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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 16-0025

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 20, 2020

VIA E-MAIL

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

Dear Secretary Smith:

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

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

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

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

Sincerely,

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

James G. Scott, Director Division of Program Operations

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

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

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James G. Scott, Director Division of Program Operations



Attachment 3.1-L	OMB Expiration date: 10/31/2014
Alternative Benefit Plan Populations	ABP1
Identify and define the population that will participate in the Alternative Benefit Plan.	
Alternative Benefit Plan Population Name: New Adult Group	
Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may targeting criteria used to further define the population.	y contain individuals that meet any
Eligibility Groups Included in the Alternative Benefit Plan Population:	
Eligibility Group:	Enrollment is mandatory or voluntary?
+ Adult Group	Mandatory X
Enrollment is available for all individuals in these eligibility group(s).	
Geographic Area	
The Alternative Benefit Plan population will include individuals from the entire state/territory.	Yes
Any other information the state/territory wishes to provide about the population (optional)	
PRA Disclosure Statement	
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of valid OMB control number. The valid OMB control number for this information collection is 0938-114	- ·

this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance

Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130724

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OMB Control Number: 0938-1148

Transmittal Number: VT - 16-0025 Approval Date: October 19, Supersedes: VT 15-0031 2020 Effective Date: October 1,



OMB Control Number: 0938-1148 Attachment 3.1-L OMB Expiration date: 10/31/2014

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

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

Yes

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

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

PRA Disclosure Statement

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

V.20130807

Transmittal Number: VT - 16-0025 Approval Date: October 19, 2020 Supersedes: VT 15-0031

Effective Date: October 1, 2016 Page 1 of 1



OMB Control Number: 0938-1148 Attachment 3.1-L-OMB Expiration date: 10/31/2014 Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package Select one of the following: • The state/territory is amending one existing benefit package for the population defined in Section 1. The state/territory is creating a single new benefit package for the population defined in Section 1. Name of benefit package: Medicaid State Plan Selection of the Section 1937 Coverage Option The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one): Benchmark Benefit Package. O Benchmark-Equivalent Benefit Package. The state/territory will provide the following Benchmark Benefit Package (check one that applies): The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP). C State employee coverage that is offered and generally available to state employees (State Employee Coverage): A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO): Secretary-Approved Coverage. • The state/territory offers benefits based on the approved state plan. The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages. • The state/territory offers the benefits provided in the approved state plan. Benefits include all those provided in the approved state plan plus additional benefits. O Benefits are the same as provided in the approved state plan but in a different amount, duration and/or scope. The state/territory offers only a partial list of benefits provided in the approved state plan. The state/territory offers a partial list of benefits provided in the approved state plan plus additional benefits. Please briefly identify the benefits, the source of benefits and any limitations: N/A Selection of Base Benchmark Plan

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Supersedes: VT 15-0031



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

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

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

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

PRA Disclosure Statement

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

V.20130801

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Supersedes: VT 15-0031



State Name:	Vermont	Attachment 3.1-L-	OMB Control Number: 0938-1148
Transmittal N	Number: <u>VT</u> - <u>16</u> - <u>0025</u>		
Alternativ	e Benefit Plan Cost-Sharing		ABP4
Any cost	t sharing described in Attachment 4.18-A applies to the	e Alternative Benefit Plan.	
	4.18-A may be revised to include cost sharing for ABF must comply with Section 1916 of the Social Security		described in the state plan. Any such
The Alternat	tive Benefit Plan for individuals with income over 100 4.18-A.	% FPL includes cost-sharing of	ther than that described in
Other Inform	nation Related to Cost Sharing Requirements (optional	ıl):	
Any cost sha	aring described in templates G1-G3 applies to the Alte	ernative Benefit Plan.	

PRA Disclosure Statement

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

V.20160722

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Attachment 3.1-L OMB Expiration date: 10/31/2014

Benefits Description ABP5

The state/territory proposes a "Benchmark-Equivalent" benefit package. No

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Blue Care, Vermont Health Plan, LLC, CDHP

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

Secretary-Approved

Transmittal Number: VT - 16-0025
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OMB Control Number: 0938-1148



■ Essential Health Benefit 1: Ambulatory patient services	(Collapse All
Benefit Provided:	Source:	
Outpatient Hospital	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		_
None		
	ne specific name of the source plan if it is not the base	
benchmark plan:		1
Benefit Provided:	Source:	
Rural Health Clinic	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
5 visits per month; 1 visit per day	None]
Scope Limit:		
None		
Other information regarding this benefit, including the	ne specific name of the source plan if it is not the base	
benchmark plan:		1
Benefit Provided:	Source:	
Federally Qualified Health Center	State Plan 1905(a)	
Authorization:	Provider Qualifications:	1
Authorization required in excess of limitation	Medicaid State Plan]
Amount Limit:	Duration Limit:	_
5 visits per month; 1 visit per day	None]
Scope Limit:	J (_
None]
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benchmark plan:	the specific name of the source plan if it is not the base	
ренсинатк ріан.		Remove
Benefit Provided:	Source:	
Physician Services in all settings	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information below	None None	
Scope Limit:		
None		
visit per patient per diagnosis per month and up to o	es; unnecessary testing; experimental; services provided	
exceeded based on medical necessity.	and encounstances and procedures. Emilis may be	
exceeded based on medical necessity.	Source:	
exceeded based on medical necessity. Benefit Provided:		Remove
exceeded based on medical necessity. Benefit Provided:	Source:	Remove
exceeded based on medical necessity. Benefit Provided: Family Planning	Source: State Plan 1905(a)	Remove
exceeded based on medical necessity. Benefit Provided: Family Planning Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
exceeded based on medical necessity. Benefit Provided: Family Planning Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
exceeded based on medical necessity. Benefit Provided: Family Planning Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
exceeded based on medical necessity. Benefit Provided: Family Planning Authorization: None Amount Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
exceeded based on medical necessity. Benefit Provided: Family Planning Authorization: None Amount Limit: None Scope Limit: Reversal of sterilizations not covered	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
exceeded based on medical necessity. Benefit Provided: Family Planning Authorization: None Amount Limit: None Scope Limit: Reversal of sterilizations not covered Other information regarding this benefit, including benchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
exceeded based on medical necessity. Benefit Provided: Family Planning Authorization: None Amount Limit: None Scope Limit: Reversal of sterilizations not covered Other information regarding this benefit, including benchmark plan: Benefit Provided:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None the specific name of the source plan if it is not the base	Remove
exceeded based on medical necessity. Benefit Provided: Family Planning Authorization: None Amount Limit: None Scope Limit: Reversal of sterilizations not covered Other information regarding this benefit, including	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None the specific name of the source plan if it is not the base Source:	Remove

