Attachment 3.1L O	MB Control Number: ( MB Expiration date: 1	
Attachment 3.1L O		
	A second s	0/31/2014
Alternative Renefit Plan Populations		ABPI
Identify and define the population that will participate in the Alternative Benefit Plan.		
Alternative Benefit Plan Population Name: Adults without dependent children		
Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contact the second structure of the second s	ontain individuals that	meet any
Eligibility Groups Included in the Alternative Benefit Plan Population: Eligibility Group:	Enrollment is mandatory or voluntary?	
Adult Group	Mandatory	] 🗙
Enrollment is available for all individuals in these eligibility group(s). Yes	L.,	
Geographic Area		-
	Ýes	
<u>PRA Disclosure Statement</u> According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of valid OMB control number. The valid OMB control number for this information collection is 0938-1148 this information collection is estimated to average 5 hours per response, including the time to review instu resources, gather the data needed, and complete and review the information collection. If you have comm the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Bouleva	<ol> <li>The time required to ructions, search existin nents concerning the ad-</li> </ol>	o complete ng data ccuracy of

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Attachment 3.1L

OMB Control Number: 0938-1148 OMB Expiration date: 10/31/2014

TRUCTAL

Yes

#### Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A) ABP2a (i)(VIII) of the Act

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.

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.

That state has ensured alignment between its Medicaid State Plan and the Alternative Benefit Plan by using the same package of benefits and services in both places. Amount, duration, and scope of the benefits correspond because it is the same set of services offered in both places.

#### 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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# **Alternative Benefit Plan**

ttachment 3.1L	OMB Control Number: 0938-1148 OMB Expiration date: 10/31/2014
selection of Benchmark Beng	efit Package or Benchmark-Equivalent Benefit Package ABP3
select one of the following:	
C The state/territory is amend	ing one existing benefit package for the population defined in Section 1.
• The state/territory is creating	g a single new benefit package for the population defined in Section 1.
Name of benefit package:	Rhode Island Benefit Plan
Selection of the Section 1937 Cove	rage Option
The state/territory selects as its Sect Equivalent Benefit Package under th	ion 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark- his Alternative Benefit Plan (check one):
Benchmark Benefit Package	
O Benchmark-Equivalent Bene	
	vide the following Benchmark Benefit Package (check one that applies):
C The Standard Blue Program (FEHBP)	e Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit ).
○ State employee co	verage that is offered and generally available to state employees (State Employee Coverage):
C A commercial HM HMO):	10 with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial
Secretary-Approv	ed Coverage.
• The state/terr	itory offers benefits based on the approved state plan.
O The state/terr benefit packa	itory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan ges, 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	e/territory offers only a partial list of benefits provided in the approved state plan.
C The state	e/territory offers a partial list of benefits provided in the approved state plan plus additional benefits.
Please briefly id	entify the benefits, the source of benefits and any limitations:
The benefits cor	respond to the state's existing Rhody Health Partners package of Medicaid State Plan benefits.



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.

O Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.

○ Largest insured commercial non-Medicaid HMO.

Blue Cross Blue Shield of RI Vantage Blue Plan Plan name:

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

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

### 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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OMB Control Number: 0938-1148 OMB Expiration date: 10/31/2014 Attachment 3.1L ABP4 Alternative Benefit Plan Cost-Sharing 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 No Attachment 4.18-A. 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.

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# **Alternative Benefit Plan**

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Attachment 3.1L	OMB Control Number: 0938-1148
	OMB Expiration date: 10/31/2014
Benefits Description	ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit package. No	
Benefits Included in Alternative Benefit Plan	
Enter the specific name of the base benchmark plan selected:	
Blue Cross Blue Shield of Rhode Island Vantage Blue Plan	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approve "Secretary-Approved."	d. Otherwise, enter
Secretary Approved.	
	an a



## **Alternative Benefit Plan**

essential Health Benefit 1: Ambulatory patient	services	Collapse All
Benefit Provided:	Source:	
Outpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		111 - 11 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112 - 112
Other information regarding this benefit, benchmark plan:	including the specific name of the source plan if it is n	not the base
Benefit Provided:	Source:	
Transportation: Non-Emergency	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	·······
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, benchmark plan:	including the specific name of the source plan if it is	not the base
Benefit Provided:	Source:	
Hospice Care Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	III MARTIN MARTIN MARTINA
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		······

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**Alternative Benefit Plan** 

benchmark plan:		Remove
Benefit Provided:	Source:	
Physicians' Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	-
None	None	
Scope Limit:		<b>1</b>
None		
benchmark plan: Covered as needed, based on medical	fit, including the specific name of the source plan if it is not the base necessity, including primary care, specialty care, and obstetric care. nurgical procedures of a cosmetic nature which must be performed for	
Benefit Provided;	Source:	
Personal Care Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	-
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	~
None	None	
Scope Limit:		7
None		
Other information regarding this bene benchmark plan:	fit, including the specific name of the source plan if it is not the base	]
Benefit Provided:	Source:	
Case Management	State Plan 1905(a)	
Authorization:	Provider Qualifications:	-1
Prior Authorization	Medicaid State Plan	





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None	· · · · · · · · · · · · · · · · · · ·	
benchmark plan:	the specific name of the source plan if it is not the base	
Full State Plan Title: Case Management Services an	d TB-related Services - Case Management Services.	
Some case management services are limited to spec	ific groups of individuals. Populations include:	
employment. • Pregnant or parenting adolescents (defined as indi	viduals who have not attained age 20).	
<ul> <li>People between ages 19 and 21 who meet the crite outlined in applicable state regulations.</li> <li>Adolescents who have been the victim of incest, see People under age 21 eligible for EPSDT.</li> <li>People under age 21 who are determined to be at the second second</li></ul>	eria for Special Education services (Part B services) as exual molestation, or sexual assault. risk for developmental disabilities on the basis of ed to genetic disorders, birth defects, inborn diseases of	
	An, mie motor nangadgo, soonal, or cognitive	
development. • People under age 21 who are coming into contact • People who have a documented HIV infection and	with the juvenile justice system.	
development. • People under age 21 who are coming into contact • People who have a documented HIV infection and enefit Provided:	with the juvenile justice system. d/or a diagnosis of AIDS. Source:	
development. • People under age 21 who are coming into contact	with the juvenile justice system. d/or a diagnosis of AIDS.	Remove
development. • People under age 21 who are coming into contact • People who have a documented HIV infection and enefit Provided:	with the juvenile justice system. d/or a diagnosis of AIDS. Source:	Remove
development. • People under age 21 who are coming into contact • People who have a documented HIV infection and enefit Provided: ther Licensed Practitioners - Podiatrist Services	with the juvenile justice system. d/or a diagnosis of AIDS. Source: State Plan 1905(a)	Remove
development. • People under age 21 who are coming into contact • People who have a documented HIV infection and enefit Provided: ther Licensed Practitioners - Podiatrist Services Authorization:	with the juvenile justice system. d/or a diagnosis of AIDS. Source: State Plan 1905(a) Provider Qualifications:	] <u>Remove</u>
development. • People under age 21 who are coming into contact • People who have a documented HIV infection and enefit Provided: ther Licensed Practitioners - Podiatrist Services Authorization: Prior Authorization	with the juvenile justice system. d/or a diagnosis of AIDS. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	
development.  People under age 21 who are coming into contact  People who have a documented HIV infection and enefit Provided: ther Licensed Practitioners - Podiatrist Services Authorization: Prior Authorization Amount Limit:	with the juvenile justice system. d/or a diagnosis of AIDS. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
development. • People under age 21 who are coming into contact • People who have a documented HIV infection and enefit Provided: ther Licensed Practitioners - Podiatrist Services Authorization: Prior Authorization Amount Limit: None	with the juvenile justice system. d/or a diagnosis of AIDS. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	
development.  People under age 21 who are coming into contact People who have a documented HIV infection and enefit Provided: ther Licensed Practitioners - Podiatrist Services Authorization: Prior Authorization Amount Limit: None Scope Limit: None	with the juvenile justice system. d/or a diagnosis of AIDS. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove           ]           ]           ]           ]
development.	with the juvenile justice system. d/or a diagnosis of AIDS. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove           ]           ]           ]           ]           ]           ]



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# **Alternative Benefit Plan**

