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

July 30, 2014

Toby Douglas, Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Mr. Douglas:

Enclosed for your records is an approved copy of California's Alternative Benefit Plan (ABP) State Plan Amendment (SPA) CA-14-018. This ABP Amendment, which was submitted on June 27, 2014, meets all federal statutory and regulatory requirements for establishing an ABP.

This SPA adds adult dental into the ABP. This benefit change aligns California's ABP with the traditional State Medicaid Plan, which added adult dental through a separate SPA

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

- Attachment 3.1-L:
    - ABP 1, page 1
    - ABP 2a, page 1
    - ABP 3, pages 1-2
    - ABP 4, page 1
    - ABP 5, pages 1-43
    - ABP 7, pages 1-2
    - ABP 8, pages 1-4
    - ABP 9, pages 1
    - ABP 10, page 1
    - ABP 11, page 1

If you have any questions, please contact Tom Schenck at (415)744-3589 or tom.schenck@cms.hhs.gov.

Sincerely,

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

cc: Laurie Weaver, California Department of Health Care Services
Nate Emery, California Department of Health Care Services

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name:
California
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.
14-018

Proposed Effective Date
05/01/2014 *(mm/dd/yyyy)*

Federal Statute/Regulation Citation
Section 1902(a)(10)(A)(i)(VIII); SEction 1902(k)(1); Section 1937

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	$ 5948000.00
Second Year	2015	$ 201931000.00

Subject of Amendment
ACA Alternative Benefit Plan

Governor's Office Review

- ○ **Governor's office reported no comment**
- ○ **Comments of Governor's office received**
  Describe:
- ○ **No reply received within 45 days of submittal**
- ◉ **Other, as specified**
  Describe:
  The Governor's Office does not wish to review the State Plan Amendment

Signature of State Agency Official
Submitted By:
Nathaniel Emery
Last Revision Date:
Jul 17, 2014
Submit Date:
Jun 27, 2014

Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-C-

OMB Expiration date: 10/31/2014

Alternative Benefit Plan Populations — ABP1

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

Alternative Benefit Plan Population Name: Adult Group

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)

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.20130724

Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-C-

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.

In accordance with CMS instruction and technical assistance, California has fully aligned its benefits in the ABP to reflect the State Plan, using the Blue Cross/Blue Shield FEHBP to define the EHBs. To the extent services are considered Long Term Services and Supports (LTSS), these services are only available under the ABP to individuals who meet the medically frail criteria. The criterion governing the availability of these State Plan services aligns with or is at least as stringent as the medically frail criteria. As such, those ABP recipients who qualify for State Plan LTSS services based on medical necessity will be considered medically frail and will not be subject to a separate determination beyond the applicable, service-specific needs assessment.

PRA Disclosure Statement

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

V.20130917

Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-C- OMB Expiration date: 10/31/2014

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

Select one of the following:

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

Name of benefit package: ABP Adult Group

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:

State Plan benefits as described 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: Blue Cross/ Blue Shield FEHBP

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

The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP 5. The state assures the accuracy of all information in ABP 5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid state plan.

PRA Disclosure Statement

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V.20130801

Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-C- ☐

OMB Expiration date: 10/31/2014

Alternative Benefit Plan Cost-Sharing	ABP4

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

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

The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A. No

Other Information Related to Cost Sharing Requirements (optional):

PRA Disclosure Statement

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

V.20130807

Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-C-

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:

The Standard Blue Cross/Blue Shield Preferred Provider Option-Federal Employees Health Benefit Program (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: Hospital Outpatient & Outpatient Clinic Services

Source: State Plan 1905(a) — Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: See below

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 following outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month: acupuncture, audiology, occupational therapy, podiatry, and speech therapy; may exceed limit for medical necessity with Treatment Authorization Request (TAR). Includes Indian Health Services.

Benefit Provided: Outpatient Hospital: Outpatient Surgery

Source: State Plan 1905(a) — Remove

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: See below

Duration Limit: None

Scope Limit: Frequency limits of once per lifetime on some surgeries.

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

Includes anesthesiologist services.

Benefit Provided: Other Licensed Practitioners: Podiatry

Source: State Plan 1905(a)

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: 2 per month

Duration Limit: None

Scope Limit: Pregnant women and EPSDT covered. Other beneficiaries are only covered in hospital outpatient departments and organized outpatient clinics, FQHCs and RHCs.

Alternative Benefit Plan

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

Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, podiatry and speech therapy; may exceed limit for medical necessity with a TAR.

Remove

Benefit Provided: Other Licensed Practitioners: Chiropractic

Source: State Plan 1905(a)

Remove

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: 2 per month

Duration Limit: None

Scope Limit: Pregnant women and EPSDT covered. Other beneficiaries are only covered in FQHCs and RHCs.

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

Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, podiatry and speech therapy; may exceed limit for medical necessity with a TAR.

Benefit Provided: Physician Services

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Scope of licensure.

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: Treatment Therapies

Source: State Plan 1905(a)

Authorization: Other

Provider Qualifications: Medicaid State Plan

Alternative Benefit Plan

Amount Limit: None

Duration Limit: None

Remove

Scope Limit: None

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

Chemotherapy, radiation therapy, Intensive-Modulated Radiation Therapy (IMRT), renal dialysis, IV/ infusion therapy, medication management.

Benefit Provided: Physician Services: Allergy Care

Source: State Plan 1905(a)

Remove

Authorization: Authorization required in excess of limitation

Provider Qualifications: Medicaid State Plan

Amount Limit: 8 injections within 120 days

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:

Emergency treatment does not require TAR.

Benefit Provided: Outpatient Hospital: Dialysis/Hemodialysis

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:

Chronic dialysis covered as an outpatient service when provided by renal dialysis centers or community hemodialysis units. Includes physician services, medical supplies, equipment, drugs and laboratory tests. Hemodialysis routine test can be conducted per treatment, weekly or monthly.

Benefit Provided: Non-Emergency Ambulance Transportation

Source: State Plan 1905(a)

Alternative Benefit Plan

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Remove

Amount Limit:
None

Duration Limit:
None

Scope Limit:
As related to program covered services.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Other Medical Care: Air transportation only covered when ground transportation is not feasible; transportation covered from non-contract hospital to nearest contract hospital when patient is stable.

