

Table of Contents

State/Territory Name: Vermont

State Plan Amendment (SPA) #: 16-0025

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 601 E. 12th
St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 20, 2020

VIA E-MAIL

Mike Smith, Secretary
Vermont Agency of Human Services
280 State Drive - Center Building
Waterbury, VT 05671

Dear Secretary Smith:

For your records, this is an approved copy of Vermont's Alternative Benefit Plan (ABP) State plan amendment (SPA) VT 16-0025. This ABP amendment submitted through the Medicaid Model Data Lab (MMDL No. VT 0626.R00.04) on December 29, 2016 meets all federal statutory and regulatory requirements for establishing an ABP.

The state submitted this SPA to update the ABP for the new adult group in order to ensure alignment with the full Medicaid State Plan by referencing the new state plan section (G1 – G3) that describes cost-sharing requirements for Medicaid beneficiaries. This SPA was approved October 19, 2020 with an effective date of October 1, 2016.

Attached are copies of the approved Alternative Benefit plan pages for incorporation into Vermont's State Plan.

If you have questions concerning this letter, please contact Gilson DaSilva, Division of Program Operations (South Branch) at (617) 565-1227 or via e-mail at Gilson.dasilva@cms.hhs.gov.

Sincerely,

Digitally signed by
James G. Scott -S
Date: 2020.10.20
17:56:53 -05'00'

James G. Scott, Director
Division of Program Operations

cc: Cory Gustafson, Commissioner, Department of Vermont Health Access
Dylan Frazer, Health Programs Administrator, VT Medicaid Policy Unit

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-16-0025

Proposed Effective Date

10/01/2016 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR §430.12(c)(1)(ii)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2017	\$ 0.00
Second Year	2018	\$ 0.00

Subject of Amendment

Alternative Benefit Plan - Cost Sharing

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:

Approved by Secretary of Administration

Signature of State Agency Official

Submitted By: Dylan Frazer

Last Revision Date: Sep 17, 2020

Submit Date: Dec 29, 2016

Date Received: 12/29/2016
Effective Date of Approved Material: 10/01/2016

Date Approved: 10/19/2020
Signature of Regional Official:

Digitally signed by
James G. Scott -S
Date: 2020.10.20
17:57:35 -05'00'

James G. Scott, Director
Division of Program Operations



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L

Alternative Benefit Plan Populations ABP1

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	Adult Group	Mandatory	X

Enrollment is available for all individuals in these eligibility group(s).

Geographic Area

The Alternative Benefit Plan population will include individuals from the entire state/territory.

Any other information the state/territory wishes to provide about the population (optional)

PRA Disclosure Statement

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

V.20130724



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L

Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A) (i)(VIII) of the Act ABP2a

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

Yes

Explain how the state has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements.

Vermont is an expansion state that will not have newly eligible groups under ACA. However, the state will recognize the New Adult group in the state plan and will use the Medicaid State Plan as the benefits plan for the New Adult Group. The Medicaid state plan is more comprehensive than the state's Benchmark plan selected for the Health Benefits Exchange, the BCBS 'Vermont Health Plan, LLC' supplemented with the CHIP and FEDVIP plans. In Vermont the CHIP plan mirrors the Medicaid State Plan for Children.

PRA Disclosure Statement

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

V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package

ABP3

Select one of the following:

- The state/territory is amending one existing benefit package for the population defined in Section 1.
- The state/territory is creating a single new benefit package for the population defined in Section 1.

Name of benefit package:

Selection of the Section 1937 Coverage Option

The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one):

- Benchmark Benefit Package.
- Benchmark-Equivalent Benefit Package.

The state/territory will provide the following Benchmark Benefit Package (check one that applies):

- The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- Secretary-Approved Coverage.
 - The state/territory offers benefits based on the approved state plan.
 - The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.
 - The state/territory offers the benefits provided in the approved state plan.
 - Benefits include all those provided in the approved state plan plus additional benefits.
 - Benefits are the same as provided in the approved state plan but in a different amount, duration and/or scope.
 - The state/territory offers only a partial list of benefits provided in the approved state plan.
 - The state/territory offers a partial list of benefits provided in the approved state plan plus additional benefits.