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Amount Limit:	Duration Limit:	
None	None	Remove
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
OLP: Chiropractic	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
10 visits per year	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
OLP: Podiatry	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Non-routine foot care only; Excludes flat foot; sublinail trimming preventative hygiene	uxations of foot not requiring surgery; corns, calluses,	
Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Non-Emergency Transportation	State Plan 1905(a)	

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Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Hospice	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
6 months prior to end of life.		
Benefit Provided:	Source:	
OLP: Pediatric or Family Nurse Practitioners	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information below	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Home & Office - 5 visits per month; Nursing Facility visit per patient per diagnosis per month and up to one cosmetic surgery; ineffective or unproven procedures without consent. Prior authorizations apply for certain	e visit per day for acute care. Excludes solely; unnecessary testing; experimental; services provided	

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exceeded based on medical necessity.	
	Remove
	Add

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Essential Health Benefit 2: Emergency services	C	Collapse All
Benefit Provided:	Source:	
Outpatient Hospital: Emergency Care	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan:		
Benefit Provided:	Source:	
Transportation: Ambulance	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, in benchmark plan:	ncluding the specific name of the source plan if it is not the base	
For emergency services. Prior authorization hospital. Transport to a border hospital does	n is required for coverage of ambulance service to an out-of-state es not require prior authorization.	
		Add

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Essential Health Benefit 3: Hospitalization		
Benefit Provided:	Source:	,
Inpatient Hospital	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
Concurrent Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
None		
Other information regarding this benefit, benchmark plan:	including the specific name of the source plan if it is not the base	
Substance Abuse Detox is performed in a	an innatient hospital setting]
Substance Abuse Detox is performed in a	an inputent nospital setting.	
Benefit Provided:	Source:	
Benefit Provided:		Remove
Benefit Provided:	Source:	Remove
Benefit Provided: Inpatient Psychiatric Hospital	Source: State Plan 1905(a)	Remove
Benefit Provided: Inpatient Psychiatric Hospital Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
Benefit Provided: Inpatient Psychiatric Hospital Authorization: Concurrent Authorization	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
Benefit Provided: Inpatient Psychiatric Hospital Authorization: Concurrent Authorization Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Benefit Provided: Inpatient Psychiatric Hospital Authorization: Concurrent Authorization Amount Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Benefit Provided: Inpatient Psychiatric Hospital Authorization: Concurrent Authorization Amount Limit: None Scope Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove

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Essential Health Ben-	efit 4: Maternity and newborn care		Collapse All
Benefit Provided:		Source:	
OLP: Licensed Lay	Midwife	State Plan 1905(a)	Remove
Authorization:		Provider Qualifications:	
None		Medicaid State Plan	
Amount Limit:		Duration Limit:	
None		None	
Scope Limit:			_
None			
Other information benchmark plans		e specific name of the source plan if it is not the base	
Benefit Provided:		Source:	
Nurse Midwife		State Plan 1905(a)	Remove
Authorization:		Provider Qualifications:	
None		Medicaid State Plan	
Amount Limit:		Duration Limit:	
None		None	
Scope Limit:			
None			
Other information benchmark plans		e specific name of the source plan if it is not the base	
Benefit Provided:		Source:	_
Physician Services:	Maternity Care	State Plan 1905(a)	
Authorization:		Provider Qualifications:	_
None		Medicaid State Plan	
Amount Limit:		Duration Limit:	
None		None	
Scope Limit:			
None	<u></u>		

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Other information regarding this benefit, in benchmark plan:	ncluding the specific name of the source plan if it is not the base	-
		Remove
Benefit Provided:	Source:	
Inpatient Hospital: Maternity Care	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Concurrent Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, in benchmark plan:	ncluding the specific name of the source plan if it is not the base	
Current Authorization on the 13th day of s	tay.	
		Add

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	ssential Health Benefit 5: Mental health and substance us havioral health treatment	se disorder services including	Collapse All
Е	Benefit Provided:	Source:	
C	Clinic Services - Mental Health Clinic	State Plan 1905(a)	Remove
	Authorization:	Provider Qualifications:	_
	None	Medicaid State Plan	
	Amount Limit:	Duration Limit:	
	None	None	
	Scope Limit:		_
	None		
	Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
	Includes group therapy, individual psychotherapy, day and chemotherapy.	y hospital, diagnosis and evaluation, emergency care,	
Е	Benefit Provided:	Source:	
C	DLP: Behavioral Health	State Plan 1905(a)	Remove
	Authorization:	Provider Qualifications:	
	None	Medicaid State Plan	
	Amount Limit:	Duration Limit:	_
	None	None	
	Scope Limit:		_
	Not covered if resident of inpatient hospital or menta health clinic services.	l health hospital, or concurrently receiving mental	
	Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
	Vermont has five designated hospitals that provided puings of 8 beds or less and are not Institutions for Me	osychiatric services in the general hospital setting with ental Disease (IMD).	1
Е	Benefit Provided:	Source:	
F	Rehab: Substance Abuse Services Residential Treat	State Plan 1905(a)	
_	Authorization:	Provider Qualifications:	
	None	Medicaid State Plan	
		J - L	
	Amount Limit:	Duration Limit:	

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Scope Limit:		
None		Remove
Other information regarding this benefit, including the benchmark plan:	ne specific name of the source plan if it is not the base	
Not Institutions for Mental Disease (IMD).		
Benefit Provided:	Source:	
Rehab: Substance Abuse Residential Detoxification	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
7 days per acute episode	None	
Scope Limit:		
None		
benchmark plan: Not Institutions for Mental Disease (IMD).		
Benefit Provided:	Source:	
Rehab: Substance Abuse Residential Post Detox Serv	State Plan 1905(a)	Remove
		Itemove
Authorization:	Provider Qualifications:	Temo ve
Authorization: Authorization required in excess of limitation	Provider Qualifications: Medicaid State Plan	Temove
	1	Tomove
Authorization required in excess of limitation	Medicaid State Plan	Tomove
Authorization required in excess of limitation Amount Limit:	Medicaid State Plan Duration Limit:	Tomore
Authorization required in excess of limitation Amount Limit: 30 days per year	Medicaid State Plan Duration Limit:	Tomore
Authorization required in excess of limitation Amount Limit: 30 days per year Scope Limit: None	Medicaid State Plan Duration Limit:	Tomore
Authorization required in excess of limitation Amount Limit: 30 days per year Scope Limit: None Other information regarding this benefit, including the	Medicaid State Plan Duration Limit: None	Tomore
Authorization required in excess of limitation Amount Limit: 30 days per year Scope Limit: None Other information regarding this benefit, including the benchmark plan:	Medicaid State Plan Duration Limit: None	Tomove
Authorization required in excess of limitation Amount Limit: 30 days per year Scope Limit: None Other information regarding this benefit, including the benchmark plan: Not Institutions for Mental Disease (IMD).	Medicaid State Plan Duration Limit: None ne specific name of the source plan if it is not the base	
Authorization required in excess of limitation Amount Limit: 30 days per year Scope Limit: None Other information regarding this benefit, including the benchmark plan: Not Institutions for Mental Disease (IMD). Benefit Provided:	Medicaid State Plan Duration Limit: None ne specific name of the source plan if it is not the base Source:	

