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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 25-0011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 179
- 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 5, 2026

Jill Mazza Olson, Medicaid Director
Vermont Agency of Human Services
Building E, Third Floor, 280 State Drive
Waterbury, VT 05671-1000

Re: Vermont State Plan Amendment (SPA) - 25-0011

Dear Director Olson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0011. This amendment proposes adding supported employment services to Vermont's Alternative Benefit Plan (ABP). It also amends the ABP to reflect the benefit changes approved in SPAs 25-0009 and 25-0015.

We conducted our review of your submittal according to statutory requirements in 42 CFR §440.130. This letter informs you that Vermont's Medicaid SPA TN 25-0011 was approved on May 5, 2026, with an effective date of July 1, 2025.

Enclosed are copies of Form CMS 179 and the approved SPA pages to be incorporated into the Vermont 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,



Nicole McKnight
Acting Director, Division of Program Operations

Enclosures

cc: Dylan Frazer, Deputy Director of Medicaid Policy
Anthony Carrese, Medicaid Policy Unit

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 1

2. STATE

VT

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT



XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

7/1/2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR §440.130

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0

b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

ABP 1, ABP2b, ABP5 and ABP2a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

ABP1, ABP2b, ABP5 and ABP2a

9. SUBJECT OF AMENDMENT

CMHC, TCM, and Supported Employment update in accordance with Global Commitment to Health 1115 waiver STC 4.4(c)

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



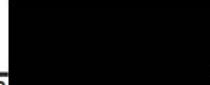
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED: Approval from Agency of Admin.



STATE AGENCY OFFICIAL

Ashley Berliner

13. TITLE
MEDICAID DIRECTOR, AGENCY OF HUMAN SERVICES

14. DATE SUBMITTED
8/22/2025

15. R

DYLAN FRAZER
DEPARTMENT OF VERMONT HEALTH ACCESS
280 STATE DRIVE
WATERBURY, VT 05671-1010

DYLAN.FRAZER@VERMONT.GOV

FOR CMS USE ONLY

16. DATE RECEIVED
08/22/2025

17. DATE APPROVED
05/05/2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
07/01/2025

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL
Nicole McKnight

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

05/04/2026 - VT provided P&I authority to add Section ABP2a to boxes 7 and 8.



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: VT - 25 - 0011

Alternative Benefit Plan Populations **ABP1**

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

Alternative Benefit Plan Population Name:

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

Eligibility Groups Included in the Alternative Benefit Plan Population:

Add	Eligibility Group:	Enrollment is mandatory or voluntary?	Remove
Add	<input type="text" value="Adult Group"/>	<input type="text" value="Mandatory"/>	Remove
Add	<input type="text" value="Parents and Other Caretaker Relatives"/>	<input type="text" value="Voluntary"/>	Remove
Add	<input type="text" value="Pregnant Women"/>	<input type="text" value="Voluntary"/>	Remove
Add	<input type="text" value="Deemed Newborns"/>	<input type="text" value="Voluntary"/>	Remove
Add	<input type="text" value="Infants and Children under Age 19"/>	<input type="text" value="Voluntary"/>	Remove
Add	<input type="text" value="Transitional Medical Assistance"/>	<input type="text" value="Voluntary"/>	Remove
Add	<input type="text" value="Extended Medicaid due to Spousal Support Collections"/>	<input type="text" value="Voluntary"/>	Remove
Add	<input type="text" value="Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care"/>	<input type="text" value="Voluntary"/>	Remove
Add	<input type="text" value="Former Foster Care Children"/>	<input type="text" value="Voluntary"/>	Remove
Add	<input type="text" value="Medically Needy Pregnant Women"/>	<input type="text" value="Voluntary"/>	Remove
Add	<input type="text" value="Medically Needy Children under Age 18"/>	<input type="text" value="Voluntary"/>	Remove
Add	<input type="text" value="Medically Needy Children Age 18 through 20"/>	<input type="text" value="Voluntary"/>	Remove
Add	<input type="text" value="Medically Needy Parents and Other Caretakers"/>	<input type="text" value="Voluntary"/>	Remove
Add	<input type="text" value="Medically Needy Aged, Blind or Disabled"/>	<input type="text" value="Voluntary"/>	Remove
Add	<input type="text" value="Medically Needy Blind or Disabled Individuals Eligible in 1973"/>	<input type="text" value="Voluntary"/>	Remove
Add	<input type="text" value="Children with Non-IV-E Adoption Assistance"/>	<input type="text" value="Voluntary"/>	Remove
Add	<input type="text" value="Certain Individuals Needing Treatment for Breast or Cervical Cancer"/>	<input type="text" value="Voluntary"/>	Remove
Add	<input type="text" value="Individuals Eligible for Cash except for Institutionalization"/>	<input type="text" value="Voluntary"/>	Remove



