



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-I-

Alternative Benefit Plan Populations ABP1

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

Alternative Benefit Plan Population Name:

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	Adult Group	Mandatory	X

Enrollment is available for all individuals in these eligibility group(s).

Geographic Area

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

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

PRA Disclosure Statement

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

V.20130724



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-1-

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

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

Yes

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

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

PRA Disclosure Statement

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

V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package

ABP3

Select one of the following:

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

Name of benefit package:

Selection of the Section 1937 Coverage Option

The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one):

- Benchmark Benefit Package.
- Benchmark-Equivalent Benefit Package.

The state/territory will provide the following Benchmark Benefit Package (check one that applies):

- The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- Secretary-Approved Coverage.
 - The state/territory offers benefits based on the approved state plan.
 - The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.
 - The state/territory offers the benefits provided in the approved state plan.
 - Benefits include all those provided in the approved state plan plus additional benefits.
 - Benefits are the same as provided in the approved state plan but in a different amount, duration and/or scope.
 - The state/territory offers only a partial list of benefits provided in the approved state plan.
 - The state/territory offers a partial list of benefits provided in the approved state plan plus additional benefits.

Please briefly identify the benefits, the source of benefits and any limitations:

Selection of Base Benchmark Plan



Alternative Benefit Plan

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

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

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

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

Plan name:

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

1. The State assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5.
2. The State assures that accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid state plan.

PRA Disclosure Statement

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

V.20130801



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Alternative Benefit Plan Cost-Sharing

ABP4

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

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

The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A.

No

Other Information Related to Cost Sharing Requirements (optional):

PRA Disclosure Statement

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

V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Benefits Description	ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit package. <input type="checkbox"/> No	
Benefits Included in Alternative Benefit Plan	
Enter the specific name of the base benchmark plan selected:	
Blue Cross and Blue Shield Service Benefit Plan - Basic Option (FEHBP)	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."	
Secretary-Approved	



Alternative Benefit Plan

I. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Prior authorization required for Sleep Studies/Polysomnography for evaluation of sleep-related disorders and for Oral and Facial Prosthetics surgery.

Benefit Provided:

Family Planning Services & Supplies

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Delaware Medicaid does not pay for fertility-related services or items.

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

Benefit Provided:

Physicians' Services

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

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

Prior authorization required for bariatric and transplant surgeries.

Remove

Benefit Provided:

Medical & Surgical Services by a Dentist

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Prior authorization required for oral and facial prosthetics. Oral and facial prosthetics must be medically necessary and part of a rehabilitation plan to treat an anatomical deficiency caused by disease, injury, or other diagnosed conditions.

Benefit Provided:

Other Licensed Practitioners-Podiatrists' Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Limited to surgical procedures and lab tests. Routine foot care ONLY for clients who are diagnosed as having diabetes or circulatory/vascular disorders of lower extremities.

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

Delaware does not reimburse podiatrists for evaluation and management services provided to patients in nursing facilities. Delaware will reimburse podiatrists for medically necessary procedures performed on patients in nursing facilities.

Benefit Provided:

Home Health-Intermittent and Part-time Nursing Svcs

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Remove

Scope Limit:

None

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

Prior authorization required in certain circumstances. These include, but are not limited to, instances in which services are requested in excess of limitations (e.g. if skilled nursing visits exceed two per day) and in certain settings (e.g. skilled nursing visits in locations other than the client's home). Prior authorization required for more than 6 units/day. Services are reimbursed in 15 minute units.

Benefit Provided:

Hospice Care Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Preadmission screening required.

Benefit Provided:

Certified Pediatric or Family Nurse Practitioners

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Clinic Svs: Ambulatory Surgical Centers (ASCs)

Source:

State Plan 1905(a)

TN No. 14-0003

Approval Date: 5/28/2014

Effective Date: 1/1/2014

Supersedes

ABP 5-4

TN No. NEW



Alternative Benefit Plan

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

State-licensed Free Standing Surgical Centers (FSSCs) which equate to federal Ambulatory Surgical Centers.

Benefit Provided:

Other Licensed Practitioners - Chiropractors' Svcs

Source:

Base Benchmark Federal Employees

Remove

Authorization:

None

Provider Qualifications:

Other

Amount Limit:

See "Other Information"

Duration Limit:

None

Scope Limit:

None

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

Delaware Medicaid covers 1 office visit per year, 1 set of X-rays per year, and 20 manipulations per person/per year. Qualified chiropractors must be licensed per Delaware licensure requirements codified in Chapter 7, Title 24 of the Delaware Administrative Code, Professions and Occupations.