Please briefly identify the benefits, the source of benefits and any limitations:

Selection of Base Benchmark Plan



Alternative Benefit Plan

The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

The Base Benchmark Plan is the same as the Section 1937 Coverage option. Yes

Other Information Related to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):

1. The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5.
2. The state assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid state plan.

PRA Disclosure Statement

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

V.20130801



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: VT - 16 - 0025

Alternative Benefit Plan Cost-Sharing

ABP4

Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.

Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise described in the state plan. Any such cost sharing must comply with Section 1916 of the Social Security Act.

The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A.

Other Information Related to Cost Sharing Requirements (optional):

PRA Disclosure Statement

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

V.20160722



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L

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: <input type="text"/>		
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: <input type="text"/>		
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: <input type="text"/>		
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: <input type="text"/>		

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 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

<input checked="" type="checkbox"/> Essential Health Benefit 3: Hospitalization		Collapse All <input type="checkbox"/>															
<table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">Benefit Provided: <input style="width: 95%;" type="text" value="Inpatient Hospital"/></td><td style="width: 40%; border: none;">Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/></td><td style="width: 10%; border: none; text-align: center;"><input type="button" value="Remove"/></td></tr><tr><td style="border: none;">Authorization: <input style="width: 95%;" type="text" value="Concurrent Authorization"/></td><td style="border: none;">Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/></td><td style="border: none;"></td></tr><tr><td style="border: none;">Amount Limit: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;">Duration Limit: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;"></td></tr><tr><td colspan="3" style="border: none;">Scope Limit: <input style="width: 95%;" type="text" value="None"/></td></tr><tr><td colspan="3" style="border: none;">Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%;" type="text" value="Substance Abuse Detox is performed in an inpatient hospital setting."/></td></tr></table>			Benefit Provided: <input style="width: 95%;" type="text" value="Inpatient Hospital"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>	Authorization: <input style="width: 95%;" type="text" value="Concurrent Authorization"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>		Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>		Scope Limit: <input style="width: 95%;" 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 style="width: 95%;" type="text" value="Substance Abuse Detox is performed in an inpatient hospital setting."/>		
Benefit Provided: <input style="width: 95%;" type="text" value="Inpatient Hospital"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>															
Authorization: <input style="width: 95%;" type="text" value="Concurrent Authorization"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>																
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>																
Scope Limit: <input style="width: 95%;" 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 style="width: 95%;" type="text" value="Substance Abuse Detox is performed in an inpatient hospital setting."/>																	
<table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">Benefit Provided: <input style="width: 95%;" type="text" value="Inpatient Psychiatric Hospital"/></td><td style="width: 40%; border: none;">Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/></td><td style="width: 10%; border: none; text-align: center;"><input type="button" value="Remove"/></td></tr><tr><td style="border: none;">Authorization: <input style="width: 95%;" type="text" value="Concurrent Authorization"/></td><td style="border: none;">Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/></td><td style="border: none;"></td></tr><tr><td style="border: none;">Amount Limit: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;">Duration Limit: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;"></td></tr><tr><td colspan="3" style="border: none;">Scope Limit: <input style="width: 95%;" type="text" value="None"/></td></tr><tr><td colspan="3" style="border: none;">Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%;" type="text" value="Not Institutions for Mental Disease (IMD)."/></td></tr></table>			Benefit Provided: <input style="width: 95%;" type="text" value="Inpatient Psychiatric Hospital"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>	Authorization: <input style="width: 95%;" type="text" value="Concurrent Authorization"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>		Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>		Scope Limit: <input style="width: 95%;" 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 style="width: 95%;" type="text" value="Not Institutions for Mental Disease (IMD)."/>		
Benefit Provided: <input style="width: 95%;" type="text" value="Inpatient Psychiatric Hospital"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>															
Authorization: <input style="width: 95%;" type="text" value="Concurrent Authorization"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>																
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>																
Scope Limit: <input style="width: 95%;" 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 style="width: 95%;" type="text" value="Not Institutions for Mental Disease (IMD)."/>																	
		<input type="button" value="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
<input type="text"/>		
Benefit Provided:	Source:	Remove
<input type="text" value="Inpatient Hospital: Maternity Care"/>	<input type="text" value="State Plan 1905(a)"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Concurrent Authorization"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<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:		Add
<input type="text" value="Current Authorization on the 13th day of stay."/>		



