

ABP8 – Service Delivery Systems

Statute: 1937; 1932; 1915(b); 1915(a); 1903(m)

Regulation: 42 CFR 440.385; 42 CFR Part 438

INTRODUCTION

In this fillable PDF (state plan page) the state/territory indicates and describes the service delivery system(s) it will use to deliver benefits to the Alternative Benefit Plan's (ABP) participants, including managed care options, fee-for-service, or another form of service delivery.

BACKGROUND

States and territories must indicate how Medicaid benefits will be delivered to participants in ABPs. In the event the state/territory elects to use a managed care entity or entities to deliver such services, all of the managed care requirements that apply to this service delivery method for standard Medicaid state plan benefits also apply to ABPs, as prescribed at 42 CFR Part 438 and in sections 1932(a), 1915(b), or 1915(a) of the Act, as applicable.

In this section the state/territory identifies and describes the service delivery system or systems it will use for the ABP. Options include:

- A managed care delivery system through :
 - Managed Care Organizations (MCO)
 - Prepaid Inpatient Health Plans (PIHP)
 - Prepaid Ambulatory Health Plans (PAHP)
 - Primary Care Case Management (PCCM)
- Fee-for-Service (FFS)
- Other Service Delivery Model

If managed care is selected the state/territory must indicate in which authority its managed care program is based. If the state/territory is not using an existing approved managed care program, it must also indicate:

- Any services that are being delivered apart from its primary service delivery system;
- The geographic area where the service delivery system operates, either statewide or on a more limited geographic basis;
- The procurement method used to select any managed care entities;
- Any participants excluded from managed care, besides those excluded by law;
- Any mandatory or voluntary participation enrollment processes; and
- If a PIHP or PAHP managed care service delivery system, whether or not it will operate on an at-risk basis.

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TECHNICAL GUIDANCE

Type of Service Delivery System

The state/territory must indicate the type of service delivery system or systems it will use for the ABP.

- Select one or more service delivery systems from the four options presented:
 - **Managed Care**. If Managed Care is selected, indicate one or more of the types of managed care arrangements that will be used from the four options presented.
 - MCO
 - PIHP
 - PAHP
 - PCCM
 - FFS
 - Other Service Delivery

Based on the selections made above the state/territory will be presented with additional section(s) specific to those selected.

Managed Care

Managed Care Assurance and Implementation Plan

The state/territory must affirmatively indicate that it agrees to comply with the applicable Medicaid laws in providing managed care services through the ABP. This is done by checking the box next to the assurance.

Review Criteria

The state/territory must select the assurance to indicate it agrees to comply with applicable Medicaid laws in providing managed care services. If the assurance is not selected, the SPA cannot be approved.

Next the state/territory is asked to describe its implementation plan for providing the ABP through an MCO. Provide a complete and thorough description of the state/territory's plan in the text box provided.

Review Criteria

The state/territory must provide a general description of its implementation plan for managed care for the Alternative Benefit Plan. The description of the implementation plan should be sufficiently clear, detailed and complete to permit the CMS to determine that the state/territory's election meets applicable federal statutory, regulatory and policy requirements. If the state/territory does not provide this description, the SPA cannot be approved.

Managed Care Organization (MCO)

If Managed Care is selected and the indicated type of managed care is MCO, the content related to this type of service delivery system will be presented.

Managed Care System Authority

The state/territory must provide the following information:

- Indicate, **Yes** or **No**, if the MCO delivery system is the same as an already approved managed care program.
 - If **Yes**,
 - Select only one of the options presented to indicate the authority under which the existing program was approved.
 - Next, enter a description of the program and the most recent date CMS approved it.
 - The ***Additional Information*** text box will be presented, which the state/territory may use, at its option, to provide any additional information concerning the existing service delivery system.
 - If **No**,
 - A statement will appear indicating the state/territory will operate a managed care system consistent with the requirements of 42 CFR Part 438, and sections 1903(m), 1932, and 1937 of the Act. The state/territory must select this by checking the box.
 - The additional sections described below will appear and must be completed.

Review Criteria

The state/territory must indicate, Yes or No, if the managed care system is an already approved system. If Yes, the state/territory must select one of the options presented to indicate the authority for the managed care system and enter a description of the program and the most recent date CMS approved it. If No, the state/territory must affirmatively acknowledge the statement that the Alternative Benefit Plan will be

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delivered through a managed care organization in compliance with the cited federal laws.