Benefit Provided:
Hospice

Source:
State Plan 1905(a)

Remove

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
Six months, but may be longer with TAR

Scope Limit:
Any Medi-Cal eligible recipient certified by a physician as having a life expectancy of six months or less. Includes routine home care, continuous home care, respite care and general inpatient care.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Children may receive concurrent palliative care.

Add

Alternative Benefit Plan

Essential Health Benefit 2: Emergency services

Collapse All

Benefit Provided: Outpatient Hospital: Emergency

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:

All inpatient and outpatient services that are necessary for the treatment of an emergency medical condition, including emergency dental services, as certified by the attending physician or other appropriate provider.

Benefit Provided: Medical Transportation: Ambulance Services

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Nearest hospital capable of meeting patient's need.

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

Air transportation only covered when ground transportation is not feasible.

Add

Alternative Benefit Plan

Essential Health Benefit 3: Hospitalization

Collapse All

Benefit Provided: Inpatient Hospital/Surgical Services

Source: State Plan 1905(a)

Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Frequency limits of once per lifetime on some surgeries.

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

Room and Board. Professional services performed by physicians, including surgery and consultation, within the scope of practice of medicine or osteopathy as defined by State law. Includes case management; respiratory care; laboratory and X-ray services; prescriptions for medication, DME and medical supplies; and Indian Health Services. These facilities are not Institutions for Mental Disease (IMD) and the IMD payment exclusion applies.

Benefit Provided: Inpatient Hospital: Bariatric Surgery

Source: State Plan 1905(a)

Remove

Authorization: Prior Authorization

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:

Patient must be at or above specified BMI levels and meet certain conditions to qualify.

Benefit Provided: Other Lic. Practitioner:Anesthesiologist Services

Source: State Plan 1905(a)

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Alternative Benefit Plan

Scope Limit:

None

Remove

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: Organ & Tissue Transplantation

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

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:

Transplant surgery, pre-transplant evaluation, post-operative care and laboratory services for bone morrow, heart, liver, kidney, heart-lung, simultaneous kidney-pancreas, single lung, double lung, pancreas, small bowel and combined liver-small bowel surgeries.

Benefit Provided:

Inpatient Hospital: Reconstructive Surgery

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Cosmetic surgery is not a covered benefit.

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

Surgery is limited to that performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to improve function and/or to create a normal appearance, to the extent possible. Includes breast reconstruction after mastectomy.

Add

Alternative Benefit Plan

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

Benefit Provided: Physician Service: Prenatal Care
Source: State Plan 1905(a)
Remove

Authorization: None
Provider Qualifications: Medicaid State Plan
Amount Limit: None
Duration Limit: Date of conception through delivery.
Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Diagnostic services include sonography, genetic testing and cordocentesis; genetic screening of father for cystic fibrosis if he is a Medi-Cal beneficiary.

Benefit Provided: Inpatient Hospital: Delivery and Postpartum Care
Source: State Plan 1905(a)
Remove

Authorization: Other
Provider Qualifications: Medicaid State Plan
Amount Limit: None
Duration Limit: Delivery through 60 days after delivery.
Scope Limit: Medical services related to delivery and postpartum care.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Hospital stay 48 to 96 hours post delivery.

Benefit Provided: Physician Services: Breastfeeding Education
Source: State Plan Other

Authorization: None
Provider Qualifications: Medicaid State Plan
Amount Limit: Other
Duration Limit: Birth through discharge visit
Scope Limit: Mother of newborn.

Alternative Benefit Plan

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

May be provided by physician, a registered nurse or a registered dietician working under physician.

Remove

Benefit Provided:

Nurse Midwife Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Date of conception through 60 days after delivery.

Scope Limit:

Under supervision of physician

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

Collapse All

Benefit Provided: Rehabilitation: Outpatient Mental Health

Source: State Plan Other

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:

Professional/Outpatient Mental Health Services. Includes individual and group psychotherapy, psychological testing and medication management.

Benefit Provided: Rehabilitation:Outpatient Specialty Mental Health

Source: State Plan Other

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:

Other/Outpatient Specialty Mental Health Services. Includes day treatment services; crisis intervention and stabilization; adult crisis residential; mental health services; medication management and targeted case management.

Benefit Provided: Rehabilitation: Inpatient Mental Health

Source: State Plan Other

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit:

None

Remove

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

Inpatient Specialty Mental Health Services. Acute psychiatric inpatient hospital services, psychiatric health facility services and psychiatric inpatient professional services. The IMD payment exclusion applies to acute psychiatric inpatient hospital services, psychiatric health facility services, and psychiatric inpatient professional services only when those services are provided in a facility that is considered an IMD based on 42 CFR Sections 435.1009 and 435.1010.

Benefit Provided:

Rehabilitation: Substance Use Disorder 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:

Outpatient Substance Use Disorder Services. Services include Outpatient Drug Free; Intensive Outpatient Treatment; Naltrexone Treatment; Narcotic Treatment Program. Post periodic review. Prior authorization is required for Narcotic Treatment Program counseling more than 200 minutes per month.

Benefit Provided:

Physician Service: Heroin/Opioid Detoxification

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

21 consecutive days per treatment

Scope Limit:

None

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

Outpatient heroin/opioid detoxification. Services include Narcotic Treatment Program. When medically necessary, additional 21-day treatments are covered after 28 days have passed since beneficiary completed a preceding course of treatment. Includes medically necessary services to diagnose and treat diseases that are concurrent with, but not part of, outpatient heroin or other opioid detoxification services.

Alternative Benefit Plan

Benefit Provided:

Inpatient Hosp.:Voluntary Inpatient Detoxification

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

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:

Room and Board. Professional services performed by physicians to aid detoxification, including surgery and consultation, within the scope of practice of medicine or osteopathy as defined by State law. Includes case management; respiratory care; laboratory and X-ray services; prescriptions for medication, DME, and medical supplies. These facilities are not IMDs and the IMD payment exclusion applies.

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 California'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: Physical Therapy

Source: State Plan 1905(a)

Remove

Authorization: Prior Authorization

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:

Authorizations is valid for up to 120 days and must include a treatment plan. Prior authorization is not granted for more than 30 treatments at any one time.

Benefit Provided: Home Health: Durable Medical Equipment

Source: State Plan 1905(a)

Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Replacement limits vary by type of equipment.

