Table of Contents

State/Territory Name: Vermont

State Plan Amendment (SPA) #: 23-0025

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

July 28, 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) 23-0025

Dear Deputy Commissioner Strumolo:

For your records, this is an approved copy of Vermont's Medicaid Alternative Benefit Plan (ABP) State plan amendment (SPA) VT 23-0025. This ABP amendment submitted through the Medicaid Model Data Lab (MMDL No. VT.0626.R00.14) on June 5, 2023, meets all federal statutory and regulatory requirements.

The state submitted this SPA to align its ABP with previously approved SPAs 23-0017, 23-0023, and 23-0027 regarding dental therapists, podiatry services and prior authorization policies for prosthetic devices. This SPA was approved on July 28, 2023, with an effective date of May 1, 2023.

Attached 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:

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

VT-23-0025

Proposed Effective Date

05/01/2023

(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

This ABP SPA aligns with the following State Plan Amendments: SPA 23-0017 Dental Therapists Provider Type, 23-0023 Podiatry Service Coverage Description, and 23-0027 Prosthetic Devices PA Policy.

Governor's Office Review

O 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 the Agency of Administration.

Signature of State Agency Official

Submitted By:

Dylan Frazer

Last Revision Date:

Jul 25, 2023

Submit Date:

Jun 5, 2023



State Name: Vermont	A	ttachment 3.1-L-	OMB Control Number: 0938-1148
Transmittal Number: VT - 23 - 0025			
Benefits Description			ABP5
The state/territory proposes a "Benchmark-Equi-	valent" benefit package.	No	
Benefits Included in Alternative Benefit Plan		-	
Enter the specific name of the base benchmark p	lan selected:		
Blue Care, Vermont Health Plan, LLC, CDHP			
Enter the specific name of the section 1937 cove Approved."	rage option selected, if of	her than Secretary-Appr	oved. Otherwise, enter "Secretary-
Secretary-Approved			

Approval Date: July 28, 2023 Effective Date: May 1, 2023

Page 1 of 47



Benefit Provided:	Source:	Remove
Outpatient Hospital	State Plan 1905(a)	300070
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	725	
None		
benchmark plan:	the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	Remove
Rural Health Clinic	State Plan 1905(a)	170
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 benchmark plan:	the specific name of the source plan if it is not the base	
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; I visit per day	None	
3 visus per month, i visu per day		



Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	1
		aranda karanda
		5
Benefit Provided:	Source:	Remove
Physician Services in all Settings	State Plan 1905(a)	Z
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information below	None	
Scope Limit:		
See other information below		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	والمناسب والمستناء
	res; unnecessary testing; experimental; services provided	
cosmetic surgery; ineffective or unproven procedure without consent. Prior authorizations apply for cert exceeded based on medical necessity.	tain circumstances and procedures. Limits may be	Pamay
cosmetic surgery; ineffective or unproven procedure without consent. Prior authorizations apply for cert exceeded based on medical necessity.		Remove
cosmetic surgery; ineffective or unproven procedure without consent. Prior authorizations apply for cert exceeded based on medical necessity.	Source:	Remove
cosmetic surgery; ineffective or unproven procedur without consent. Prior authorizations apply for cert exceeded based on medical necessity. Senefit Provided: Family Planning	Source: State Plan 1905(a)	Remove
cosmetic surgery; ineffective or unproven procedur without consent. Prior authorizations apply for cert exceeded based on medical necessity. Senefit Provided: Family Planning Authorization: None	Source: State Plan 1905(a) Provider Qualifications:	Remove
cosmetic surgery; ineffective or unproven procedure without consent. Prior authorizations apply for cert exceeded based on medical necessity. enefit Provided: Family Planning Authorization:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
cosmetic surgery; ineffective or unproven procedur without consent. Prior authorizations apply for cert exceeded based on medical necessity. Senefit Provided: Family Planning Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
cosmetic surgery; ineffective or unproven procedur without consent. Prior authorizations apply for cert exceeded based on medical necessity. Senefit Provided: Family Planning Authorization: None Amount Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
cosmetic surgery; ineffective or unproven procedure without consent. Prior authorizations apply for cere exceeded based on medical necessity. Senefit Provided: Family Planning Authorization: None Amount Limit: None Scope Limit: Reversal of sterilizations not covered	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
cosmetic surgery; ineffective or unproven procedur without consent. Prior authorizations apply for cert exceeded based on medical necessity. Genefit Provided: Family Planning Authorization: None Amount Limit: None Scope Limit: Reversal of sterilizations not covered Other information regarding this benefit, including	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
cosmetic surgery; ineffective or unproven procedur without consent. Prior authorizations apply for cert exceeded based on medical necessity. Senefit Provided: Family Planning Authorization: None Amount Limit: None Scope Limit: Reversal of sterilizations not covered Other information regarding this benefit, including benchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None the specific name of the source plan if it is not the base	
cosmetic surgery; ineffective or unproven procedur without consent. Prior authorizations apply for cert exceeded based on medical necessity. enefit Provided: family Planning Authorization: None Amount Limit: None Scope Limit: Reversal of sterilizations not covered Other information regarding this benefit, including benchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	
cosmetic surgery; ineffective or unproven procedur without consent. Prior authorizations apply for cert exceeded based on medical necessity. Genefit Provided: Family Planning Authorization: None Amount Limit: None Scope Limit: Reversal of sterilizations not covered Other information regarding this benefit, including	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None Source: Source: Source: Source: Source: Source: Source:	Remove

TN: VT 23-0025 Supersedes: VT 23-0019 Approval Date: July 28, 2023



Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	and the second s	
Excludes solely cosmetic surgery		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	Remove
OLP: Chiropractic	State Plan 1905(a)	5
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	way.
See Att. 3.1-A Item 6.C.	None	and the second second
	the specific name of the source plan if it is not the base	
Other information regarding this benefit, including benchmark plan: Coverage is in accordance with Att. 3.1-A Item 6.0		
Other information regarding this benefit, including benchmark plan: Coverage is in accordance with Att. 3.1-A Item 6.0 Benefit Provided:	Source:	Remove
Other information regarding this benefit, including benchmark plan: Coverage is in accordance with Att. 3.1-A Item 6.0 Benefit Provided: OLP: Podiatry	Source: State Plan 1905(a)	Remove
Other information regarding this benefit, including benchmark plan: Coverage is in accordance with Att. 3.1-A Item 6.0 Benefit Provided:	Source:	Remove
Other information regarding this benefit, including benchmark plan: Coverage is in accordance with Att. 3.1-A Item 6.0 Benefit Provided: OLP: Podiatry Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
Other information regarding this benefit, including benchmark plan: Coverage is in accordance with Att. 3.1-A Item 6.0 Benefit Provided: OLP: Podiatry Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other information regarding this benefit, including benchmark plan: Coverage is in accordance with Att. 3.1-A Item 6.0 Benefit Provided: OLP: Podiatry Authorization: None Amount Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
Other information regarding this benefit, including benchmark plan: Coverage is in accordance with Att. 3.1-A Item 6.0 Benefit Provided: DLP: Podiatry Authorization: None Amount Limit: None Scope Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other information regarding this benefit, including benchmark plan: Coverage is in accordance with Att. 3.1-A Item 6.C Benefit Provided: OLP: Podiatry Authorization: None Amount Limit: None Scope Limit: Scope is in accordance with Att. 3.1-A Item 6.A. Other information regarding this benefit, including benchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None the specific name of the source plan if it is not the base	Remove
Other information regarding this benefit, including benchmark plan: Coverage is in accordance with Att. 3.1-A Item 6.C Benefit Provided: OLP: Podiatry Authorization: None Amount Limit: None Scope Limit: Scope is in accordance with Att. 3.1-A Item 6.A. Other information regarding this benefit, including	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None the specific name of the source plan if it is not the base	Remove
Other information regarding this benefit, including benchmark plan: Coverage is in accordance with Att. 3.1-A Item 6.0 Benefit Provided: OLP: Podiatry Authorization: None Amount Limit: None Scope Limit: Scope is in accordance with Att. 3.1-A Item 6.A. Other information regarding this benefit, including benchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None the specific name of the source plan if it is not the base	Remove

