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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 14-0027

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

April 27, 2015

Hal Cohen, Secretary
Vermont Agency of Human Services
208 Hurricane Lane, Suite 103
Williston, Vermont 05495

Dear Secretary Cohen:

We are pleased to enclose a copy of Vermont's approved Alternative Benefit Plan (ABP) state plan amendment (SPA) VT 14-0027 (MMDL VT 0626.00.01). This SPA, submitted on December 18, 2014, was approved on April 27, 2015 and is effective as of December 31, 2014 as requested by your Agency. This SPA revises Vermont's approved ABP SPA to add (1) the telemonitoring delivery system to the Home Health Intermittent Part Time Nursing benefit and (2) face-to-face tobacco cessation for all non-pregnant Medicaid beneficiaries to the Other 1937 benefits section. Both these benefits are effective the same date as the benefits in corresponding SPAs VT 14-021 and VT 14-009, respectively. This will maintain alignment between the ABP and the State plan.

All requirements pertaining to ABPs must be met including, but not limited to: benefits, payment rates, reimbursement methodologies, cost-sharing state plan pages, and (if applicable) managed care service delivery systems (waivers and contracts). Amendments to the state's approved Medicaid program (SPAs, waivers, contracts) may require corresponding amendments to the ABP if the change to the benefit in the approved state plan will be mirrored in the ABP.

Enclosed are copies of the following approved State plan pages to be incorporated into the State plan:

- Attachment 3.1-L, ABP5 pages 1-42.

If you have any questions concerning this state plan amendment, please contact Lynn Wolfsfeld at 1-410-999-4004 or Lynn.Wolfsfeld@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc: Steven Costantino, Commissioner
Lindsay Parker, Health Programs Administrator, Policy Unit
Ashley Berliner, Medicaid Policy and Planning Chief, Policy Unit

☐ Other Issue

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: Vermont

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY= the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

VT-14-0027

Proposed Effective Date

12/31/2014

(mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR Â§430.12(c)(ii)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2015	\$ 6960.10
Second Year	2016	\$ 9102.02

Subject of Amendment

Alternative Benefit Package

Governor's Office Review

☒ Governor's office reported no comment

☐ Comments of Governor's office received

Describe:

☐ No reply received within 45 days of submittal

☐ Other, as specified

Describe:

Signature of State Agency Official

Submitted By:

Ashley Berliner

Last Revision Date:

Apr 23, 2015

Submit Date:

Dec 18, 2014

Plan Approved - One Copy Attached

Date Received: 12/18/2014

EFFECTIVE DATE OF APPROVED MATERIAL: 12/31/14

Date Approved: April 27, 2015

SIGNATURE OF REGIONAL OFFICIAL

TYPED NAME: Richard R. McGreal

TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health Operations
Boston Regional Office



Alternative Benefit Plan

Attachment 3.1-L ☐

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Benefits Description**ABP5**The state/territory proposes a "Benchmark-Equivalent" benefit package. ☐ No**Benefits Included in Alternative Benefit Plan**

Enter the specific name of the base benchmark plan selected:

Blue Care, Vermont Health Plan, LLC, CDHP

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."

Secretary-Approved



Alternative Benefit Plan

☒ Essential Health Benefit 1: Ambulatory patient services
Collapse All ☐

Benefit Provided:

Outpatient Hospital

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Rural Health Clinic

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

5 visits per month; 1 visit per day

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Federally Qualified Health Center

Source:

State Plan 1905(a)

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

5 visits per month; 1 visit per day

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Remove

Benefit Provided:

Physician Services in all settings

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information below

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Home & Office - 5 visits per month; Nursing Facility - up to 1 visit per week; Hospital - up to 1 admission visit per patient per diagnosis per month and up to one visit per day for acute care. Excludes solely cosmetic surgery; ineffective or unproven procedures; unnecessary testing; experimental; services provided without consent. Prior authorizations apply for certain circumstances and procedures. Limits may be exceeded based on medical necessity.

Benefit Provided:

Family Planning

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Reversal of sterilizations not covered

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Medical & Surgical furnished by Dentist

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Remove

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

OLP: Chiropractic

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

10 visits per year

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

OLP: Podiatry

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Non-routine foot care only; Excludes flat foot; subluxations of foot not requiring surgery; corns, calluses, nail trimming preventative hygiene

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Non-Emergency Transportation

Source:

State Plan 1905(a)



Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Hospice

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

6 months prior to end of life.

