Alternative Benefit Plan

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

Remove

Benefit Provided: Prosthetic Devices

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:

Physician order is required for breast prostheses, trusses and socks ; all others require prior authorization.

Benefit Provided: Nursing Facility 21 and older; rehab care

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:

Requires a physician order; Out of state requires prior authorization.

Benefit Provided: Home Health Intermittent Part Time Nursing

Source: State Plan 1905(a)

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Alternative Benefit Plan

Scope Limit:

None

Remove

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

~~Requires physician order and plan of care.~~ Requires physician order and plan of care. Effective 08/01/2014 home telemonitoring services are available to Medicaid beneficiaries eligible for home health services.

Benefit Provided: Home Health Aide

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:

Requires plan of care and supervision by OT/PT/SLP or nurse.

Benefit Provided: Home Health: Medical Supplies, Equip. and Applianc

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:

Requires physician order.

Benefit Provided: Home Health PT/OT/SLP

Source: State Plan 1905(a)

Authorization: Authorization required in excess of limitation

Provider Qualifications: Medicaid State Plan

Alternative Benefit Plan

■ Essential Health Benefit 9: Preventive and wellness services and chronic disease management — Collapse All ☐

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

Benefit Provided: Clinic Services
Source: State Plan 1905(a)
Remove

Authorization: None
Provider Qualifications: Medicaid State Plan
Amount Limit: None
Duration Limit: None
Scope Limit: None

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

Benefit Provided: OLP: Naturopathic Physician
Source: State Plan 1905(a)
Remove

Authorization: None
Provider Qualifications: Medicaid State Plan
Amount Limit: None
Duration Limit: None
Scope Limit: None

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

Benefit Provided: Other diagnostic, screening, preventative and reha
Source: State Plan 1905(a)

Authorization: None
Provider Qualifications: Medicaid State Plan
Amount Limit: None
Duration Limit: None

Alternative Benefit Plan

Scope Limit:

None

Remove

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

Effective 01/01/2014 tobacco cessation counseling services are available to all non-pregnant Medicaid beneficiaries. The maximum number of visits allowed per individual per calendar year is 16. This maximum number of visits per calendar year can be exceeded based on medical necessity through a prior authorization process.

Add