Essential Health Benefit 2: Emergency services	(	Collapse All
Benefit Provided:	Source:	······································
Outpatient Hospital: Emergency Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	7
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	٦
None	None	
Scope Limit:		٦
None		
Other information regarding this benefit, inc benchmark plan:	luding the specific name of the source plan if it is not the base	
Covered both in- and out-of-state, for emerg assess whether a condition warrants treatment	ency services or when authorized by a provider, or in order to nt as an emergency service.	
Benefit Provided:	Source:	
Benefit Provided: Transportation: Emergency Services	State Plan 1905(a)	Remove
		Remove
Transportation: Emergency Services	State Plan 1905(a)	Remove
Transportation: Emergency Services Authorization:	State Plan 1905(a) Provider Qualifications:	Remove
Transportation: Emergency Services Authorization: None	State Plan 1905(a)         Provider Qualifications:         Medicaid State Plan	Remove
Transportation: Emergency Services Authorization: None Amount Limit:	State Plan 1905(a)         Provider Qualifications:         Medicaid State Plan         Duration Limit:	Remove
Transportation: Emergency Services Authorization: None Amount Limit: None	State Plan 1905(a)         Provider Qualifications:         Medicaid State Plan         Duration Limit:	Remove
Transportation: Emergency Services          Authorization:         None         Amount Limit:         None         Scope Limit:         None         Other information regarding this benefit, incohenchmark plan:	State Plan 1905(a)         Provider Qualifications:         Medicaid State Plan         Duration Limit:         None         cluding the specific name of the source plan if it is not the base	Remove
Transportation: Emergency Services          Authorization:         None         Amount Limit:         None         Scope Limit:         None         Other information regarding this benefit, incohenchmark plan:	State Plan 1905(a)         Provider Qualifications:         Medicaid State Plan         Duration Limit:         None         cluding the specific name of the source plan if it is not the base         gency services or when authorized by a provider, or in order to	Remove



	Essential Health Benefit 3: Hospitalization		Collapse All
	Benefit Provided:	Source:	En uner un ander Manakon (anderet vorser Marke
	Inpatient Hospital Services	State Plan 1905(a)	Remove
	Authorization:	Provider Qualifications:	
	Prior Authorization	Medicaid State Plan	
	Amount Limit:	Duration Limit:	
	None.	Up to 365 days per year based on medical necessity	/
	Scope Limit:		
	Payment not made for inpatient hospital services rel purposes only.	lated to elective surgery performed for cosmetic	
	Other information regarding this benefit, including t benchmark plan:	he specific name of the source plan if it is not the base	
		· · · · · · · · · · · · · · · · · · ·	Add





# **Alternative Benefit Plan**

Essential Health Benefit 4: Maternity and newborn	) care	Collapse All
Benefit Provided:	Source:	
Nurse Midwife Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	and the fill succession and a second s
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, incl benchmark plan:	uding the specific name of the source plan if it is no	t the base
Benefit Provided:	Source:	Fuser And Reveal And Reveal And
Inpatient Hospital Services: Maternity	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, inc benchmark plan:	luding the specific name of the source plan if it is no	ot the base
Benefit Provided:	Source:	
Physicians' Services: Maternity	State Plan 1905(a)	
Authorization:	Provider Qualifications:	-Million and a contract of the Distance
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	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 one annual and five GYN visits annually to a provider for family planning is covered without a PCP referral.







Benefit Provided:	Source:	_
Rehabilitative Services - Residential Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	-
Payment for room and board is excluded	None	
Scope Limit:		
Services are provided in facilities of no more than si	xteen (16) beds	
Other information regarding this benefit, including the benchmark plan: The service elements offered by a residential program		
group counseling; Medication prescription, administra management; menu planning, meal preparation, and r hygiene; budgeting skills training and/or assistance; c training; community resource information and access	nutrition education; skill training regarding health and risis intervention; community and daily living skills	
natural social support networks; coordination with the not provided in an IMD.	; social skills training and assistance in developing e resident's medical care providers. These services are	e
natural social support networks; coordination with the	; social skills training and assistance in developing e resident's medical care providers. These services are Source:	e
natural social support networks; coordination with the not provided in an IMD.	e resident's medical care providers. These services are	
natural social support networks; coordination with the not provided in an IMD. Benefit Provided:	e resident's medical care providers. These services are Source:	
natural social support networks; coordination with the not provided in an IMD. Benefit Provided: Rehab Services - Psychiatric Rehab Services	source: State Plan 1905(a)	
natural social support networks; coordination with the not provided in an IMD. Benefit Provided: Rehab Services - Psychiatric Rehab Services Authorization:	e resident's medical care providers. These services are Source: State Plan 1905(a) Provider Qualifications:	
natural social support networks; coordination with the not provided in an IMD. Benefit Provided: Rehab Services - Psychiatric Rehab Services Authorization: Prior Authorization	e resident's medical care providers. These services are Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	
natural social support networks; coordination with the not provided in an IMD.         Benefit Provided:         Rehab Services - Psychiatric Rehab Services         Authorization:         Prior Authorization         Amount Limit:         None         Scope Limit:	e resident's medical care providers. These services are Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	
natural social support networks; coordination with the not provided in an IMD.         Benefit Provided:         Rehab Services - Psychiatric Rehab Services         Authorization:         Prior Authorization         Amount Limit:         None         Scope Limit:	e resident's medical care providers. These services are Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None ganizations licensed by the Department of Behavioral	
natural social support networks; coordination with the not provided in an IMD.         Benefit Provided:         Rehab Services - Psychiatric Rehab Services         Authorization:         Prior Authorization         Amount Limit:         None         Scope Limit:         Services are provided through Behavioral Health Or Healthcare, Developmental Disabilities, and Hospita         Other information regarding this benefit, including the benchmark plan:	e resident's medical care providers. These services are Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None ganizations licensed by the Department of Behavioral	



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		Remove
Benefit Provided:	Source:	
Rehab Services: CPST	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	7
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	1
None	None	
Scope Limit:		
Organizations licensed by the Department of B Hospitals.	older. Services are provided through Behavioral Health ehavioral Healthcare, Developmental Disabilities, and	
benchmark plan:	ing the specific name of the source plan if it is not the base	
identified in the person's individualized freatme	at limited to, counseling, support, and treatment services ont plan; and assistance in further developing the for her social support network to minimize social isolation	
Benefit Provided:	Source:	
Rehab Servíces: Substance Abuse Residentíal	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Payment for room and board is excluded	None	
Scope Limit:		—i
beds. Facilities and programs must be license Developmental Disabilities, and Hospitals.	nity-based substance abuse treatment facilities of 16 or less d by the Department of Behavioral Healthcare,	
Other information regarding this benefit, inclue benchmark plan:	ding the specific name of the source plan if it is not the base	» —
	Substance Abuse Residential Services.	y
Full State Plan Title: Rehabilitative Services: S	p counseling, psychological support, social guidance, family be medically necessary by a treatment plan approved by a	
Full State Plan Title: Rehabilitative Services: S Services provided include individual and group courseling and near support as determined to b	p counseling, psychological support, social guidance, family be medically necessary by a treatment plan approved by a	



Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services are available to those individuals meetin this level of care can be clinically justified and do	g ASAM PPC-2 criteria or to those individuals for whom cumented.	
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
related to substance abuse. Services are provided	nation, treatment, and rehabilitation of problems directly in accordance with a treatment plan approved by the ide: individual counseling, group counseling, family	
Benefit Provided:	Source:	
Rehab Services: Substance Abuse Assessment	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limít:	
None	None	
Scope Limit:		
Services are provided through entities licensed by	y the Department of Behavioral Healthcare, vide substance abuse treatment services or narcotic	
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	
version of the Diagnostic and Statistic Manual of	stance Abuse Assessment Services. which includes a comprehensive biopsychosocial stance abuse history, diagnosis according to the latest Mental Disorders (DSM), treatment needs, readiness for ing to the American Society of Addiction Medicine	
Benefit Provided:	Source:	
Rehab Services: Detoxification Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	_
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	

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### **Alternative Benefit Plan**

#### Scope Limit:

Services must be provided by facilities and programs licensed by the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals to provide detoxification services or narcotic treatment services.

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

Services include 24-hour residential detoxification services in a non-hospital setting; outpatient ambulatory detoxification services, and outpatient ambulatory narcotic detoxification services.

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# **Alternative Benefit Plan**

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Benefit Provi		U.C. Discussion (	USP) astagory and class or the
Coverage same nur	e is at least the greater of one drug in each nber of prescription drugs in each categor	y and class as the base	e benchmark.
Prescrip	tion Drug Limits (Check all that apply.):	Authorization:	Provider Qualifications:
	Limit on days supply	Yes	State licensed
	Limit on number of prescriptions		
$\boxtimes$	Limit on brand drugs		
$\boxtimes$	Other coverage limits		
$\boxtimes$	Preferred drug list		
Coverag	e that exceeds the minimum requirements	or other:	
	e of Rhode Island's ABP prescription drug d state plan for prescribed drugs.	g benefit plan is the sa	me as under the approved



ssential Health Benefit 7: Rehabilitative and h	abilitative services and devices	Collapse All
Benefit Provided:	Source:	
Home Health Services: Nursing	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	· · · · · · · · · · · · · · · · · · ·	
Home Health Services do not include resp	site care, relief care, or day care.	
Other information regarding this benefit, in benchmark plan:	ncluding the specific name of the source plan if it is not the base	: 
Covered services include those services pr including full-time, part-time, or intermitte well as physical therapy occupational the	es - Intermittent and Part-time Nursing Services ovided under a written plan of care authorized by a physician ent skilled nursing care and certified nursing assistant services a rapy, respiratory therapy and speech-language pathology, as includes medical social services, durable medical equipment, an	
Benefit Provided:	Source:	
Nursing Facility Services: Rehab	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	1
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	30 consecutive days	
Scope Limit:		
Provided for individuals over age 21.		
Other information regarding this benefit, benchmark plan:	including the specific name of the source plan if it is not the bas	e
This benefit is intended for rehabilitative covered under the Nursing Facility Service	purposes. Patients requiring treatment for longer than 30 days a cess: Custodial Care benefit.	are
Benefit Provided:	Source:	
Home Health: Medical Supplies	State Plan 1905(a)	
	Provider Qualifications:	1
Authorization:		1
Authorization: Prior Authorization	Medicaid State Plan	]
	Medicaid State Plan Duration Limit:	

