

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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January 10, 2014

Lawrence Kissner, Commissioner  
Department for Medicaid Services  
275 East Main Street, 6WA  
Frankfort, KY 40621-0001

Re: Technical Correction to Kentucky State Plan Amendment 13-021

Dear Mr. Kissner:

This is a technical correction to Kentucky SPA 13-021. This SPA was approved on December 20, 2013. Enclosed please find revised SPA pages for KY SPA 13-021 that have been corrected to reflect the new Attachment 3.1-L section of the State Plan.

If you have any questions, please contact Melanie Benning at 404-562-7414 or [Melanie.Benning@cms.hhs.gov](mailto:Melanie.Benning@cms.hhs.gov).

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze".

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

# Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

- State/Territory name:

Kentucky

- **Transmittal Number:**

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

KY 13-002

- **Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

- **Federal Statute/Regulation Citation**

Affordable

- **Federal Budget Impact**

	<b>Federal Fiscal Year</b>	<b>Amount</b>
<b>First Year</b>	2014	\$ 0.00
<b>Second Year</b>	2015	\$ 0.00

- **Subject of Amendment**

Character Count:  out of 2000

Alternative Benefits for current

- **Governor's Office Review**

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Character Count:  out of 2000

Governor has delegated review

- **Signature of State Agency Official**

- Submitted By:

Sharley Hughes

- Last Revision Date:

Dec 20, 2013

- Submit Date: Oct 1, 2013



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L

## 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?	
+	Parents and Other Caretaker Relatives	Voluntary	X
+	Transitional Medical Assistance	Voluntary	X
+	Pregnant Women	Voluntary	X
+	Deemed Newborns	Mandatory	X
+	Infants and Children under Age 19	Mandatory	X
+	Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	Voluntary	X
+	SSI Beneficiaries	Voluntary	X
+	Individuals Receiving Mandatory State Supplements	Voluntary	X
+	Individuals Who Are Essential Spouses	Mandatory	X
+	Institutionalized Individuals Continuously Eligible Since 1973	Voluntary	X
+	Blind or Disabled Individuals Eligible in 1973	Voluntary	X
+	Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972	Voluntary	X
+	Individuals Eligible for SSI/SSP but for OASDI COLA increases since April, 1977	Voluntary	X
+	Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security	Voluntary	X
+	Working Disabled under 1619(b)	Voluntary	X
+	Disabled Adult Children	Voluntary	X
+	Reasonable Classifications of Individuals under Age 21	Voluntary	X
+	Children with Non-IV-E Adoption Assistance	Voluntary	X



# Alternative Benefit Plan

Attachment 3.1-L

	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	Optional Targeted Low Income Children	Mandatory	X
+	Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash	Voluntary	X
+	Individuals Eligible for Cash except for Institutionalization	Voluntary	X
+	Individuals Receiving Home and Community Based Services under Institutional Rules	Voluntary	X
+	Optional State Supplement - 1634 States and SSI Criteria States with 1616 Agreements	Voluntary	X
+	Institutionalized Individuals Eligible under a Special Income Level	Voluntary	X
+	Individuals Receiving Hospice Care	Voluntary	X
+	Poverty Level Aged or Disabled	Voluntary	X
+	Medically Needy Pregnant Women	Voluntary	X
+	Medically Needy Children under Age 18	Voluntary	X
+	Medically Needy Aged, Blind or Disabled	Voluntary	X
+	Former Foster Care Children	Voluntary	X

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

**Geographic Area**

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

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

Should the State Plan and ABP not be aligned in the future, the State will counsel exempt individuals on the option to select the State Plan.

PRA Disclosure Statement

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

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# Alternative Benefit Plan

Attachment 3.1-L

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

## Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under section 1902(a)(10)(A)(i)(VIII) of the Act ABP2b

These assurances must be made by the state/territory if the ABP Population includes any eligibility groups other than or in addition to the Adult eligibility group.

When offering voluntary enrollment in an Alternative Benefit Plan (Benchmark or Benchmark-Equivalent), prior to enrollment:

- The state/territory must inform the individual they are exempt and the state/territory must comply with all requirements related to voluntary enrollment.
- The state/territory assures it will effectively inform individuals who voluntary enroll of the following:
  - a) Enrollment is voluntary;
  - b) The individual may disenroll from the Alternative Benefit Plan at any time and regain immediate access to full standard state/territory plan coverage;
  - c) What the process is for disenrolling.
- The state/territory assures it will inform the individual of:
  - a) The benefits available under the Alternative Benefit Plan; and
  - b) The costs of the different benefit packages and a comparison of how the Alternative Benefit Plan differs from the approved Medicaid state/territory plan.

How will the state/territory inform individuals about voluntary enrollment? (Check all that apply.)

- Letter
- Email
- Other:

Describe:

All Medicaid beneficiaries, regardless of eligibility group, will be notified in writing within 30 days of enrollment that all Kentucky Medicaid beneficiaries receive the same benefit package, whether in the ABP or State Plan, along with a brief description of that benefit package. This notification will advise beneficiaries to contact the Department for Medicaid Services (DMS) and/or their selected Managed Care Organization (MCO) if they have questions about their benefit package or specific services. A toll free telephone number will be provided in the notification. If a member requests to be moved back into the regular state plan, members will be able to do so.

