Table of Contents

State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 22-0021

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

September 19, 2022

VIA E-MAIL
Dr. Deidre Gifford, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Commissioner Gifford:

For your records, this is an approved copy of Connecticut's Alternative Benefit Plan (ABP) State plan amendment (SPA) CT 22-0021. This ABP amendment submitted through the Medicaid Model Data Lab (MMDL No. CT.0627.R00.12) on June 23, 2022 meets all federal statutory and regulatory requirements for establishing an ABP.

The state submitted this SPA to update the Alternative Benefit Plan (ABP) to implement to add coverage for substance use disorder services under the rehabilitative services benefit category for services provided in outpatient and residential settings, as required by sections 1905(a)(13)(c) of the Social Security Act.

This SPA was approved September 19, 2022 with an effective date of June 1, 2022. Enclosed are copies of the CMS-179 summary page and approved Alternative Benefit Plan pages for incorporation into the Connecticut State plan.

If you have questions concerning this letter, please contact Marie DiMartino, Division of Program Operations (South Branch) at (617) 565-9157 or via e-mail at Marie.DiMartino@cms.hhs.gov.

Sincerely,

Digitally signed by James G. Scott -S
Date: 2022.09.19 19:13:03 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Joel Norwood
Deborah Alexson
Abigail Cotto
Candace Madison
Ginny Mahoney
Dana Robinson-Rush

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: **Connecticut**

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.

CT-22-0021

Proposed Effective Date

06/01/2022 *(mm/dd/yyyy)*

Federal Statute/Regulation Citation

Social Security Act Sections 1902(a)(10)(A)(i)(VIII); 1902(k)(1) and 1937

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2022	$ 0.00
Second Year	2023	$ 0.00

Subject of Amendment

Effective June 1, 2022, SPA CT-22-0021 amends the Alternative Benefit Plan to add coverage for substance use disorder services under the rehabilitative services benefit category for services provided in outpatient and residential

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:

Signature of State Agency Official

Submitted By:	**Joel Norwood**
Last Revision Date:	**Aug 29, 2022**
Submit Date:	**Jun 23, 2022**

Alternative Benefit Plan

OMB Control Number: 09381148
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: Medicaid Coverage for the Lowest-Income Populations (MCLIP)

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). Yes

Geographic Area

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

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

V.20130724

Alternative Benefit Plan

OMB Control Number: 09381148

Attachment 3.1-L- ☐ OMB Expiration date: 10/31/2014

Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act	**ABP2a**
The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.	Yes

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

Connecticut has fully aligned the benefits in its ABP with its approved Medicaid state plan by selecting Secretary-approved coverage as its benchmark and using duplication and substitution for the EHB benefits in its base benchmark plan, Blue Cross and Blue Shield Service Benefit Plan - Basic Option (FEHBP), and including remaining Medicaid state plan services as other 1937 covered benefits that are not EHBs.

PRA Disclosure Statement

V.20130807

Alternative Benefit Plan

OMB Control Number: 09381148
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: ABP for MCLIP

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:

The ABP benefits are the same as in and are from Connecticut's Medicaid state plan, and the limitations are the same as those in the state plan.

Selection of Base Benchmark Plan

Alternative Benefit Plan

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

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

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

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

Plan name: BC and BS Service Benefit Plan - Basic Option

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

Connecticut selected the Secretary-approved coverage and the Blue Cross and Blue Shield Service Benefit Plan - Basic Option with the goal of aligning the ABP for MCLIP with the Connecticut Medicaid state plan.
The state assures that all benefits in the Base Benchmark Plan have been accounted for throughout the benefit chart found in ABP5.
The state assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid state plan.

PRA Disclosure Statement

V.20130801

Alternative Benefit Plan

OMB Control Number: 09381148
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):

Connecticut does not require any cost-sharing in Attachment 4.18-A.

V.20130807

Alternative Benefit Plan

OMB Control Number: 09381148

Attachment 3.1-L- [ ]

OMB Expiration date: 10/31/2014

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:

Blue Cross and Blue Shield Service Benefit Plan - Basic Option (FEHBP)

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

Secretary-Approved

Alternative Benefit Plan

■ Essential Health Benefit 1: Ambulatory patient services — Collapse All ☐

Benefit Provided: Clinic Services: Ambulatory Surgery Center
Source: State Plan 1905(a) — Remove
Authorization: None
Provider Qualifications: Medicaid State Plan
Amount Limit: None
Duration Limit: None
Scope Limit: None
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
Source: State Plan 1905(a) — Remove
Authorization: None
Provider Qualifications: Medicaid State Plan
Amount Limit: None
Duration Limit: None
Scope Limit: None
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Physician Services
Source: State Plan 1905(a) — Remove
Authorization: Other
Provider Qualifications: Medicaid State Plan
Amount Limit: See "Other information"
Duration Limit: See "Other information"
Scope Limit: Surgical services for morbid obesity, except as described in "Other information"

Alternative Benefit Plan

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

- Surgical services to treat morbid obesity (defined by ICD) are limited to instances in which another medical illness is caused by, or aggravated by, the obesity, including illnesses of the endocrine system or cardio-pulmonary system, or physical trauma associated with the orthopedic system
- Genetic testing requires prior authorization
- Physician services related to the non-covered surgical procedures listed in EHB 3: Hospitalization under Inpatient Hospital Services are not covered