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Scope Limit: Limited to those items provided for in the manua Equipment, Surgical Appliances and Prostethic D Program."	al entitled "Provisions for the Payment of Durable Medical Devices through the Rhode Island Medical Assistance	Remove
benchmark plan:	ng the specific name of the source plan if it is not the base	
Full State Plan Title: Home Health: Medical Supp	plies, Equipment, and Appliances.	
Benefit Provided:	Source:	
Home Health Services - Physical Therapy	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	1
None	None	
Scope Limit:	-	1
Provided by a home health agency or medical re	chabilitation facility	
benchmark plan:	ng the specific name of the source plan if it is not the base be health aid, and therapy visits in excess of 8 per month.	]
benchmark plan: Prior authorization is required for nursing, home	bealth aid, and therapy visits in excess of 8 per month.	]
benchmark plan: Prior authorization is required for nursing, home Benefit Provided:		Remove
benchmark plan: Prior authorization is required for nursing, home Benefit Provided: Home Health Services - Occupational Therapy	be health aid, and therapy visits in excess of 8 per month.	Remove
benchmark plan: Prior authorization is required for nursing, home Benefit Provided:	be health aid, and therapy visits in excess of 8 per month. Source: State Plan 1905(a)	Remove
benchmark plan: Prior authorization is required for nursing, home Benefit Provided: Home Health Services - Occupational Therapy Authorization: Prior Authorization	bealth aid, and therapy visits in excess of 8 per month.  Source:  State Plan 1905(a)  Provider Qualifications:	] Remove
benchmark plan: Prior authorization is required for nursing, home Benefit Provided: Home Health Services - Occupational Therapy Authorization: Prior Authorization Amount Limit:	<ul> <li>bealth aid, and therapy visits in excess of 8 per month.</li> <li>Source:</li> <li>State Plan 1905(a)</li> <li>Provider Qualifications:</li> <li>Medicaíd State Plan</li> </ul>	] Remove
benchmark plan: Prior authorization is required for nursing, home Benefit Provided: Home Health Services - Occupational Therapy Authorization: Prior Authorization Amount Limit: None	<ul> <li>be health aid, and therapy visits in excess of 8 per month.</li> <li>Source:</li> <li>State Plan 1905(a)</li> <li>Provider Qualifications:</li> <li>Medicaid State Plan</li> <li>Duration Limit:</li> </ul>	Remove
benchmark plan: Prior authorization is required for nursing, home Benefit Provided: Home Health Services - Occupational Therapy Authorization: Prior Authorization Amount Limit: None Scope Limit:	<ul> <li>bealth aid, and therapy visits in excess of 8 per month.</li> <li>Source:</li> <li>State Plan 1905(a)</li> <li>Provider Qualifications:</li> <li>Medicaid State Plan</li> <li>Duration Limit:</li> <li>None</li> </ul>	] <b>R</b> emove
benchmark plan: Prior authorization is required for nursing, home Benefit Provided: Home Health Services - Occupational Therapy Authorization: Prior Authorization Amount Limit: None Scope Limit: Provided by a home health agency or medical re Other information regarding this benefit, includi benchmark plan:	<ul> <li>be health aid, and therapy visits in excess of 8 per month.</li> <li>Source:</li> <li>State Plan 1905(a)</li> <li>Provider Qualifications:</li> <li>Medicaid State Plan</li> <li>Duration Limit:</li> <li>None</li> <li>rehabilitation facility</li> <li>ing the specific name of the source plan if it is not the base</li> </ul>	] [ Remove ] ] ] ]
benchmark plan: Prior authorization is required for nursing, home Benefit Provided: Home Health Services - Occupational Therapy Authorization: Prior Authorization Amount Limit: None Scope Limit: Provided by a home health agency or medical re Other information regarding this benefit, includi benchmark plan:	<ul> <li>bealth aid, and therapy visits in excess of 8 per month.</li> <li>Source:</li> <li>State Plan 1905(a)</li> <li>Provider Qualifications:</li> <li>Medicaid State Plan</li> <li>Duration Limit:</li> <li>None</li> </ul>	] Remove ] ] ] ] ] ] ]
benchmark plan: Prior authorization is required for nursing, home Benefit Provided: Home Health Services - Occupational Therapy Authorization: Prior Authorization Amount Limit: None Scope Limit: Provided by a home health agency or medical re Other information regarding this benefit, includi benchmark plan:	<ul> <li>be health aid, and therapy visits in excess of 8 per month.</li> <li>Source:</li> <li>State Plan 1905(a)</li> <li>Provider Qualifications:</li> <li>Medicaid State Plan</li> <li>Duration Limit:</li> <li>None</li> <li>rehabilitation facility</li> <li>ing the specific name of the source plan if it is not the base</li> </ul>	] Remove ] ] ] ] ]
benchmark plan: Prior authorization is required for nursing, home Benefit Provided: Home Health Services - Occupational Therapy Authorization: Prior Authorization Amount Limit: None Scope Limit: Provided by a home health agency or medical re Other information regarding this benefit, includi benchmark plan: Prior authorization is required for nursing, home	<ul> <li>be health aid, and therapy visits in excess of 8 per month.</li> <li>Source:</li> <li>State Plan 1905(a)</li> <li>Provider Qualifications:</li> <li>Medicaid State Plan</li> <li>Duration Limit:</li> <li>None</li> <li>rehabilitation facility</li> <li>ing the specific name of the source plan if it is not the base</li> <li>the health aid, and therapy visits in excess of 8 per month.</li> </ul>	] [ Remove ] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ]
benchmark plan: Prior authorization is required for nursing, home Benefit Provided: Home Health Services - Occupational Therapy Authorization: Prior Authorization Amount Limit: None Scope Limit: Provided by a home health agency or medical re Other information regarding this benefit, includi benchmark plan: Prior authorization is required for nursing, home Benefit Provided:	<ul> <li>bealth aid, and therapy visits in excess of 8 per month.</li> <li>Source:</li> <li>State Plan 1905(a)</li> <li>Provider Qualifications:</li> <li>Medicaid State Plan</li> <li>Duration Limit:</li> <li>None</li> <li>rehabilitation facility</li> <li>ing the specific name of the source plan if it is not the base</li> <li>e health aid, and therapy visits in excess of 8 per month.</li> </ul>	Remove         ]       ]         ]      <

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Amount Limit:	Duration Limit:	and the state of the
None	None	Removi
Scope Limit:		1
Provided by a home health agency or	medical rehabilitation facility	
Other information regarding this bene	fit, including the specific name of the source plan if it is not the base	
benchmark plan:		٦

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	Collapse All
Source:	
State Plan 1905(a)	Remove
Provider Qualifications:	
Medicaid State Plan	
Duration Limit:	_
None	
	1
ysician/provider; including urine drug screens	
cluding the specific name of the source plan if it is not the base	
	Add
	State Plan 1905(a)         Provider Qualifications:         Medicaid State Plan         Duration Limit:         None         ysician/provider; including urine drug screens



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

Collapse All

OMPETAL

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:	Source:	
Tobacco Cessation Counseling Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan:		
Benefit Provided:	Source:	In the second
Family Planning Services and Supplies	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	1
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	1
Amount Limit: None	Duration Limit:	]
		]
None		]
None Scope Limit: None		]
None Scope Limit: None Other information regarding this benefit, inc	None	]



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# **Alternative Benefit Plan**

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Essential Health Benefit 10: Pediatric services inc		Collapse All
Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Provided to all children and young adults up	p to age 21.	
benchmark plan:	cluding the specific name of the source plan if it is not the base	
The prior authorization requirements which provided in the Rhode Island Medical Assis	are applicable to all other medical services and supplies tance Program apply for EPSDT services.	
		Add

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### Other Covered Benefits from Base Benchmark