If the state/territory does not indicate whether or not the managed care system is an already approved system the SPA cannot be approved. If the state/territory answers Yes and does not make a selection from the options presented and provide a description and approval date the SPA cannot be approved. If the state/territory answers No, but fails to acknowledge the statement assuring compliance with the applicable Medicaid managed care laws by checking the box, the SPA cannot be approved.

MCO Procurement or Selection Method

If the state/territory is not using an existing managed care authority for the MCO service delivery system, this section will be presented for the state/territory to indicate how it procured or otherwise selected the managed care organization(s) that it is using.

- Select one of the two options provided to indicate how the MCO providers are selected.
- If the procurement was done using a method other than a competitive procurement method, provide a clear explanation of the other method.

Review Criteria

The state/territory must select one of the two options to indicate the type of procurement or selection method used. If Other Procurement/Selection Method is selected, the state/territory must provide a description of the method. The description of the other method used must describe the non-competitive procurement method used to select MCO providers and provide the state/territory's rationale for not using a competitive process to select these providers. The CMS reviewer must have a clear understanding of the justification for not using a competitive process, normally required by federal law, in selecting MCO providers to determine that the state/territory's approach meets applicable federal statutory, regulatory and policy requirements.

Other MCO-Based Service Delivery System Characteristics

Services Provided Apart from the Managed Care Organization

- Indicate, **Yes** or **No**, if any services will be delivered apart from the managed care service delivery system.
 - o If **Yes**, a section will appear for the state/territory to indicate which types of benefits and services will be delivered apart from the managed care organization.

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- Indicate the name of the benefit or service in the **Service** text box.
- Additional benefits/services can be added by selecting the + (plus) symbol.
- For each benefit or service listed provide a description of how the service will be provided.

Review Criteria

The state/territory must indicate, Yes or No, if any benefits or services will be delivered apart from the managed care organization. If Yes, the state/territory must name the benefit or service and provide a thorough description of how the benefit/service will be delivered. The description of the delivery system for the benefit/service should be sufficiently clear, detailed and complete to permit CMS to determine that the state/territory's election meets applicable federal statutory, regulatory and policy requirements.

If the state/territory does not indicate whether or not benefits/services will be delivered apart from the managed care organization the SPA cannot be approved. If the state/territory responds Yes, it must name the benefit/service(s) that will be delivered apart and provide a complete description of how the benefit will be delivered. If the state/territory does not name the benefit/service or provide a satisfactory description of the service delivery system, the SPA cannot be approved.

Service Delivery System Geographic Coverage

The state/territory must indicate, **Yes** or **No**, whether the MCO service delivery is provided on a less than statewide basis.

- If **Yes**, the state/territory will be presented with options to where the service delivery system will be made available.

NOTE: Service delivery may only be limited based on where the participants live, not by where the providers are located.

- Select one of the four options to indicate if the limited geographic service delivery area is based on counties, regions within the state/territory, city or municipality, or other.
- If **MCO service delivery is available only in designated counties** is selected, indicate the state/territory's counties where the service delivery system will be made available.
- If **MCO service delivery is available only in designated regions** is selected describe the geographic makeup of the region by indicating which counties,

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municipalities, or other geographic areas are included in the state/territory's region(s) where the service delivery system is available.

- o If ***MCO service delivery is available only in designated cities and municipalities*** is selected indicate the cities or municipalities included in the text box.
- o If ***MCO service delivery is available in some other geographic area*** is selected provide a clear description of the other geographic area. The ***other geographic area*** must not be smaller than a zip code.

Review Criteria

The state/territory must respond, Yes or No, to indicate if the MCO service delivery is provided on a less than statewide basis. If Yes, the state/territory must select one of the options to indicate the type of geographic area where it will be delivered and must provide a description of the geographic area. The description of the geographic areas covered should be sufficiently clear, detailed and complete to permit CMS to determine that the state/territory's election meets applicable federal statutory, regulatory and policy requirements and the reviewer will be clear concerning where the service delivery system will operate.

If the state/territory does not indicate, Yes or No, if the service delivery system will operate on a less than statewide basis, the SPA cannot be approved. If the state/territory responds Yes, the state/territory must select one of the four options and provide a clear description of the geographic area. If this is not done, the SPA cannot be approved.

MCO Participant Exclusions

The state/territory may elect to exclude certain individuals from using the MCO service delivery system, other than individuals already excluded by law as specified at 42 CFR 438.50(d).