TN: VT 23-0025 Supersedes: VT 23-0019 Approval Date: July 28, 2023



Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, includi benchmark plan:	ng the specific name of the source plan if it is not the base	
	C	
enefit Provided: Iospice	Source: State Plan 1905(a)	Remove
	A STATE OF THE PROPERTY AND A	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan: 6 months prior to end of life.		-
enefit Provided:	Source:	Remove
OLP: Pediatric or Family Nurse Practitioners	State Plan 1905(a)	Ġ.
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information below	None	
Scope Limit:		
See other information below		
benchmark plan: Home & Office - 5 visits per month; Nursing Fa	ing the specific name of the source plan if it is not the base scility - up to 1 visit per week; Hospital - up to 1 admission	
cosmetic surgery; ineffective or unproven proce	to one visit per day for acute care. Excludes solely dures; unnecessary testing; experimental; services provided certain circumstances and procedures. Limits may be	

Approval Date: July 28, 2023 Effective Date: May 1, 2023 TN: VT 23-0025 Supersedes: VT 23-0019

Page 5 of 47



Add

TN: VT 23-0025 Supersedes: VT 23-0019 Approval Date: July 28, 2023



Benefit Provided:	Source:	Remove
Outpatient Hospital: Emergency Care	State Plan 1905(a)	210211070
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan:	ncluding the specific name of the source plan if it is not the base	
benchmark plan: Benefit Provided:	Source: State Plan 1905(a)	Remove
benchmark plan: Benefit Provided:	Source:	Remove
benchmark plan: Benefit Provided: Fransportation: Ambulance	Source: State Plan 1905(a)	Remove
benchmark plan: Benefit Provided: Transportation: Ambulance Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
benchmark plan: Benefit Provided: Transportation: Ambulance Authorization: Other	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
benchmark plan: Benefit Provided: Transportation: Ambulance Authorization: Other Amount Limit: None Scope Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan: Benefit Provided: Transportation: Ambulance Authorization: Other Amount Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan: Benefit Provided: Transportation: Ambulance Authorization: Other Amount Limit: None Scope Limit: None Other information regarding this benefit, is benchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove

Approval Date: July 28, 2023 Effective Date: May 1, 2023 TN: VT 23-0025 Supersedes: VT 23-0019



Benefit Provided:	Source:	Remove
Inpatient Hospital	State Plan 1905(a)	(C)
Authorization:	Provider Qualifications:	
Concurrent Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	- 200	
None		
Substance use detox is performed in an	inpatient hospital setting.	
	Source: State Plan 1905(a)	Remove
Authorization:	State Plan 1905(a) Provider Qualifications:	Remove
Inpatient Psychiatric Hospital	State Plan 1905(a)	Remove
Authorization: Concurrent Authorization Amount Limit:	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Authorization: Concurrent Authorization	State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
Authorization: Concurrent Authorization Amount Limit:	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Concurrent Authorization Amount Limit: None	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove

Approval Date: July 28, 2023 Effective Date: May 1, 2023

Page 8 of 47



Benefit Provided:	Source:	Remove
OLP: Licensed Lay Midwife	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, incidenchmark plan:	cluding the specific name of the source plan if it is no	of the base
Benefit Provided:	Source:	Remove
Nurse Midwife	State Plan 1905(a)	177000000000000000000000000000000000000
Authorization:	Provider Qualifications:	3
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	***	
None		
Other information regarding this benefit, incohenchmark plan:	cluding the specific name of the source plan if it is no	ot the base
Benefit Provided:	Source:	Remove
Physician Services: Maternity Care	State Plan 1905(a)	
Authorization:	Provider Qualifications:	30
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
2001	None	
None	None	



- WALLESTON		
		eta i
	Source: Remove	1
Walle Street	Remove and the second s	11003
The state of the s		
		interna.
None	None	
The state of the s		
None		
Thereian Proceedings		
	na sangga segarang s Segarang segarang se	
	The state of the s	
0-		
	Source: Remove	March & Programs
		100000
		March & Programs
		March & Programs
Yes		March & Programs
Yes		
Yes		
Yes	None	
Yes None None	None	
Yes None None	None	
Yes None None	None	
Yes None None	None	
Yes None None	None	
None None	None	
Yes None None	None Source: Remove	
Yes None None	None	
Yes None None	None Source: Remove	



Other information regarding th	is benefit, including the specific name of the source plan if it is not the base	
benchmark plan:	S. 946. 35	

TN: VT 23-0025 Approval Date: July 28, 2023 Effective Date: May 1, 2023 Supersedes: VT 23-0019



and the second second

70. 7. 3. 3. 3. 3. 3. 3.	70.3.7.	name
		on Manika. Alla Manika Manika
er beste de se se se de la companya		
Design with his boson.	Source	Remove
	Source:	Remove
Comment of the commen		
		and Marketter and the second
None		and the second second
	78.7	
N. Commission of the Commissio		Millian
None	None	
and the second second		
None		7
		_
The state of the s		
		The state of the s
The state of the s	Carren	10.00
	Source:	Remove
	Source:	Remove
Nose		
None		
None	None	
None		
None	None	
None	None Source:	Remove
None	None Source:	Remove
None	None Source:	Remove
None	None Source:	Remove
None	None Source:	Remove
None	None Source:	Remove



services, intensive outpatient ensity residential services, medically
Remove
ifications:
it:
of the source plan if it is not the base
of the source plant if it is not the ouse

TN: VT 23-0025 Approval Date: July 28, 2023 Effective Date: May 1, 2023 Supersedes: VT 23-0019



t Provided:		
overage is at least the greater of one drug in each me number of prescription drugs in each categor		
rescription Drug Limits (Check all that apply.):	Authorization:	Provider Qualifications:
∠ Limit on days supply	Yes	State licensed
Limit on number of prescriptions	### ### ### ### ### ### #### #########	
∠ Limit on brand drugs		
○ Other coverage limits		
□ Preferred drug list		
overage that exceeds the minimum requirements	or other:	

