13 ALTERNATIVE BENEFIT PACKAGE – MEDICALLY FRAIL & ABP EXEMPT

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This section of the policy manual is issued to address the criteria and process for determining whether a member in the Other Adult Group category of eligibility (COE 100) is Medically Frail. A Medically Frail member in COE 100 may choose to continue receiving services under the Alternative Benefit Plan (ABP) services package, or may choose to become ABP Exempt and receive services under the Medicaid State Plan benefit package.

ABP Exempt means an Other Adult Group Medicaid (COE 100) recipient who has been determined as meeting the definition and criteria of Medically Frail and has chosen to receive services under the Medicaid State Plan benefit package instead of the ABP. All COE 100 members are notified of their enrollment in the ABP and of the Medically Frail exemption criteria/process on their Human Services Department (HSD) Medicaid eligibility notice. The eligibility notice also directs ABP recipients to the HSD/Medical Assistance Division (MAD) website where they can find the full listing of ABP benefits and a comparison to the Medicaid State Plan. This section of the policy manual explains the detailed criteria that should be used by the MCO to determine whether COE 100 members meet one of the definitions of Medically Frail.

Determination of Medically Frail Diagnosis

Members in COE 100 may self-identify to the MCO by telephone that they believe they may be Medically Frail, and may do so at any time during their eligibility for COE 100. Members in COE 100 may also be identified as potentially Medically Frail by the MCO through the care coordination process.

To determine whether a member qualifies as Medically Frail, the MCO should reference the Medically Frail Conditions List. The member must have a documented medical diagnosis from the list of qualifying conditions. A written statement from a licensed provider attesting to the

medical condition will suffice. The entire medical record is not needed. If obtaining a written statement will cause significant delay, the MCO may confirm the diagnosis by a licensed provider over the telephone. If the diagnosis is confirmed by telephone, the MCO should document that the discussion occurred and the outcome of that conversation. The MCO should determine which staff can perform this function. A nurse is not required.

There shall be no end date for a Medically Frail approval. Upon the member's self-identification, or through the MCO's care coordination process, the MCO shall evaluate and confirm whether the member qualifies as Medically Frail. The MCO shall confirm the member's status and notify the member whether they meet the criteria for ABP Exempt by mail within 10 business days of the member's self-identification. If the MCO is unable to obtain a provider's diagnosis or any requisite follow-up from either the member or a provider after making a good faith effort to do so within the necessary timeframe, then the MCO should issue a technical denial letter to the member.

The ABP member remains enrolled in the ABP until the MCO has confirmed Medically Frail status and the member has chosen to receive the ABP Exempt benefit package. The MCO shall describe the benefit and cost-sharing differences between the ABP and the full Medicaid benefit package, if requested by the member.

ABP Exempt Approval

If the member chooses the ABP Exempt benefit package, the MCO shall make the indication in Omnicaid using a Disability Type Code of ME (for a serious mental illness, substance use disorder or other mental disability) or PH (for a physical health disability) within two business days of receiving a call from a Medically Frail COE 100 member choosing the ABP Exempt benefit package; and shall mail the ABP Exempt member an approval letter. The entry in Omnicaid should be made in the Client Detail window in the Client Subsystem, and may be made at any time during the month.

If the member does not meet Medically Frail criteria, the MCO shall mail the member a denial letter. Should the member disagree with the MCO's determination about his/her ABP Exempt status, the member may file a reconsideration or request a fair hearing through the MCO's appeals process. If a member does not have one of the conditions or diagnoses listed on the Medically Frail Conditions List and the member believes that his/her condition should be considered for inclusion, then a request may be sent to HSD/MAD to include it. The HSD/MAD Medical Director will review the request to determine whether the individual's condition should be added.

See the following appendices:

Appendix K: ABP Benefit Chart

Appendix L: Alternative Benefit Plan-Exempt Medically Frail Conditions List

Appendix M: ~~Chronic Substance Dependency Checklist~~ Chronic Substance Use Disorder (SUD) Criteria Checklist

Appendix N: Serious Mental Illness (SMI) Criteria Checklist

Appendix O: NF LOC Supplement

Exhibit Appendix K: ABP Benefit Chart

Medicaid Alternative Benefit Plan (ABP) 1-8-2014

Recipient Definitions

Note that there are 2 kinds of ABP recipients:

1. **ABP recipient:** The recipient is category of eligibility 100, but does not have a disability indicator of PH or ME. The charts below are only applicable to the ABP recipient category.

2. **ABP Exempt:** The recipient is category of eligibility 100 but also has a disability indicator of PH or ME, meaning either a physical health or mental health disability or other condition that qualifies the recipient as medically frail.

When an ABP recipient's condition is evaluated and it is determined they meet the qualifying conditions, they may choose to become an "ABP Exempt" recipient. The benefit package of an "ABP Exempt" recipient changes from the standard ABP recipient to that of the "standard" Medicaid full benefit recipient. That is, the ABP benefit package ends, and the ABP Exempt recipient then has access to the same benefits as a full standard Medicaid recipient.

Their category of eligibility of the recipient remains 100 with a PH or ME indicator to distinguish them in the various computer systems.

*a) **Because the benefits of an ABP- Exempt recipient become the same as any other standard full benefit Medicaid recipient, we do not list their benefits in this chart.***

The term "ABP recipient" always means an ABP recipient who is NOT ABP exempt. If the recipient is exempt, and therefore eligible for the standard Medicaid full benefit services, the recipient is always referred to as an "ABP Exempt recipient".

Once the recipient becomes a ABP Exempt recipient, he or she are NOT subject to any of the service limits associated with ABP. They do not retain any of the additional services that are found only in the ABP (primarily preventive services.). If the ABP Exempt recipient is enrolled in an MCO, the MCO extends the same benefits and managed care services to the ABP Exempt recipient that are provided to the full benefit Medicaid recipient.