Provide a copy of the letter, email text or other communication text that will be used to inform individuals about voluntary enrollment.

**An attachment is submitted.**

When did/will the state/territory inform the individuals?

Within 30 days of enrollment



# Alternative Benefit Plan

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13P

Please describe the state/territory's process for allowing voluntarily enrolled individuals to disenroll.

Upon notification to DMS or the MCO

The state/territory assures it will document in the exempt individual's eligibility file that the individual:

- a) Was informed in accordance with this section prior to enrollment;
- b) Was given ample time to arrive at an informed choice; and
- c) Voluntarily and affirmatively chose to enroll in the Alternative Benefit Plan.

Where will the information be documented? (Check all that apply.)

- In the eligibility system.
- In the hard copy of the case record.
- Other:

Describe:

The ABP is fully aligned with Kentucky's State Plan benefit package. Since the notification described above will be a universal notification to all Medicaid beneficiaries upon enrollment, documentation will be centralized.

What documentation will be maintained in the eligibility file? (Check all that apply.)

- Copy of correspondence sent to the individual.
- Signed documentation from the individual consenting to enrollment in the Alternative Benefit Plan.
- Other:

Describe:

The universal notification along with a description of the procedure specifying how it is to be provided to all beneficiaries.

The state/territory assures that it will maintain data that tracks the total number of individuals who have voluntarily enrolled in an Alternative Benefit Plan and the total number who have disenrolled.

Other Information Related to Enrollment Assurance for Voluntary Participants (optional):

As indicated KY has aligned its ABP with its State Plan. In ABP1, KY stated "Should the State Plan and ABP not be aligned in the future, the State will counsel exempt individuals on the option to select the State Plan."

### PRA Disclosure Statement

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# Alternative Benefit Plan

Attachment 3.1-L

V.20130807



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L -

## Enrollment Assurances - Mandatory Participants

ABP2c

These assurances must be made by the state/territory if enrollment is mandatory for any of the target populations or sub-populations.

When mandatorily enrolling eligibility groups in an Alternative Benefit Plan (Benchmark or Benchmark-Equivalent Plan) that could have exempt individuals, prior to enrollment:

- The state/territory assures it will appropriately identify any individuals in the eligibility groups that are exempt from mandatory enrollment in an Alternative Benefit Plan or individuals who meet the exemption criteria and are given a choice of Alternative Benefit Plan coverage defined using section 1937 requirements or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan, not subject to section 1937 requirements.

How will the state/territory identify these individuals? (Check all that apply)

- Review of eligibility criteria (e.g., age, disorder/diagnosis/condition)

Describe:

Kentucky's eligibility system identifies these individuals based on eligibility criteria.

- Self-identification

- Other

- The state/territory must inform the individual they are exempt or meet the exemption criteria and the state/territory must comply with all requirements related to voluntary enrollment or, for beneficiaries in the "Individuals at or below 133% FPL Age 19 through 64" eligibility group, optional enrollment in Alternative Benefit Plan coverage defined using section 1937 requirements or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan.
- The state/territory assures that for individuals who have become exempt from enrollment in an Alternative Benefit Plan, the state/territory must inform the individual they are now exempt and the state/territory must comply with all requirements related to voluntary enrollment or, for beneficiaries in the "Individuals at or below 133% FPL Age 19 through 64" eligibility group, optional enrollment in Alternative Benefit Plan coverage defined using section 1937 requirements, or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan.

How will the state/territory identify if an individual becomes exempt? (Check all that apply)

- Review of claims data
- Self-identification
- Review at the time of eligibility redetermination
- Provider identification
- Change in eligibility group
- Other

How frequently will the state/territory review the Alternative Benefit Plan population to determine if individuals are exempt from mandatory enrollment or meet the exemption criteria?



# Alternative Benefit Plan

Attachment 3.1-L

- Monthly
- Quarterly
- Annually
- Ad hoc basis
- Other

The state/territory assures that it will promptly process all requests made by exempt individuals for disenrollment from the Alternative Benefit Plan and has in place a process that ensures exempt individuals have access to all standard state/territory plan services or, for beneficiaries in the "Individuals at or below 133% FPL Age 19 through 64" eligibility group, optional enrollment in Alternative Benefit Plan coverage defined using section 1937 requirements, or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan.

Describe the process for processing requests made by exempt individuals to be disenrolled from the Alternative Benefit Plan:

The ABP and State Plan benefits are exactly equivalent, therefore, exemption processes are not applicable.

Should the State Plan and ABP not be aligned in the future, the State will counsel exempt individuals on the option to select the State Plan. The State will verify the request for exemption using the same process used for normal eligibility determination and redetermination.

Other Information Related to Enrollment Assurance for Mandatory Participants (optional):

All Medicaid beneficiaries, regardless of eligibility group, will be notified in writing within 30 days of enrollment that all Kentucky Medicaid beneficiaries receive the same benefit package, whether in the ABP or State Plan, along with a brief description of that benefit package. This notification will advise beneficiaries to contact the Department for Medicaid Services (DMS) and/or their selected Managed Care Organization (MCO) if they have questions about their benefit package or specific services. A toll free telephone number will be provided in the notification. If a member requests to be moved back into the regular state plan, members will be able to do so.

Should the State Plan and ABP not be aligned in the future, the State will counsel exempt individuals on the option to select the State Plan.