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Amount Limit:	Duration Limit:	
183 days per year	None	Remove
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base	
Not Institutions for Mental Disease (IMD).		
Benefit Provided:	Source:	
Rehab:Substance Abuse Non-residential professional	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
90 hours counseling per episode	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base	
		Add

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Essential Health Benefit 6: Prescription drugs Benefit Provided:			
Coverage is at least the greater of one drug in each same number of prescription drugs in each category			
Prescription Drug Limits (Check all that apply.):	Authorization:	Provider Qualifications:	
∠ Limit on days supply	Yes	State licensed	
Limit on number of prescriptions			
∠ Limit on brand drugs			
Other coverage limits			
Preferred drug list			
Coverage that exceeds the minimum requirements	or other:		
The State of Vermont's ABP prescription drug ber state plan for prescribed drugs.	nefit plan is the same ϵ	s under the approved Medicaid	

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Essential Health Benefit 7: Rehabilitative and habilitative	e services and devices	Collapse All
Benefit Provided:	Source:	
Outpatient Hospital - Rehabilitative therapies	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
OT/PT/SLP		
Other information regarding this benefit, including t benchmark plan:	he specific name of the source plan if it is not the base	
Both rehabilitative and habilitative		
Benefit Provided:	Source:	
OT/PT/SLP (non-hospital based)	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Under 21, 8 visits; over 21, 30 visits/year combin	None	
Scope Limit:		_
None		
Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base	;
Under 21, prior authorization after 8 visits; over 21, type. Both rehabilitative and habilitative.	prior authorization for over 30 visits per year of any	
Benefit Provided:	Source:	
Physical Therapies & Related Service: Hearing Aids	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Every three years	None	
Scope Limit:		_
Hearing loss has to meet certain conditions. Prior at loss.	uthorization is required for other degrees of hearing	

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benchmark plan:		Remove
Benefit Provided:	Source:	
Prosthetic Devices	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan:	ding the specific name of the source plan if it is not the base es, trusses and socks; all others require prior authorization.	
	· · · · · · · · · · · · · · · · · · ·	
Benefit Provided:	Source:	
Nursing Facility 21 and older; rehab care	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, inclubenchmark plan:	ding the specific name of the source plan if it is not the base	
Requires a physician order; Out of state require	es prior authorization.	
Benefit Provided:	Source:	
Home Health Intermittent Part Time Nursing	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	

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Scope Limit:		
None		Remove
Other information regarding this benefit, including the benchmark plan:	ne specific name of the source plan if it is not the base	
Requires physician order and plan of care. Services d system are available to Medicaid beneficiaries eligible effective date as SPA 14-021.	lelivered through the home telemonitoring delivery le for home health services. This benefit has the same	
Benefit Provided:	Source:	
Home Health Aide	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Requires plan of care and supervision by OT/PT/SLP	or nurse.	
Benefit Provided:	Source:	
Home Health: Medical Supplies, Equip. and Applianc	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
None Scope Limit:	None	
	None	
Scope Limit: None	None ne specific name of the source plan if it is not the base	
Scope Limit: None Other information regarding this benefit, including the		
Scope Limit: None Other information regarding this benefit, including the benchmark plan:		
Scope Limit: None Other information regarding this benefit, including the benchmark plan: Requires physician order.	ne specific name of the source plan if it is not the base	
Scope Limit: None Other information regarding this benefit, including the benchmark plan: Requires physician order. Benefit Provided:	ne specific name of the source plan if it is not the base Source:	

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	Amount Limit:	Duration Limit:	
	None	four month limit	Remove
	Scope Limit:		
	None		
	Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Bei	nefit Provided:	Source:	
Ho	me Health: Private Duty Nursing	State Plan 1905(a)	Remove
	Authorization:	Provider Qualifications:	
	Prior Authorization	Medicaid State Plan	
	Amount Limit:	Duration Limit:	
	None	None	
	Scope Limit:		
	None		
Bei	benchmark plan: nefit Provided:	Source:	
	ensed Applied Behavior Analyst Services	State Plan 1905(a)	
	Authorization:	Provider Qualifications:	
	Prior Authorization	Medicaid State Plan	
	Amount Limit:	Duration Limit:	
	Other	None	
	Scope Limit:		
	None		
	Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
	Services are limited to those specified in protocols for Vermont, Director of the Office of Professional Regul Licensed Applied Behavior Analysts will oversee the Analysts and Behavior Technicians, and shall assume by an unlicensed provider under their supervision. All authorized by the Medicaid program, and delivered in	lation, and are services covered by Medicaid. supervision of Board Certified Assistant Behavior professional responsibility for the services rendered services must be medically necessary, prior	

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

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Essential Health Benefit 8: Laboratory services		Collapse All
Benefit Provided:	Source:	
Other Laboratory and X-Ray Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Urine drug test limited to 8 per month	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Exceptions to the urine drug test limitation must be p authorization for high-tech (CT, CTA, MRI, MRA, P inpatient visit.		
		Add

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■ Essential Health Benefit 9: Preventive and wellness service	es and chronic disease management	Collapse All 🗌
The state/territory must provide, at a minimum, a broad range		
by the United States Preventive Services Task Force; Advisory vaccines; preventive care and screening for infants, children ar	nd adults recommended by HRSA's Bright Futures pro	
and additional preventive services for women recommended by	y the Institute of Medicine (IOM).	
Benefit Provided:	Source:	,l
Clinic Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
None		
Other information regarding this benefit, including th	e specific name of the source plan if it is not the base	
benchmark plan:		1
Benefit Provided:	Source:	
OLP: Naturopathic Physician	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
None		
Other information regarding this benefit, including th	e specific name of the source plan if it is not the base	
benchmark plan:		1
Benefit Provided:	Source:	
Other diagnostic, screening, preventive and rehab	State Plan 1905(a)]
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
		_

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None	Remove
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:	1
	Add

