

Table of Contents

State/Territory Name: Vermont

State Plan Amendment (SPA) #: 20-0009

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 Page

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

June 22, 2020

VIA E-MAIL

Cory Gustafson, Commissioner
Department of Vermont Health Access
280 State Drive
Waterbury, VT 05671

Dear Mr. Gustafson:

Enclosed is an approved copy of the Vermont State Plan Amendment (SPA) 20-0009, received on March 31, 2020 proposing to expand dental care access, including an increase of the annual cap on dental benefits from \$510 to \$1,000 per beneficiary per calendar year. The effective date for this SPA is January 1, 2020, as requested by your agency.

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,

/s/

James G. Scott, Director
Division of Program Operations

cc: Dylan Frazer, VT Medicaid Policy Unit

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 20-0009	2. STATE: VERMONT
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE(S) 1/1/2020	
5. TYPE OF PLAN MATERIAL (CHECK ONE):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §430.12(c)(1)(ii)		7. FEDERAL BUDGET IMPACT: a. FFY 2020 \$ 423,750 b. FFY 2021 \$ 572,447	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1-A page 4d		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Att.3.1-A page 4d	
10. SUBJECT OF AMENDMENT: Dental Benefits Update			
11. GOVERNOR'S REVIEW (<i>Check One</i>):		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED SIGNATURE OF SECRETARY OF ADMINISTRATION Bradley L. [REDACTED]	
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. [REDACTED] OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Michael K. Smith		DYLAN FRAZER	
14. TITLE: SECRETARY, AGENCY OF HUMAN SERVICES		AGENCY OF HUMAN SERVICES 280 STATE DRIVE, CENTER BUILDING WATERBURY, VT 05671-1000	
15. DATE SUBMITTED: 3/31/2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 03/31/2020		18. DATE APPROVED: 06/12/2020	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2020		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: James G. Scott		22. TITLE Director, Division of Program Operations	
23. REMARKS			

ITEM 10. DENTAL SERVICES

Coverage of non-surgical treatment of temporomandibular joint disorders is limited to the fabrication of an occlusal orthotic appliance (TMJ splint). Prior authorization is required for most special dental procedures.

For beneficiaries age 21 and older, excluding pregnant and postpartum women, the dental benefit is limited to \$1,000 per beneficiary per calendar year. Preventive services will not be counted towards the \$1000 annual dollar limit. Non-covered services for beneficiaries age 21 and older, excluding pregnant and postpartum women, include; cosmetic procedures; and certain elective procedures, including but not limited to: bonding, sealants, periodontal surgery, comprehensive periodontal care, orthodontic treatment, processed or cast crowns and bridges.