Approval Date: July 28, 2023 Effective Date: May 1, 2023

Page 14 of 47



Benefit Provided:	Source:	Remove
Outpatient Hospital - Rehabilitative therapies	State-Plan 1905(a)	Telliove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
OT/PT/SLP		
benchmark plan: Both rehabilitative and habilitative		
Benefit Provided:	Source:	Remove
OT/PT/SLP (non-hospital based)	State Plan 1905(a)	Kemove
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 benchmark plan:	the specific name of the source plan if it is not the base	
Coverage is in accordance with Att. 3.1-A Item 11		
Benefit Provided: Prosthetic Devices	Source:	Remove
1 TOSTILLE DEVICES	State Plan 1905(a)	11.0
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	

TN: VT 23-0025 Supersedes: VT 23-0019 Approval Date: July 28, 2023



-27 307 307		
200000000000000000000000000000000000000		
None		
The state of the s		
Carrier and		nas iz serio manerializado de
Marian Ma	Source:	
		7.12-7.12-7.3
SCORES SECTION AND ADDRESS OF THE PARTY OF T		
Other Management		
	a	
None	None	
- STEPHEN STEPHEN		
None		
Maria San San San San San San San San San Sa		
to crains an unanciario con a l'accesi tura.		
		Remove
	Source:	
	Source:	Remove
Other	Source:	Remove
Other	Source	Remove
Other	Source:	Remove
Other	Source: None	Remove
Other	Source: None	Remove
Other None None	Source: None	Remove
Other None None	Source: None	Remove
Other None None	Source: None	Remove
Other None None	Source: None	Remove
Other None None	Source: None	Remove
Other None None	Source: None	Remove
Other None	Source: None	Remove
Other None None	Source: None Source:	Remove
Other None None	Source: None Source:	Remove



None	None	
L.	250	
None		
None		
	A CONTRACTOR OF THE PROPERTY O	
uu	OR THE THE TAX AND	
	The state of the s	
	Cetterally little was relieved by	A CONTRACTOR OF THE PARTY OF TH
There at the second of the sec	Source	Remove
The state of the s		no because of the second
		· · · · · · · · · · · · · · · · · · ·
Other	in the second second	
	None	
None	INORE	
None		
	None	
None		
None		
None	Source:	Remove
None	Source:	Remove
None	Source:	Remove
None	Source:	
None	Source:	Remove



None None Source None None Source Source Source Source Source Source None None	Name of the second seco		
None None None None Source Relieve Source Relieve Source Source	None	The state of the s	
None Source Retirove Other None Source Source Source Source Source			720
Source: Rithuve None None Source: Source:	None	None	
Source Rinove None None Source Source Source			
Source: None None Source: Rethrove	None		
Source: None None Source: Rethrove			6
Other None None Source			
Other None None Source			
Other None None Source	L		
Other None None Source			
Other None None Source:			1
Other None None Source			## #E
Other None None Source	7000 CONTROL OF THE PARTY OF TH	The same of the sa	
Other None None Source			
Other None None Source			core
None Source			
None Source	- Contract of the contract of		-
Source	200		8.10
Source	None		
Source	-		25.00
Source		The state of the s	
Source			ar.
Source			-
Source			20
Source	en <mark>sense sense sense Sense sense se</mark>		(2000) 1975
Source			(2) (2) (2) (3)
Source			
		Source	
** ** ** ** ** ** ** ** ** ** ** ** **		Source	
		Source	



benchmark plan:	ding this benefit, including the specific name of the source plan if it is not the base	
beneminark plan.		

TN: VT 23-0025 Approval Date: July 28, 2023 Effective Date: May 1, 2023 Supersedes: VT 23-0019

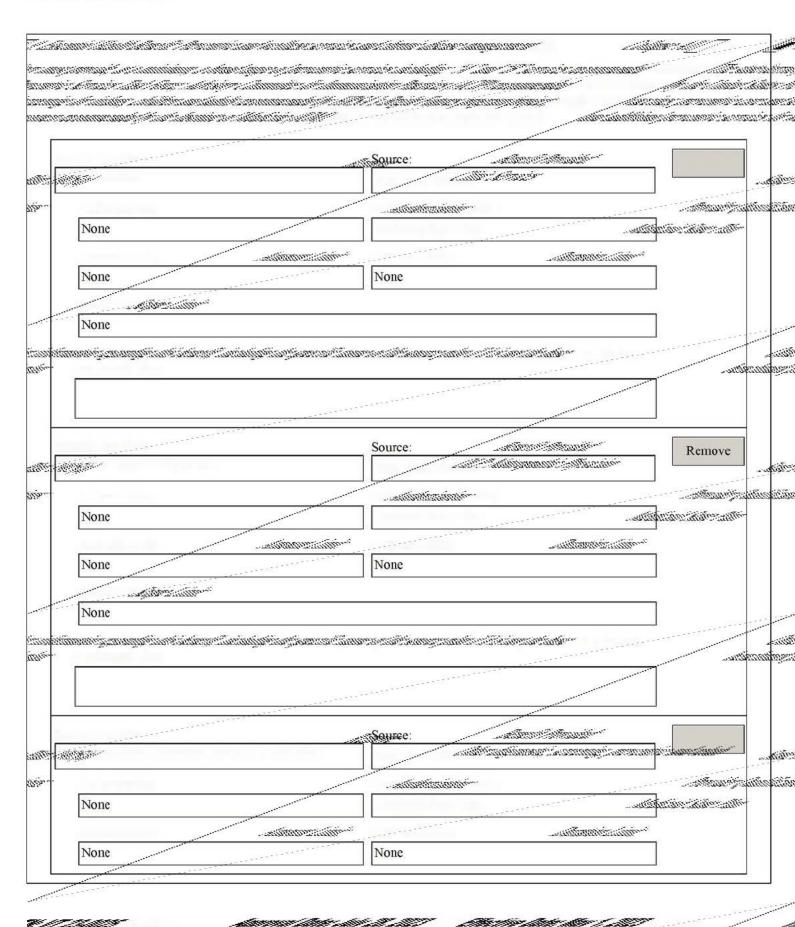


Benefit Provided:	Source:	Remove
Other Laboratory and X-Ray Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan]
Amount Limit:	Duration Limit:	<u>=</u> 0
Urine drug test limited to 8 per month	None	
Scope Limit:	700	
None		
Other information regarding this benefit, includ benchmark plan:	ing the specific name of the source plan if it is not the base	
	st be prior approved. Diagnostic imaging requires prior (RA, PET, PET/CA) unless provided as part of ER or	

Approval Date: July 28, 2023 Effective Date: May 1, 2023

Page 20 of 47







None		
	Pastagania Dining Sana	
		- Constitution of the Cons
	Source:	Remove
	100 100 100 100 100 100 100 100 100 100	
weighten with the state of the		W
None	teen.	
None	TO PATRICIA DE CONTROL	7:
- Auto-an early		Control of the Contro
	nue .	
	Diagram.	
The state of the s	Source:	Remove
SSI December		
The same of the sa		
None	and the same of th	
Majarote-Majar		
	21100000 17978211 C. 2000 mm.	
	S1997533	
	State	