Alternative Benefit Plan

Add	Eligibility Group:	Enrollment is mandatory or voluntary?	Remove
Add	Institutionalized Individuals Eligible under a Special Income Level	Voluntary	Remove
Add	Optional State Supplement - 1634 States and SSI Criteria States with 1616 Agreements	Voluntary	Remove
Add	Individuals Receiving Hospice Care	Voluntary	Remove
Add	Qualified Disabled Children under Age 19	Voluntary	Remove
Add	Work Incentives Eligibility Group	Voluntary	Remove
Add	Working Disabled under 1619(b)	Voluntary	Remove
Add	Qualified Disabled and Working Individuals	Voluntary	Remove
Add	Qualified Medicare Beneficiaries	Voluntary	Remove
Add	Specified Low Income Medicare Beneficiaries	Voluntary	Remove
Add	Qualifying Individuals	Voluntary	Remove
Add	Individuals Receiving Mandatory State Supplements	Voluntary	Remove
Add	Individuals Who Are Essential Spouses	Voluntary	Remove
Add	Institutionalized Individuals Continuously Eligible Since 1973	Voluntary	Remove
Add	Blind or Disabled Individuals Eligible in 1973	Voluntary	Remove
Add	Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972	Voluntary	Remove
Add	Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI	Voluntary	Remove
Add	Individuals Eligible for SSI/SSP but for OASDI COLA increases since April, 1977	Voluntary	Remove
Add	Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security	Voluntary	Remove
Add	Disabled Adult Children	Voluntary	Remove
Add	Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash	Voluntary	Remove

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

Geographic Area

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

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



Alternative Benefit Plan

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PRA Disclosure Statement

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

V.20181119



Alternative Benefit Plan

State Name: Vermont

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: VT - 25 - 0011

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

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

Yes

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

Vermont is an expansion state that will not have newly eligible groups under ACA. However, the state will recognize the New Adult group in the state plan and will use the Medicaid State Plan as the benefits plan for the New Adult Group. The Medicaid state plan is more comprehensive than the state's Benchmark plan selected for the Health Benefits Exchange established under 45 CFR § 156.111(a)(3). The ABP also includes an additional service, Supported Employment, not included in the State Plan.

PRA Disclosure Statement

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

V.20160722



Alternative Benefit Plan

State Name: Vermont

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: VT - 25 - 0011

Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under Section 1902(a)(10)(A)(i)(VIII) of the Act **ABP2b**

These assurances must be made by the state/territory if the ABP Population includes any eligibility groups other than or in addition to the Adult eligibility group.

When offering voluntary enrollment in an Alternative Benefit Plan (Benchmark or Benchmark-Equivalent), prior to enrollment:

- The state/territory must inform the individual they are exempt and the state/territory must comply with all requirements related to voluntary enrollment.
- The state/territory assures it will effectively inform individuals who voluntary enroll of the following:
 - a) Enrollment is voluntary;
 - b) The individual may disenroll from the Alternative Benefit Plan at any time and regain immediate access to full standard state/territory plan coverage;
 - c) What the process is for disenrolling.
- The state/territory assures it will inform the individual of:
 - a) The benefits available under the Alternative Benefit Plan; and
 - b) The costs of the different benefit packages and a comparison of how the Alternative Benefit Plan differs from the approved Medicaid state/territory plan.

How will the state/territory inform individuals about voluntary enrollment? (Check all that apply.)

- Letter
- Email
- Other:

Describe:

The State will provide information about voluntary enrollment in the ABP to individuals during the process of enrolling in a Supported Employment program.

Provide a copy of the letter, email text or other communication text that will be used to inform individuals about voluntary enrollment.

An attachment is submitted.

When did/will the state/territory inform the individuals?

The State will inform individuals on an ongoing basis as they are assessing whether to participate in Supported Employment.

Please describe the state/territory's process for allowing voluntarily enrolled individuals to disenroll.

Individuals may disenroll by choosing to no longer participate in Supported Employment services and notifying their Supported



Alternative Benefit Plan

Employment provider.

The state/territory assures it will document in the exempt individual's eligibility file that the individual:

- a) Was informed in accordance with this section prior to enrollment;
- b) Was given ample time to arrive at an informed choice; and
- c) Voluntarily and affirmatively chose to enroll in the Alternative Benefit Plan.

Where will the information be documented? (Check all that apply.)

- In the eligibility system.
- In the hard copy of the case record.
- Other:

Describe:

Information will be documented in the member's clinical records as documented by the Supported Employment provider.