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Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		_
None		
Other information regarding this benefit, includi benchmark plan:	ing the specific name of the source plan if it is not the base	
All federally required services in accordance CF	FR and Statute.	
enefit Provided:	9	
felicaid State Plan EPSDT Benefits	Source:	Remov
	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	7
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
None		
Other information regarding this benefit, includi benchmark plan:	ing the specific name of the source plan if it is not the base	_
Vermont for the severely disabled such as head i	services provided in nursing facilities located outside of injured or ventilator dependent people require authorization or a designee. Coverage of this care is limited to one year	

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Other Covered Benefits from Base Benchmark	Collapse All

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	Collapse All
Base Benchmark Benefit that was Substituted: Base Benchmark Base Benchmark	
Family Planning: Reversal of Sterilization	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:	
Substitution - Non-Emergency Transportation was substituted in the ambulatory care EHB category. The Medicaid State Plan does not cover reversal of sterilization and the state seeks an identical benefit plan fo this former 1115 expansion, now state plan, group in the Medicaid program.	r
Base benchmark benefit limitation(s): One attempt at reversal of sterilization covered.	
Base Benchmark Benefit that was Substituted: Source:	
Infertility Drugs with natural conception 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 Generic and Brand Name Drug benefit services includes Hormone treatments and were used in order to ensure identical benefits for all beneficiaries in the Medicaid program	
Base benchmark benefit limitation(s): Infertility Drugs up to 4 months per year for natural conception.	
This benefit maps to EHB 6: Prescription Drugs.	
Base Benchmark Benefit that was Substituted: Source: Base Benchmark	
Outpatient Hospital Fee	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication - The Medicaid State Plan Outpatient Hospital service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.	
This benefit maps to EHB 1: Ambulatory Patient Services.	
Base Benchmark Benefit that was Substituted: Source:	
Outpatient Surgery Physician/Surgical Services Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication - The Medicaid State Plan Outpatient Hospital service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.	
This benefit maps to EHB 1: Ambulatory Patient Services.	
Base Benchmark Benefit that was Substituted: Urgent Care Centers or Facilities Source: Base Benchmark	

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Explain the substitution or duplication, including indicating the substituted section 1937 benchmark benefit(s) included above under Essential Health B Duplication - The Medicaid State Plan Other Ambulatory Services - Rural I Physician Services In all settings service was used in order to ensure identic in the Medicaid program. Certain clinics provide urgent care, however Verrurgent care center providers who are not affiliated with a health clinic or ho This benefit maps to EHB 1: Ambulatory Patient Services.	Benefits: Health Clinic and FQHC's and cal benefits for all beneficiaries mont does not have stand alone Remove	
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 section 1937 benchmark benefit(s) included above under Essential Health B Duplication - The Medicaid State Plan Physician Services In all settings seensure identical benefits for all beneficiaries in the Medicaid program. This benefit maps to EHB 1: Ambulatory Patient Services.	Benefits:	
Base Benchmark Benefit that was Substituted: Dental Services (not Routine) Explain the substitution or duplication, including indicating the substituted section 1937 benchmark benefit(s) included above under Essential Health B		
Duplication - The Medicaid State Plan Medical & Surgical furnished by dentist service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. Base benchmark benefit limitation(s): Prior approval required. This benefit maps to EHB 1: Ambulatory Patient Services.		
Base Benchmark Benefit that was Substituted: Chiropractic Care Source: Base Benchmark	Remove	
Explain the substitution or duplication, including indicating the substituted section 1937 benchmark benefit(s) included above under Essential Health B Duplication - The Medicaid State Plan Chiropractic service was used in ord for all beneficiaries in the Medicaid program. Base benchmark benefit limitation(s): Prior Approval is required after the 1 This benefit maps to EHB 1: Ambulatory Patient Services.	Benefits: ler to ensure identical benefits	
Base Benchmark Benefit that was Substituted: OLP: Routine Foot Care for diabetics only Source: Base Benchmark		

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	Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		D
		ce was used in order to ensure identical benefits for all	Remove
	Base benchmark benefit limitation(s): Covered for Di	abetics only; excluded for all other members.	
	This benefit maps to EHB 1: Ambulatory Patient Serv	vices.	
Ba	se Benchmark Benefit that was Substituted:	Source:	
En	nergency Room Services	Base Benchmark	Remove
	Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
	Duplication - The Medicaid State Plan Outpatient Ho ensure identical benefits for all beneficiaries in the M		
	This benefit maps to EHB 2: Emergency Services.		
Ва	se Benchmark Benefit that was Substituted:	Source:	
En	nergency Transportation/ Ambulance	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.		
Ва	se Benchmark Benefit that was Substituted:	Source:	
Inj	patient Hospital Services	Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:			
	Duplication - The Medicaid State Plan Inpatient Hosp order to ensure identical benefits for all beneficiaries		
	This benefit maps to EHB 3: Hospitalization.		
Ва	se Benchmark Benefit that was Substituted:	Source:	
Inj	patient Physician and Surgical Services	Base Benchmark	Remove
	Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
	Duplication - The Medicaid State Plan Inpatient Hosp order to ensure identical benefits for all beneficiaries	•	
	This benefit maps to EHB 3: Hospitalization and EHI	B 1: Ambulatory Care.	

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Base Benchmark Benefit that was Substituted:	Source:		
Substance Abuse Disorder Inpatient Services	Base Benchmark	Remove	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:			
Duplication - The Medicaid State Plan Inpatient Hospital, Physician Services In all settings was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.			
This benefit maps to EHB 3: Hospitalization and EHB 1: Ambulatory Care.			
Base benchmark benefit limitation(s): Excludes services provided by non-participating providers or facilities, treatment without concurrent review, non-traditional or alternative therapies, services that focus on education or socialization or delinquency, custodial care that is not medically necessary and biofeedback, pain management, stress reduction classes or pastoral counseling.			
Prior Approval is required for all non-Emergency Inpatient or partial-Inpatient substance abuse services.			
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark		
Cosmetic Surgery if reconstructive	Dase Denchmark	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 EH			
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	D	
Bariatric Surgery		Remove	
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un	•		
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 EH	B 1: Ambulatory Care.		
Base Benchmark Benefit that was Substituted:	Source:		
Transplant-deceased donor	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 EH	B 1: Ambulatory Care.		