Benefit Provided:

Non-emergency Medical Transportation

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Brokered transportation. Direct payment to vendors for NEMT is available for services outside the broker's contractual obligation.



Alternative Benefit Plan

Add



Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:

Outpatient Hospital Services - ER

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Other Medical Services - Emergency Transportation

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Emergency Hospital Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

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

Free Standing Emergency Rooms (FSERs)

Remove

Add



Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization Collapse All

Benefit Provided: <input type="text" value="Inpatient Hospital Services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px;"><p>PA for organ transplants, reconstructive surgery, bariatric surgery, abortion services (limited to coverage when the pregnancy resulted from rape or incest, or in the case where a woman suffers from a physical disorder, injury or illness, including life-endangering physical condition caused by or arising from the pregnancy, as certified by a physician, that would place the woman in danger of death unless an abortion is performed), out-of-state Rehab hospitals and Specialty Hospitals.</p></div>		
<input type="button" value="Add"/>		



Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:

Inpatient Hospital Services (Maternity)

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

The prior authorization requirements in Delaware's Medicaid state plan for Inpatient Hospital Services do not apply to maternity care.

Benefit Provided:

Physicians' Services (Maternity)

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

The prior authorization requirements in Delaware's Medicaid state plan for Physicians' services do not apply to maternity care.

Benefit Provided:

OLP: Licensed Midwife

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		<input type="text"/>	<input type="button" value="Remove"/>
Benefit Provided:	Source:	<input type="text"/>	<input type="button" value="Remove"/>
<input type="text" value="Nurse Midwife Services"/>	<input type="text" value="State Plan 1905(a)"/>		
Authorization:	Provider Qualifications:	<input type="text"/>	
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>		
Amount Limit:	Duration Limit:	<input type="text"/>	
<input type="text" value="None"/>	<input type="text" value="None"/>		
Scope Limit:	<input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
<input type="text"/>			
Benefit Provided:	Source:	<input type="text"/>	<input type="button" value="Remove"/>
<input type="text" value="Free Standing Birthing Center Services"/>	<input type="text" value="State Plan 1905(a)"/>		
Authorization:	Provider Qualifications:	<input type="text"/>	
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>		
Amount Limit:	Duration Limit:	<input type="text"/>	
<input type="text" value="None"/>	<input type="text" value="None"/>		
Scope Limit:	<input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
<input type="text" value="Includes professionals in freestanding birthing centers."/>			
			<input type="button" value="Add"/>



Alternative Benefit Plan

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

Benefit Provided:

Inpatient Hospital Services - MH/SUD

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

This benefit does not include services in an IMD.

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

Benefit Provided:

Outpatient Hospital Services- MH/SUD

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Physicians' Services - MH/SUD

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

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

Remove

Benefit Provided:

Clinic Services: Rehab Mental Health Clinics

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

OLP: Licensed Behavioral Health Practitioner

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

None

Scope Limit:

See Other

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

Concurrent review is required for services rendered by a Licensed Behavioral Health Practitioner.

A Licensed Behavioral Health Practitioner (LBHP) includes individuals licensed to practice independently.

- Licensed Psychologists
- Licensed Clinical Social Workers (LCSWs)
- Licensed Professional Counselors of Mental Health (L.PCMHs)
- Licensed Marriage and Family Therapists (LMFTs)

Inpatient hospital visits are limited to those ordered by the individual's physician. Visits to a nursing facility are allowed for LBHPs if a Preadmission Screening and Residence Review (PASRR) indicates it is a medically necessary specialized service in accordance with PASRR requirements. Visits to ICF-IIDs are non-covered. All LBHP services provided while a person is a resident of an IMD such as a free standing psychiatric hospital or PRTF are part of the institutional service and are not otherwise reimbursable by



