### **Table of Contents**

**State/Territory Name: Vermont** 

State Plan Amendment (SPA) #: 23-0041

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

### OFFICIAL 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 27, 2023

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

Re: Vermont State Plan Amendment (SPA) 23-0041

Dear Director Ogelby:

For your records, this is an approved copy of Vermont's Medicaid Alternative Benefit Plan (ABP) State plan amendment (SPA) VT 23-0041. This ABP amendment submitted through the Medicaid Model Data Lab (MMDL No. VT.0626.R00.15) on September 27, 2023, meets all federal statutory and regulatory requirements.

The state submitted this SPA to add Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT) and Paramedic provider types to ensure coverage authority for ambulance treatment without transport. This aligns the state's Alternative Benefit Plan (ABP) with approved SPA 23-0037. This SPA was approved on October 26, 2023, with an effective date of July 1, 2023.

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

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

Sincerely,

James G. Scott, Director Division of Program Operations

Enclosures

cc: Dylan Frazer, Deputy Director of Medicaid Policy

### **OFFICIAL**

### Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name:

Vermont

### Transmittal Number:

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

VT-23-0041

### **Proposed Effective Date**

07/01/2023

(mm/dd/yyyy)

### Federal Statute/Regulation Citation

42 CFR §430.12(c)(ii)

### Federal Budget Impact

Federal Fiscal Year Amount

First Year 2023

\$ 0.00

Second Year 2024

\$ 0.00

### Subject of Amendment

This SPA adds the following provider types to ensure coverage authority for ambulance treatment without transport: Emergency Medical Technician, Advanced Emergency Medical Technician, and Paramedic.

11

### Governor's Office Review

O Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Approved by Secretary of the Agency of Administration

### Signature of State Agency Official

Submitted By: Dylan Frazer
Last Revision Date: Sep 27, 2023
Submit Date: Sep 27, 2023



State Name: Vermont	Attachment 3.1-L-	OMB Control Number: 0938-1148
Transmittal Number: VT - 23 - 0041		
Benefits Description		ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit par	ckage. 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 select Approved."	ed, if other than Secretary-Approv	ved. Otherwise, enter "Secretary-
Secretary-Approved		



Essential Health Benefit: Ambulatory patient services	-	Collapse All
Benefit Provided:	Source:	Remove
Outpatient Hospital	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	Remove
Rural Health Clinic	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
5 visits per month; 1 visit per day	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	Remove
Federally Qualified Health Center	State Plan 1905(a)	
Authorization:	Provider Qualifications:	_
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
5 visits per month; 1 visit per day	None	
Scope Limit:		
None		7

TN: VT 23-0041 Approval Date: 10/26/2023 Effective Date: 07/01/2023 Supersedes: VT 23-0025

Page 2 of 48



	Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
8	*		
	efit Provided:	Source:	Remove
Phy	vsician Services in all Settings	State Plan 1905(a)	
	Authorization:	Provider Qualifications:	
	Authorization required in excess of limitation	Medicaid State Plan	
	Amount Limit:	Duration Limit:	
	See other information below	None	
	Scope Limit:		
	See other information below		
	Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
		s; unnecessary testing; experimental; services provided	
à	exceeded based on medical necessity.	n circumstances and procedures. Limits may be	ii
en		n circumstances and procedures. Limits may be  Source:	Remov
	exceeded based on medical necessity.		Remov
_	efit Provided:	Source:	Remov
	exceeded based on medical necessity.  efit Provided: nily Planning	Source: State Plan 1905(a)	Remov
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	erit Provided: nily Planning  Authorization: None  Amount Limit:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remov
ar	exceeded based on medical necessity.  efit Provided: mily Planning  Authorization:  None  Amount Limit:  None  Scope Limit:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None	Remov
ar	exceeded based on medical necessity.  efit Provided: nily Planning  Authorization:  None  Amount Limit:  None  Scope Limit:  Reversal of sterilizations not covered  Other information regarding this benefit, including the	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None	Remov
en	exceeded based on medical necessity.  efit Provided: mily Planning  Authorization:  None  Amount Limit:  None  Scope Limit:  Reversal of sterilizations not covered  Other information regarding this benefit, including the benchmark plan:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None	
Fair	exceeded based on medical necessity.  efit Provided: mily Planning  Authorization:  None  Amount Limit:  None  Scope Limit:  Reversal of sterilizations not covered  Other information regarding this benefit, including the benchmark plan:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  e specific name of the source plan if it is not the base	Remov
Far	exceeded based on medical necessity.  efit Provided: mily Planning  Authorization:  None  Amount Limit:  None  Scope Limit:  Reversal of sterilizations not covered  Other information regarding this benefit, including the benchmark plan:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  e specific name of the source plan if it is not the base  Source:	



Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Excludes solely cosmetic surgery		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
enefit Provided:	Source:	Remove
DLP: Chiropractic	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See Att. 3.1-A Item 6.C.	None	
Scope Limit:		
See Att. 3.1-A Item 6.C.		
benchmark plan:  Coverage is in accordance with Att. 3.1-A Item 6.0	the specific name of the source plan if it is not the base	
benchmark plan:		
benchmark plan:  Coverage is in accordance with Att. 3.1-A Item 6.0		Remove
benchmark plan:  Coverage is in accordance with Att. 3.1-A Item 6.0 enefit Provided:	2.	Remove
benchmark plan:  Coverage is in accordance with Att. 3.1-A Item 6.0  enefit Provided:	Source:	Remove
benchmark plan:  Coverage is in accordance with Att. 3.1-A Item 6.0  enefit Provided:  DLP: Podiatry	Source: State Plan 1905(a)	Remove
benchmark plan:  Coverage is in accordance with Att. 3.1-A Item 6.0  enefit Provided:  LP: Podiatry  Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
benchmark plan:  Coverage is in accordance with Att. 3.1-A Item 6.0  enefit Provided:  LP: Podiatry  Authorization:  None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
benchmark plan:  Coverage is in accordance with Att. 3.1-A Item 6.0  enefit Provided:  LP: Podiatry  Authorization:  None  Amount Limit:  None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan:  Coverage is in accordance with Att. 3.1-A Item 6.0  enefit Provided:  DLP: Podiatry  Authorization:  None  Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan:  Coverage is in accordance with Att. 3.1-A Item 6.0  enefit Provided:  DLP: Podiatry  Authorization:  None  Amount Limit:  None  Scope Limit:  Scope is in accordance with Att. 3.1-A Item 6.A.	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan:  Coverage is in accordance with Att. 3.1-A Item 6.0  enefit Provided:  DLP: Podiatry  Authorization:  None  Amount Limit:  None  Scope Limit:  Scope is in accordance with Att. 3.1-A Item 6.A.  Other information regarding this benefit, including	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None the specific name of the source plan if it is not the base	Remove
benchmark plan:  Coverage is in accordance with Att. 3.1-A Item 6.0  enefit Provided:  DLP: Podiatry  Authorization:  None  Amount Limit:  None  Scope Limit:  Scope is in accordance with Att. 3.1-A Item 6.A.  Other information regarding this benefit, including benchmark plan:  Coverage is in accordance with Att. 3.1-A Item 6.A.	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
benchmark plan:  Coverage is in accordance with Att. 3.1-A Item 6.0  enefit Provided:  DLP: Podiatry  Authorization:  None  Amount Limit:  None  Scope Limit:  Scope is in accordance with Att. 3.1-A Item 6.A.  Other information regarding this benefit, including benchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None the specific name of the source plan if it is not the base	Remove

TN: VT 23-0041 Approval Date: 10/26/2023 Effective Date: 07/01/2023 Supersedes: VT 23-0025

Page 4 of 48



Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	ng the specific name of the source plan if it is not the base	
enefit Provided:	Source:	D
ospice	State Plan 1905(a)	Remove
* 250		
Authorization: Other	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan:  6 months prior to end of life.	ng the specific name of the source plan if it is not the base	
enefit Provided:	Source:	Remove
DLP: Pediatric or Family Nurse Practitioners	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information below	None	
Scope Limit:		
See other information below		
Other information regarding this benefit, including benchmark plan:	ng the specific name of the source plan if it is not the base	
visit per patient per diagnosis per month and up cosmetic surgery; ineffective or unproven proces	cility - up to 1 visit per week; Hospital - up to 1 admission to one visit per day for acute care. Excludes solely dures; unnecessary testing; experimental; services provided ertain circumstances and procedures. Limits may be	