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

Benefit Provided: Home Health: Hearing Aids

Source: State Plan 1905(a)

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: $1,510 cap per person, per year; some exceptions

Duration Limit: None

Scope Limit: $1,510 annual cap may be exceeded for medical necessity.

Alternative Benefit Plan

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

Replacement hearing aids for those that are lost, stolen or damaged are not subject to the $1,510 cap.

Remove

Benefit Provided: PT and Related Services: Speech Therapy/Audiology

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: 2 per month

Duration Limit: None

Scope Limit:

Pregnant women and EPSDT covered. Other beneficiaries are only covered in hospital outpatient departments and organized outpatient clinics.

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

Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, podiatry and speech therapy; may exceed limit for medical necessity with a TAR.

Benefit Provided: PT and Related Services: Occupational Therapy

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: 2 per month

Duration Limit: None

Scope Limit:

Pregnant women and EPSDT covered. Other beneficiaries are only covered in hospital outpatient departments and organized outpatient clinics.

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

Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, podiatry and speech therapy; may exceed limit for medical necessity with a TAR.

Benefit Provided: Other Licensed Practitioner: Acupuncture

Source: State Plan 1905(a)

Authorization: None

Provider Qualifications: Medicaid State Plan

Alternative Benefit Plan

Amount Limit:
2 per month

Duration Limit:
None

Remove

Scope Limit:
Pregnant women and EPSDT covered. Other beneficiaries are only covered in hospital outpatient departments and organized outpatient clinics.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, podiatry and speech therapy; may exceed limit for medical necessity with a TAR.

Benefit Provided:
Rehabilitative Services: Cardiac Rehabilitation

Source:
State Plan 1905(a)

Remove

Authorization:
Prior Authorization

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:
Rehabilitative Services: Pulmonary Rehabilitation

Source:
State Plan 1905(a)

Remove

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
Pulmonary rehabilitation for acute airway obstruction or sputum induction for diagnostic purposes is limited to 6 in 30 days; aerosol inhalation of pentamadine for pneumoocystis carinii pneumonia treatment or prophylaxis is limited to 1 in 30 days.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
May exceed limit for medical necessity.

Alternative Benefit Plan

Benefit Provided: Home Health:Medical Supplies,Equipment, Appliances

Source: State Plan 1905(a)

Remove

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Cochlear implant for one ear only; frequency limits on replacement parts.

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

Includes surgically implanted hearing devices, prior authorization required. Certain medical supplies require TAR.

Benefit Provided: Orthotics/Prostheses

Source: State Plan 1905(a)

Remove

Authorization: Authorization required in excess of limitation

Provider Qualifications: Medicaid State Plan

Amount Limit: Frequency limits on replacements

Duration Limit: None

Scope Limit: TAR required when cumulative costs of orthotics exceed $250 and prosthetics exceed $500.

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

Benefit Provided: Home Health Services

Source: State Plan 1905(a)

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Written plan of care reviewed by physician every 60 days, provided by home health agency that meets conditions for participation for Medicare.

Alternative Benefit Plan

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

Authorization requirements vary based upon type of service. Services include nursing services which may be provided by a registered nurse when no home health agency exists in area; home health aid services; medical supplies and equipment; and therapies.

Remove

Benefit Provided: Skilled Nursing Facility and Other

Source: State Plan 1905(a)

Remove

Authorization: Prior Authorization

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: 90 days

Scope Limit: Benefit provided only as a short stay.

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

Nursing care, bed and boarding care, physical therapy, occupational therapy, speech-language pathology services, medical social services, drugs, biologicals, supplies, appliances, and equipment. Patient must need daily care.

Benefit Provided: FQHC Services

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Rehabilitative/Habilitative Services

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

Only the rehabilitative and/or habilitative portion of the FQHC benefit is offered through this EHB.

Add

Alternative Benefit Plan

Essential Health Benefit 8: Laboratory services

Collapse All

Benefit Provided:

Outpatient Laboratory and X-Ray Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

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:

Laboratory services are subject to frequency limits. These limits are set per recipient, per service, per month by the Laboratory Services Reservation System (LSRS). Up to four of the following radiological ultrasound procedure codes for each beneficiary per year based on medical necessity: ultrasound, chest ultrasound, abdominal, and retroperitoneal. More than four requires documentation of medical necessity or by report. Prior authorization required for portable X-ray unless performed in SNF or ICF. Various advanced imaging procedures are covered, based on medical necessity. Many of the procedures require a TAR and are subject to frequency limitations.

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: Family Planning Services

Source: State Plan 1905(a)

Remove

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: See below

Duration Limit: See below

Scope Limit: Individuals of childbearing age; must be 21 to receive sterilization

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

Includes family planning visits and counseling, invasive contraceptive procedures/devices, tubal ligations, vasectomies, contraceptive drugs or devices, and laboratory procedures, radiology and drugs associated with family planning procedures. TAR required for inpatient sterilization. Frequency limits on certain contraceptives and other services. Informed consent required for sterilizations.

Benefit Provided: Physician Services: Smoking Cessation

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: By or under supervision of physician

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

Includes diagnosis, treatment, smoking cessation products when used in conjunction with behavior modification support, referral to 1-800 helpline and one face-to-face counseling session per quit attempt for specific populations.

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:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
See below

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:

Up to age 21, or to finish treatment that began before beneficiary turned 21. Some outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, podiatry and speech therapy; may exceed limit for medical necessity with a TAR.

Add

Alternative Benefit Plan

☐ Other Covered Benefits from Base Benchmark Collapse All ☐

Alternative Benefit Plan

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

Base Benchmark Benefit that was Substituted: Cognitive Rehabilitation Therapy (CRT)

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:

EHB 7 substitution: Rehabilitation, Cognitive Rehabilitation Therapy. Federally Qualified Health Center (FQHC) services are being used from the existing State Plan for substitution purposes. Cognitive Rehabilitation Therapy would be considered "Rehabilitation and Habilitative Services and Devices" EHB7 category. CRT aims to rehabilitate lost or altered cognitive skills, enabling individuals to reach functional and independent daily living. FQHCs provide numerous rehabilitative services.