Alternative Benefit Plan

Medicaid.		Remove
Benefit Provided: Rehab Services - SU (O/P Addiction Services)	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Excludes services of an educational or vocational nature.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Includes coverage for methadone clinics. Delaware Medicaid provides coverage of substance use disorder treatment services for adults with alcoholism or drug dependence, excluding those services of an educational or vocational nature, as Outpatient Addiction Services (13.d.I.B). Outpatient addiction services include individual-centered services consistent with the individual's assessed treatment needs with a rehabilitation and recovery focus designed to promote skills for coping with and managing symptoms and behaviors associated with substance abuse disorders (SUD). These services are designed to help individuals achieve and maintain recovery from SUDs. All addiction services are provided as part of a comprehensive specialized program available to all Medicaid eligible individuals with significant functional impairments resulting from an identified SUD diagnosis. Services must be medically necessary and must be recommended by a licensed practitioner or physician, who is acting within the scope of his/her professional license and applicable state law, to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan.		
		Add



Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

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

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

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



Alternative Benefit Plan

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

Collapse All

Benefit Provided:

Home Health - Med Supplies, Equipment & Appliances

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Home Health - PT/OT/ST/Audiology

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other" information

Duration Limit:

None

Scope Limit:

Rehabilitative only.

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

Prior authorization required in certain circumstances, such as when a medical condition exists that is not on the approved list. Prior authorization required for more than 4 units/day. Services are reimbursed in 15 minute units.

Benefit Provided:

Prosthetic Devices

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

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

Coverage includes prosthetic and orthotic services as well as other DME and assistive technology services.

Remove

Benefit Provided:

PT and Related Services - Physical Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Physical therapy provided for habilitative and rehabilitative purposes.

Benefit Provided:

PT and Related Services - Occupational Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Occupational therapy provided for habilitative and rehabilitative purposes.

Benefit Provided:

PT and Related Services - Speech Therapy

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

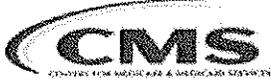
Duration Limit:

None



Alternative Benefit Plan

Scope Limit: None		Remove
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Speech therapy provided for habilitative and rehabilitative purposes.		
Benefit Provided: Home Health Services - Home Health Aide Services	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: See "Other" information	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Prior authorization required in certain circumstances, such as requests for units requested in excess of 8 per day or requested in locations other than the client's home. Home health aide services are reimbursed in 15 minute units.		
		Add



Alternative Benefit Plan

<input checked="" type="checkbox"/> 8. Essential Health Benefit: Laboratory services		Collapse All <input type="checkbox"/>
Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Other Laboratory and X-Ray Services"/>	<input type="text" value="State Plan 1905(a)"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Other"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:	<input type="text" value="None"/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text" value="Prior authorization required for PET scans."/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:

Preventive Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

This includes a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adolescents recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided:

Face-to-Face Tobacco Cessation Counseling Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Add



Alternative Benefit Plan

<input checked="" type="checkbox"/> 10. Essential Health Benefit: Pediatric services including oral and vision care		Collapse All <input type="checkbox"/>
Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Authorization may be required for services in excess of limits and for services not available to adults. EPSDT includes coverage at dental clinics for individuals under age 21 as indicated in the Delaware Medicaid state plan (10).		
		<input type="button" value="Add"/>



Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

12. Base Benchmark Benefits Not Covered due to Substitution or Duplication Collapse All

Base Benchmark Benefit that was Substituted:

Allergy Care

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Anesthesia

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Diagnostic and Treatment Services

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Delaware Medicaid state plan as Physicians' Services (5.a), and Certified Pediatric or Family Nurse Practitioner Services (23) in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Educational Classes and Programs

Source:

Base Benchmark

Remove

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

Duplications: This benefit includes tobacco cessation and diabetic counseling. Tobacco counseling covered under the Delaware Medicaid state plan as Face-to-Face Tobacco Cessation Counseling Services (4.d) in EHB 9: Preventive and wellness services and chronic disease management and diabetic counseling covered under the Delaware Medicaid state plan as Physicians' Services (5.a) in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Family Planning

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Delaware Medicaid state plan as Family Planning Services & Supplies (4.c) in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Foot Care

Source:

Base Benchmark



Alternative Benefit Plan

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

Duplication: Covered under the Delaware Medicaid state plan as Other Licensed Practitioners - Podiatrists' Services (6.a) in EHB 1: Ambulatory patient services. The base benchmark benefit for Foot Care is routine foot care only when an individual is under active treatment for a metabolic or peripheral vascular disease, such as diabetes. The Delaware Medicaid state plan coverage for OLP - Podiatrists' Services is at least as rich as the base benchmark coverage for Foot Care.

