DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services San Francisco Regional Office 90 Seventh Street, Suite 5-300 (5W) San Francisco, CA 94103-6706



#### DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 2, 2014

Tom Betlach, Director Arizona Health Care Cost Containment System 801 East Jefferson Street Phoenix, AZ 85034

Dear Mr. Betlach:

Enclosed for your records is an approved copy of Arizona's State Plan Amendment (SPA) AZ-14-0010. This combined ABP and Medicaid SPA, which was submitted on September 12, 2014, adds insulin pumps as a covered benefit under the prosthetics sections of the ABP and the State Plan by removing it as a formerly excluded item.

This ABP and Medicaid SPA is approved effective October 1, 2014. Attached are copies of the following pages to be incorporated into your State Plan:

- Attachment 3.1-L: o ABP 5, pages 1-43
  - Attachment 3.1-A Limitations, page 9

If you have any questions, please contact Cheryl Young at (415) 744-3598 or at cheryl.young@cms.hhs.gov.

Sincerely,

/s/

Hye Sun Lee Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations

cc: Wakina Scott HeeYoung Ansell

#### Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

	oer: he Transmittal Number (1 ubmission year, and 0000					
Proposed Effective 10/01/2014	Proposed Effective Date 10/01/2014 (mm/dd/yyyy)					
Federal Statute/Re	egulation Citation					
Section 1937	of the Social Security Act	•	-			
Federal Budget Im	inact					
i ederal bauget in	Federal Fiscal Year		Amount			
First Year	2015	\$ 822600.00				
Second Year	r 2016	\$ 852800.00				
Subject of Amenda Updates benef	ment its to add insulin pumps					
Governor's Office	Review		•			
	nor's office reported no co					
Comm Descrit	ents of Governor's office i	received				
<del>-</del>	ly received within 45 days as specified	of submittal				
Describ		2004805-04-7001004040404040404040404040404040404040			99	
TO SERVICE AND THE SERVICE AND		- MANAGAMAN MANAGAMAN ANG MANAGAMAN MANAGAMAN ANG MANAGAMA				The state of the s
Signature of State Submitted B Theresa Go Last Revision Sep 9, 2014 Submit Date Sep 9, 2014	y: onzales n Date:					

#### Page 9

#### 12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

#### 12a. Prescribed drugs.

Medicare Part D drugs are not covered for full benefit dual eligible members, as coverage is provided through Medicare Part D PDPs and MAPDs

Prescription drugs for covered transplantation services shall be provided in accordance with AHCCCS transplantation policies.

AHCCCS only covers over-the-counter medications in place of a covered prescription medication that is clinically appropriate, equally safe and effective, and less costly than the covered prescription medication.

In compliance with Section 1927(b) of the Social Security Act (the Act), the State collects drug rebates in accordance with established policy for drug rebate agreements as provided in Exhibit 12(a) to Attachment 3.1-A.

#### 12c. Prosthetic devices.

Prosthetic devices are limited to devices prescribed by a physician or other licensed practitioner to artificially replace missing, deformed or malfunctioning portions of the body and which are medically necessary to the rehabilitation of the member.

Covered prosthetic devices for members age 21 and older do not include hearing aids, cochlear implants, bone anchored hearing aids, percussive vests, microprocessors for controlled joints for the lower limbs in addition to microprocessor-controlled joints for the lower limbs, penile implants, and vacuum devices.

Orthotic devices, which are defined as devices that are prescribed by a physician or other licensed practitioner of the healing arts to support a weak or deformed portion of the body, are not covered except under the following circumstances: Halos to treat cervical fracture instead of surgery; Walking boots instead of surgery or serial casting; Knee orthotics for crutch dependent ambulation instead of a wheelchair.

#### 12d. Eyeglasses.

Eye examinations for prescriptive lenses and the provision of prescriptive lenses under EPSDT services.

Adult services are limited to eyeglasses and contact lenses as the sole prosthetic device after a cataract extraction.

## 13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

#### 13a. Diagnostic Services.

Genetic testing is not covered unless the results of the genetic tests are necessary to differentiate between treatment options. Genetic testing is not covered to determine specific diagnoses or syndromes when such determination would not definitively alter the medical treatment of the member.

TN No. <u>14-0010</u> Supercedes TN No. 14-003 Approval Date: DEC 0 2 2014

Effective Date: October 1, 2014



	OMB Control Number: 0938-1148
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:	
United Health Care EPO	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approve "Secretary-Approved."	d. Otherwise, enter
Secretary-Approved	

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Essential Health Benefit 1: Ambulatory patient services	(	Collapse All
Benefit Provided:	Source:	
Physician Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limit		
Other information regarding this benefit, including t benchmark plan:	he specific name of the source plan if it is not the base	]
Benefit Provided:	Source:	_
Family Planning Services and Supplies	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
No Limit	No Limit	
Scope Limit:		_
No Limit		
Other information regarding this benefit, including t benchmark plan:	he specific name of the source plan if it is not the base	]
Benefit Provided:	Source:	
Hospice Care	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Same as Medicare	Same as Medicare	
Scope Limit:		-
Same as Medicare. As required by section 2302 of than 21 years of age may receive concurrent curative		

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benchmark plan:	ncluding the specific name of the source plan if it is not the base	
		Remov
Benefit Provided:	Source:	<del></del>
Outpatient hospital services	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
Outpatient hospital services are services of health care facilities by licensed health care	ordinarily provided in hospitals, clinics, offices and other are providers.	
benchmark plan:	ncluding the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Fransportation: Non-Emergency	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
No Limit	No Limit	
Scope Limit:		_
	n is available for transport to and from facilities where medical ceed 100 miles require prior authorization	
Other information regarding this benefit, i benchmark plan:	ncluding the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	<u></u>
Clinic Services: Non-Urgent	State Plan 1905(a)	
	Provider Qualifications:	
Authorization:		
Authorization: None	Medicaid State Plan	
	Medicaid State Plan  Duration Limit:	

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Scope Limit:  No Limit		Remove
	uding the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Home health services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
Home health services meet the requirements	of 42 CFR 440.70.	
Benefit Provided:	Source:	
Med/surg services furnished by a dentist	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
	eleanings, routine dental exams, dental restorations including mies, root canals, and the construction or delivery of partial	
Other information regarding this benefit, includenchmark plan:	uding the specific name of the source plan if it is not the base	
	to the treatment of a medical condition such as acute pain, xamination of the oral cavity, required radiographs, complex maxillofacial fractures.	