### PRA Disclosure Statement

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

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# Alternative Benefit Plan

Attachment 3.1-L

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

## **Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package** **ABP3**

Select one of the following:

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

Name of benefit package:

### **Selection of the Section 1937 Coverage Option**

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

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

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

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

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

### **Selection of Base Benchmark Plan**



# Alternative Benefit Plan

Attachment 3.1-L

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):

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

### PRA Disclosure Statement

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

V.20130801



# Alternative Benefit Plan

Attachment 3.1-L

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

## Alternative Benefit Plan Cost-Sharing

ABP4

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

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

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

No

Other Information Related to Cost Sharing Requirements (optional):

### PRA Disclosure Statement

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

V.20130807



# Alternative Benefit Plan

Attachment 3.1-L

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<b>Benefits Description</b>	<b>ABP5</b>
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The state/territory proposes a "Benchmark-Equivalent" benefit package.  No

The state/territory is proposing "Secretary-Approved Coverage" as its section 1937 coverage option.  Yes

**Secretary-Approved Benchmark Package: Benefit by Benefit Comparison Table**

The state/territory must provide a benefit by benefit comparison of the benefits in its proposed Secretary-Approved Alternative Benefit Plan with the benefits provided by one of the section 1937 Benchmark Benefit Packages or the standard full Medicaid state plan under Title XIX of the Act. Submit a document indicating which of these benefit packages will be used to make the comparison and include a chart comparing each benefit in the proposed Secretary-Approved benefit package with the same or similar benefit in the comparison benefit package, including any limitations on amount, duration and scope pertaining to the benefits in each benefit package.

**An attachment is submitted.**

**Benefits Included in Alternative Benefit Plan**

Enter the specific name of the base benchmark plan selected:

Anthem PPO

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

Secretary-Approved



# Alternative Benefit Plan

Attachment 3.1-L

Essential Health Benefit 1: Ambulatory patient services

Collapse All

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:

This represents Physician services.

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 is required for some services. See State Plan for complete listing

Benefit Provided:

Clinic 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

Attachment 3.1-L

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		<input type="text"/>	<input type="button" value="Remove"/>
Benefit Provided:	Source:	<input type="text"/>	<input type="button" value="Remove"/>
<input type="text" value="Certified Pediatric or Family Nurse Practitioner"/>	<input type="text" value="State Plan 1905(a)"/>		
Authorization:	Provider Qualifications:	<input type="text"/>	
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>		
Amount Limit:	Duration Limit:	<input type="text"/>	
<input type="text" value="None"/>	<input type="text" value="None"/>		
Scope Limit:	<input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
<input type="text" value="Full State Plan Service Title: Certified pediatric or family Nurse Practitioner services"/>			
Benefit Provided:	Source:	<input type="text"/>	<input type="button" value="Remove"/>
<input type="text" value="Hospice Care"/>	<input type="text" value="State Plan 1905(a)"/>		
Authorization:	Provider Qualifications:	<input type="text"/>	
<input type="text" value="Prior Authorization"/>	<input type="text" value="Medicaid State Plan"/>		
Amount Limit:	Duration Limit:	<input type="text"/>	
<input type="text" value="None"/>	<input type="text" value="None"/>		
Scope Limit:	<input type="text" value="Dually eligible (Medicare and Medicaid) recipients must participate in the Medicare and Medicaid hospice programs simultaneously in order to receive Medicaid hospice services"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
<input type="text"/>			
Benefit Provided:	Source:	<input type="text"/>	
<input type="text" value="Private duty nursing"/>	<input type="text" value="State Plan 1905(a)"/>		
Authorization:	Provider Qualifications:	<input type="text"/>	
<input type="text" value="Prior Authorization"/>	<input type="text" value="Medicaid State Plan"/>		
Amount Limit:	Duration Limit:	<input type="text"/>	
<input type="text" value="2000 hours / year"/>	<input type="text" value="None"/>		



# Alternative Benefit Plan

Attachment 3.1-L

Scope Limit: <input type="text" value="Services in an inpatient setting excluded"/>		<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"/>		
Benefit Provided: <input type="text" value="Medical care &amp; any other type of remedial:podiatry"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	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="Limited to non-routine foot care; routine foot care excluded"/>		
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="Full State Plan Service Title: Medical care and any other type of remedial care provided by licensed practitioners: Podiatry"/> <input type="text" value="KY State Plan Title: Medical care and any other type of remedial care"/> <input type="text" value="Podiatry exclusions include: treatment of flatfoot; treatments undertaken for the sole purpose of correcting a subluxated structure as an isolated entity within the foot; routine footcare, except when the patient has a systemic disease of sufficient severity that unskilled performance of such procedures would be hazardous; specified methods of plethysmography. Orthopedic shoes and other supportive devices for the feet are not covered under this program element. Additional detailed explanations of these exclusions are included in the State Plan."/> <input type="text" value="This represents podiatry services"/>		
Benefit Provided: <input type="text" value="Medical care &amp; any other type of remedial: Other"/>	Source: <input type="text" value="State Plan 1905(a)"/>	
Authorization: <input type="text" value="None"/>	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"/>		



