



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: 14 - - 0003

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.20160722



Alternative Benefit Plan

State Name: Delaware

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: 17 - 00 - 0011

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.

PRA Disclosure Statement

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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



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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.

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

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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.

Other Information Related to Cost Sharing Requirements (optional):

PRA Disclosure Statement

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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:	
<input type="text" value="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.”	
<input type="text" value="Secretary-Approved"/>	



Alternative Benefit Plan

1. 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 Svs	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 for skilled nursing visits in excess of limitations (more than two per day, more than six units per day) and in certain settings.		
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 (FSSCs)	Source: State Plan 1905(a)	



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' Svs	Source: State Plan 1905(a)	Remove
Authorization: None	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: 		
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.		
		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

<input checked="" type="checkbox"/> 3. Essential Health Benefit: Hospitalization		Collapse All <input type="checkbox"/>
Benefit Provided:	Source:	
<input type="text" value="Inpatient Hospital Services"/>	<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
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="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."/>		
<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:

Remove

Benefit Provided:

Nurse Midwife Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Free Standing Birthing Center 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:

Includes professionals in freestanding birthing centers.

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)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See "Other Information"

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

Services that exceed the initial pass-through authorization must be approved for re-authorization prior to service delivery.

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

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 Medicaid.



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Benefit Provided: Rehab Services - SU (O/P Addiction Services)	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	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: <input type="text"/>		
		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.): Authorization: Provider Qualifications:

Limit on days supply

Yes

State licensed

Limit on number of prescriptions

Limit on brand drugs

Other coverage limits

Preferred drug list

Coverage that exceeds the minimum requirements or other:

The State of 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



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Scope Limit: <input type="text" value="None"/>		<input type="button" value="Remove"/>
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="Speech therapy provided for habilitative and rehabilitative purposes."/>		
Benefit Provided: <input type="text" value="Home Health Services - Home Health Aide 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="See 'Other' information"/>	Duration Limit: <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 is required for more than 8 units of home health aide services per day."/>		
		<input type="button" value="Add"/>



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<input checked="" type="checkbox"/> 8. Essential Health Benefit: Laboratory services		Collapse All <input type="checkbox"/>
Benefit Provided:	Source:	
<input type="text" value="Other Laboratory and X-Ray Services"/>	<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
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:

Benefit Provided:

Lactation Counseling

Source:

State Plan 1905(a)

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan



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Amount Limit:	Duration Limit:	Remove
See "Other" information	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:		
There is a limit of five counseling sessions per child, and each session can last up to ninety minutes. This limit may be exceeded based on medical necessity.		
		Add



Alternative Benefit Plan

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

Benefit Provided:
Medicaid State Plan EPSDT Benefits

Source:
State Plan 1905(a)

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

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

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). EPSDT also includes coverage of behavioral health services to treat Autism Spectrum Disorder (ASD) for individuals under age 21 as indicated in the Delaware Medicaid state plan (13.c).

Add



Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

<input checked="" type="checkbox"/>	12. Base Benchmark Benefits Not Covered due to Substitution or Duplication	Collapse All <input type="checkbox"/>
<p>Base Benchmark Benefit that was Substituted: <input style="width: 300px;" type="text" value="Allergy Care"/> Source: Base Benchmark <input type="button" value="Remove"/></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> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">Duplication: Covered under the Delaware Medicaid state plan as Physicians' Services (5.a) in EHB 1: Ambulatory patient services</div>		
<p>Base Benchmark Benefit that was Substituted: <input style="width: 300px;" type="text" value="Anesthesia"/> Source: Base Benchmark <input type="button" value="Remove"/></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> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">Duplication: Covered under the Delaware Medicaid state plan as Physicians' Services (5.a) in EHB 1: Ambulatory patient services.</div>		
<p>Base Benchmark Benefit that was Substituted: <input style="width: 300px;" type="text" value="Diagnostic and Treatment Services"/> Source: Base Benchmark <input type="button" value="Remove"/></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> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">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.</div>		
<p>Base Benchmark Benefit that was Substituted: <input style="width: 300px;" type="text" value="Educational Classes and Programs"/> Source: Base Benchmark <input type="button" value="Remove"/></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> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">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.</div>		
<p>Base Benchmark Benefit that was Substituted: <input style="width: 300px;" type="text" value="Family Planning"/> Source: Base Benchmark <input type="button" value="Remove"/></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> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">Duplication: Covered under the Delaware Medicaid state plan as Family Planning Services & Supplies (4.c) in EHB 1: Ambulatory patient services.</div>		
<p>Base Benchmark Benefit that was Substituted: <input style="width: 300px;" type="text" value="Foot Care"/> 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 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.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Home Health 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 Home Health - Intermittent and Part-time Nursing Services (7.a) in EHB 1: Ambulatory patient services.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Oral and Maxillofacial 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 Medical & Surgical Services by a Dentist (5.b), Outpatient Hospital Services (2.a), and Physicians' Services (5.a) in EHB 1: Ambulatory patient services.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient Hospital or Ambulatory Surgical Center"/></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 (2.a), and Clinic Services: Ambulatory Surgery Centers (FSSCs) (9) in EHB 1: Ambulatory patient services.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Surgical Procedures"/></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 Delaware Medicaid state plan as Physicians' Services (5.a) in EHB 1: Ambulatory patient services.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Treatment Therapies"/></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 (2.a) in</p>	