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Essential Health Benefit 2: Emergency services		Collapse All
Benefit Provided:	Source:	
Transportation: Emergency Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limit	No limit	
Scope Limit:		
	defined in the Medicaid State Plan including point of or obstacles to get person to nearest hospital, medical	
Other information regarding this benefit, include benchmark plan:	ling the specific name of the source plan if it is not the base	se
Benefit Provided:	Source:	
Clinic Services: Urgent and Emergent Care	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limits		
Other information regarding this benefit, include benchmark plan:	ling the specific name of the source plan if it is not the base	se
Benefit Provided:	Source:	
Outpatient Hospital: Emergency Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
No Limit	No Limit	
Scope Limit:		
No Limit		



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

Remove

This service includes urgent care that may be non-emergent, but is determined in accordance with AHCCCS to require prompt medical attention.

Add

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	Essential Health Benefit 3: Hospitalization		Collapse All
	Benefit Provided:	Source:	
	Inpatient Hospital Services	State Plan 1905(a)	Remove
	Authorization:	Provider Qualifications:	
	None	Medicaid State Plan	
	Amount Limit:	Duration Limit:	
	No Limit	No Limit	
	Scope Limit:		
	Inpatient hospital services include services in inpatier persons < 21 years in accordance with 42 CFR 441.15		
	Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
	Inpatient hospital services are services provided for evadequately treated on an ambulatory basis as defined by Occupational Therapy and Speech, Hearing, and Lang	by the Medicaid state plan. This benefit includes	
	Benefit Provided:	Source:	
	Organ Transplant Services	State Plan 1905(a)	Remove
	Authorization:	Provider Qualifications:	
	Prior Authorization	Medicaid State Plan	
	Amount Limit:	Duration Limit:	
	No Limit	No Limit	
	Scope Limit:		
	AHCCCS doesn't cover the following transplants for pancreas transplants, including islet cell transplants, In listed in the Medicaid state Plan.		
	Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
	Medically necessary transplant services meeting nation investigational organ or tissue transplants are available		
	Benefit Provided:	Source:	
	Nursing Facility Services: Sub Acute or Rehab	State Plan 1905(a)	
,	Authorization:	Provider Qualifications:	_
	None	Medicaid State Plan	
	Amount Limit:	Duration Limit:	_
	90 days per contract year	none	

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) Removations:
ations:
an
d from facilities where medical
ne source plan if it is not the base

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Add



Essential Health Benefit 4: Maternity and newborn care		Collapse All
Benefit Provided:	Source:	
Extended Services for Pregnant Woman	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		_
No Limit		
	the specific name of the source plan if it is not the base	
benchmark plan:		¬
Benefit Provided:	Source:	
Nurse-Midwife	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limits		
	the specific name of the source plan if it is not the base	
benchmark plan:		¬
Benefit Provided:	Source:	
Inpatient Hospital: Maternity	State Plan 1905(a)	$\neg$
Authorization:	Provider Qualifications:	_
None	Medicaid State Plan	$\neg$
Amount Limit:	Duration Limit:	_
No Limit	No Limit	
Scope Limit:		_
No Limit		
		_

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benchmark plan:	efit, including the specific name of the source plan if it is not the base	Remove
Benefit Provided:	Source:	1
Physician: Maternity	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	-
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	•
No Limit	No Limit	
Scope Limit:		
No Limit		
Other information regarding this ben benchmark plan:	efit, including the specific name of the source plan if it is not the base	
		Add

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Benefit Provided:	Source:	
Rehab: Inv, Grp &/or Family Therapy and Counseling		Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
No Limit	No Limit	
Scope Limit:		_
BHT's are limited to providing this service under	an ADHS/DBHS licensed agency.	
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	]
Benefit Provided:	Source:	J
npatient Hospital : Mental Health Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	-
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	7
No Limit	No Limit	
Scope Limit:		1
Not IMD Facilities. The IMD payment exclusion	applies'	
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	]
Benefit Provided:	Source:	
npatient Hospital:Substance Abuse Detoxification	State Plan 1905(a)	
Authorization:	Provider Qualifications:	-
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	-
	No Limit	

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Essential Health Benefit 6: Prescription drugs		
Benefit Provided:		
Coverage is at least the greater of one drug in each same number of prescription drugs in each category	I '	, e ;
Prescription Drug Limits (Check all that apply.):	Authorization:	Provider Qualifications:
Limit on days supply	No	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 Arizona's ABP prescription drug bene state plan for prescribed drugs.	efit plan is the same as	under the approved Medicaid



Essential Health Benefit 7: Rehabilitative and habilitative	services and devices	Collapse All
Benefit Provided:	Source:	
Physical therapy	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
30 Outpatient Visits Per Year	None.	
Scope Limit:		
Out-patient physical therapy is limited to 15 visits per visits per contract year for habilitative purposes.	er contract year for rehabilitative purposes and 15	
Other information regarding this benefit, including the benchmark plan:	ne specific name of the source plan if it is not the base	_
The Physical Therapy benefit includes 15 visits per c year habilitation services.	contact year for rehabilitation and 15 visits per contract	t
Benefit Provided:	Source:	
Prosthetic Devices	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
See Other Information		
Other information regarding this benefit, including the benchmark plan:	ne specific name of the source plan if it is not the base	_
Covered prosthetic devices for members 21 and older microprocessors for controlled joints for the lower line the lower limbs penile implants and vacuum devices.	mbs, in addition to microprocessor-controlled joints for	or
Benefit Provided:	Source:	
Medical supplies, equipment & appliances for home	State Plan 1905(a)	
Authorization:	Provider Qualifications:	_
Authorization: None	Provider Qualifications:  Medicaid State Plan	



Scope Limit:		
Personal care items including items for personal cleunless needed to treat a medical condition.	eanliness, body hygiene, and grooming are not covered	Remove
Other information regarding this benefit, including t benchmark plan:	the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Rehab: Psychosocial Rehabilitation	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limit		
Other information regarding this benefit, including t benchmark plan:	the specific name of the source plan if it is not the base	
her best age appropriate functional level for the purp independently and function in the community.	poses of maximizing the person's admity to live	
Benefit Provided:	Source:	
Rehab: Home Care Training to Home Care Client	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limits	No Limits	
Scope Limit:		
	han three adults in an Adult Therapeutic Foster Home erally recognized Indian tribes that attest to CMS via	
Other information regarding this benefit, including t benchmark plan:	the specific name of the source plan if it is not the base	
These services are provided by behavioral health the the member's ability to live and participate in the co assistance in the self-administration of medication a health promotion) indicated by the member's treatment	nd any ancillary services (such as living skills and	