# Alternative Benefit Plan

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Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		<input type="button" value="Remove"/>
Full State Plan Service Title: Medical care and any other type of remedial care provided by licensed practitioners: Other practitioner's services		
KY State Plan Title: Medical care and any other type of remedial care		
This represents services provided by other practitioners listed in the State Plan		
<b>Benefit Provided:</b>	<b>Source:</b>	<input type="button" value="Remove"/>
Family Planning Services and Supplies for Individu	State Plan 1905(a)	
<b>Authorization:</b>	<b>Provider Qualifications:</b>	
None	Medicaid State Plan	
<b>Amount Limit:</b>	<b>Duration Limit:</b>	
None	None	
<b>Scope Limit:</b>		
Limited to individuals of child-bearing age		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Full State Plan Service Title: Family Planning Services and Supplies for Individuals of Child-bearing Age		
		<input type="button" value="Add"/>



# Alternative Benefit Plan

Attachment 3.1-L

<input checked="" type="checkbox"/> Essential Health Benefit 2: Emergency services		Collapse All <input type="checkbox"/>
<b>Benefit Provided:</b> Outpatient Hospital: Emergency department	<b>Source:</b> State Plan 1905(a)	<b>Remove</b>
<b>Authorization:</b> None	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> 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"/>		
<b>Benefit Provided:</b> Any other medical care: emergency transportation	<b>Source:</b> State Plan 1905(a)	<b>Remove</b>
<b>Authorization:</b> None	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Full State Plan Service Title: Any other medical care and any other type of remedial care recognized under the state law, specified by the Secretary This represents emergency transportation/ambulance		
		<b>Add</b>



# Alternative Benefit Plan

Attachment 3.1-L

Essential Health Benefit 3: Hospitalization

Collapse All

Benefit Provided:

Inpatient 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:

Authorization is done through prior, concurrent, and retroactive authorization, depending on the type of hospital and service.

Benefit Provided:

Physician: Inpatient 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 represents Inpatient Physician Services

Add



# Alternative Benefit Plan

Attachment 3.1-L

Essential Health Benefit 4: Maternity and newborn care Collapse All

Benefit Provided:

Other diagnostic, screening, preventive, and rehab

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:

Full State Plan Service Title: Other diagnostic, screening, preventive, and rehabilitation services

This benefit incorporates prenatal and postnatal care.

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:

Inpatient Hospital Services: Maternity

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



# Alternative Benefit Plan

Attachment 3.1-L

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

Benefit Provided:

Inpatient Hospital Services: IP Mental Health

Source:

State Plan 1905(a)

**Remove**

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

IP Mental Health in an IMD is not available to individuals between the ages of 21 to 64.

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

This represents Inpatient Mental Health services.  
These facilities are not IMDs.

Benefit Provided:

Rehabilitative services: OP Mental Health

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:

Full State Plan Service Title: Other diagnostic, screening, preventive, and rehabilitative services, i.e. other than those provided elsewhere in this plan  
This represents Outpatient Mental Health services.

Benefit Provided:

Inpatient Hospital Services: IP Substance Use

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



# Alternative Benefit Plan

Attachment 3.1-L

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="This represents IP Substance Use Disorder Services&lt;br/&gt;These facilities are not IMDs"/>		
Benefit Provided:	Source:	
<input type="text" value="Rehabilitative services: OP Substance Use"/>	<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<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="Full State Plan Service Title: Other diagnostic, screening, preventive, and rehabilitative services, i.e. other than those provided elsewhere in this plan&lt;br/&gt;This represents OP Substance Use Disorder Services"/>		
		<input type="button" value="Add"/>



# Alternative Benefit Plan

Attachment 3.1-L

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



# Alternative Benefit Plan

Attachment 3.1-L

Essential Health Benefit 7: Rehabilitative and habilitative services and devices Collapse All

Benefit Provided:

Physical therapy & related svcs: PT

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

20 visits per calendar year

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 Plan Service Title: Physical therapy and related services

20 visits per year for physical therapy; benefit limits are aggregated between habilitation and rehabilitation services.

Benefit Provided:

Home Health: Medical supplies, equipment, and appl

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Specific restrictions and exclusions are found in the fee schedule

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

Full State Plan Service Title: Home Health: Medical supplies, equipment, and appliances suitable for use in the home

KY State Plan Title: Home Health: Medical supplies suitable for use in the home

Prior authorization is required for items of equipment or repairs greater than \$500 and certain other specified items.

Benefit Provided:

Prosthetics

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Attachment 3.1-L

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 is required for items of equipment or repairs greater than \$500 and certain other specified items.		
Benefit Provided: Nursing Facility Services (21 and older)	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Meets level of care		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: This is a nursing facility for rehabilitative purposes. The base benchmark limits the number of days in a nursing facility to 90 day.		
Benefit Provided: Medical and other types of remedial care: chiropra	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: 26 visits per calendar year	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 represents chiropractic services		
Benefit Provided: Nursing Facility Services (for individuals age 65	Source: State Plan 1905(a)	



# Alternative Benefit Plan

Attachment 3.1-L

Authorization: Prior Authorization	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: Full State Plant Service Title: Nursing Facility Services (for individuals age 65 or older in an IMD)		
Benefit Provided: Physical therapy & related svcs: OT	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: 20 visits per calendar year	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 Plan Service Title: Physical therapy and related services  20 visits per year for occupational therapy; benefit limits are aggregated between habilitation and rehabilitation services.		
Benefit Provided: Physical therapy & related svcs: ST	Source: State Plan 1905(a)	
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: 20 visits per calendar year	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 Plan Service Title: Physical therapy and related services		