TN: VT 23-0041 Approval Date: 10/26/2023 Effective Date: 07/01/2023

Page 5 of 48

Supersedes: VT 23-0025



Add

Page 6 of 48



Benefit Provided:	Source:	Remove
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		
Other information regarding this benefit, incohenchmark plan:	cluding the specific name of the source plan if it is r	not the base
Benefit Provided:	Source:	Remove
Transportation: Ambulance	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit: None		
Other information regarding this benefit, incohenchmark plan:  Coverage is in accordance with Att.3.1-A In	cluding the specific name of the source plan if it is a tem 24a.	not the base
Benefit Provided:	Source:	Remove
Authorization:	Provider Qualifications:	
Yes		
Amount Limit:	Duration Limit:	
Scope Limit:		



enefit Provided:	Source:	Remove
Authorization:	Provider Qualifications:	
Amount Limit:	Duration Limit:	
Scope Limit:	L	
Other information regarding this bene benchmark plan:	fit, including the specific name of the source plan if it is not the	e base

TN: VT 23-0041 Approval Date: 10/26/2023 Effective Date: 07/01/2023 Supersedes: VT 23-0025

Page 8 of 48



Benefit Provided:	Source:	Remove
Inpatient Hospital	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Concurrent Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan:	including the specific name of the source plan if it is not the base	
benchmark plan:  Substance use detox is performed in an interest and interest are substance.  Benefit Provided:		Remove
benchmark plan: Substance use detox is performed in an in	npatient hospital setting.	Remove
benchmark plan:  Substance use detox is performed in an interest and interest are substance.  Benefit Provided:	npatient hospital setting.  Source:	Remove
benchmark plan:  Substance use detox is performed in an interest in the substance of the su	Source: State Plan 1905(a)	Remove
benchmark plan:  Substance use detox is performed in an information:  Benefit Provided:  Inpatient Psychiatric Hospital  Authorization:  Concurrent Authorization  Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan:  Substance use detox is performed in an information:  Benefit Provided: Inpatient Psychiatric Hospital  Authorization:  Concurrent Authorization	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
benchmark plan:  Substance use detox is performed in an information:  Benefit Provided:  Inpatient Psychiatric Hospital  Authorization:  Concurrent Authorization  Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan:  Substance use detox is performed in an information:  Benefit Provided: Inpatient Psychiatric Hospital  Authorization:  Concurrent Authorization  Amount Limit:  None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan  Duration Limit: None	Remove
benchmark plan:  Substance use detox is performed in an information:  Authorization:  Concurrent Authorization  Amount Limit:  None  Scope Limit:  Not Institutions for Mental Disease (IM)	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan  Duration Limit: None	Remove

TN: VT 23-0041 Approval Date: 10/26/2023 Effective Date: 07/01/2023 Supersedes: VT 23-0025

Page 9 of 48



4. Essential Health Benefit: Maternity and newb	orn care	Collapse All
Benefit Provided: OLP: Licensed Lay Midwife	Source:	Remove
ODI : Electised Day Wildwife	State Plan 1905(a)	
Authorization:	Provider Qualifications:	_
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan:	cluding the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	Remove
Nurse Midwife	State Plan 1905(a)	
Authorization:	Provider Qualifications:	<del></del>
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	<del></del>
None	None	
Scope Limit:		
None		
Other information regarding this benefit, ind benchmark plan:	cluding the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	Remove
Physician Services: Maternity Care	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		
None		



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



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



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## **Alternative Benefit Plan**