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Other information regarding this bene benchmark plan:  These services are designed to assist a condition that enables a member to fu member's ability to manage mental he	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  No Limit  viding this service under an ADHS/OBHL licensed agency or a State by.  effit, including the specific name of the source plan if it is not the base a person or group of persons with a medical/behavioral health unction in the workplace. These services include supporting the ealth related symptoms, facilitate recovery from mental illness; assist competencies, and to aid members to establish and navigate	Remove
Authorization:  None  Amount Limit:  No Limit  Scope Limit:  BHT's and BHPP's are limited to pro Certified Community Service Agency Other information regarding this bene benchmark plan:  These services are designed to assist a condition that enables a member to furnember's ability to manage mental he with personal, community and social or services.	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  No Limit  viding this service under an ADHS/OBHL licensed agency or a State by.  efit, including the specific name of the source plan if it is not the base a person or group of persons with a medical/behavioral health unction in the workplace. These services include supporting the ealth related symptoms, facilitate recovery from mental illness; assist	Remove
None  Amount Limit:  No Limit  Scope Limit:  BHT's and BHPP's are limited to pro Certified Community Service Agency Other information regarding this bene benchmark plan:  These services are designed to assist a condition that enables a member to fur member's ability to manage mental he with personal, community and social or services.	Medicaid State Plan  Duration Limit:  No Limit  viding this service under an ADHS/OBHL licensed agency or a State y.  effit, including the specific name of the source plan if it is not the base a person or group of persons with a medical/behavioral health unction in the workplace. These services include supporting the ealth related symptoms, facilitate recovery from mental illness; assist	
Amount Limit:  No Limit  Scope Limit:  BHT's and BHPP's are limited to pro Certified Community Service Agency  Other information regarding this bene benchmark plan:  These services are designed to assist a condition that enables a member to furnember's ability to manage mental he with personal, community and social of the community and	Duration Limit:  No Limit  viding this service under an ADHS/OBHL licensed agency or a State by.  efit, including the specific name of the source plan if it is not the base a person or group of persons with a medical/behavioral health unction in the workplace. These services include supporting the ealth related symptoms, facilitate recovery from mental illness; assist	
No Limit  Scope Limit:  BHT's and BHPP's are limited to pro Certified Community Service Agency  Other information regarding this bene benchmark plan:  These services are designed to assist a condition that enables a member to furnember's ability to manage mental he with personal, community and social of the services are designed to assist a condition that enables a member to furnember's ability to manage mental he with personal, community and social of the services are designed to assist a condition that enables a member to furnember's ability to manage mental he with personal, community and social of the services are designed to assist a condition that enables a member to furnember's ability to manage mental he with personal, community and social of the services are designed to assist a condition that enables a member to furnember's ability to manage mental he with personal, community and social of the services are designed to assist a condition that enables a member to furnember's ability to manage mental he with personal, community and social of the services are designed to assist a condition that enables a member to furnember's ability to manage mental he with personal conditions.	No Limit  Dividing this service under an ADHS/OBHL licensed agency or a State by.  Defit, including the specific name of the source plan if it is not the base a person or group of persons with a medical/behavioral health function in the workplace. These services include supporting the ealth related symptoms, facilitate recovery from mental illness; assist	
Scope Limit:  BHT's and BHPP's are limited to pro Certified Community Service Agency Other information regarding this bene benchmark plan:  These services are designed to assist a condition that enables a member to furnember's ability to manage mental he with personal, community and social of the services are designed to assist a condition that enables a member to furnember's ability to manage mental he with personal, community and social of the services are designed to assist a condition that enables a member to furnember's ability to manage mental he with personal, community and social of the services are designed to assist a condition that enables a member to furnember's ability to manage mental he with personal, community and social of the services are designed to assist a condition that enables a member to furnember's ability to manage mental he with personal, community and social of the services are designed to assist a condition that enables a member to furnember's ability to manage mental he with personal, community and social of the services are designed to assist a condition that enables a member to furnember's ability to manage mental he with personal and the services are designed to assist a condition that enables a member to furnember's ability to manage mental he with personal and the services are designed to a service and	efit, including the specific name of the source plan if it is not the base a person or group of persons with a medical/behavioral health unction in the workplace. These services include supporting the ealth related symptoms, facilitate recovery from mental illness; assist	
BHT's and BHPP's are limited to pro Certified Community Service Agency Other information regarding this bene benchmark plan: These services are designed to assist a condition that enables a member to furnember's ability to manage mental he with personal, community and social of the certification of the	efit, including the specific name of the source plan if it is not the base a person or group of persons with a medical/behavioral health anction in the workplace. These services include supporting the ealth related symptoms, facilitate recovery from mental illness; assist	
Other information regarding this bene benchmark plan:  These services are designed to assist a condition that enables a member to furnember's ability to manage mental he with personal, community and social of the condition of the community and social of	efit, including the specific name of the source plan if it is not the base a person or group of persons with a medical/behavioral health anction in the workplace. These services include supporting the ealth related symptoms, facilitate recovery from mental illness; assist	
benchmark plan: These services are designed to assist a condition that enables a member to fu member's ability to manage mental he with personal, community and social of the conditions of the conditions of the conditions are conditions.	a person or group of persons with a medical/behavioral health unction in the workplace. These services include supporting the ealth related symptoms, facilitate recovery from mental illness; assist	
condition that enables a member to fu member's ability to manage mental he with personal, community and social	unction in the workplace. These services include supporting the ealth related symptoms, facilitate recovery from mental illness; assist	
nefit Provided:	Source:	
ab: Health Promotion	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limits	No Limits	
Scope Limit:		
BHT's and BHPP's are limited to pro Certified Community Service Agency	oviding this service under an ADHS/OBHL licensed agency or a State y.	
Other information regarding this bene benchmark plan:	efit, including the specific name of the source plan if it is not the base	
treatment plan on health related topics	group of persons and/or their families related to the enrolled member's s such as the nature of illness, relapse and symptom management, gement, safe sex practices, HIV education and healthy lifestyles	

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■ Essential Health Benefit 8: Laboratory services		Collapse All
Benefit Provided:	Source:	
Other laboratory and x-ray services.	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
See Other Information		
Other information regarding this benefit, including the benchmark plan:	Other information regarding this benefit, including the specific name of the source plan if it is not the base	
Laboratory, x-ray, and medical imaging services. Genetic testing is not covered unless the result of the genetic tests are necessary to differentiate between treatment options. Genetic testing is not covered to determine specific diagnoses or syndromes when such determination would not definitively alter the medical treatment of the member.		
		Add