Benefit Provided: Certified Pediatric or Family Nurse Practitioner

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

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

Benefit Provided: Other Practitioner: Nurse Practitioner

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

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

Benefit Provided: Other Practitioner: Physician Assistant

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

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

Benefit Provided:
Clinic Services: Medical Clinics

Source:
State Plan 1905(a)

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

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

Benefit Provided:
Clinic Services: Dialysis Clinics

Source:
State Plan 1905(a)

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

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

Benefit Provided:
Clinic Services: Family Planning Clinics

Source:
State Plan 1905(a)

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

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 Services and Supplies

Source:
State Plan 1905(a)

Remove

Authorization:
Authorization required in excess of limitation

Provider Qualifications:
Medicaid State Plan

Amount Limit:
See "Other information"

Duration Limit:
None

Scope Limit:
None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Monthly quantity limits for male condoms (36), female condoms (30) and spermicide (one) - may be exceeded with authorization

Benefit Provided:
Medical and Surgical Services by a Dentist

Source:
State Plan 1905(a)

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

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

Alternative Benefit Plan

Benefit Provided:
Home Health Services - Nursing Svs

Source:
State Plan 1905(a)

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
See "Other information"

Duration Limit:
None

Scope Limit:
Not covered: Services for well child care or for prenatal or postpartum care that is not high risk

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
-The cost of services provided by the home health agency may not exceed the cost if the client were in the appropriate institution
-Authorization required for services more than two visits per day and more than two days per week

Benefit Provided:
Podiatrist Services

Source:
State Plan 1905(a)

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

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

Benefit Provided:
Dental Services (for Adults)

Source:
State Plan 1905(a)

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
See "Other information"

Duration Limit:
See "Other information"

Scope Limit:
See "Other information"

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
See Attachment 3.1-A for details. In brief, a summary of limits is as follows: Prior authorization required

for non-emergency dental services based on medical necessity; however, prior authorization not required for the following dental services: diagnostic, prevention, basic restoration procedures, nonsurgical extractions.
- One set of bitewing films per year and one oral exam and prophylaxis per year (unless evidence that dental disease is an aggravating factor in person's overall health)
- Fluoride treatment limited to adults who have xerostomia or have undergone head or neck radiation therapy
- One oral examination and one prophylaxis every year (two years for adults living in long-term care facilities);
- Non-emergency Dental services above $1,000, for adult beneficiary per calendar year, must be prior authorized. Prior authorization is based on medical necessity;
- Pre-molar sealants; sealants that fail within 5 years of placement; direct placed restorations that require replacement within 2 years.
- Not covered: Fixed bridges, periodontics (exceptions for gingivoplasty and gingivectomy with prior authorization), implants, transplants, cosmetic dentistry, vestibuloplasty, unilateral removable appliances, partial dentures where there are at least eight teeth in occlusion and no missing anterior teeth, restorative procedures to deciduous teeth nearing exfoliation, resin based composite restorations to the molar teeth and orthodontia

Benefit Provided:

Hospice Care Services

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other information"

Duration Limit:

None

Scope Limit:

None

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

Authorization required for inpatient hospice care after five days

Add

Alternative Benefit Plan

☑ Essential Health Benefit 2: Emergency services — Collapse All ☐

Benefit Provided: Outpatient Hospital Services - Emergency Care

Source: State Plan 1905(a)

Remove

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Authorization required within two days of admission

Benefit Provided: Other: Transportation - Ambulance

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

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

☑ Essential Health Benefit 3: Hospitalization — Collapse All ☐

Benefit Provided:
Inpatient Hospital Services

Source:
State Plan 1905(a)

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
See "Other information"

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

Prior authorization required before admission for elective stays (i.e., all admissions that are neither emergencies nor maternity).

Surgical services to treat morbid obesity (defined by ICD) are limited to instances in which another medical illness is caused by, or aggravated by, the obesity, including illnesses of the endocrine system or cardio-pulmonary system, or physical trauma associated with the orthopedic system.

Inpatient hospital stay is not covered when one of the following services or procedures are performed:
- Tuboplasty and sterilization reversal
- Inpatient charges related to autopsy
- All services/procedures of a plastic or cosmetic nature performed for reconstructive purposes

See also EHB 2: Emergency services and EHB 4: Maternity and newborn care

Add

Alternative Benefit Plan

☑ Essential Health Benefit 4: Maternity and newborn care — Collapse All ☐

Benefit Provided: Freestanding Birth Center Svs
Source: State Plan 1905(a) — Remove
Authorization: None
Provider Qualifications: Medicaid State Plan
Amount Limit: None
Duration Limit: None
Scope Limit: None
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Nurse Midwife Services
Source: State Plan 1905(a) — Remove
Authorization: None
Provider Qualifications: Medicaid State Plan
Amount Limit: None
Duration Limit: None
Scope Limit: None
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: None
Duration Limit: None
Scope Limit: None

Alternative Benefit Plan

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

Prior authorization not required for maternity (labor and delivery) stays

Benefit Provided:

Physician Services - Maternity

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

The prior authorization requirements in Connecticut's Medicaid state plan for Physician Services do not apply to maternity care

Add

Alternative Benefit Plan

Collapse All ☐

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

Benefit Provided: Inpatient Hospital Services - MH/SUD

Source: State Plan 1905(a)

Remove

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

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

-All admissions require prior authorization and continued stays require additional concurrent review authorizations.
- Substance detox admissions are triaged to be sure they cannot be provided at a less restrictive setting such as a residential detox facility
- This benefit includes hospital, PRTFs and residential detox services
- This benefit does not include services in an IMD

Benefit Provided: Outpatient Hospital Services - MH/SUD

Source: State Plan 1905(a)

Remove

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: See "Other information"

Duration Limit: None

Scope Limit: None

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

- No more than one psychiatric/psychological reevaluation per year per hospital (may be exceeded based on medical necessity)
-Authorization required for partial hospitalization, psychological testing, and intensive outpatient services.

Benefit Provided: Physician Services - MH/SUD

Source: State Plan 1905(a)

Remove

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit:
See "Other information"

Duration Limit:
None

Scope Limit:
None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
- Services to inpatients, observation care services and emergency department services do not require authorization or registration
- Psychological testing, intensive outpatient services, and interpretation of test results require authorization (as do consultations and case management beyond threshold amounts)
- No more than one psychiatric evaluation in any 12 month period per provider for the same client (may be exceeded based on a determination of medical necessity)
- No more than one psychiatric therapy visit of the same type per day, per provider, per client

Benefit Provided:
Clinic Services: MH & SA Clinics

Source:
State Plan 1905(a)

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
See "Other information"

Duration Limit:
None

Scope Limit:
None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
- No more than one therapy session of the same type per day per clinic for the same client
- No more than one psychiatric evaluation per performing provider per episode of care for the same client (may be exceeded based on medical necessity)
- Services include routine outpatient, intensive outpatient, day treatment and partial hospitalization
-Authorization required for intensive outpatient services, partial hospitalization, and psychological testing.

Benefit Provided:
Clinic Services: Methadone Maintenance Clinics

Source:
State Plan 1905(a)

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
One all-inclusive unit, per provider, per member, per week

Alternative Benefit Plan

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

Requires registration

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.):	Authorization:	Provider Qualifications:
☒ Limit on days supply	Yes	State licensed
☐ Limit on number of prescriptions		
☐ Limit on brand drugs		
☐ Other coverage limits		
☒ Preferred drug list		

Coverage that exceeds the minimum requirements or other:

The State of Connecticut'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 Svs - Med Supplies, Equip & Appliances
Source: State Plan 1905(a) — Remove
Authorization: Authorization required in excess of limitation
Provider Qualifications: Medicaid State Plan
Amount Limit: See "Other information"
Duration Limit: None
Scope Limit: None
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Quantity limits on a number of supplies including wipes, test strips, lancets - may be exceeded based on medical necessity

Benefit Provided: Home Health Services - PT/OT/ST/Audiology
Source: State Plan 1905(a) — Remove
Authorization: Authorization required in excess of limitation
Provider Qualifications: Medicaid State Plan
Amount Limit: See "Other information"
Duration Limit: None
Scope Limit: Not covered: Services for well child care or for prenatal or postpartum care that is not high risk
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
-Prior authorization (PA) required for more than nine visits per provider per calendar year for certain diagnoses
-PT/ST: PA required for more than one initial evaluation per year and more than two visits per week
-OT: PA required for more than than one initial evaluation and more than one visit per week

Benefit Provided: Orthopedic and Prosthetic Devices
Source: State Plan 1905(a) — Remove
Authorization: Prior Authorization
Provider Qualifications: Medicaid State Plan
Amount Limit: See "Other information"
Duration Limit: None

Scope Limit:

Replacement of a device is covered only if the device is lost, destroyed or is no longer medically usable or adequate due to a measurable change in the client's condition

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

-A number of orthotics and prosthetics require prior authorization as specified in the state plan
-One hearing aid per ear every 3 years - may be exceeded based on medical necessity
-Two pairs of shoes per year - may be exceeded based on medical necessity

Benefit Provided: Clinic Services: Rehabilitation Clinics

Source: State Plan 1905(a)

Remove

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: See "Other information"

Duration Limit: See "Other information"

Scope Limit: None

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

-Limit of one complete evaluation per year involving the same treatment modality per provider for the same client
-Limit of one full impedance battery, tympanometry test or electronystagmography per provider clinic for the same client per year
-Limit of 86 treatments per month per clinic for the same client

Each of these limits may be exceeded based on a determination of medical necessity

Benefit Provided: PT/OT/ST/ - Habilitative

Source: State Plan 1905(a)

Remove

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: See "Other information"

Duration Limit: See "Other information"

Scope Limit: None

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

- PT/OT/ST services that help a person keep, learn or improve skills and functioning for daily living
- These services are provided in a variety of inpatient and outpatient settings (outpatient hospital, home health agencies, and rehabilitation clinics) to people with disabilities
-The different limitations applicable to the service setting or provider (outpatient hospital, home health

agencies, or rehabilitation clinic) would apply to the provision of the habilitative service.