1. AN ABP RECIPIENT HAS THE FOLLOWING BENEFITS EQUIVALENT TO THOSE OF STANDARD MEDICAID BENEFITS:

I. Professional Services and Treatments, including Services at FQHC's and other clinics; Inpatient and outpatient hospital Services; Equipment and Devices; Laboratory and Radiology; and Transportation.

The coverage of the following services or providers of services under the Alternative Benefit Plan is essentially the same as exists for the standard Medicaid full benefit population and, therefore, would be covered by a managed care organization (MCO) to the same extent that an MCO covers and provides services to traditional full Medicaid eligible recipients.

The lists below are intended to be used to communicate the general scope of the services. Not every provider and service is described:

a. Physician and most practitioner services and visits, including maternity service, surgeries, anesthesia, podiatry, etc., that are available for traditional full Medicaid eligible recipients.

b. Behavioral health and substance abuse services, evaluations, assessments, therapies, including all the various forms of therapy such as CCSS that are available for traditional full Medicaid eligible recipients.

   i. **Specialized BH services for children:** the MCO must assure that BH and substance abuse services provided to EPSDT recipients are available to ABP recipients ages 19 and 20

   ii. **Specialized BH services for adults:** The specialized behavioral health services for adults are Intensive Outpatient (IOP), Assertive Community Treatment (ACT), and Psychosocial Rehabilitation (PSR). These 3 services are included in the ABP.

   iii. **Services not included in the ABP**: The following services are not included in the ABP plan because they are considered more in the area of supportive waiver-type services and are not state plan services: Family Support, Recovery Services, and Respite Services.

   iv. **Electroconvulsive therapy:** Note this is a benefit under ABP but not as state plan service for standard service.

c. Cancer trials, chemotherapy, IV infusions, and reconstructive surgery services that are available for traditional full Medicaid eligible recipients.

d. Dental services as available for traditional full Medicaid eligible recipients. An EPSDT recipient must have available the increased frequency schedule of oral exams every six months and orthodontia (when medically necessary) for 19 and 20 year olds per EPSDT rules.

e. Diabetes treatment including diabetic shoes.

f. Dialysis

g. Durable medical equipment, oxygen, and supplies necessary to use other equipment such as for oxygen equipment, ventilators and nebulizers, or to assist with treatment such as casts and splints that are applied by the healthcare practitioner.

h. Family planning, sterilization, pregnancy termination, contraceptives

i. Hearing testing or screening as part of a routine health exam but note that ABP does not cover the hearing aids so would not typically cover audiologist's services or any services by a hearing aid dealer, except for EPSDT children, ages 19 and 20, for whom testing and hearings aids are covered.

j. Hospice: If the hospice recipient requires NF level of care, the recipient will have to meet the requirements for receiving NF care.

k. Hospital inpatient, outpatient, urgent care, emergency department, outpatient free-standing psych hospitals, inpatient units in acute care hospitals for rehabilitation or psychiatric, and rehabilitation specialty hospitals.
   a) Note that free-standing psych hospitals are only covered for EPSDT children (therefore, up through age 20) for fee for service recipients. However, managed care organizations continue to pay for inpatient free-standing psych hospitals for adults.

   b) Inpatient drug rehab services are not an ABP benefit. Acute inpatient services for "detox" are an ABP covered benefit.

l. Immunizations, mammography, colorectal cancer screenings, pap smears, PSA tests, and other age appropriate tests that are available for traditional full Medicaid eligible recipients.

m. Inhalation therapy

n. Lab including diagnostic testing, and colorectal cancer screenings, pap smears, PSA tests, and other age appropriate tests that are available for traditional full Medicaid eligible recipients.

o. Lab genetic testing to specific molecular lab tests such as BRCA 1 and BRCA 2 and similar tests used to determine appropriate treatment, not including random genetic screening.

p. Medication assisted treatment (substance abuse treatment including methadone programs, naloxone, and suboxone)

q. Ob-gyn, prenatal care, deliveries, midwives

r. Orthotics (note foot orthotics including shoes and arch supports are only covered when an integral part of a leg brace, or are diabetic shoes)

s. Podiatry services are available to the same extent as for traditional full Medicaid eligible recipients. (coverage is similar to Medicare).

t. Prescription drug items (but not over the counter items, except for prenatal drug items (examples –vitamins, folic acid; iron), low dose aspirin as preventative for cardiac conditions; contraception drugs and devices, and items for treating diabetes. OTC items are covered for ages 19 and 20).

u. Prosthetics are available to the same extent as for traditional full Medicaid eligible recipients.

v. Radiology including diagnostic imaging and radiation therapy, including mammography and other age appropriate imagining.

w. Reproductive health services are available to the same extent as for traditional full Medicaid eligible recipients.

x. Telemedicine

y. Tobacco cessation counseling that are available for traditional full Medicaid eligible recipients. (note however, that MCO must cover tobacco cessation counseling beyond the Medicaid fee for service coverage)

z. Transportation (emergency and non-emergency) including air and ground ambulance, taxi and handivan

The following services are not covered under the standard Medicaid benefits or the ABP and therefore are not required to be covered by the MCO for ABP members unless the MCO chooses to do so as value added services.

1. Acupuncture
2. Infertility treatment
3. Naprapathy
4. Temporomandibular joint (TMJ) and crania mandibular joint(CMJ) treatment
5. Weight loss programs
6. Any other service not covered by the standard Medicaid program unless specifically described as an added benefit for ABP in section 3, below.

Note also that the ABP does not include the following:

1. Community benefits
2. Nursing facility care, except as a temporary step down level of care from a hospital prior to being discharged to home
3. Mi Via

However, if an ABP recipient becomes an ABP Exempt recipient, the recipient can access community benefits, nursing facility care, and Mi Via when all the requirements to receive those services are met.