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	Course	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Transplant live donor	Buse Benefithan	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		
Duplication - The Medicaid State Plan Inpatient Hosorder to ensure identical benefits for all beneficiaries This benefit maps to EHB 3: Hospitalization and EH	in the Medicaid program.	
Base Benchmark Benefit that was Substituted:	Source:	
Mental/Behavioral Health Inpatient Services	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		
Duplication - The Medicaid State Plan Inpatient psycidentical benefits for all beneficiaries in the Medicaid		
This benefit maps to EHB 3: Hospitalization.		
Base benchmark benefit limitation(s): Excludes servi facilities, treatment without concurrent review, non-t on education or socialization or delinquency, custodi biofeedback, pain management, stress reduction class Prior Approval is required for all non-Emergency Inc.	raditional or alternative therapies, services that focus al care that is not medically necessary and ses or pastoral counseling.	
Base Benchmark Benefit that was Substituted:	Source:	
Other Practitioner Office Visit (Nurse, Physician	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		
to ensure identical benefits for all beneficiaries in the		
This benefit maps to EHB 1: Ambulatory Patient Ser	vices.	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Prenatal and Postnatal Care	Base Benefithark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un	. ,	
Duplication - The Medicaid State Plan Licensed Lay were used in order to ensure identical benefits for all	Midwife, Physician Services: Maternity Care services beneficiaries in the Medicaid program.	
This benefit maps to EHB 4: Maternity and Newborn	ı Care.	

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Base Benchmark Benefit that was Substituted:	Source:	
Delivery and All Inpatient Services for Maternity	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above us		
Duplication - The Medicaid State Plan Nurse Mid W Hospital: Maternity Care was used in order to ensure program.	Fife, Physician Services: Maternity Care, Inpatient e identical benefits for all beneficiaries in the Medicaid	
This benefit maps to EHB 4: Maternity and Newborn	n Care.	
Base Benchmark Benefit that was Substituted:	Source:	
Diagnostic Test (Lab Work)	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above us		
Duplication - The Medicaid State Plan Other Labora identical benefits for all beneficiaries in the Medicaid		
This benefit maps to EHB 8: Laboratory Services.		
Base Benchmark Benefit that was Substituted:	Source:	
Diagnostic Tests and Imaging	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above us		
Duplication - The Medicaid State Plan Other Labora identical benefits for all beneficiaries in the Medicaid	tory and X-Ray Services was used in order to ensure d program.	
This benefit maps to EHB 8: Laboratory Services.		
Base Benchmark Benefit that was Substituted:	Source:	
Preventive Care	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above us		
Duplication - The Medicaid State Plan Physician Ser diagnostic, screening, preventative and rehab service beneficiaries in the Medicaid program.	rvices In all settings, Clinic Services, and Other es were used in order to ensure identical benefits for all	
This benefit maps to EHB 9: Preventive and Wellnes 1: Ambulatory Care.	ss Services and Chronic Disease Management and EHB	
Base Benchmark Benefit that was Substituted:	Source:	
Nutritional Counseling	Base Benchmark	
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above us		
Duplication - The Medicaid State Plan Naturopathic	Physician and Physician Services were used in order to	

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	ensure identical benefits for all beneficiaries in the M	edicaid program.	
	This benefit maps to EHB 9: Preventive and Wellness 1: Ambulatory Care.	s Services and Chronic Disease Management and EHB	Remove
Ba	se Benchmark Benefit that was Substituted:	Source:	
Ge	neric Drugs	Base Benchmark	Remove
	Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
	Duplication - The Medicaid State Plan Generic drug befor all beneficiaries in the Medicaid program.	benefit was used in order to ensure identical benefits	
	This benefit maps to EHB 6: Prescription Drugs.		
Ba	se Benchmark Benefit that was Substituted:	Source:	
Pre	ferred brand, non-pref. brand, & specialty drug	Base Benchmark	Remove
	Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
	Duplication - The Medicaid State Brand Name drug befor all beneficiaries in the Medicaid program.	penefit was used in order to ensure identical benefits	
	This benefit maps to EHB 6: Prescription Drugs.		
Ba	se Benchmark Benefit that was Substituted:	Source:	
Nu	tritional Formulae	Base Benchmark	Remove
	Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
		der Essential Health Benefits: d Name and OTC drug benefit was used in order to	
	section 1937 benchmark benefit(s) included above un Duplication - The Medicaid State Plan Generic, Brand	der Essential Health Benefits: d Name and OTC drug benefit was used in order to	
Ba	Duplication - The Medicaid State Plan Generic, Branensure identical benefits for all beneficiaries in the M	der Essential Health Benefits: d Name and OTC drug benefit was used in order to dedicaid program. Source:	
	Duplication - The Medicaid State Plan Generic, Brane ensure identical benefits for all beneficiaries in the M This benefit maps to EHB 6: Prescription Drugs.	der Essential Health Benefits: d Name and OTC drug benefit was used in order to dedicaid program.	
	Duplication - The Medicaid State Plan Generic, Brane ensure identical benefits for all beneficiaries in the M This benefit maps to EHB 6: Prescription Drugs. se Benchmark Benefit that was Substituted:	der Essential Health Benefits: d Name and OTC drug benefit was used in order to dedicaid program. Source: Base Benchmark dicating the substituted benefit(s) or the duplicate	
	Duplication - The Medicaid State Plan Generic, Branensure identical benefits for all beneficiaries in the Medicaid State Plan Generic, Branensure identical benefits for all beneficiaries in the Medicaid State Plan Generic, Branensure identical benefits for all beneficiaries in the Medicaid State Plan Generic, Branensure identical benefits for all beneficiaries in the Medicaid State Plan Generic, Branensure identical benefit that Was Substituted: See Benchmark Benefit that was Substituted: Intal/Behavioral Health Outpatient Services Explain the substitution or duplication, including individuals.	Source: Base Benchmark deating the substituted benefit(s) or the duplicate ader Essential Health Benefits: s - Mental Health Clinic (group therapy; individual in; emergency care; chemotherapy) and OLP:	
	Duplication - The Medicaid State Plan Generic, Branensure identical benefits for all beneficiaries in the Medicaid State Plan Generic, Branensure identical benefits for all beneficiaries in the Medicaid State Plan Generic, Branensure identical benefits for all beneficiaries in the Medicaid State Plan Drugs. See Benchmark Benefit that was Substituted: Intal/Behavioral Health Outpatient Services Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above unduplication - The Medicaid State Plan Clinic Service psychotherapy; day hospital; diagnosis and evaluation Behavioral Health services were used in order to ensure	Source: Base Benchmark dedicating the substituted benefit(s) or the duplicate der Essential Health Benefits: s - Mental Health Clinic (group therapy; individual n; emergency care; chemotherapy) and OLP: are identical benefits for all beneficiaries in the	
	Duplication - The Medicaid State Plan Generic, Branensure identical benefits for all beneficiaries in the Mark Benefit maps to EHB 6: Prescription Drugs. See Benchmark Benefit that was Substituted: Intal/Behavioral Health Outpatient Services Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un Duplication - The Medicaid State Plan Clinic Service psychotherapy; day hospital; diagnosis and evaluation Behavioral Health services were used in order to ensu Medicaid program. This benefit maps to EHB 5: Mental Health and Subs	Source: Base Benchmark deating the substituted benefits: se - Mental Health Clinic (group therapy; individual in; emergency care; chemotherapy) and OLP: are identical benefits for all beneficiaries in the stance Use Disorder Services Including	