What documentation will be maintained in the eligibility file? (Check all that apply.)

- Copy of correspondence sent to the individual.
- Signed documentation from the individual consenting to enrollment in the Alternative Benefit Plan.
- Other:

Describe:

Documentation will be maintained in the member's clinical records as documented by the Supported Employment provider.

The state/territory assures that it will maintain data that tracks the total number of individuals who have voluntarily enrolled in an Alternative Benefit Plan and the total number who have disenrolled.

Other Information Related to Enrollment Assurance for Voluntary Participants (optional):

The State will only treat individuals as enrolled in the ABP after they choose to participate in a Supported Employment program. Members will confirm their participation in the ABP as part of the process of enrolling in Supported Employment. The State will track the total number of individuals who are enrolled in the ABP on a voluntary basis by reviewing claims data and identifying individuals that are receiving Supported Employment services. When individuals are no longer receiving Supported Employment services, they will no longer be considered to be enrolled in the ABP. Members may also choose to disenroll from the ABP by choosing to no longer receive Supported Employment services and notifying the Supported Employment provider.

PRA Disclosure Statement

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



Alternative Benefit Plan

V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: VT - 25 - 0011

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:

VT has selected a set of benefits for its EHB Benchmark Plan per 45 CFR § 156.111(a)(3).

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

Secretary-Approved



Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

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

Benefit Provided: Rural Health Clinic	Source: State Plan 1905(a)	Remove
Authorization: Authorization required in excess of limitation	Provider Qualifications: Medicaid State Plan	
Amount Limit: 5 visits per month; 1 visit per day	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		

Benefit Provided: Federally Qualified Health Center	Source: State Plan 1905(a)	Remove
Authorization: Authorization required in excess of limitation	Provider Qualifications: Medicaid State Plan	
Amount Limit: 5 visits per month; 1 visit per day	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		



Alternative Benefit Plan

●ther 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:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

See below

●ther 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 5.a. Hospital visits are limited to up to one admission visit per patient per diagnosis per month, and up to one visit per day for acute care. These limits may be exceeded based on medical necessity and must be prior approved.

Benefit Provided:

Medical & Surgical Services Furnished by Dentist

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Excludes solely cosmetic surgery

●ther 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



Alternative Benefit Plan

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:

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:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Att. 3.1-A Item 23

Duration Limit:

None

Scope Limit:

See Att. 3.1-A Item 23

●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 23.

Benefit Provided:

OLP: Physician Assistants

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

See Att. 3.1-A Item 6.D.11

Duration Limit:

None

Scope Limit:

See Att. 3.1-A Item 6.D.11

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.D.11.

Add



Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

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		
●ther 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 24a.		

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

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:	Source:	Remove
OLP: Licensed Lay Midwife	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:		
<input type="text"/>		

Benefit Provided:	Source:	Remove
Nurse Midwife	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:		
<input type="text"/>		

Benefit Provided:	Source:	Remove
Physician Services: Maternity Care	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:		
<input type="text"/>		



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:

Inpatient Hospital: Maternity Care

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Current Authorization on the 13th day of stay.

Benefit Provided:

International Board-Certified Lactation Consultant

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:

Breastfeeding health, education, and counseling services are covered. Providers must be licensed and enrolled Medicaid providers and hold an International Board-Certified Lactation Consultant certificate.

Add



Alternative Benefit Plan

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

Collapse All

The state/territory assures that it does not apply any financial requirement or treatment limitation to mental health or substance use disorder benefits in any classification that is more restrictive than the predominant financial requirement or treatment limitation of that type applied to substantially all medical/surgical benefits in the same classification.

Benefit Provided: Clinic Services - Mental Health Clinic	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Includes group therapy, individual psychotherapy, day hospital, diagnosis and evaluation, emergency care, and chemotherapy.		
Benefit Provided: OLP: Behavioral Health	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Not covered if resident of inpatient hospital or mental health hospital.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Vermont has five designated hospitals that provide psychiatric services in the general hospital setting with wings of 8 beds or less and are not Institutions for Mental Disease (IMD).		
Benefit Provided: Rehab: Substance Use Disorder Services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: See Att. 3.1-A Substance Use Disorder Services	Duration Limit: 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.

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 below	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. For beneficiaries aged 21 and older, rehabilitative and habilitative services are limited to sixty(60) therapy visits per calendar year and include any combination of physical therapy, occupational therapy and speech/language therapy. This limit may be exceeded based on medical necessity and must be prior approved.		
These services are limited to one hour, per discipline, per day, except for wheelchair evaluations. This limit may be exceeded based on medical necessity and must be prior approved.		