Benefit Provided:

OLP: Pediatric or Family Nurse Practitioners

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information below

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Home & Office - 5 visits per month; Nursing Facility - up to 1 visit per week; Hospital - up to 1 admission visit per patient per diagnosis per month and up to one visit per day for acute care. Excludes solely cosmetic surgery; ineffective or unproven procedures; unnecessary testing; experimental; services provided without consent. Prior authorizations apply for certain circumstances and procedures. Limits may be



Alternative Benefit Plan

exceeded based on medical necessity.	Remove
	Add



Alternative Benefit Plan

☒ Essential Health Benefit 3: HospitalizationCollapse All ☐

Benefit Provided:

Inpatient Hospital

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Substance Abuse Detox is performed in an inpatient hospital setting.

Benefit Provided:

Inpatient Psychiatric Hospital

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Not Institutions for Mental Disease (IMD).

Add



Alternative Benefit Plan

☒ Essential Health Benefit 2: Emergency services
Collapse All ☐

Benefit Provided:

Outpatient Hospital: Emergency Care

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Transportation: Ambulance

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

For emergency services. Prior authorization is required for coverage of ambulance service to an out-of-state hospital. Transport to a border hospital does not require prior authorization.

Add



Alternative Benefit Plan

☒ Essential Health Benefit 4: Maternity and newborn care

 Collapse All ☐

Benefit Provided:

OLP: Licensed Lay Midwife

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Nurse Midwife

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Physician Services: Maternity Care

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

[Remove](#)

Benefit Provided:

Inpatient Hospital: Maternity Care

Source:

State Plan 1905(a)

[Remove](#)

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Current Authorization on the 13th day of stay.

[Add](#)



Alternative Benefit Plan

☒ Essential Health Benefit 5: Mental health and substance use disorder services including behavioral health treatment

Collapse All ☐

Benefit Provided:

Clinic Services - Mental Health Clinic

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Includes group therapy, individual psychotherapy, day hospital, diagnosis and evaluation, emergency care, and chemotherapy.

Benefit Provided:

OLP: Behavioral Health

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Not covered if resident of inpatient hospital or mental health hospital, or concurrently receiving mental health clinic services.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Vermont has five designated hospitals that provided psychiatric services in the general hospital setting with wings of 8 beds or less and are not Institutions for Mental Disease (IMD).

Benefit Provided:

Rehab: Substance Abuse Services Residential Treat

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

None

Remove

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Not Institutions for Mental Disease (IMD).

Benefit Provided:

Rehab: Substance Abuse Residential Detoxification

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

7 days per acute episode

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Not Institutions for Mental Disease (IMD).

Benefit Provided:

Rehab: Substance Abuse Residential Post Detox Serv

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

30 days per year

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Not Institutions for Mental Disease (IMD).

Benefit Provided:

Rehab: Substance Abuse Resid. Extended Post Detox

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

183 days per year

Duration Limit:

None

Remove

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Not Institutions for Mental Disease (IMD).

Benefit Provided:

Rehab:Substance Abuse Non-residential professional

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

90 hours counseling per episode

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add



Alternative Benefit Plan

☒ Essential Health Benefit 6: Prescription drugs

Benefit Provided:

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.):

- ☒ Limit on days supply
- ☐ Limit on number of prescriptions
- ☒ Limit on brand drugs
- ☒ Other coverage limits
- ☒ Preferred drug list

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

The State of Vermont's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.



Alternative Benefit Plan

☒ Essential Health Benefit 7: Rehabilitative and habilitative services and devices
Collapse All ☐

Benefit Provided:

Outpatient Hospital - Rehabilitative therapies

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

OT/PT/SLP

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Both rehabilitative and habilitative

Benefit Provided:

OT/PT/SLP (non-hospital based)

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Under 21, 8 visits; over 21, 30 visits/year combin

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Under 21, prior authorization after 8 visits; over 21, prior authorization for over 30 visits per year of any type. Both rehabilitative and habilitative.

Benefit Provided:

Physical Therapies & Related Service: Hearing Aids

Source:

State Plan 1905(a)

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Every three years

Duration Limit:

None

Scope Limit:

Hearing loss has to meet certain conditions. Prior authorization is required for other degrees of hearing loss.



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Remove

Benefit Provided:

Prosthetic Devices

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Physician order is required for breast prostheses, trusses and socks ; all others require prior authorization.

Benefit Provided:

Nursing Facility 21 and older; rehab care

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Requires a physician order; Out of state requires prior authorization.

Benefit Provided:

Home Health Intermittent Part Time Nursing

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

None

Remove

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Requires physician order and plan of care. Services delivered through the home telemonitoring delivery system are available to Medicaid beneficiaries eligible for home health services. This benefit has the same effective date as SPA 14-021.

