the outpatient setting. These are medically necessary services to assist the client in partially or fully attaining, learning, maintaining, or improving developmentally age-appropriate skills that were not fully acquired as a result of a congenital, genetic, or early-acquired health condition, and are required to maximize, to the extent possible, the client's ability to function in their environment. Limitation extension allowed via prior authorization when medical necessity is demonstrated.

Benefit Provided:

Home health services: Medical equipment & supplies

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

For some services

Duration Limit:

No limit

Scope Limit:

See below

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

Covers medical equipment, supplies, appliances, and related services for use in the home when ordered by state licensed professionals within their scope of practice. This includes devices, hearing aids, appliances, prosthetics, orthotics, oxygen and respiratory therapy equipment, home infusion-parenteral equipment and supplies, and medical nutrition and related supplies and services. Limitations to amounts can be extended through a limitation extension via prior authorization.

Benefit Provided:

Nursing facility: Skilled

Source:

State Plan 1905(a)

Remove



# Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

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

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

Benefit Provided:

Occupational therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

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

Benefit Provided:

Physical therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

24 unit limit\*

Duration Limit:

No limit

Scope Limit:

See below

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

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



# Alternative Benefit Plan

Benefit Provided:

Private duty nursing

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

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

Benefit Provided:

Speech, language, & hearing therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

6 unit limit\*

Duration Limit:

No limit

Scope Limit:

See below

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

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

Add



# Alternative Benefit Plan

☒ 8. Essential Health Benefit: Laboratory services

Collapse All ☐

Benefit Provided:

Laboratory & radiology services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

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

Add





# Alternative Benefit Plan

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

Collapse All ☐

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

Benefit Provided:

Preventive services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

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

As described above and in alignment with 42 CFR 440.130(c), including Screening, Brief Intervention, and Referral to Treatment (SBIRT). Provided by state- licensed providers within their scope of practice.

Add



# Alternative Benefit Plan

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

Collapse All ☐

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

No limit to services provided by qualified providers

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

Add



# Alternative Benefit Plan

☐ 11. Other Covered Benefits from Base Benchmark

Collapse All ☐



# Alternative Benefit Plan

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

Collapse All ☐

Base Benchmark Benefit that was Substituted:

Acupuncture

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Chiropractic care: Adults-substitution

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Chiropractic care: Children - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Clinic services: Free-standing amb surgery - dup

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Cochlear implants: Adults - substitution

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Delivery and all inpatient services - duplication

Source:

Base Benchmark

Remove



# Alternative Benefit Plan

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

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

Base Benchmark Benefit that was Substituted:

Dental services: Children - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Diagnostic tests

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Dialysis - Duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Durable medical equipment - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Emergency medical transportation - duplication

Source:

Base Benchmark

Remove

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

Emergency Medical Transportation mapped to "Outpatient Hospital- Emergency Transportation



# Alternative Benefit Plan

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

Base Benchmark Benefit that was Substituted:

Emergency room services - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Eye glasses: Children - dupliction

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Family planning - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Habilitation services - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Home health care - duuplication

Source:

Base Benchmark

Remove

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

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



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Hospice services - Duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Hospital outpatient services - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Imaging - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Inpatient hospital services

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Inpatient and surgical physician services

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Rehab: Inpatient mental/behavioral health svcs-dup

Source:

Base Benchmark

Remove



# Alternative Benefit Plan

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

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

Base Benchmark Benefit that was Substituted:

Rehab:Outpatient mental/behavioral health svcs-dup

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Orthodontia services: Children - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Other practitioner office visits - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Outpatient rehabilitation services - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Physician/Surgeon fee - duplication

Source:

Base Benchmark

Remove





# Alternative Benefit Plan

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

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

Base Benchmark Benefit that was Substituted:

Prenatal and postnatal care - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Prescription drugs - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Preventive care, screening, immunizations - dup

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Primary care & specialist visits - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Provider contraceptives - duplicatio

Source:

Base Benchmark

Remove

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

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



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Routine eye care: Children - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Routine foot care for diabetics - duplication

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Substance use disorder inpatient services - dup

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Urgent care - duplication

Source:

Base Benchmark

Remove

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

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

Add



# Alternative Benefit Plan

☒ 13. Other Base Benchmark Benefits Not Covered

Collapse All ☐

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Routine non-pediatric eye exam:

Source:

Base Benchmark

Remove

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

Per 45 CFR 156.115(d), routine non-pediatric eye exam services are exempted from the essential health benefits.

Add



# Alternative Benefit Plan

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

Collapse All ☐

Other 1937 Benefit Provided:

1915(k) Community First Choice

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

12 months with redetermination

Scope Limit:

See below

Other:

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

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

Other 1937 Benefit Provided:

Federally Qualified Health Centers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

Free-standing birthing centers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

Health homes

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

ICF/IID services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

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



# Alternative Benefit Plan

Other 1937 Benefit Provided:

Non-emergency transportation

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Per contract

Duration Limit:

Per contract

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

Nursing facility: Long-term care

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

Personal care services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Covers physical or verbal assistance services provided to clients who have three activities of daily living (ADL) needs which require minimal assistance or one ADL requiring more than minimal assistance and



# Alternative Benefit Plan

result in functional limitations for the client. Examples: bathing, turning and repositioning, body care, dressing, eating, mobility, medication assistance, toileting, personal hygiene, nurse-delegated tasks, and self-directed treatment.

Other 1937 Benefit Provided:

Program for All Inclusive Care to Elderly (PACE)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

Routine non-pediatric eye exam: Adult

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

One per year

Duration Limit:

No limit

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

Rural Health Centers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit



# Alternative Benefit Plan

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

Targeted case mgmt: Alcohol&other drug dependency

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

Targeted case mgmt: HIV/AIDS

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

Targeted case mgmt: Infants & parents

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan





# Alternative Benefit Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

Targeted case mgmt: Non-English speaking

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

Targeted case mgmt: Vulnerable adults

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

Covers case management and assistance to clients over age 18 who require multiple health or social service providers, are unable to obtain the required services themselves, do not have family or friends to assist



# Alternative Benefit Plan

them, and have at least a minimal need for assistance with one or more activities of daily living (ADL). This service is to assure clients receive appropriate services and benefits and receive assistance in accomplishing necessary tasks. This service serves as a liaison with providers, links to formal and informal support systems, and intervenes in emergency situations. No authorization required.

Other 1937 Benefit Provided:

Tobacco cessation counseling services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

4 counseling sessions per quit attempt

Duration Limit:

No limit

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

Coverage of routine patient cost in clinical trial

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

See below

Other:

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

Other 1937 Benefit Provided:

Medication Assisted Treatment (MAT) for OUD

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan



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Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

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

Other:

Other 1937 Benefit Provided:

1915i CBHS - Supportive supervision & oversight

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:

Other:

Supportive supervision & oversight is in-person monitoring, redirection, diversion, & cueing of the participant to prevent at-risk behavior that may result in harm to the participant or to others. These interventions are not related to the provision of personal care. Provides individuals with assistance to build skills & resiliency to support stabilized living & community integration. These interventions are coordinated as appropriate with other support services, to include behavioral health services provided by a behavioral health agency and/or behavior support services or other community supports as appropriate. Supportive supervision should include integration of behavior support and/or crisis plans to help ensure community stability & an escalation process for collaborative care, including following CFR 441.710(a)(vi)(F)(1) through (8) when necessary.

Add



# Alternative Benefit Plan

☐

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

Collapse All ☐

## PRA Disclosure Statement

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

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