2. AN ABP RECIPIENT HAS THE FOLLOWING BENEFITS SIMILAR TO STANDARD MEDICAID RECIPIENTS BUT WITH LIMITATIONS:

These are services which are benefits for recipients under the standard Medicaid program but which have limitations to coverage under the ABP.

SERVICE	LIMITATIONS FOR ABP RECIPIENTS (COE 100) FOR AGES 21 AND ABOVE	FOR AGES 19 AND 20 LIMITATIONS DO NOT APPLY TO ABP RECIPIENTS (COE 100) who are ages 19 or 20 because of EPSDT rules Recipients under age 19 are not enrolled in ABPEC
Bariatric surgery	Limited to 1 per life time. Criteria may be applied that considers previous attempts by the recipient to lose weight, BMI, health status, etc.	Covered under EPSDT if medically necessary (perhaps unlikely) without the life time limit. Criteria may be applied that considers previous attempts by the recipient to lose weight, BMI, health status, etc.
Cardiac Rehab	Limited to 36 hours per cardiac event	Covered under EPSDT if medically necessary without the limit on hours.
Chiropractic	Not covered	Covered under EPSDT if medically necessary (this very rarely happens)
Drug items that do not require a prescription (OTC)	Not covered - except for items that are related to prenatal care; low dose aspirin for preventing cardiac events; treatment of diabetes, items used for contraception (foams, devices, etc.) Note that coverage of diabetic test strips, and similar items are described under medical supplies, below. Note that an MCO may choose to cover any over the counter product when the over the counter product is less expensive that the	Covered using the same provisions as for recipient under EPSDT in the standard Medicaid program.

SERVICE	LIMITATIONS FOR ABP RECIPIENTS (COE 100) FOR AGES 21 AND ABOVE	FOR AGES 19 AND 20 LIMITATIONS DO NOT APPLY TO ABP RECIPIENTS (COE 100) who are ages 19 or 20 because of EPSDT rules Recipients under age 19 are not enrolled in ABPEC
	therapeutically equivalent drug that would require a prescription (a "legend" drug.)	
Glasses and contact lens	Not covered except for aphakia (following removal of the lens.) Note that eye exams and treatment related to eye diseases and testing for eye diseases are a benefit, but that the refraction component of the exam (a separate code) is not a benefit.	Covered using the same provisions as for children under EPSDT in the standard Medicaid program.
Hearing aids	Not covered. Note that hearing screening is covered but only when part of a routine health exam. Typically additional separate payment is not made for this part of the exam. Hearing testing by an audiologist or a hearing aid dealer is not a benefit.	Covered using the same provisions as for children under EPSDT in the standard Medicaid program.
Home health services	Limited to 100 visits annually – a visit cannot exceed 4 hours. An MCO has the option of providing these services through private duty nursing and nursing registry personnel	Covered under EPSDT without the limitation on the dollar amount or length of visits.
Medical foods for errors of inborn metabolism, or as a substitute for other food for weight gain, weight loss, or specialized diets, for use at home by a recipient.	Not covered.	Covered using the same provisions as for children under EPSDT in the standard Medicaid program. May be subjected to criteria that assure medical necessity.
Disposable medical	Not covered,	Covered using the same

SERVICE	LIMITATIONS FOR ABP RECIPIENTS (COE 100) FOR AGES 21 AND ABOVE	FOR AGES 19 AND 20 LIMITATIONS DO NOT APPLY TO ABP RECIPIENTS (COE 100) who are ages 19 or 20 because of EPSDT rules Recipients under age 19 are not enrolled in ABPEC
Supplies - such as diapers, under pads, gauzes, gloves, dressings, colostomy supplies, for use at home by a recipient.	-except for diabetic supplies (reagents, test strips, needles, test tapes, alcohol swabs, etc.) However supplies necessary to utilize oxygen or DME such as administer oxygen, use nebulizer, clean tracheas for ventilator use, or assist in treatments such as casts or splints are covered. Medical supplies used on an inpatient basis, applied as part of a treatment in a practitioner's office, outpatient hospital, residential facilities, as a home health service, etc are covered though often these items are not paid separately in addition to the payment for the overall service. When separate payment is allowed in these settings, the items are considered covered.	provisions as for children under EPSDT in the standard Medicaid program. May be subjected to criteria that assure medical necessity.
Pulmonary rehab	Limited to 36 hours per year	Covered under EPSDT without the limitation on the number of visits.
Rehabilitation and Habilitation - **Physical therapy** - **Occupational therapy** - **Speech and language pathology**	Rehabilitative services for short-term physical, occupational, and speech therapies are covered. Short-term therapy includes therapy services that produce significant and demonstrable improvement within a two-month period from the initial date of treatment.	Covered under EPSDT without the limitation on duration.

SERVICE	LIMITATIONS FOR ABP RECIPIENTS (COE 100) FOR AGES 21 AND ABOVE	FOR AGES 19 AND 20 LIMITATIONS DO NOT APPLY TO ABP RECIPIENTS (COE 100) who are ages 19 or 20 because of EPSDT rules Recipients under age 19 are not enrolled in ABPEC
	Extension of short-term therapy beyond the initial two months may be extended for one period of up to two months, dependent on the approval of the MCO'S medical director, only if such services can be expected to result in continued significant improvement of the member's physical condition within the extension period. Other than the above one-time extension, therapy services extending beyond the two-month period from the initial date of treatment are considered long-term therapy and are not covered.	
Extended care hospitals (long term care hospitals)	Extended care hospitals are not covered. Sometimes these are referred to as long term care hospitals (certified as acute care hospitals but focus on care for more than 25 days) NF long term care stays are not covered by ABP except as a temporary step down level of care following discharge from a hospital prior to being discharged to home. Refer to page 4 for more information.	Covered under EPSDT without the limitations.
Sleep studies	Not covered	Covered under EPSDT
Transplants	Limited to 2 per lifetime	Covered under EPSDT without the dollar amount limitation.

