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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 23-0019

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

May 11, 2023

Adaline Strumolo, Deputy Commissioner
Department of Vermont Health Access (DVHA)
NOB 1 South, 280 State Drive
Waterbury, VT 05671-1010

Re: Vermont State Plan Amendment (SPA) 23-0019

Dear Deputy Commissioner Strumolo:

For your records, this is an approved copy of Vermont's Alternative Benefit Plan (ABP) State plan amendment (SPA) VT 23-0019. This ABP amendment submitted through the Medicaid Model Data Lab (MMDL No. VT 0626.R00.13) on March 15, 2023 meets all federal statutory and regulatory requirements for establishing an ABP.

The state submitted this SPA to amend prior authorization requirements for chiropractic services, physical therapy, occupational therapy, speech therapy and hearing aids. This SPA was approved on May 11, 2023, with an effective date of January 1, 2023.

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

If you have any questions, please contact Gilson DaSilva at (617) 565-1227 or via email at Gilson.DaSilva@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Dylan Frazer, Deputy Director of Medicaid Policy

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-23-0019

Proposed Effective Date

01/01/2023 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR §430.12(c)(ii)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2023	\$ 0.00
Second Year	2024	\$ 0.00

Subject of Amendment

Alternative Benefit Package amending PA requirements for chiropractic services, PT/OT/ST, and hearing aids.

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 the Secretary of Administration

Signature of State Agency Official

Submitted By: **Dylan Frazer**

Last Revision Date: **Apr 14, 2023**

Submit Date: **Mar 30, 2023**



Alternative Benefit Plan

State Name: Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: VT - 23 - 0019**Benefits Description****ABP5**The state/territory proposes a "Benchmark-Equivalent" benefit package. **Benefits Included in Alternative Benefit Plan**

Enter the specific name of the base benchmark plan selected:

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



Alternative Benefit Plan

☒ I. Essential Health Benefit: Ambulatory patient services

Collapse All ☐

Benefit Provided:	Source:	Remove
Outpatient Hospital	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	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:	Source:	Remove
Rural Health Clinic	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
5 visits per month; 1 visit per day	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:	Source:	Remove
Federally Qualified Health Center	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
5 visits per month; 1 visit per day	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:

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:

See other information below

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 Services Furnished by Dentist

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Excludes solely cosmetic surgery

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

Benefit Provided:

OLP: Chiropractic

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Att. 3.1-A Item 6.C.

Duration Limit:

None

Scope Limit:

See Att. 3.1-A Item 6.C.

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

Coverage is in accordance with Att. 3.1-A Item 6.C.

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, and preventative hygiene.

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

Benefit Provided:

Non-Emergency Transportation

Source:

State Plan 1905(a)

Remove



Alternative Benefit Plan

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:

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)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information below

Duration Limit:

None

Scope Limit:

See other information below

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.

TN: VT 23-0019

Approval Date: 05/11/2023

Effective Date: 01/01/2023

Supersedes: VT 22-0003



Alternative Benefit Plan

Add



Alternative Benefit Plan

☒ 2. Essential Health Benefit: 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

☒ 3. Essential Health Benefit: Hospitalization

Collapse All ☐

Benefit Provided:

Inpatient Hospital

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Substance use detox is performed in an inpatient hospital setting.

Benefit Provided:

Inpatient Psychiatric Hospital

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Not Institutions for Mental Disease (IMD).

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

☒ 4. Essential Health Benefit: 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)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

	Source:	Remove
None	None	
None		
Source:		Remove
Yes		
None	None	
None		
Source:		Remove
None		



Alternative Benefit Plan

Scope Limit:

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



		Source:		
None				
None	None			
None				
		Source:		Remove
None				
None	None			
		Source:		
Yes				
	None			



Alternative Benefit Plan

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 include: assessment, early intervention, outpatient treatment services, intensive outpatient treatment services, partial hospitalization, clinically managed low-intensity residential services, medically monitored inpatient services, and withdrawal management.