Remove

Base Benchmark Benefit that was Substituted:

Home Health Services

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Delaware Medicaid state plan as Home Health - Intermittent and Part-time Nursing Services (7.a) in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Oral and Maxillofacial Surgery

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Delaware Medicaid state plan as Medical & Surgical Services by a Dentist (5.b), Outpatient Hospital Services (2.a), and Physicians' Services (5.a) in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Outpatient Hospital or Ambulatory Surgical Center

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Delaware Medicaid state plan as Outpatient Hospital Services (2.a), and Clinic Services: Ambulatory Surgery Centers (FSSCs) (9) in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Surgical Procedures

Source:

Base Benchmark

Remove

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

Duplication: Covered under Delaware Medicaid state plan as Physicians' Services (5.a) in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Treatment Therapies

Source:

Base Benchmark

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

Duplication: Covered under the Delaware Medicaid state plan as Outpatient Hospital Services (2.a) in



Alternative Benefit Plan

<p>EHB 1: Ambulatory patient services (Treatment Therapies in the base benchmark include, for example chemo and radiation therapy, renal dialysis and outpatient cardiac rehab).</p>		Remove
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Hospice Care"/></p>	<p>Source: Base Benchmark</p>	Remove
<p>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:</p> <p><input type="text" value="Duplication: Covered under the Delaware Medicaid state plan as Hospice Care Services (18) in EHB 1: Ambulatory patient services."/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Alternative Treatments - Acupuncture by Physician"/></p>	<p>Source: Base Benchmark</p>	Remove
<p>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:</p> <p><input type="text" value="Substitute - Non-Emergency Medical Transportation (NEMT) from Delaware's Medicaid state plan was used as a substitute for Alternative Treatments - Acupuncture by a physician in EHB 1: Ambulatory patient services."/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Infertility Services"/></p>	<p>Source: Base Benchmark</p>	Remove
<p>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:</p> <p><input type="text" value="Substitute - Non-Emergency Medical Transportation (NEMT) from Delaware's Medicaid state plan was used as a substitute for Infertility Services in EHB 1: Ambulatory patient services. The base benchmark coverage of Infertility Services includes diagnosis and non-ART treatment of infertility."/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Accidental Injury"/></p>	<p>Source: Base Benchmark</p>	Remove
<p>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:</p> <p><input type="text" value="Duplication: Covered under the Delaware Medicaid state plan as Outpatient Hospital Services - ER (2.a) and Emergency Hospital Services (FSERs) (24.e) in EHB 2: Emergency Services"/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Medical Emergency"/></p>	<p>Source: Base Benchmark</p>	Remove
<p>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:</p> <p><input type="text" value="Duplication: Covered under the Delaware Medicaid state plan as Outpatient Hospital Services - ER (2.a) and Emergency Hospital Services (FSERs) (24.e) in EHB 2: Emergency Services"/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Ambulance"/></p>	<p>Source: Base Benchmark</p>	



Alternative Benefit Plan

<p>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:</p> <p>Duplication: Covered under the Delaware Medicaid state plan as Other Medical Services - Emergency Transportation (24.a) in EHB 2: Emergency Services.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Reconstructive Surgery"/></p> <p>Source: Base Benchmark</p> <p>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:</p> <p>Duplication: Covered under the Delaware Medicaid state plan as Inpatient Hospital Services (1) in EHB 3: Hospitalization (neither base benchmark nor Medicaid covers cosmetic surgery).</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Organ/Tissue Transplants"/></p> <p>Source: Base Benchmark</p> <p>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:</p> <p>Duplication: Covered under the Delaware Medicaid state plan as Inpatient Hospital Services (1) in EHB 3: Hospitalization.</p> <p>The Delaware Medicaid state plan benefit for organ transplants under the Inpatient Hospital benefit is at least as rich as the base benchmark coverage for organ transplants.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient Hospital"/></p> <p>Source: Base Benchmark</p> <p>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:</p> <p>Duplication: Covered under the Delaware Medicaid state plan as Inpatient Hospital Services (1) in EHB3: Hospitalization.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Maternity Care"/></p> <p>Source: Base Benchmark</p> <p>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:</p> <p>Duplication: Covered under the Delaware Medicaid state plan through multiple benefits including Inpatient Hospital Services (Maternity) (1), Physicians' Services (Maternity) (5.a), OLP: Licensed Midwife (6.d), Nurse Midwife Services (17), Free Standing Birthing Center Services (25) all in EHB 4: Maternity and newborn care.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Professional Services"/></p> <p>Source: Base Benchmark</p> <p>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:</p> <p>Duplication: Covered under the Delaware Medicaid state plan as Outpatient Hospital Services - MH/SUD</p>	