Benefit Provided:	Source:	Remove
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	
Authorization:	Provider Qualifications:	=7. ->
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	-
None	None	
Scope Limit:		
None		
	nce CFR and Statute.	
Benefit Provided:	Source:	Remove
	Source: State Plan 1905(a)	Remove
Benefit Provided: Medicaid State Plan EPSDT Benefits Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: State Plan 1905(a)	Remove
Benefit Provided: Medicaid State Plan EPSDT Benefits Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
Benefit Provided: Medicaid State Plan EPSDT Benefits Authorization: Other	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
Benefit Provided: Medicaid State Plan EPSDT Benefits Authorization: Other Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Benefit Provided: Medicaid State Plan EPSDT Benefits Authorization: Other Amount Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Benefit Provided: Medicaid State Plan EPSDT Benefits Authorization: Other Amount Limit: None Scope Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove

Add



☐ 11. Other Covered Benefits from Base Benchmark Collapse All ☐

TN: VT 23-0025 Approval Date: July 28, 2023 Effective Date: May 1, 2023 Supersedes: VT 23-0019

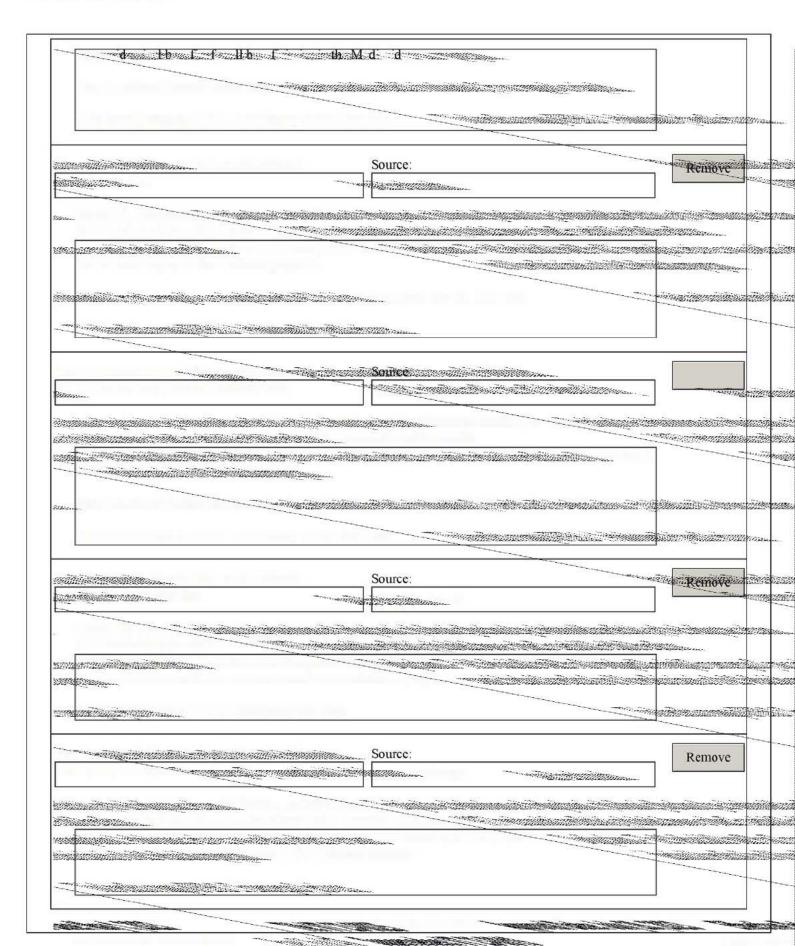
Page 24 of 47



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.	12. Base Benchmark Benefits Not Covered due to S	ubstitution or Duplication	Collapse All
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:		Source:	Remove
Duplication - The Medicaid State Plan Outpatient Hospital service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. This benefit maps to EHB 1: Ambulatory Patient Services. Base Benchmark Benefit that was Substituted: Source: Base Benchmark	Outpatient Hospital Fee	Base Benchmark	
Outpatient Surgery-Physician/Surgical Services 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 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 Explain the substitution or duplication, including indicating the substituted benefits) 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: Source: Dental Services (not routine) Base Benchmark Explain the substitution or duplication, including indicating the substituted benefits) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	1937 benchmark benefit(s) included above under Duplication - The Medicaid State Plan Outpation benefits for all beneficiaries in the Medicaid process.	err Essential Health Benefits: ent Hospital service was used in order to ensure identical ogram.	n
Outpatient Surgery-Physician/Surgical Services 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 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 (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 (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 (s) included above under Essential Health Benefits: Population - The Medicaid State Plan Physician Services in all Settings service was used in order to ensure identical benefits for all beneficiaries in the Medic	Base Benchmark Benefit that was Substituted:	Source:	Damaya
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:			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: 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: Source: Dental Services (not routine) 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 Outpatie benefits for all beneficiaries in the Medicaid pro-	ent Hospital service was used in order to ensure identical ogram.	
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: 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: Source: Dental Services (not routine) 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:			Remove
Primary Care Visit to Treat an Injury or Illness 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) 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 A Physician Services in all Settings service was u in the Medicaid program. Certain clinics provid urgent care center providers who are not affiliate	mbulatory Services - Rural Health Clinic and FQHC's and sed in order to ensure identical benefits for all beneficiaries le urgent care, however Vermont does not have stand alone ted with a health clinic or hospital.	
Primary Care Visit to Treat an Injury or Illness 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) 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:			
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) 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
Dental Services (not routine) 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:	1937 benchmark benefit(s) included above under Duplication - The Medicaid State Plan Physicia ensure identical benefits for all beneficiaries in	g indicating the substituted benefit(s) or the duplicate sectioner Essential Health Benefits: an Services in all Settings service was used in order to the Medicaid program.	n
Dental Services (not routine) 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:	Base Benchmark Benefit that was Substituted:	Source:	Damaya
1937 benchmark benefit(s) included above under Essential Health Benefits:			Kelliove
	1937 benchmark benefit(s) included above under	er Essential Health Benefits:	_