Benefit Provided:	Source:	Remove
Prosthetic Devices	State Plan 1905 (a)	



Alternative Benefit Plan

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:

Coverage is in accordance with Att. 3.1-A Item 12.C.

Benefit Provided:

Nursing Facility 21 and older; rehab care

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Home Health Intermittent Part Time Nursing

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:

Coverage is in accordance with Att. 3.1-A Item 7.



Alternative Benefit Plan

Benefit Provided:	Source:	Remove
Home Health Aide	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
●ther information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Requires plan of care and supervision by ●T/PT/SLP or nurse.		

Benefit Provided:	Source:	Remove
Home Health: Medical Supplies, Equip. and Appliance	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
●ther 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 7.		

Benefit Provided:	Source:	Remove
Home Health PT/OT/SLP	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
●ther 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 7.		



Alternative Benefit Plan

Benefit Provided: Home Health: Private Duty Nursing	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
●ther information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		
Benefit Provided: Licensed Applied Behavior Analyst Services	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: Other	Duration Limit: None	
Scope Limit: None		
●ther information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Services are limited to those specified in protocols for licensure and reviewed and accepted by the State of Vermont, Director of the Office of Professional Regulation, and are services covered by Medicaid. Licensed Applied Behavior Analysts will oversee the supervision of Board Certified Assistant Behavior Analysts and Behavior Technicians, and shall assume professional responsibility for the services rendered by an unlicensed provider under their supervision. All services must be medically necessary, prior authorized by the Medicaid program, and delivered in accordance with the recipient's treatment plan. Limitations can be found in Attachment 3.1-A under Licensed Applied Behavior Analyst Services. This benefit has the same effective date as SPA 15-001.		
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)	<input type="button" value="Remove"/>
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: Urine drug test limited to 8 per month	Duration Limit: Urine drug test limited to 8 per month	
Scope Limit: <input type="text"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Exceptions to the urine drug test limitation must be prior approved. Diagnostic imaging requires prior authorization for high-tech (CT, CTA, MRI, MRA, PET, PET/CA) unless provided as part of ER or inpatient visit."/>		



Alternative Benefit Plan

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

Collapse All

The state/territory must provide, at a minimum, a broad range of preventive services including: “A” and “B” services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA’s Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided:	Source:	Remove
Clinic Services	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:		
<input type="text"/>		

Benefit Provided:	Source:	Remove
OLP: Naturopathic Physician	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:		
<input type="text"/>		

Benefit Provided:	Source:	Remove
Other diagnostic, screening, preventive and rehab	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:		
<input type="text"/>		



Alternative Benefit Plan

Scope Limit:

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

Tobacco cessation counseling services are available to all non-pregnant Medicaid beneficiaries. The maximum number of visits allowed per individual per calendar year is 16. This maximum number of visits per calendar year can be exceeded based on medical necessity through a prior authorization process. This benefit has the same effective date as SPA 14-009.

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

●ther 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 13(C)(11).

Add



Alternative Benefit Plan

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

Collapse All

Benefit Provided:	Source:	Remove
Medicaid State Plan EPSDT Benefits		
Authorization:	Provider Qualifications:	
Other		
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:		
All federally required services in accordance with CFR and Statute.		

Benefit Provided:	Source:	Remove
Medicaid State Plan EPSDT Benefits	State Plan 1905 (a)	
Authorization:	Provider Qualifications:	
Other	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:		
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:

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 19 37 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:

Specialist Visit

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 19 37 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Outpatient Hospital and 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:

Other Practitioner Office Visit (Nurse, Phys Asst)

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 19 37 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Pediatric or Family Nurse Practitioners and Physician Assistant 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 Facility Fee

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 19 37 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 19 37 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Outpatient Hospital and Physician Services in all Settings were used



Alternative Benefit Plan

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:

Hospice Services

Source:

Base Benchmark

Remove

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

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

This benefit maps to EHB 1: Ambulatory Services.

Base Benchmark Benefit that was Substituted:

Private-Duty Nursing

Source:

Base Benchmark

Remove

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

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

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

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 Rural Health Clinic, FQHC, and Physician Services in all Settings services were 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:

Home Health Care Services

Source:

Base Benchmark

Remove

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

Duplication - The Medicaid State Plan Home Home Health Intermittent Part Time Nursing, Health Aide, and Home Health PT/OT and SLP services were used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

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



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Emergency Room Services

Source:

Base Benchmark

Remove

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

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

This benefit maps to EHB 2: Emergency Services.