Alternative Benefit Plan

<p>(2.a), Physicians' Services - MH/SUD (5.a), OLP: Licensed Behavioral Health Practitioners (6.d.2), Clinic Services: Rehab Clinics (Including MH Clinic) (9); and Rehab Services - SU - Outpatient Addiction Services (13.d.1.B) in EHB 5: MH and SUD services. These are MH/SUD services in the base benchmark.</p>	<input type="button" value="Remove"/>	
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient Hospital or Other Covered Facility"/></p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>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:</p> <p><input type="text" value="Duplication: Covered under the Delaware Medicaid state plan as Inpatient Hospital Services - MH/SUD (1) in EHB 5: MH and SUD services. These are MH/SUD services in the base benchmark."/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient Hospital or Other Covered Facility"/></p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>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:</p> <p><input type="text" value="Duplication: Covered under the Delaware Medicaid state plan as Outpatient Hospital Services - MH/SUD (2.a); Clinic Services - Rehab Clinics (Including MH Clinics) (9). These are MH/SUD services in the base benchmark."/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Durable Medical Equipment"/></p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>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:</p> <p><input type="text" value="Duplication: Covered under the Delaware Medicaid state plan as Home Health Services - Medical Supplies, Equipment and Appliances(7.e) in EHB 7: Rehabilitative and habilitative services and devices."/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Medical Supplies"/></p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>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:</p> <p><input type="text" value="Duplication: Covered under the Delaware Medicaid state plan as Home Health Services - Medical Supplies, Equipment and Appliances(7.c) in EHB 7: Rehabilitative and habilitative services and devices."/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Orthopedic and Prosthetic Devices"/></p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>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:</p> <p><input type="text" value="Duplication and Substitute
 Duplication: Delaware covers orthopedic and prosthetic devices under the Delaware Medicaid state plan as Prosthetic Devices (12).
 Substitute: Home Health Services - Home Health Aide Services from Delaware's Medicaid state plan was used as a substitute for the base benchmark of:
 -Hearing Aids: limit of \$1,250 per ear per calendar year (22 and under) and \$1,250 per ear per 36 months"/></p>		



Alternative Benefit Plan

(over 22) -Wigs for hair loss due to chemotherapy; limit of \$350 for one wig per lifetime.		<input type="button" value="Remove"/>
Base Benchmark Benefit that was Substituted: <input type="text" value="PT, OT, Speech Therapy and Cognitive Therapy"/>	Source: Base Benchmark	<input type="button" value="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: <input type="text" value="Duplication: Covered under the Delaware Medicaid state plan as Physical Therapy and Related Services: Physical Therapy, Occupational Therapy (OT), and Speech Therapy (11) and Home Health - PT/OT/ST/Audiology in EHB 7: Rehabilitative and habilitative services and devices. The PT/OT/Speech Therapy benefits in Delaware's Medicaid state plan include coverage for cognitive therapy."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Lab, X-ray, and Other Diagnostic Tests"/>	Source: Base Benchmark	<input type="button" value="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: <input type="text" value="Duplication: Covered under the Delaware Medicaid state plan as Other Laboratory and X-Ray Services (3) in EHB 8: Laboratory Services."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Preventive Care Services for Children and Adults"/>	Source: Base Benchmark	<input type="button" value="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: <input type="text" value="Duplication: Covered under the Delaware Medicaid state plan as Preventive Services in EHB 9: Preventive and wellness services and chronic disease management and EPSDT in EHB 10: Pediatric services including oral and vision care."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Covered Medication and Supplies"/>	Source: Base Benchmark	<input type="button" value="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: <input type="text" value="Duplication: Covered under the Delaware Medicaid state plan as Prescribed Drugs (12.a) in EHB 6: Prescription Drugs."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Hearing Services (testing, treatment, & supplies)"/>	Source: Base Benchmark	<input type="button" value="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: <input type="text" value="Duplication: Covered under the Delaware Medicaid state plan as Outpatient Hospital Services (2.a) in EHB 1: Ambulatory patient services and Home Health - PT/OT/ST/Audiology (7.d) in EHB 7: Rehabilitative and habilitative services. The base benchmark plan covers tests related to illness and injury and does not cover routine hearing tests for adults."/>		