3. ABP BENEFITS THAT MAY EXCEED THE STANDARD MEDICAID COVERAGE

The following services must be provided to ABP recipients, even though these services MAY NOT BE covered for standard Medicaid eligible recipients, but may already be required to be provided through an MCO to a member.

SERVICE	Notes
Preventive care, annual physicals, etc.	Under preventive care, a large range of services are covered as part of or in addition to the preventative care exam. See extended comments on the preventive services, item 4, at the end of this document.
Autism spectrum disorder	MAD benefits for the Autism Spectrum diagnosis is being extended up through age 20 as an EPSDT benefit. However, in order to be comparable to commercial plans, the ABP plan also includes ages 21 and 22 for this benefit.
Disease management	
Electroconvulsive therapy (ECT)	
Educational materials and counseling for a healthy life style	
Nutritional counseling	
Skilled nursing	Skilled nursing is generally provided only through a home health agency under the Medicaid fee for service program. However, an MCO can also provide skilled nursing through private duty nursing.

4. NOTES ON THE COVERAGE OF PREVENTIVE CARE SERVICES FOR ABP RECIPIENTS

1. Preventive care services, typical of what is found in a commercial insurance plan, are covered for ABP recipients. Typically, this includes annual exams with all the components appropriate for the age, condition, and history of the recipient as recommended by various physician specialty associations and academies.

2. Additionally, for recipients who are aged 19 and 20, all of the screening and preventive services available to this age group under the EPSDT provisions are benefits for both ABP recipients and ABP Exempt recipients.

The requirements related to ABP include assuring the ABP population's preventive care benefits include the recommendations of the United States Preventive Services Task Force (USPSTF). These recommendations are found at the following website:

http://www.uspreventiveservicestaskforce.org/recommendations.htm

ABP covered of preventive services is not intended to be to only those services on the list. Other preventive services that are generally found in a commercial insurance plan would be covered. Also, the list is not intended to describe or replace the preventive screening and services available to EPSDT recipients.

Therefore, the following list includes items that may need special attention or comment, but we have removed items from the list that routinely performed in hospitals at the time of birth (PKU screening for example), and services for children for which the EPSDT screenings and service components are already more comprehensive. When the website above is updated, with new recommendations, those additions and charges are considered to be part of the requirement.

Service	USPSTF Recommendations	Application to Medicaid
Abdominal aortic aneurysm screening: men	The USPSTF recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have never smoked.	Technically a new, requirement, but Medicaid would not currently deny a claim for this service.
Alcohol misuse: screening and counseling	The USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	Technically a new, requirement, but good practitioners would already be performing this function during exams. The counseling component does not have to include any providers not current covered by the Medicaid program.

Service	USPSTF Recommendations	Application to Medicaid
Anemia screening: pregnant women	The USPSTF recommends routine screening for iron deficiency anemia in asymptomatic pregnant women.	Covered – already in MC coverage requirements or as a standard Medicaid recipient state plan service.
Aspirin to prevent cardiovascular disease: men	The USPSTF recommends the use of aspirin for men ages 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.	Covered – already in MC coverage requirements or as a standard Medicaid recipient state plan service.
Aspirin to prevent cardiovascular disease: women	The USPSTF recommends the use of aspirin for women ages 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.	Covered – already in MC coverage requirements or as a standard Medicaid recipient state plan service.
Bacteriuria screening: pregnant women	The USPSTF recommends screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.	Covered – already in MC coverage requirements or as a standard Medicaid recipient state plan service.
Blood pressure screening in adults	The USPSTF recommends screening for high blood pressure in adults age 18 years and older.	Covered – already in MC coverage requirements or as a standard Medicaid recipient state plan service.
BRCA screening, counseling about	The USPSTF recommends that women whose family history is associated with an increased risk for deleterious mutations in *BRCA1* or *BRCA2* genes be referred for genetic counseling and evaluation for BRCA testing.	Covered – already in MC coverage requirements or as a standard Medicaid recipient

Service	USPSTF Recommendations	Application to Medicaid
		state plan service.
Breast cancer preventive medication	The USPSTF recommends that clinicians discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. Clinicians should inform patients of the potential benefits and harms of chemoprevention.	Covered – already in MC coverage requirements or as a standard Medicaid recipient state plan service.
Breast cancer screening	The USPSTF recommends screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older.	Covered – already in MC coverage requirements or as a standard Medicaid recipient state plan service.
Breastfeeding counseling	The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.	At this time, based on comparison with commercial plans MAD interprets this as instruction or counseling that would occur during the routine prenatal care and postpartum care; and possibly assessed for any issues or lack of success by the pediatrician treating the newborn.
Cervical cancer screening	The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human	Covered – already in MC coverage requirements or as a standard Medicaid recipient

Service	USPSTF Recommendations	Application to Medicaid
	papillomavirus (HPV) testing every 5 years.	state plan service.
Chlamydial infection screening: nonpregnant women	The USPSTF recommends screening for chlamydial infection in all sexually active nonpregnant young women age 24 years and younger and for older nonpregnant women who are at increased risk.	Covered – already in MC coverage requirements or as a standard Medicaid recipient state plan service.
Chlamydial infection screening: pregnant women	The USPSTF recommends screening for chlamydial infection in all pregnant women age 24 years and younger and for older pregnant women who are at increased risk.	Covered – already in MC coverage requirements or as a standard Medicaid recipient state plan service.
Cholesterol abnormalities screening: men 35 and older	The USPSTF strongly recommends screening men age 35 years and older for lipid disorders.	Covered – already in MC coverage requirements or as a standard Medicaid recipient state plan service.
Cholesterol abnormalities screening: men younger than 35	The USPSTF recommends screening men ages 20 to 35 years for lipid disorders if they are at increased risk for coronary heart disease.	Covered – already in MC coverage requirements or as a standard Medicaid recipient state plan service.
Cholesterol abnormalities screening: women 45 and older	The USPSTF strongly recommends screening women age 45 years and older for lipid disorders if they are at increased risk for coronary heart disease.	Covered – already in MC coverage requirements or as a standard Medicaid recipient state plan service.
Cholesterol	The USPSTF recommends screening women	Covered – already

