



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: DE - 20 - 0008

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



# Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:	Source:	Remove
Outpatient Hospital Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Prior authorization required for Sleep Studies/Polysomnography for evaluation of sleep-related disorders and for Oral and Facial Prosthetics surgery.		

Benefit Provided:	Source:	Remove
Family Planning Services & Supplies	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Delaware Medicaid does not pay for fertility-related services or items.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		

Benefit Provided:	Source:	Remove
Physicians' Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		



# Alternative Benefit Plan

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

Prior authorization required for bariatric and transplant surgeries.

Benefit Provided:

Medical & Surgical Services by a Dentist

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Other Licensed Practitioners-Podiatrists' Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

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

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

Benefit Provided:

Home Health-Intermittent and Part-time Nursing Svcs

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Prior authorization required for skilled nursing visits in excess of limitations (more than two per day, more than six units per day) and in certain settings.

Benefit Provided:

Hospice Care Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Preadmission screening required.

Benefit Provided:

Certified Pediatric or Family Nurse Practitioners

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Clinic Svs: Ambulatory Surgical Centers (FSSCs)

Source:

State Plan 1905(a)

Remove



# Alternative Benefit Plan

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:

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

Benefit Provided:

Other Licensed Practitioners - Chiropractors' Svs

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other Information"

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Non-emergency Medical Transportation

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Add



# Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:	Source:	Remove
Outpatient Hospital Services - ER	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		

Benefit Provided:	Source:	Remove
Other Medical Services - Emergency Transportation	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		

Benefit Provided:	Source:	Remove
Emergency Hospital Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		



# Alternative Benefit Plan

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

Free Standing Emergency Rooms (FSERs)

Add



# Alternative Benefit Plan

3. Essential Health Benefit: 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:

PA for organ transplants, reconstructive surgery, bariatric surgery, abortion services (limited to coverage when the pregnancy resulted from rape or incest, or in the case where a woman suffers from a physical disorder, injury or illness, including life-endangering physical condition caused by or arising from the pregnancy, as certified by a physician, that would place the woman in danger of death unless an abortion is performed), out-of-state Rehab hospitals and Specialty Hospitals.

Add





# Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:	Source:	Remove
Inpatient Hospital Services (Maternity)	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
The prior authorization requirements in Delaware's Medicaid state plan for Inpatient Hospital Services do not apply to maternity care.		

Benefit Provided:	Source:	Remove
Physicians' Services (Maternity)	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
The prior authorization requirements in Delaware's Medicaid state plan for Physicians' services do not apply to maternity care.		

Benefit Provided:	Source:	Remove
OLP: Licensed Midwife	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		



# Alternative Benefit Plan

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

Benefit Provided:

Nurse Midwife Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Free Standing Birthing Center Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Includes professionals in freestanding birthing centers.

Add



# Alternative Benefit Plan

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

Collapse All

The state/territory assures that it does not apply any financial requirement or treatment limitation to mental health or substance use disorder benefits in any classification that is more restrictive than the predominant financial requirement or treatment limitation of that type applied to substantially all medical/surgical benefits in the same classification.

<b>Benefit Provided:</b> Inpatient Hospital Services - MH/SUD	<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> This benefit does not include services in an IMD.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
<b>Benefit Provided:</b> Outpatient Hospital Services- MH/SUD	<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> Physicians' Services - MH/SUD	<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	



# Alternative Benefit Plan

Scope Limit:

None

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

Benefit Provided:

Clinic Services: Rehab Mental Health Clinics

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

OLP: Licensed Behavioral Health Practitioner

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See "Other Information"

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

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

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

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



# Alternative Benefit Plan

Benefit Provided:	Source:	Remove
Rehab Services - SU (O/P Addiction Services)	State Plan 1905(a)	
Authorization:	Provider Qualifications:	Add
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Excludes services of an educational or vocational nature.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		



# Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

- The state/territory assures that the ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescribed drugs.

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

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

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

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



# Alternative Benefit Plan

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

Collapse All

- The state/territory assures that it is not imposing limits on habilitative services and devices that are more stringent than limits on rehabilitative services (45 CFR 156.115(a)(5)(ii)). Further, the state/territory understands that separate coverage limits must also be established for rehabilitative and habilitative services and devices. Combined rehabilitative and habilitative limits are allowed, if these limits can be exceeded based on medical necessity.