# Alternative Benefit Plan

Attachment 3.1-L

20 visits per year for speech therapy; benefit limits are aggregated between habilitation and rehabilitation services.		Remove
<b>Benefit Provided:</b> Home health services; nursing, aide, and therapy	<b>Source:</b> State Plan 1905(a)	Remove
<b>Authorization:</b> Prior Authorization	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> PT/OT/ST: 20 visits each per calendar year	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> This represents the home health visit, including PT/OT/SLT (if applicable) 20 visits each per calendar year for physical, occupational, and speech therapy; benefit home health services		
		Add



# Alternative Benefit Plan

Attachment 3.1-L

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



# Alternative Benefit Plan

Attachment 3.1-L

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:

Preventive Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Supplements existing benefits with any additions to comply with USPSTF, ACIP, IOM, and Bright Futures.

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

Full State Plan Service Title: Other diagnostic, screening, preventive, and rehabilitative services, i.e. other than those provided elsewhere in this plan

This benefit includes preventive services

Benefit Provided:

Physician services: allergy

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

Attachment 3.1-L

<input checked="" type="checkbox"/> Essential Health Benefit 10: Pediatric services including oral and vision care		Collapse All <input type="checkbox"/>
<b>Benefit Provided:</b> Medicaid State Plan EPSDT Benefits	<b>Source:</b> State Plan 1905(a)	<input type="button" value="Remove"/>
<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> State Plan Service Title: EPSDT Prior Auth required for orthodontia		
<b>Benefit Provided:</b> Medicaid State Plan EPSDT Benefits	<b>Source:</b> State Plan 1905(a)	<input type="button" value="Remove"/>
<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> Limited to children under 21 years of age		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> Full State Plan Service Title: Inpatient psychiatric facility services for individuals under 21 years of age These services are not in an IMD		
		<input type="button" value="Add"/>



# Alternative Benefit Plan

Attachment 3.1-L

Other Covered Benefits from Base Benchmark

Collapse All



# Alternative Benefit Plan

Attachment 3.1-L

<input checked="" type="checkbox"/> Base Benchmark Benefits Not Covered due to Substitution or Duplication		Collapse All <input type="checkbox"/>
Base Benchmark Benefit that was Substituted: <input type="text" value="Primary Care Visit"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with Physician Services, under the EHB Ambulatory Patient Services."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Specialist Visit"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with Physician Services, under the EHB Ambulatory Patient Services."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient facility fee"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with Clinic Services and Outpatient Hospital Services, under the EHB Ambulatory Patient Services."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Hospice"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with Hospice care, under the EHB Ambulatory services"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Home health care services"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with Home Health Services, under the EHBs Ambulatory Patient Services &amp; Rehabilitative and habilitative services and devices"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="ER Services"/>	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="Duplication: This benefit was replaced with Outpatient Hospital Services, as well as Outpatient Hospital:"/>		



# Alternative Benefit Plan

## Attachment 3.1-L

Emergency department, under the EHB Emergency Services. Emergency hospital services are covered as outpatient hospital services in Medicaid.		<input type="button" value="Remove"/>
Base Benchmark Benefit that was Substituted: <input type="text" value="Emergency Transportation / Ambulance"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with Any other medical care and any other type of remedial care recognized under state law, specified by the Secretary, under the EHB Emergency Services ."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient Hospital Services"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with Inpatient Hospital Services, under the EHB Hospitalization."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient physician and surgical services"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with Physician Services, under the EHB Hospitalization."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Skilled nursing facility"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with Nursing Facility Services (for individuals age 65 or older in an IMD) &amp; Nursing Facility Services (21 and older) , under the EHBs Rehabilitative and Habilitative Services and Devices"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Prenatal and postnatal care"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with Other diagnostic, screening, preventive, and rehabilitation services, under the EHB Maternity and Newborn Care."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Delivery and all inpatient services for maternity"/>	Source: Base Benchmark	



# Alternative Benefit Plan

Attachment 3.1-L

<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: This benefit was replaced with Inpatient hospital services: Maternity, under the EHB Maternity and Newborn Care.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Mental/behavioral health outpatient 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: This benefit was replaced with Other diagnostic, screening, preventive, and rehabilitation services &amp; EPSDT, under the EHB Mental Health and Substance Use Disorder Services, including Behavioral Health</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Mental/behavioral health inpatient 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: This benefit was replaced with Inpatient Hospital Services: IP Substance Use, and Inpatient psychiatric facility services for individuals under 21 years of age, under the EHB Mental Health and Substance Use Disorder Services, including Behavioral Health, and the EPSDT EHB, respectively</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Substance Abuse Disorder Outpatient 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: This benefit was replaced with Other diagnostic, screening, preventive, and rehabilitation services &amp; Extended services to pregnant women, under the EHB Mental Health and Substance Use Disorder Services, including Behavioral Health</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Substance Abuse Disorder Inpatient 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: This benefit was replaced with Inpatient Hospital Services, under the EHB Mental Health and Substance Use Disorder Services, including Behavioral Health</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Generic Drugs"/></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: This benefit was replaced with Prescription drugs, Dentures, Prosthetic Devices, and Eyeglasses under the EHB Prescription Drugs</p>	<p>Remove</p>