Base Benchmark Benefit that was Substituted: Outpatient Hospital Services

Source: Base Benchmark

Remove

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

EHB 1 duplication: Outpatient Hospital and Clinic Services -- The following hospital outpatient and clinic services are limited to a maximum of two services in any one calendar month or any combination of two services per month: acupuncture, audiology, occupational therapy, podiatry and speech therapy; may exceed limit for medical necessity with Treatment Authorization Request (TAR). Includes Indian Health Services.

Base Benchmark Benefit that was Substituted: Ambulatory Surgical Center 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:

EHB 1 duplication: Outpatient Hospital Services, Outpatient Surgery -- Outpatient surgery includes anesthesiologist services.

Base Benchmark Benefit that was Substituted: Podiatry

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:

EHB 1 duplication: Other Licensed Practitioners, Podiatry. Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, podiatry and speech therapy; may exceed limit for medical necessity with a TAR.

Base Benchmark Benefit that was Substituted: Chiropractic

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:

EHB 1 duplication: Other Licensed Practitioners, Chiropractic -- Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from

the following services: acupuncture, audiology, chiropractic, occupational therapy, podiatry and speech therapy; may exceed limit for medical necessity with a TAR.

Remove

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:

EHB 1 duplication: Physician Services, Allergy Care -- Emergency treatment for allergy care does not require TAR.

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:

EHB 1 duplication: Outpatient Hospital Services, Treatment Therapies -- Chemotherapy, radiation therapy, Intensive-Modulated Radiation Therapy (IMRT), renal dialysis, IV/infusion therapy, medication management.

Base Benchmark Benefit that was Substituted:

Emergency Services/Accidents

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:

EHB 2 duplication: Outpatient Hospital Services, Emergency -- All inpatient and outpatient services that are necessary for the treatment of an emergency medical condition, including emergency dental services, as certified by the attending physician or other appropriate provider.

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:

EHB 2 duplication: Medical Transportation, Ambulance Service -- Emergency Medical Transportation. Air transportation only covered when ground transportation is not feasible; emergency transportation does not require TAR.

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:

EHB 3 duplication: Inpatient Hospital Services, Surgical Services -- Room and Board. Professional services performed by physicians, including surgery and consultation, within the scope of practice of medicine or osteopathy as defined by State law. Includes case management; respiratory care; laboratory and X-ray services; prescriptions for medication, DME and medical supplies; and Indian Health Services.

Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:
Gastric Restrictive 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:

EHB 3 duplication -- Inpatient Hospital Services, Bariatric Surgery: Patient must be at or above specified BMI levels and meet certain conditions to qualify for bariatric surgery.

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:

EHB 3 duplication -- Anesthesiologist Services: medically necessary services by an anesthesiologist.

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:

EHB 3 duplication: Inpatient Hospital Services, Organ & Tissue Transplantation -- Transplant surgery, pre-transplant evaluation, post-operative care and laboratory services for bone morrow, heart, liver, kidney, heart-lung, simultaneous kidney-pancreas, single lung, double lung, pancreas, small bowel and combined liver-small bowel surgeries.

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:

EHB 3 duplication: Inpatient Hospital Services, Reconstructive Surgery -- Reconstructive surgery is limited to that performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to improve function and/or to create a normal appearance, to the extent possible. Includes breast reconstruction after mastectomy.

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:

EHB 1 duplication: Hospice Care -- Hospice includes routine home care, continuous home care, respite care and general inpatient care. Children may receive concurrent palliative care.

Base Benchmark Benefit that was Substituted:
Prenatal Care

Source:
Base Benchmark

Alternative Benefit Plan

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

EHB 4 duplication: Physician Services, Prenatal Care -- Diagnostic services include sonography, genetic testing and cordocentesis; genetic screening of father for cystic fibrosis if he is a Medi-Cal beneficiary.

Remove

Base Benchmark Benefit that was Substituted:

Delivery and Postpartum 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:

EHB 4: Inpatient Hospital Services, Delivery and Postpartum Care -- Medical services related to delivery and postpartum care. Hospital stay 48 to 96 hours post delivery.

Base Benchmark Benefit that was Substituted:

Breastfeeding Education

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:

EHB 4 duplication: Physician Services, Breastfeeding Education -- Breastfeeding education may be provided by physician, a registered nurse or a registered dietician working under physician.

Base Benchmark Benefit that was Substituted:

Maternity Care by a Nurse Midwife

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:

EHB 4 duplication: Services Furnished by a Nurse-Midwife -- services provided by nurse midwife from conception through 60 days after delivery.

Base Benchmark Benefit that was Substituted:

Outpatient Hospital Services: Mental Health

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:

EHB 5 duplication: Rehabilitation, Outpatient Mental Health -- Includes individual and group psychotherapy, psychological testing and medication management.

Base Benchmark Benefit that was Substituted:

Outpatient Hospital Services: Mental Health

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:

EHB 5 duplication: Rehabilitation, Outpatient Specialty Mental Health -- Includes day treatment services; crisis intervention and stabilization; adult crisis residential; mental health services; medication support; and targeted case management.

Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Inpatient Hospital Services: Mental Health

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:

EHB 5 duplication: Rehabilitation, Inpatient Specialty Mental Health Services -- Acute psychiatric inpatient hospital services, psychiatric health facility services and psychiatric inpatient professional services. The IMD payment exclusion applies to acute psychiatric inpatient hospital services, psychiatric health facility services, and psychiatric inpatient professional services only when those services are provided in a facility that is considered an IMD based on 42 CFR Sections 435.1009 and 435.1010.

Base Benchmark Benefit that was Substituted:

Outpatient Hospital Services: SUD

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:

EHB 5 duplication -- Rehabilitation: Outpatient Substance Use Disorder Services. Services include Outpatient Drug Free; Intensive Outpatient Treatment; Naltrexone Treatment; Narcotic Treatment Program. Post periodic review. Prior authorization is required for Narcotic Treatment Program counseling more than 200 minutes per month.