Service	USPSTF Recommendations	Application to Medicaid
abnormalities screening: women younger than 45	ages 20 to 45 years for lipid disorders if they are at increased risk for coronary heart disease.	in MC coverage requirements or as a standard Medicaid recipient state plan service.
Colorectal cancer screening	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	Covered – already in MC coverage requirements or as a standard Medicaid recipient state plan service.
Depression screening: adults	The USPSTF recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.	Covered – already in MC coverage requirements. The “depression care supports” component does not have to include any provider types not currently covered by the Medicaid program.
Diabetes screening	The USPSTF recommends screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.	Covered – already in MC coverage requirements or as a standard Medicaid recipient state plan service.
Falls prevention in older adults: exercise or physical therapy	The USPSTF recommends exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.	At this time, based on comparison with commercial plans MAD interprets this as detection of the issue during routine annual preventive care

Service	USPSTF Recommendations	Application to Medicaid
		exams, and referring as necessary. The referrals might be to community programs, home use of TV and DVD programs, etc. We do not believe the requirement is to pay for the exercise class or physical therapy.
Falls prevention in older adults: vitamin D	The USPSTF recommends vitamin D supplementation to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.	Covered – already in MC coverage requirements or as a standard Medicaid recipient state plan service.
Folic acid supplementation	The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.	Covered – already in MC coverage requirements or as a standard Medicaid recipient state plan service.
Gonorrhea screening: women	The USPSTF recommends that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors).	Covered – already in MC coverage requirements or as a standard Medicaid recipient state plan service.
Healthy diet counseling	The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related	Coverage of this benefit exceeds the coverage currently found in Medicaid

Service	USPSTF Recommendations	Application to Medicaid
	chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.	rules. It may include covering additional providers when there is a referral. May be performed by a physician, dietician, or other qualifying practitioner
Hepatitis B screening: pregnant women	The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.	Technically a new, requirement, but good practitioners would already be performing this function during exams for high risk individuals.
Hepatitis C virus infection screening: adults	The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.	Technically a new, requirement, but good practitioners would already be performing this function during exams for high risk individuals.
HIV screening: nonpregnant adolescents and adults	The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.	Technically a new, requirement, but good practitioners would already be performing this function during exams for high risk individuals.
HIV screening: pregnant women	The USPSTF recommends that clinicians screen all pregnant women for HIV, including	Technically a new, requirement, but

Service	USPSTF Recommendations	Application to Medicaid
	those who present in labor who are untested and whose HIV status is unknown.	good practitioners would already be performing this function during exams for high risk individuals.
Intimate partner violence screening: women of childbearing age	The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.	Technically a new, requirement, but good practitioners would already be performing this function during exams.
Obesity screening and counseling: adults	The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m^2 or higher to intensive, multicomponent behavioral interventions.	Covered – already in MC coverage requirements. May be performed by a physician, dietician, or other qualifying practitioner
Osteoporosis screening: women	The USPSTF recommends screening for osteoporosis in women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.	Covered – already in MC coverage requirements or as a standard Medicaid recipient state plan service.
Rh incompatibility screening: first pregnancy visit	The USPSTF strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.	Covered – already in MC coverage requirements or as a standard Medicaid recipient state plan service.
Rh incompatibility screening: 24–28 weeks' gestation	The USPSTF recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh	Covered – already in MC coverage requirements or as

Service	USPSTF Recommendations	Application to Medicaid
	(D)-negative.	a standard Medicaid recipient state plan service.
Sexually transmitted infections counseling	The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) in all sexually active adolescents and for adults at increased risk for STIs.	Covered – already in MC coverage requirements or as a standard Medicaid recipient state plan service.
Skin cancer behavioral counseling	The USPSTF recommends counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.	Broader requirement than currently exists as a standard Medicaid recipient service.
Tobacco use counseling and interventions: nonpregnant adults	The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.	Broader requirement than currently exists as a standard Medicaid recipient service.
Tobacco use counseling: pregnant women	The USPSTF recommends that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke.	Covered – already in MC coverage requirements or as a standard Medicaid recipient service
Syphilis screening: nonpregnant persons	The USPSTF strongly recommends that clinicians screen persons at increased risk for syphilis infection.	Covered – already in MC coverage requirements or as a standard Medicaid recipient service

Service	USPSTF Recommendations	Application to Medicaid
Syphilis screening: pregnant women	The USPSTF recommends that clinicians screen all pregnant women for syphilis infection.	Covered – already in MC coverage requirements or as a standard Medicaid recipient service.

Appendix L: Alternative Benefit Plan-Exempt Medically Frail Conditions List

Alternative Benefit Plan-Exempt

Medically Frail Conditions List

Effective January 1, 2014

Revised August 15, 2014

In order for a Category of Eligibility (COE) 100 (Other Adult Group) Medicaid recipient to be exempt from the Alternative Benefit Plan (ABP), he/she must have a documented medical diagnosis of one of the conditions or services listed below.