# Alternative Benefit Plan

Attachment 3.1-L

Base Benchmark Benefit that was Substituted: <input type="text" value="Preferred Brand Drugs"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with Prescribed drugs, Dentures, Prosthetic devices, and eyeglasses, under the EHB Prescription Drugs"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Non-Preferred Brand Drugs"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with Prescribed drugs, Dentures, Prosthetic devices, and eyeglasses, under the EHB Prescription Drugs"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Specialty Drugs"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with Prescribed drugs, Dentures, Prosthetic devices, and eyeglasses, under the EHB Prescription Drugs"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient Rehabilitation Services"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with Physical Therapy and related Services, under the EHB Rehabilitative and Habilitative Services and Devices"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Habilitation Services"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with Physical Therapy and related Services, under the EHB Rehabilitative and Habilitative Services and Devices"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Chiropractic Care"/>	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="Duplication: This benefit was replaced with Medical care and any other type of remedial care, under the Rehabilitative and Habilitative Services and Devices. This benefit is limited to 12 visits per year in the base"/>		



# Alternative Benefit Plan

Attachment 3.1-L

<input type="text" value="benchmark plan."/>		<input type="button" value="Remove"/>
Base Benchmark Benefit that was Substituted: <input type="text" value="Durable Medical Equipment"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with Family Planning Services and Supplies for Individuals of Child-bearing Age under the EHB for Ambulatory Services, and Home Health: Medical supplies, equipment, and appliances suitable for use in the home, as well as Prosthetics, under the EHB Rehabilitative and Habilitative Services and Devices."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Hearing Aides"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with EPSDT &amp; Home Health: Medical supplies, equipment, and appliances suitable for use in the home, under the EHB Rehabilitative and Habilitative Services and Devices."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Diagnostic Tests (x-rays and lab work)"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with Other Laboratory and X-Ray Services, under the EHB Laboratory Services."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Imaging (CT/PET/MRI)"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with Other Laboratory and X-Ray Services, under the EHB Laboratory Services."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Preventive care / screening / immunization"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with Other diagnostic, screening, preventive, and rehabilitation services, under the EHB Preventive and wellness Services and Chronic Disease Management."/>		



# Alternative Benefit Plan

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Base Benchmark Benefit that was Substituted: <input type="text" value="Routine Eye Exam for Children"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with EPSDT, under the EHB Pediatric services, including oral and vision care"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Eye glasses for children"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with EPSDT &amp; Prescribed drugs, dentures, prosthetic devices, and eyeglasses, under EHB Pediatric services, including oral and vision care"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Dental check-up for children"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with EPSDT, under the EHB Pediatric services, including oral and vision care"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Allergy treatment"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: This benefit was replaced with Physician Services, under the EHB Preventive and wellness services and chronic disease management"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Injectable drugs and other drugs administered in a"/>	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="(Full benchmark benefit: Injectable drugs and other drugs administer in a providers' office or other OP setting)"/> <input type="text" value="Duplication: This benefit was replaced with Physician Services, under the EHB Ambulatory Services"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Medical supplies, equipment, and education for dia"/>	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="(Full benchmark benefit: Medical supplies, equipment, and education for diabetes care for all diabetics)"/> <input type="text" value="Duplication: This benefit was replaced with Prescription drugs, under the EHB Prescription drugs and"/>		



# Alternative Benefit Plan

Attachment 3.1-L

<p>Physician Services under EHB Ambulatory Services. The medical supplies and equipment for diabetes care maps to the Prescription Drugs, while the education for diabetics maps to Physician Services under Ambulatory.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Dental services for accidental injury and other re</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: (Full benchmark benefit: Dental services for accidental injury and other related medical services) Duplication: This benefit was replaced with Outpatient hospital services, under the EHB Ambulatory patient services</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Human organ and tissue transplant transplant servi</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: This benefit was replaced with Inpatient hospital services and Physician Services, under the EHB Hospitalization</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Human organ and tissue transplant services - trans</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: This benefit was replaced with Inpatient hospital services and Physician Services, under the EHB Hospitalization</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Human organ and tissue transplant services - unrel</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: (Full benchmark benefit: Human organ and tissue transplant services - unrelated donor search) Duplication: This benefit was replaced with Inpatient Hospital Services</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Autism Services for children</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: This benefit was replaced with EPSDT, under the EHB Pediatric services, including oral and vision care</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Radiation therapy</p> <p>Source: Base Benchmark</p>	



# Alternative Benefit Plan

Attachment 3.1-L

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="button" value="Remove"/>
<input type="text" value="Duplication: This benefit was replaced with Outpatient hospital services, under the EHB Ambulatory patient services"/>		
Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Chemotherapy"/>	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="button" value="Remove"/>
<input type="text" value="Duplication: This benefit was replaced with Outpatient hospital services, under the EHB Ambulatory patient services"/>		
Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Infusion Therapy"/>	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="button" value="Remove"/>
<input type="text" value="Duplication: This benefit was replaced with Outpatient hospital services, under the EHB Ambulatory patient services"/>		
Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Renal dialysis/hemodialysis"/>	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="button" value="Remove"/>
<input type="text" value="Duplication: This benefit was replaced with Outpatient hospital services, under the EHB Ambulatory patient services"/>		
Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Vision correction after surgery or accident"/>	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="button" value="Remove"/>
<input type="text" value="This benefit was replaced with Duplication: This benefit was replaced with Physician Services, under the EHB Ambulatory patient services"/>		
Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Other practitioner office visit"/>	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="button" value="Remove"/>
<input type="text" value="Duplication: This benefit was replaced with Certified pediatric or family Nurse Practitioner services, under the EHB Ambulatory services"/>		
Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Private duty nursing"/>	Base Benchmark	