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Benefit Provided:	Source:	
Preventative Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	-
No Limit	No Limit	
Scope Limit:		-
No Limit		
Other information regarding this benefit, ir benchmark plan:	ncluding the specific name of the source plan if it is not the base	_
Committee for Immunization Practices (AC infants, children and adults recommended	United States Preventive Services Task Force; Advisory CIP) recommended vaccines; preventive care and screening for by HRSA's Bright Futures program/project; and additional	
benefit.	led by the Institute of Medicine (IOM) are included in this	
benefit.  Benefit Provided:	led by the Institute of Medicine (IOM) are included in this  Source:	
benefit.  Benefit Provided:		Remove
benefit.  Benefit Provided:	Source:	Remove
benefit.  Benefit Provided:  Screening Services	Source: State Plan 1905(a)	Remove
benefit.  Benefit Provided:  Screening Services  Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
benefit.  Benefit Provided:  Screening Services  Authorization:  None	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan	Remove
benefit.  Benefit Provided:  Screening Services  Authorization:  None  Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benefit.  Benefit Provided:  Screening Services  Authorization:  None  Amount Limit:  No Limit	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benefit.  Benefit Provided:  Screening Services  Authorization:  None  Amount Limit:  No Limit  Scope Limit:  No Limit	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benefit.  Benefit Provided:  Screening Services  Authorization:  None  Amount Limit:  No Limit  Scope Limit:  No Limit  Other information regarding this benefit, in benchmark plan:  "A" and "B" services recommended by the Committee for Immunization Practices (AC infants, children and adults recommended)	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: No Limit	Remove
benefit Provided:  Screening Services  Authorization:  None  Amount Limit:  No Limit  Scope Limit:  No Limit  Other information regarding this benefit, ir benchmark plan:  "A" and "B" services recommended by the Committee for Immunization Practices (AC infants, children and adults recommended preventive services for women recommended	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  No Limit  No Limit  Provider Qualifications:  Medicaid State Plan  Duration Limit:  No Limit  No Limit	Remove

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Authorization:	Provider Qualifications:
None	Medicaid State Plan Remove
Amount Limit:	Duration Limit:
No Limit	No Limit
Scope Limit:	
Services provided by persons who have least 18 years old.	been consumers of the behavioral health system and who are at
Other information regarding this benefit, benchmark plan:	including the specific name of the source plan if it is not the base
assisting with developing plans of care, a	h more effectively utilizing the service delivery system such as accessing supports, partnering with professionals, overcoming to understand and cope with the member's disability, behavior
Benefit Provided:	Source:
Rehab Services: Family Support/Home Care	Training State Plan 1905(a) Remove
Authorization:	Provider Qualifications:
None	Medicaid State Plan
Amount Limit:	Duration Limit:
No Limit	No Limit
Scope Limit:	
No Limit	
Other information regarding this benefit benchmark plan:	including the specific name of the source plan if it is not the base
enhancement, or maintenance of the fam care for the member in the home and cor involve support activities such as assisting to effectively interact and/or manage the	ity functions with a member's family and are directed toward restoration, ily functioning to increase their ability to effectively interact and inmunity when relevant to the member's treatment plan. May age the family to adjust to the member's disability, developing skills member, understanding the causes and treatment of behavioral ely utilizing the system, or planning long term care for the
Benefit Provided:	Source:
Rehab Services Living Skills Training	State Plan 1905(a)
Authorization:	Provider Qualifications:
None	

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Amount Limit:	Duration Limit:	
No Limit	No Limit	Remove
Scope Limit:		_
No Limit		
Other information regarding this bene benchmark plan:	fit, including the specific name of the source plan if it is not the base	_
appropriate independent living, social	storation, enhancement, maintenance, and assistance in obtaining age, and communication skills to members and/or their families in order ve and participate in the community and to function independently.	
Benefit Provided:	Source:	
Respite	Secretary-Approved Other	Remove
Authorization:	Provider Qualifications:	
None	Other	
Amount Limit:	Duration Limit:	_
600 hours per year	none	
Scope Limit:		_
No Limit		
Other information regarding this bene benchmark plan:	fit, including the specific name of the source plan if it is not the base	
The respite benefit is authorized under Health Care Cost Containment System	r the 1115 Research and Demonstration Waiver for the Arizona	
Benefit Provided:	Source:	
Case Management	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Other	
Amount Limit:	Duration Limit:	_
No Limit	No Limit	
Scope Limit:		_
No Limit		
Other information regarding this bene benchmark plan:	fit, including the specific name of the source plan if it is not the base	7



nefit Provided:	Source:	
ner practitioners' srvs:Other practitioners' srv	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limit		
benchmark plan:	ng the specific name of the source plan if it is not the base	
Other practitioners' services provided by:  I. Respiratory Therapists		
ii. Certified Nurse Practitioners		
iii. Certified Registered Nurse Anesthetists		
iv. Non-physician First Surgical Assistants and F		
v. Licensed midwives within the limitations prov	vided in the AHCCCS policy	
	F	
and Procedures	1 3	
vi. Licensed affiliated practice dental hygienists	1 3	
vi. Licensed affiliated practice dental hygienists Arizona's state practice act.	practicing within the scope of	
vi. Licensed affiliated practice dental hygienists Arizona's state practice act. vii. Licensed Pharmacists employed by an AHCO	practicing within the scope of  CCS-registered pharmacy and	
vi. Licensed affiliated practice dental hygienists Arizona's state practice act. vii. Licensed Pharmacists employed by an AHCO acting within the scope of their practice may adn	practicing within the scope of  CCS-registered pharmacy and	
vi. Licensed affiliated practice dental hygienists Arizona's state practice act. vii. Licensed Pharmacists employed by an AHCO acting within the scope of their practice may adn pneumococcal vaccines and anaphylaxis agents.	practicing within the scope of  CCS-registered pharmacy and ninister seasonal flu and	
vi. Licensed affiliated practice dental hygienists Arizona's state practice act. vii. Licensed Pharmacists employed by an AHCO acting within the scope of their practice may adn	practicing within the scope of  CCS-registered pharmacy and ninister seasonal flu and als, as defined in rule, when the services are	
vi. Licensed affiliated practice dental hygienists Arizona's state practice act. vii. Licensed Pharmacists employed by an AHCO acting within the scope of their practice may adn pneumococcal vaccines and anaphylaxis agents. viii. Non-physician behavioral health professional	practicing within the scope of  CCS-registered pharmacy and ninister seasonal flu and  als, as defined in rule, when the services are oners: social workers, physician	

Add

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Essential Health Benefit 10: Pediatric services including oral and vision care		Collapse All
Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		_
Only provided to individuals under 21 years of age		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
EPSDT covered services include services that correct or ameliorate physical and mental defects, conditions, and illnesses discovered by the screening process when those services fall within the optional and mandatory categories of "Medical Assistance" as defined in the Medicaid Act. Services covered under EPSDT include categories of services in the Federal Law even when they are not listed as covered services in the AHCCCS State Plan, AHCCCS statutes, rules, or policies as long as the services are medically necessary and cost effective.		
		Add

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Other Covered Benefits from Base Benchmark	Collapse All