Benefit Provided:	Source:	Remove
Home Health - Med Supplies, Equipment & Appliances	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		

Benefit Provided:	Source:	Remove
Home Health - PT/OT/ST/Audiology	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other" information	None	
Scope Limit:		
Rehabilitative only.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Prior authorization required in certain circumstances, such as when a medical condition exists that is not on the approved list. Prior authorization required for more than 4 units/day. Services are reimbursed in 15 minute units.		

Benefit Provided:	Source:	Remove
Prosthetic Devices	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	



# Alternative Benefit Plan

Scope Limit:

None

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

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

Benefit Provided:

PT and Related Services - Physical Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Physical therapy provided for habilitative and rehabilitative purposes.

Benefit Provided:

PT and Related Services - Occupational Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Occupational therapy provided for habilitative and rehabilitative purposes.

Benefit Provided:

PT and Related Services - Speech Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan





# Alternative Benefit 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:

Speech therapy provided for habilitative and rehabilitative purposes.

Benefit Provided:

Home Health Services - Home Health Aide Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other" information

Duration Limit:

None

Scope Limit:

None

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

Prior authorization is required for more than 8 units of home health aide services per day.

Add



# Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:

Other Laboratory and X-Ray Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Prior authorization required for PET scans.

Add



# Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:	Source:	Remove
Preventive Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
This includes a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adolescents recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).		
Benefit Provided:	Source:	Remove
Face-to-Face Tobacco Cessation Counseling Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Benefit Provided:	Source:	Remove
Lactation Counseling	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	



# Alternative Benefit Plan

Amount Limit:

See "Other" information

Duration Limit:

None

Scope Limit:

None

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

There is a limit of five counseling sessions per child, and each session can last up to ninety minutes. This limit may be exceeded based on medical necessity.

Add



# Alternative Benefit Plan

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

Collapse All

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Authorization may be required for services in excess of limits and for services not available to adults. EPSDT includes coverage at dental clinics for individuals under age 21 as indicated in the Delaware Medicaid state plan (10). EPSDT also includes coverage of behavioral health services to treat Autism Spectrum Disorder (ASD) for individuals under age 21 as indicated in the Delaware Medicaid state plan (13.c).

Add



# Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



# Alternative Benefit Plan

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

Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
Allergy Care	Base Benchmark	

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

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

Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
Anesthesia	Base Benchmark	

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

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

Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
Diagnostic and Treatment Services	Base Benchmark	

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

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

Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
Educational Classes and Programs	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:

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

Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
Family Planning	Base Benchmark	

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

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



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Foot Care

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Home Health Services

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Oral and Maxillofacial Surgery

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Outpatient Hospital or Ambulatory Surgical Center

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Surgical Procedures

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Treatment Therapies

Source:

Base Benchmark

Remove





# Alternative Benefit Plan

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

Duplication: Covered under the Delaware Medicaid state plan as Outpatient Hospital Services (2.a) in EHB 1: Ambulatory patient services (Treatment Therapies in the base benchmark include, for example chemo and radiation therapy, renal dialysis and outpatient cardiac rehab).

Base Benchmark Benefit that was Substituted:

Hospice Care

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Delaware Medicaid state plan as Hospice Care Services (18) in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Alternative Treatments - Acupuncture

Source:

Base Benchmark

Remove

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

Substitute - Non-Emergency Medical Transportation (NEMT) from Delaware's Medicaid state plan was used as a substitute for Alternative Treatments - Acupuncture in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Infertility Services

Source:

Base Benchmark

Remove

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

Substitute - Non-Emergency Medical Transportation (NEMT) from Delaware's Medicaid state plan was used as a substitute for Infertility Services in EHB 1: Ambulatory patient services. The base benchmark coverage of Infertility Services includes diagnosis and non-ART treatment of infertility.

Base Benchmark Benefit that was Substituted:

Accidental Injury

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Delaware Medicaid state plan as Outpatient Hospital Services - ER (2.a) and Emergency Hospital Services (FSERs) (24.e) in EHB 2: Emergency Services

Base Benchmark Benefit that was Substituted:

Medical Emergency

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Delaware Medicaid state plan as Outpatient Hospital Services - ER (2.a) and Emergency Hospital Services (FSERs) (24.e) in EHB 2: Emergency Services