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: <input type="text" value="None"/>		<input type="button" value="Remove"/>
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Not Institutions for Mental Disease (IMD)."/>		
Benefit Provided: <input type="text" value="Rehab: Substance Abuse Residential Detoxification"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Authorization required in excess of limitation"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="7 days per acute episode"/>	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" value="Not Institutions for Mental Disease (IMD)."/>		
Benefit Provided: <input type="text" value="Rehab: Substance Abuse Residential Post Detox Serv"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Authorization required in excess of limitation"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="30 days per year"/>	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" value="Not Institutions for Mental Disease (IMD)."/>		
Benefit Provided: <input type="text" value="Rehab: Substance Abuse Resid. Extended Post Detox"/>	Source: <input type="text" value="State Plan 1905(a)"/>	
Authorization: <input type="text" value="Prior Authorization"/>	Provider Qualifications: <input type="text" value="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:		<input type="text"/>	<input type="button" value="Remove"/>
Benefit Provided:	Source:	<input type="text"/>	<input type="button" value="Remove"/>
<input type="text" value="Prosthetic Devices"/>	<input type="text" value="State Plan 1905(a)"/>		
Authorization:	Provider Qualifications:	<input type="text"/>	
<input type="text" value="Other"/>	<input type="text" value="Medicaid State Plan"/>		
Amount Limit:	Duration Limit:	<input type="text"/>	
<input type="text" value="None"/>	<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" value="Physician order is required for breast prostheses, trusses and socks ; all others require prior authorization."/>			
Benefit Provided:	Source:	<input type="text"/>	<input type="button" value="Remove"/>
<input type="text" value="Nursing Facility 21 and older; rehab care"/>	<input type="text" value="State Plan 1905(a)"/>		
Authorization:	Provider Qualifications:	<input type="text"/>	
<input type="text" value="Other"/>	<input type="text" value="Medicaid State Plan"/>		
Amount Limit:	Duration Limit:	<input type="text"/>	
<input type="text" value="None"/>	<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" value="Requires a physician order; Out of state requires prior authorization."/>			
Benefit Provided:	Source:	<input type="text"/>	
<input type="text" value="Home Health Intermittent Part Time Nursing"/>	<input type="text" value="State Plan 1905(a)"/>		
Authorization:	Provider Qualifications:	<input type="text"/>	
<input type="text" value="Other"/>	<input type="text" value="Medicaid State Plan"/>		
Amount Limit:	Duration Limit:	<input type="text"/>	
<input type="text" value="None"/>	<input type="text" value="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 Applianc

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: None	Duration Limit: four month limit	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: Home Health: Private Duty Nursing	Source: State Plan 1905(a)	Remove
Authorization: Prior 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: 		
Benefit Provided: Licensed Applied Behavior Analyst Services	Source: State Plan 1905(a)	
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: Other	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: Services are limited to those specified in protocols for licensure and reviewed and accepted by the State of Vermont, Director of the Office of Professional Regulation, and are services covered by Medicaid. Licensed Applied Behavior Analysts will oversee the supervision of Board Certified Assistant Behavior Analysts and Behavior Technicians, and shall assume professional responsibility for the services rendered by an unlicensed provider under their supervision. All services must be medically necessary, prior authorized by the Medicaid program, and delivered in accordance with the recipient's treatment plan.		



Alternative Benefit Plan

Limitations can be found in Attachment 3.1-A under Licensed Applied Behavior Analyst Services. This benefit has the same effective date as SPA 15-001.