Collapse All

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Base Benchmark Benefits Not Covered due to Substitution	on or Duplication	Collapse All
Base Benchmark Benefit that was Substituted: Office Visits with PCP - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including including section 1937 benchmark benefit(s) included above u	licating the substituted benefit(s) or the duplicate inder Essential Health Benefits:	
Office Visits with PCP were bundled along with Phy Patient Services" EHB category. The bundled servi- existing Medicaid State Plan.	ysicians' Services and mapped to the "Ambulatory ces are a duplication of Physicians' Services from the	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Emergency Medical Services - Duplication		Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above to	dicating the substituted benefit(s) or the duplicate inder Essential Health Benefits:	_
Emergency Medical Services were mapped to the "I a duplication of Outpatient Hospital: Emergency Se	Emergency Services" EHB category. These services an rvices from the existing Medicaid State Plan.	e
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Surgery - Duplication		Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above to	dicating the substituted benefit(s) or the duplicate under Essential Health Benefits:	
section 1937 benchmark benefit(s) included above Surgery was bundled along with Inpatient Hospital	under Essential Health Benefits: Services and mapped to the "Hospitalization" EHB ient Hospital Services and mapped to the "Ambulatory	
section 1937 benchmark benefit(s) included above a Surgery was bundled along with Inpatient Hospital category. Furthermore, it was bundled with Outpat Patient Services" EHB category. The bundled serve	under Essential Health Benefits: Services and mapped to the "Hospitalization" EHB ient Hospital Services and mapped to the "Ambulatory ices are a duplication of services from the existing Source:	
section 1937 benchmark benefit(s) included above a Surgery was bundled along with Inpatient Hospital category. Furthermore, it was bundled with Outpat Patient Services" EHB category. The bundled serv Medicaid State Plan.	under Essential Health Benefits: Services and mapped to the "Hospitalization" EHB ient Hospital Services and mapped to the "Ambulatory ices are a duplication of services from the existing	Remove
section 1937 benchmark benefit(s) included above a Surgery was bundled along with Inpatient Hospital category. Furthermore, it was bundled with Outpat Patient Services" EHB category. The bundled serve Medicaid State Plan. Base Benchmark Benefit that was Substituted:	under Essential Health Benefits: Services and mapped to the "Hospitalization" EHB ient Hospital Services and mapped to the "Ambulatory ices are a duplication of services from the existing Source: Base Benchmark idicating the substituted benefit(s) or the duplicate	Remove
section 1937 benchmark benefit(s) included above a Surgery was bundled along with Inpatient Hospital category. Furthermore, it was bundled with Outpat Patient Services" EHB category. The bundled serve Medicaid State Plan. Base Benchmark Benefit that was Substituted: Detoxification Services - Duplication Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above Detoxification Services were bundled along with R	under Essential Health Benefits: Services and mapped to the "Hospitalization" EHB ient Hospital Services and mapped to the "Ambulatory ices are a duplication of services from the existing Source: Base Benchmark idicating the substituted benefit(s) or the duplicate under Essential Health Benefits: ehabilitative Services: Detoxification Services and Disorder Services" EHB. The bundled services are a	Remove
section 1937 benchmark benefit(s) included above a Surgery was bundled along with Inpatient Hospital category. Furthermore, it was bundled with Outpat Patient Services" EHB category. The bundled serve Medicaid State Plan. Base Benchmark Benefit that was Substituted: Detoxification Services - Duplication Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above Detoxification Services were bundled along with R mapped to the "Mental Health and Substance Use F	under Essential Health Benefits: Services and mapped to the "Hospitalization" EHB ient Hospital Services and mapped to the "Ambulatory ices are a duplication of services from the existing Source: Base Benchmark idicating the substituted benefit(s) or the duplicate under Essential Health Benefits: ehabilitative Services: Detoxification Services and Disorder Services" EHB. The bundled services are a	Remove
section 1937 benchmark benefit(s) included above a Surgery was bundled along with Inpatient Hospital category. Furthermore, it was bundled with Outpat Patient Services" EHB category. The bundled serve Medicaid State Plan. Base Benchmark Benefit that was Substituted: Detoxification Services - Duplication Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above Detoxification Services were bundled along with R mapped to the "Mental Health and Substance Use I duplication of Rehabilitative Services: Detoxification Base Benchmark Benefit that was Substituted:	under Essential Health Benefits:         Services and mapped to the "Hospitalization" EHB         ient Hospital Services and mapped to the "Ambulatory         ices are a duplication of services from the existing         Source:         Base Benchmark         idicating the substituted benefit(s) or the duplicate         under Essential Health Benefits:         ehabilitative Services: Detoxification Services and         Disorder Services" EHB. The bundled services are a         on Services from the existing Medicaid State Plan.         Source:         Base Benchmark	



Base Benchmark Benefit that was Substituted:	Source:	
Hair Prostheses - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un	cating the substituted benefit(s) or the duplicate der Essential Health Benefits:	
Hair Prostheses were bundled along with Medical Sur "Rehabilitative and Habilitative Services and Devices duplication of Medical Supplies, Equipment, and App	pplies, Equipment, and Appliances, and mapped to the "EHB category. The bundled services are a bliances from the existing Medicaid State Plan.	
Base Benchmark Benefit that was Substituted: Cardiac Rehab - Dupfication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur	] icating the substituted benefit(s) or the duplicate ider Essential Health Benefits:	Englishering and a second s
Cardiac Rehab was bundled along with Outpatient He Patient Services" EHB category. The bundled servic existing Medicaid State Plan.	ospital Services and mapped to the "Ambulatory	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	Calculation of The Second Second Streams
Enteral Formula - Duplication		Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up	icating the substituted benefit(s) or the duplicate nder Essential Health Benefits:	
Enteral Formula was bundled along with Home Heal Appliances, and mapped to the "Rehabilitative and H bundled services are a duplication of Home Health S Appliances from the existing Medicaid State Plan.	labilitative Services and Devices" EHB category. The	
Base Benchmark Benefit that was Substituted:	Source:	·
Therapy Treatments - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including inc section 1937 benchmark benefit(s) included above u	licating the substituted benefit(s) or the duplicate nder Essential Health Benefits:	
Therapy Treatments were bundled along with Outpa Patient Services" EHB category. The bundled servic from the existing Medicaid State Plan.	tient Hospital Services and mapped to the "Ambulatory ces are a duplication of Outpatient Hospital Services	
Base Benchmark Benefit that was Substituted:	Source:	
Routine Check Ups - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including inc section 1937 benchmark benefit(s) included above u	nder Essential Health Benefits;	1
Routine Check Ups were bundled along with Physic Services" EHB category. The bundled services are Medicaid State Plan.	ians' Services and mapped to the "Ambulatory Patient a duplication of Physicians' Services from the existing	

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# **Alternative Benefit Plan**

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Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Tests and Procedures Ordered by PCP - Duplication		Remove
Explain the substitution or duplication, including indi- section 1937 benchmark benefit(s) included above un	der Essential Health Benefits:	
Tests and Procedures Ordered by PCP were bundled a to the "Ambulatory Patient Services" EHB category. Hospital Services from the existing Medicaid State Pl	The bundled services are a duplication of Outpatient	
Base Benchmark Benefit that was Substituted:	Source:	
Immunizations - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un	icating the substituted benefit(s) or the duplicate ider Essential Health Benefits:	
Immunizations were bundled along with Prescribed E category. The bundled services are a duplication of P State Plan.	Drugs and mapped to the "Prescription Drugs" EHB rescribed Drug benefit from the existing Medicaid	
Base Benchmark Benefit that was Substituted:	Source:	
Human Leukocyte Antigen Testing - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above ur	icating the substituted benefit(s) or the duplicate nder Essential Health Benefits:	
Human Leukocyte Antigen Testing was bundled alon mapped to the "Laboratory services" EHB category. Laboratory and X-Ray Services from the existing Me	The bundled services are a duplication of Other	
Base Benchmark Benefit that was Substituted:	Source:	
Newborn Care - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un	icating the substituted benefit(s) or the duplicate nder Essential Health Benefits:	
Newborn Care was bundled along with Inpatient Hos	spital Services: Maternity and mapped to the bundled services are a duplication of Inpatient Hospital	
Base Benchmark Benefit that was Substituted:	Source:	
Allergist Services - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above u	licating the substituted benefit(s) or the duplicate nder Essential Health Benefits:	-
section 1937 benchmark benefit(s) included above un Allergist Services were bundled along with Physicia	licating the substituted benefit(s) or the duplicate nder Essential Health Benefits: ns' Services and mapped to the "Ambulatory Patient a duplication of Physicians' Services from the existing	
section 1937 benchmark benefit(s) included above un Allergist Services were bundled along with Physicia Services" EHB category. The bundled services are a	nder Essential Health Benefits: ns' Services and mapped to the "Ambulatory Patient	