Benefit Provided:

Home Health Aide

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Requires plan of care and supervision by OT/PT/SLP or nurse.

Benefit Provided:

Home Health: Medical Supplies, Equip. and Appliance

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Requires physician order.

Benefit Provided:

Home Health PT/OT/SLP

Source:

State Plan 1905(a)

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="four month limit"/>	<input type="button" value="Remove"/>
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		

Benefit Provided: <input type="text" value="Home Health: Private Duty Nursing"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Prior Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		



Alternative Benefit Plan

☒ Essential Health Benefit 8: Laboratory servicesCollapse All ☐

Benefit Provided:

Other Laboratory and X-Ray Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Urine drug test limited to 8 per month

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Exceptions to the urine drug test limitation must be prior approved. Diagnostic imaging requires prior authorization for high-tech (CT, CTA, MRI, MRA, PET, PET/CA) unless provided as part of ER or inpatient visit.

Add



Alternative Benefit Plan

☒ Essential Health Benefit 9: Preventive and wellness services and chronic disease management

Collapse All ☐

The state/territory must provide, at a minimum, 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).

Benefit Provided:

Clinic Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

OLP: Naturopathic Physician

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add



Alternative Benefit Plan

☒ Essential Health Benefit 10: Pediatric services including oral and vision care

Collapse All ☐

Benefit Provided:
Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

All federally required services in accordance CFR and Statute.

Benefit Provided:
Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Nursing facility under 21. Rehabilitation Center services provided in nursing facilities located outside of Vermont for the severely disabled such as head injured or ventilator dependent people require authorization prior to admission from the Medicaid Director or a designee. Coverage of this care is limited to one year

Add



Alternative Benefit Plan

☐ Other Covered Benefits from Base Benchmark

Collapse All ☐



Alternative Benefit Plan

☒ Base Benchmark Benefits Not Covered due to Substitution or Duplication

 Collapse All ☐

Base Benchmark Benefit that was Substituted:

Source:

Family Planning: Reversal of Sterilization

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substitution - Non-Emergency Transportation was substituted in the ambulatory care EHB category. The Medicaid State Plan does not cover reversal of sterilization and the state seeks an identical benefit plan for this former 1115 expansion, now state plan, group in the Medicaid program.

Base benchmark benefit limitation(s): One attempt at reversal of sterilization covered.

Base Benchmark Benefit that was Substituted:

Source:

Infertility Drugs with natural conception

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Generic and Brand Name Drug benefit services includes Hormone treatments and were used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

Base benchmark benefit limitation(s): Infertility Drugs up to 4 months per year for natural conception.

This benefit maps to EHB 6: Prescription Drugs.

Base Benchmark Benefit that was Substituted:

Source:

Outpatient Hospital Fee

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Outpatient Hospital service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

This benefit maps to EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Source:

Outpatient Surgery Physician/Surgical Services

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Outpatient Hospital service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

This benefit maps to EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Source:

Urgent Care Centers or Facilities

Base Benchmark



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Other Ambulatory Services - Rural Health Clinic and FQHC's and Physician Services In all settings service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. Certain clinics provide urgent care, however Vermont does not have stand alone urgent care center providers who are not affiliated with a health clinic or hospital.

This benefit maps to EHB 1: Ambulatory Patient Services.

Remove

Base Benchmark Benefit that was Substituted:

Primary Care Visit to Treat an Injury or Illness

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Physician Services In all settings service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

This benefit maps to EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Dental Services (not Routine)

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Medical & Surgical furnished by dentist service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

Base benchmark benefit limitation(s): Prior approval required.

This benefit maps to EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Chiropractic Care

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Chiropractic service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

Base benchmark benefit limitation(s): Prior Approval is required after the 12th visit.

This benefit maps to EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

OLP: Routine Foot Care for diabetics only

Source:

Base Benchmark



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Podiatry service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

Base benchmark benefit limitation(s): Covered for Diabetics only; excluded for all other members.

This benefit maps to EHB 1: Ambulatory Patient Services.

Remove

Base Benchmark Benefit that was Substituted:

Emergency Room Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Outpatient Hospital Emergency Care service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

This benefit maps to EHB 2: Emergency Services.

Base Benchmark Benefit that was Substituted:

Emergency Transportation/ Ambulance

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Transportation: Ambulance service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

This benefit maps to EHB 2: Emergency Services.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Inpatient Hospital, Physician Services In all settings was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

This benefit maps to EHB 3: Hospitalization.

Base Benchmark Benefit that was Substituted:

Inpatient Physician and Surgical Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Inpatient Hospital, Physician Services In all settings was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

This benefit maps to EHB 3: Hospitalization and EHB 1: Ambulatory Care.