Remove

Add



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 8: Laboratory services		Collapse All <input type="checkbox"/>
Benefit Provided:	Source:	
<input type="text" value="Other Laboratory and X-Ray Services"/>	<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="Other"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="Urine drug test limited to 8 per month"/>	<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" value="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."/>		
		<input type="button" value="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:	Source:	
<input type="text" value="Clinic Services"/>	<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<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"/>		

Benefit Provided:	Source:	
<input type="text" value="OLP: Naturopathic Physician"/>	<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<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"/>		

Benefit Provided:	Source:	
<input type="text" value="Other diagnostic, screening, preventive and rehab"/>	<input type="text" value="State Plan 1905(a)"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="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:

Add



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 10: Pediatric services including oral and vision care		Collapse All <input type="checkbox"/>
<hr/>		
Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	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" value="All federally required services in accordance CFR and Statute."/>		
<hr/>		
Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	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" value="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"/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

<input checked="" type="checkbox"/> Base Benchmark Benefits Not Covered due to Substitution or Duplication	Collapse All <input type="checkbox"/>	
<table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Family Planning: Reversal of Sterilization"/></td><td style="width: 50%; border: none;">Source: Base Benchmark</td></tr></table> <div style="text-align: right; margin-top: 5px;"><input type="button" value="Remove"/></div> <p style="margin-top: 10px;">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;">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.</div> <p style="margin-top: 10px;">Base benchmark benefit limitation(s): One attempt at reversal of sterilization covered.</p>	Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Family Planning: Reversal of Sterilization"/>	Source: Base Benchmark
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Family Planning: Reversal of Sterilization"/>	Source: Base Benchmark	
<table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Infertility Drugs with natural conception"/></td><td style="width: 50%; border: none;">Source: Base Benchmark</td></tr></table> <div style="text-align: right; margin-top: 5px;"><input type="button" value="Remove"/></div> <p style="margin-top: 10px;">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 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.</div> <p style="margin-top: 10px;">Base benchmark benefit limitation(s): Infertility Drugs up to 4 months per year for natural conception.</p> <p style="margin-top: 5px;">This benefit maps to EHB 6: Prescription Drugs.</p>	Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Infertility Drugs with natural conception"/>	Source: Base Benchmark
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Infertility Drugs with natural conception"/>	Source: Base Benchmark	
<table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Outpatient Hospital Fee"/></td><td style="width: 50%; border: none;">Source: Base Benchmark</td></tr></table> <div style="text-align: right; margin-top: 5px;"><input type="button" value="Remove"/></div> <p style="margin-top: 10px;">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 Outpatient Hospital service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</div> <p style="margin-top: 10px;">This benefit maps to EHB 1: Ambulatory Patient Services.</p>	Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Outpatient Hospital Fee"/>	Source: Base Benchmark
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Outpatient Hospital Fee"/>	Source: Base Benchmark	
<table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Outpatient Surgery Physician/Surgical Services"/></td><td style="width: 50%; border: none;">Source: Base Benchmark</td></tr></table> <div style="text-align: right; margin-top: 5px;"><input type="button" value="Remove"/></div> <p style="margin-top: 10px;">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 Outpatient Hospital service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</div> <p style="margin-top: 10px;">This benefit maps to EHB 1: Ambulatory Patient Services.</p>	Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Outpatient Surgery Physician/Surgical Services"/>	Source: Base Benchmark
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Outpatient Surgery Physician/Surgical Services"/>	Source: Base Benchmark	
<table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Urgent Care Centers or Facilities"/></td><td style="width: 50%; border: none;">Source: Base Benchmark</td></tr></table>	Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Urgent Care Centers or Facilities"/>	Source: Base Benchmark
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Urgent Care Centers or Facilities"/>	Source: Base Benchmark	



Alternative Benefit Plan

<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> <p>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.</p> <p>This benefit maps to EHB 1: Ambulatory Patient Services.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Primary Care Visit to Treat an Injury or Illness</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>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.</p> <p>This benefit maps to EHB 1: Ambulatory Patient Services.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Dental Services (not Routine)</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>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.</p> <p>Base benchmark benefit limitation(s): Prior approval required.</p> <p>This benefit maps to EHB 1: Ambulatory Patient Services.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Chiropractic Care</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>Duplication - The Medicaid State Plan Chiropractic service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>Base benchmark benefit limitation(s): Prior Approval is required after the 12th visit.</p> <p>This benefit maps to EHB 1: Ambulatory Patient Services.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>OLP: Routine Foot Care for diabetics only</p> <p>Source:</p> <p>Base Benchmark</p>	