Base Benchmark Benefit that was Substituted:

Emergency Transportation/Ambulance

Source:

Base Benchmark

Remove

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

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

This benefit maps to EHB 2: Emergency Services.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital Services (e.g., Hospital Stay)

Source:

Base Benchmark

Remove

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

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

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

Base Benchmark Benefit that was Substituted:

Inpatient Physician and Surgical Services

Source:

Base Benchmark

Remove

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

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

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

Base Benchmark Benefit that was Substituted:

Bariatric Surgery

Source:

Base Benchmark

Remove

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

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



Alternative Benefit Plan

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

Base Benchmark Benefit that was Substituted:

Skilled Nursing Facility

Source:

Base Benchmark

Remove

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

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

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

Base Benchmark Benefit that was Substituted:

Prenatal and Postnatal Care

Source:

Base Benchmark

Remove

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

Duplication - The Medicaid State Plan Licensed Lay Midwife, Physician Services: Maternity Care, and International Board-Certified Lactation Consultant services were used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

This benefit maps to EHB 4: Maternity and Newborn Care.

Base Benchmark Benefit that was Substituted:

Delivery/All Inpatient Services for Maternity Care

Source:

Base Benchmark

Remove

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

Duplication - The Medicaid State Plan Nurse Midwife, Physician Services: Maternity Care, and Inpatient Hospital: Maternity Care were used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

This benefit maps to EHB 4: Maternity and Newborn Care.

Base Benchmark Benefit that was Substituted:

Mental/Behavioral Health Outpatient Services

Source:

Base Benchmark

Remove

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

Duplication - The Medicaid State Plan Clinic Services - Mental Health Clinic and LP: Behavioral Health services were used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

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



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Mental Behavioral Health Inpatient Services

Source:

Base Benchmark

Remove

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

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

This benefit maps to EHB 3: Hospitalization.

Base Benchmark Benefit that was Substituted:

Substance Use Disorder Outpatient Services

Source:

Base Benchmark

Remove

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

Duplication - The Medicaid State Plan Rehab: Substance Use Disorder Services were used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

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

Base Benchmark Benefit that was Substituted:

Substance Use Disorder Inpatient Services

Source:

Base Benchmark

Remove

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

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

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

Base Benchmark Benefit that was Substituted:

Generic Drugs

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 Prescription Drugs benefit was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

This benefit maps to EHB 6: Prescription Drugs.

Base Benchmark Benefit that was Substituted:

Preferred and Non-Preferred Brand Drugs

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 Prescription Drugs benefit was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

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Alternative Benefit Plan

This benefit maps to EHB 6: Prescription Drugs.

Base Benchmark Benefit that was Substituted:

Specialty Drugs

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 Prescription Drugs benefit was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

This benefit maps to EHB 6: Prescription Drugs.

Base Benchmark Benefit that was Substituted:

Outpatient Rehabilitation Services

Source:

Base Benchmark

Remove

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

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

Base benchmark benefit limitation(s): 30 visits per year.

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

Base Benchmark Benefit that was Substituted:

Habilitation 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 OT/PT/SLP (non-hospital based), Licensed Applied Behavior Analyst Services, and EPSDT benefit were used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

Base benchmark benefit limitation(s): 30 visits per year.

This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices and EHB 10: Pediatric Services Including Oral and Vision Care.

Base Benchmark Benefit that was Substituted:

Chiropractic Care

Source:

Base Benchmark

Remove

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

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

Base benchmark benefit limitation(s): 12 visits per year.



Alternative Benefit Plan

This benefit maps to EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment

Source:

Base Benchmark

Remove

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

Duplication - The Medicaid State Plan Home Health: Medical Supplies, Equipment and Appliances benefit was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

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

Base Benchmark Benefit that was Substituted:

Hearing Aids

Source:

Base Benchmark

Remove

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

Duplication - The Medicaid State Plan Home Health: Medical Supplies, Equipment and Appliances benefit was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

Base benchmark benefit limitation(s): One hearing aid per ear every three years for specified degree of hearing loss. Coverage of hearing aid repairs limited to 50% of the replacement cost.

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

Base Benchmark Benefit that was Substituted:

Imaging (CT/PET Scans, MRIs)

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 Laboratory and X-Ray Services was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

This benefit maps to EHB 8: Laboratory Services.

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 Physician Services in all Settings, Clinic Services, Naturopathic Physician, Other Diagnostic, Screening, Preventive and Rehab Services, and EPSDT services were used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

This benefit maps to EHB1: Ambulatory Care, EHB 9: Preventive and Wellness Services and Chronic Disease Management, and EHB 10: Pediatric Services Including Oral and Vision Care



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Routine Eye Exam 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 visit per year.