Base Benchmark Benefit that was Substituted:

Physician Services: Heroin/opioid detoxification

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:

EHB 5 duplication -- Rehabilitation: Outpatient heroin/opioid detoxification. Services include Narcotic Treatment Program. When medically necessary, additional 21-day treatments are covered after 28 days have passed since beneficiary completed a preceding course of treatment. Includes medically necessary services to diagnose and treat diseases that are concurrent with, but not part of, outpatient heroin or other opioid detoxification services.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital Services: Detoxification

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:

EHB 5 duplication: Inpatient hospital, Voluntary Inpatient Detoxification -- Room and Board. Professional services performed by physicians to aid detoxification, including surgery and consultation, within the scope of practice of medicine or osteopathy as defined by State law. Includes case management; respiratory care; laboratory and X-ray services; prescriptions for medication, DME, and medical supplies. These facilities are not Institutions for Mental Disease (IMD) and the IMD payment exclusion applies.

Base Benchmark Benefit that was Substituted:

Prescription Drug Benefits

Source:
Base Benchmark

Alternative Benefit Plan

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

EHB 6 duplication: Prescribed Drugs -- TAR required for more than six prescriptions per month.

Remove

Base Benchmark Benefit that was Substituted:

Physical 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:

EHB 7 duplication: Physical therapy -- Authorizations for physical therapy is valid for up to 120 days and must include a treatment plan. Prior authorization is not granted for more than 30 treatments at any one time.

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment

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:

EHB 7 duplication: Home Health Services, Durable Medical Equipment -- durable medical equipment prescribed by physician.

Base Benchmark Benefit that was Substituted:

Hearing Aids

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:

EHB 7 duplication: Home Health Services, Hearing Aids -- $1,510 annual cap for hearing aid benefits may be exceeded for medical necessity.

Base Benchmark Benefit that was Substituted:

Speech Therapy/Audiology

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:

EHB 7 duplication: Physical Therapy and Related Services, Speech Therapy/Audiology -- Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, podiatry, and speech therapy; may exceed limit for medical necessity with a TAR.

Base Benchmark Benefit that was Substituted:

Occupational Therapy

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:

EHB 7 duplication: Physical Therapy and Related Services, Occupational Therapy -- Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, podiatry

and speech therapy; may exceed limit for medical necessity with a TAR.

Remove

Base Benchmark Benefit that was Substituted:

Alternative Treatments: Acupuncture

Source:
Base Benchmark

Remove

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

EHB 7 duplication: Other Licensed Practitioners, Acupuncture -- Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, podiatry and speech therapy; may exceed limit for medical necessity with a TAR.

Base Benchmark Benefit that was Substituted:

Outpatient Cardiac Rehabilitation

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:

EHB 7 duplication: Rehabilitative Services, Cardiac Rehabilitation

Base Benchmark Benefit that was Substituted:

Pulmonary Rehabilitation

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:

EHB 7 duplication: Rehabilitative Services: Pulmonary Rehabilitation

Base Benchmark Benefit that was Substituted:

Medical Supplies, Equipment, 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:

EHB 7 duplication: Home Health Services, Medical Supplies and DME; and Prosthetic Devices -- Certain medical supplies require TAR. Cochlear implant for one ear only; frequency limits on replacement parts. Includes surgically implanted hearing devices, prior authorization required. Certain medical supplies require TAR.

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:

EHB 7 duplication: Prescribed Prosthetic Devices -- TAR required when cumulative costs of orthotics exceed $250 and prosthetics exceed $500.

Alternative Benefit Plan

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:

EHB 7 duplication: Home Health Services -- Authorization requirements for home health services vary based upon type of service. Services include nursing services which may be provided by a registered nurse when no home health agency exists in area; home health aid services; medical supplies and equipment; and therapies.

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:

EHB 8 duplication: Other Laboratory and X-Ray Services -- Laboratory services are subject to frequency limits. These limits are set per recipient, per service, per month by the Laboratory Services Reservation System (LSRS). Up to four of the following radiological ultrasound procedure codes for each beneficiary per year based on medical necessity: ultrasound, chest ultrasound, abdominal, and retroperitoneal. More than four requires documentation of medical necessity or by report. Prior authorization required for portable X-ray unless performed in SNF or ICF. Various advanced imaging procedures are covered, based on medical necessity. Many of the procedures require a TAR and are subject to frequency limitations.

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:

EHB 9 duplication: Family Planning Services -- Includes family planning visits and counseling, invasive contraceptive procedures/devices, tubal ligations, vasectomies, contraceptive drugs or devices, and laboratory procedures, radiology and drugs associated with family planning procedures. TAR required for inpatient sterilization. Frequency limits on certain contraceptives and other services. Informed consent required for sterilizations.

Base Benchmark Benefit that was Substituted:

Treatment Therapies: Dialysis/Hemodialysis

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:

EHB 1 duplication: Outpatient Hospital, Dialysis/Hemodialysis -- Chronic dialysis covered as an outpatient service when provided by renal dialysis centers or community hemodialysis units. Includes physician services, medical supplies, equipment, drugs and laboratory tests. Hemodialysis routine test can be conducted per treatment, weekly or monthly.

Base Benchmark Benefit that was Substituted:

Educational Classes & Programs: Smoking Cessation

Source:
Base Benchmark

Alternative Benefit Plan

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

EHB 9 duplication: Physician Services, Smoking Cessation -- Includes diagnosis, treatment, smoking cessation products when used in conjunction with behavior modification support, referral to 1-800 helpline and one face-to-face counseling session per quit attempt for specific populations.

Remove

Base Benchmark Benefit that was Substituted:

Skilled Nursing Care 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:

EHB 7 duplication: Skilled Nursing Facility and Other -- Nursing care, bed and boarding care, physical therapy, occupational therapy, speech-language pathology services, medical social services, drugs, biologicals, supplies, appliances and equipment. Patient must need daily care.

Base Benchmark Benefit that was Substituted:

Medical Services Provided by 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:

EHB1 duplication: Physician Services -- physician services within license.

Base Benchmark Benefit that was Substituted:

Ambulance Transport Service

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:

EHB 1 duplication: Medical Transportation, Non-Emergency Ambulance Service -- Air transportation only covered when ground transportation is not feasible; transportation covered from non-contract hospital to nearest contract hospital when patient is stable.

Add

Alternative Benefit Plan

☒ Other Base Benchmark Benefits Not Covered

Collapse All ☐

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Newborn Hearing Screening

Source:
Base Benchmark

Remove

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

Not applicable to New Adult Group.

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Nursery Care

Source:
Base Benchmark

Remove

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

Not applicable to New Adult Group.

