

**LEGAL NOTICE/PUBLIC NOTICE**  
**STATE OF MARYLAND**  
**MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE**  
**BALTIMORE, MARYLAND**

Pursuant to 42 CFR §440.305(d) and 42 CFR §440.386, notice is hereby given that the Secretary of the Maryland Department of Health and Mental Hygiene (the Department) intends to seek approval from the Centers for Medicare and Medicaid Services (CMS) of a state plan amendment to amend the Alternative Benefit Plan (ABP) authorized under section 1937 of the Social Security Act for individuals 19 to 64 years who are eligible for Medicaid pursuant to §1902(a)(10)(A)(i)(VIII) of the Social Security Act, the adult expansion population.

The Department is proposing to improve access to necessary care by expanding the rehabilitation services offered in community-based setting. Specifically, the Department will now cover partial hospitalization services and ambulatory withdrawal management in a community-based setting, as well as buprenorphine therapy in community-based clinics. These services were previously only available in a hospital-based outpatient setting.

The proposed amendment complies with the America Recovery and Reinvestment Act of 2009. Additionally, the ABP will continue to include the full range of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program benefits for individuals under the age of 21 years. Please refer to the Maryland Healthy Kids Program at: <http://dhmh.maryland.gov/epsdt/SitePages/Home.aspx> for more details on the EPSDT Benefits available. Additional information regarding Medicaid-covered services that are available in the ABP can be found in the Code of Maryland Regulations at: [http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.09.23.\\*](http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.09.23.*)

Comments regarding the Department's proposed state plan amendment to amend the ABP for individuals aged 19 to 64 years who are eligible for Medicaid pursuant to §1902(a)(10)(A)(i)(VIII) of the Social Security Act may be sent to the Maryland Department of Health and Mental Hygiene, Planning Administration, 201 West Preston Street, Suite 225, Baltimore, MD 21202 or emailed to [tricia.rodny@maryland.gov](mailto:tricia.rodny@maryland.gov). Correspondences should be directed to Tricia Roddy, Director of Planning.

Contact: Tricia Roddy (410) 767-5809



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

## Benefits Description

ABP5

The state/territory proposes a "Benchmark-Equivalent" benefit package.  No

### Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

CareFirst Small Group Plan

The largest plan (by enrollment) in any of the three largest small group insurance products in the State's small group market

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."

Secretary Approved- State Plan Adult Benefit



# Alternative Benefit Plan

Essential Health Benefit 1: Ambulatory patient services

Collapse All

Benefit Provided:

Physician Services

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:

Physician services are not prior-authorized under the Medicaid FFS program, except for transplant services or plastic surgery services. Two Medicaid MCOs prior-authorize specialty physician services (non-primary care). One Medicaid MCO prior-authorizes specialty physician services in hospital space. Most Medicaid MCOs prior-authorize out-of-network physician services.

Benefit Provided:

Medical Care by Other Licensed 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:

Other Licensed Practitioners include nurse practitioners and nurse anesthetists

Benefit Provided:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

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:

Outpatient hospital services are not prior-authorized in the FFS program. All Medicaid MCOs use prior authorization requirements outpatient hospital services. Some focus on all outpatient services and others focus on certain diagnoses or procedures, such as endoscopic procedures or all outpatient diagnostic procedures.

Benefit Provided:

Clinic 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:

Home Health Care Services: Nursing & Aide Services

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:

Preauthorization is required for: more than one visit per type of service per day; any service or combination of services rendered during any 30-day period for which the provider anticipates payments from the program in excess of the Medicaid average nursing facility rate; four or more hours of care per day whether the 4-hour limit is reached in one visit or in several visits in one day; or any instances in which home health aide services without skilled nursing services are provided.