Alternative Benefit Plan

<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> <p>Duplication - The Medicaid State Plan Podiatry service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>Base benchmark benefit limitation(s): Covered for Diabetics only; excluded for all other members.</p> <p>This benefit maps to EHB 1: Ambulatory Patient Services.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Emergency Room Services</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>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.</p> <p>This benefit maps to EHB 2: Emergency Services.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Emergency Transportation/ Ambulance</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>Duplication - The Medicaid State Plan Transportation: Ambulance service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>This benefit maps to EHB 2: Emergency Services.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Inpatient Hospital Services</p> <p>Source:</p> <p>Base Benchmark</p> <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> <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.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Inpatient Physician and Surgical Services</p> <p>Source:</p> <p>Base Benchmark</p> <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> <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>Remove</p>



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:	Source:	Remove
Substance Abuse Disorder Inpatient Services	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 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.		
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.		
Prior Approval is required for all non-Emergency Inpatient or partial-Inpatient substance abuse services.		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Cosmetic Surgery if reconstructive	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 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.		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Bariatric Surgery	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 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.		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Transplant-deceased donor	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 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

Base Benchmark Benefit that was Substituted: <input type="text" value="Transplant live donor"/>	Source: Base Benchmark	<input type="button" value="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: <input type="text" value="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."/> <input type="text" value="This benefit maps to EHB 3: Hospitalization and EHB 1: Ambulatory Care."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Mental/Behavioral Health Inpatient Services"/>	Source: Base Benchmark	<input type="button" value="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: <input type="text" value="Duplication - The Medicaid State Plan Inpatient psychiatric Hospital service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program."/> <input type="text" value="This benefit maps to EHB 3: Hospitalization."/> <input type="text" value="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."/> <input type="text" value="Prior Approval is required for all non-Emergency Inpatient or partial-Inpatient Mental Health services."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Other Practitioner Office Visit (Nurse, Physician)"/>	Source: Base Benchmark	<input type="button" value="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: <input type="text" value="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."/> <input type="text" value="This benefit maps to EHB 1: Ambulatory Patient Services."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Prenatal and Postnatal Care"/>	Source: Base Benchmark	<input type="button" value="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: <input type="text" value="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."/> <input type="text" value="This benefit maps to EHB 4: Maternity and Newborn Care."/>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Delivery and All Inpatient Services for Maternity"/>	Source: Base Benchmark	<input type="button" value="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: <input type="text" value="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."/> <input type="text" value="This benefit maps to EHB 4: Maternity and Newborn Care."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Diagnostic Test (Lab Work)"/>	Source: Base Benchmark	<input type="button" value="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: <input type="text" value="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."/> <input type="text" value="This benefit maps to EHB 8: Laboratory Services."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Diagnostic Tests and Imaging"/>	Source: Base Benchmark	<input type="button" value="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: <input type="text" value="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."/> <input type="text" value="This benefit maps to EHB 8: Laboratory Services."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Preventive Care"/>	Source: Base Benchmark	<input type="button" value="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: <input type="text" value="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."/> <input type="text" value="This benefit maps to EHB 9: Preventive and Wellness Services and Chronic Disease Management and EHB 1: Ambulatory Care."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Nutritional Counseling"/>	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: <input type="text" value="Duplication - The Medicaid State Plan Naturopathic Physician and Physician Services were used in order to"/>		



Alternative Benefit Plan

<p>ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>This benefit maps to EHB 9: Preventive and Wellness Services and Chronic Disease Management and EHB 1: Ambulatory Care.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Generic Drugs</p> <p>Source: Base Benchmark</p> <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> <p>Duplication - The Medicaid State Plan Generic drug benefit was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>This benefit maps to EHB 6: Prescription Drugs.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Preferred brand, non-pref. brand, & specialty drug</p> <p>Source: Base Benchmark</p> <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> <p>Duplication - The Medicaid State Brand Name drug benefit was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>This benefit maps to EHB 6: Prescription Drugs.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Nutritional Formulae</p> <p>Source: Base Benchmark</p> <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> <p>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.</p> <p>This benefit maps to EHB 6: Prescription Drugs.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Mental/Behavioral Health Outpatient Services</p> <p>Source: Base Benchmark</p> <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> <p>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.</p> <p>This benefit maps to EHB 5: Mental Health and Substance Use Disorder Services Including Behavioral Health Treatment.</p> <p>Base benchmark benefit limitation(s): Prior authorization is required for psychological testing, electro-</p>	