Add

Alternative Benefit Plan

Essential Health Benefit 8: Laboratory services — Collapse All

Benefit Provided:
Other Lab and X-Ray Services

Source:
State Plan 1905(a)

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
-A number of advanced imaging services require prior authorization
-Genetic testing requires prior authorization

Add

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:
Physician Services - Preventive and Wellness

Source:
State Plan 1905(a)

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
This includes 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 adolescents recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM) and supported by HRSA

Benefit Provided:
Preventive Services - Tobacco Counseling

Source:
State Plan 1905(a)

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:

Scope Limit:
None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
In accordance with Treating Tobacco Use and Dependence, a Public Health Service-sponsored Clinical Practice Guideline
Group counseling only for behavioral health clinics, FQHCs, and outpatient hospitals.

Add

Alternative Benefit Plan

☑ Essential Health Benefit 10: Pediatric services including oral and vision care Collapse All ☐

Benefit Provided:
Medicaid State Plan EPSDT Benefits

Source:
State Plan 1905(a)

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

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

-Prior authorization required for orthodontia
-Prior authorization required for certain non-emergency dental services; however, prior authorization not required for the following dental services: diagnostic, prevention, basic restoration procedures, nonsurgical extractions and authorization is not required for some services for clients under 21

Add

Alternative Benefit Plan

☐ Other Covered Benefits from Base Benchmark Collapse All ☐

☒ Base Benchmark Benefits Not Covered due to Substitution or Duplication Collapse All ☐

Base Benchmark Benefit that was Substituted:
Outpatient Hospital or Ambulatory Surgical Center

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:

Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services (2.a), Clinic Services: Ambulatory Surgery Center (9.a) and Clinic Services: Dialysis Clinics (9.b) in EHB 1: Ambulatory patient services

The Connecticut Medicaid state plan benefit is similar in amount, duration, and scope to the base benchmark benefit.

Base Benchmark Benefit that was Substituted:
Treatment Therapies

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:

Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services (2.a) in EHB 1: Ambulatory patient services (Treatment Therapies include, for example, chemo and radiation therapy, renal dialysis and outpatient cardiac rehab)

Base Benchmark Benefit that was Substituted:
Diagnostic and Treatment 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:

Duplication: Covered under the Connecticut Medicaid state plan as Physician Services (5.a), Certified Pediatric or Family Nurse Practitioner (23), Other Practitioner: Nurse Practitioner (6.d), Other Practitioner: Physician Assistant (6.d), and Clinic Services: Medical Clinics (9.d) in EHB 1: Ambulatory patient services

Base Benchmark Benefit that was Substituted:
Allergy Care

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:

Duplication: Covered under the Connecticut Medicaid state plan as Physician Services (5.a) in EHB 1: Ambulatory patient services

Base Benchmark Benefit that was Substituted:
Anesthesia

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:

Duplication: Covered under the Connecticut Medicaid state plan as Physician Services (5.a) in EHB 1: Ambulatory patient services

Base Benchmark Benefit that was Substituted:
Surgical Procedures

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:

Duplication: Covered under the Connecticut Medicaid state plan as Physician Services (5.a) in EHB 1: Ambulatory patient services

Benefits for surgery related to morbid obesity are comparable because the prior authorization requirements associated with the base benchmark benefit are restrictive. Services excluded from the Medicaid state plan are similar to the exclusions in the base benchmark benefit.

Base Benchmark Benefit that was Substituted:
Family Planning

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:

Duplication: Covered under the Connecticut Medicaid state plan as Family Planning Services and Supplies (4.c) and Clinic Services: Family Planning Clinics (9.c) in EHB 1: Ambulatory patient services

While under the Connecticut Medicaid state plan authorization is required to obtain certain family planning supplies in excess of the specified limit, these supplies are not covered by the base benchmark plan.

Base Benchmark Benefit that was Substituted:
Oral and Maxillofacial Surgery

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:

Duplication: Covered under the Connecticut Medicaid state plan as Medical and Surgical Services by a Dentist (5.b) and Physician Services (5.a) in EHB 1: Ambulatory patient services

Base Benchmark Benefit that was Substituted:
Home Health 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:

Duplication: Covered under the Connecticut Medicaid state plan as Home Health Services - Nursing Svs (7.a) in EHB 1: Ambulatory patient services

The base benchmark benefit is more limited in amount, duration, and scope than the Connecticut Medicaid state plan benefit. The base benchmark benefit is limited to 25 visits per year, up to two hours per visit.

Base Benchmark Benefit that was Substituted:
Foot Care

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:

Duplication: Covered under the Connecticut Medicaid state plan as Podiatrist Services (6.a) in EHB 1: Ambulatory patient services.

Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:
Education Classes and Programs

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:

Duplication: This benefit includes tobacco cessation and diabetic counseling. Tobacco cessation covered under the Connecticut Medicaid state plan as Preventive Services - Tobacco Counseling (13.c) in EHB 9: Preventive and wellness services and chronic disease management. Diabetic counseling covered under the Connecticut Medicaid state plan as Physician Services (5.a) in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:
Alternative Treatments - 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:

Duplication: Since this benefit only includes acupuncture by a physician, it is covered under the Connecticut Medicaid state plan as Physician Services (5.a) in EHB 1: Ambulatory patient services

Base Benchmark Benefit that was Substituted:
Chiropractic and Manipulative Treatment - Sub

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:

Substitution: Chiropractic was mapped to EHB 1: Ambulatory patient services; Dental Services (for Adults) (10) from Connecticut's Medicaid state plan was used for substitution purposes

Base Benchmark Benefit that was Substituted:
Infertility Services - Duplication & 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:

Duplication & Substitution: Infertility Services was mapped to EHB 1: Ambulatory patient services; the diagnosis of infertility is covered by the Connecticut Medicaid state plan as Physician Services (5.a) and Dental Services (for Adults) (10) from Connecticut's Medicaid state plan was used as a substitute for treatment of infertility (which does not include ART procedures or drugs)

Base Benchmark Benefit that was Substituted:
Manipulative Treatment - Physician

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:

Duplication: Manipulative Treatment by a physician is covered under the Connecticut Medicaid state plan as Physician Services (5.a) in EHB 1: Ambulatory patient services

Base Benchmark Benefit that was Substituted:
Accidental Injury

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:

Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services - Emergency Care (2.a) in EHB 2: Emergency services;Outpatient Hospital Services (2.a) and Physician Services (5.a) in EHB 1: Ambulatory patient services, and Inpatient Hospital Services (1) in EHB 3: Hospitalization

Base Benchmark Benefit that was Substituted:

Medical Emergency

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:

Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services - Emergency Care (2.a) in EHB 2: Emergency services; Outpatient Hospital Services (2.a) and Physician Services (5.a) in EHB 1: Ambulatory patient services, and Inpatient Hospital Services (1) in EHB 3: Hospitalization

Base Benchmark Benefit that was Substituted:

Ambulance

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:

Duplication: Covered under the Connecticut Medicaid state plan as Other: Transportation - Ambulance (24.a.1) in EHB 2: Emergency services

Base Benchmark Benefit that was Substituted:

Inpatient Hospital

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:

Duplication: Covered under the Connecticut Medicaid state plan as Inpatient Hospital Services (1) in EHB 3: Hospitalization

The Connecticut Medicaid state plan benefit is similar in amount, duration, and scope to the base benchmark benefit. Benefits for surgery related to morbid obesity are comparable because the prior authorization requirements associated with the base benchmark benefit are restrictive. Services excluded from the Medicaid state plan are similar to the exclusions in the base benchmark benefit.

Base Benchmark Benefit that was Substituted:

Organ/Tissue Transplants

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:

Duplication: Covered under the Connecticut Medicaid state plan as Inpatient Hospital Services (1) in EHB 3: Hospitalization

The base benchmark benefit is more limited in amount, duration, and scope than the Medicaid state plan benefit as the base benchmark benefit only covers specific transplants.

Base Benchmark Benefit that was Substituted:
Reconstructive Surgery

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:

Duplication: Covered under the Connecticut Medicaid state plan as Inpatient Hospital Services (1) in EHB 3: Hospitalization (neither base benchmark nor Medicaid covers cosmetic surgery)

The base benchmark benefit is similar in amount, duration, and scope to the Medicaid state plan benefit. The Medicaid state plan benefit limits and prior authorization requirements for reconstructive surgery are the same as the limits and prior authorization requirements under the benchmark plan benefit.

Base Benchmark Benefit that was Substituted:
Maternity Care

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:

Duplication: Covered under the Connecticut Medicaid state plan through multiple benefits including Inpatient Hospital Services - Maternity (1), Physician Services - Maternity (5.a), Freestanding Birth Center Svs (28) and Nurse Mid-Wife Services (17), all in EHB 4: Maternity and newborn care

Base Benchmark Benefit that was Substituted:
Lab, X-Ray and Other 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:

Duplication: Covered under the Connecticut Medicaid state plan as Other Laboratory and X-Ray (3) in EHB 8: Laboratory services

Base Benchmark Benefit that was Substituted:
Hospice Care

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:

Duplication: Covered under the Connecticut Medicaid state plan as Hospice Care Services (18) in EHB 1: Ambulatory patient services

Base Benchmark Benefit that was Substituted:
Durable Medical Equipment (DME)

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:

Duplication: Covered under the Connecticut Medicaid state plan as Home Health Services - Medical Supplies, Equipment and Appliances (7.c.) in EHB 7: Rehabilitative and habilitative services and devices

Base Benchmark Benefit that was Substituted:
Hearing Services (testing, trtmt and supplies)

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:

Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services (2.a) in EHB1: Ambulatory patient services and Rehabilitation Clinics (9.g.) in EHB 7: Rehabilitative and habilitative services and devices; Physician Services (5.a) in EHB 1: Ambulatory patient services

The base benchmark plan does not cover routine hearing tests for adults.