# Alternative Benefit Plan

Benefit Provided:

Personal Care Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Community First Choice

Source:

State Plan 1915(k)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Federally-Qualified Health 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:



# Alternative Benefit Plan

Benefit Provided:		Source:	
<input type="text" value="Hospice Care - in home /ambulatory setting"/>		<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"/>		
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="Doctor certifies individual has six months or less to live. Maryland continues to provide medically necessary curative services, even after election of the hospice benefit by or on behalf of children receiving services. This is consistent with federal rules."/>			
Benefit Provided:		Source:	
<input type="text" value="Abortions - Hyde Compliant"/>		<input type="text" value="State Plan 1905(a)"/>	<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="None - These are abortions that comply with the Hyde Amendment"/>		
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="Add"/>



# Alternative Benefit Plan

Essential Health Benefit 2: Emergency services

Collapse All

Benefit Provided:

Outpatient Hospital: Emergency Hospital 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:

Any Other Medical Care: Em. 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:

Add



# Alternative Benefit Plan

Essential Health Benefit 3: Hospitalization

Collapse All

Benefit Provided:

Inpatient Hospital Services - Including Transplant

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent 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:

All inpatient services are authorized both in the Medicaid FFS and MCO programs.

Benefit Provided:

Physician Services - Inpatient

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:

Note- FFS Program requires authorization for physician services for certain inpatient services, such as Transplant Services and Plastic Surgery Services. Two MCOs prior-authorize specialty physician services. One MCO prior-authorizes specialty physician services in hospital space. Most MCO prior-authorize out-of-network physician services.

Benefit Provided:

Hospice Care - Inpatient Setting

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Doctor certifies individual has six months or less to live. Maryland continues to provide medically



# Alternative Benefit Plan

necessary curative services, even after election of the hospice benefit by or on behalf of children receiving services.

Remove

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

Add



# Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care

Collapse All

Benefit Provided:

Inpatient Hospital Care - Maternity and Newborn

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent 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:

All inpatient services are authorized

Benefit Provided:

Physician Services - Maternity and Newborn

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Note- Program requires authorization for physician services for certain inpatient services, such as Transplant Services. There is no authorization requirement for normal maternity care.

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

Benefit Provided:

Clinic Services - Maternity and Newborn

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:

Services furnished by Nurse Midwife

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

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

Collapse All

Benefit Provided:

Outpatient Hospital Services - Mental Health/Subs

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Physician Services - Mental Health/Sub

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Clinic Services - Mental Health

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

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:

Medical Care Furnished by Licensed Practitioners

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:

Other Licensed Practitioners include certified registered nurses practitioner with a specialty in psychiatry, certified advanced practice registered nurse/psychiatric mental health, clinical professional counselors, psychologists, and clinical social workers

Benefit Provided:

Inpatient Hospital Services - MH/ SUD

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent 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:

These services are not provided in IMDs

Benefit Provided:

Rehabilitation Services

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:	Duration Limit:	<input type="button" value="Remove"/>
<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="Services authorized are community-based and include comprehensive substance use disorder assessments, group and individual substance use disorder counseling services, intensive outpatient services, partial hospitalization, opioid maintenance therapy, and ambulatory withdrawal management."/>		
		<input type="button" value="Add"/>



# Alternative Benefit Plan

Essential Health Benefit 6: Prescription drugs

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

- 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 Maryland's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.



# Alternative Benefit Plan

Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

Physical Therapy and Related Services - Rehab.

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:

The services provided include Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services. All services available in hospital inpatient and outpatient departments and home health setting. Physical Therapy and Audiology is covered in an outpatient setting in the community. State Plan 3.1-A page 11 authorizes these services in an hospital outpatient setting.

All Medicaid MCOs prior-authorize therapy services. Some MCOs limit the prior-authorization to certain services and some require prior authorize after a certain number of visits (e.g., after 10 visits the service must be prior authorized)

Benefit Provided:

Home Health Services - DME/DMS

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:

None

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

Durable Medical Equipment that costs \$1,000 or more must be prior-authorized. Durable Medical Supplies that cost \$500 or more must be prior-authorized

Benefit Provided:

Nursing Facility Services: Rehabilitation Services

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

100 days or less per 12 month eligibility period

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:

Need to meet nursing level of care criteria. Services are limited to those required for short-term rehabilitation, not custodial care. Rehabilitation services is defined as services provided in the nursing home for 100 days or less.