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Adult Dental

Source:
Base Benchmark

Remove

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

Base benchmark adult dental services are not an Essential Health Benefit, and are not covered. Medicaid State Plan dental services are described in the 'Other 1937 Covered Services' section of this template.

Add

Alternative Benefit Plan

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

Other 1937 Benefit Provided: Federally Qualified Health Centers (FQHC) services

Source: Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: Varies

Duration Limit: None

Scope Limit: None

Other: Includes services by physicians, PA, NP, CNM, visiting nurses, Comprehensive Perinatal Services Program, LCSW, and psychologists. Rehabilitative and/or habilitative services are not included as part of the Other 1937 Benefits.

Other 1937 Benefit Provided: Rural Health Clinic (RHC) services

Source: Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: Varies

Duration Limit: None

Scope Limit: None

Other: Includes services by physicians, PA, NP, CNM, visiting nurses, Comprehensive Perinatal Services Program, LCSW, and psychologists.

Other 1937 Benefit Provided: Indian Health Services

Source: Section 1937 Coverage Option Benchmark Benefit Package

Authorization: Other

Provider Qualifications: Other

Amount Limit: Varies

Duration Limit: None

Scope Limit: None

Alternative Benefit Plan

Other:

Includes services by physicians, PA, NP, CNM, visiting nurses, Comprehensive Perinatal Services Program, LCSW, psychologists, and optometrists.

Remove

Other 1937 Benefit Provided:

Alternative Birth Centers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Conception through discharge.

Scope Limit:

None

Other:

Licensed or Otherwise State-Approved Free Standing Birthing Centers.

Other 1937 Benefit Provided:

Non-Emergency Medical Transportation Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Lowest cost type to cover patient's need

Duration Limit:

None

Scope Limit:

Covered in ambulance, litter van, or wheelchair van only when ordinary public or private conveyance is medically contra-indicated and transportation is required for obtaining needed medical care for a Medi-Cal benefit.

Other:

Other 1937 Benefit Provided:

Adult Vision

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 routine eye exam in 24 months

Duration Limit:

None

Alternative Benefit Plan

Scope Limit:

Orthoptics, pleoptics and glasses are not covered.

Remove

Other:

Glasses and contact lenses are covered for EPSDT and pregnant women.

Other 1937 Benefit Provided:

Local Education Agency Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

24 services within 12 months

Duration Limit:

None

Scope Limit:

Medi-Cal eligible public school children up to age 22 or end of school year beneficiary turns 22.

Other:

May exceed 24 services within 12 months with TAR or authorization provided by Individualized Education Plan, Individualized Family Service Plan, California Children Services, Short-Doyle, or prepaid health plan. Services include health and mental health evaluation and education, individualized education plan, individualized family service plan, physician services, physical therapy, occupational therapy, speech therapy, audiology services, psychology and counseling, nursing services, school health aid services, medical transportation/mileage and targeted care management services.

Other 1937 Benefit Provided:

TCM: Children at Risk of Medical Compromise

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Children up to age 21.

Other:

1915(g) State Plan. Services to assist eligible individuals access medical, social and educational services. Includes children who need assistance to access medical, social and education services when comprehensive case management is not provided elsewhere. Only available in specific areas Prior authorization is not required.

Other 1937 Benefit Provided:

TCM: Medically Fragile with Multiple Diagnoses

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Remove

Amount Limit:
None

Duration Limit:
None

Scope Limit:
Beneficiaries up to age 21.

Other:
1915(g) State Plan. Services to assist eligible individuals access medical, social and educational services. Includes individuals transitioning to a community setting. Services available for up to 180 consecutive days of a covered stay in a medical institution. Prior authorization is not required. Only available in specific counties.

Other 1937 Benefit Provided:
Case Management: Children with IEP/IFSP

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
Children up to age 21 with an Individualized Education Plan or Individualized Family Service Plan.

Other:
1915(g) State Plan. Services to assist eligible individuals access medical, social and educational services. Prior authorization is not required.

Other 1937 Benefit Provided:
TCM: Individuals at Risk of Institutionalization

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Authorization:
Other

Provider Qualifications:
Other

Amount Limit:
None

Duration Limit:
None

Scope Limit:
Individuals 18 or older in frail health who meet specific criteria.

Other:
1915(g) State Plan. Services to assist eligible individuals access medical, social and educational services. Includes individuals transitioning to a community setting. Services available for up to 180 consecutive days of a covered stay in a medical institution. Only available in specific counties. Prior authorization is not

required.

Remove

Other 1937 Benefit Provided:
TCM: Persons in Jeopardy of Negative Outcomes

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
People in jeopardy of negative health or pyscho-social outcomes due to disparity factors.

Other:
1915(g) State Plan. Services to assist eligible individuals access medical, social and educational services. Includes people who need assistance to access medical, social and education services when comprehensive case management is not provided elsewhere. Only available in specific counties. Prior authorization is not required.

Other 1937 Benefit Provided:
TCM: Individuals with a Communicable Disease

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
Until risk of exposure has passed; limited to eligible individuals.

Other:
1915(g) State Plan. Services to assist eligible individual access medical, social and educational services. Includes people who need assistance to access medical, social and education services when comprehensive case management is not provided elsewhere. Only available in specific counties. Prior authorization is not required.

Other 1937 Benefit Provided:
Case Management: Lead Poisoned

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Alternative Benefit Plan

Scope Limit:

Children up to age 21 with laboratory test results showing elevated lead blood levels.

Remove

Other:

1915(g) State Plan. Services to assist eligible individual access medical, social and educational services. Prior authorization is not required.

Other 1937 Benefit Provided:

TCM: Individuals with Developmental Disability

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Individuals diagnosed with a developmental disability.

Other:

1915(g) State Plan. Services to assist eligible individuals access medical, social and educational services. Includes individuals transitioning to a community setting. Services available for up to 180 consecutive days of a covered stay in a medical institution. Prior authorization is not required.

Other 1937 Benefit Provided:

Skilled Nursing Facility

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:

Medical necessity as described in "other."

Other:

The individual is unable to perform some activity of daily living independently and patient must need daily care. Services include nursing care, bed and boarding care, physical therapy, occupational therapy, speech-language pathology services, medical social services, drugs, biological, supplies, appliances and equipment. An initial authorization may be granted for periods up to one year from date of admission and shall be required prior to the transfer of a beneficiary between skilled nursing facilities. The attending physician must re-certify at least every 60 days.