Alternative Benefit Plan

<p>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.</p>	<p>Remove</p>	
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Neuropsychological Testing"/></p>	<p>Source: Base Benchmark</p>	<p>Remove</p>
<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> <p>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.</p> <p>This benefit maps to EHB 5: Mental Health and Substance Use Disorder Services Including Behavioral Health Treatment.</p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Substance Abuse Disorder Outpatient Services"/></p>	<p>Source: Base Benchmark</p>	<p>Remove</p>
<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> <p>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.</p> <p>This benefit maps to EHB 5: Mental Health and Substance Use Disorder Services Including Behavioral Health Treatment.</p> <p>Base benchmark benefit limitation(s): Prior authorization is required for psychological testing, electro-shock 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.</p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient Rehabilitation Services"/></p>	<p>Source: Base Benchmark</p>	<p>Remove</p>
<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> <p>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.</p> <p>This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices.</p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient physical, speech and occupational thera"/></p>	<p>Source: Base Benchmark</p>	



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:

Remove

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.

Base Benchmark Benefit that was Substituted:

Source:

Durable Medical Equipment

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:

Source:

Skilled Nursing Facility

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:

Source:

Home Health Care 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 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

<p>This benefit maps to EHB 10: Pediatric services including oral and vision care.</p>	<p>Remove</p>	
<p>Base Benchmark Benefit that was Substituted: Preventive Care/ Screening/ Immunization</p>	<p>Source: Base Benchmark</p>	<p>Remove</p>
<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> <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>		
<p>Base Benchmark Benefit that was Substituted: Eye Glasses for Children</p>	<p>Source: Base Benchmark</p>	<p>Remove</p>
<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> <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>		
<p>Base Benchmark Benefit that was Substituted: Dental Check-Up for Children</p>	<p>Source: Base Benchmark</p>	<p>Remove</p>
<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> <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>		
<p>Base Benchmark Benefit that was Substituted: Family Planning: All Other Services</p>	<p>Source: Base Benchmark</p>	<p>Remove</p>
<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> <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>		
<p>Add</p>		



Alternative Benefit Plan

<input checked="" type="checkbox"/> Other Base Benchmark Benefits Not Covered	Collapse All <input type="checkbox"/>
<p>Base Benchmark Benefit not Included in the Alternative Benefit Plan:</p> <p>Routine Eye Exam (Adult)</p> <p>Source: Base Benchmark</p> <p>Remove</p>	
<p>Explain why the state/territory chose not to include this benefit:</p> <p>Routine adult eye exams are not considered an EHB.</p> <p>The Medicaid State Plan Optometry service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>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.</p>	
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

<input type="text"/>		<input type="button" value="Remove"/>
Other 1937 Benefit Provided: <input type="text" value="Extended Services (home visits) for Pregnant Women"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<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: <input type="text"/>		
Other 1937 Benefit Provided: <input type="text" value="OLP: Opticians"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text"/>	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="Limited to eye glass dispensing only."/>		
Other: <input type="text" value="No authorization requirement."/>		
Other 1937 Benefit Provided: <input type="text" value="Face-to-Face Tobacco cessation for pregnant women"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization: <input type="text"/>	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="16 visits per calendar year."/>		



Alternative Benefit Plan

Other: <input type="text" value="No authorization requirement."/>		<input type="button" value="Remove"/>
Other 1937 Benefit Provided: <input type="text" value="Case Management for TB related services"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: <input type="text"/>	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: <input type="text" value="No authorization requirement."/>		
Other 1937 Benefit Provided: <input type="text" value="Outpatient Hospital - Partial Hospitalization"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: <input type="text"/>	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: <input type="text" value="No authorization requirement."/>		
Other 1937 Benefit Provided: <input type="text" value="Therapeutic Substance Abuse Services (PNMI)"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: <input type="text"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	