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Collapse All
Remove
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Base Benchmark Benefit that was Substituted:	Source:		
Emergency Services-Duplication	Base Benchmark	Remove	
Explain the substitution or duplication, including ir section 1937 benchmark benefit(s) included above			
symptoms were bundled, along with urgent care an	Il or behavioral conditions that manifests itself by acute d mapped to the 'emergency services' EHB category. It hospital:emergency hospital services from the existing		
Base Benchmark Benefit that was Substituted:	Source:		
Inpatient Hospital Services- Duplication	Base Benchmark	Remove	
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above			
Inpatient hospital services for services that cannot be another Participating Health Care Facility were majare a duplication of inpatient hospital from the exist	pped to the 'hospitalization' EHB category. The services		
Base Benchmark Benefit that was Substituted:	Source:		
Outpatient Facility Services-Duplication  Base Benchmark			
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:			
Outpatient facility services for services provided or patient services' EHB category. The services are a c existing state Medicaid plan.	an outpatient basis were mapped to the 'ambulatory duplication of outpatient hospital services from the		
Base Benchmark Benefit that was Substituted:	Source:		
Organ Transplant Services-Duplication	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:			
1 - 1	nly transplants) for the transplant of human organs and egory. The services are a duplication of organ transplant		
Base Benchmark Benefit that was Substituted:	Source:		
Subacute Care-Duplication Base Benchmark			
Explain the substitution or duplication, including ir section 1937 benchmark benefit(s) included above			
Subacute care including but not limited to hospital- nursing facilities were mapped to the 'hospitalization nursing facility: sub acute or rehab services from the			



Base Benchmark Benefit that was Substituted:	Source:			
Maternity Care Services-Duplication	Base Benchmark	Remove		
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above u				
	ad hospital care for the term of the pregnancy, upon opped to the 'maternity and newborn care' EHB category. for pregnant women from the existing state Medicaid			
Base Benchmark Benefit that was Substituted:	Source:			
Prenatal Care and Program Services-Duplication	Base Benchmark	Remove		
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above u				
1 5	surgical and hospital care for the term of the pregnancy HB category. The services are a duplication of extended Medicaid plan.			
Base Benchmark Benefit that was Substituted:	Source:			
Midwife Services-Duplication  Base Benchmark				
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:				
	rere mapped to the 'maternity and newborn care' EHB dwife services from the existing state Medicaid plan.			
Base Benchmark Benefit that was Substituted:	Source:			
Cosmetic Surgery-Duplication	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:				
	nstitutes necessary care and treatment of medically faccidental injury was mapped to the 'hospitalization' tent hospital services from the existing state Medicaid			
Base Benchmark Benefit that was Substituted:	Source:			
Bariatric Surgery -Duplication	Base Benchmark	Remove		
Explain the substitution or duplication, including increased in 1937 benchmark benefit(s) included above used to the substitution of duplication, including increased in the substitution of duplication in the substitution of duplication including increased in the substitution of duplication of duplication in the substitution of duplication in the subs	C I			
	at least one co-morbidity related to obesity and who not for obesity was mapped to the 'hospitalization' EHB ospital services from the existing state Medicaid plan.			



Base Benchmark Benefit that was Substituted:	Source:	
Breast Reconstruction and Prostheses-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Breast Reconstruction and Breast Prostheses following and 'Rehabilitative and Habilitative and Devices EHE hospital services and prosthetics from the existing states.	3 categories. The services are a duplication of inpatient	
Base Benchmark Benefit that was Substituted:	Source:	
Inpatient Mental Health Services-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Inpatient Mental Health Services provided by a partic mental health during an inpatient stay were mapped to services/behavioral health treatment' EHB category. I mental health services from the existing state Medica	o the 'mental health and substance abuse disorder Γhe services are a duplication of inpatient hospital:	
Base Benchmark Benefit that was Substituted:	Source:	
Outpatient Mental Health Services-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
mental health on an outpatient basis in an individual, mapped to the 'mental health and substance abuse dis		
Base Benchmark Benefit that was Substituted:	Source:	
Outpatient SA Rehabilitation Services-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Outpatient Substance Abuse Rehabilitation Services pand diagnosis of abuse or addiction to alcohol and/or structured group or intensive outpatient therapy prograbuse disorder services/behavioral health treatment' E outpatient hospital: substance abuse rehabilitation ser	ram were mapped to the 'mental health and substance EHB category. The services are a duplication of	
Base Benchmark Benefit that was Substituted:	Source:	
Residential MH/SA Treatment Services-Duplication	Base Benchmark	
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Residential MH/SA Treatment Services for voluntary mental health and substance abuse treatment were ma		



disorder services/behavioral health treatment' EHB category. The services are a duplication of group and/or family therapy and counseling: services from the existing state Medicaid plan.	Remove
Base Benchmark Benefit that was Substituted:  SA Detoxification Services-Duplication  Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the dup section 1937 benchmark benefit(s) included above under Essential Health Benefits:	plicate
Substance Abuse Detoxification Services for detoxification and related medical ancillary service required for the diagnosis and treatment of addiction to alcohol and/or drugs, and medication method when provided in conjunction with a consultation were mapped to the 'mental health and substance services/behavioral health treatment' EHB category. The services are a duplication of hospital: substance abuse detoxification services from the existing state Medicaid plan.	nanagement ance abuse
Base Benchmark Benefit that was Substituted:  Diagnostic Testing, Lab and Radiology Services- Dup  Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the dup section 1937 benchmark benefit(s) included above under Essential Health Benefits:  Diagnostic testing, including labratory and radiology services were mapped to the 'laboratory's category. The services are a duplication of other laboratory and x-ray services from the existing Medicaid plan.	ervices' EHB
Base Benchmark Benefit that was Substituted:  Source: Base Benchmark  Source:	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the dup section 1937 benchmark benefit(s) included above under Essential Health Benefits:	plicate
Short term rehabilitative services including PT, OT, SP, and cardiac rehabilitation limited to 60 member per year were mapped to the 'Rehabilitative and Habilitative Services and Devices' EH Health promotion, home care training to home care client, supported employment services and psychosocial rehabilitation from the existing Medicaid plan were used for substitution purposes benefit limitations.	IB category.
Base Benchmark Benefit that was Substituted:  Foot Orthotics-Substitution  Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duple section 1937 benchmark benefit(s) included above under Essential Health Benefits:	plicate
Foot Orthotics as defined by section 7.20 diabetic services and supplies were mapped to the 'Ro and Habilitative Services and Devices' EHB category. Health promotion, home care training to client, supported employment services and psychosocial rehabilitation from the existing Medic were used for substitution purposes related to benefit limitations.	home care
Base Benchmark Benefit that was Substituted:  External Prosthetic Appliances-Duplication  Source: Base Benchmark	

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Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		Remove
for the alleviation or correction of illness, injury, con radiation therapy, and second or third degree burns w	or substitute for a missing body part and are necessary agenital defect, or alopecia as a result of chemotherapy, were mapped to the 'Rehabilitative and Habilitative are a duplication of prosthetic devices from the existing	Kemove
Base Benchmark Benefit that was Substituted:	Source:	
Durable Medical Equipment (DME)-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		
DME services for the medical or surgical treatment of 'Rehabilitative and Habilitative Services and Devices medical supplies, equipment, and appliances suitable plan.		
Base Benchmark Benefit that was Substituted:	Source:	
Chiropractic Care Services- Substitution	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		
	ome care client, supported employment services and	
Base Benchmark Benefit that was Substituted:	Source:	
Hearing Aids- Substitution	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		
Hearing aid devices limited to \$1,500 per ear, per pla Habilitative Services and Devices' EHB category. He client, supported employment services and psychoso- were used for substitution purposes.	ealth promotion, home care training to home care	
Base Benchmark Benefit that was Substituted:	Source:	
Ostomy Supplies-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un	· · · · · · · · · · · · · · · · · · ·	
Ostomy supplies which are medically appropriate for ostomy were mapped to the 'Rehabilitative and Habil services are a duplication of medical supplies, equipres the existing state Medicaid plan.		