Supersedes: VT 23-0019 Page 25 of 47

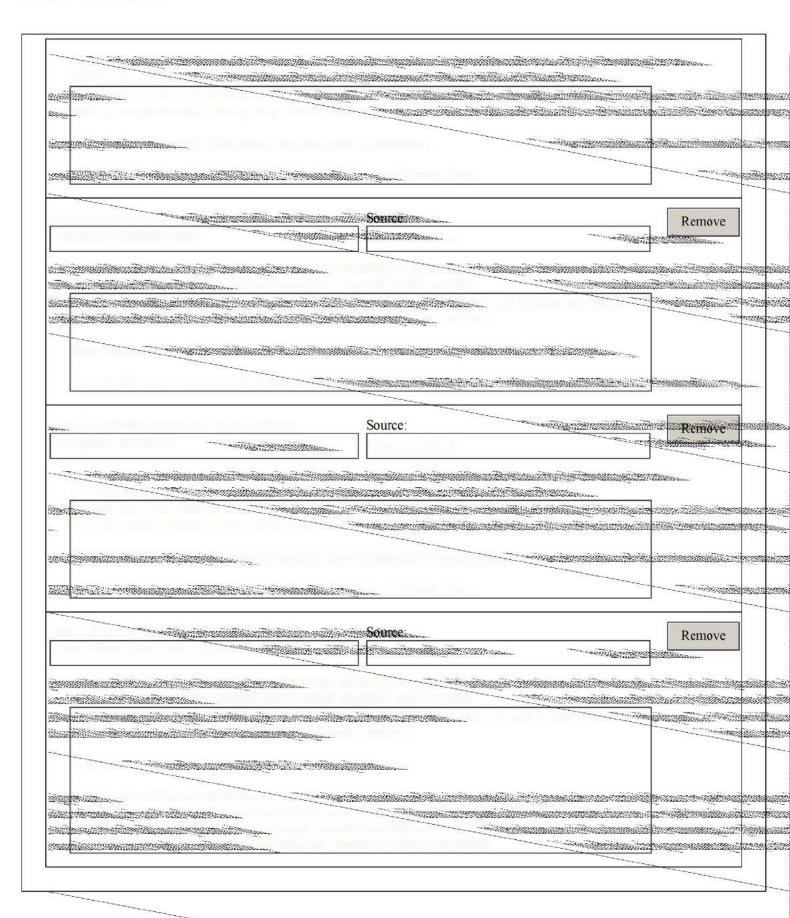




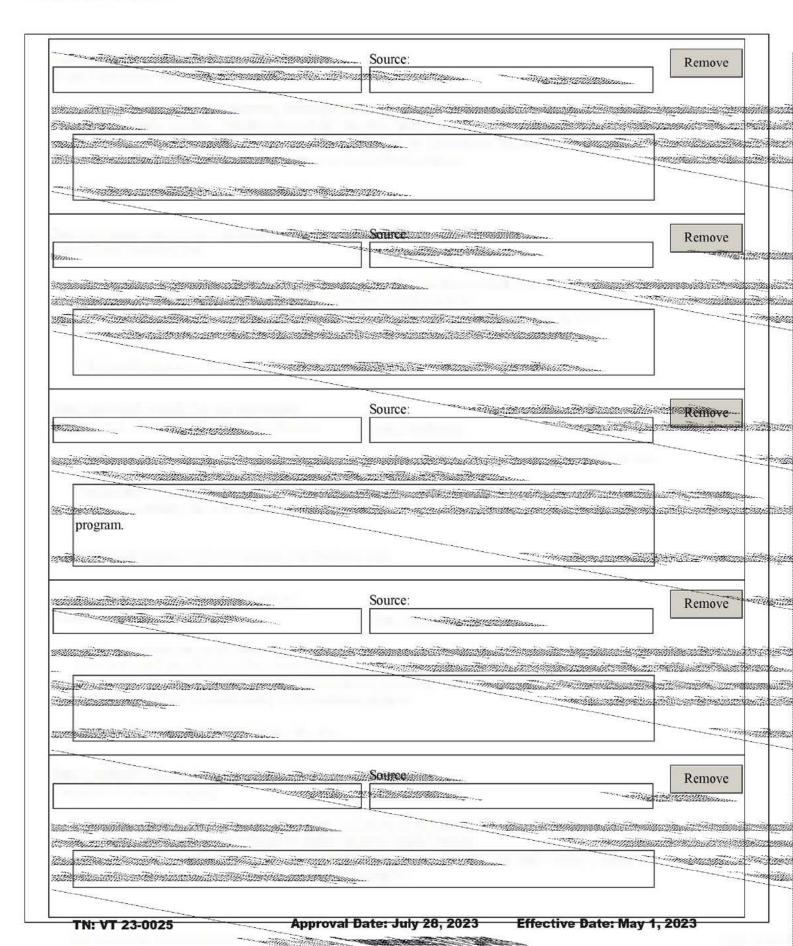


	Source:	Remove
	The state of the s	
20072 0 4500 mm.		
	있는데 1000 HTML IN THE INTERIOR INTERIOR IN THE INTERIOR IN	TWO CONTRACTOR
		THE STREET STREET, STR
	2000 cm	
	SOURCE STATE OF THE PROPERTY O	Remove
TORSELL		20146
	1717 Telephone 1715	
	AND THE STREET STREET, THE STREET STREET, STRE	
		an Same
	Source:	of the land of the land
		Remove
www.	- Septimonistes	Long articular und contract to contract to the
	Source	Remove
		Remove
	Source	Remove