Alternative Benefit Plan

<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px;">Substance Abuse Disorder Inpatient Services</div>	<p>Source:</p> <p>Base Benchmark</p>	<div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Remove</div> </div> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Duplication - The Medicaid State Plan Inpatient Hospital, Physician Services In all settings was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>This benefit maps to EHB 3: Hospitalization and EHB 1: Ambulatory Care.</p> <p>Base benchmark benefit limitation(s): Excludes services provided by non-participating providers or facilities, treatment without concurrent review, non-traditional or alternative therapies, services that focus on education or socialization or delinquency, custodial care that is not medically necessary and biofeedback, pain management, stress reduction classes or pastoral counseling.</p> <p>Prior Approval is required for all non-Emergency Inpatient or partial-Inpatient substance abuse services.</p> </div>
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px;">Cosmetic Surgery if reconstructive</div>	<p>Source:</p> <p>Base Benchmark</p>	<div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Remove</div> </div> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Duplication - The Medicaid State Plan Inpatient Hospital, Physician Services In all settings was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>This benefit maps to EHB 3: Hospitalization and EHB 1: Ambulatory Care.</p> </div>
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px;">Bariatric Surgery</div>	<p>Source:</p> <p>Base Benchmark</p>	<div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Remove</div> </div> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Duplication - The Medicaid State Plan Inpatient Hospital, Physician Services In all settings was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>This benefit maps to EHB 3: Hospitalization and EHB 1: Ambulatory Care.</p> </div>
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px;">Transplant-deceased donor</div>	<p>Source:</p> <p>Base Benchmark</p>	<div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Remove</div> </div> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Duplication - The Medicaid State Plan Inpatient Hospital, Physician Services In all settings was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>This benefit maps to EHB 3: Hospitalization and EHB 1: Ambulatory Care.</p> </div>



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Transplant live donor</div>	Source:	Base Benchmark <div style="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 10px;">Remove</div> </div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Duplication - The Medicaid State Plan Inpatient Hospital, Physician Services In all settings was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> This benefit maps to EHB 3: Hospitalization and EHB 1: Ambulatory Care. </div>		
Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Mental/Behavioral Health Inpatient Services</div>	Source:	Base Benchmark <div style="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 10px;">Remove</div> </div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Duplication - The Medicaid State Plan Inpatient psychiatric Hospital service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> This benefit maps to EHB 3: Hospitalization. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Base benchmark benefit limitation(s): Excludes services provided by non-participating providers or facilities, treatment without concurrent review, non-traditional or alternative therapies, services that focus on education or socialization or delinquency, custodial care that is not medically necessary and biofeedback, pain management, stress reduction classes or pastoral counseling. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Prior Approval is required for all non-Emergency Inpatient or partial-Inpatient Mental Health services. </div>		
Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Other Practitioner Office Visit (Nurse, Physician</div>	Source:	Base Benchmark <div style="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 10px;">Remove</div> </div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Duplication - The Medicaid State Plan Pediatric or Family Nurse Practitioners' Services was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> This benefit maps to EHB 1: Ambulatory Patient Services. </div>		
Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Prenatal and Postnatal Care</div>	Source:	Base Benchmark <div style="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 10px;">Remove</div> </div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Duplication - The Medicaid State Plan Licensed Lay Midwife, Physician Services: Maternity Care services were used in order to ensure identical benefits for all beneficiaries in the Medicaid program. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> This benefit maps to EHB 4: Maternity and Newborn Care. </div>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Delivery and All Inpatient Services for Maternity</div>	Source:	Base Benchmark <div style="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 5px;">Remove</div> </div>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Duplication - The Medicaid State Plan Nurse Mid Wife, Physician Services: Maternity Care, Inpatient Hospital: Maternity Care was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. This benefit maps to EHB 4: Maternity and Newborn Care. </div>		
Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Diagnostic Test (Lab Work)</div>	Source:	Base Benchmark <div style="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 5px;">Remove</div> </div>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Duplication - The Medicaid State Plan Other Laboratory and X-Ray Services was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. This benefit maps to EHB 8: Laboratory Services. </div>		
Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Diagnostic Tests and Imaging</div>	Source:	Base Benchmark <div style="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 5px;">Remove</div> </div>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Duplication - The Medicaid State Plan Other Laboratory and X-Ray Services was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. This benefit maps to EHB 8: Laboratory Services. </div>		
Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Preventive Care</div>	Source:	Base Benchmark <div style="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 5px;">Remove</div> </div>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Duplication - The Medicaid State Plan Physician Services In all settings, Clinic Services, and Other diagnostic, screening, preventative and rehab services were used in order to ensure identical benefits for all beneficiaries in the Medicaid program. This benefit maps to EHB 9: Preventive and Wellness Services and Chronic Disease Management and EHB 1: Ambulatory Care. </div>		
Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Nutritional Counseling</div>	Source:	Base Benchmark
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Duplication - The Medicaid State Plan Naturopathic Physician and Physician Services were used in order to </div>		