Other 1937 Benefit Provided:

Personal Care Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Alternative Benefit Plan

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Remove

Amount Limit:
283 hours per month

Duration Limit:
None

Scope Limit:
Medical necessity as described in "other."

Other:
Beneficiary has chronic, disabling disease expected to last at least 12 months and requires assistance in performing some activities of daily living, is unable to obtain, retain or return to work, and is at risk of institutional placement. Authorized by county based upon assessment in accordance with plan of treatment prepared by physician. Services may include activities such as assistance with administration of medication, basic personal hygiene, eating, grooming, etc. Beneficiary must not be an inpatient or resident of a hospital, NF, ICF-DD, or ICF-MD.

Other 1937 Benefit Provided:
Self-Directed Personal Assistance Services

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
283 hours per month

Duration Limit:
None

Scope Limit:
Medical necessity as described in "other."

Other:
1915(j) State Plan. Beneficiary has chronic, disabling disease expected to last at least 12 months and requires assistance in performing some activities of daily living, is unable to obtain, retain or return to work, and is at risk of institutional placement. Authorized by county based upon assessment in accordance with plan of treatment prepared by physician. Services include personal care and related services, to be self-directed by the beneficiary. Beneficiary may not be an inpatient or resident of a hospital, NF, ICF-DD, or ICF-MD.

Other 1937 Benefit Provided:
Community First Choice Option

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
Medical necessity as described in "other."

Alternative Benefit Plan

Other:

1915(k) State Plan. Effective on July 1, 2013, an individual is eligible for CFCO services when, (1) he or she is in an eligibility group under the State Plan that includes nursing facility services or has an income that is at or below 150 percent of the Federal Poverty Level, and in addition, (2) it is determined that in the absence of home and community-based attendant services and supports, he or she would otherwise require a Medicaid-covered level of care furnished in a hospital, a nursing facility, an intermediate care facility for the mentally retarded, an institution providing psychiatric services (for individuals under age 21), or an institution for mental diseases (for individuals age 65 and over). The individual is unable to perform some activity of daily living independently and without access to this service would be at risk of placement in out-of-home care. Services include assistance with Activities of Daily Living; and acquisition, maintenance and enhancement of skills necessary for the individual to accomplish activities of daily living and health related tasks. The California Department of Social Services will complete authorization by annual review or as needed when the individual's support needs or circumstances change, or at the request of the individual or the individual's representative. EPSDT beneficiaries may receive additional services for medical necessity.

Remove

Other 1937 Benefit Provided:

Home and Community Based 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:

Medical necessity as described in "other."

Other:

1915(i) State Plan. Must have developmental disability and need habilitation services. Individual must have a condition that results in major impairment of cognitive and/or social functioning and is likely to retain new skills through habilitation. Services include habilitation – community living arrangement services, supported living services, day services, behavioral intervention services, respite care, supported employment, prevocational services, homemaker services, home health aide services, community based adult services; personal emergency response systems; and vehicle modification and adaptation services. A developmental disability is a condition that originated before the age of 18, expected to continue indefinitely and constitute a substantial disability for the individual. It includes mental retardation, cerebral palsy, autism and any other disabling conditions similar to mental retardation, but not handicapping conditions solely physical in nature.

Other 1937 Benefit Provided:

Adult Dental Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

As described in 'other' information below

Duration Limit:

None

Alternative Benefit Plan

Scope Limit:

Medically necessary basic preventive, diagnostic, and repair services, as described below.

Remove

Other:

Examination, radiographs/photographic images, prophylaxis, fluoride treatments, amalgam and composite restorations, stainless steel, resin, and resin window crowns, anterior root canal therapy, complete dentures (including immediate dentures once every five years) and complete denture adjustments, repairs and relines. Additional services available when medically necessary for pregnant women and EPSDT. $1,800 annual cap for non-EPSDT eligible individuals does not apply to emergency dental services, pregnancy-related services, dentures, dental implants, and implant-retained prostheses. The $1,800 cap can be exceeded based on medical necessity through prior authorization.

Add

Alternative Benefit Plan

☐ 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: 0938-1148

Attachment 3.1-C- ☐

OMB Expiration date: 10/31/2014

Benefits Assurances — ABP7

EPSDT Assurances

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

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

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

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

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

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

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

Prescription Drug Coverage Assurances

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

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

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

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

Other Benefit Assurances

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

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

☑ The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.

Alternative Benefit Plan

- ☑ The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.

- ☑ The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.

- ☑ The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.

- ☑ The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.

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

PRA Disclosure Statement

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V.20130807

Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-C- ☐

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.

- ☒ Managed Care Organizations (MCO).
- ☒ Prepaid Inpatient Health Plans (PIHP).
- ☐ Prepaid Ambulatory Health Plans (PAHP).
- ☐ Primary Care Case Management (PCCM).

☒ Fee-for-service.

☐ Other service delivery system.

Managed Care Options

Managed Care Assurance

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

Managed Care Implementation

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

CA has actively engaged in numerous activities to ensure successful expansion of Medicaid coverage to newly eligible adults. CA is expecting that approximately 600,000 eligible beneficiaries will be covered on January 1, 2014 with a projected take up between 30,000-45,000 a month over the course of the first year. CA has 35 health plan contract amendments and has worked closely with the Region 9 team to ensure all 35 contracts are executed prior to January 1, 2014. To ensure network adequacy, CA assessed health plan capacity based on the provider ratios, such as PCPs (1:2000) and Physicians (1:1200) as well as measures of time and distance to Hospitals and PCPs (10 miles or 30 minutes). Additionally, CA took into account the Primary Care Physicians who are accepting new patients.

The majority of the newly eligible adults will be enrolled in Medi-Cal managed care through the administrative eligibility transition of the current Low Income Health Program (LIHP) population. LIHP is a county-based, optional health care services program under the California “Bridge to Reform” §1115 Medicaid Demonstration. To meet expansion goals, DHCS in collaboration with stakeholders implemented a LIHP Transition Plan to ensure a seamless transition of LIHP enrollees to the Medi-Cal Program. CA monitors network capacity and access issues on a quarterly basis. Additionally, CA monitors access to care through an Ombudsman’s office for Managed Care enrollees and a compliance call center through its Licensing department. CA will determine trends or daily activities to work with health plans to address issues or concerns of access to care. As a result of extensive preparation, CA remains in good standing to implement effective January 1, 2014.