Benefit Provided:

Source:

Remove

Authorization:

None

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

☐ 6. Essential Health Benefit: Prescription drugs

- ☒ The state/territory assures that the ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescribed 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:



Alternative Benefit Plan

☒ 7. Essential Health Benefit: Rehabilitative and habilitative services and devices

Collapse All ☐

- ☒ The state/territory assures that it is not imposing limits on habilitative services and devices that are more stringent than limits on rehabilitative services (45 CFR 156.115(a)(5)(ii)). Further, the state/territory understands that separate coverage limits must also be established for rehabilitative and habilitative services and devices. Combined rehabilitative and habilitative limits are allowed, if these limits can be exceeded based on medical necessity.

Benefit Provided:	Source:	Remove
Outpatient Hospital - Rehabilitative therapies	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	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:	Source:	Remove
OT/PT/SLP (non-hospital based)	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See Att. 3.1-A Item 11	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:		
Coverage is in accordance with Att. 3.1-A Item 11.		

Benefit Provided:	Source:	Remove
Prosthetic Devices	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	



Alternative Benefit Plan

None

Source:

Other

None

None

None

Source:

Remove

Other

None

None

None

Source:

Remove

Other



Alternative Benefit Plan

Source:

Source:

Source:



Alternative Benefit Plan

None

None

None

None

Source:

Other

None

None

Source:



Alternative Benefit Plan

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

☒ 8. Essential Health Benefit: Laboratory services

Collapse All ☐

Benefit Provided:

Other Laboratory and X-Ray Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Urine drug test limited to 8 per month

Duration Limit:

None

Scope Limit:

None

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

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

Add



Alternative Benefit Plan

Source:		
None		
None	None	
None		
Source:		
None		
None	None	
None		
Source:		
None		
None	None	



Alternative Benefit Plan

None

Source:

Remove

None

None

None

Source:

Remove

None

None

Add



Alternative Benefit Plan

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

Collapse All ☐

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

All federally required services in accordance CFR and Statute.

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

One year

Scope Limit:

None

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

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

Add



Alternative Benefit Plan

☐ 11. Other Covered Benefits from Base Benchmark

Collapse All ☐



Alternative Benefit Plan

☒ 12. Base Benchmark Benefits Not Covered due to Substitution or Duplication

Collapse All ☐

Base Benchmark Benefit that was Substituted:

Outpatient Hospital Fee

Source:

Base Benchmark

Remove

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

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

This benefit maps to EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Outpatient Surgery Physician/Surgical Services

Source:

Base Benchmark

Remove

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

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

This benefit maps to EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Urgent Care Centers or Facilities

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

This benefit maps to EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Primary Care Visit to Treat an Injury or Illness

Source:

Base Benchmark

Remove

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

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

This benefit maps to EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Dental Services (not routine)

Source:

Base Benchmark

Remove

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

Duplication - The Medicaid State Plan Medical & Surgical furnished by dentist service was used in order to

TN: VT 23-0019

Approval Date: 05/11/2023

Effective Date: 01/01/2023

Supersedes: VT 22-0003



Alternative Benefit Plan

Source:

Remove

Source:

Source:

Source:

Remove



Alternative Benefit Plan

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Alternative Benefit Plan

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Alternative Benefit Plan

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Alternative Benefit Plan

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Alternative Benefit Plan

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Alternative Benefit Plan

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60 days.	
Source:	Remove
Source:	Remove



Alternative Benefit Plan

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

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

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

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.

This benefit maps to EHB 10: Pediatric Services Including Oral and Vision Care.

Base Benchmark Benefit that was Substituted:

Preventive Care/Screening/Immunization

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 EPSDT and 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 1: Ambulatory Patient Services and EHB 10: Pediatric Services Including Oral and Vision Care.

Base Benchmark Benefit that was Substituted:

Eye Glasses for Children

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 EPSDT service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

Base benchmark benefit limitation(s): One item per year.

This benefit maps to EHB 10: Pediatric Services Including Oral and Vision Care.