Alternative Benefit Plan

ensure identical benefits for all beneficiaries in the Medicaid program. This benefit maps to EHB 9: Preventive and Wellness Services and Chronic Disease Management and EHB 1: Ambulatory Care.		<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remove</div>
Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Generic Drugs</div>	Source: Base Benchmark	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remove</div>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Duplication - The Medicaid State Plan Generic drug benefit was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. This benefit maps to EHB 6: Prescription Drugs. </div>		
Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Preferred brand, non-pref. brand, & specialty drug</div>	Source: Base Benchmark	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remove</div>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Duplication - The Medicaid State Brand Name drug benefit was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. This benefit maps to EHB 6: Prescription Drugs. </div>		
Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Nutritional Formulas</div>	Source: Base Benchmark	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remove</div>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Duplication - The Medicaid State Plan Generic, Brand Name and OTC drug benefit was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. This benefit maps to EHB 6: Prescription Drugs. </div>		
Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Mental/Behavioral Health Outpatient Services</div>	Source: Base Benchmark	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Duplication - The Medicaid State Plan Clinic Services - Mental Health Clinic (group therapy; individual psychotherapy; day hospital; diagnosis and evaluation; emergency care; chemotherapy) and OLP: Behavioral Health services were used in order to ensure identical benefits for all beneficiaries in the Medicaid program. This benefit maps to EHB 5: Mental Health and Substance Use Disorder Services Including Behavioral Health Treatment. Base benchmark benefit limitation(s): Prior authorization is required for psychological testing, electro- </div>		



Alternative Benefit Plan

shock therapy; and intensive outpatient mental health services. For all other outpatient services, there is a 10 visit limit per plan year without prior approval. If more than 10 visits are required for outpatient mental health services, prior approval is required beginning with the 11th visit.

[Remove](#)

Base Benchmark Benefit that was Substituted:

Neuropsychological Testing

Source:

Base Benchmark

[Remove](#)

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Clinic Services - Mental Health Clinic (group therapy; individual psychotherapy; day hospital; diagnosis and evaluation; emergency care; chemotherapy) service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

This benefit maps to EHB 5: Mental Health and Substance Use Disorder Services Including Behavioral Health Treatment.

Base Benchmark Benefit that was Substituted:

Substance Abuse Disorder Outpatient Services

Source:

Base Benchmark

[Remove](#)

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Substance Abuse Services Residential Treatment, Substance Abuse Services Residential Detoxification, Substance Abuse Services Residential Post Detox Services, Substance Abuse Services Residential Extended post detox, and Substance Abuse Services Non-residential professional services were used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

This benefit maps to EHB 5: Mental Health and Substance Use Disorder Services Including Behavioral Health Treatment.

Base benchmark benefit limitation(s): Prior authorization is required for psychological testing, electroshock therapy; and intensive outpatient substance abuse services. For all other outpatient services, there is a 10 visit limit per plan year without prior approval. If more than 10 visits are required for outpatient substance abuse services, prior approval is required beginning with the 11th visit.

Base Benchmark Benefit that was Substituted:

Outpatient Rehabilitation Services

Source:

Base Benchmark

[Remove](#)

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Outpatient Hospital - Rehabilitative therapies (OT/PT/SLP) service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices.

Base Benchmark Benefit that was Substituted:

Outpatient physical, speech and occupational thera

Source:

Base Benchmark



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan OT/PT/SLP (non-hospital based) service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

Base benchmark benefit limitation(s): Covered up to 30 visits combined per plan year.

This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices.

Remove

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Communication Devices, Wheelchair, Physical Therapies & Related Services: Hearing Aids, Prosthetic Devices, Home Health: Medical Supplies, Equipment and Appliances were used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

Base benchmark benefit limitation(s): Some durable medical equipment and supplies require prior approval. Includes supplies and equipment necessary for administration, orthotics (if approved), prosthetics, and devices. Threshold applies.

This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices.

Base Benchmark Benefit that was Substituted:

Skilled Nursing Facility

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Nursing Facility 21 and older was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

Base benchmark benefit limitation(s): Covered by participating facility only for Acute Care.

This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices.

Base Benchmark Benefit that was Substituted:

Home Health Care Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Home Health Aide and Home Health PT/OT and SLP Services were used in order to ensure identical benefits for all beneficiaries in the Medicaid program. 7a. Home Health Intermittent part time nursing.