- Indicate, ***Yes*** or ***No***, if other Individuals are excluded from MCO participation in the Alternative Benefit Plan. If ***Yes***,
 - o Select from the options presented one or more categories of individuals who are excluded from using the service delivery system and will, instead, be served using the state/territory's fee-for-service system or another service delivery system.
 - o If ***Other*** is selected, provide a clear description of these other individuals and the reason why the state/territory is excluding them.

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- o The state/territory may elect to exclude more than one category of **Other** individuals and should name and describe each category in the text box provided.

Review Criteria

The state/territory must indicate, Yes or No, if individuals (other than those already excluded by Medicaid law) are being excluded from the service delivery system. If the state/territory answers Yes, it must identify the categories of individuals that are excluded by selecting one or more of the options presented. If Other is selected the state/territory must name and describe the category of individuals excluded. The description of the excluded category of individuals should be sufficiently clear, detailed and complete to permit CMS to determine that the state/territory's election meets applicable federal statutory, regulatory and policy requirements.

If the state/territory does not indicate, Yes or No, to indicate if additional individuals are excluded from the service delivery system, the SPA cannot be approved. If the state/territory responds Yes it must select at least one of the options presented and if Other is selected, name and describe the category of individuals. If this is not done the SPA cannot be approved.

General MCO Participation Requirements

The state/territory must select from the two options concerning MCO managed care participation:

- **Mandatory Participation** – the participant is required to participate in the MCO-based service delivery system. If selected, describe the method of enrollment in the text box provided.
- **Voluntary Participation** – the participant is given the option of participating in the MCO-based managed care service delivery system or choosing instead to receive his or her services through the state/territory's fee-for-service or another service delivery system. If the state/territory chooses this option, a menu will appear with three options concerning how the state/territory effectuates the voluntary enrollment process:
 - o ***Affirmative selection of MCO:*** The participant will be given the opportunity to elect to participate in managed care and to select his or her managed care provider.
 - o ***State enrolls individual in MCO and permits disenrollment:*** The participant will be automatically enrolled in managed care with a designated managed care entity and must elect to not participate in managed care.

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- o **Other:** Another method is used to enroll participants in managed care and select their provider. If chosen the state /territory must clearly describe the other method in the text box provided.

Review Criteria

The state/territory must select either the Mandatory Participation or Voluntary Participation option. If one of these is not selected the SPA cannot be approved. If Voluntary Participation is selected, the state/territory must choose one of the three options to indicate the type of voluntary enrollment used. If one of these options is not selected, the SPA cannot be approved. If Other is selected, the state/territory must provide a description of the method used. The description should be sufficiently clear, detailed and complete to permit CMS to determine that the state/territory's election meets applicable federal statutory, regulatory and policy requirements. If the description does not comply with this standard, the SPA cannot be approved.

Additional Information: MCO (Optional)

The state/territory may provide a narrative with additional information about this service delivery system. It should do so if the options selected and other explanations provided need to be supplemented to give the CMS reviewer a clear understanding of the service delivery system. In particular, the state/territory may wish to provide additional detail concerning the participation requirements to assure the reviewer that the participant is clearly informed of the options available to him or her.

Prepaid Inpatient Health Plan (PIHP)

If PIHP was selected as the managed care service delivery system, content related to this service delivery system will be presented. The state/territory must provide the following information:

Managed Care System Authority

The state/territory must provide the following information:

- Indicate, **Yes** or **No**, if PIHP delivery system is the same as an already approved managed care program.
 - o If **Yes**,
 - Select only one of the options presented to indicate the authority under which the existing program was approved.
 - Enter a description of the program and the most recent date CMS approved it.

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- The ***Additional Information*** text box will be presented, which the state/territory may use, at its option, to provide additional information concerning the existing service delivery system.
- o If ***No***,
 - A statement will appear indicating the state/territory will operate a managed care system consistent with the requirements of 42 CFR Part 438 and section 1937 of the Act. The state/territory must select this by checking the box.
 - Indicate if the PIHPs are paid on a risk basis or a non-risk basis. (Select one.)

Review Criteria

The state/territory must indicate, Yes or No, if the managed care system is an already approved system. If Yes, the state/territory must select one of the options presented to indicate the authority for the managed care system and enter a description of the program and the most recent date CMS approved it. If No, the state/territory must affirmatively acknowledge the statement that the Alternative Benefit Plan will be delivered through a PIHP in compliance with the cited federal laws.

If the state/territory does not indicate whether or not the managed care system is an already approved system the SPA cannot be approved. If the state/territory answers Yes and does not make a selection from the options presented and provide a description and approval date the SPA cannot be approved. If the state/territory answers No but fails to acknowledge the statement assuring compliance with the applicable Medicaid managed care laws by checking the box, the SPA cannot be approved. The state/territory must indicate if PIHPs are paid on a risk or non-risk basis. If it does not, the SPA cannot be approved.