Benefit Provided:

Habilitation Services - Physical Therapy and Other

Source:

State Plan Other

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

This includes both acquisition and maintenance services. Services will only be provided to the adults covered under Section 1902(a)(10)(A)(i)(VIII). Services provided will include Physical Therapy, Occupational Therapy, and Speech Therapy. All services will be provided in hospital inpatient and outpatient departments. Services will not be provided in a home setting. Physical therapy is covered in an outpatient setting in the community.

Add



# Alternative Benefit Plan

Essential Health Benefit 8: Laboratory services

Collapse All

Benefit Provided:

Other Laboratory and X-Ray 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

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

Collapse All

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

Benefit Provided:

Physician 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:

Medical Care by Other Licensed 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:

These providers include nurse practitioners and nutritionists/dietitians.

Benefit Provided:

Home Health Care Services - DME/DMS - Diabetes

Source:

State Plan 1905(a)

Authorization:

Authorization required in excess of limitation

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:

Durable Medical Equipment that costs \$1,000 or more must be prior-authorized. Durable Medical Supplies that cost \$500 or more must be prior-authorized

Add



# Alternative Benefit Plan

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

Collapse All

Benefit Provided:  
Medicaid State Plan EPSDT Benefits

Source:  
State Plan 1905(a)

Remove

Authorization:  
None

Provider Qualifications:  
Medicaid State Plan

Amount Limit:  
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

Other Covered Benefits from Base Benchmark

Collapse All



# Alternative Benefit Plan

Base Benchmark Benefits Not Covered due to Substitution or Duplication

Collapse All

Base Benchmark Benefit that was Substituted:

Source:

Primary Care Visit - Duplication

Base Benchmark

Remove

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

Primary Care Visits to treat injury or an illness were mapped with the 'ambulatory patient services' EHB category. The bundled services are a duplication of Physician Services and Other Licensed Providers from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Source:

Specialist Visit - Duplication

Base Benchmark

Remove

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

Specialist Visits were mapped with the 'ambulatory patient services' EHB category. The services are a duplication of Physician Services, Other Licensed Providers, and Clinic Services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Source:

Mastectomy Related Services - Duplication

Base Benchmark

Remove

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

Mastectomy Related Services were mapped with the 'ambulatory patient services' EHB category. The services are a duplication of Physician, Home Health, and Outpatient Hospital Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Source:

Outpatient Facility Fee - Duplication

Base Benchmark

Remove

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

Outpatient Facility Fee was mapped with the 'ambulatory patient' EHB category. The services are a duplication of Outpatient Hospital Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Source:

Outpatient Surgery Physician/Surgical Services

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:

Outpatient Surgery Physician/Surgical Services were mapped to the 'ambulatory patient' EHB category. The services are a duplication of Physician Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Source:

Urgent Care Facilities

Base Benchmark



# 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>Urgent Care Facilities were mapped to the 'ambulatory patient' EHB category. The services are a duplication of outpatient hospital services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Admin. of Injectable Prescrip. Drugs - Duplication</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>Administration of Injectable Prescription Drugs by a Health Care Provider was mapped to the 'ambulatory patient' EHB category. The services are a duplication of Physician Services in the existing State Plan.</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Routine Gynecological Care - Duplication</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>Routine Gynecological Care was mapped to the 'ambulatory patient' EHB category. The services are a duplication of Physician Services and Medical Care by Other Licensed Providers in the existing State Plan.</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Renal Dialysis - Duplication</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>Renal Dialysis was mapped to the 'ambulatory patient' EHB category. The services are a duplication of Outpatient Hospital Services in the existing State Plan.</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Chemotherapy, Radiation, and Infus. - Duplication</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>Chemotherapy, Radiation Therapy, Infusion Therapy mapped to the 'ambulatory patient' EHB category. The services are a duplication of Physician and Outpatient Hospital Services in the existing State Plan.</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Clinical Trial Patient Cost Services - Duplication</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>Clinical Trial Patient Cost Services were mapped to the 'Prescription Drugs' EHB category. The services are a duplication of Prescribe Drugs in the existing State Plan.</p>	