# Alternative Benefit Plan

## Attachment 3.1-L

<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: This benefit was replaced with Private Duty Nursing, under the EHB Ambulatory Care</p> <p>The base benchmark has a 2,000 hour limit.</p>	<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Urgent Care Centers"/></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: This benefit was replaced by Clinic Services, under the EHB Ambulatory patient services</p>	<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient surgery physician / surgical"/></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: This benefit was replaced by Physician Services, under the EHB Ambulatory patient services and Physician Services: Maternity under the Maternity and newborn care EHB.</p>	<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Podiatry 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: This benefit was replaced with Medical care and any other type of remedial care provided by licensed practitioners: Podiatry, under the EHB Ambulatory Patient Services</p>	<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Other practitioner's 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: This benefit was replaced with Medical care and any other type of remedial care provided by licensed practitioners: Other practitioner's services, under the EHB Ambulatory Patient Services</p>	<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Certified Nurse Midwife"/></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: This benefit was replaced with Nurse-midwife Services, under the EHB Maternity and Newborn Care</p>	<input type="button" value="Remove"/>



# Alternative Benefit Plan

Attachment 3.1-L

Base Benchmark Benefit that was Substituted:	Source:	
<input type="text" value="Prescription Drug Benefits"/>	Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: This benefit was replaced with Prescribed drugs, Dentures, Prosthetic devices, and eyeglasses, under the EHB Prescription Drugs under the EHB Prescription drugs and Family Planning Services and Supplies under the EHB Ambulatory services."/>		
		<input type="button" value="Add"/>



# Alternative Benefit Plan

Attachment 3.1-L

<input checked="" type="checkbox"/> 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="Non-emergency care when traveling outside the US"/>		
Explain why the state/territory chose not to include this benefit:		
<input type="text" value="This is not permissible under federal Medicaid rules."/>		
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	<input type="button" value="Remove"/>
<input type="text" value="Routine eye exam"/>		
Explain why the state/territory chose not to include this benefit:		
<input type="text" value="This benefit is not a an EHB for adults."/>		
		<input type="button" value="Add"/>



# Alternative Benefit Plan

Attachment 3.1-L

<input checked="" type="checkbox"/> Other 1937 Covered Benefits that are not Essential Health Benefits		Collapse All <input type="checkbox"/>
<b>Other 1937 Benefit Provided:</b> Services in an ICF-IID	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<b>Remove</b>
<b>Authorization:</b> Prior Authorization	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> Medicaid individuals who meet ICF-IDD patient status criteria		
<b>Other:</b> 		
<b>Other 1937 Benefit Provided:</b> Dental Services	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<b>Remove</b>
<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> 1 cleaning and 1 x-ray per year	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> Dental services for adults 21 years of age or older		
<b>Other:</b> No authorization required		
<b>Other 1937 Benefit Provided:</b> Routine eye exam	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	
<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other:</b> No authorization required		



# Alternative Benefit Plan

Attachment 3.1-L

<input type="text"/>		<input type="button" value="Remove"/>
<b>Other 1937 Benefit Provided:</b> <input type="text" value="Case management services"/>	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
<b>Authorization:</b> <input type="text" value="Other"/>	<b>Provider Qualifications:</b> <input type="text" value="Medicaid State Plan"/>	
<b>Amount Limit:</b> <input type="text" value="None"/>	<b>Duration Limit:</b> <input type="text" value="None"/>	
<b>Scope Limit:</b> <input type="text" value="Some case management services are limited to specific groups of individuals. Please see State Plan for complete listing."/>		
<b>Other:</b> <input type="text" value="Some case management services are limited to specific groups of individuals. Populations included:&lt;br/&gt;&lt;ul&gt;&lt;li&gt;• Children meeting the eligibility criteria of the Commission for Handicapped Children (CHC) and persons of all ages with hemophilia meeting the CHC eligibility criteria.&lt;/li&gt;&lt;li&gt;• Children in the custody of or at risk of being in the custody of the State; children under the supervision of the state; and adults in need of protective services.&lt;/li&gt;&lt;li&gt;• Children birth to three participating in the Kentucky Early Intervention Program.&lt;/li&gt;&lt;li&gt;• Pregnant women who are under age 20 and first time parents; and pregnant women age 20 or older who are first time parents and screen as high risk for the Health Access Nurturing Development Services (HANDS) program.&lt;/li&gt;&lt;li&gt;• Pregnant women, including post partum women for the 60 days after the pregnancy ends, who are receiving substance use services.&lt;/li&gt;&lt;li&gt;• Individuals with a moderate or severe substance use disorder diagnosis, or co-occurring substance use and mental health disorders; with need for assistance in accessing community or recovery supports or with multi-agency involvement.&lt;/li&gt;&lt;li&gt;• Individuals with a severe emotional disability or a serious mental illness; who are at risk of out-of-home placement or institutional care.&lt;/li&gt;&lt;li&gt;• Individuals with at least two of the following types of co-occurring disorders, which interact to complicate treatment: (1) mental health, (2) substance use, and (3) chronic or complex physical health conditions.&lt;/li&gt;&lt;/ul&gt;"/>		
<b>Other 1937 Benefit Provided:</b> <input type="text" value="Face-to-face Tobacco Cessation for Pregnant Women"/>	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	
<b>Authorization:</b> <input type="text" value="Other"/>	<b>Provider Qualifications:</b> <input type="text" value="Medicaid State Plan"/>	
<b>Amount Limit:</b> <input type="text" value="4 face-to-face sessions per quit attempt"/>	<b>Duration Limit:</b> <input type="text" value="None"/>	
<b>Scope Limit:</b> <input type="text" value="None"/>		