Alternative Benefit Plan

	<input type="button" value="Add"/>
--	------------------------------------



Alternative Benefit Plan

<input checked="" type="checkbox"/> 13. Other Base Benchmark Benefits Not Covered		Collapse All <input type="checkbox"/>
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	<input type="button" value="Remove"/>
<input type="text" value="Routine Adult Vision Services"/>		
Explain why the state/territory chose not to include this benefit:		
<input type="text" value="Routine, non-pediatric eye exam services are an excepted benefit pursuant to 45 CFR 156.115(d)."/>		
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	<input type="button" value="Remove"/>
<input type="text" value="Routine Adult Dental Benefit"/>		
Explain why the state/territory chose not to include this benefit:		
<input type="text" value="Routine, non-pediatric dental services are an excepted benefit pursuant to 45 CFR 156.115(d)."/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

14. Other 1937 Covered Benefits that are not Essential Health Benefits Collapse All

Other 1937 Benefit Provided:

Telemedicine

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

A service must be covered by Medicaid in a face-to-face setting to be available for coverage under telemedicine.

Other:

No authorization required.

Other 1937 Benefit Provided:

FQHC/RHC Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No authorization required.

Other 1937 Benefit Provided:

OLP: Optometrists's Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Only covered when individual needs diagnosis and monitoring of the sick eye.



Alternative Benefit Plan

Other: No authorization required.		Remove
Other 1937 Benefit Provided: Extended Services for Pregnant Women	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: See "Other" information.		
Other: This is Delaware's Smart Start Program. Coverage includes: (1) Nutritional assessment, counseling and education; (2) Nursing assessment, education and referral to needed medical services; and (3) Social Services as medically necessary to assure that home, family, community and environmental issues are not complicating the pregnancy. Prior authorization is required as part of the initial screening for Smart Start based on the woman's risk for complicating medical and social problems that would have a negative impact on the outcome of the pregnancy		
Other 1937 Benefit Provided: Clinic Services: Medical Clinics	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other: Public health clinics operated by the State of Delaware, Delaware Health and Social Services (DHSS), Division of Public Health (DPH). No authorization required.		
Other 1937 Benefit Provided: Rehab Services - Day health and Rehab for MR/HD	Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: Other	Provider Qualifications: Medicaid State Plan	



Alternative Benefit Plan

Amount Limit: None	Duration Limit: None	Remove
Scope Limit: None		
Other: Delaware Medicaid provides coverage according to two levels, based on functional needs. No vocational services provided and no services delivered by phone. Coverage provided in accordance with 13.d of the approved Medicaid state plan.		
Other 1937 Benefit Provided: Personal Care Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: PCS is only available via the Delaware Medicaid Community Support Program if an individual is disabled by mental illness, alcoholism or drug addiction.		
Other: Coverage provided in accordance with 24.f of the approved Delaware Medicaid state plan.		
Other 1937 Benefit Provided: Case Mgmt Services - High Risk Pregnant Women	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other: Delaware Medicaid covers case management services for high-risk pregnant women. No authorization required.		
Other 1937 Benefit Provided: Rehab Services - SU - Residential Addiction Svs	Source: Section 1937 Coverage Option Benchmark Benefit Package	



Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See "Other" information.

Other:

Delaware Medicaid provides coverage of substance use disorder treatment services for adults with alcoholism or drug dependence, excluding those services of an educational or vocational nature, as Residential Addiction Services (13.d.1.B) consistent with the regular Medicaid state plan.

Residential services are delivered on an individual or group basis in a wide variety of settings including treatment in residential settings of sixteen (16) beds or less (that are not IMDs) designed to help individuals achieve changes in their substance use disorder behaviors.

Services provided at a work site must not be job task oriented and must be directly related to treatment of an individual behavioral health needs. Any services or components of services the basic nature of which are to supplant housekeeping, homemaking, or basic services for the convenience of a person receiving covered services (including housekeeping, shopping, child care, and laundry services) are non-covered. Services cannot be provided to an individual who is a patient in an institution for mental disease (IMD) with more than sixteen (16) beds. Room and board is excluded from addiction services rates. Delaware residential placement under the American Society of Addiction Medicine (ASAM) criteria requires prior approval and reviews on an ongoing basis as determined necessary by the State Medicaid Agency or its designee to document compliance with the placement standards.