Dermatologist Services were bundled along with Phy Patient Services" EHB category. The bundled servic existing Medicaid State Plan.	visicians' Services and mapped to the "Ambulatory ses are a duplication of Physicians' Services from the	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Hearing Services - Duplication		Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above u	nder Essential Health Benefits:	1
Hearing Services were bundled along with Physiciar Services" EHB category. The bundled services are a Medicaid State Plan.	ns' Services and mapped to the "Ambulatory Patient a duplication of Physicians' Services from the existing	
Base Benchmark Benefit that was Substituted:	Source:	
Preadmission Testing - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including inc section 1937 benchmark benefit(s) included above u Preadmission Testing was bundled along with Inpati "Hospitalization" EHB category. The bundled servi from the existing Medicaid State Plan.	nder Essential Health Benefits: ient Hospital Services and mapped to the	
Base Benchmark Benefit that was Substituted:	Source:	
Voluntary Sterilization - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above u	dicating the substituted benefit(s) or the duplicate inder Essential Health Benefits:	
Voluntary Sterilization was bundled along with Out "Ambulatory Patient Services" EHB category. The Hospital Services from the existing Medicaid State I	bundled services are a duplication of Outpatient	
Base Benchmark Benefit that was Substituted:	Source:	
HIV Testing and Counseling - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above i	dicating the substituted benefit(s) or the duplicate inder Essential Health Benefits:	<b></b>
to the "Preventive and Wellness Services and Chron	th Family Planning Services and Supplies and mapped nic Disease Management" EHB category. The bundled ervices and Supplies from the existing Medicaid State	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	

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Chiropractic Services were mapped to the "Ambulaton from the existing Medicaid State Plan were used for s	ry Patient Services" EHB category. Dental Services ubstitution purposes.	
Base Benchmark Benefit that was Substituted: Infertility Treatment Services - Substitution	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un IVF Services were mapped to the "Ambulatory Patien from the existing Medicaid State Plan were used for s	der Essential Health Benefits: A Services" EHB category. Personal Care Services	
Base Benchmark Benefit that was Substituted: Chronic Disease Management - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un Chronic Disease Management was bundled along wit Management Services and mapped to the "Ambulator services are a duplication of services from the existir	Ider Essential Health Benefits: h Case Management and TB-Related Services - Case ry Patient Services" EHB category. The bundled	
Base Benchmark Benefit that was Substituted: Inpatient Services - Duplication Explain the substitution or duplication, including independent	Source: Base Benchmark icating the substituted benefit(s) or the duplicate	Remove
section 1937 benchmark benefit(s) included above ur	nder Essential Health Benefits: on" EHB category. These services are a duplication of	]
Base Benchmark Benefit that was Substituted: Outpatient Services - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un Outpatient Services were mapped to the "Ambulatory a duplication of Outpatient Hospital Services from the	nder Essential Health Benefits: y Patient Services" EHB category. These services are	
Base Benchmark Benefit that was Substituted: Skilled Nursing Care Facility - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un Skilled Nursing Care Facility was mapped to the "Re EHB category. This service is a duplication of Nursi	nder Essential Health Benefits: chabilitative and Habilitative Services and Devices"	<b>v</b> u



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**Alternative Benefit Plan** 

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Base Benchmark Benefit that was Substituted:	Source:	
Hospice - Duplication		Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above u	under Essential Health Benefits:	
Hospice was mapped to the "Ambulatory Patient Se of Hospice Care Services from the existing Medical	ervices" EHB category. These services are a duplication id State Plan.	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	1-11-21101-1-1-21101-21101-2110-2110-21
Coordinated Cancer Care - Duplication	Base Denchmark	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above	ndicating the substituted benefit(s) or the duplicate under Essential Health Benefits:	
Coordinated Cancer Care was bundled along with 0 Management Services and mapped to the "Ambula services are a duplication of services from the exis	Case Management and TB-Related Services - Case tory Patient Services" EHB category. The bundled	
Base Benchmark Benefit that was Substituted:	Source:	
Diabetic Services - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above Diabetic Services were bundled along with Case M	under Essential Health Benefits: Ianagement and TB-Related Services - Case	1
Management Services and mapped to the "Ambula services are a duplication of services from the exis	tory Patient Services" EHB category. The bundled sting Medicaid State Plan.	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Hemophilia Services - Duplication		Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above	ndicating the substituted benefit(s) or the duplicate under Essential Health Benefits:	
Hemophilia Services were bundled along with Cas Management Services and mapped to the "Ambula services are a duplication of services from the exis	tory Patient Services" EHB category. The bundled	
Base Benchmark Benefit that was Substituted:	Source:	
The state of the state of the back of the state of the st	Base Benchmark	Remove
Lyme Disease Diagnosis and Treatment - Duplication		
Explain the substitution or duplication, including i section 1937 benchmark benefit(s) included above	indicating the substituted benefit(s) or the duplicate under Essential Health Benefits:	"
Explain the substitution or duplication, including a section 1937 benchmark benefit(s) included above	indicating the substituted benefit(s) or the duplicate	
Explain the substitution or duplication, including i section 1937 benchmark benefit(s) included above Lyme Disease Diagnosis and Treatment was bund "Ambulatory Patient Services" EHB. The bundled	indicating the substituted benefit(s) or the duplicate e under Essential Health Benefits: lled along with Physicians' Services and mapped to the	



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: Asthma Education was bundled along with Case Management and TB-Related Services - Case Management Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of services from the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted:       Source:         Maternity Care - Duplication       Base Benchmark         Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	Remove	
Maternity Care was mapped to the "Maternity and Newborn Care" EHB category. These services are a duplication of Inpatient Hospital Services: Maternity from the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted:     Source:       Diagnostic Laboratory Services - Duplication     Base Benchmark	Remove	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Diagnostic Laboratory Services were bundled along with Other Laboratory and X-Ray Services and mapped to the "Laboratory Services" EHB category. These services are a duplication of Other Laboratory and X-Ray Services from the existing Medicaid State Plan.	/	
Base Benchmark Benefit that was Substituted:       Source:         Radiology and Imaging Services - Duplication       Base Benchmark         Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	Remove	
Radiology and Imaging Services were bundled along with Other Laboratory and X-Ray Services and mapped to the "Laboratory Services" EHB category. These services are a duplication of Other Laboratory and X-Ray Services from the existing Medicaid State Plan.	v	
Base Benchmark Benefit that was Substituted:       Source:         Durable Medical Equipment - Duplication       Base Benchmark         Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate	Remove	
section 1937 benchmark benefit(s) included above under Essential Health Benefits: DME was mapped to the "Rehabilitative and Habilitative Services and Chronic Disease Management" EF category. This service is a duplication of Home Health Services - Medical Supplies, Equipment, and Appliances from the existing Medicaid State Plan.	IB	
Base Benchmark Benefit that was Substituted:Source:Rehab: Physical Therapy - DuplicationBase 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: Rehab: Physical Therapy was bundled along with Outpatient Hospital Services and mapped to the		

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**Alternative Benefit Plan** 

"Rehabilitative and Habilitative Services and Devices" Outpatient Hospital Services from the existing Medica	aid State Plan.	Remove
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	Remove
Rehab: Occupational Therapy - Duplication Explain the substitution or duplication, including indic section 1937 benchmark benefit(s) included above und	cating the substituted benefit(s) or the duplicate der Essential Health Benefits:	KUIHALE
Rehab: Occupational Therapy was bundled along with "Rehabilitative and Habilitative Services and Devices Outpatient Hospital Services from the existing Medica	h Outpatient Hospital Services and mapped to the "EHB category. This service is a duplication of	
Base Benchmark Benefit that was Substituted: Rehab: Speech Therapy - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including india section 1937 benchmark benefit(s) included above un	cating the substituted benefit(s) or the duplicate der Essential Health Benefits:	1
Rehab: Speech Therapy was bundled along with Outp "Rehabilitative and Habilitative Services and Devices Outpatient Hospital Services from the existing Medic	" EHB category. This service is a duplication of	
Base Benchmark Benefit that was Substituted: Prescription Drugs - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un Prescription Drugs were mapped to the "Prescription	der Essential Health Benefits:	7
duplication of Prescription Drugs from the existing M	fedicaid State Plan.	
Base Benchmark Benefit that was Substituted: Non-prescription drugs - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un	icating the substituted benefit(s) or the duplicate nder Essential Health Benefits:	
Non-Prescription Drugs were bundled along with Pre Drugs" EHB category. These services are a duplicati State Plan.	escription Drugs and mapped to the "Prescription ion of Prescription Drugs from the existing Medicaid	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Emergency Transportation - Duplication Explain the substitution or duplication, including indi	icating the substituted benefit(s) or the duplicate	Remove
section 1937 benchmark benefit(s) included above ur Emergency Transportation was bundled along with T Services" EHB category. This service is a duplicatio Plan.	nder Essential Health Benefits: Transportation and mapped to the "Emergency	