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Other Practitioner Office Visits - Duplication"/>	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="Other Practitioner Office Visits were mapped to 'Ambulatory Patient Services' EHB category. The services are a duplication of Medical Care Furnished by Licensed Practitioners within the scope of their practice in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Home Health Services - Duplication"/>	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="Home Health Services were mapped with the 'Ambulatory Patient Services' EHB category. The services are a duplication of Home Health Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Emergency Room Services - Duplication"/>	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="Emergency Room Services were mapped with the 'Emergency Room Services' EHB category. The services are a duplication of Outpatient Hospital Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Emergency Room Transportation - Duplication"/>	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="Emergency Room Transportation were mapped with the 'Emergency Room Services' EHB category. The services are a duplication of Any Other Medical Care in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient Hospital Services - Duplication"/>	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="Inpatient Hospital Services were mapped with the 'Hospitalization' EHB category. The services are a duplication of Inpatient Hospital Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient Physician/Surgical Services -Duplication"/>	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: <input type="text" value="Inpatient Physician and Surgical Services were mapped with the 'Hospitalization' EHB category. The"/>		



# Alternative Benefit Plan

services are a duplication of Physician Services in the existing State Plan.

Remove

Base Benchmark Benefit that was Substituted:

Source:

Bariatric Surgery - Duplication

Base Benchmark

Remove

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

Bariatric Services were mapped with the 'Hospitalization' EHB category. The services are a duplication of Inpatient Hospital and Physician Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Source:

Hospice Services - Duplication

Base Benchmark

Remove

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

Hospice Services were mapped with the 'Hospitalization and Ambulatory' EHB categories. The services are a duplication of Hospice Services in the existing State Plan. Services are provided in inpatient and home settings.

Base Benchmark Benefit that was Substituted:

Source:

Organ and Tissue Transplant - Duplication

Base Benchmark

Remove

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

Organ and Tissue Transplant were mapped with the 'Hospitalization' EHB category. The services are a duplication of Inpatient Hospital -- Organ Transplants in Essential Health Benefit category #3 and Physician Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Source:

Prenatal and Postnatal Care - Duplication

Base Benchmark

Remove

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

Prenatal and Postnatal Care were mapped with the 'Maternity and Newborn Care' EHB category. The services are a duplication of Physician Services and Services Provided by a Nurse Midwife in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Source:

Elective Abortions - Hyde Compliant

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:

Elective Abortions were mapped with the 'Ambulatory Patient Services (Hyde Compliant Abortions)' EHB category.



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Mental Health Outpatient Services - Duplication"/>	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="Mental Health Outpatient Services were mapped with the 'Mental Health and Substance Abuse Disorder Services' EHB category. The services are a duplication of Outpatient Hospital Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Mental Health Inpatient Services - Duplication"/>	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="Mental Health Inpatient Services were mapped with the 'Mental Health and Substance Abuse Disorder Services' EHB category. The services are a duplication of Hospital Inpatient Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Substance Use Disorder Inpatient Services - Duplic"/>	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="Substance Use Disorder Inpatient Services were mapped with the 'Mental Health and Substance Abuse Disorder Services' EHB category. The services are a duplication of Hospital Inpatient Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Substance Use Disorder Outpatient Services - Dupli"/>	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="Substance Use Disorder Outpatient Services were mapped with the 'Mental Health and Substance Abuse Disorder Services' EHB category. The services are a duplication of Hospital Outpatient Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Profess. Services by Licensed Men. Sub Pract - Dup"/>	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="Professional Services by Licensed Mental Health and Substance Abuse Practitioners were mapped with the 'Mental Health and Substance Abuse Disorder Services' EHB category. The services are a duplication of Physician, Medical Care Provided by Licens. Practitioners, and Clinics in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Diagnostic for Mental/Substance Disorders - Duplic"/>	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:

Diagnostic for Mental/Substance Disorders were mapped with the 'Other Laboratory and X-Ray Services' EHB category. The services are a duplication of Other Laboratory in the existing State Plan.