Acquired Immune Deficiency Syndrome (AIDS)
ALS (Lou Gehrig's Disease)
Angina Pectoris
Arteriosclerosis Obliterans
Artificial Heart Valve
Ascites
Blindness
Cancer (current diagnosis/treatment, within five years)
Cardiomyopathy
Chronic Substance Use Disorder – ***refer to the ~~Chronic Substance Dependency (CSD)~~ Substance Use Disorder (SUD) Criteria ~~Checklist~~ effective ~~July 1, 2010~~ August 2015 (or subsequent replacement version)***
Cirrhosis of the Liver
Compromised Immune System
Coronary Insufficiency
Coronary Occlusion
Crohn's Disease
Cystic Fibrosis
Dermatomayositis
Diabetes (Insulin Dependent)
Disability: A physical, intellectual or developmental disability that significantly impairs the ability to perform **one** or more Activities of Daily Living (ADLs) – ***refer to the Nursing Facility Level of Care (NF LOC) Supplement effective January 1, 2014 (or subsequent replacement version)***
Friedreich's Disease
Hemophilia
Hepatitis C (Active)
HIV+
Hodgkin's Disease

Huntington's Chorea
Hydrocephalus
Intermittent Claudication
Juvenile Diabetes
Kidney Failure
Lead Poisoning with Cerebral Involvement
Leukemia
Lupus Erythematosus Disseminate
Malignant Tumor (If treated/occurred within previous five years)
Metastatic Cancer
Motor or Sensory Aphasia
Multiple or Disseminated Sclerosis
Muscular Atrophy or Dystrophy
Myasthenia Gravis
Myotonia
Open Heart Surgery
Organ Transplant
Paraplegia or Quadriplegia
Parkinson's Disease
Peripheral Arteriosclerosis (If treated within previous three years)
Polyarteritis (Periarteritis Nodosa)
Polycystic Kidney
Posterolateral Sclerosis
Renal Failure
Serious Mental Illness – ***refer to the Serious Mental Illness (SMI) Criteria Checklist effective July 27, 2010 (or subsequent replacement version)***
Sickle Cell Anemia
Silicosis
Splenic Anemia (True Banti's Syndrome)
Still's Disease
Stroke (CVA)
Syringomyelia
Tabes Dorsalis (Locomotor Ataxia)
Terminal illness requiring hospice care
Thalessemia (Cooley's or Mediterranean Anemia)
Topectomy and Lobotomy
Wilson's Disease

Appendix M: Chronic Substance Use Disorder (SUD) Criteria ~~Dependency~~ Checklist

SUD Criteria	DSM-V ICD-9	DSM-V ICD-10	Description
Substance-Related and Addictive Disorders	292.9	F12.99	Unspecified Cannabis Abuse Disorder
Substance-Related and Addictive Disorders	303.90	F10.20	Alcohol Use Disorder – Moderate, Severe
Substance-Related and Addictive Disorders	304.00	F11.20	Opioid-Related Disorders – Moderate, Severe
Substance-Related and Addictive Disorders	304.20	F14.20	Stimulant-Related Disorder - Cocaine
Substance-Related and Addictive Disorders	304.30	F12.20	Cannabis- Related Disorder - Moderate, Severe
Substance-Related and Addictive Disorders	304.40	F15.20	Stimulant-Related Disorder – Other or unspecified stimulant
Substance-Related and Addictive Disorders	304.40	F15.20	Stimulant-Related Disorder – Amphetamine-type substance
Substance-Related and Addictive Disorders	304.50	F16.20	Hallucinogen-Related Disorder- Other Hallucinogen Use
Substance-Related and Addictive Disorders	304.60	F16.20	Hallucinogen-Related Disorder – Phencyclidine Use Disorder –
Substance-Related and Addictive Disorders	304.90	F19.20	Other (or Unknown)Substance-Related and Addictive Disorders

Sources: *SMI Criteria 8_19_2015 approved by the Collaborative document, SED Criteria 8_19_2015 approved by the Collaborative document*, and *Desk Reference to the Diagnostic Criteria from DSM-5.*
HSD - March 2016

Appendix N: Serious Medical Illness (SMI) Criteria Checklist

Serious Mental Illness (SMI) determination is based on the age of the individual, functional impairment, duration of the disorder and the diagnosis. Adults must meet all of the following four criteria:

☐ 1. ***Age:*** *Must be an adult 18 years of age or older.*

☐ 2. **Diagnoses:** Have one of the diagnoses as defined under the current *American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders*. The diagnosis would need to have been determined within the prior 12 months by an appropriately credentialed and licensed professional.

- *Diagnoses codes and descriptions that are found in Appendix A and Appendix B of this document are those providing a primary reason for receiving public system behavioral health services.*

☐ 3. ***Functional Impairment:*** *The disturbance is excessive and causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.*

☐ 4. **Duration:**

☐ *The disability must be expected to persist for six months or longer.*

Person must meet SMI criteria and at least one of the following in A or B:

☐ *A. Symptom Severity and Other Risk Factors*

☐ *Significant current danger to self or others or presence of active symptoms of a SMI.*

☐ *Three or more emergency room visits or at least one psychiatric hospitalization within the last year.*

☐ *Individuals with substance use disorder that complicates SMI and results in worsened intoxicated/withdrawal complications, bio medical conditions, emotional/behavior/cognitive conditions.*

☐ *Person is experiencing trauma symptoms related to sexual assault, domestic violence or other traumatic event.*

☐ *B. Co-Occurring Disorders*

☐ *Substance Use Disorder (SUD) diagnosis and any mental illness that affects functionality.*

☐ *SMI or SUD and potentially life-threatening chronic medical condition (e.g., diabetes, HIV/AIDS, hepatitis).*

☐ *SMI or SUD and Developmental Disability.*

Serious Mental Illness (SMI) – Severe Emotional Disturbance (SED) Criteria

SMI-SED Category	DSM-V ICD-9	DSM-V ICD-10	Description
Neurodevelopmental Disorders	299.00	F84.0	Autism Spectrum Disorder
Neurodevelopmental Disorders	307.22	F95.1	Motor Disorder – Persistent (chronic) Motor or Vocal Tic
Neurodevelopmental Disorders	307.23	F95.2	Tourette's Disorder
Neurodevelopmental Disorders	307.3	F98.4	Stereotypic Movement Disorder
Neurodevelopmental Disorders	314.00	F90.0	Attention –Deficit/Hyperactivity Disorder: Predominantly
Neurodevelopmental Disorders	314.01	F90.1	Attention –Deficit/Hyperactivity Disorder: Predominantly
Neurodevelopmental Disorders	314.01	F90.2	Attention –Deficit/Hyperactivity Disorder: Combined
Neurodevelopmental Disorders	314.01	F90.8	Attention –Deficit/Hyperactivity Disorder: Other Specified
Neurodevelopmental Disorders	314.01	F90.0	Attention –Deficit/Hyperactivity Disorder: Unidentified
Schizophrenia Spectrum and other Psychotic Disorders	293.81	F06.2	With delusions
Schizophrenia Spectrum and other Psychotic Disorders	293.82	F06.0	With hallucinations
Schizophrenia Spectrum and other Psychotic Disorders	295.40	F20.81	Schizophreniform Disorder
Schizophrenia Spectrum and other Psychotic Disorders	295.70	F25.0	Bipolar type
Schizophrenia Spectrum and other Psychotic Disorders	295.70	F25.1	Depressive type