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Base Benchmark Benefit that was Substituted:	Source:  Base Benchmark	
Internal Prosthetic/Medical Appliances-Duplication	Dase Denchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Internal prosthetic/medical appliances are prosthetics aids and supports for nonfunctional body parts, were Services and Devices' EHB category. The services ar state Medicaid plan.		
Base Benchmark Benefit that was Substituted:	Source:	
Oxygen and the Oxygen Delivery System-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indesection 1937 benchmark benefit(s) included above ur		
Oxygen and the Oxygen Delivery System was mapped chronic disease management' EHB category. The service the existing state Medicaid plan.	ed to the 'preventative and wellness services and vices are a duplication of the home health benefit from	
Base Benchmark Benefit that was Substituted:	Source:	
Medical Supplies-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Medical supplies include Medically Appropriate suppare required for a Member in a course of treatment fo 'Rehabilitative and Habilitative Services and Devices medical supplies, equipment, and appliances suitable plan.	r a specific medical condition were mapped to the 'EHB category. The services are a duplication of	
Base Benchmark Benefit that was Substituted:	Source:	
Compression Garments-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including industrian section 1937 benchmark benefit(s) included above ur		
Compression garments for the treatment of lymphede Habilitative Services and Devices' EHB category. Th equipment, and appliances suitable for use in the hom	e services are a duplication of medical supplies,	
Base Benchmark Benefit that was Substituted:	Source:	
Immunizations-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indesection 1937 benchmark benefit(s) included above ur		
Immunizations were mapped to the 'preventative and EHB category. The services are a duplication of prev plan.	-	

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Base Benchmark Benefit that was Substituted:	Source:	
Routine Physical- Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above		
	ons were mapped to the 'ambulatory patient services' ysician services from the existing state Medicaid plan.	
Base Benchmark Benefit that was Substituted:	Source:  Base Benchmark	
Well Woman Examinations-Duplication	Buse Benefithank	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above		
Well woman examinations were mapped to the 'am' are a duplication of physician services from the exist	bulatory patient services' EHB category. The services sting state Medicaid plan.	
Base Benchmark Benefit that was Substituted:	Source:	
Well Man Examinations-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above		
Well man examinations were mapped to the 'ambul duplication of physician services from the existing statement of the existing statement of the	atory patient services' EHB category. The services are a state Medicaid plan.	
Base Benchmark Benefit that was Substituted:	Source:	
Home Health Services-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above		
Home health services were mapped to the 'ambulated duplication of home health services from the existing the services from the s	ory patient services' EHB category. The services are a ng state Medicaid plan.	
Base Benchmark Benefit that was Substituted:	Source:	
Mammograms-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above	· · · · · · · · · · · · · · · · · · ·	
Mammograms for routine and diagnostic breast car- services and chronic disease management EHB cat- services from the existing state Medicaid plan.	e were mapped to the 'preventative and wellness egory. The services are a duplication of preventative	
Base Benchmark Benefit that was Substituted:	Source:	
Nutritional Evaluation-Duplication	Base Benchmark	
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above		
Nutritional evaluation and counseling when dietary chronic disease/condition were mapped to the 'previous condition's condition were mapped to the 'previous condition's condition's condition were mapped to the 'previous condition's condition's condition's condition were mapped to the 'previous condition's condition's condition's condition's condition's condition's condition were mapped to the 'previous condition's co	adjustment has a therapeutic role of a diagnosed	
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Base Benchmark Benefit that was Substituted:  Prostate Screening- Duplication  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:  Prostate screening services were mapped to the 'preventative and wellness services and chronic disease management' BHB category. The services are a duplication of screening services from the existing state Medicaid plan.  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark 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 were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substitution purposes.  Base Benchmark Benefit that was Substituted:  Source:  Allergy Testing-Substitution  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:  Allergy testing were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substitution purposes.  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark  Base Benchmark  Remove	management' EHB category. The services are a dupli- existing state Medicaid plan.	cation of other practitioners' services from the	
Prostate Screening- Duplication  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:  Prostate screening services were mapped to the 'preventative and wellness services and chronic disease management' EHB category. The services are a duplication of screening services from the existing state Medicaid plan.  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark Benefit that was Substituted:  Cochlear Implants- 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 were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substitution purposes.  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark Benefit that was Substituted:  Allergy Testing-Substitution  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:  Allergy testing were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substituted benefit(s) or the duplicate section 1937 benchmark benefit (ab included above under Essential Health Benefits:  Antigen Admin Desensitization/trumt-Substitution  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:  Antigen Admin Desensitization/trumt-Substitution  Base Benchmark  Benefit that w	emoting state fredread plan.		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:  Prostate screening services were mapped to the 'preventative and wellness services and chronic disease management' EHB category. The services are a duplication of screening services from the existing state Medicaid plan.  Base Benchmark Benefit that was Substituted:  Cochlear Implants- Substitution  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 were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  Altergy Testing-Substitution  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:  Altergy testing were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substituted benefit(s) or the duplicate section 1937 benchmark benefit that was Substituted  Source:  Antigen Admin Desensitization/tramtn-Substitution  Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit that was Substituted  Source:  Antigen Admin Desensitization/tramtner were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/hom	Base Benchmark Benefit that was Substituted:		
Prostate screening services were mapped to the 'preventative and wellness services and chronic disease management' EHB category. The services are a duplication of screening services from the existing state Medicaid plan.  Base Benchmark Benefit that was Substituted:  Cochlear Implants- Substitution  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 were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  Allergy Testing-Substitution  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:  Allergy testing were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substitution purposes.  Base Benchmark Benefit that was Substituted:  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:  Antigen Admin Desensitization/trmnt-Substitution  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:  Antigen administration desensitization/treatment were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, p	Prostate Screening- Duplication	Base Benchmark	Remove
Base Benchmark Benefit that was Substituted:  Cochlear Implants- Substitution  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 were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  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:  Allergy testing were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substitution purposes.  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark  Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  Antigen Admin Desensitization/trumnt-Substitution  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:  Antigen administration desensitization/treatment were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substitution purposes.			
Cochlear Implants- Substitution  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 were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substitution purposes.  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark  Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  Allergy testing were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substitution purposes.  Base Benchmark Benefit that was Substituted:  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:  Antigen Admin Desensitization/trtmnt-Substitution  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:  Antigen administration desensitization/treatment were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substitution purposes.  Base Benchmark	management' EHB category. The services are a dupli-		
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 were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substitution purposes.  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark  Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  Allergy testing were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substitution purposes.  Base Benchmark Benefit that was Substituted:  Source:  Antigen Admin Desensitization/trtmnt-Substitution  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:  Antigen administration desensitization/treatment were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substitution purposes.  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark	Base Benchmark Benefit that was Substituted:	~ * * * * * * * * * * * * * * * * * * *	
Source:  Base Benchmark Benefit (s) included above under Essential Health Benefits:  Cochlear implants were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substitution purposes.  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark  Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  Allergy testing were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substitution purposes.  Base Benchmark Benefit that was Substituted:  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:  Antigen administration desensitization/treatment were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substitution purposes.  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark	Cochlear Implants- Substitution	Base Benchmark	Remove
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Allergy Testing-Substitution  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:  Allergy testing were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substitution purposes.  Base Benchmark Benefit that was Substituted:  Source:  Antigen Admin Desensitization/trtmnt-Substitution  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:  Antigen administration desensitization/treatment were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substitution purposes.  Base Benchmark  Base Benchmark  Remove	management' EHB category. Respite care, peer support	ort, family support/home care training and living skills	
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Antigen Admin Desensitization/trtmnt-Substitution  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:  Antigen administration desensitization/treatment were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substitution purposes.  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark	Base Benchmark Benefit that was Substituted:		
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and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substitution purposes.  Base Benchmark Benefit that was Substituted:  Source:  Base Benchmark			
Base Benchmark	and chronic disease management' EHB category. Res	spite care, peer support, family support/home care	
Generic Drugs-Duplication  Base Benchmark  Remove	Base Benchmark Benefit that was Substituted:		
	Generic Drugs-Duplication	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:			
Generic Drugs were mapped to 'prescription drug' EHB category. The services are a duplication of the prescription drug plan from the existing state Medicaid plan.			