Remove

Base Benchmark Benefit that was Substituted:

Generic Drugs - Duplication

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:

Generic Drugs were mapped with the 'Prescription Drugs' EHB category. The services are a duplication of Prescribed Drugs in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Preferred Drugs - Duplication

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:

Preferred Drugs were mapped with the 'Prescription Drugs' EHB category. The services are a duplication of Prescribed Drugs in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Non-Preferred Drugs Brand - Duplication

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:

Non-Preferred Drugs were mapped with the 'Prescription Drugs' EHB category. The services are a duplication of Prescribed Drugs in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Specialty Drugs - Duplication

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:

Specialty Drugs were mapped with the 'Prescription Drugs' EHB category. The services are a duplication of Prescribed Drugs in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Diagnostic Test (X-Ray and Lab Work) - Duplication

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:

Diagnostic Test (X-Ray and Lab Work) were mapped with the 'Laboratory Services' EHB category. The services are a duplication of Other Laboratory and X-ray Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Imaging (CT/PET Scans, MRIs) - Duplication

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:

Imaging (CT/PET Scans, MRIs) were mapped with the 'Laboratory Services' EHB category. The services are a duplication of Other Laboratory and X-ray Services in the existing State Plan.

Remove

Base Benchmark Benefit that was Substituted:

Osteoporosis Prevention - Duplication

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:

Osteoporosis Prevention was mapped with the 'Preventive and Wellness Services and Chronic Disease Management' EHB category. The services are a duplication of Physician Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Diabetes Equipment, Sup.and Self Mana. - Duplica

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:

Diabetes Equipment, Supplies, and Self-Management was mapped with the 'Preventive and Wellness Services and Chronic Disease Management' EHB category. The services are a duplication of Home Health Services DME/DMS in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Medical Foods - Duplication

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:

Medical Foods were mapped with the 'Preventive and Wellness Services and Chronic Disease Management' EHB category. The services are a duplication of Home Health Services - DME/DMS in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Allergy Related Services - Duplication

Source:

Base Benchmark

Remove

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

Allergy Related Services (care delivered in medical offices for treatment of illness or injury) were mapped with the 'Preventive and Wellness Services and Chronic Disease Management' EHB category. The services are a duplication of Physician Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Child Preventive and Routine Care - Duplication

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:

Child Preventive and Routine Care were mapped with the 'Pediatric Services, Including Oral and Vision' EHB category. The services are a duplication of Early and Periodic Screening, Diagnostic, and Treatment Services in the existing State Plan.

Remove

Base Benchmark Benefit that was Substituted:

Eye Glasses for Children - Duplication

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:

Eye Glasses for Children were mapped with the 'Pediatric Services, Including Oral and Vision' EHB category. The services are a duplication of Early and Periodic Screening, Diagnostic, and Treatment Services .

Base Benchmark Benefit that was Substituted:

Dental Check-Up for Children - Duplication

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:

Dental Check-Up for Children were mapped with the 'Pediatric Services, Including Oral and Vision' EHB category. The services are a duplication of Early and Periodic Screening, Diagnostic, and Treatment Services and Dental Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Outpatient Rehabilitation Services -Duplication

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:

Outpatient Rehabilitation Services were mapped with the 'Rehabilitative and Habilitative Services and Devices' EHB category. The services are a duplication of Physical Therapy and Related Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment - Duplication

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:

Durable Medicaid Equipment was mapped with the 'Rehabilitative and Habilitative Services and Devices' EHB category. The services are a duplication of Home Health Care Services - DME/DMS in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Skilled Nursing - Duplication

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:

Skilled Nursing Services were mapped with the 'Rehabilitative and Habilitative Services and Devices' EHB category. The Essential Health Benefit limits nursing home services to 100 days. The services are a duplication of nursing facility services provided for rehabilitation purposes (100 days or less) in the existing State Plan.

Remove

Base Benchmark Benefit that was Substituted:

Outpatient Cardiac Rehabilitation - Duplication

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:

Outpatient Cardiac Rehabilitation Services were mapped with the 'Rehabilitative and Habilitative Services and Devices' EHB category. The services are a duplication of Outpatient Hospital Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Infertility Treatment Services - Substitution

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:

IVF services were mapped to the 'ambulatory patient services' category. Services not covered under this category include: in vitro fertilization, ovum transplants, and gamete intra-fallopian tube transfer, zygote intrafallopian transfer, or cryogenic or other preservation techniques used in these or similar procedures. Personal care and Community First Choice services from the existing State Plan were used for substitution purposes.