PIHP Procurement or Selection Method

If the state/territory is not using an existing managed care authority for the PIHP service delivery system, this section will be presented for the state/territory to indicate how it procured or otherwise selected the PIHP(s) that it is using.

- Select one of the two options provided to indicate how the PIHP providers are selected.
- If the procurement was done using a method other than a competitive procurement method, provide a clear explanation of the other method.

Review Criteria

The state/territory must select one of the two options to indicate the type of procurement or selection method used. If Other Procurement/Selection Method is

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selected, the state/territory must provide a description of the method. The description of the other method used must describe the non-competitive procurement method used to select PIHP providers and provide the state/territory's rationale for not using a competitive process to select these providers. The CMS reviewer must have a clear understanding of the justification for not using a competitive process, normally required by federal law, in selecting PIHP providers to determine that the state/territory's approach meets applicable federal statutory, regulatory and policy requirements.

Other PIHP-Based Service Delivery Characteristics

Services Provided Apart from the Prepaid Inpatient Health Plan

- Indicate, **Yes** or **No**, if any services will be delivered apart from the PIHP service delivery system.
 - If **Yes**, a section will appear for the state/territory to indicate which types of benefits and services will be delivered apart from the PIHP.
 - Indicate the name of the benefit or service in the **Service** text box.
 - Additional benefits/services can be added by selecting the + (plus) symbol.
 - For each benefit or service listed provide a description of how the service will be provided.

Review Criteria

The state/territory must indicate, Yes or No, if any benefits or services will be delivered apart from the PIHP. If Yes, the state/territory must name the benefit or service and provide a through description of how the benefit/service will be delivered. The description of the delivery system for the benefit/service should be sufficiently clear, detailed and complete to permit the CMS reviewer to determine that the state/territory's election meets applicable federal statutory, regulatory and policy requirements.

If the state/territory does not indicate whether or not benefits/services will be delivered apart from the PIHP, the SPA cannot be approved. If the state/territory responds Yes, it must name the benefit/service(s) that will be delivered apart and provide a complete description of how the benefit will be delivered. If the state/territory does not name the benefit/service or provide a satisfactory description of the service delivery system, the SPA cannot be approved.

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Service Delivery System Geographic Coverage

The state/territory indicates, **Yes** or **No**, whether the PIHP service delivery is provided on a less than statewide basis.

- If **Yes**, the state/territory will be presented with options to where the service delivery system will be made available.

NOTE: Service delivery may only be limited based on where the participants live, not by where the providers are located.

- Select one of the four options to indicate if the limited geographic service delivery area is based on counties, regions within the state/territory, city or municipality, or other
- If ***PIHP service delivery is available only in designated counties*** is selected, indicate the state/territory's counties where the service delivery system will be made available.
- If ***PIHP service delivery is available only in designated regions*** is selected describe the geographic makeup of the region by indicating which counties, municipalities or other geographic areas are included in the state/territory region or regions where the service delivery system is available.
- If ***PIHP service delivery is available only in designated cities and municipalities*** is selected indicate the cities or municipalities included in the text box.
- If ***PIHP service delivery is available in some other geographic area*** is selected provide a clear description of the other geographic area. The ***other geographic area*** must not be smaller than a zip code.

Review Criteria

The state/territory must respond, Yes or No, to indicate if the PIHP service delivery is provided on a less than statewide basis. If Yes, the state/territory must select one of the options to indicate the type of geographic area where it will be delivered and must provide a description of the geographic area. The description of the geographic areas covered should be sufficiently clear, detailed and complete to permit the CMS reviewer to determine that the state/territory's election meets applicable federal statutory, regulatory and policy requirements and the reviewer will be clear concerning where the service delivery system will operate.

If the state/territory does not indicate, Yes or No, if the service delivery system will operate on a less than statewide basis, the SPA cannot be approved. If the state/territory responds Yes, the state/territory must select one of the four options

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and provide a clear description of the geographic area. If this is not done, the SPA cannot be approved.

PIHP Participant Exclusions

The state/territory may elect to exclude certain individuals from using the PIHP service delivery system, other than individuals already excluded by law as specified at 42 CFR 438.50(d).