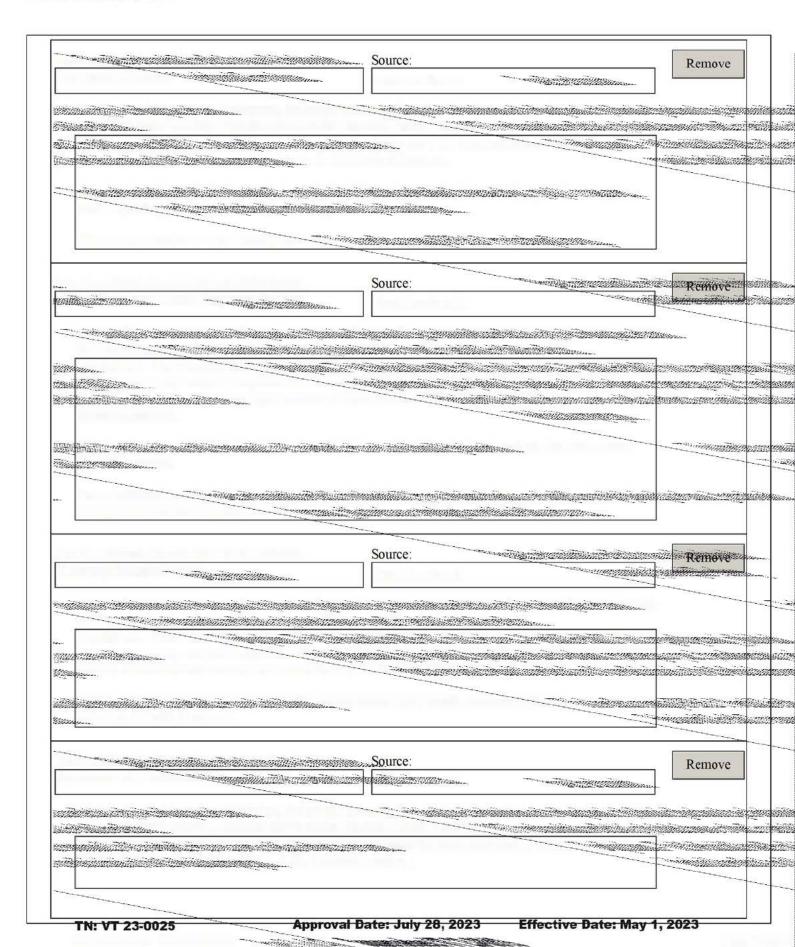




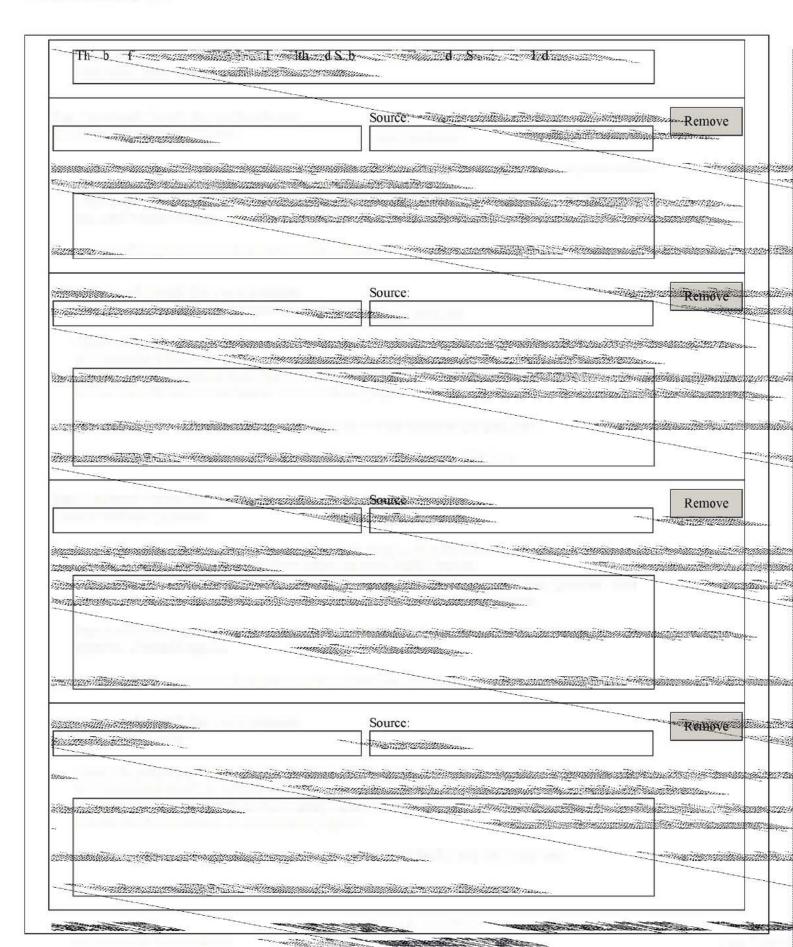


Source: Remove Remove Remove Remove Remove Remove	- The state of the	and the second second second			
Source: Remove Source: Terriove		COMMENCE OF STREET,			l
Source: Remove Source: Remove					l
Source: Remove Source: Remove		Source	Remove		l
Source: Remove Source: Tornove	SUSTIMONIA.		0 9 112		200
Source: Remove Source: Tornove				e da	300
Source: Remove Source: Remove			- water	700	
Source: Remove Source: Remove					+
Source: Remove Source: Remove					l
Source: Remove Source: Remove					
Source: Remove Remove Remove	The state of the s		eride samone	300	1
Source: Remove		The state of the s		31125CH-1855	
Source: Remove			9	-	
Source: Remove	The state of the s	Source:	Remove	wie.	1
Source	The state of the s				152
Source					l
Source: Remove				683K	13
Source					
Source: Remove					1
Source				1533	38
Source	And the second s		The same of the sa	e Paris	
Source: Remove Remove	**************************************	STATISTICS.	THE STATE OF THE S	2020/20	1
Source: Remove Remove			The state of the s		
Source: Remove Remove	The same production of the second sec	The state of the s	100 ham a	-	+
Source:			Militare.	-	-
Source:			Littrane.		
Source: Remove					
Source: Remove		Source			_
Source: Remove		Source			
Source: Remove	The same of the sa	Source	Remove	yong	drag
Source: Remove		Source	Remove		100
Source: Remove		Source	Remove		980
Source: Remove		Source	Remove	7000	922
Source: Remove		Source	Remove	- 10	980
		Source	Remove		988
		Source	Remove		933
		Source	Remove	1456.5	
		Source	Remove	1456.5	
		Source	Remove	1456.5	
		Source:	Remove	1456.5	
		Source	Remove	1456.5	
		Source	Remove		200
		Source	Remove		200
		Source	Remove		
		Source	Remove		
		Source	Remove		





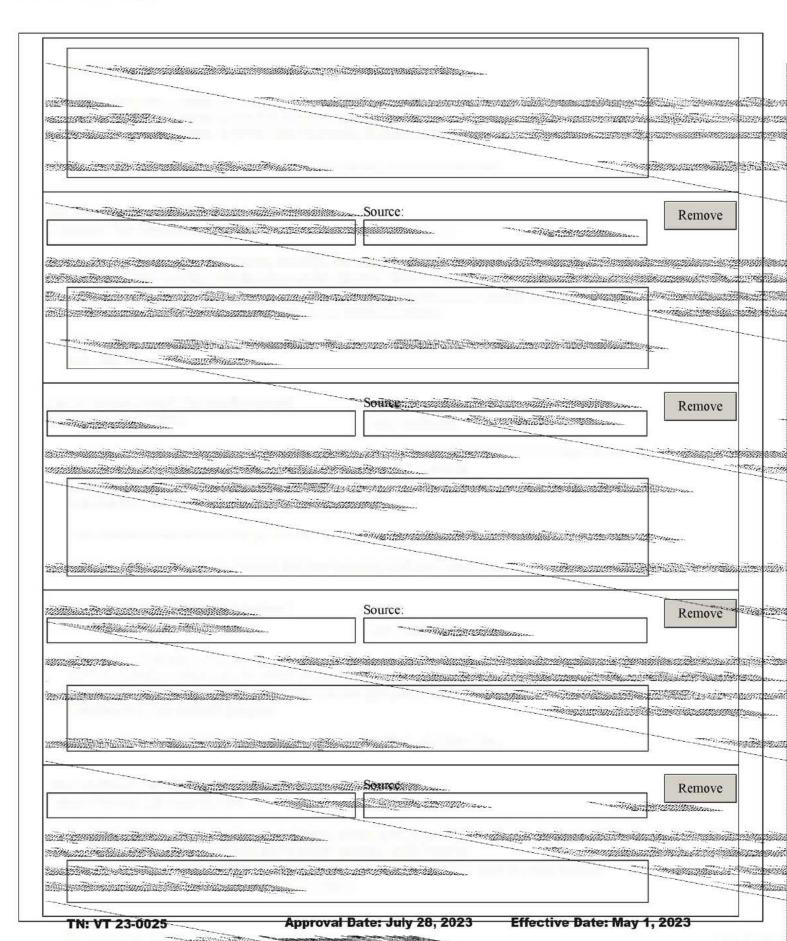






	ource:	Remove	
The same of the sa	The state of the s		
		Marinetta 2 72 72	
W. C. T. C. Line on		annik Tibuas	1
			air.
The state of the s	Contraction of the state of the second of th		180
	Marie Ma		£0735
	OWCCZ COMMON TO THE STATE OF TH	Remove	
and the state of t		<i>(</i> 4	
			122
The second secon	7		(Fig.
		Sea.	
2.00 Million 11.11.11.11.11.11.11.11.11.11.11.11.11.			300
60 days.		**************************************	
	The state of the s	asamala Bri	25
	ource:	Remove	
Distance Distance		Remove	
Distance Distance	ource:	Remove	
	ource:	Remove	
To Discourse	ource:	Remove	
	OUICE:	Remove	
	ource:	Remove	
	OUICE:	Remove	
	OUICE:	Remove	
	OUICE:	Remove	







and depth and		Remove
Prosthetic Devices	Base Benchmark	
Duplication - The Medicaid State Plan Prosthe benefits for all beneficiaries in the Medicaid p	tic Devices service was used in order to ensure identical	