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>		<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Hospice Care</p>	<p>Source:</p> <p>Base Benchmark</p>	<p>Remove</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 Hospice Care Services (18) in EHB 1: Ambulatory patient services.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Alternative Treatments - Acupuncture</p>	<p>Source:</p> <p>Base Benchmark</p>	<p>Remove</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>Substitute - Non-Emergency Medical Transportation (NEMT) from Delaware's Medicaid state plan was used as a substitute for Alternative Treatments - Acupuncture in EHB 1: Ambulatory patient services.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Infertility Services</p>	<p>Source:</p> <p>Base Benchmark</p>	<p>Remove</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>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:</p> <p>Accidental Injury</p>	<p>Source:</p> <p>Base Benchmark</p>	<p>Remove</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 - ER (2.a) and Emergency Hospital Services (FSERs) (24.e) in EHB 2: Emergency Services</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Medical Emergency</p>	<p>Source:</p> <p>Base Benchmark</p>	<p>Remove</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 - ER (2.a) and Emergency Hospital Services (FSERs) (24.e) in EHB 2: Emergency Services</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Ambulance</p>	<p>Source:</p> <p>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:</p> <p><input type="text" value="Inpatient Hospital or Other Covered Facility"/></p>	<p>Source:</p> <p>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:</p> <p><input type="text" value="Outpatient Hospital or Other Covered Facility"/></p>	<p>Source:</p> <p>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:</p> <p><input type="text" value="Durable Medical Equipment"/></p>	<p>Source:</p> <p>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:</p> <p><input type="text" value="Medical Supplies"/></p>	<p>Source:</p> <p>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:</p> <p><input type="text" value="Orthopedic and Prosthetic Devices"/></p>	<p>Source:</p> <p>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 \$2,500 per ear per calendar year (22 and under) and \$2,500 per ear per 36 months"/></p>		



Alternative Benefit Plan

<p>(over 22) -Wigs for hair loss due to the treatment of cancer; limit of \$350 for one wig per lifetime.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: PT, OT, Speech Therapy and Cognitive Therapy</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: 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.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Lab, X-ray, and Other Diagnostic Tests</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: Duplication: Covered under the Delaware Medicaid state plan as Other Laboratory and X-Ray Services (3) in EHB 8: Laboratory Services.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Preventive Care Services for Children and Adults</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: 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.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Covered Medication and Supplies</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: Duplication: Covered under the Delaware Medicaid state plan as Prescribed Drugs (12.a) in EHB 6: Prescription Drugs.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Hearing Services (testing, treatment, & supplies)</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: 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.</p>	<p>Remove</p>



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Manipulative Treatment

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 OLP: Chiropractor's Svs (6.c) in EHB 1: Ambulatory Patient Services.