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		Transmitter and Transmitter
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None		
Other information regarding this benefit, benchmark plan:	, including the specific name of the source plan if it is not the base	
	rvention, outpatient treatment services, intensive outpatient n, clinically managed low-intensity residential services, medically rawal management.	
enefit Provided:	Source:	Remove
Authorization:	Provider Qualifications:	
None		
Amount Limit:	Duration Limit:	
Scope Limit:		
Other information regarding this benefit, benchmark plan:	, including the specific name of the source plan if it is not the base	

Approval Date: 10/26/2023 Effective Date: 07/01/2023 TN: VT 23-0041 Supersedes: VT 23-0025



6. Essential Health Benefit: Prescription drugs	
The state/territory assures that the ABP prescription drug benefit plan is the same as under the approved Medic State Plan for prescribed drugs.	aid
Benefit Provided:	
Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.	
Prescription Drug Limits (Check all that apply.): 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:	

TN: VT 23-0041 Approval Date: 10/26/2023 Effective Date: 07/01/2023 Supersedes: VT 23-0025

Page 15 of 48

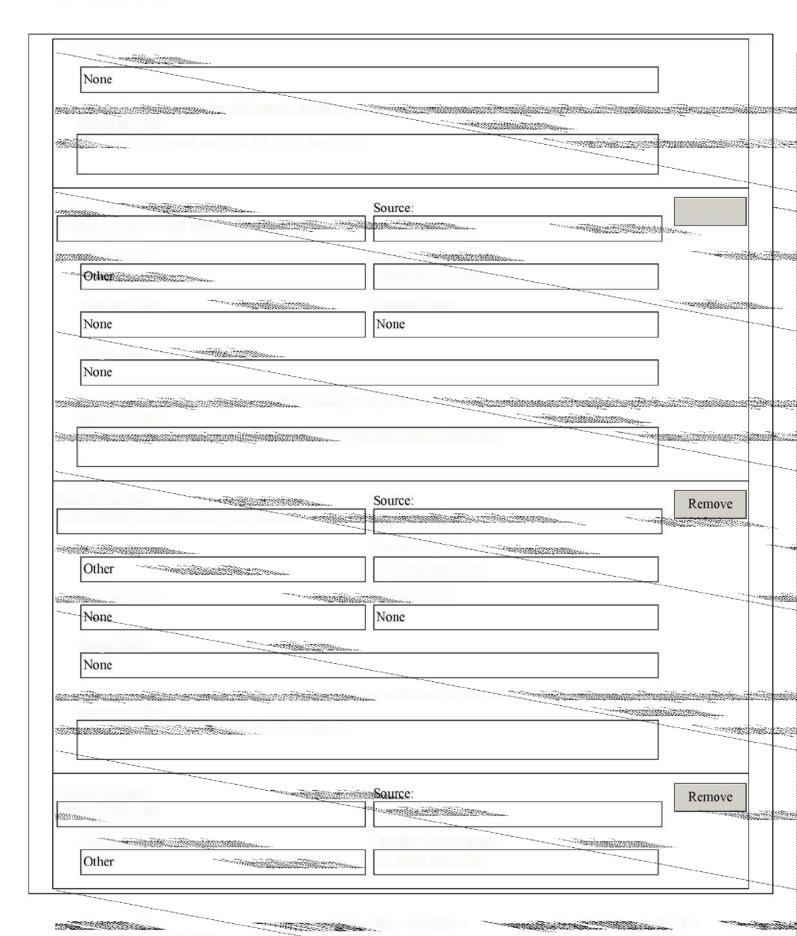


Outpatient Hospital - Rehabilitative therapies	Source:	Remove
1 1	State-Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
OT/PT/SLP		
Other information regarding this benefit, including benchmark plan:  Both rehabilitative and habilitative	the specific name of the source plan if it is not the base	
Both renabilitative and nabilitative		
Benefit Provided:	Source:	Remove
OT/PT/SLP (non-hospital based)	State Plan 1905(a)	Tromo (
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See Att. 3.1-A Item 11	None	
Scope Limit:		
None		
benchmark plan:	the specific name of the source plan if it is not the base	
Coverage is in accordance with Att. 3.1-A Item 11		
Benefit Provided:	Source:	D
Prosthetic Devices	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	