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Ambulance	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the Delaware Medicaid state plan as Other Medical Services - Emergency Transportation (24.a) in EHB 2: Emergency Services.		
Base Benchmark Benefit that was Substituted: Reconstructive Surgery	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the Delaware Medicaid state plan as Inpatient Hospital Services (1) in EHB 3: Hospitalization (neither base benchmark nor Medicaid covers cosmetic surgery).		
Base Benchmark Benefit that was Substituted: Organ/Tissue Transplants	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the Delaware Medicaid state plan as Inpatient Hospital Services (1) in EHB 3: Hospitalization.  The Delaware Medicaid state plan benefit for organ transplants under the Inpatient Hospital benefit is at least as rich as the base benchmark coverage for organ transplants.		
Base Benchmark Benefit that was Substituted: Inpatient Hospital	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the Delaware Medicaid state plan as Inpatient Hospital Services (1) in EHB3: Hospitalization.		
Base Benchmark Benefit that was Substituted: Maternity Care	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the Delaware Medicaid state plan through multiple benefits including Inpatient Hospital Services (Maternity) (1), Physicians' Services (Maternity) (5.a), OLP: Licensed Midwife (6.d), Nurse Midwife Services (17), Free Standing Birthing Center Services (25) all in EHB 4: Maternity and newborn care.		



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Professional Services

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Delaware Medicaid state plan as Outpatient Hospital Services - MH/SUD (2.a), Physicians' Services - MH/SUD (5.a), OLP: Licensed Behavioral Health Practitioners (6.d.2), Clinic Services: Rehab Clinics (Including MH Clinic) (9); and Rehab Services - SU - Outpatient Addiction Services (13.d.1.B) in EHB 5: MH and SUD services. These are MH/SUD services in the base benchmark.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital or Other Covered Facility

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Delaware Medicaid state plan as Inpatient Hospital Services - MH/SUD (1) in EHB 5: MH and SUD services. These are MH/SUD services in the base benchmark.

Base Benchmark Benefit that was Substituted:

Outpatient Hospital or Other Covered Facility

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Delaware Medicaid state plan as Outpatient Hospital Services - MH/SUD (2.a); Clinic Services - Rehab Clinics (Including MH Clinics) (9). These are MH/SUD services in the base benchmark.

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Delaware Medicaid state plan as Home Health Services - Medical Supplies, Equipment and Appliances(7.c) in EHB 7: Rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Medical Supplies

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Delaware Medicaid state plan as Home Health Services - Medical Supplies, Equipment and Appliances(7.c) in EHB 7: Rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Orthopedic and Prosthetic Devices

Source:

Base Benchmark

Remove



# Alternative Benefit Plan

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

Duplication and Substitute

Duplication: Delaware covers orthopedic and prosthetic devices under the Delaware Medicaid state plan as Prosthetic Devices (12).

Substitute: Home Health Services - Home Health Aide Services from Delaware's Medicaid state plan was used as a substitute for the base benchmark of:

-Hearing Aids: limit of \$2,500 per ear per calendar year (22 and under) and \$2,500 per ear per 36 months (over 22)

-Wigs for hair loss due to the treatment of cancer; limit of \$350 for one wig per lifetime.

Base Benchmark Benefit that was Substituted:

PT, OT, Speech Therapy and Cognitive Therapy

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Delaware Medicaid state plan as Physical Therapy and Related Services: Physical Therapy, Occupational Therapy (OT), and Speech Therapy (11) and Home Health - PT/OT/ST/Audiology in EHB 7: Rehabilitative and habilitative services and devices. The PT/OT/Speech Therapy benefits in Delaware's Medicaid state plan include coverage for cognitive therapy.

Base Benchmark Benefit that was Substituted:

Lab, X-ray, and Other Diagnostic Tests

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Delaware Medicaid state plan as Other Laboratory and X-Ray Services (3) in EHB 8: Laboratory Services.

Base Benchmark Benefit that was Substituted:

Preventive Care Services for Children and Adults

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Delaware Medicaid state plan as Preventive Services in EHB 9: Preventive and wellness services and chronic disease management and EPSDT in EHB 10: Pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Covered Medication and Supplies

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Delaware Medicaid state plan as Prescribed Drugs (12.a) in EHB 6: Prescription Drugs.



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Hearing Services (testing, treatment, & supplies)

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Delaware Medicaid state plan as Outpatient Hospital Services (2.a) in EHB 1: Ambulatory patient services and Home Health - PT/OT/ST/Audiology (7.d) in EHB 7: Rehabilitative and habilitative services. The base benchmark plan covers tests related to illness and injury and does not cover routine hearing tests for adults.