TN: VT 23-0025 Approval Date: July 28, 2023 Effective Date: May 1, 2023 Supersedes: VT 23-0019



☐ 13. Other Base Benchmark Benefits Not Covered Collapse All ☐

TN: VT 23-0025 Approval Date: July 28, 2023 Effective Date: May 1, 2023 Supersedes: VT 23-0019



Other 1937 Benefit Provided:	Source:	Remove
Dental	Section 1937 Coverage Option Benchmark Benefit	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
15 No. 49 110	Package	
Authorization:	Provider Qualifications:	1
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See Att. 3.1-A Item 10	None	
Scope Limit:		
See Att. 3.1-A Item 10		
Other:		
Coverage is in accordance with See Att.	3.1-A Item 10.]
1		
		J.
24 - 1027 P C. P '1 1	G	
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
CF/IID	Package	
Authorization	Provider Qualifications:	J
Authorization:		1
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	1
None	None	_
Scope Limit:		20
None		
Other:		I (
Suici		1
4		J
		and the same of th
Other 1937 Benefit Provided:	Source:	Remove
OLP: High Tech Nursing	Section 1937 Coverage Option Benchmark-Benefit Package	
Authorization:	Provider Qualifications:	_
Prior Authorization	Medicaid State Plan]
Amount Limit:	Duration Limit:	1
None	None]
Scope Limit:		1
Scope Limit		



1027 P	C	
ther 1937 Benefit Provided: xtended Services (home visits) for Pregnant Women	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remov
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
ther 1937 Benefit Provided: LP: Opticians	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remov
Authorization:	Provider Qualifications:	
Authorization,		
	Medicaid State Plan	
Amount Limit:	J. L	
Amount Limit: None	Duration Limit: None	
None	Duration Limit:	
	Duration Limit:	
None Scope Limit:	Duration Limit:	
None Scope Limit: Limited to eyeglass dispensing only.	Duration Limit:	
None Scope Limit: Limited to eyeglass dispensing only. Other:	Duration Limit:	
None Scope Limit: Limited to eyeglass dispensing only. Other:	Duration Limit:	
None Scope Limit: Limited to eyeglass dispensing only. Other: No authorization requirement.	Duration Limit: None	Remov
None Scope Limit: Limited to eyeglass dispensing only. Other: No authorization requirement. ther 1937 Benefit Provided:	Duration Limit: None	Remov
None Scope Limit: Limited to eyeglass dispensing only. Other: No authorization requirement. ther 1937 Benefit Provided:	Duration Limit: None	Remov
None Scope Limit: Limited to eyeglass dispensing only. Other: No authorization requirement. ther 1937 Benefit Provided: ace-to-Face Tobacco cessation for pregnant women	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remov
None Scope Limit: Limited to eyeglass dispensing only. Other: No authorization requirement. ther 1937 Benefit Provided: ace-to-Face Tobacco cessation for pregnant women	Duration Limit: None	Remov

TN: VT 23-0025 Supersedes: VT 23-0019 Approval Date: July 28, 2023

Effective Date: May 1, 2023



16 visits per calendar year.		
Other:		
No authorization requirement.		
Other 1937 Benefit Provided:	Source:	Remove
Case Management for TB related services	Section 1937 Coverage Option Benchmark Benefit Package	1
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	1	
None		
Other:		
No authorization requirement.		
No authorization requirement. Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
No authorization requirement. Other 1937 Benefit Provided:	Section 1937 Coverage Option Benchmark Benefit	Remove
No authorization requirement. Other 1937 Benefit Provided: Outpatient Hospital - Partial Hospitalization	Section 1937 Coverage Option Benchmark Benefit Package	Remove
No authorization requirement. Other 1937 Benefit Provided: Outpatient Hospital - Partial Hospitalization	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
No authorization requirement. Other 1937 Benefit Provided: Outpatient Hospital - Partial Hospitalization Authorization:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
No authorization requirement. Other 1937 Benefit Provided: Outpatient Hospital - Partial Hospitalization Authorization: Amount Limit: None Scope Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
No authorization requirement. Other 1937 Benefit Provided: Outpatient Hospital - Partial Hospitalization Authorization: Amount Limit: None	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
No authorization requirement. Other 1937 Benefit Provided: Outpatient Hospital - Partial Hospitalization Authorization: Amount Limit: None Scope Limit: None Other:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
No authorization requirement. Other 1937 Benefit Provided: Outpatient Hospital - Partial Hospitalization Authorization: Amount Limit: None Scope Limit: None	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
No authorization requirement. Other 1937 Benefit Provided: Outpatient Hospital - Partial Hospitalization Authorization: Amount Limit: None Scope Limit: None Other: No authorization requirement.	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None Source:	
No authorization requirement. Other 1937 Benefit Provided: Outpatient Hospital - Partial Hospitalization Authorization: Amount Limit: None Scope Limit: None Other: No authorization requirement.	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	
No authorization requirement. Other 1937 Benefit Provided: Outpatient Hospital - Partial Hospitalization Authorization: Amount Limit: None Scope Limit: None Other:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None Source: Section 1937 Coverage Option Benchmark Benefit	Remove



None	
Source:	Remove
Section 1937 Coverage Option Benchmark Benefit Package	
Provider Qualifications:	
Medicaid State Plan	
Duration Limit:	
None	
Designated Providers authorized by DMH and required	
Source:	Remov
Section 1937 Coverage Option Benchmark Benefit Package	remov
Provider Qualifications:	
Medicaid State Plan	
Medicaid State Plan Duration Limit:	
Duration Limit:	
Duration Limit:	
Duration Limit: None	
Duration Limit: None	
	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None otherapy; chemotherapy; group therapy; specialized Designated Providers authorized by DMH and required ate plan is "Other Diagnostic, Screening, Preventive and Source: Section 1937 Coverage Option Benchmark Benefit