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Base Benchmark Benefit that was Substituted:	Source:	
Non-emergency Transportation - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un	icating the substituted benefit(s) or the duplicate nder Essential Health Benefits:	
Non-Emergency Transportation was bundled along w Patient Services" EHB category. This service is a du State Plan.	with Transportation and mapped to the "Ambulatory plication of Transportation from the existing Medicaid	
Base Benchmark Benefit that was Substituted:	Source:	
Emergency Dental Services - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up	icating the substituted benefit(s) or the duplicate nder Essential Health Benefits:	
Emergency Dental Services were bundled along with Patient Services <sup>®</sup> EHB category. The bundled servic existing Medicaid State Plan.	a Dental Services and mapped to the "Ambulatory ses are a duplication of Dental Services from the	
Base Benchmark Benefit that was Substituted:	Source:	
Home Health Care Services - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above u	licating the substituted benefit(s) or the duplicate nder Essential Health Benefits:	
Home Health Care Services were mapped to the "Re EHB category. This service is a duplication of Hom the existing Medicaid State Plan.	habilitative and Habilitative Services and Devices" e Health Services - Home Health Aide Services from	
EHB category. This service is a duplication of Hom	e Health Services - Home Health Aide Services from Source:	
EHB category. This service is a duplication of Hom the existing Medicaid State Plan.	e Health Services - Home Health Aide Services from	Remove
EHB category. This service is a duplication of Hom the existing Medicaid State Plan. Base Benchmark Benefit that was Substituted:	e Health Services - Home Health Aide Services from Source: Base Benchmark licating the substituted benefit(s) or the duplicate	Removo
<ul> <li>EHB category. This service is a duplication of Hom the existing Medicaid State Plan.</li> <li>Base Benchmark Benefit that was Substituted:</li> <li>Skilled Nursing Services - Duplication</li> <li>Explain the substitution or duplication, including inc section 1937 benchmark benefit(s) included above u</li> </ul>	e Health Services - Home Health Aide Services from Source: Base Benchmark licating the substituted benefit(s) or the duplicate nder Essential Health Benefits: bilitative and Habilitative Services and Devices" EHB	
<ul> <li>EHB category. This service is a duplication of Hom the existing Medicaid State Plan.</li> <li>Base Benchmark Benefit that was Substituted:</li> <li>Skilled Nursing Services - Duplication</li> <li>Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above u</li> <li>Skilled Nursing Services were mapped to the "Rehal category. This service is a duplication of Home Heat</li> </ul>	e Health Services - Home Health Aide Services from Source: Base Benchmark licating the substituted benefit(s) or the duplicate nder Essential Health Benefits: bilitative and Habilitative Services and Devices" EHB alth Services - Intermittent and Part-time Nursing Source:	
<ul> <li>EHB category. This service is a duplication of Hom the existing Medicaid State Plan.</li> <li>Base Benchmark Benefit that was Substituted:</li> <li>Skilled Nursing Services - Duplication</li> <li>Explain the substitution or duplication, including including section 1937 benchmark benefit(s) included above u</li> <li>Skilled Nursing Services were mapped to the "Rehal category. This service is a duplication of Home Heat Services from the existing Medicaid State Plan.</li> </ul>	e Health Services - Home Health Aide Services from Source: Base Benchmark licating the substituted benefit(s) or the duplicate nder Essential Health Benefits: bilitative and Habilitative Services and Devices" EHB alth Services - Intermittent and Part-time Nursing	
<ul> <li>EHB category. This service is a duplication of Hom the existing Medicaid State Plan.</li> <li>Base Benchmark Benefit that was Substituted:</li> <li>Skilled Nursing Services - Duplication</li> <li>Explain the substitution or duplication, including incluse a section 1937 benchmark benefit(s) included above u</li> <li>Skilled Nursing Services were mapped to the "Rehal category. This service is a duplication of Home Heat Services from the existing Medicaid State Plan.</li> <li>Base Benchmark Benefit that was Substituted:</li> </ul>	e Health Services - Home Health Aide Services from Source: Base Benchmark dicating the substituted benefit(s) or the duplicate nder Essential Health Benefits: bilitative and Habilitative Services and Devices" EHB alth Services - Intermittent and Part-time Nursing Source: Base Benchmark dicating the substituted benefit(s) or the duplicate	
<ul> <li>EHB category. This service is a duplication of Hom the existing Medicaid State Plan.</li> <li>Base Benchmark Benefit that was Substituted:</li> <li>Skilled Nursing Services - Duplication</li> <li>Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above u</li> <li>Skilled Nursing Services were mapped to the "Rehal category. This service is a duplication of Home Hea Services from the existing Medicaid State Plan.</li> <li>Base Benchmark Benefit that was Substituted:</li> <li>Experimental and/or Investigational Treatment-Sub</li> <li>Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above u</li> </ul>	e Health Services - Home Health Aide Services from Source: Base Benchmark          Iticating the substituted benefit(s) or the duplicate nder Essential Health Benefits:         bilitative and Habilitative Services and Devices" EHB alth Services - Intermittent and Part-time Nursing         Source: Base Benchmark         Guide Source: Base Benchmark         Source: Base Benchmark         Source: Base Benchmark         Source: Base Benchmark         Source: Base Benchmark         Source: Base Benchmark	
<ul> <li>EHB category. This service is a duplication of Hom the existing Medicaid State Plan.</li> <li>Base Benchmark Benefit that was Substituted:</li> <li>Skilled Nursing Services - Duplication</li> <li>Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above u</li> <li>Skilled Nursing Services were mapped to the "Rehal category. This service is a duplication of Home Hea Services from the existing Medicaid State Plan.</li> <li>Base Benchmark Benefit that was Substituted:</li> <li>Experimental and/or Investigational Treatment-Sub</li> <li>Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above u</li> </ul>	e Health Services - Home Health Aide Services from Source: Base Benchmark          Iticating the substituted benefit(s) or the duplicate nder Essential Health Benefits:         bilitative and Habilitative Services and Devices" EHB alth Services - Intermittent and Part-time Nursing         Source: Base Benchmark         Guide Source: Base Benchmark         Source: Base Benchmark         Source: Base Benchmark         Source: Base Benchmark         Source: Base Benchmark         Source: Base Benchmark	Remove

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**Alternative Benefit Plan** 

Diagnosis and Treatment of Infertility was mapped to Personal Care Services from the existing Medicaid St	the "Ambulatory Patient Services" EHB category. ate Plan were used for substitution purposes.	
Base Benchmark Benefit that was Substituted: Assisted Reproductive Technology Procedures - Sub	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un	cating the substituted benefit(s) or the duplicate der Essential Health Benefits:	
Assisted Reproductive Technology Procedures were r category. Personal Care Services from the existing N purposes.	napped to the "Ambulatory Patient Services" EHB	
Base Benchmark Benefit that was Substituted:	Source:	
Family Planning: Contraception - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above ur	icating the substituted benefit(s) or the duplicate der Essential Health Benefits:	
Family Planning: Contraception was bundled along v mapped to the "Preventive and Wellness Services and bundled services are a duplication of the Family Plan State Plan.	vith Family Planning Services and Supplies and d Chronic Disease Management" EHB category. The ning Services and Supplies from the existing Medicaid	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	No. of Concession, Name of
Family Planning: Abortion - Duplication	Base Dencimian	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above u	nder Essential Health Benefits:	1
Family Planning: Abortion was bundled along with l Patient Services" EHB category. The bundled servic existing Medicaid State Plan. The state conforms to except in cases of rape, incest, or when the mother's	the Hyde Amendment and does not cover abortions	
Base Benchmark Benefit that was Substituted:	Source:	
Midwifery Services - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including inc section 1937 benchmark benefit(s) included above u	nder Essential Health Benefits:	7)
Midwifery Services were mapped to the "Maternity a duplication of Nurse Midwife Services from the ex-	and Newborn Care" EHB category. These services are	
Base Benchmark Benefit that was Substituted:	Source:	
Smoking Cessation Programs - Duplication	Base Benchmark	
	dicating the substituted benefit(s) or the duplicate	