TN: VT 23-0041 Approval Date: 10/26/2023 Effective Date: 07/01/2023 Supersedes: VT 23-0025

Page 16 of 48







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



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

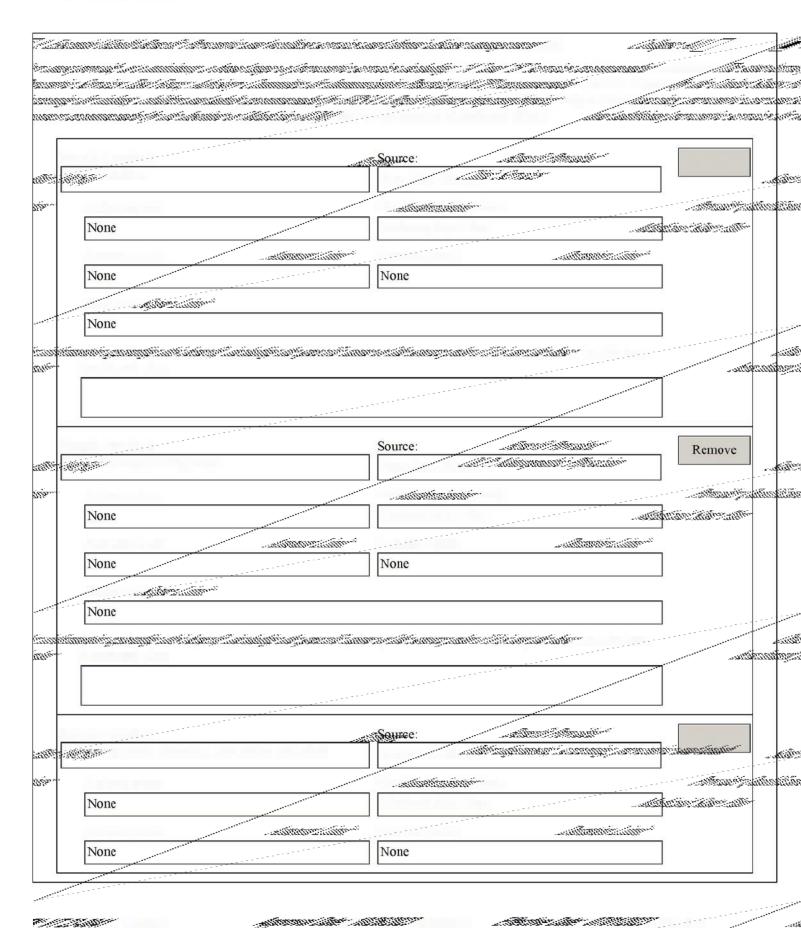
TN: VT 23-0041 Approval Date: 10/26/2023 Effective Date: 07/01/2023 Supersedes: VT 23-0025

Page 21 of 48



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### **Alternative Benefit Plan**



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Benefit Provided:	Source:	Remov
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	
Authorization:	Provider Qualifications:	_
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	7
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	
All federally required services in accordar	nce CFR and Statute.	1
in reason, required services in accordan	of R and Statute.	
		<u> </u>
Benefit Provided:	Source:	Remo
Benefit Provided:  Medicaid State Plan EPSDT Benefits	Source: State Plan 1905(a)	Remo
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Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remo
Medicaid State Plan EPSDT Benefits  Authorization:	State Plan 1905(a)  Provider Qualifications:	Remo
Medicaid State Plan EPSDT Benefits  Authorization: Other	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan	Remo
Medicaid State Plan EPSDT Benefits  Authorization: Other  Amount Limit:	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remo
Medicaid State Plan EPSDT Benefits  Authorization: Other  Amount Limit: None	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remo
Authorization: Other Amount Limit: None Scope Limit: None	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remo



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

TN: VT 23-0041 Approval Date: 10/26/2023 Effective Date: 07/01/2023 Supersedes: VT 23-0025