ther 1937 Benefit Provided:	Source:	Remove
dult Day Health Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Excludes residents of nursing homes or en per week, 12 hours per day.	hanced residential care facilities. Should not exceed 7 days	
Other:		
safety, and psychological needs of adults the medication administration, health monitoring	sive, non-residential program designed to address the health, arough individual plans of care that may include a provision of and oversight, personal care, maintenance therapies, and care ed. This benefit has the same effective date as SPA 15-007.	
her 1937 Benefit Provided:	Source:	Damassa
argeted Case Management (4 targeted groups		Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
unable to access needed medical, social, ed their level of disability, or who lack the act	ars old: (1) Persons with developmental disabilities who are lucational and other services because of adaptive deficits due to ive assistance of a family member or other interested person to 2) Individuals and families who have a history of child abuse or	
neglect, trauma, behavioral challenges, fam assistance to identify, obtain and monitor n social, educational, and other services; (3) I months of age enrolled in the Vermont Dep	aily dysfunction, and/or family violence who are in need of seeded medical (including mental health and substance abuse), Pregnant and postpartum women and infants through twelve partment for Children and Families, Healthy Babies, Kids, and eive special education and related medically necessary Medicaid zed Education Plan (IEP).	
neglect, trauma, behavioral challenges, fam assistance to identify, obtain and monitor n social, educational, and other services; (3) months of age enrolled in the Vermont Dep Families Program; (4) Individuals who rece	Pregnant and postpartum women and infants through twelve partment for Children and Families, Healthy Babies, Kids, and eive special education and related medically necessary Medicaid	Remove
neglect, trauma, behavioral challenges, fam assistance to identify, obtain and monitor n social, educational, and other services; (3) months of age enrolled in the Vermont Dep Families Program; (4) Individuals who rece covered services pursuant to an Individualither 1937 Benefit Provided:	pregnant and postpartum women and infants through twelve partment for Children and Families, Healthy Babies, Kids, and eive special education and related medically necessary Medicaid zed Education Plan (IEP).	Remove
neglect, trauma, behavioral challenges, fam assistance to identify, obtain and monitor n social, educational, and other services; (3) months of age enrolled in the Vermont Dep Families Program; (4) Individuals who rece covered services pursuant to an Individuali	Pregnant and postpartum women and infants through twelve partment for Children and Families, Healthy Babies, Kids, and eive special education and related medically necessary Medicaid zed Education Plan (IEP). Source: Section 1937 Coverage Option Benchmark Benefit	Remove

TN: VT 23-0025 Supersedes: VT 23-0019 Approval Date: July 28, 2023 Effective Date: May 1, 2023



Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	1	
None		
Other: No authorization requirement.	1	
No audiorization requirement.		
<u>L</u>		
Other 1937 Benefit Provided:	Source:	Remove
Personal Care Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
And the state of t		
None		
None	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remov
Other: Other: Other 1937 Benefit Provided: Nursing Facility 21 and older; custodial care	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Other: Other 1937 Benefit Provided:	Section 1937 Coverage Option Benchmark Benefit	Remov
Other: Other: Other 1937 Benefit Provided: Nursing Facility 21 and older; custodial care Authorization:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remov
Other: Other: Other 1937 Benefit Provided: Nursing Facility 21 and older; custodial care Authorization: Other	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remov
Other: Other: Other 1937 Benefit Provided: Nursing Facility 21 and older; custodial care Authorization: Other Amount Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other: Other: Other 1937 Benefit Provided: Nursing Facility 21 and older; custodial care Authorization: Other Amount Limit: None	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
None Other: Other: Other 1937 Benefit Provided: Nursing Facility 21 and older; custodial care Authorization: Other Amount Limit: None Scope Limit: None Other:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
None Other: Other: Other 1937 Benefit Provided: Nursing Facility 21 and older; custodial care Authorization: Other Amount Limit: None Scope Limit: None	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
None Other: Other: Other 1937 Benefit Provided: Nursing Facility 21 and older; custodial care Authorization: Other Amount Limit: None Scope Limit: None Other:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remov
Other: Other: Other 1937 Benefit Provided: Nursing Facility 21 and older; custodial care Authorization: Other Amount Limit: None Scope Limit: None Other: Requires a physician order; Out of state requires	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None s prior authorization.	
None Other: Other: Other 1937 Benefit Provided: Nursing Facility 21 and older; custodial care Authorization: Other Amount Limit: None Scope Limit: None Other:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove



Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Routine exam 1/2 years; diagnostic exam 1/2 years	None	
Scope Limit:		
None		
Other:		
Contacts and special lenses may require prior authorized blind and will improve at least one ADL or IADL.	zation; Other aids to vision approved when legally	
ther 1937 Benefit Provided:	Source:	Remove
npatient Psych. Services for Individuals Under 22	Section 1937 Coverage Option Benchmark Benefit Package	Kemov
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None	7	
Other:		
No authorization requirement.		
ther 1937 Benefit Provided:	Source:	Remov
icensed Dental Hygienist Services	Section 1937 Coverage Option Benchmark Benefit Package	Remov
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Services provided by licensed dental hygienists are conhygienist who is in a collaborative agreement with a conhect of the control of the con	dentist licensed in Vermont. Cover services are limited wed and accepted by the State of Vermont, Director of	

Effective Date: May 1, 2023



her 1937 Benefit Provided:	Source:	Remove
ealth Home Services for Opioid Dependence	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Health Homes provide coordinated, systemic, w medication assisted therapy (MAT) for opioid d	hole-person care to Medicaid beneficiaries who receive	
Other:	openation.	
Cilici	1	
her 1937 Benefit Provided:	Source:	Remove
LP: Licensed Clinical Pharmacist	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See Att. 3.1-A Item 6(D)(9)	None	
Scope Limit:		
None		
Other:		
Coverage is in accordance with Att. 3.1-A Item (6(D)(9).	
<u>.</u>		
her 1937 Benefit Provided:	Source:	Remove
edical Nutrition Therapy	Section 1937 Coverage Option Benchmark Benefit Package	remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
	iviedicald State Plan	
Amount Limit:	Duration Limit:	
Amount Limit:	Duration Limit:	
Amount Limit: See Att. 3.1-A Item 13(C)(11)	Duration Limit:	
Amount Limit: See Att. 3.1-A Item 13(C)(11) Scope Limit:	Duration Limit:	

TN: VT 23-0025 Supersedes: VT 23-0019 Approval Date: July 28, 2023 Effective Date: May 1, 2023



ther 1937 Benefit Provided:	Source:	Remove
outine Patient Cost in Qualifying Clinical Trials	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Coverage in alignment with item 30 in Att. 3.1-A		
ther 1937 Benefit Provided:	Source:	Remove
icensed Dental Therapist Services	Section 1937 Coverage Option Benchmark Benefit Package	Kemove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Aligns with item 6(D)(12) in Att. 3.1-A	None	
Scope Limit:		
Aligns with item 6(D)(12) in Att. 3.1-A.		
Other:		
Coverage in alignment with item 6(D)(12) in Att	3.1-A.	
ther 1937 Benefit Provided:	Source:	Remove
	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
I .	Duration Limit:	
Amount Limit:	Duration Dimit.	

TN: VT 23-0025 Supersedes: VT 23-0019 Approval Date: July 28, 2023 Effective Date: May 1, 2023



Other:			
			_
			Add

TN: VT 23-0025 Approval Date: July 28, 2023 Effective Date: May 1, 2023 Supersedes: VT 23-0019

Page 46 of 47



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.

V.20190808

Page 47 of 47

TN: VT 23-0025 Approval Date: July 28, 2023 Effective Date: May 1, 2023 Supersedes: VT 23-0019