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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 23-0033

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

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



Medicaid and CHIP Operations Group

October 25, 2023

Monica Ogelby, Medicaid Director
Vermont Agency of Human Services
280 State Drive - Center Building
Waterbury, VT 05671

Re: Vermont State Plan Amendment (SPA) 23-0033

Dear Director Ogelby:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0033. This amendment proposes to increase the annual dental cap for adults from \$1,000 to \$1,500 and to allow emergency dental services for adults to be covered after the annual cap on dental expenditures has been met.

This letter is to inform you that Vermont Medicaid SPA 23-0033 was approved on October 25, 2023, with an effective date of July 1, 2023.

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

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Dylan Frazer, Deputy Director of Medicaid Policy

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 3 3

2. STATE

VT

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT



XIX



XXI

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

4. PROPOSED EFFECTIVE DATE

7/1/2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR §430.12(c)(1)(ii)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 0

b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Att. 3.1-A page 4d

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Att. 3.1-A page 4d

9. SUBJECT OF AMENDMENT

Increase annual expenditure cap on adult dental services and cover emergency services after cap is met.

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED: Approval from Agency of Admin.

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME

Jenney Samuelson

13. TITLE

SECRETARY, AGENCY OF HUMAN SERVICES

14. DATE SUBMITTED

9/27/2023

15. RETURN TO

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

DYLAN.FRAZER@VERMONT.GOV

FOR CMS USE ONLY

16. DATE RECEIVED 09/27/2023

17. DATE APPROVED 10/25/2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2023

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

ITEM 10. DENTAL SERVICES

For beneficiaries under age 21, all medically necessary dental services are covered in accordance with EPSDT requirements (Item 4.b.). Coverage and service limits do not apply, and some may be subject to prior authorization.

For beneficiaries aged 21 and older, dental services including preventive, diagnostic, restorative, endodontic, and emergency dental procedures to ameliorate pain, infection, and bleeding, are covered when medically necessary. Medical necessity is determined by the Medicaid program.

For beneficiaries aged 21 and older, dental services are limited to \$1,500 per beneficiary per calendar year. Preventive services will not be counted towards the annual dollar limit. Emergency dental services to ameliorate pain, infection, or bleeding are covered when medically necessary after the annual limit has been met.

Individuals who are pregnant or in the postpartum eligibility period are not subject to the annual cap.

The Medicaid program maintains the “Vermont Medicaid Dental Supplement” on its website that details covered and non-covered services and service limitations. Some items require prior authorization.