Base Benchmark Benefit that was Substituted:

Acupuncture, and Chiropractic Care - Substitution

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:

Acupuncture and Chiropractic Care were mapped to the 'ambulatory patient services' category. Chiropractic services are limited to 20 visits per condition per contract year. Federally-Qualified Health Center Services from the existing State Plan were used for substitution purposes.

Base Benchmark Benefit that was Substituted:

Preventive Care/Screening - Duplication

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:

The benefit is duplicative of the preventive services offered in EHB9.



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Immunizations- Duplication"/>	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="The benefit is duplicative of the preventive services offered in EHB9."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="General Anesthesia and Ass. Dental Care - Duplicat"/>	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="General Anesthesia was mapped with the 'Ambulatory Patient Services' EHB category. The services are a duplication of Physician and Outpatient Hospital Services in the existing State Plan."/>		
		<input type="button" value="Add"/>



# Alternative Benefit Plan

Other Base Benchmark Benefits Not Covered

Collapse All

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Source:  
Base Benchmark

Newborn hearing screen

Remove

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

The ABP is a benefit package for the new adults under 1902(a)(10)(A)(i)(VIII). Children and newborns will not be enrolled in this benefit plan.

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Source:  
Base Benchmark

Abortions - outside of Hyde Amendment.

Remove

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

Maryland provides these services, but does not collect federal dollars for them.

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Source:  
Base Benchmark

Routine Eye Exam -Adults

Remove

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

Vision is not considered and an essential health benefit for purposes of Alternative Benefit Plans

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Source:  
Base Benchmark

Newborn Care

Remove

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

The ABP is a benefit package for the new adults under 1902(a)(10)(A)(i)(VIII). Newborns will not be enrolled in this benefit plan.

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Source:  
Base Benchmark

Circumcision

Remove

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

The ABP is a benefit package for the new adults under 1902(a)(10)(A)(i)(VIII). Newborns will not be enrolled in this benefit plan.

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Source:  
Base Benchmark



# Alternative Benefit Plan

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

Remove

Add



# Alternative Benefit Plan

Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All

Other 1937 Benefit Provided:

Medical Care by Other Licensed Pract. - Podiatrist

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Chronic care is limited to 1 visit every 6 weeks

Duration Limit:

None

Scope Limit:

None

Other:

Preauthorization is required for more than five visits or care beyond 90 days.

Other 1937 Benefit Provided:

Family Planning Services and Supplies

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:

Other 1937 Benefit Provided:

Counseling and Pharm. For Cessation of Tobacco

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:



# Alternative Benefit Plan

<input type="text"/>		<input type="button" value="Remove"/>
Other 1937 Benefit Provided:	Source:	
<input type="text" value="Health Homes"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<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="As long as individuals meet the participation requirements and receives services from a qualified provider"/>	
Other:	<input type="text"/>	
Other 1937 Benefit Provided:	Source:	
<input type="text" value="Non -Emergency Transportation"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="Prior Authorization"/>	<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"/>	
Other:	<input type="text"/>	
Other 1937 Benefit Provided:	Source:	
<input type="text" value="Optometrist Services"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Prior Authorization"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="Eye Examination Every Two Years"/>	<input type="text" value="None"/>	
Scope Limit:	<input type="text" value="None"/>	



# Alternative Benefit Plan

Other:

Does not cover eyeglasses, ophthalmic lenses, optical aids, and optician services rendered to recipients 21 years old and older.

Remove

Other 1937 Benefit Provided:

Mobile Treatment

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:

Usually prior-authorization but in an emergency can provide services for short period of times . is an intensive integrated blend of outpatient and psychiatric rehabilitation services. Mobile Treatment provides assertive outreach, treatment and support to adults with Serious and Persistent Mental Illness (SPMI) who resist more traditional forms of outpatient treatment. Service provision is mobile and provided in the individual's natural environment.

Other 1937 Benefit Provided:

Psychiatric Rehabilitation Program - Not in IMD

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

PRP services include: services to develop or restore self care skills, social skills and independent living skills. Additionally, medication management and monitoring, health promotion and training, and psychiatric crisis services are covered.