Base Benchmark Benefit that was Substituted:

Medical Supplies

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:

Duplication: Covered under the Connecticut Medicaid state plan as Home Health Services - Medical Supplies, Equipment and Appliances (7.c.) in EHB 7: Rehabilitative and habilitative services and devices

Base Benchmark Benefit that was Substituted:

Orthopedic and Prosthetic Devices

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:

Duplication: Covered under the Connecticut Medicaid state plan as Orthopedic and Prosthetic Devices (12.c.) in EHB 7: Rehabilitative and habilitative services and devices

The state believes that coverage of orthopedic and prosthetic devices, including hearing aids is comparable to the Connecticut Medicaid state plan although the coverage of specific items (e.g., shoes and wigs) may vary.

Base Benchmark Benefit that was Substituted:

PT, OT, ST and Cognitive Therapy

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:

Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services (2.a) in EHB 1: Ambulatory patient services and Home Health Services - PT/OT/ST/Audiology (7.d.) and Rehabilitation Clinics (9.g.) in EHB 7: Rehabilitative and habilitative services and devices

The base benchmark benefit is more limited in amount, duration, and scope than the Medicaid state plan benefit. The base benchmark benefit only allows 50 PT/OT/ST visits combined per calendar year whereas the Medicaid state plan allows 86 treatments per month, which can be exceeded based on a determination of medical necessity.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital or Other Covered Facility

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:

Duplication: Covered under the Connecticut Medicaid state plan as Inpatient Hospital Services - MH/SUD (1) in EHB 5: MH and SUD services

Base Benchmark Benefit that was Substituted:
Outpatient Hospital or Other Covered Facility

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:

Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services - MH/SUD (2.a), Clinic Services: MH and SA Clinics (9.e) and Clinic Services: Methadone Maintenance Clinics (9.f) in EHB 5: MH and SUD services

Certain Medicaid limits may be exceeded based on medical necessity and other soft limit probably exists in the base benchmark plan through claims processing.

Base Benchmark Benefit that was Substituted:
Professional 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:

Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services - MH/SUD (2.a), Physician Services - MH/SUD (5.a) and Clinic Services: MH and SA Clinics (9.e) in EHB 5: MH and SUD services

Certain Medicaid limits may be exceeded based on medical necessity, and the other soft limits probably exist in the base benchmark plan through claims processing.

Base Benchmark Benefit that was Substituted:
Covered Medications and Supplies

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:

Duplication: Covered under the Connecticut Medicaid state plan as Prescribed Drugs (12.a) in EHB 6: Prescription drugs

Base Benchmark Benefit that was Substituted:
Preventive Care, Adult

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:

Duplication: Covered under the Connecticut Medicaid state plan as Physician Services - Preventive and Wellness (5.a) in EHB 9: Preventive and wellness services and chronic disease management

Base Benchmark Benefit that was Substituted:
Preventive Care, Children

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:

Duplication: Covered under the Connecticut Medicaid state plan as Physician Services - Preventive and Wellness (5.a) in EHB 9: Preventive and wellness services and chronic disease management and EPSDT (4.b) in EHB 10: Pediatric services including oral and vision care

Alternative Benefit Plan

Add

Alternative Benefit Plan

☒ Other Base Benchmark Benefits Not Covered

Collapse All ☐

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Vision Services (testing, treatment, and supplies)

Source:
Base Benchmark

Remove

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

Routine non-pediatric eye exam services are an excepted benefit pursuant to 45 CFR 156.115(d)

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Dental Benefit

Source:
Base Benchmark

Remove

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

Non-pediatric dental services are an excepted benefit pursuant to 45 CFR 156.115(d)

Add

Alternative Benefit Plan

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

Other 1937 Benefit Provided:
Optometrist Services (for Adults)

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

Other:

Other 1937 Benefit Provided:
Other Practitioner: Dental Hygienist

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
See "Other"

Duration Limit:
See "Other"

Scope Limit:
See "Other"

Other:
- Limits for Dental Services apply (see "Dental Services (for Adults)" in EHB 1: Ambulatory patient services)

Other 1937 Benefit Provided:
Dentures

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
See "Other"

Duration Limit:
See "Other"

Scope Limit:
-Replacement of full and partial dentures limited to once every seven years, except if medically necessary

Other:

Other 1937 Benefit Provided:
Other Medical Care: Non-Emergency Transportation

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

Other:
Brokered transportation

Other 1937 Benefit Provided:
Eyeglasses

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
See "Other"

Duration Limit:
See "Other"

Scope Limit:
None

Other:
One pair per clients twenty-one years of age and older per two year period unless it is medically necessary because of a change in the client's medical condition

Other 1937 Benefit Provided:
FQHCs

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
See "Other" re dental services

Duration Limit:
None

Scope Limit:

See "Other" re dental services

Other:

Limits for Dental Services apply to dental services provided by FQHCs (see "Dental Services (for Adults)" in EHB 1: Ambulatory patient services)
Connecticut does not have any Rural Health Clinics (RHCs)

Other 1937 Benefit Provided:

Home Health Services - Home Health Aide Svs

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Not covered: Services for well child care or for prenatal or postpartum care that is not high risk

Other:

-The cost of services provided by the home health agency may not exceed the cost if the client were in the appropriate institution
-Prior authorization required for more than 14 hours per week

Other 1937 Benefit Provided:

Other Practitioner: Naturopath

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Only for clients under age 21

Other:

-Authorization required for more than five visits per month to the the same provider

Other 1937 Benefit Provided:

School Based Child Health Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
Only for clients under age 21

Other:
Only for services described in the IEP and otherwise coverable under Section 1905(a), as specified in the Medicaid State Plan
No other authorization required

Other 1937 Benefit Provided:
TCM for Clients with Chronic Mental Illness

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

Other:

Other 1937 Benefit Provided:
Nursing Facility Services

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

Other:

Other 1937 Benefit Provided:
ICF/IID fka ICF/MR Services

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

Other:

Other 1937 Benefit Provided:
Independent Therapies

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
Only for clients under age 21

Other:
Prior authorization requirements for PT/ST/OT/Audiology as described in EHB 7: Rehabilitative and Habilitative services and devices - Home Health Services

Other 1937 Benefit Provided:
Rehab Services: PNMI for Adults

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

Other:

Alternative Benefit Plan

Other 1937 Benefit Provided:
Rehab Services: PNMI for Children

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
Only for clients under age 21

Other:

Other 1937 Benefit Provided:
Rehab Services: Psychiatric Svs to Children

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
Only for clients under age 21

Other:
-Must be an approved rehabilitative model
-Requires registration
For the IIACPS (Intensive In-Home, Child and Adolescent Psychiatric Services) model only, concurrent authorization is required in specified circumstances

Other 1937 Benefit Provided:
Inpatient Psychiatric Facility Svs for Under 21

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
Only for clients under age 21, except up to 22 as provided in 42 CFR 441.151(a)(3)

Other:

Other 1937 Benefit Provided:
Other Practitioner: Professional Counselor Svs

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

Other:
Prior authorization required only for psychiatric diagnostic evaluation.

Other 1937 Benefit Provided:
Other Practitioner: Licensed ADC Svs

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

Other:
Prior authorization required only for psychiatric diagnostic evaluation.

Other 1937 Benefit Provided:
Other Pract: Licensed Marital & Family Therapist

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:

None

Other:

Prior authorization required only for psychiatric diagnostic evaluation.

Other 1937 Benefit Provided:

Other Practitioner: Psychologist

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Prior authorization required only for psychiatric diagnostic evaluation and psychological testing.

Other 1937 Benefit Provided:

Licensed Clinical Social Worker

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Prior authorization required only for psychiatric diagnostic evaluation.

Other 1937 Benefit Provided:

Preventive Services: Autism Spectrum Disorder Svcs

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
Only for Medicaid beneficiaries under age twenty-one.

Other:
See section 13(c) of Attachment 3.1-A for a full description of this benefit (added by SPA 15-004). Brief summary of key provisions in Attachment 3.1-A include:
- Medical / physical evaluation covered under the outpatient hospital, physician, other licensed practitioner, federally qualified health center or clinic State Plan benefit category, as applicable.
- Comprehensive diagnostic evaluation is covered under the outpatient hospital, physician, other licensed practitioner, federally qualified health center or clinic State Plan benefit category, as applicable.
- Behavior assessment, development of the plan of care, and ASD treatment services covered under this benefit in the preventive services State Plan benefit category.
- Medical/physical evaluation, comprehensive diagnostic evaluation, behavior assessment, and behavioral plan of care required before receiving ASD treatment services.
- Board Certified Behavior Analyst (BCBA) or specified licensed practitioner provides ASD treatment services and must supervise all ASD treatment services provided by Board Certified Assistant Behavior Analysts (BCaBAs) or technicians. BCBA or specified licensed practitioner also provides observation and direction of treatment services provided by BCaBAs or technicians.

The effective date of these services are the same as what is approved in the underlying SPA 15-004.

Other 1937 Benefit Provided:
TCM for Clients with Developmental Disabilities

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

Other:
TCM for Clients with Developmental Disabilities is detailed in the Medicaid State Plan in Supplement 1 to Attachment 3.1-A(1), Pages 1 through 6.

Other 1937 Benefit Provided:
Community First Choice Pursuant to Section 1915(k)

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
See Attachment 3.1-K

Duration Limit:
None

Scope Limit:

See Attachment 3.1-K

Other:

See Attachment 3.1-K for details regarding this benefit (created through approved SPA 15-012), including service components, limits, and provider information.

Other 1937 Benefit Provided:

Behavioral Health Homes Pursuant to Section 1945

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Attachment 3.1-H

Duration Limit:

None

Scope Limit:

See Attachment 3.1-H

Other:

See Attachment 3.1-H for details regarding this benefit (created through SPA 15-014), including service components, limits, and provider information.

Other 1937 Benefit Provided:

Other Medical Care: Integrated Care Models - PCMH+

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See Attachment 3.1-A.

Other:

As described in Attachment 3.1-A, the Person-Centered Medical Home Plus (PCMH+) is an integrated care model within the Other Medical Care benefit category in section 1905(a)(29) of the Social Security Act and includes the provision of primary care case management services as defined in section 1905(t) of the Social Security Act.

See Attachment 3.1-A for details regarding this benefit (created through SPA 17-0002), including service components, limits, and provider information. Authorization not required.