Management" EHB category. These services are a duplication of Counseling Services from the existing Medicaid State Plan.	Face-to-Face Tobacco Cessation Remove	
Base Benchmark Benefit that was Substituted:Source:Foot Care Services - DuplicationBase Ben	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: Foot Care Services were bundled along with Other Licensed Practitioners - Podiatrists' Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of the Other Licensed Practitioners - Podiatrists' Services from the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted:Source:Foot Care related to a specific condition - DuplicBase Ben	Remove	
Explain the substitution or duplication, including indicating the su section 1937 benchmark benefit(s) included above under Essentia Foot Care Related to a Specific Condition was bundled along wit Podiatrists' Services and mapped to the "Ambulatory Patient Serv is a duplication of the Other Licensed Practitioners - Podiatrists' S Plan.	el Health Benefits: h Other Licensed Practitioners - vices" EHB category. The bundled service	
Base Benchmark Benefit that was Substituted:       Source:         Routine Foot Care - Duplication       Base Ber         Explain the substitution or duplication, including indicating the s       section 1937 benchmark benefit(s) included above under Essential         Routine Foot Care was bundled along with Other Licensed Practice       Source:	ubstituted benefit(s) or the duplicate al Health Benefits:	
to the "Ambulatory Patient Services" EHB category. The bundle Licensed Practitioners - Podiatrists' Services from the existing M Base Benchmark Benefit that was Substituted: Source: Base Benchmark Benefit that was Substituted:	d service is a duplication of the Other edicaid State Plan.	
Nutritional Counseling - Duplication       Base Ber         Explain the substitution or duplication, including indicating the s         section 1937 benchmark benefit(s) included above under Essenti         Nutritional Counseling was bundled along with Physicians' Servi         Patient Services" EHB category. The bundled services are a dup         existing Medicaid State Plan.	al Health Benefits: ices and mapped to the "Ambulatory	
Base Benchmark Benefit that was Substituted:       Source:         Mental Health Treatment: Inpatient - Duplication       Base Be         Explain the substitution or duplication, including indicating the section 1937 benchmark benefit(s) included above under Essenti	nchmark substituted benefit(s) or the duplicate al Health Benefits:	
Mental Health Treatment: Inpatient was bundled along with Reh and mapped to the "Mental Health and Substance Use Disorder S	abilitative Services - Residential Services Services" EHB category. The bundled	
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service is a duplication of the Rehabilitative Services State Plan.		Remove
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Mental Health Treatment: Outpatient - Duplication	Base Denominark	Remove
Explain the substitution or duplication, including india section 1937 benchmark benefit(s) included above un	cating the substituted benefit(s) or the duplicate der Essential Health Benefits:	
Mental Health Treatment: Outpatient was bundled alo Rehabilitative Services and mapped to the "Mental He category. The bundled service is a duplication of the Services from the existing Medicaid State Plan.	ealth and Substance Use Disorder Services" EHB	
Base Benchmark Benefit that was Substituted: Mental Health Treatment: Provider Office - Dup	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un	cating the substituted benefit(s) or the duplicate der Essential Health Benefits:	<u> </u>
Mental Health Treatment: Provider's Home or Office Community Psychiatric Supportive Treatment and ma Disorder Services" EHB category. The bundled servi Community Psychiatric Supportive Treatment from the	was bundled along with Rehabilitative Services: apped to the "Mental Health and Substance Use ice is a duplication of the Rehabilitative Services:	
Base Benchmark Benefit that was Substituted: Chemical Dependency Srv: Inpatient - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above ur	cating the substituted benefit(s) or the duplicate der Essential Health Benefits:	-
Chemical Dependency Services: Inpatient was bundle Abuse Residential Services and mapped to the "Ment		
Base Benchmark Benefit that was Substituted:	Source:	
Chemical Dependency Srv: Outpatient - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above us	- icating the substituted benefit(s) or the duplicate nder Essential Health Benefits:	
Chemical Dependency Services: Outpatient was bun Counseling Services and mapped to the "Mental Hea category. The bundled service is a duplication of the Services from the existing Medicaid State Plan.	dled along with Rehabilitative Services: Outpatient Ith and Substance Use Disorder Services" EHB	
Base Benchmark Benefit that was Substituted:	Source:	
Chemical Dependency Srv: Provider Office - Dup	Base Benchmark	

Explain the substitution or duplication, including inc section 1937 benchmark benefit(s) included above u	licating the substituted benefit(s) or the duplicate nder Essential Health Benefits:	Remove
Chemical Dependency Services: Provider's Home or Services: Substance Abuse Assessment Services and Disorder Services" EHB category. The bundled serv Substance Abuse Assessment Services from the exis	i mapped to the "Mental Health and Substance Use vice is a duplication of the Rehabilitative Services:	
Base Benchmark Benefit that was Substituted:	Source:	
Detoxification Services: Inpatient - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above u	licating the substituted benefit(s) or the duplicate inder Essential Health Benefits:	_
and mapped to the "Mental Health and Substance U	g with Rehabilitative Services: Detoxification Services se Disorder Services" EHB category. The bundled	
service is a duplication of the Rehabilitative Service State Plan.	s: Detoxification Services from the existing Medicaid	]
service is a duplication of the Rehabilitative Service	Source:	
service is a duplication of the Rehabilitative Service State Plan.		Remove
State Plan. Base Benchmark Benefit that was Substituted:	Source: Base Benchmark dicating the substituted benefit(s) or the duplicate	Removi





Other Base Benchmark Benefits Not Covered	Collapse All
Base Benchmark Benefit not Included in the Alternative Benefit Plan: Base Benchmark	Remove
Early Intervention Services	
Explain why the state/territory chose not to include this benefit:	-
Early Intervention Services target young children. That particular benefit is not applicable s Island's Alternative Benefit Plan covers only adults between ages 19-64.	since Rhode
Base Benchmark Benefit not Included in the Alternative Benefit Plan: Source: Base Benchmark	Remove
Pediatric Care	
Explain why the state/territory chose not to include this benefit:	
Pediatric Care applies to children under age 18. That particular benefit is not applicable sin Island's Alternative Benefit Plan covers only adults between ages 19-64.	ice Rhode
Base Benchmark Benefit not Included in the Alternative Benefit Plan: Source: Base Benchmark	Remove
Routine Vision Services	
Explain why the state/territory chose not to include this benefit:	
This benefit is not considered an EHB.	
	Add -



Other 1937 Covered Benefits that are not Essential Heal	th Benefits	Collapse All 🗌
Other 1937 Benefit Provided:	Source:	
Medical and Surgical Services Provided by Dentist	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	- ·
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	-
None	None	
Scope Limit:		-
None '		
Other:		
Other 1937 Benefit Provided:	Source:	
Tuberculosis-Related Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
	Duration Limit:	
Amount Limit: None	None	
Scope Limit: None	· · · · · · · · · · · · · · · · · · ·	
Other: Bull State Plan Title: Case Management Services a	nd TB-Related Services - Special TB-Related Services	٦
	Source:	
Other 1937 Benefit Provided: ICF-IID	Section 1937 Coverage Option Benchmark Benefi	t
	Package	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		



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Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Rural Health Clinics	Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		I
· · · · · · · · · · · · · · · · · · ·		
Other 1937 Benefit Provided:	Source:	
Federally Qualified Health Centers	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		_
None	สมาณ สถารรณร์ที่มีเห็มของ การสร้างเรื <sup>2</sup> สมัยสารการการการให้สารการการการการการการการการการการการการกา	
Other:		
		-
Other 1937 Benefit Provided:	Source:	
Other Licensed Practitioners-Optometrists' Serv	Section 1937 Coverage Option Benchmark Benefit	
	Package Provider Qualifications:	
Authorization: Prior Authorization	Medicaid State Plan	7
and a second second state provide an example of the second second second second second second second second sec	Duration Limit:	
Amount Limit:	None	
None		
Scope Limit: Vision services for adults over 21 years of age a	<b>₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩</b>	7





Other: Includes eyeglasses. Vision services for children under 21 years of age is covered under EHB10.		Remove
Other 1937 Benefit Provided: Certified Pediatric or Family Nurse Practioner	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Full State Plan Title: Certified Pediatric or Fami	ily Nurse Practitioners' Services	
Other 1937 Benefit Provided:	Source:	
Rehab Services: Clinician's Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	3
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Clinician's services do not include those service	es that are part of another community mental health service, aponents, crisis intervention services, or services defined as	
Other:		1
Clinician's Services refer to services rendered to Services include, but are not limited to, assessing assessment and evaluation; individual and grou	o eligible recipients with mental or emotional disorders. nent and evaluation; psychological and neuropsychological np therapy; medication treatment and review.	
Other 1937 Benefit Provided:	Source:	
Rehab Services: Crisis Intervention Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	-
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	-
None	None	