This benefit maps to 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:

Rehabilitative Speech Therapy

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

Base benchmark benefit limitation(s): 30 visits per year.

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

Base Benchmark Benefit that was Substituted:

Rehabilitative Occupational and Physical Therapy

Source:

Base Benchmark

Remove

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Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 19 37 benchmark benefit(s) included above under Essential Health Benefits:

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

Base benchmark benefit limitation(s): 30 visits per year.

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

Base Benchmark Benefit that was Substituted:

Well Baby Visits and Care

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 19 37 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Licensed Lay Midwife and Physician Services: Maternity Care were used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

This benefit maps to EHB 4: Maternity and Newborn Care.

Base Benchmark Benefit that was Substituted:

Laboratory Outpatient and Professional Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 19 37 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Other Laboratory and X-Ray Services and Physician Services in all Settings were used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

This benefit maps to EHB1: Ambulatory Care and EHB 8: Laboratory Services.

Base Benchmark Benefit that was Substituted:

X-rays and Diagnostic Imaging

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 19 37 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - The Medicaid State Plan Other Laboratory and X-Ray Services was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

This benefit maps to EHB 8: Laboratory Services.

Base Benchmark Benefit that was Substituted:

Basic Dental Care - Child

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 19 37 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.

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Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Orthodontia - Child

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:

Major Dental Care - Child

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:

Transplant

Source:

Base Benchmark

Remove

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

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

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

Base Benchmark Benefit that was Substituted:

Accidental Dental

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 Services Furnished by a Dentist 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:

Dialysis

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 and Physician Services in all Settings were used in order to ensure identical benefits for all beneficiaries in the Medicaid program.



Alternative Benefit Plan

This benefit maps to EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Allergy Testing

Source:

Base Benchmark

Remove

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

Duplication - The Medicaid State Plan Physician Services in all Settings and Other diagnostic, screening, preventive and rehab were 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 9: Preventive and Wellness Services and Chronic Disease Management.

Base Benchmark Benefit that was Substituted:

Chemotherapy

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 and Physician Services in all Settings were 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:

Radiation

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 and Physician Services in all Settings were 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:

Diabetes Education

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, Naturopathic Physician, and Medical Nutrition Therapy services were 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 9: Preventive and Wellness Services and Chronic Disease Management.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Prosthetic Devices	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 19 37 benchmark benefit(s) included above under Essential Health Benefits: Duplication - The Medicaid State Plan Prosthetic Devices service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices.		
Base Benchmark Benefit that was Substituted: Infusion Therapy	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 19 37 benchmark benefit(s) included above under Essential Health Benefits: Duplication - The Medicaid State Plan Outpatient Hospital and Physician Services in all Settings were 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: Treatment for Temporomandibular Joint Disorders	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 19 37 benchmark benefit(s) included above under Essential Health Benefits: Duplication - The Medicaid State Plan Medical & Surgical Services Furnished by a Dentist and Physician Services in all Settings were 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: Nutritional Counseling	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 19 37 benchmark benefit(s) included above under Essential Health Benefits: Duplication - The Medicaid State Plan Physician Services in all Settings, Naturopathic Physician, and Medical Nutrition Therapy services were 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 9: Preventive and Wellness Services and Chronic Disease Management.		
Base Benchmark Benefit that was Substituted: Reconstructive surgery	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 Inpatient Hospital and Physician Services In all Settings were 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 3: Hospitalization.

Base Benchmark Benefit that was Substituted:

Gender Affirming Care

Source:

Base Benchmark

Remove

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

Duplication - The Medicaid State Plan Outpatient Hospital and Physician Services In all Settings were used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

This benefit maps to EHB 1: Ambulatory Patient Services.

Gender Affirming Care will no longer be covered as an EHB after December 31, 2025. Effective January 1, 2026, Gender affirming care will be covered as an Other 1937 service (see page 49).

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:

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:

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

IN: VT 25.0011

S... d... TN: VT 25-0003

Approval Date: May 5, 2026

Effective Date: July 1, 2025



Alternative Benefit Plan

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:

Other

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 people

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

16 visits per calendar year.



Alternative Benefit Plan

Other:

No authorization requirement.

Other 1937 Benefit Provided:

Case Management for TB related 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:

None

Other:

No authorization requirement.

Other 1937 Benefit Provided:

Outpatient Hospital - Partial Hospitalization

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:

No authorization requirement.

Other 1937 Benefit Provided:

Therapeutic Substance Abuse Services (PNMI)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

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:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Coverage is in accordance with Att. 3.1-A Item 13(2).

Other 1937 Benefit Provided:

Assistive Community Care Services (PNMI)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

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.