This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Private-Duty Nursing

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Home Health: Private Duty Nursing service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

Base benchmark benefit limitation(s): Covered up to \$2,000 per plan year; Requires prior approval and recertification of treatment plan every 60 days.

This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices.

Base Benchmark Benefit that was Substituted:

Hospice Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Hospice service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

Base benchmark benefit limitation(s): 100 hours per month.

This benefit maps to EHB 1: Ambulatory Services.

Base Benchmark Benefit that was Substituted:

Home Health Aide

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Home Health Aide was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

Base benchmark benefit limitation(s): 100 hours per month.

This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices.

Base Benchmark Benefit that was Substituted:

Habilitation Autism

Source:

Base Benchmark

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan EPSDT service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

VT requires private insurers to cover services to children up to the age of 21 who have an ASD regardless of whether they are gaining a new skill or recovering a lost skill. This is the same coverage that EPSDT provides e.g. to ameliorate, or prevent from worsening or promote healthy development.



Alternative Benefit Plan

<div style="border: 1px solid black; padding: 5px; min-height: 20px;">This benefit maps to EHB 10: Pediatric services including oral and vision care.</div>		<div style="border: 1px solid black; padding: 2px 10px;">Remove</div>
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px 10px; min-height: 20px;">Preventive Care/ Screening/ Immunization</div>	<p>Source:</p> <p>Base Benchmark</p>	<div style="border: 1px solid black; padding: 2px 10px;">Remove</div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px; min-height: 40px;"> <p>Duplication - The Medicaid State Plan EPSDT and Physician Services in All Settings was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>This benefit maps to EHB 1: Ambulatory Patient Services and EHB 10: Pediatric Services including Oral and Vision Care.</p> </div>		
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px 10px; min-height: 20px;">Eye Glasses for Children</div>	<p>Source:</p> <p>Base Benchmark</p>	<div style="border: 1px solid black; padding: 2px 10px;">Remove</div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px; min-height: 40px;"> <p>Duplication - The Medicaid State Plan EPSDT service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>This benefit maps to EHB 10: Pediatric Services Including Oral and Vision Care.</p> </div>		
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px 10px; min-height: 20px;">Dental Check-Up for Children</div>	<p>Source:</p> <p>Base Benchmark</p>	<div style="border: 1px solid black; padding: 2px 10px;">Remove</div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px; min-height: 40px;"> <p>Duplication - The Medicaid State Plan EPSDT service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>This benefit maps to EHB 10: Pediatric Services Including Oral and Vision Care.</p> </div>		
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px 10px; min-height: 20px;">Family Planning: All Other Services</div>	<p>Source:</p> <p>Base Benchmark</p>	<div style="border: 1px solid black; padding: 2px 10px;">Remove</div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px; min-height: 40px;"> <p>Duplication - The Medicaid State Plan Family Planning service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>This benefit maps to EHB 1: Ambulatory Patient Services.</p> </div>		
		<div style="border: 1px solid black; padding: 2px 10px;">Add</div>



Alternative Benefit Plan

☒ Other Base Benchmark Benefits Not CoveredCollapse All ☐

Base Benchmark Benefit not Included in the Alternative Benefit Plan: Source:
Base Benchmark

Routine Eye Exam (Adult)

Remove

Explain why the state/territory chose not to include this benefit:

Routine adult eye exams are not considered an EHB.

The Medicaid State Plan Optometry service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

Base benchmark benefit limitation(s): 1 routine eye exam per calendar year; Does not cover the evaluation and fitting of contact lenses or other supplemental tests, routine eye care, eye exercises or visual training.

Add



Alternative Benefit Plan

☒ Other 1937 Covered Benefits that are not Essential Health Benefits

 Collapse All ☐

Other 1937 Benefit Provided:

Dental- Prophylaxis

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 visit every 6 months; \$510 per year

Duration Limit:

None

Scope Limit:

Excludes cosmetic; elective; TMJ treatment except TMJ splint fabrication.