SMI-SED Category	DSM-V ICD-9	DSM-V ICD-10	Description
Schizophrenia Spectrum and other Psychotic Disorders	295.90	F20.9	Schizophrenia
Schizophrenia Spectrum and other Psychotic Disorders	297.1	F22	Delusional Disorder
Schizophrenia Spectrum and other Psychotic Disorders	298.8	F28	Other Specified Schizophrenia Spectrum and Other Psychotic
Schizophrenia Spectrum and other Psychotic Disorders	293.89	F06.01	Catatonia Associated with Another Mental Disorder or
Schizophrenia Spectrum and other Psychotic Disorders	298.9	F29	Unspecified Schizophrenia Spectrum and Other Psychotic
Schizophrenia Spectrum and other Psychotic Disorders	301.22	F21	Schizotypal (Personality) Disorder
Bipolar and Related Disorders	293.83	F06.33	Bipolar and Related Disorders due to another medical condition. Specify:
Bipolar and Related Disorders	293.83	F06.34	Bipolar and Related Disorders due to another medical
Bipolar and Related Disorders	296.40	F31.9	Unspecified
Bipolar and Related Disorders	296.41	F31.11	Mild
Bipolar and Related Disorders	296.42	F31.12	Moderate
Bipolar and Related Disorders	296.43	F31.13	Severe
Bipolar and Related Disorders	296.44	F31.2	With psychotic features
Bipolar and Related Disorders	296.45	F31.73	In partial remission
Bipolar and Related Disorders	296.46	F31.74	In full remission
Bipolar and Related Disorders	296.50	F31.9	Unspecified
Bipolar and Related Disorders	296.51	F31.31	Mild
Bipolar and Related Disorders	296.52	F31.32	Moderate
Bipolar and Related Disorders	296.53	F31.4	Severe
Bipolar and Related Disorders	296.54	F31.5	With psychotic features
Bipolar and Related Disorders	296.55	F31.75	In partial remission
Bipolar and Related Disorders	296.56	F31.76	In full remission
Bipolar and Related Disorders	296.89	F31.81	Bipolar II Disorder
Bipolar and Related Disorders	296.80	F31.9	Unspecified Bipolar and related disorder

SMI-SED Category	DSM-V ICD-9	DSM-V ICD-10	Description
Depressive Disorders	296.99	F34.8	Disruptive Mood Dysregulation Disorder
Depressive Disorders	293.83	F06.31	Bipolar and Related Disorders Due to Another Medical Condition
Depressive Disorders	293.83	F06.32	Bipolar and Related Disorders Due to Another Medical Condition
Depressive Disorders	293.83	F06.34	Bipolar and Related Disorders Due to Another Medical Condition
Depressive Disorders	296.20	F32.9	Unspecified

Depressive Disorders	296.21	F32.0	Mild
Depressive Disorders	296.22	F32.1	Moderate
Depressive Disorders	296.23	F32.2	Severe
Depressive Disorders	296.24	F32.3	With psychotic features
Depressive Disorders	296.25	F32.4	In partial remission
Depressive Disorders	296.26	F32.5	In full remission
Depressive Disorders	296.30	F33.9	Unspecified
Depressive Disorders	296.31	F33.0	Mild
Depressive Disorders	296.32	F33.1	Moderate
Depressive Disorders	296.33	F33.2	Severe
Depressive Disorders	296.34	F33.3	With psychotic features
Depressive Disorders	296.35	F33.41	In partial remission
Depressive Disorders	296.36	F33.42	In full remission
Depressive Disorders	300.4	F34.1	Persistent Depressive Disorder
Depressive Disorders	311	F32.8	Other Specified Depressive Disorder
Depressive Disorders	311	F32.9	Unspecified Depressive Disorder
Depressive Disorders	625.4	N94.3	Premenstrual Dysphoric Disorder
Anxiety Disorders	293.84	F06.4	Anxiety Disorder Due to Another Medical
Anxiety Disorders	300.00	F41.9	Unspecified Anxiety Disorder
Anxiety Disorders	300.01	F41.0	Panic Disorder
Anxiety Disorders	300.02	F41.1	Generalized Anxiety Disorder
Anxiety Disorders	300.09	F43.9	Other Specified Anxiety Disorder
Anxiety Disorders	300.22	F40.00	Agoraphobia
Anxiety Disorders	300.23	F40.10	Social Anxiety Disorder (Social Phobia)
Anxiety Disorders	309.21	F93.0	Separation Anxiety Disorder
Obsessive-Compulsive Related Disorders	294.8	F06.8	Obsessive-Compulsive Disorder Due to Another MedicalCondition