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Base Benchmark Benefit that was Substituted:	Source:	
Formulary Brand Drugs- Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Formulary Brand Drugs were mapped to 'prescription of the prescription drug plan from the existing state N		
Base Benchmark Benefit that was Substituted:	Source:	
Non-Formulary Brand Drugs- Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Non-Formulary Brand Drugs were mapped to ' prescriduplication of the prescription drug plan from the exi		
Base Benchmark Benefit that was Substituted:	Source:	
Case Management-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Case Management services were mapped to the 'prevent management' EHB category. The services are a duplicate Medicaid plan.	entative and wellness services and chronic disease cation of case management services from the existing	
Base Benchmark Benefit that was Substituted:	Source:	
Cancer Clinical Trials-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
Cancer Clinical Trials were mapped to the 'ambulator duplication of physician services from the existing sta		
Base Benchmark Benefit that was Substituted:	Source:	
Diabetic Services and Supplies-Duplication	Base Benchmark	Remove
		recinove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		remove
	nder Essential Health Benefits: umbulatory patient services' EHB category. The	Tomore
section 1937 benchmark benefit(s) included above un Diabetic Services and Supplies were mapped to the 'a	ader Essential Health Benefits: ambulatory patient services' EHB category. The the existing state Medicaid plan.  Source:	Tomore
section 1937 benchmark benefit(s) included above un Diabetic Services and Supplies were mapped to the 'a services are a duplication of physician services from	ander Essential Health Benefits: Imbulatory patient services' EHB category. The the existing state Medicaid plan.	Tomore
Diabetic Services and Supplies were mapped to the 'a services are a duplication of physician services from Base Benchmark Benefit that was Substituted:	ader Essential Health Benefits:  Imbulatory patient services' EHB category. The the existing state Medicaid plan.  Source:  Base Benchmark  Icating the substituted benefit(s) or the duplicate	Tomore

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category. The services are a duplication of prescription drug services from the existing state Medicaid plan.	
	Remove
Base Benchmark Benefit that was Substituted: Source:	
ABA for Autism- Duplication  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:	
ABA for Autism were mapped to the "Rehabilitative and Habilitative Services and Devices' EHB category.  The services are a duplication of rehabilitative services from the existing state Medicaid plan.	
Base Benchmark Benefit that was Substituted:  Source:	
Clinic Services: Non-Urgent-Duplication  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:	
Clinic Services: Non-Urgent for medical services provided in an ambulatory clinic were mapped to the 'ambulatory patient services' EHB category. The services are a duplication of Clinic Services: Non-Urgent from the existing state Medicaid plan.	
Base Benchmark Benefit that was Substituted: Source:	
Dental Services – Accident Only-Duplication  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 – Accident Only for the treatment of a fractured jaw or an injury to sound natural teeth were mapped to the 'emergency services' EHB category. The services are a duplication of emergency hospital services from the existing state Medicaid plan.	
Base Benchmark Benefit that was Substituted: Source:	
Orthognathic Surgery-Duplication 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:	
Orthognathic treatment/surgery are dental and orthodontic services and/or appliances that are orthodontic in nature or change the occlusion of the teeth (external or intra-oral) were mapped to the 'ambulatory patient services' EHB category. The services are a duplication of outpatient hospital services from the existing state Medicaid plan.	
Base Benchmark Benefit that was Substituted:  Source:	
Dental Confinements/Anesthesia-Duplication  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 Confinements/Anesthesia were mapped to the 'ambulatory patient services' EHB category. The services are a duplication of outpatient hospital services from the existing state Medicaid plan.	

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Base Benchmark Benefit that was Substituted:

Source:

Temporomandibular Joint (TMJ) Disorder-Duplication

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:

Temporomandibular Joint (TMJ) Disorder were mapped to the 'ambulatory patient services' EHB category. The services are a duplication of medical and surgical services furnished by a dentist from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Source:

Pancreas Only Transplant Services- Substitution 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:

Pancreas only transplant services were mapped to the 'hospitalization' EHB category. NEMT only for inpatient services from the existing state Medicaid plan were used for substitution purposes.