- Indicate, **Yes** or **No**, if other Individuals are excluded from PIHP participation in the ABP. If **Yes**,
 - Select from the options presented one or more categories of individuals who are excluded from using the service delivery system and will, instead, be served using the state/territory's fee-for-service system or another service delivery system.
 - If **Other** is selected, provide a clear description of these other individuals and the reason why the state/territory is excluding them.
 - The state/territory may elect to exclude more than one category of **Other** individuals and should name and describe each category in the text box provided.

Review Criteria

The state/territory must indicate, Yes or No, if individuals (other than those already excluded by Medicaid law) are being excluded from the service delivery system. If the state/territory answers Yes, it must identify the categories of individuals that are excluded by selecting one or more of the options presented. If Other is selected the state/territory must name and describe the category of individuals excluded. The description of the excluded category of individuals should be sufficiently clear, detailed and complete to permit the CMS reviewer to determine that the state/territory's election meets applicable federal statutory, regulatory and policy requirements.

If the state/territory does not indicate, Yes or No, to indicate if additional individuals are excluded from the service delivery system, the SPA cannot be approved. If the state/territory responds Yes it must select at least one of the options presented and if Other is selected, name and describe the category of individuals. If this is not done the SPA cannot be approved.

General PIHP Participation Requirements

The state/territory must select from the two options concerning PIHP managed care participation:

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- **Mandatory Participation** – the participant is required to participate in the PIHP-based service delivery system. If selected, describe the method in the text box provided.
- **Voluntary Participation** – the participant is given the option of participating in the PIHP-based managed care service delivery system or choosing instead to receive his or her services through the state/territory's fee-for-service or another service delivery system. If this option is selected three options will appear concerning how the state/territory effectuates the voluntary enrollment process:
 - o ***Affirmative selection of PIHP:*** The participant will be given the opportunity to elect to participate in managed care and to select his or her managed care provider.
 - o ***State enrolls individual in PIHP and permits disenrollment:*** The participant will be automatically enrolled in managed care with a designated PIHP and must elect to not participate in managed care.
 - o ***Other:*** Another method is used to enroll participants in managed care and select their provider. Provide a clear description of the other method in the text box provided.

Review Criteria

The state/territory must select either the Mandatory Participation or Voluntary Participation option. If one of these is not selected the SPA cannot be approved. If Voluntary Participation is selected, the state/territory must choose one of the three options to indicate the type of voluntary enrollment used. If one of these options is not selected, the SPA cannot be approved. If Other is selected, the state/territory must provide a description of the method used. The description should be sufficiently clear, detailed and complete to permit the CMS reviewer to determine that the state/territory's election meets applicable federal statutory, regulatory and policy requirements. If the description does not comply with this standard, the SPA cannot be approved.

Additional Information: PIHP (Optional)

The state/territory may provide a narrative with additional information about this service delivery system. It should do so if the options selected and other explanations provided need to be supplemented to give the CMS reviewer a clear understanding of the service delivery system. In particular, the state/territory may wish to provide additional detail concerning the participation requirements to assure the reviewer that the participant is clearly informed of the options available to him or her.

Prepaid Ambulatory Health Plan (PAHP)

If PAHP was selected as the managed care service delivery system, content will be presented related to this option. The state/territory must provide the following:

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The state/territory must select one of the options. If it does not indicate if the PAHPs are paid on a risk or non-risk basis, the SPA cannot be approved.

Managed Care System Authority

The state/territory must provide the following information:

- Indicate, **Yes** or **No**, if the Prepaid Ambulatory Health Plan (PAHP) delivery system is the same as an already approved managed care program.
 - If **Yes**,
 - Select only one of the options presented to indicate the authority under which the existing program was approved.
 - Enter a description of the program and the most recent date CMS approved it.
 - The ***Additional Information*** text box is presented, which the state/territory may use, at its option, to provide any additional information concerning the existing service delivery system.
 - If **No**,
 - A statement will appear indicating the state/territory will operate a managed care system consistent with the requirements of 42 CFR Part 438 and section 1937 of the Act.
 - Indicate if the PAHPs are paid on a risk basis or a non-risk basis. (Select one.)
 - The additional sections described below will be presented and must be completed.

Review Criteria

The state/territory must indicate, Yes or No, if the managed care system is an already approved system. If Yes, the state/territory must select one of the options presented to indicate the authority for the managed care system and enter a description of the program and the most recent date CMS approved it. If No, the state/territory must affirmatively acknowledge the statement that the ABP will be delivered through a managed care organization in compliance with the cited federal laws.