MCO: Managed Care Organization

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

Alternative Benefit Plan

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

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

Identify the date the managed care program was approved by CMS: Jun 28, 2013

Describe program below:

The State submitted a section 1115 Demonstration proposal as a bridge toward full health care reform implementation in 2014. This proposal allows CA to phase in coverage in individual counties for adults aged 19-64 with incomes at or below 133 percent of the federal poverty level (FPL), who are eligible under the new Affordable Care Act State option and adults between 133 percent - 200 percent of the FPL who are not otherwise eligible for Medicaid; expand the existing Safety Net Care Pool (SNCP) that was established to ensure continued government support for the provision of health care to the uninsured by hospitals, clinics, and other providers; implement a series of infrastructure improvements through a new funding sub-pool, that would be used to strengthen care coordination, enhance primary care and improve the quality of patient care; create coordinated systems of care for Seniors and Persons with Disabilities (SPDs) in counties with new or existing Medi-Cal managed care organizations through the mandatory enrollment of the population into Medicaid managed care plans.

Additional Information: MCO (Optional)

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

PIHP: Prepaid Inpatient Health Plan

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

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

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

Identify the date the managed care program was approved by CMS: December 26, 2013

Describe program below:

1915 (b) Medi-Cal Specialty Mental Health Services (SMHS) Consolidation. Section 1915 (b) waivers relevant to Specialty Mental Health Services (SMHS) have been in effect in California since 1995. An eighth renewal of the SMHS waiver has been granted for a two year period effective July 1, 2013-June 30, 2015. For the purposes of the SMHS waiver program, persons with special health care needs are adults who have a serious mental disorder and children with a serious emotional disturbance. These beneficiaries are identified through the assessment process by the county Mental Health Plan (MHP) as meeting the SMHS medical necessity criteria. The design of managed care for California's Medi-Cal mental health program was phased in over several years. The State's enabling legislation for this waiver is set forth at Welfare and Institutions (W&I) Code, Sections 14680-14685.1 and 14700-14726.

All Medi-Cal beneficiaries are enrolled in the SMHS waiver and have access to the services provided through the waiver if they meet the medical necessity criteria. During the eighth waiver renewal SMHS will be provided to the newly eligible adult beneficiaries by the county MHPs. CMS approved a waiver amendment request to include this population on December 26, 2013.

The PIHPs are not at risk for FFP for the cost of services. The SMHS Consolidation waiver program is administered locally by each county's MHP and each county's MHP provides, or arranges for, specialty mental health services for Medi-Cal beneficiaries. MHPs are not paid on a capitated basis; instead, MHPs are paid on a fee-for-service basis.
Beneficiaries are automatically enrolled in the single MHP in their county. The State continues to contractually require MHPs to ensure the availability and accessibility of adequate numbers of institutional facilities, service locations, service sites, and professional, allied and supportive personnel to provide medically necessary services, and ensure the authorization of services for urgent conditions on a one-hour basis.
Beneficiaries are provided with a choice of providers within the MHP and an opportunity to change providers whenever feasible. Although the regulation allows MHPs to limit the beneficiary's choice to two (2) providers, the beneficiary may request an additional change if not satisfied; the opportunity for choice may be limited by feasibility. In most cases, feasibility is linked to the number of providers in the MHP's network.
Access continues to be assured and monitored through state regulations, and the MHP contract, the State's review and approval of any amendments to the MHPs implementation plans for the program on-going contract management by the State; and formal triennial reviews of the MHPs conducted by State staff, and annual External Quality Reviews conducted by the contracted External Quality Review Organization.

Additional Information: PIHP (Optional)

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

Fee-For-Service Options

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

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

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

A significant proportion of total Medi-Cal expenditures are generated through the FFS health care delivery system. FFS providers render services and then submit claims for payment that are adjudicated, processed and paid (or denied) by the Medi-Cal program's fiscal intermediary. Generally, Medi-Cal outpatient FFS rates are set at no more than 80% of the California Specific Medicare Rate. The CA-MMIS system reimburses at no more than the maximum allowable rate that is on file in the system. Further, as a result of the Managed Care expansion in California, all 58 counties now participate in a Managed Care system, which prior to the expansion served approximately 74% of the total Medi-Cal population or about 6.0M Medi-Cal beneficiaries in 30 counties.
Specified services are carved out of the Managed Care Plans and only reimbursed via FFS, such as county based Specialty Mental Health Services (1915 (b) waiver) and Substance Use Disorder Services, which are reimbursed on a cost-based fee-for-service basis, based on certified public expenditures.

Additional Information: Fee-For-Service (Optional)

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

PRA Disclosure Statement

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V.20130718

Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-C-

OMB Expiration date: 10/31/2014

Employer Sponsored Insurance and Payment of Premiums	ABP9
The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.	No
The state/territory otherwise provides for payment of premiums.	Yes

Provide a description including the population covered, the amount of premium assistance by population, required contributions, cost-effectiveness test requirements, and benefits information.

The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals. The requirements for Requirements for Health Insurance Premium Payment (HIPP) Program / Cost Avoidance: Full scope or fee-for-service Medi-Cal; a high cost medical condition that requires on-going treatment from a medical provider; current health insurance coverage (or access to health coverage through an employer at the time of application) – policy must cover the health condition.

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

The state assures that ESI coverage is established in sections 3.2 and 4.22(c) of the state's approved Medicaid state plan. The beneficiary will receive a benefit package that includes a wrap of benefits around the employer sponsored insurance plan that equals the benefit package to which the beneficiary is entitled. The beneficiary will not be responsible for payment of premiums or other cost sharing that exceeds nominal levels as established at 42 CFR part 447 subpart A."

PRA Disclosure Statement

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Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-C- ☐

OMB Expiration date: 10/31/2014

General Assurances	ABP10

Economy and Efficiency of Plans

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

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

Compliance with the Law

☑ The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/ territory plan under this title.

☑ The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e).

☑ The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.

PRA Disclosure Statement

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V.20130807

Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-C- ☐

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

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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