SMI-SED Category	DSM-V ICD-9	DSM-V ICD-10	Description
Obsessive-Compulsive Related Disorders	300.3	F42	Obsessive-Compulsive Disorder, Hoarding Disorder, Other Specified Obsessive-Compulsive
Obsessive-Compulsive Related Disorders	300.7	F45.22	Body Dysmorphic Disorder
Obsessive-Compulsive Related Disorders	312.39	F63.3	Trichotillomania (Hair-Pulling Disorder)
Obsessive-Compulsive Related Disorders	698.4	L98.1	Excoriation (Skin-Picking) Disorder
Trauma-and Stressor Related Disorders	308.3	F43.0	Acute Stress Disorder
Trauma-and Stressor Related Disorders	309.0	F43.21	With depressed mood
Trauma-and Stressor Related Disorders	309.24	F43.22	With anxiety
Trauma-and Stressor Related Disorders	309.28	F43.23	With anxiety and depressed mood
Trauma-and Stressor Related Disorders	309.3	F43.24	With disturbance of conduct
Trauma-and Stressor Related Disorders	309.4	F43.25	With mixed disturbance of emotions and
Trauma-and Stressor Related Disorders	309.81	F43.10	Posttraumatic Stress Disorder
Trauma-and Stressor Related Disorders	309.89	F43.8	Other Specified Trauma- and Stressor-
Trauma-and Stressor Related Disorders	309.9	F43.9	Unspecified Trauma- and Stressor-Related
Trauma-and Stressor Related Disorders	313.89	F94.1	Trauma- and Stressor-Related Disorder
Trauma-and Stressor Related Disorders	313.89	F94.2	Disinhibited Social Engagement Disorder
Dissociative Disorders	300.12	F44.0	Dissociative Amnesia

Dissociative Disorders	300.13	F44.1	With dissociative fugue
Dissociative Disorders	300.14	F44.81	Dissociative Identity Disorder
Dissociative Disorders	300.15	F44.89	Other Specified Dissociative Disorder
Dissociative Disorders	300.15	F44.9	Unspecified Dissociative Disorder
Dissociative Disorders	300.6	F48.1	Depersonalization/Derealization Disorder
Somatic Symptom and Related Disorders	300.11	F44.4	Conversation Disorder (Functional Neurological Symptom Disorder. Specify:with weakness or paralysis; or with abnormal movement; or with swallowing symptoms
Somatic Symptom and Related Disorders	300.11	F44.5	Conversation Disorder (Functional Neurological Symptom)Disorder. Specify:With ith ith attacks of seizures; or with special sensory

SMI-SED Category	DSM-V ICD-9	DSM-V ICD-10	Description
Somatic Symptom and Related Disorders	300.11	F44.6	Conversation Disorder (Functional Neurological Symptom
Somatic Symptom and Related Disorders	300.11	F44.7	Conversation Disorder (Functional Neurological Symptom
Somatic Symptom and Related Disorders	300.19	F68.10	Factitious Disorder Imposed on Self, Factitious Disorder Imposed
Somatic Symptom and Related Disorders	300.7	F45.21	Illness Anxiety Disorder
Somatic Symptom and Related Disorders	300.82	F45.1	Somatic Symptom Disorder
Somatic Symptom and Related Disorders	300.89	F45.8	Other Specified Somatic Symptom and
Feeding and Eating Disorders	307.1	F50.01	Anorexia Nervosa - Restricting type
Feeding and Eating Disorders	307.1	F50.02	Anorexia Nervosa– Binge-eating/Purging
Feeding and Eating Disorders	307.50	F50.9	Unspecified Feeding and Eating Disorders
Feeding and Eating Disorders	307.51	F50.2 F50.8	Bulimia Nervosa (F50.2) Binge-eating Disorder (F50.)
Feeding and Eating Disorders	307.52	F98.3	In children
Feeding and Eating Disorders	307.52	F50.8	In adults
Disruptive, Impulse Control and Conduct	312.33	F63.1	Pyromania
Disruptive, Impulse Control and Conduct	312.34	F63.81	Intermittent Explosive Disorder
Disruptive, Impulse Control and Conduct	312.81	F91.1	Childhood-onset type
Disruptive, Impulse Control and Conduct	312.89	F91.8	Other Specified Disruptive Impulse-
Disruptive, Impulse Control and Conduct	312.9	F91.9	Unspecified Disruptive, Impulse Control
Disruptive, Impulse Control and Conduct Disorders	313.81	F91.3	Oppositional Defiant Disorder – Specify current severity: Mild,
Cyclothymic Disorder	301.13	F34.0	Cyclothymic Disorder
Persistent Depressive Disorder	300.4	F34.1	Persistent Depressive Disorder -
Personality Disorders [For which there is an evidence based clinical intervention	301.83	F60.3	Borderline Personality Disorder

SUD Criteria	DSM-V ICD-9	DSM-V ICD-10	Description
Substance-Related and Addictive Disorders	292.9	F12.99	Unspecified Cannabis Abuse Disorder
Substance-Related and Addictive Disorders	303.90	F10.20	Alcohol Use Disorder – Moderate, Severe
Substance-Related and Addictive Disorders	304.00	F11.20	Opioid-Related Disorders – Moderate,
Substance-Related and Addictive Disorders	304.20	F14.20	Stimulant-Related Disorder - Cocaine
Substance-Related and Addictive Disorders	304.30	F12.20	Cannabis- Related Disorder - Moderate,
Substance-Related and Addictive Disorders	304.40	F15.20	Stimulant-Related Disorder – Other or
Substance-Related and Addictive Disorders	304.40	F15.20	Stimulant-Related Disorder –
Substance-Related and Addictive Disorders	304.50	F16.20	Hallucinogen-Related Disorder- Other Hallucinogen Use
Substance-Related and Addictive Disorders	304.60	F16.20	Hallucinogen-Related Disorder – Phencyclidine Use Disorder –
Substance-Related and Addictive Disorders	304.90	F19.20	Other (or Unknown)Substance-Related and Addictive Disorders - Moderate, Severe

Sources*: SMI Criteria 8_19_2015 approved by the Collaborative document, SED Criteria 8_19_2015 approved by the Collaborative document*, and *Desk Reference to the Diagnostic Criteria from DSM-5.*

HSD - March 2016

Appendix O: NF LOC Supplement