**Template B10 – Alternative Benefit Plans General Assurances**

Regulation: 42 CFR 440.370

**INTRODUCTION**

This template is used to record the States assurances concerning compliance with general Medicaid requirements.

**BACKGROUND**

With the exception of the comparability and Statewideness requirements, Alternative Benefits Plans are subject to all other Medicaid State plan requirements. In addition to these assurances, the State indicates if the Alternative Benefit Plan uses the same upper payment limit and other economy and efficiency principles that are described in its State plan. If not, the State explains how they are different.

**TECHNICAL GUIDANCE**

The State must affirmatively assure that Alternative Benefit Plan coverage is provided in accordance with Federal upper payment limit requirements and other economy and efficiency principles as required by the Act.

The State provides this affirmative assurance by checking the box next to the assurance. If the State does not check this box, the system will not accept this template for review and approval.

Next the State indicates if these economy and efficiency requirements are met in the same manner as described in the State plan.

* If yes, nothing further is required related to this assurance.
* If no, the State must describe how the Alternative Benefit Plan is different from the State Plan concerning this matter.

***Review Criteria***

***The description should be sufficiently clear, detailed and complete to permit the reviewer to determine that the State’s election meets applicable federal statutory, regulatory and policy*** ***requirements.***

The State must affirmatively assure that:

* The State will comply with all other provisions of the Act in administering the State plan related to Alternative Benefit Plans,
* That the Alternative Benefit Plan benefit designs conform to Federal non-discrimination requirements and
* That all providers of Alternative Benefit Plan benefits meet the provider qualification requirements of the Base Benchmark Plan or the Medicaid State Plan.

The State provides these affirmative assurances by checking the boxes next to the assurances. If the State does not check these boxes, the system will not accept this template for review and approval.