Other 1937 Benefit Provided:

Outpatient Mental Health Clinic Serv, - Not in IMD

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Remove

Scope Limit:

None

Other:

Other 1937 Benefit Provided:

Nursing Home Custodial Care

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:

Need to meet nursing level of care criteria. Note: Hospice care in nursing homes is also covered.

Other 1937 Benefit Provided:

Other Services Extended to 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:

risk assessment, enrich maternity services, high-risk Nutritional counseling, and dental

Other 1937 Benefit Provided:

Community-Based Substance Abuse Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package



# Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

See below in Other Section

Duration Limit:

None

Scope Limit:

None

Other:

Covers only one comprehensive substance abuse assessment for a recipient per provider per 12-month period unless the patient has a gap in treatment for more than 30 days (the gap triggers another assessment); covers only one group counseling session per day per recipient; covers up to 6 six individual counseling units as measured in fifteen minute increments per day per recipient; covers up to 4 sessions of Intensive Outpatient treatment per week

Other 1937 Benefit Provided:

Prosthetic Devices

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Devices include: artificial eyes; breast prostheses, including surgical brassiere; upper and lower extremity, full and partial, to include stump cover or harnesses where necessary; and replacement of prostheses.

Other:

Other 1937 Benefit Provided:

Program of All-Inclusive Care for the Elderly

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:



# Alternative Benefit Plan

<input type="text"/>		<input type="button" value="Remove"/>
Other 1937 Benefit Provided: <input type="text" value="Rural Health Center Services"/>	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="None"/>		
Other: <input type="text"/>		
Other 1937 Benefit Provided: <input type="text" value="Intermediate Care Facilities - Intellectually Dis."/>	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="None"/>		
Other: <input type="text" value="Recipient has been certified that he/she requires intermediate care facility services for the intellectually disabled or persons with related conditions"/>		
Other 1937 Benefit Provided: <input type="text" value="Case Management - Mental Illness"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="Yes - See below"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		



# Alternative Benefit Plan

Other:

Limited to individuals with serious emotional disturbance at risk of or needs continued treatment to prevent inpatient psychiatric treatment, treatment in an RTC or an out-of-home placement; prevent inpatient psych treat, homelessness or incarceration. #s of units are based on severity of the condition in the plan of care. Individuals receiving Level I (general) Case Management Services are limited to 2 units of service per month. Individuals receiving Level II (intensive) Case Management Services are limited to 5 units of service per month. Level I and Level II individuals can receive an additional unit in the first month.

Remove

Other 1937 Benefit Provided:

Case Management - HIV

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Yes - See below

Duration Limit:

None

Scope Limit:

None

Other:

Limited to individuals who are certified for and enrolled in the Maryland's Medical Assistance Program and diagnosed as HIV-infected. Case management services are covered when documented as appropriate and necessary. Individuals are limited to 96 units of service per year.

Other 1937 Benefit Provided:

Case Management - Developmental Disabilities

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below- No hard cap on the number of services

Duration Limit:

None

Scope Limit:

None

Other:

(1) Individuals who are found eligible for funding from the Developmental Disabilities Administration (DDA) and are on the DDA waiting list. Case management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. #s of units are based on severity of the condition in the plan of care. There is no hard cap on the number of services. The target group does not include individuals between 22 and 64 who are in IMD or individuals who are inmates of public institutions.

(2) Individuals who are found eligible for funding from the Developmental Disabilities Administration (DDA) and are transitioning to the community. Case management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. #s of units are based on severity of the



# Alternative Benefit Plan

condition in the plan of care. There is no hard cap on the number of services. The target group does not include individuals between 22 and 64 who are in IMD or individuals who are inmates of public institutions.

Remove

(3) Individuals who are found eligible for funding from the Developmental Disabilities Administration (DDA) and are in comprehensive community services funded by the DDA. Case management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. #s of units are based on severity of the condition in the plan of care. There is no hard cap on the number of services. The target group does not include individuals between 22 and 64 who are in IMD or individuals who are inmates of public institutions.

Other 1937 Benefit Provided:

Free Standing Birth Center 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:

Add



# Alternative Benefit Plan

Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.) Collapse All

### PRA Disclosure Statement

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

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