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Healthcare, Developmental Disabilities, and Ho	h Organizations licensed by the Department of Behavioral spitals.	Remove
Other:		
term behavioral healthcare interventions provide	and crisis stabilization services are immediate and shorted to individuals experiencing an emergency or crisis s is stabilized or the individual is safely transferred or boing treatment.	
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Rehab Services: Adult Medical Day Care	Package	Remove
Authorization:	Provider Qualifications:	1
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	1
None	None	ļ
Scope Limit:		۲
Services are provided through Behavioral Healt Healthcare, Developmental Disabilities, and Ho	th Organizations licensed by the Department of Behavioral ospitals.	
Other: Rehabilitative Services: Adult Medical Day Car	re Services are provided to assist individuals who, due to a	Mg 1
Rehabilitative Services: Adult Medical Day Car developmental disability, severe disability relate	re Services are provided to assist individuals who, due to a ed to age or chronic illness, encounter special problems imental to the individuals' well-being, or require close	
Rehabilitative Services: Adult Medical Day Car developmental disability, severe disability relate resulting in physical and/or social isolation detri	ed to age or chronic illness, encounter special problems imental to the individuals' well-being, or require close Source:	
Rehabilitative Services: Adult Medical Day Car developmental disability, severe disability relate resulting in physical and/or social isolation detri monitoring and supervision for health reasons.	ed to age or chronic illness, encounter special problems imental to the individuals' well-being, or require close	
Rehabilitative Services: Adult Medical Day Car developmental disability, severe disability relate resulting in physical and/or social isolation detri monitoring and supervision for health reasons. Other 1937 Benefit Provided:	ed to age or chronic illness, encounter special problems imental to the individuals' well-being, or require close Source: Section 1937 Coverage Option Benchmark Benefit	
<ul> <li>Rehabilitative Services: Adult Medical Day Car developmental disability, severe disability relate resulting in physical and/or social isolation detri- monitoring and supervision for health reasons.</li> <li>Other 1937 Benefit Provided:</li> <li>Rehab Services: Day/Evening Treatment</li> </ul>	ed to age or chronic illness, encounter special problems imental to the individuals' well-being, or require close Source: Section 1937 Coverage Option Benchmark Benefit Package	
Rehabilitative Services: Adult Medical Day Car developmental disability, severe disability relate resulting in physical and/or social isolation detri monitoring and supervision for health reasons. Other 1937 Benefit Provided: Rehab Services: Day/Evening Treatment Authorization:	ed to age or chronic illness, encounter special problems imental to the individuals' well-being, or require close Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	]
Rehabilitative Services: Adult Medical Day Car         developmental disability, severe disability relate         resulting in physical and/or social isolation detrimonitoring and supervision for health reasons.         Other 1937 Benefit Provided:         Rehab Services: Day/Evening Treatment         Authorization:         Prior Authorization	ed to age or chronic illness, encounter special problems imental to the individuals' well-being, or require close Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	]
Rehabilitative Services: Adult Medical Day Car         developmental disability, severe disability relate         resulting in physical and/or social isolation detri         monitoring and supervision for health reasons.         Other 1937 Benefit Provided:         Rehab Services: Day/Evening Treatment         Authorization:         Prior Authorization         Amount Limit:         None         Scope Limit:	ed to age or chronic illness, encounter special problems imental to the individuals' well-being, or require close Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	
Rehabilitative Services: Adult Medical Day Car         developmental disability, severe disability relate         resulting in physical and/or social isolation detri         monitoring and supervision for health reasons.         Other 1937 Benefit Provided:         Rehab Services: Day/Evening Treatment         Authorization:         Prior Authorization         Amount Limit:         None         Scope Limit:         Services are provided through entities licensed	ed to age or chronic illness, encounter special problems imental to the individuals' well-being, or require close Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	
Rehabilitative Services: Adult Medical Day Car         developmental disability, severe disability relate         resulting in physical and/or social isolation detri         monitoring and supervision for health reasons.         Other 1937 Benefit Provided:         Rehab Services: Day/Evening Treatment         Authorization:         Prior Authorization         Amount Limit:         None         Scope Limit:         Services are provided through entities licensed         Department of Behavioral Healthcare, Develog         abuse treatment services.         Other:	ed to age or chronic illness, encounter special problems imental to the individuals' well-being, or require close Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None 1 by the Behavioral Health Organizations licensed by the	





		Remove
Other 1937 Benefit Provided:	Source:	
Nursing Facility Services: Custodial Care	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Provided for individuals over age 21.		
Other:		
This benefit is provided for long-term custodial ca	ire.	
Other 1937 Benefit Provided:	Source:	
Dental Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Dental Services for adults 21 years of age or olde	76	
Other:		1
Includes dentures. Prior authorization is required treatment, examination and charting, prophylaxis services for children under 21 years of age is cove	for all services except for emergency and palliative and x-rays required to achieve a proper diagnosis. Dental ered under EHB 10.	
Other 1937 Benefit Provided:	Source:	
Cessation of Tobacco Use by Pregnant Women	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	- -
Prior Authorization	Medicaid State Plan	ļ
Amount Limit:	Duration Limit:	-
None	None	





None		Remove
Other:		
	1	
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Outpatient Hospital Services: Therapy	Package	Remove
Authorization:	Provider Qualifications:	1
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	1
None	None	
Scope Limit:		7
Benefit applies to rehabilitative and habilit	alive treatments.	
Other:		٦
Therapies include physical therapy, occupa	tional therapy, and speech therapy.	
		Add





 $\square \begin{array}{l} \mbox{Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)} \end{array}$ 

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.

## OFFICIAL



	OMB Control Number: 0938-1148
Attachment 3.1L	OMB Expiration date: 10/31/2014
Benefits Assurances	ABP7
EPSDT Assurances	
If the target population includes persons under 21, please complete the following assurances regardin Prescription Drug Coverage Assurances below.	g EPSDT. Otherwise, skip to the
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 (42 CFR 440.345).	r ensuring access to EPSDT services
The state/territory assures EPSDT services will be provided to individuals under 21 years of age 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 v additional benefits to ensure EPSDT services:	whether the state/territory will provide
Through an Alternative Benefit Plan.	
C Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as d	lefined in 1905(r).
Other Information regarding how ESPDT benefits will be provided to participants under 21 years of	
Prescription Drug Coverage Assurances	
The state/territory assures that it meets the minimum requirements for prescription drug coverage implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each category and class or the same number of prescription drugs in each category and class as the baseline of the same number of prescription drugs in each category and class as the baseline of the same number of prescription drugs in each category and class as the baseline of the same number of prescription drugs in each category and class as the baseline of the same number of the same nu	ch United States Pharmacopeia (USP)
The state/territory assures that procedures are in place to allow a beneficiary to request and gain prescription drugs when not covered.	access to clinically appropriate
The state/territory assures that when it pays for outpatient prescription drugs covered under an A requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, exce directly contrary to amount, duration and scope of coverage permitted under section 1937 of the	pt for those requirements that are
The state/territory assures that when conducting prior authorization of prescription drugs under complies with prior authorization program requirements in section 1927(d)(5) of the Act.	an Alternative Benefit Plan, it
Other Benefit Assurances	
The state/territory assures that substituted benefits are actuarially equivalent to the benefits they plan, and that the state/territory has actuarial certification for substituted benefits available for C	replaced from the base benchmark CMS inspection if requested by CMS.
The state/territory assures that individuals will have access to services in Rural Health Clinics (Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Section 1905(b)(2) of the Social Section 1905(c)(2) of the Social Section	RHC) and Federally Qualified Health curity Act.
The state/territory assures that payment for RHC and FQHC services is made in accordance wit 1902(bb) of the Social Security Act.	h the requirements of section



- 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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OMB Control Number: 0938-1148 Attachment 3.1L 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. This new expansion population will be enrolled in existing Medicaid Managed Care programs in Rhode Island. There is a statewide outreach program including media and in person outreach workers. Consumer Advisory Committees are active in each MCO as well as through EOHHS, the Single State Agency. The MCOs have actively outreached to providers regarding these new members and have implemented the PCP rate bump. MCO: Managed Care Organization Yes The managed care delivery system is the same as an already approved managed care program. The managed care program is operating under (select one): O Section 1915(a) voluntary managed care program. O Section 1915(b) managed care waiver. C Section 1932(a) mandatory managed care state plan amendment.



• Section 1115 demonstration.	
O Section 1937 Alternative (Benchmark) Benefit Plan state plan am	endment.
Identify the date the managed care program was approved by CMS:	16 January 2009
Describe program below;	
Rite Care, Rite Share, and Rhody Health Partners	
Additional Information: MCO (Optional)	
Provide any additional details regarding this service delivery system (op	tional):
PCCM: Primary Care Case Management	
The PCCM delivery system is the same as an already approved PCCM p	rogram. Yes
The PCCM program is operating under (select one):	
C Section 1915(b) managed care waiver.	
• Section 1932(a) mandatory managed care state plan amendment.	
C Section 1115 demonstration.	
C Section 1937 Alternative (Benchmark) Benefit Plan state plan an	nendment.
Identify the date the managed care program was approved by CMS:	10 September 2013
Describe program below:	
Connect Care Choice Community Partners	
Additional Information: PCCM (Optional)	
Provide any additional details regarding this service delivery system (of	tional):

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### **Alternative Benefit Plan**

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Attachment 3.1L	OMB Expiration date: 10/31/2	2014
Employer Sponsored Insurance and Payment of Premiums	AB	P9
The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored with such coverage, with additional benefits and services provided through a Benchmark or Benchm Package.	d insurance for participants nark-Equivalent Benefit Yes	·
Provide a description of employer sponsored insurance, including the population covered, the a population, employer sponsored insurance activities including required contribution, cost-effec benefit information:	mount of premium assistance by tiveness test requirements, and	
RIte Share Premium Assistance program is used when cost effective (cost effectiveness test co. The Medicaid program assists members by paying the employee/member portion of the ESI propayments and services (e.g. Dental).	mpleted by the Medicaid program emium as well as wraparound	).
The state/territory otherwise provides for payment of premiums.	No	
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(h) of the state's approved beneficiary will receive a benefit package that includes a wrap of benefits around the employer-spo benefit package to which the beneficiary is entitled. The beneficiary will not be responsible for pay sharing that exceeds nominal levels as established in 42 CFR part 447 subpart A.	nsored insurance plan that equals	the

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OMB Control Number: 0938-1148

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	OMB Control Number: 0938-1148
Attachment 3.1L	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 p	olan 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 p the Base Benchmark Plan and/or the Medicaid state plan.	provider qualification requirements of

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### **Alternative Benefit Plan**

	OWD CORROL 0900-1140
Attachment 3.1L	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 subm	itted.

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