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shock therapy; and intensive outpatient mental health 10 visit limit per plan year without prior approval. If health services, prior approval is required beginning visit to the services of t	more than 10 visits are required for outpatient mental	Remove
Base Benchmark Benefit that was Substituted:	Source:	
Neuropsychological Testing	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Duplication - The Medicaid State Plan Clinic Service psychotherapy; day hospital; diagnosis and evaluation order to ensure identical benefits for all beneficiaries	n; emergency care; chemotherapy) service was used in	
This benefit maps to EHB 5: Mental Health and Subs Behavioral Health Treatment.	stance Use Disorder Services Including	
Base Benchmark Benefit that was Substituted:	Source:	
Substance Abuse Disorder Outpatient Services	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Duplication - The Medicaid State Plan Substance Abs Substance Abuse Services Residential Detoxification Services, Substance Abuse Services Residential Exter Substance Abuse Services Non-residential profession benefits for all beneficiaries in the Medicaid program	, Substance Abuse Services Residential Post Detox nded post detox, and lal services were used in order to ensure identical	
This benefit maps to EHB 5: Mental Health and Subs Behavioral Health Treatment.	stance Use Disorder Services Including	
Base benchmark benefit limitation(s): Prior authoriza shock therapy; and intensive outpatient substance abu 10 visit limit per plan year without prior approval. If substance abuse services, prior approval is required by	use services. For all other outpatient services, there is a more than 10 visits are required for outpatient	
Base Benchmark Benefit that was Substituted: Outpatient Rehabilitation Services	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
· · ·	ospital - Rehabilitative therapies (OT/PT/SLP) service	
This benefit maps to EHB 7: Rehabilitative and Habi	litative Services and Devices.	
Base Benchmark Benefit that was Substituted: Outpatient physical, speech and occupational thera	Source: Base Benchmark	

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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Remove Duplication - The Medicaid State Plan OT/PT/SLP (non-hospital based)service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. Base benchmark benefit limitation(s): Covered up to 30 visits combined per plan year. This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices. Source: Base Benchmark Benefit that was Substituted: Base Benchmark **Durable Medical Equipment** Remove Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - The Medicaid State Plan Communication Devices, Wheelchair, Physical Therapies & Related Services: Hearing Aids, Prosthetic Devices, Home Health: Medical Supplies, Equipment and Appliances were used in order to ensure identical benefits for all beneficiaries in the Medicaid program. Base benchmark benefit limitation(s): Some durable medical equipment and supplies require prior approval. Includes supplies and equipment necessary for administration, orthotics (if approved), prosthetics, and devices. Threshold applies. This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices. Source: Base Benchmark Benefit that was Substituted: Base Benchmark Skilled Nursing Facility Remove Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - The Medicaid State Plan Nursing Facility 21 and older was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. Base benchmark benefit limitation(s): Covered by participating facility only for Acute Care. This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices. Source: Base Benchmark Benefit that was Substituted: Base Benchmark Home Health Care Services Remove Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - The Medicaid State Plan Home Health Aide and Home Health PT/OT and SLP Services were used in order to ensure identical benefits for all beneficiaries in the Medicaid program. 7a. Home Health Intermittent part time nursing. This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices.

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Bas	se Benchmark Benefit that was Substituted:	Source:	
Pri	vate-Duty Nursing	Base Benchmark	Remove
	Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
	Duplication - The Medicaid State Plan Home Health: ensure identical benefits for all beneficiaries in the M		
	Base benchmark benefit limitation(s): Covered up to secretification of treatment plan every 60 days.	\$2,000 per plan year; Requires prior approval and	
	This benefit maps to EHB 7: Rehabilitative and Habil	itative Services and Devices.	
Bas	se Benchmark Benefit that was Substituted:	Source:	
Но	spice Services	Base Benchmark	Remove
	Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
	Duplication - The Medicaid State Plan Hospice service beneficiaries in the Medicaid program.	ee was used in order to ensure identical benefits for all	
	Base benchmark benefit limitation(s): 100 hours per r	month.	
	This benefit maps to EHB 1: Ambulatory Services.		
Bas	se Benchmark Benefit that was Substituted:	Source:	
Но	me Health Aide	Base Benchmark	Remove
	Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
	Duplication - The Medicaid State Plan Home Health all beneficiaries in the Medicaid program.	Aide was used in order to ensure identical benefits for	
	Base benchmark benefit limitation(s): 100 hours per r	month.	
	This benefit maps to EHB 7: Rehabilitative and Habil	itative Services and Devices.	
Bas	se Benchmark Benefit that was Substituted:	Source:	
Ha	pilitation Autism	Base Benchmark	
	Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
	Duplication - The Medicaid State Plan EPSDT service beneficiaries in the Medicaid program.	e was used in order to ensure identical benefits for all	
	VT requires private insurers to cover services to child of whether they are gaining a new skill or recovering provides e.g. to ameliorate, or prevent from worsening	a lost skill. This is the same coverage that EPSDT	

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This benefit maps to EHB 10: Pediatric services inclu	ding oral and vision care.	Remove
Base Benchmark Benefit that was Substituted:	Source:	
Preventive Care/ Screening/ Immunization	Base Benchmark	Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
Duplication - The Medicaid State Plan EPSDT and Prensure identical benefits for all beneficiaries in the Medicaid State Plan EPSDT and Prensure identical benefits for all beneficiaries in the Medicaid State Plan EPSDT and Prensure identical benefits for all benefits benefits for al	•	
This benefit maps to EHB 1: Ambulatory Patient Servand Vision Care.	vices and EHB 10: Pediatric Services including Oral	
Base Benchmark Benefit that was Substituted:	Source:	
Eye Glasses for Children	Base Benchmark	Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above une Duplication - The Medicaid State Plan EPSDT service beneficiaries in the Medicaid program. This benefit maps to EHB 10: Pediatric Services Included	der Essential Health Benefits: ee was used in order to ensure identical benefits for all	
-	Source:	
Base Benchmark Benefit that was Substituted: Dental Check-Up for Children	Base Benchmark	Remove
Explain the substitution or duplication, including indi- section 1937 benchmark benefit(s) included above un-		
	ee was used in order to ensure identical benefits for all	
This benefit maps to EHB 10: Pediatric Services Inclu	nding Oral and Vision Care.	
Base Benchmark Benefit that was Substituted:	Source:	
Family Planning: All Other Services	Base Benchmark	Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
Duplication - The Medicaid State Plan Family Planning benefits for all beneficiaries in the Medicaid program.	•	
This benefit maps to EHB 1: Ambulatory Patient Serv	vices.	
		Add