Other 1937 Benefit Provided:

Adult Day Health Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit 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 (5 targeted groups)

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:

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); (5) Adults with severe mental illness.

Other 1937 Benefit Provided:

Respiratory Care 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:

None

TN: VT 25-0011

Supersedes TN: VT 25-0003

Approval Date: May 5, 2026

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Alternative Benefit Plan

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:

Optometry

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

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

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

None

●ther:

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

●ther 1937 Benefit Provided:

Inpatient Psych. Services for Individuals Under 22

Source:

Section 1937 Coverage ●ption Benclunark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

●ther:

No authorization requirement.

●ther 1937 Benefit Provided:

Licensed Dental Hygienist Services

Source:

Section 1937 Coverage ●ption Benclunark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

●ther:

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.

●ther 1937 Benefit Provided:

Health Home Services for ●pioid Dependence

Source:

Section 1937 Coverage ●ption Benclunark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

TN: VT 25-0011

Supersedes TN: VT 25-0003

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Effective Date: July 1, 2025



Alternative Benefit 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:

Coverage is in accordance with Health Homes SPA.

Other 1937 Benefit Provided:

OLP: Licensed Clinical Pharmacist

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

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:

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:

Licensed Dental Therapist Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove



Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Aligns with item 6(D)(12) in Att. 3.1-A

Duration Limit:

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.

Other 1937 Benefit Provided:

EMT, AEMT, and Paramedic Provider 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:

None

Other:

Coverage is in accordance with Att. 3.1-A Item 6(D)12, 13, and 14.

Other 1937 Benefit Provided:

Community Based Mobile Crisis

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Duration in accordance with Att. 3.1-A Item 13(15)

Scope Limit:

Scope in accordance with Att. 3.1-A Item 13(15).

Other:

Coverage in accordance with Att. 3.1-A Item 13(15).



Alternative Benefit Plan

Other 1937 Benefit Provided:

Medication Therapy Management

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

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 Attachment 3.1-A Item 6(D)(9).

Other 1937 Benefit Provided:

OLP: Podiatry

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Scope is in accordance with Att. 3.1-A Item 6.A.

Other:

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

Other 1937 Benefit Provided:

Non-Emergency Transportation

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:



Alternative Benefit Plan

Other 1937 Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other:

Other 1937 Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other:

Authorization: None.

Amount, Duration, and Scope: Established in accordance with the person-centered service plan (PCSP)/ service definition.

Target Group:
Age 16 or older.

Needs-Based Criteria:
Individuals who, due to a diagnosed or suspected mental health condition, require assistance with at least one instrumental activity of daily living that impacts their ability to establish and maintain competitive employment and/or build interpersonal skills in the workplace.

The state assures that there are needs-based criteria for receipt of services in nursing facilities, intermediate care facilities for individuals with intellectual disabilities, and/or long-term care hospitals, and Medicaid waivers offering HCBS to individuals who meet institutional level of care, that are more stringent than the minimum needs-based criteria required to receive supported employment.

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Definition:

This service assists individuals with mental health diagnoses in developing, achieving and sustaining work, educational, and career goals. Supported employment emphasizes an individual's strengths, capabilities, and preferences. Services are provided primarily in the community and include engagement and employment assessment, and ongoing support to maintain employment. This service is fully voluntary.

Supported Employment does not include:

- Generalized employer contacts that are not connected to a specific enrolled individual or an authorized service
- Services for individuals in sub-minimum wage, or sheltered workshop settings
- Facility-based habilitation or personal care services
- Wage or wage enhancements for individuals
- Duplicative services from other state or federal programs
- Payment to employers for supervision, training, support, and adaptations typically available to other workers without disabilities filling similar positions in the business.

Provider Qualifications:

Supported employment is delivered by qualified providers of Community Mental Health Center services at Att. 3.1-A Item 13(3) who have completed state-approved trainings in the supported employment model.

Person-Centered Planning:

Need for supported employment services is determined through a person-centered planning process and is documented in the individual's clinical record in accordance with 42 CFR §441.725(a) and (b). In addition, all individuals receiving supported employment participate in a person-centered employment planning process.

In the person-centered planning process, the supported employment team works with the individual to:

- Identify the individual's strengths, preferences and goals;
- Determine the desired outcome of services;
- Identify other members of the individual's mental health treatment team and significant support network; and
- Review other preferences and cultural considerations to inform the delivery of supported employment.

The information gathered through the person-centered employment planning process is captured in a career profile. Both the supported employment team and the individual must sign off on the career profile. The person-centered employment planning process is complemented by updates made to the individual's clinical record by a CMHC provider in consultation with the individual. The person-centered plan is a living document that will be updated in consultation with the individual as needed should the individual's needs or circumstances change.