Alternative Benefit Plan

Scope Limit: <input type="text" value="None"/>		<input type="button" value="Remove"/>
Other: <input type="text" value="No authorization requirement."/>		
Other 1937 Benefit Provided: <input type="text" value="Community Mental Health Center Services"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text"/>	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: <input type="text" value="No authorization requirement."/> <input and="" diagnostic,="" other="" preventive="" rehabilitative="" screening,="" services.\""="" type="text" value="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 1937 Benefit Provided: <input type="text" value="Assertive Community Care Services (PNMI)"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text"/>	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="Persons with functional impairments and/or cognitive disabilities."/>		
Other: <input type="text" value="No authorization requirement."/>		
Other 1937 Benefit Provided: <input type="text" value="Adult Day Health Services"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	



Alternative Benefit Plan

Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	<input type="button" value="Remove"/>
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Excludes residents of nursing home or enhanced residential care facilities. Should not exceed seven days per week, 12 hours per day."/>		
Other: <input type="text" value="Adult Day Health Services is a comprehensive, non-residential program designed to address the health, safety, and psychological needs of adults through individual plans of care that may include a provision of medication administration, health monitoring and oversight, personal care, maintenance therapies, and care coordination. No prior authorization required. This benefit has the same effective date as SPA 15-007."/>		
Other 1937 Benefit Provided: <input type="text" value="Targeted Case Management (4 targeted groups)"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text"/>	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: <input type="text" value="No authorization requirement."/> <input type="text" value="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) Individuals and families who have a history of child abuse or neglect, trauma, behavioral challenges, family dysfunction, and/or family violence who are in need of assistance to identify, obtain and monitor needed medical (including mental health and substance abuse), social, educational, and other services; (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; (4) Individuals who receive special education and related medically necessary Medicaid covered services pursuant to an Individualized Education Plan (IEP)."/>		
Other 1937 Benefit Provided: <input type="text" value="Respiratory Care Services"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization: <input type="text"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	



Alternative Benefit Plan

Amount Limit: None	Duration Limit: None	Remove
Scope Limit: None		
Other: No authorization requirement.		
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	



Alternative Benefit Plan

<p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="Routine exam 1/2 years; diagnostic exam 1/2 years"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other: <input type="text" value="Contact Lens prior authorization; Aids to vision approved when legally blind and will improve at least one ADL or IADL."/></p>	<p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>	<p><input type="button" value="Remove"/></p>
<p>Other 1937 Benefit Provided: <input type="text" value="Inpatient Psych. Services for Individuals Under 22"/></p> <p>Authorization: <input type="text"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other: <input type="text" value="No authorization requirement."/></p>	<p>Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>	<p><input type="button" value="Remove"/></p>
<p>Other 1937 Benefit Provided: <input type="text" value="Face-to-Face Tobacco cessation"/></p> <p>Authorization: <input type="text"/></p> <p>Amount Limit: <input type="text" value="16 visits per calendar year."/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other: <input type="text" value="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."/></p>	<p>Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>	<p><input type="button" value="Remove"/></p>



Alternative Benefit Plan

Other 1937 Benefit Provided: <input type="text" value="Licensed Dental Hygienist Services"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text"/>	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: <input type="text" value="Services provided by licensed dental hygienists are covered when those services are provided by a dental hygienist who is in a collaborative agreement with a dentist licensed in Vermont. Covered services are limited to those specified in protocols for licensure and reviewed and accepted by the State of Vermont, Director of the Office of Professional Regulation, and are services covered by Medicaid. This benefit has the same effective date as SPA 15-023."/>		
Other 1937 Benefit Provided: <input type="text" value="Health Home Services for Opioid Dependence"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text"/>	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="Health Homes provide coordinated, systemic, whole-person care to Medicaid beneficiaries who receive medication assisted therapy (MAT) for opioid dependence."/>		
Other: <input type="text" value="See State Plan Attachment 3.1-H for additional information on this service."/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

<input type="checkbox"/> 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 <input type="checkbox"/>
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PRA Disclosure Statement

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

V.20130814



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L

Benefits Assurances

ABP7

EPSDT Assurances

If the target population includes persons under 21, please complete the following assurances regarding EPSDT. Otherwise, skip to the Prescription Drug Coverage Assurances below.