Other 1937 Benefit Provided:

Rehab Services-Mental Health (Crisis Intervention)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Delaware Medicaid provides coverage of crisis intervention services for adults with mental illness, alcoholism, or drug dependence (13.d.1.A) consistent with the regular Medicaid state plan.

All activities must occur within the context of a potential or actual behavioral health crisis. CI is a face-to-face intervention and can occur in a variety of locations, including but not limited to an emergency room or clinic setting, in addition to other community locations where the person lives, works, attends school, and/or socializes.

CI services do not require prior approval. CI services are authorized for no more than 23 hours per episode.

TN No. 14-0003

Approval Date: 5/28/2014

Effective Date: 1/1/2014

Supersedes
TN No. NEW

ABP 5-34



Alternative Benefit Plan

Activities beyond the 23 hour period must be prior authorized by the State or its designee.

Remove

Other 1937 Benefit Provided:

Nursing Facility Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Other 1937 Benefit Provided:

Intermediate Care Facility/IID Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Must meet level of care requirement.

Other 1937 Benefit Provided:

Rehab Services - MH (Community Support Services)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Vocational counseling, vocational training at a classroom or job site, academic/remedial educational



Alternative Benefit Plan

<p>services and services which are solely recreational in nature are not reimbursable. No coverage for services provided in an IMD or room & board.</p>		<input type="button" value="Remove"/>
<p>Other:</p> <div style="border: 1px solid black; height: 30px;"></div>		
<p>Other 1937 Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px;">Private Duty Nursing Services</div>	<p>Source:</p> <div style="border: 1px solid black; padding: 2px;">Section 1937 Coverage Option Benchmark Benefit Package</div>	<input type="button" value="Remove"/>
<p>Authorization:</p> <div style="border: 1px solid black; padding: 2px;">Other</div>	<p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px;">Medicaid State Plan</div>	
<p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px;">See "Other" information</div>	<p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>	
<p>Scope Limit:</p> <div style="border: 1px solid black; padding: 2px;">Private Duty Nursing (PDN) is only provided in non-institutional settings.</div>		
<p>Other:</p> <div style="border: 1px solid black; padding: 2px;">Delaware does not approve 24 hour ongoing PDN services. The maximum daily limit for adults is 8 hours per day, but this limit may be exceeded in limited circumstances that require prior authorization.</div>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

<input type="checkbox"/> 15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)	Collapse All <input type="checkbox"/>
---	---------------------------------------

PRA Disclosure Statement

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

V.20131219



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Benefits Assurances

ABP7

EPSDT Assurances

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

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

- The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345).
- The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act.

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

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

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

Prescription Drug Coverage Assurances

- The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.
- The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.
- The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.
- The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.

Other Benefit Assurances

- The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.
- The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.
- The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.



Alternative Benefit Plan

- The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
- The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
- The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
- The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
- The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

PRA Disclosure Statement

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

V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

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.

The ABP population will be integrated into our managed care delivery system similarly to all other participants and will receive all MCO communication, member handbook, enrollment materials, etc.

MCO: Managed Care Organization

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

Yes

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

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

Identify the date the managed care program was approved by CMS:



Alternative Benefit Plan

Describe program below:

Comprehensive managed care program for acute and long-term care populations that is administered state wide.

Additional Information: MCO (Optional)

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

Fee-For-Service Options

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

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

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

Clients are FFS for 30 days until they select and are enrolled in a managed care plan. Chiropractic benefits under the ABP are delivered through FFS. A limited number of benefits are also provided via FFS as "carve-outs" when ABP clients are enrolled in managed care consistent with Delaware's already-approved managed care program authorized Section 1115 demonstration authority.

Additional Information: Fee-For-Service (Optional)

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

PRA Disclosure Statement

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

V.20130718



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Employer Sponsored Insurance and Payment of Premiums	ABP9
The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.	<input type="checkbox"/> No
The state/territory otherwise provides for payment of premiums.	<input type="checkbox"/> No
Other Information Regarding Employer Sponsored Insurance or Payment of Premiums: 	

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.



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-I.-

General Assurances

ABP10

Economy and Efficiency of Plans

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

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

Yes

Compliance with the Law

- The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/territory plan under this title.
- The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(c).
- The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.

PRA Disclosure Statement

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

V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Payment Methodology

ABP11

Alternative Benefit Plans - Payment Methodologies

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

An attachment is submitted.

PRA Disclosure Statement

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

V.20130807