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

<p>Other 1937 Benefit Provided: <input type="text" value="Telemedicine"/></p> <p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="A service must be covered by Medicaid in a face-to-face setting to be available for coverage under telemedicine."/></p> <p>Other: <input type="text" value="No authorization required."/></p>	<p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>
<input type="button" value="Remove"/>	

<p>Other 1937 Benefit Provided: <input type="text" value="FQHC/RHC Services"/></p> <p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other: <input type="text" value="No authorization required."/></p>	<p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>
<input type="button" value="Remove"/>	

<p>Other 1937 Benefit Provided: <input type="text" value="OLP: Optometrists's Services"/></p> <p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="Only covered when individual needs diagnosis and monitoring of the sick eye."/></p>	<p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>
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Alternative Benefit Plan

Other: <input type="text" value="No authorization required."/>		<input type="button" value="Remove"/>
Other 1937 Benefit Provided: <input type="text" value="Extended Services for Pregnant Women"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<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="See 'Other' information."/>		
Other: <input type="text" value="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: <input type="text" value="Clinic Services: Medical Clinics"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<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"/>		
Other: <input type="text" value="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: <input type="text" value="Rehab Services - Day health and Rehab for MR/ID"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="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: 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	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Excludes services of an educational or vocational nature. Does not include services in an IMD.		
Other: 		
Other 1937 Benefit Provided: Rehab Services-Mental Health (Crisis Intervention)	Source: Section 1937 Coverage Option Benchmark Benefit Package	



Alternative Benefit Plan

<p>Authorization: Authorization required in excess of limitation</p>	<p>Provider Qualifications: Medicaid State Plan</p>	<p>Remove</p>
<p>Amount Limit: None</p>	<p>Duration Limit: None</p>	
<p>Scope Limit: None</p>		
<p>Other: Crisis intervention (CI) services do not require prior approval. CI services are authorized for no more than 23 hours per episode. Activities beyond the 23 hour period must be prior authorized by the State or its designee.</p>		
<p>Other 1937 Benefit Provided: Nursing Facility Services</p>	<p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p>	<p>Remove</p>
<p>Authorization: Prior Authorization</p>	<p>Provider Qualifications: Medicaid State Plan</p>	
<p>Amount Limit: None</p>	<p>Duration Limit: None</p>	
<p>Scope Limit: None</p>		
<p>Other:</p>		
<p>Other 1937 Benefit Provided: Intermediate Care Facility/IID Services</p>	<p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p>	<p>Remove</p>
<p>Authorization: Prior Authorization</p>	<p>Provider Qualifications: Medicaid State Plan</p>	
<p>Amount Limit: None</p>	<p>Duration Limit: None</p>	
<p>Scope Limit: None</p>		
<p>Other: Must meet level of care requirement.</p>		



Alternative Benefit Plan

Other 1937 Benefit Provided: <input type="text" value="Private Duty Nursing Services"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Prior Authorization"/>	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="Private Duty Nursing (PDN) is only provided in non-institutional settings."/>		
Other: <input type="text"/>		

Other 1937 Benefit Provided: <input type="text" value="Pathways to Employment 1915(i)"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Prior Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="See 'Other' Information"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Services are limited to individuals who meet eligibility, targeting, and needs-based criteria specified in the 1915(i) and are based on a person-centered planning process."/>		
Other: <input type="text" value="Pathways services include:

Employment Navigator
Financial Coaching Plus
Benefits Counseling
Non-Medical Transportation
Orientation, Mobility, and Assistive Technology
Career Exploration and Assessment
Small Group Supported Employment
Individual Supported Employment
Personal Care (including self-directed option)

Assistive Technology is limited to \$10,000 per lifetime but exceptions may be considered based upon a needs assessment and prior authorization by the State.
Benefits Counseling is limited to 20 hours per year, with exceptions possible with prior authorization by the State.
Financial Coaching is limited to five hours per participant per year."/>		



Alternative Benefit Plan

Other 1937 Benefit Provided: <input type="text" value="TCM for Individuals with I/DD"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<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="See below"/>		
Other: <input type="text" value="Reference approved State Plan Supplements 3 and 4 to Attachment 3.1-A. No prior authorization required."/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

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

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

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: 14 - - 0003

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.

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.



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- The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.
- The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
- The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
- The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
- The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
- 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.

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Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

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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.

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. 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):

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Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: 14 - - 0003

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.

The state/territory otherwise provides for payment of premiums.

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

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Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

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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.

Compliance with the Law

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

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Alternative Benefit Plan

State Name:

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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.

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