# Alternative Benefit Plan

Attachment 3.1-L

Other: Full amount limit: 4 face-to-face sessions per quit attempt with a minimum of 2 quit attempts No authorization required		Remove
Other 1937 Benefit Provided: Nursing Facility Services for Long Term 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: Meets level of care		
Other:  		
Other 1937 Benefit Provided: Ambulatory prenatal care for pregnant women furni	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: Full State Plan Service Title: Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period No prior authorization is required.		
		Add



# Alternative Benefit Plan

Attachment 3.1-L

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

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V 20130808



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L

## Benefits Assurances

ABP7

### EPSDT Assurances

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

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

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

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

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

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

Per 42 CFR 440.345, please describe how the additional benefits will be provided, how access to additional benefits will be coordinated and how beneficiaries and providers will be informed of these processes in order to ensure individuals have access to the full EPSDT benefit.

Indicate whether additional EPSDT benefits will be provided through fee-for-service or contracts with a provider:

- State/territory provides additional EPSDT benefits through fee-for-service.
- State/territory contracts with a provider for additional EPSDT services.

Please specify payment method (select one):

- Risk-based capitation
- Administrative services contract
- Other

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

EPSDT benefits will be administered through the prior authorization process.

MCOs have been informed that they should not deny services for children because a benefit is not covered, but may deny a service if it is not medically necessary. KY regularly monitors complaints and claim denials to verify MCO compliance.

KY provides educational materials to members about EPSDT benefits

### 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.



# Alternative Benefit Plan

Attachment 3.1-L

- The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.
- The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.
- The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.

## Other Benefit Assurances

- The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.
- The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.
- The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.
- The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
- The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
- The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
- The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
- The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

## PRA Disclosure Statement

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# Alternative Benefit Plan

Attachment 3.1-L

V.20130807

TN No: 13-021  
Kentucky

Approval Date: 12/20/13  
ABP7-3

Effective Date: 01/01/14



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L

## Service Delivery Systems

ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

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

Fee-for-service.

Other service delivery system.

## Managed Care Options

### Managed Care Assurance

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

### Managed Care Implementation

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

As authorized in the existing 1915(b) waiver KY-07.

### MCO: Managed Care Organization

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

Yes

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

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

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



# Alternative Benefit Plan

Attachment 3.1-L

Describe program below:

KY-07 allows for mandatory enrollment for Medicaid beneficiaries into managed care. Beneficiaries have the choice of two to four managed care organizations depending on the region of state in which they reside.

**Additional Information: MCO (Optional)**

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

**PAHP: Prepaid Ambulatory Health Plan**

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

Yes

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

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

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

Sep 25, 2013

Describe program below:

Non-Emergency Transportation Services: KY-06 provides transportation under a capitated arrangement with regional transportation brokers for eligible Medicaid members requiring transportation to and from approved non-emergency medical services.

**Additional Information: PAHP (Optional)**

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

PRA Disclosure Statement

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V.20130718



# Alternative Benefit Plan

Attachment 3.1-L

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

## Employer Sponsored Insurance and Payment of Premiums

ABP9

The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.

Yes

Provide a description of employer sponsored insurance, including the population covered, the amount of premium assistance by population, employer sponsored insurance activities including required contribution, cost-effectiveness test requirements, and benefit information:

This program is called the Health Insurance Premium Payment (HIPP) is available to all Medicaid recipients. The program will pay the cost of the premium for any Medicaid recipient that is working and has access to employer sponsored insurance and still eligible for Medicaid provided said payments would be cost effective for Medicaid. All information is entered in our MMIS system to make determination of cost effectiveness. The system looks at their age, premium cost, and claims cost to determine cost effectiveness. The benefit information is not determinable for this SPA as it varies depending on the employer insurance and insurance company. However, any services not covered by the employer sponsored insurance Medicaid does provide wrap around coverage and would pay for additional services for the eligible Medicaid recipient.

The state/territory otherwise provides for payment of premiums.

No

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

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

### PRA Disclosure Statement

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# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L

## General Assurances

**ABP10**

### Economy and Efficiency of Plans

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

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

Yes

### Compliance with the Law

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

### PRA Disclosure Statement

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V 20130807

TN No: 13-021  
Kentucky

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ABP10-1

Effective Date: 01/01/14



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L

## Payment Methodology

**ABP11**

### Alternative Benefit Plans - Payment Methodologies

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

**An attachment is submitted.**

### PRA Disclosure Statement

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V 20130807