Other 1937 Benefit Provided:

Medication-Assisted Treatment

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
See Attachment 3.1-A

Duration Limit:

Scope Limit:
See Attachment 3.1-A

Other:
As described in Attachment 3.1-A, Medication-Assisted Treatment (MAT) is a mandatory benefit category required pursuant to section 1905(a)(29) of the Social Security Act, as added by Section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (Pub. L. No. 115-271). That federal law provision is currently in effect from October 1, 2020 through September 30, 2025. All of the services covered under this benefit category were previously covered under other applicable benefit categories.

See Attachment 3.1-A for details regarding this benefit (initially created through SPA 21-0014), including provider qualifications, service components, and limits.

The state makes the following assurances:

MAT is provided as defined in the approved state plan Attachment 3.1-A and if applicable, Attachment 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 1937 Benefit Provided:
CT Housing Engagement and Support Services (CHESS)

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
See Attachment 3.1-i

Duration Limit:

Scope Limit:
See Attachment 3.1-i

Other:
As described in Attachment 3.1-i, the Connecticut Housing Engagement and Support Services (CHESS) is an optional state plan home and community-based services benefit pursuant to section 1915(i) of the Social Security Act. The purpose of CHESS is to improve housing stability and health outcomes for a targeted set of Medicaid members who have complex health conditions, have experienced homelessness, and have been determined to be likely to benefit from targeted tenancy sustaining services based on risk factors.

See Attachment 3.1-i for details regarding this benefit (initially created through SPA 21-0001), including needs-based criteria, targeting criteria, service components, limits, and provider qualifications.

Other 1937 Benefit Provided:
Other Licensed Practitioner: Acupuncture Services

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

Other:
See Attachment 3.1-A of the Medicaid State Plan for details. No authorization requirements.

Other 1937 Benefit Provided:
Other Licensed Practitioner: Chiropractor Services

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Authorization required in excess of limitation

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
Scope limited pursuant to 42 CFR 440.60(b). See Attachment 3.1-A of the Medicaid State Plan for details.

Other:
See Attachment 3.1-A of the Medicaid State Plan for details.

Other 1937 Benefit Provided:
Routine Patient Costs Qualifying Clinical Trials

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
See section 30 of Attachment 3.1-A

Duration Limit:
See section 30 of Attachment 3.1-A

Scope Limit:
Scope limited pursuant to sections 1905(a)(30), 1905(gg), and 1937(b)(5). See section 30 of Attachment 3.1-A of the Medicaid State Plan.

Other:
Effective January 1, 2022, Routine Patient Services Associated with Participation in Qualifying Clinical Trials is added as a mandatory benefit under the ABP pursuant to section 1937(b)(5) of the Act and is

detailed in sections 1905(a)(30) and 1905(gg) of the Act. All authorization, provider qualifications, amount limits, duration limits, and scope limits are the same as set forth in section 30 of Attachment 3.1-A, which cross-references section 1905(gg) and except as otherwise specifically provided by sections 1905(a)(30) and 1905(gg), all services provided under this benefit follow the same provisions, requirements, and limitations set forth in the applicable section of Attachment 3.1-A of the Medicaid State Plan (or, to the extent applicable, in the relevant waiver or demonstration project) that governs each applicable underlying service that is otherwise covered under the state plan, waiver, or demonstration project.

Other 1937 Benefit Provided:

SUD Svcs Rehab Benefit - Outpatient & Residential

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Attachment 3.1-A

Duration Limit:

See Attachment 3.1-A

Scope Limit:

See Attachment 3.1-A

Other:

As set forth in Attachment 3.1-A, effective June 1, 2022. All authorization, provider qualifications, amount limits, duration limits, and scope limits are the same as set forth in Attachment 3.1-A.

Add

☐ 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

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.20130814

Alternative Benefit Plan

OMB Control Number: 09381148
OMB Expiration date: 10/31/2014

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. ☐

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.

☑ 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.

Alternative Benefit Plan

☑ The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

PRA Disclosure Statement

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V.20130807

Alternative Benefit Plan

OMB Control Number: 09381148

Attachment 3.1-L- ☐ OMB Expiration date: 10/31/2014

Service Delivery Systems — ABP8

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

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

Select one or more service delivery systems:

☐ Managed care.

☒ Fee-for-service.

☐ Other service delivery system.

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 Department contracts with three Administrative Services Organizations to provide a managed fee-for-service delivery system. The ASOs manage medical, dental and behavioral health services. The Medical ASO supports a person-centered medical home program and also provides intensive case management. All services are provided by the Department's provider network. All Medicaid beneficiaries are served by this delivery system.

Additional Information: Fee-For-Service (Optional)

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

V.20130718

Alternative Benefit Plan

State Name: Connecticut Attachment 3.1-L- OMB Control Number: 09381148

Transmittal Number: CT - 21 - 0036

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:

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V.20160722

Alternative Benefit Plan

OMB Control Number: 09381148
OMB Expiration date: 10/31/2014

Attachment 3.1-L- ☐

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

V.20130807

Alternative Benefit Plan

OMB Control Number: 09381148

Attachment 3.1-L- ☐

OMB Expiration date: 10/31/2014

Payment Methodology	**ABP11**

Alternative Benefit Plans - Payment Methodologies

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

An attachment is submitted.

PRA Disclosure Statement

V.20130807