If the state/territory does not indicate whether or not the managed care system is an already approved system the SPA cannot be approved. If the state/territory answers Yes and does not make a selection from the options presented and provide a description and approval date, the SPA cannot be approved. If the state/territory answers no but fails to acknowledge the statement assuring compliance with the applicable Medicaid managed care laws by checking the box, the SPA cannot be approved. The

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state/territory must indicate if the PAHPs are paid on a risk or non-risk basis. If this is not done, the SPA cannot be approved.

Procurement or Selection Method

If the state/territory is not using an existing managed care authority for the PAHP service delivery system, this section will be presented for the state/territory to indicate how it procured or otherwise selected the managed care organization(s) that it is using.

- Select one of the two options provided to indicate how the PAHP providers are selected.
- If the procurement was done using a method other than a competitive procurement method, provide a clear explanation of the other method.

Review Criteria

The state/territory must select one of the two options to indicate the type of procurement or selection method used. If Other Procurement/Selection Method is selected, the state/territory must provide a description of the method. The description of the other method used must describe the non-competitive procurement method used to select PAHP providers and provide the state/territory's rationale for not using a competitive process to select these providers. The CMS reviewer must have a clear understanding of the justification for not using a competitive process, normally required by federal law, in selecting PAHP providers to determine that the state/territory's approach meets applicable federal statutory, regulatory and policy requirements.

Other PAHP-Based Service Delivery System Characteristics

Services Provided Apart from the PAHP

- o A section will be presented for the state/territory to indicate which types of benefits and services will be delivered apart from the PAHP. Because PAHPs are not permitted to provide hospitalization or other institutional benefits, the state/territory at a minimum must provide information about these types of benefits in this section of the state plan page. Depending upon how comprehensive the benefits and services are that are provided by the PAHPs, the state/territory may need to add other benefits in this section.
 - Indicate the name of the benefit or service in the **Service** text box.
 - Additional benefits/services can be added by selecting the + (plus) symbol.
 - For each benefit or service listed provide a description of how the service will be provided.

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Review Criteria

At a minimum, the state/territory must list and provide a description of how hospitalization and other institutional benefits or services will be delivered apart from the prepaid ambulatory health plan. The state/territory must name the benefit or service and provide a through description of how the benefit/service will be delivered. The description of the delivery system for the benefit/service should be sufficiently clear, detailed and complete to permit the CMS reviewer to determine that the state/territory's election meets applicable federal statutory, regulatory and policy requirements.

If the state/territory does not indicate how hospitalization and other institutional benefits/services will be delivered apart from the prepaid ambulatory health plans, the SPA cannot be approved. The state/territory must name the benefit/service(s) that will be delivered apart and provide a complete description of how the benefit will be delivered. If the state/territory does not name the benefit/service or provide a satisfactory description of the service delivery system, the SPA cannot be approved.

Service Delivery System Geographic Coverage

The state/territory indicates, **Yes** or **No**, whether the PAHP service delivery is provided on a less than statewide basis.

- If **Yes**, the state/territory will be presented with options to where the service delivery system will be made available.

NOTE: Service delivery may only be limited based on where the participants live, not by where the providers are located.

- Select one of the four options to indicate if the limited geographic service delivery area is based on counties, regions within the state/territory, city or municipality, or other
- If **PAHP service delivery is available only in designated counties** is selected, indicate the state/territory's counties where the service delivery system will be made available.
- If **PAHP service delivery is available only in designated regions** is selected describe the geographic makeup of the region by indicating which counties, municipalities or other geographic areas are included in the state/territory region(s) where the service delivery system is available.

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- o If ***PAHP service delivery is available only in designated cities and municipalities*** is selected indicate the cities or municipalities included in the text box.
- o If ***PAHP service delivery is available in some other geographic area*** is selected provide a clear description of the other geographic area. The ***other geographic area*** must not be smaller than a zip code.

Review Criteria

The state/territory must respond, Yes or No, to indicate if the PAHP service delivery is provided on a less than statewide basis. If Yes, the state/territory must select one of the options to indicate the type of geographic area where it will be delivered and must provide a description of the geographic area. The description of the geographic areas covered should be sufficiently clear, detailed and complete to permit the CMS reviewer to determine that the state/territory's election meets applicable federal statutory, regulatory and policy requirements allowing the CMS reviewer to have a clear understanding of where the service delivery system will operate.

If the state/territory does not indicate, Yes or No, if the service delivery system will operate on a less than statewide basis, the SPA cannot be approved. If the state/territory responds Yes, the state/territory must select one of the four options and provide a clear description of the geographic area. If this is not done, the SPA cannot be approved.