Base Benchmark Benefit that was Substituted:

Dental Check-Up for Children

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 EPSDT service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

This benefit maps to EHB 10: Pediatric Services Including Oral and Vision Care.

Base Benchmark Benefit that was Substituted:

Family Planning: All Other Services

Source:

Base Benchmark

Remove



Alternative Benefit Plan

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

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

This benefit maps to EHB 1: Ambulatory Patient Services.

Add



Alternative Benefit Plan

☐ 13. Other Base Benchmark Benefits Not Covered

Collapse All ☐



Alternative Benefit Plan

☒ 14. Other 1937 Covered Benefits that are not Essential Health Benefits

 Collapse All ☐

Other 1937 Benefit Provided:

Dental

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Att. 3.1-A Item 10

Duration Limit:

None

Scope Limit:

See Att. 3.1-A Item 10

Other:

Coverage is in accordance with See Att. 3.1-A Item 10.

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

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

Other:

Other 1937 Benefit Provided:

Extended Services (home visits) for Pregnant Women

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: Opticians

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Limited to eyeglass dispensing only.

Other:

No authorization requirement.

Other 1937 Benefit Provided:

Face-to-Face Tobacco cessation for pregnant women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

16 visits per calendar year.

Other:

No authorization requirement.

Other 1937 Benefit Provided:

Case Management for TB related services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No authorization requirement.

Other 1937 Benefit Provided:

Outpatient Hospital - Partial Hospitalization

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No authorization requirement.

Other 1937 Benefit Provided:

Therapeutic Substance Abuse Services (PNMI)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No authorization requirement.

Other 1937 Benefit Provided:

Community Mental Health Center Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No authorization requirement.

Diagnosis and evaluation; emergency care; psychotherapy; chemotherapy; group therapy; specialized rehabilitation services provided by Mental Health Designated Providers authorized by DMH and required by state law. The benefit category in Vermont's State plan is "Other Diagnostic, Screening, Preventive and Rehabilitative Services."

Other 1937 Benefit Provided:

Assistive Community Care Services (PNMI)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Persons with functional impairments and/or cognitive disabilities.

Other:

No authorization requirement.



Alternative Benefit Plan

Other 1937 Benefit Provided:

Adult Day Health Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Excludes residents of nursing homes or enhanced residential care facilities. Should not exceed 7 days per week, 12 hours per day.

Other:

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:

Targeted Case Management (4 targeted groups)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No authorization requirement.

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:

Respiratory Care Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

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

Remove



Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

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

Duration Limit:

None

Scope Limit:

None

Other:

Contacts and special lenses may require prior authorization; Other aids to vision approved when legally blind and will improve at least one ADL or IADL.

Other 1937 Benefit Provided:

Inpatient Psych. Services for Individuals Under 22

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No authorization requirement.

Other 1937 Benefit Provided:

Licensed Dental Hygienist Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

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. Cover 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.



Alternative Benefit Plan

Other 1937 Benefit Provided:

Health Home Services for Opioid Dependence

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Health Homes provide coordinated, systemic, whole-person care to Medicaid beneficiaries who receive medication assisted therapy (MAT) for opioid dependence.

Other:

Other 1937 Benefit Provided:

OLP: Licensed Clinical Pharmacist

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Yes

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Att. 3.1-A Item 6(D)(9)

Duration Limit:

None

Scope Limit:

None

Other:

Coverage is in accordance with Att. 3.1-A Item 6(D)(9).

Other 1937 Benefit Provided:

Medical Nutrition Therapy

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Att. 3.1-A Item 13(C)(11)

Duration Limit:

None

Scope Limit:

None

Other:

Coverage is in accordance with Att. 3.1-A Item 13(C)(11).



Alternative Benefit Plan

Other 1937 Benefit Provided:

Routine Patient Cost in Qualifying Clinical Trials

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:

Coverage in alignment with item 30 in Att. 3.1-A and Att. 3.1-B.

Other 1937 Benefit Provided:

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other:

Add



Alternative Benefit Plan

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

Collapse All ☐

PRA Disclosure Statement

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. 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.

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