ABP10 – General Assurances

Statute: 1902(a)(30)

Regulation: 42 CFR 440.370; 42 CFR 430.2 42 CFR 447.253(a)(iii)(c)(2); 42 CFR 447.272; 42 CFR 447.321; 42 CFR 447.500

INTRODUCTION

This fillable PDF (state plan page) is used to record the state/territory's assurances concerning compliance with general Medicaid requirements for a section 1937 Alternative Benefit Plan (ABP) state plan submission.

BACKGROUND

With the exception of the comparability and statewideness requirements, ABPs are subject to all other Medicaid state plan requirements. In addition to these assurances, the state/territory indicates if the ABP uses the same upper payment limit (UPL) and other economy and efficiency principles that are described in its approved state plan. If not, the state/territory explains how they are different.

TECHNICAL GUIDANCE

The state/territory must affirmatively assure that ABP coverage is provided in accordance with federal UPL requirements and other economy and efficiency principles as required by the Act. The state/territory provides this affirmative assurance by checking the box next to the assurance.

Review Criteria

The state/territory must select the assurance to indicate that it will comply with the Alternative Benefit Plan and will comply with upper payment limit and other economy and efficiency principles required by the Act. If the state/territory does not elect this assurance, the SPA cannot be approved.

- Next, the state/territory indicates, ***Yes*** or ***No***, if these economy and efficiency requirements are met in the same manner as described in the state/territory's approved Medicaid state plan.
    - If ***No***, the state/territory must describe how the ABP is different from the approved Medicaid state plan concerning this matter.

Review Criteria

The state/territory must indicate, Yes or No, if the economy and efficiency requirements of the Alternative Benefit Plan are met in the same manner as described in the

state/territory's approved Medicaid state plan. If No, the state/territory must provide a description of how it will meet these requirements. 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 state/territory does not make a selection, or if it selects No and does not provide an adequate description, the SPA cannot be approved.

Next the state/territory must affirmatively assure that:

- It will comply with all other provisions of the Social Security Act governing administration of the state plan for this or any other ABPs;
- The ABP(s) benefits design conform to federal non-discrimination requirements;
- All providers of ABP benefits meet the provider qualification requirements for the 1937 coverage option, base benchmark plan and/or the state/territory's approved Medicaid state plan.

The state/territory provides these affirmative assurances by checking the boxes next to the assurances.

Review Criteria

The state/territory must affirmatively indicate that it will comply with the assurances by checking the box next to each of them. If the state/territory does not select each assurance, the SPA cannot be approved.