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Other Base Benchmark Benefits Not Covered	Collapse All
Base Benchmark Benefit not Included in the Alternative Benefit Plan: Source: Base Benchmark	Remove
Routine Eye Exam (Adult)	Remove
Explain why the state/territory chose not to include this benefit:	_
Routine adult eye exams are not considered an EHB.	
The Medicaid State Plan Optometry service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.	
Base benchmark benefit limitation(s): 1 routine eye exam per calendar year; Does not cover the evaluation and fitting of contact lenses or other supplemental tests, routine eye care, eye exercises or visual training.	
	Add

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Other 1937 Covered Benefits that are not Essential Health Benefits		Collapse All 🗌
Other 1937 Benefit Provided:	Source:	
Dental- Prophylaxis	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	_
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
1 visit every 6 months; \$510 per year	None	
Scope Limit:		_
Excludes cosmetic; elective; TMJ treatment except	TMJ splint fabrication.	
Other:		
Other 1937 Benefit Provided:	Source:	
ICF/IID	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Other 1937 Benefit Provided:	Source:	
OLP: High Tech Nursing	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
None		
Other:		_

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		Remove
Other 1937 Benefit Provided: Extended Services (home visits) for Pregnant Women	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Other 1937 Benefit Provided:	Source:	
OLP: Opticians	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Limited to eye glass dispensing only.		
Other:		
No authorization requirement.		
Other 1937 Benefit Provided:	Source:	
Face-to-Face Tobacco cessation for pregnant women	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
16 visits per calendar year.		

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Other:		
No authorization requirement.		Remove
Other 1937 Benefit Provided: Case Management for TB related services	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
	Package Provider Qualifications:	
Authorization:	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
	Tronc	
Scope Limit: None		
Other: No authorization requirement.		
Tvo authorization requirement.		
Other 1937 Benefit Provided:	Source:	
Outpatient Hospital - Partial Hospitalization	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
No authorization requirement.		
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Therapeutic Substance Abuse Services (PNMI)	Package	
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	

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Scope Limit:		
None		Remove
Other:		
No authorization requirement.		
Other 1937 Benefit Provided:	Source:	
Community Mental Health Center Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
rehabilitation services provided by Mental Heaby state law. The benefit category in Vermont'	ychotherapy; chemotherapy; group therapy; specialized alth Designated Providers authorized by DMH and required 's State plan is "Other Diagnostic, Screening, Preventive and	
No authorization requirement. Diagnosis and evaluation; emergency care; psyrehabilitation services provided by Mental Heaby state law. The benefit category in Vermont' Rehabilitative Services."	alth Designated Providers authorized by DMH and required 's State plan is "Other Diagnostic, Screening, Preventive and	
No authorization requirement. Diagnosis and evaluation; emergency care; psy rehabilitation services provided by Mental Heaby state law. The benefit category in Vermont' Rehabilitative Services." Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
No authorization requirement. Diagnosis and evaluation; emergency care; psy rehabilitation services provided by Mental Heaby state law. The benefit category in Vermont' Rehabilitative Services." Other 1937 Benefit Provided: Assertive Community Care Services (PNMI)	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
No authorization requirement. Diagnosis and evaluation; emergency care; psy rehabilitation services provided by Mental Heaby state law. The benefit category in Vermont' Rehabilitative Services." Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
No authorization requirement. Diagnosis and evaluation; emergency care; psy rehabilitation services provided by Mental Heaby state law. The benefit category in Vermont' Rehabilitative Services." Other 1937 Benefit Provided: Assertive Community Care Services (PNMI)	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
No authorization requirement. Diagnosis and evaluation; emergency care; psy rehabilitation services provided by Mental Heaby state law. The benefit category in Vermont' Rehabilitative Services." Other 1937 Benefit Provided: Assertive Community Care Services (PNMI) Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
No authorization requirement. Diagnosis and evaluation; emergency care; psy rehabilitation services provided by Mental Heaby state law. The benefit category in Vermont' Rehabilitative Services." Other 1937 Benefit Provided: Assertive Community Care Services (PNMI) Authorization: Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
No authorization requirement. Diagnosis and evaluation; emergency care; psy rehabilitation services provided by Mental Heaby state law. The benefit category in Vermont' Rehabilitative Services." Other 1937 Benefit Provided: Assertive Community Care Services (PNMI) Authorization: Amount Limit: None	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
No authorization requirement. Diagnosis and evaluation; emergency care; psyrehabilitation services provided by Mental Heaby state law. The benefit category in Vermont' Rehabilitative Services." Other 1937 Benefit Provided: Assertive Community Care Services (PNMI) Authorization: Amount Limit: None Scope Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
No authorization requirement. Diagnosis and evaluation; emergency care; psyrehabilitation services provided by Mental Heaby state law. The benefit category in Vermont' Rehabilitative Services." Other 1937 Benefit Provided: Assertive Community Care Services (PNMI) Authorization: Amount Limit: None Scope Limit: Persons with functional impairments and/or care.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
No authorization requirement. Diagnosis and evaluation; emergency care; psy rehabilitation services provided by Mental Heaby state law. The benefit category in Vermont' Rehabilitative Services." Other 1937 Benefit Provided: Assertive Community Care Services (PNMI) Authorization: Amount Limit: None Scope Limit: Persons with functional impairments and/or coordinates.	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove

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Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Excludes residents of nursing home or enhanced reper week, 12 hours per day.	esidential care facilities. Should not exceed seven days	
Other:		
safety, and psychological needs of adults through in	a-residential program designed to address the health, adividual plans of care that may include a provision of versight, personal care, maintenance therapies, and care benefit has the same effective date as SPA 15-007.	
Other 1937 Benefit Provided: Targeted Case Management (4 targeted groups)	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
No authorization requirement.		
their level of disability, or who lack the active assist assist them in accessing needed services; (2) Individually neglect, trauma, behavioral challenges, family dysfu assistance to identify, obtain and monitor needed m social, educational, and other services; (3) Pregnant months of age enrolled in the Vermont Department	all and other services because of adaptive deficits due to tance of a family member or other interested person to duals and families who have a history of child abuse or function, and/or family violence who are in need of edical (including mental health and substance abuse), and postpartum women and infants through twelve for Children and Families, Healthy Babies, Kids, and stal education and related medically necessary Medicaid	
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Respiratory Care Services	Package	
Authorization:	Provider Qualifications:	
	Medicaid State Plan	