PAHP Participant Exclusions

The state/territory may elect to exclude certain individuals from using the PAHP service delivery system, other than individuals already excluded by law as specified at 42 CFR 438.50(d).

- Indicate, ***Yes*** or ***No***, if other Individuals are excluded from PAHP participation in the Alternative Benefit Plan. If ***Yes***,
 - o Select from the options presented one or more categories of individuals who are excluded from using the service delivery system and will, instead, be served using the state/territory's fee-for-service system or another service delivery system.
 - o If ***Other*** is selected, provide a clear description of these other individuals and the reason why the state/territory is excluding them.
 - o The state/territory may elect to exclude more than one category of ***Other*** individuals and should name and describe each category in the text box provided.

Review Criteria

The state/territory must indicate, Yes or No, if individuals (other than those already excluded by Medicaid law) are being excluded from the service delivery system. If the state/territory answers Yes, it must identify the categories of individuals that are excluded by selecting one or more of the options presented. If Other is selected the state/territory must name and describe the category of individuals excluded. The description of the excluded category of individuals should be sufficiently clear, detailed and complete to permit the CMS reviewer to determine that the state/territory's election meets applicable federal statutory, regulatory and policy requirements.

If the state/territory does not indicate, Yes or No, to indicate if additional individuals are excluded from the service delivery system, the SPA cannot be approved. If the state/territory responds Yes it must select at least one of the options presented and if Other is selected, name and describe the category of individuals. If this is not done the SPA cannot be approved.

General PAHP Participation Requirements

The state/territory must select from the two options concerning PAHP managed care participation:

- **Mandatory Participation** – the participant is required to participate in the PAHP-based service delivery system. If selected, describe the method of enrollment in the text box provided.
- **Voluntary Participation** – the participant is given the option of participating in the PAHP-based managed care service delivery system or choosing instead to receive his or her services through the state/territory's fee-for-service or another service delivery system. If this option is selected three options will appear concerning the voluntary enrollment process:
 - ***Affirmative selection PAHP:*** The participant will be given the opportunity to elect to participate in managed care and to select his or her managed care provider.
 - ***State enrolls individual in PAHP and permits disenrollment:*** The participant will be automatically enrolled in managed care with a designated PAHP provider and must elect to not participate in managed care.
 - ***Other:*** Another method is used to enroll participants in managed care and select their provider. Provide a clear description of the other method in the text box provided.

Review Criteria

The state/territory must select either the Mandatory Participation or Voluntary Participation option. If one of these is not selected the SPA cannot be approved. If Voluntary Participation is selected, the state/territory must choose one of the three options to indicate the type of voluntary enrollment used. If one of these options is not selected, the SPA cannot be approved. If Other is selected, the state/territory must provide a description of the method used. The description should be sufficiently clear, detailed and complete to permit the CMS reviewer to determine that the state/territory's election meets applicable federal statutory, regulatory and policy requirements. If the description does not comply with this standard, the SPA cannot be approved.

Additional Information: PAHP (Optional)

The state/territory may provide a narrative with additional information about this service delivery system. It should do so if the options selected and other explanations provided need to be supplemented to give the CMS reviewer a clear understanding of the service delivery system. In particular, the state/territory may wish to provide additional detail concerning the participation requirements to assure the reviewer that the participant is clearly informed of the options available to him or her.

Primary Care Case Management

If Primary Care Case Management (PCCM) was selected as a type of service delivery system used to provide benefits and services for the ABP, content related to this type of system will be presented. PCCM service delivery is frequently combined with another form of service delivery (fee-for-service or managed care)

Managed Care System Authority

The state/territory must provide the following information:

- Indicate, **Yes** or **No**, if the PCCM delivery system is the same as an already approved managed care program.
 - o If **Yes**,
 - Select only one of the options presented to indicate the authority under which the existing program was approved.
 - Enter a description of the program and the most recent date CMS approved it along with the waiver or SPA identification number.
 - The **Additional Information** text box is presented, which the state/territory may use, at its option, to provide any additional information concerning the existing service delivery system.

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- o If *No*,
 - A statement will appear indicating the state/territory will operate a PCCM managed care system consistent with the requirements of 42 CFR Part 438, and sections 1903(m), 1932, and 1937 of the Act.
 - The additional sections described below will be presented and must be completed.