Add



Other Base Benchmark Benefits Not Covered	Collapse All

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Othe	r 1937 Covered Benefits that are not Essential Health	Benefits	Collapse All
Oth	er 1937 Benefit Provided:	Source:	
Med	lically Necessary Termination of Pregnancy	Section 1937 Coverage Option Benchmark Benefit Package	Remove
	Authorization:	Provider Qualifications:	
		Medicaid State Plan	
	Amount Limit:	Duration Limit:	
	No Limits	No Limits	
	Scope Limit:		
	Only when the pregnancy is the result of rape or incerphysical disorder, physical injury, or physical illness, caused by or arising from the pregnancy.		
	Other:		
	Inpatient Hospital Services: Medically Necessary Terr	mination of Pregnancy	
	No authorization required		
Oth	er 1937 Benefit Provided:	Source:	
Rur	al Health Clinic Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
	Authorization:	Provider Qualifications:	_
		Medicaid State Plan	
	Amount Limit:	Duration Limit:	_
	No Limit	No Limit	
	Scope Limit:		
	No Limit		
_	Other:		_
	Rural health clinic services and other ambulatory serv otherwise included in the State plan). Rural Health Clinic Services:Rural Health Clinic Serv No authorization required		
Oth	er 1937 Benefit Provided:	Source: Section 1927 Coverage Ontion Renchmark Repetit	
Fed	erally qualified health center (FQHC)	Section 1937 Coverage Option Benchmark Benefit Package	
	Authorization:	Provider Qualifications:	
		Medicaid State Plan	
	Amount Limit:	Duration Limit:	
	No Limit	No Limit	

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Pub. 45-4).		
Other:		
Federally qualified health center (FQH No authorization required	(C): Federally qualified health center (FQHC)	
Other 1937 Benefit Provided:	Source:	
Optometrists' Services	Section 1937 Coverage Option Benchmark Benefit Package	Remov
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limit	No limit	
Scope Limit:		
Scope Limit:  No Limit		
No Limit Other: Medical care and any type of remedial	care recognized under State Law- Optometrists' Services:	
No Limit  Other:  Medical care and any type of remedial Optometrists' Services No authorization required		
No Limit Other:  Medical care and any type of remedial Optometrists' Services	care recognized under State Law- Optometrists' Services:  Source: Section 1937 Coverage Option Benchmark Benefit Package	Remov
No Limit  Other:  Medical care and any type of remedial Optometrists' Services No authorization required  Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remov
No Limit  Other:  Medical care and any type of remedial Optometrists' Services No authorization required  Other 1937 Benefit Provided:  Tyeglasses	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remov
No Limit  Other:  Medical care and any type of remedial Optometrists' Services No authorization required  Other 1937 Benefit Provided:  Tyeglasses	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remov
No Limit  Other:  Medical care and any type of remedial Optometrists' Services No authorization required  Other 1937 Benefit Provided:  yeglasses  Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan	Remov
No Limit  Other:  Medical care and any type of remedial Optometrists' Services No authorization required  Other 1937 Benefit Provided:  Typeglasses  Authorization:  Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remov
No Limit  Other:  Medical care and any type of remedial Optometrists' Services No authorization required  Other 1937 Benefit Provided:  Lyeglasses  Authorization:  Amount Limit:  No Limit  Scope Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remov
No Limit  Other:  Medical care and any type of remedial Optometrists' Services No authorization required  Other 1937 Benefit Provided:  Tyeglasses  Authorization:  Amount Limit:  No Limit  Scope Limit:  Adult Services are limited to eyeglasse	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:  No Limit	Remov

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Other 1937 Benefit Provided:	Source:	
Rehab: Screening/Evaluation/Assessment	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limits	No Limits	
Scope Limit:		
These services can only be provided in the following hospital, outpatient hospital, emergency room, inpaticenter, rural health clinic,	settings: office, home, urgent care facility, inpatient ent psychiatric facility, community mental health	
Other:		
agency, homeless shelter, medical day program, thera home, and Level 3 behavioral health group home.  No authorization required	peutic day program, Level 2 behavioral health group	
Other 1937 Benefit Provided:	Source:	
Non-Emergency Transportation OP (Non Ambulance)	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
Non-emergency ambulance transportation is available		
treatment is being provided.	e for transport to and from facilities where medical	
	e for transport to and from facilities where medical	
treatment is being provided.		
treatment is being provided.  Other:  This is limited to NEMT for out-patient services Trips that exceed 100 miles require prior authorizatio	n Source:	
treatment is being provided.  Other:  This is limited to NEMT for out-patient services Trips that exceed 100 miles require prior authorizatio  Other 1937 Benefit Provided:	n	
treatment is being provided.  Other:  This is limited to NEMT for out-patient services Trips that exceed 100 miles require prior authorizatio  Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
treatment is being provided.  Other:  This is limited to NEMT for out-patient services Trips that exceed 100 miles require prior authorizatio  Other 1937 Benefit Provided:  Face-to Face Tobacco Cessation Counseling Service	Source: Section 1937 Coverage Option Benchmark Benefit Package	
treatment is being provided.  Other:  This is limited to NEMT for out-patient services Trips that exceed 100 miles require prior authorizatio  Other 1937 Benefit Provided:  Face-to Face Tobacco Cessation Counseling Service	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	

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Scope Limit:		
No Limit		Remove
Other:		
No authorization required Family Planning Services: Face-to Face Tobacco Ces	ssation Counseling Service	
Other 1937 Benefit Provided:	Source:	
Tobacco Cessation for Pregnant Women	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
At least four counseling sessions per quit attempt	None	
Scope Limit:		
Cost sharing not imposed for Tobacco Cessation Ser	rvices for pregnant women	
Other:		
No authorization required Tobacco Cessation for Pregnant Women: Face-to-Fac	ce Tobacco Cessation for Pregnant Women	
Other 1937 Benefit Provided:	Source:	
Nursing facility- custodial	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
90 days per contract year	None	
Scope Limit:		
Benefit is for when hospitalization would be necessar	ary if nursing facility services were not provided	
Other:		
No prior authorization required		
Other 1937 Benefit Provided:	Source:  Section 1937 Coverage Option Benchmark Benefit	
ICF-IDD	Package	
Authorization:	Provider Qualifications:	
	Medicaid State Plan	

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Amount Limit:	Duration Limit:	
No Limit	No Limit	Remove
Scope Limit:		
No Limit		
Other:		
No prior authorization required		
Other 1937 Benefit Provided:	Source:	
Certified pediatric or family nurse practitioner's	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limit		
Other:		
No prior authorization required		
Other 1937 Benefit Provided:	Source:	
Licensed/State-approved freestanding birth centers	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limit		
Other:		
No prior authorization required		
Other 1937 Benefit Provided:	Source:	
Licensed/State-recognized profs in freestanding BC	Section 1937 Coverage Option Benchmark Benefit Package	

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Authorization:	Provider Qualifications:	
	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	_
No Limit	No Limit	
Scope Limit:		
No Limit		
Other:		_
center	covered professionals providing services in the freestanding birth	
No prior authorization required		

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[	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.

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