Other:

Other 1937 Benefit Provided:

ICF/IID

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Other 1937 Benefit Provided:

OLP: High Tech Nursing

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Provider Qualifications:

Medicaid State Plan

Authorization:

Prior Authorization

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:



Alternative Benefit Plan

	Remove	
<p>Other 1937 Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px;">Extended Services (home visits) for Pregnant Women</div> <p>Authorization:</p> <div style="border: 1px solid black; padding: 2px;">Prior Authorization</div> <p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div> <p>Scope Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div> <p>Other:</p> <div style="border: 1px solid black; height: 30px;"></div>	<p>Source:</p> <div style="border: 1px solid black; padding: 2px;">Section 1937 Coverage Option Benchmark Benefit Package</div> <p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px;">Medicaid State Plan</div> <p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>	Remove
<p>Other 1937 Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px;">OLP: Opticians</div> <p>Authorization:</p> <div style="border: 1px solid black; height: 20px;"></div> <p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div> <p>Scope Limit:</p> <div style="border: 1px solid black; padding: 2px;">Limited to eye glass dispensing only.</div> <p>Other:</p> <div style="border: 1px solid black; padding: 2px;">No authorization requirement.</div>	<p>Source:</p> <div style="border: 1px solid black; padding: 2px;">Section 1937 Coverage Option Benchmark Benefit Package</div> <p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px;">Medicaid State Plan</div> <p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>	Remove
<p>Other 1937 Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px;">Face-to-Face Tobacco cessation for pregnant women</div> <p>Authorization:</p> <div style="border: 1px solid black; height: 20px;"></div> <p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div> <p>Scope Limit:</p> <div style="border: 1px solid black; padding: 2px;">16 visits per calendar year.</div>	<p>Source:</p> <div style="border: 1px solid black; padding: 2px;">Section 1937 Coverage Option Benchmark Benefit Package</div> <p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px;">Medicaid State Plan</div> <p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>	



Alternative Benefit Plan

Other:

No authorization requirement.

Remove

Other 1937 Benefit Provided:

Case Management for TB related services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

None

None

Scope Limit:

None

Other:

No authorization requirement.

Other 1937 Benefit Provided:

Outpatient Hospital - Partial Hospitalization

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

None

None

Scope Limit:

None

Other:

No authorization requirement.

Other 1937 Benefit Provided:

Therapeutic Substance Abuse Services (PNMI)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Provider Qualifications:

Medicaid State Plan

Authorization:

Amount Limit:

Duration Limit:

None

None



Alternative Benefit Plan

Scope Limit: <div style="border: 1px solid black; padding: 2px; width: 600px;">None</div> <div style="float: right; border: 1px solid black; padding: 2px 5px;">Remove</div>	
Other: <div style="border: 1px solid black; padding: 2px; width: 600px;">No authorization requirement.</div>	
Other 1937 Benefit Provided: <div style="border: 1px solid black; padding: 2px;">Community Mental Health Center Services</div>	Source: Section 1937 Coverage Option Benchmark Benefit Package <div style="float: right; border: 1px solid black; padding: 2px 5px;">Remove</div>
Authorization: <div style="border: 1px solid black; height: 20px; width: 300px;"></div>	Provider Qualifications: <div style="border: 1px solid black; padding: 2px;">Medicaid State Plan</div>
Amount Limit: <div style="border: 1px solid black; padding: 2px;">None</div>	Duration Limit: <div style="border: 1px solid black; padding: 2px;">None</div>
Scope Limit: <div style="border: 1px solid black; padding: 2px;">None</div>	
Other: <div style="border: 1px solid black; padding: 2px;"> No authorization requirement. Diagnosis and evaluation; emergency care; psychotherapy; chemotherapy; group therapy; specialized rehabilitation services provided by Mental Health Designated Providers authorized by DMH and required by state law. The benefit category in Vermont's State plan is "Other Diagnostic, Screening, Preventive and Rehabilitative Services." </div>	
Other 1937 Benefit Provided: <div style="border: 1px solid black; padding: 2px;">Assertive Community Care Services (PNMI)</div>	Source: Section 1937 Coverage Option Benchmark Benefit Package <div style="float: right; border: 1px solid black; padding: 2px 5px;">Remove</div>
Authorization: <div style="border: 1px solid black; height: 20px; width: 300px;"></div>	Provider Qualifications: <div style="border: 1px solid black; padding: 2px;">Medicaid State Plan</div>
Amount Limit: <div style="border: 1px solid black; padding: 2px;">None</div>	Duration Limit: <div style="border: 1px solid black; padding: 2px;">None</div>
Scope Limit: <div style="border: 1px solid black; padding: 2px;">Persons with functional impairments and/or cognitive disabilities.</div>	
Other: <div style="border: 1px solid black; padding: 2px;">No authorization requirement.</div>	
Other 1937 Benefit Provided: <div style="border: 1px solid black; padding: 2px;">Day Health Rehabilitation - Center based</div>	Source: Section 1937 Coverage Option Benchmark Benefit Package



