

## **Alternative Benefit Plan**

State Name: Indiana	Attachment 3.1-L-	OMB Control Number: 0938-1148
Transmittal Number: IN - 15 - 0024		OMB Expiration date: 10/31/2014
Benefits Assurances		ABP7
EPSDT Assurances		
If the target population includes persons under 21, please complete Prescription Drug Coverage Assurances below.	the following assurances regard	ling EPSDT. Otherwise, skip to the
The alternative benefit plan includes beneficiaries under 21 years of	f age. Yes	
The state/territory assures that the notice to an individual include (42 CFR 440.345).	les a description of the method	for ensuring access to EPSDT services
The state/territory assures EPSDT services will be provided to territory plan under section 1902(a)(10)(A) of the Act.	individuals under 21 years of a	ge who are covered under the state/
Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services:		
Through an Alternative Benefit Plan.		
Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as defined in 1905(r).		
Other Information regarding how ESPDT benefits will be provided	d to participants under 21 years	of age (optional):
Prescription Drug Coverage Assurances		
The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.		
✓ The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.		
The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.		
The state/territory assures that when conducting prior authorization program requirements in sections.		er an Alternative Benefit Plan, it
Other Benefit Assurances		•
The state/territory assures that substituted benefits are actuarial plan, and that the state/territory has actuarial certification for state.		
The state/territory assures that individuals will have access to s Centers (FQHC) as defined in subparagraphs (B) and (C) of second		

TN#: 15-0024

ABP 7

Approval Date:10/29/15

Effective Date: October 1, 2015

Indiana

Page 1 of 2



## Alternative Benefit Plan

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

## PRA Disclosure Statement

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

V.20140415