The alternative benefit plan includes beneficiaries under 21 years of age.

The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345).

The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act.

Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services:

Through an Alternative Benefit Plan.

Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as defined in 1905(r).

Other Information regarding how ESPDT benefits will be provided to participants under 21 years of age (optional):

Prescription Drug Coverage Assurances

The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.

The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.

The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.

Other Benefit Assurances

The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.

The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.

The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.



Alternative Benefit Plan

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

PRA Disclosure Statement

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V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L -

Service Delivery Systems

ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

- Managed care.
- Fee-for-service.
- Other service delivery system.

Fee-For-Service Options

Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:

- Traditional state-managed fee-for-service
- Services managed under an administrative services organization (ASO) arrangement

Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-for-service care management models/non-risk, contractual incentives as well as the population served via this delivery system.

Choices for Care 1115 Long Term Care (Control #11-W-00191/6) and CHIP beneficiaries receive all state plan services using all state plan approved payment methodologies including a variety of bundled rate options.

Additional Information: Fee-For-Service (Optional)

Provide any additional details regarding this service delivery system (optional):

Other Service Delivery Model

Name of service delivery system:

Global Commitment to Health (MCO) model (Control # 11-W-001941) and Choices for Care 1115 (Control #11-W-00191/6) Demonstration Waivers

Provide a narrative description of the model:

The state operates its Medicaid Program under two 1115 Demonstration waivers. One for long term care (Control #11-W-00191/6) and one using a managed care model and adhering to the MCO regulatory structure and 42 CFR 438 as per the STC's (Control # 11-W-001941/1). The new adult is moving from an 'expansion population' in the Global Commitment to Health (MCO) waiver to a state plan group under the same waiver. For Global Commitment populations, Medicaid eligibility is considered synonymous with MCO enrollment under the model. Current beneficiaries will be converted from 'expansion' population to 'state plan' as part of the state's CMS approved transition plan. Other members will move seamlessly into their new ACA group during annual recertification reviews. As of January 1, 2014 new members will be enrolled directly into the new adult group upon eligibility determination for the Medicaid program. Members who qualify for Long Term Care Medicaid will receive all state plan and any approved demonstration services under the state's long term care waiver Choices for Care. Former 1915 Home and Community Based Waivers and former 1115 (b) Demonstrations are incorporated into the 1115 Demonstration for individuals with a Developmental Disability, Traumatic Brain Injury, Severe and Persistent Mental Illness and Children with a severe emotional disturbance and their families. The state has a several networks of designated specialty providers for the behavioral health and disability related carve outs under the current 1115 Demonstration. All former 1915 services for the elderly have been incorporated into the 1115 Choices for Care, Long Term Care waiver.



Alternative Benefit Plan

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Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Employer Sponsored Insurance and Payment of Premiums

ABP9

The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.

Yes

Provide a description of employer sponsored insurance, including the population covered, the amount of premium assistance by population, employer sponsored insurance activities including required contribution, cost-effectiveness test requirements, and benefit information:

The state assures that ESI coverage is established in sections 3.2 and 4.22(h) of the state's approved Medicaid state plan. The beneficiary will receive a benefit package that includes a wrap of benefits around the employer sponsored insurance plan that equals the benefit package to which the beneficiary is entitled. The beneficiary will not be responsible for payment of premiums or other cost sharing that exceeds nominal levels as established at 42 CFR part 447 subpart A.

The state/territory otherwise provides for payment of premiums.

No

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

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Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

General Assurances

ABP10

Economy and Efficiency of Plans

- The state/territory assures that Alternative Benefit Plan coverage is provided in accordance with Federal upper payment limit requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

Economy and efficiency will be achieved using the same approach as used for Medicaid state plan services.

Yes

Compliance with the Law

- The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/territory plan under this title.
- The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e).
- The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.

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V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Payment Methodology

ABP11

Alternative Benefit Plans - Payment Methodologies

- The state/territory provides assurance that, for each benefit provided under an Alternative Benefit Plan that is not provided through managed care, it will use the payment methodology in its approved state plan or hereby submits state plan amendment Attachment 4.19a, 4.19b or 4.19d, as appropriate, describing the payment methodology for the benefit.

An attachment is submitted.

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