The state assures that the planning process:

- Includes people chosen by the individual.
- Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible and can make informed choices and decisions.
- It is timely and occurs at times and locations convenient to the individual.
- Reflects the individual's cultural considerations and is conducted by providing information in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited in English proficiency.
- Includes strategies for solving conflict or disagreement within the process, including clear conflict of interest guidelines for all planning participants.
- Offers choices to the individual regarding the services and supports the individual receives and from whom.
- Includes a method for the individual to request updates to the plan, as needed.



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- Records the alternative home and community-based settings that were considered by the individual.

Additionally, the state assures that the plan:

- Reflects the setting in which the individual resides is chosen by the individual.
- Reflects the individual's strengths and preferences
- Reflects clinical and support needs as identified through an assessment of functional need
- Includes individually identified goals and desired outcomes
- Reflects the supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports, including natural supports
- Reflects risk factors and measures in place to minimize them, including individualized backup plans and strategies when needed
- Be understandable to the individual and the individuals supporting them
- Identifies the individual and/or entity responsible for monitoring the plan
- Be finalized and agreed to, with the informed consent of the individual in writing, and signed by all the individuals responsible for its implementation
- Be distributed to the individual and other people involved in the plan
- Prevents the provision of unnecessary or inappropriate supports

Supported Employment Settings:

Supported employment is provided in a community-based setting, including a CMHC setting or a community location. At the individual's request, a supported employment provider may provide services in the individual's home. Supported employment services may not be delivered in provider-operated or controlled residential settings. Employment gained as a result of supported employment services will be in a competitive employment setting.

Supported Employment will be provided in settings that meet all HCBS settings requirements:

- The setting is integrated in and supports full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS: supported employment is provided in community-based settings, allowing individuals to remain integrated in the greater community. Receipt of these services leads to individuals being employed in competitive employment settings, which are also integrated within the greater community.
- The setting is selected by the individual from among setting options, including non-disability specific settings: Individuals work in collaboration with their supported employment team to identify a competitive employment setting that helps them achieve their employment goals and objectives from a range of suitable employment settings.
- The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint: Individuals are expected to work in competitive employment settings where their rights of privacy, dignity, respect, and freedom from coercion and restraint are upheld.
- The setting optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact: Individuals receiving this service have autonomy in determining their place of competitive employment.
- The setting facilitates individual choice regarding services and supports and who provides them: Individuals have the ability to make their own choices regarding whether or not to receive supported employment.
- Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
- Individuals are able to have visitors of their choosing at any time.
- The setting is physically accessible to the individual.

HCBS settings do not include the following:

- A nursing facility;



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- An institution for mental diseases;
- An intermediate care facility for individuals with intellectual disabilities;
- A hospital; or
- Any other locations with qualities of an institutional setting, as determined by the Secretary.
- Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS will be presumed to a setting that has the qualities of an institution unless the Secretary determines through heightened scrutiny, based on information presented by the State or other parties, that the setting does not have the qualities of HCBS settings.

HCBS Settings Requirements for the Person-Centered Plan:

The state assures that the following will be included in the Person-Centered Plan described above:

- The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. For provider owned or controlled settings, any modification of the additional conditions under 42 CFR §441.710(a)(1)(vi)(A) through (D) must be supported by a specific assessed need and justified in the person-centered service plan and the following will be documented in the person-centered service plan:
- A specific and individualized assessed need for the modification.
- Positive interventions and supports used prior to any modifications to the person-centered service plan.
- Less intrusive methods of meeting the need that have been tried but did not work.
- A clear description of the condition that is directly proportionate to the specific assessed need.
- Regular collection and review of data to measure the ongoing effectiveness of the modification.
- Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
- Informed consent of the individual.
- An assurance that interventions and supports will cause no harm to the individual.

Other 1937 Benefit Provided:

Gender Affirming 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:

Scope in accordance with "Inpatient Services", "Outpatient Services", "Physician Services", "Other Licensed Practitioners", "Prescribed Drugs", and "Rehabilitative Services".

Other:

This base benchmark benefit is covered under the following state plan 1905(a) benefits "Inpatient Services", "Outpatient Services", "Physician Services", "Other Licensed Practitioners", "Prescribed Drugs", and "Rehabilitative Services" as of January 1, 2026.



Alternative Benefit Plan

	<input type="button" value="Add"/>
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Alternative Benefit Plan

<input type="checkbox"/> 15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(1)(A)(i)(VIII) of the Act.)	Collapse All <input type="checkbox"/>
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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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