Base Benchmark Benefit that was Substituted:

Manipulative Treatment

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Delaware Medicaid state plan as OLP: Chiropractor's Svs (6.c) in EHB 1: Ambulatory Patient Services.

Add



# Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered Collapse All

Base Benchmark Benefit not Included in the Alternative Benefit Plan: <input style="width: 95%;" type="text" value="Routine Adult Vision Services"/>	Source: <input style="width: 95%;" type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain why the state/territory chose not to include this benefit: <input style="width: 95%;" type="text" value="Routine, non-pediatric eye exam services are an excepted benefit pursuant to 45 CFR 156.115(d)."/>		
<input type="button" value="Add"/>		



# Alternative Benefit Plan

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

Collapse All

Other 1937 Benefit Provided:

Telemedicine

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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

Other:

No authorization required.

Other 1937 Benefit Provided:

FQHC/RHC Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No authorization required.

Other 1937 Benefit Provided:

OLP: Optometrists's Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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



# Alternative Benefit Plan

Other:

No authorization required.

Other 1937 Benefit Provided:

Extended Services for Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See "Other" information.

Other:

This is Delaware's Smart Start Program. Coverage includes: (1) Nutritional assessment, counseling and education; (2) Nursing assessment, education and referral to needed medical services; and (3) Social Services as medically necessary to assure that home, family, community and environmental issues are not complicating the pregnancy. Prior authorization is required as part of the initial screening for Smart Start based on the woman's risk for complicating medical and social problems that would have a negative impact on the outcome of the pregnancy

Other 1937 Benefit Provided:

Clinic Services: Medical Clinics

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Public health clinics operated by the State of Delaware, Delaware Health and Social Services (DHSS), Division of Public Health (DPH). No authorization required.

Other 1937 Benefit Provided:

Rehab Services - Day health and Rehab for MR/IID

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan





# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Delaware Medicaid provides coverage according to two levels, based on functional needs. No vocational services provided and no services delivered by phone. Coverage provided in accordance with 13.d of the approved Medicaid state plan.

Other 1937 Benefit Provided:

Case Mgmt Services - High Risk Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Delaware Medicaid covers case management services for high-risk pregnant women. No authorization required.

Other 1937 Benefit Provided:

Rehab Services - SU - Residential Addiction Svs

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Excludes services of an educational or vocational nature. Does not include services in an IMD.

Other:

Other 1937 Benefit Provided:

Rehab Services-Mental Health (Crisis Intervention)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove



# Alternative Benefit Plan

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Crisis intervention (CI) services do not require prior approval. CI services are authorized for no more than 23 hours per episode. Activities beyond the 23 hour period must be prior authorized by the State or its designee.

Other 1937 Benefit Provided:

Nursing Facility Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Other 1937 Benefit Provided:

Intermediate Care Facility/IID Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Must meet level of care requirement.



# Alternative Benefit Plan

Other 1937 Benefit Provided:

Private Duty Nursing Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Private Duty Nursing (PDN) is only provided in non-institutional settings.

Other:

Other 1937 Benefit Provided:

Pathways to Employment 1915(i)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other" Information

Duration Limit:

Scope Limit:

Services are limited to individuals who meet eligibility, targeting, and needs-based criteria specified in the 1915(i) and are based on a person-centered planning process.

Other:

Pathways services include:

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

Assistive Technology is limited to \$10,000 per lifetime but exceptions may be considered based upon a needs assessment and prior authorization by the State.

Benefits Counseling is limited to 20 hours per year, with exceptions possible with prior authorization by the State.

Financial Coaching is limited to five hours per participant per year.



# Alternative Benefit Plan

Other 1937 Benefit Provided:

TCM for Individuals with I/DD

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Other:

Other 1937 Benefit Provided:

Routine Adult Dental Benefit

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

\$1,000 per year; \$1,500 on emergency basis

Duration Limit:

Scope Limit:

Other:

Dental services for individuals 21 and older are limited to:

- Diagnostics
- Preventive
- Restorative (Basic)
- Periodontics
- Prosthodontics Repairs
- Oral and maxillofacial Surgery
- Limitations on dental services for individuals 21 and older:
- Payments for dental care treatments are subject to a \$3 recipient copay

Add



# Alternative Benefit Plan

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

Collapse All

## PRA Disclosure Statement

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. 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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