Alternative Benefit Plan

<p>Authorization:</p> <div>Prior Authorization</div>	<p>Provider Qualifications:</p> <div>Medicaid State Plan</div>	<div>Remove</div>
<p>Amount Limit:</p> <div>None</div>	<p>Duration Limit:</p> <div>None</div>	
<p>Scope Limit:</p> <div>Excludes residents of nursing home or enhanced residential care facilities.</div>		
<p>Other:</p> <div></div>		

<p>Other 1937 Benefit Provided:</p> <div>Targeted Case Management (3 targeted groups)</div>	<p>Source:</p> <div>Section 1937 Coverage Option Benchmark Benefit Package</div>	<div>Remove</div>
<p>Authorization:</p> <div></div>	<p>Provider Qualifications:</p> <div>Medicaid State Plan</div>	
<p>Amount Limit:</p> <div>None</div>	<p>Duration Limit:</p> <div>None</div>	
<p>Scope Limit:</p> <div>None</div>		
<p>Other:</p> <div> <p>No authorization requirement.</p> <p>Three target groups for persons over 18 years old: (1) Persons with developmental disabilities who are unable to access needed medical, social, educational and other services because of adaptive deficits due to their level of disability, or who lack the active assistance of a family member or other interested person to assist them in accessing needed services; (2) Families whose children are abused or neglected or suspected of being at imminent risk thereof and Families of children receiving post adoption assistance; (3) Pregnant and postpartum women and infants through twelve months of age enrolled in the Vermont Department for Children and Families, Healthy Babies, Kids, and Families Program.</p> </div>		

<p>Other 1937 Benefit Provided:</p> <div>Respiratory Care Services</div>	<p>Source:</p> <div>Section 1937 Coverage Option Benchmark Benefit Package</div>	
<p>Authorization:</p> <div></div>	<p>Provider Qualifications:</p> <div>Medicaid State Plan</div>	
<p>Amount Limit:</p> <div>None</div>	<p>Duration Limit:</p> <div>None</div>	
<p>Scope Limit:</p> <div>None</div>		



Alternative Benefit Plan

Other:

No authorization requirement.

Remove

Other 1937 Benefit Provided:

Personal Care Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Other 1937 Benefit Provided:

Nursing Facility 21 and older; custodial care

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Requires a physician order; Out of state requires prior authorization.

Other 1937 Benefit Provided:

OLP: Optometry

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Routine exam 1/2 years; diagnostic exam 1/2 years

Duration Limit:

None



Alternative Benefit Plan

Scope Limit: <div style="border: 1px solid black; padding: 2px;">None</div>		<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div>
Other: <div style="border: 1px solid black; padding: 2px;">Contact Lens prior authorization; Aids to vision approved when legally blind and will improve at least one ADL or IADL.</div>		
Other 1937 Benefit Provided: <div style="border: 1px solid black; padding: 2px;">Inpatient Psych. Services for Individuals Under 22</div>	Source: <div style="border: 1px solid black; padding: 2px;">Section 1937 Coverage Option Benchmark Benefit Package</div>	<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div>
Authorization: <div style="border: 1px solid black; height: 20px;"></div>	Provider Qualifications: <div style="border: 1px solid black; padding: 2px;">Medicaid State Plan</div>	
Amount Limit: <div style="border: 1px solid black; padding: 2px;">None</div>	Duration Limit: <div style="border: 1px solid black; padding: 2px;">None</div>	
Scope Limit: <div style="border: 1px solid black; padding: 2px;">None</div>		
Other: <div style="border: 1px solid black; padding: 2px;">No authorization requirement.</div>		
Other 1937 Benefit Provided: <div style="border: 1px solid black; padding: 2px;">Face-to-Face Tobacco cessation</div>	Source: <div style="border: 1px solid black; padding: 2px;">Section 1937 Coverage Option Benchmark Benefit Package</div>	<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div>
Authorization: <div style="border: 1px solid black; height: 20px;"></div>	Provider Qualifications: <div style="border: 1px solid black; padding: 2px;">Medicaid State Plan</div>	
Amount Limit: <div style="border: 1px solid black; padding: 2px;">16 visits per calendar year.</div>	Duration Limit: <div style="border: 1px solid black; padding: 2px;">None</div>	
Scope Limit: <div style="border: 1px solid black; padding: 2px;">None</div>		
Other: <div style="border: 1px solid black; padding: 2px;">Tobacco cessation counseling services are available to all non-pregnant Medicaid beneficiaries. The maximum number of visits allowed per individual per calendar year is 16. This maximum number of visits per calendar year can be exceeded based on medical necessity through a prior authorization process. This benefit has the same effective date as SPA 14-009.</div>		
		<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Add</div>



Alternative Benefit Plan

☐ Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)

Collapse All ☐

PRA Disclosure Statement

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V.20130814