Review Criteria

The state/territory must indicate, Yes or No, if the PCCM managed care system is an already approved system. If Yes, the state/territory must select one of the options presented to indicate the authority for the existing PCCM managed care system and enter a description of the program and the most recent date CMS approved it. If No, the state/territory must affirmatively acknowledge the statement that the ABP will be delivered through a PCCM in compliance with the cited federal laws.

If the state/territory does not indicate whether or not the PCCM managed care system is an already approved system, the SPA cannot be approved. If the state/territory answers Yes and does not make a selection from the options presented and provide a description and approval date, the SPA cannot be approved. If the state/territory answers No, but fails to acknowledge the statement assuring compliance with the applicable Medicaid managed care laws by checking the box, the SPA cannot be approved.

PCCM Payments

Next, specify how the payment for PCCM services is handled by:

- Selecting one of the two options provided.
- If the PCCM provider is not paid on a per member/per month basis (PMPM), thoroughly describe the payment methodology used.

Review Criteria

The state/territory must select one of the two options to indicate how the payment for PCCM services is handled. If the state/territory selects the second option of Other, it must provide a description of the payment methodology. The description should be sufficiently clear, detailed and complete to permit the CMS reviewer to determine that the state/territory's election meets applicable federal statutory, regulatory and policy requirements. If the state/territory does not select an option, or if it selects Other and does not provide a description that meets the standard indicated, the SPA cannot be approved.

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Service Delivery System Geographic Coverage

The state/territory indicates, **Yes** or **No**, whether the PCCM service delivery is provided on a less than statewide basis.

- If **Yes**, the state/territory will be presented with options to where the service delivery system will be made available.

NOTE: Service delivery may only be limited based on where the participants live, not by where the providers are located.

- Select one of the four options to indicate if the limited geographic service delivery area is based on counties, regions within the state/territory, city or municipality, or other
- If ***PCCM service delivery is available only in designated counties*** is selected, indicate the state/territory's counties where the service delivery system will be made available.
- If ***PCCM service delivery is available only in designated regions*** is selected describe the geographic makeup of the region by indicating which counties, municipalities or other geographic areas are included in the state/territory region or regions where the service delivery system is available.
- If ***PCCM service delivery is available only in designated cities and municipalities*** is selected indicate the cities or municipalities included in the text box.
- If ***PCCM service delivery is available in some other geographic area*** is selected provide a clear description of the other geographic area. The ***other geographic area*** must not be smaller than a zip code.

Review Criteria

The state/territory must respond, Yes or No, to indicate if the PCCM service delivery is provided on a less than statewide basis. If Yes, the state/territory must select one of the options to indicate the type of geographic area where it will be delivered and must provide a description of the geographic area. The description of the geographic areas covered should be sufficiently clear, detailed and complete to permit the CMS reviewer to determine that the state/territory's election meets applicable federal statutory, regulatory and policy requirements allowing the CMS reviewer to have a clear understanding of where the service delivery system will operate.

If the state/territory does not indicate, Yes or No, if the service delivery system will operate on a less than statewide basis, the SPA cannot be approved. If the

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state/territory responds Yes, the state/territory must select one of the four options and provide a clear description of the geographic area. If this is not done, the SPA cannot be approved.

Additional Information: PCCM (Optional)

Finally, the state/territory may provide additional details concerning the PCCM service delivery system, including how it relates to other fee-for-service or managed care service delivery systems. The CMS reviewer must be able to have a thorough understanding of the PCCM system based on the information presented.

Fee-for-Service (FFS)

If FFS was selected as the service delivery system, a state plan page section will be presented related to this option. The state/territory must provide the following:

- Select one or both of the Fee-for-Service options.
- Regardless of which option(s) is selected, thoroughly describe the system in the text box provided.

Review Criteria

The state/territory must select one or both of the fee-for-service options. The descriptions of these fee-for-service systems should be sufficiently clear, detailed and complete to permit the CMS reviewer to determine that the state/territory’s election meets applicable federal statutory, regulatory and policy requirements. If the state/territory does not select an option or provide an adequate description, the SPA cannot be approved.

Other Service Delivery Model

If the state/territory selects the option of an “Other Service Delivery” system the state/territory must

- Name the other service delivery model in the text box provided.
- Provide a description of the model it will use. Be as complete and thorough as possible in describing the system so that the CMS reviewer can have a comprehensive understanding of how the system will operate and be funded.

Review Criteria

The descriptions of the Other Service Delivery system should be sufficiently clear, detailed and complete to permit the CMS reviewer to determine that the state/territory’s election meets applicable federal statutory, regulatory and policy requirements. If the description does not meet this standard, the SPA cannot be approved.