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Amount Limit:	Duration Limit:	
None	None	Remove
Scope Limit:		
None		
Other:		
No authorization requirement.		
Other 1937 Benefit Provided:	Source:	
Personal Care Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Nursing Facility 21 and older; custodial care	Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Requires a physician order; Out of state requires pr	rior authorization.	
Other 1937 Benefit Provided:	Source:	
OLP: Optometry	Section 1937 Coverage Option Benchmark Benefit Package	

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Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
Routine exam 1/2 years; diagnostic exam 1/2 years	None	
Scope Limit:		
None		
Other:		
Contact Lens prior authorization; Aids to vision approach ADL or IADL.	oved when legally blind and will improve at least one	
Other 1937 Benefit Provided:	Source:	
Inpatient Psych. Services for Individuals Under 22	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
No authorization requirement.		
Other 1937 Benefit Provided:	Source:	
Face-to-Face Tobacco cessation	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
16 visits per calendar year.	None	
Scope Limit:		
None		
Other:		
Tobacco cessation counseling services are available to maximum number of visits allowed per individual per per calendar year can be exceeded based on medical number that the same effective date as SPA 14-009.	calendar year is 16. This maximum number of visits	

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Other 1937 Benefit Provided:	Source:	
Licensed Dental Hygienist Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
limited to those specified in protocols for licens Director of the Office of Professional Regulatio the same effective date as SPA 15-023.	with a dentist licensed in Vermont. Covered services are sure and reviewed and accepted by the State of Vermont, on, and are services covered by Medicaid. This benefit has	
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	70
Health Home Services for Opioid Dependence	Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Health Homes provide coordinated, systemic, v medication assisted therapy (MAT) for opioid of	whole-person care to Medicaid beneficiaries who receive dependence.	
Other:		
See State Plan Attachment 3.1-H for additional	information on this service.	
		Add

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

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Attachment 3.1-L OMB Expiration date: 10/31/2014 **Benefits Assurances** ABP7 **EPSDT Assurances** If the target population includes persons under 21, please complete the following assurances regarding EPSDT. Otherwise, skip to the Prescription Drug Coverage Assurances below. The alternative benefit plan includes beneficiaries under 21 years of age. Yes The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345). The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/ territory plan under section 1902(a)(10)(A) of the Act. Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services: • Through an Alternative Benefit Plan. Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as defined in 1905(r). Other Information regarding how ESPDT benefits will be provided to participants under 21 years of age (optional): **Prescription Drug Coverage Assurances** The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark. The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered. The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act. The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act. **Other Benefit Assurances** The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS. The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act. The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.

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

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Provide a narrative description of the model:

Alternative Benefit Plan

Attachment 3.1-L-OMB Expiration date: 10/31/2014 **Service Delivery Systems** ABP8 Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area. Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s). Select one or more service delivery systems: Managed care. Fee-for-service. Other service delivery system. **Fee-For-Service Options** Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization: Traditional state-managed fee-for-service Services managed under an administrative services organization (ASO) arrangement Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-forservice care management models/non-risk, contractual incentives as well as the population served via this delivery system. Choices for Care 1115 Long Term Care (Control #11-W-00191/6) and CHIP beneficiaries receive all state plan services using all state plan approved payment methodologies including a variety of bundled rate options. Additional Information: Fee-For-Service (Optional) Provide any additional details regarding this service delivery system (optional): **Other Service Delivery Model** Name of service delivery system: Global Commitment to Health (MCO) model (Control # 11-W-001941) and Choices for Care 1115 (Control #11-W-00191/6) **Demonstration Waivers**

The state operates its Medicaid Program under two 1115 Demonstration waivers. One for long term care (Control #11-W-00191/6) and one using a managed care model and adhering to the MCO regulatory structure and 42 CFR 438 as per the STC's (Control # 11-W-001941/1). The new adult is moving from an 'expansion population' in the Global Commitment to Health (MCO) waiver to a state plan group under the same waiver. For Global Commitment populations, Medicaid eligibility is considered synonymous with MCO enrollment under the model. Current beneficiaries will be converted from 'expansion' population to 'state plan' as part of the state's CMS approved transition plan. Other members will move seamlessly into their new ACA group during annual recertification reviews. As of January 1, 2014 new members will be enrolled directly into the new adult group upon eligibility determination for the Medicaid program. Members who qualify for Long Term Care Medicaid will receive all state plan and any approved demonstration services under the state's long term care waiver Choices for Care. Former 1915 Home and Community Based Waivers and former 1115 (b) Demonstrations are incorporated into the 1115 Demonstration for individuals with a Developmental Disability, Traumatic Brain Injury, Severe and Persistent Mental Illness and Children with a severe emotional disturbance and their families. The state has a several networks of designated specialty providers for the behavioral health and disability related carve outs under the current 1115 Demonstration. All former 1915 services for the elderly have been incorporated into the 1115 Choices for Care, Long Term Care waiver. Transmittal Number: VT - 16-0025 Approval Date: October 19, 2020

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V.20130718

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OMB Control Number: 0938-1148 Attachment 3.1-L-OMB Expiration date: 10/31/2014 **Employer Sponsored Insurance and Payment of Premiums** ABP9 The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Yes Package. Provide a description of employer sponsored insurance, including the population covered, the amount of premium assistance by population, employer sponsored insurance activities including required contribution, cost-effectiveness test requirements, and benefit information: The state assures that ESI coverage is established in sections 3.2 and 4.22(h) of the state's approved Medicaid state plan. The beneficiary will receive a benefit package that includes a wrap of benefits around the employer sponsored insurance plan that equals the benefit package to which the beneficiary is entitled. The beneficiary will not be responsible for payment of premiums or other cost sharing that exceeds nominal levels as established at 42 CFR part 447 subpart A. No The state/territory otherwise provides for payment of premiums. Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

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.

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OMB Control Number: 0938-1148 Attachment 3.1-L OMB Expiration date: 10/31/2014 **General Assurances** ABP10 **Economy and Efficiency of Plans** The state/territory assures that Alternative Benefit Plan coverage is provided in accordance with Federal upper payment limit requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained. Economy and efficiency will be achieved using the same approach as used for Medicaid state plan services. Yes Compliance with the Law The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/ territory plan under this title. The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e). The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.

PRA Disclosure Statement

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Attachment 3.1-L
Payment Methodology

ABP11

Alternative Benefit Plans - Payment Methodologies

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

An attachment is submitted.

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.

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