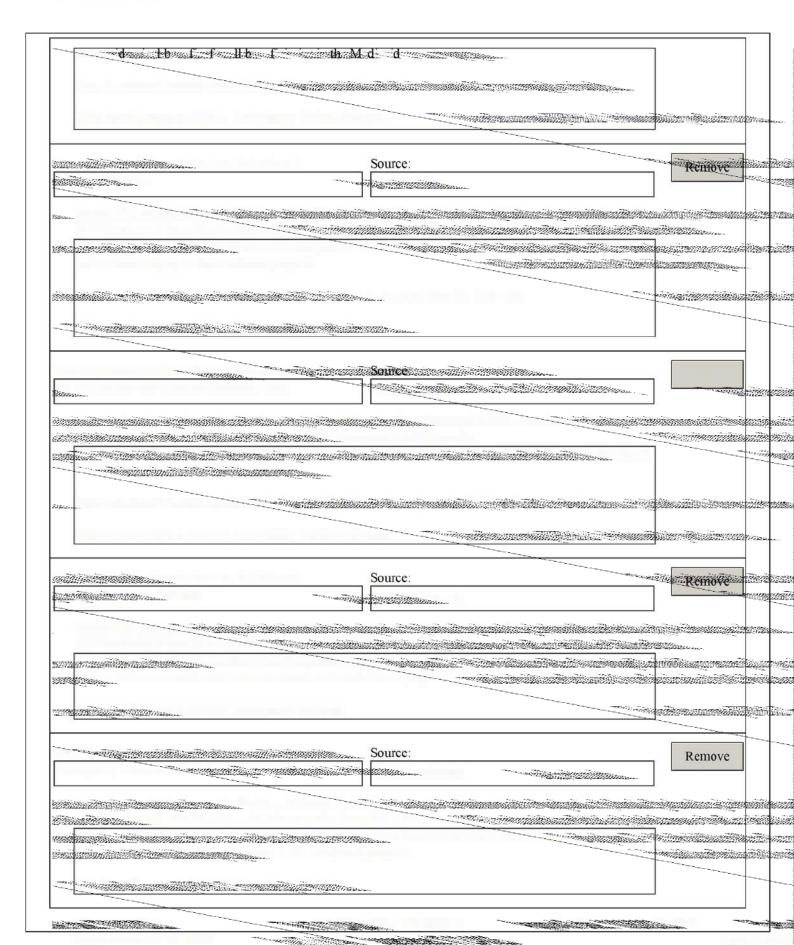
Page 25 of 48



12. Base Benchmark Benefits Not Covered due to Substit	ution or Duplication	Collapse All
Base Benchmark Benefit that was Substituted: Outpatient Hospital Fee	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi 1937 benchmark benefit(s) included above under Essi Duplication - The Medicaid State Plan Outpatient Hobenefits for all beneficiaries in the Medicaid program	ospital service was used in order to ensure identical	on
This benefit maps to EHB 1: Ambulatory Patient Ser	vices.	
Base Benchmark Benefit that was Substituted: Outpatient Surgery Physician/Surgical Services	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi 1937 benchmark benefit(s) included above under Ess  Duplication - The Medicaid State Plan Outpatient Ho benefits for all beneficiaries in the Medicaid program	ospital service was used in order to ensure identical	on T
This benefit maps to EHB 1: Ambulatory Patient Ser		
Base Benchmark Benefit that was Substituted: Urgent Care Centers or Facilities	Source: Base Benchmark	Remove
Duplication - The Medicaid State Plan Other Ambula Physician Services in all Settings service was used in	atory Services - Rural Health Clinic and FQHC's and a order to ensure identical benefits for all beneficiaries ent care, however Vermont does not have stand alone ith a health clinic or hospital.	
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 indi 1937 benchmark benefit(s) included above under Ess  Duplication - The Medicaid State Plan Physician Ser ensure identical benefits for all beneficiaries in the M  This benefit maps to EHB 1: Ambulatory Patient Ser	vices in all Settings service was used in order to fedicaid program.	on
Base Benchmark Benefit that was Substituted:	Source:	Remove
1937 benchmark benefit(s) included above under Ess	Base Benchmark icating the substituted benefit(s) or the duplicate section ential Health Benefits: argical furnished by dentist service was used in order to	_
TN: VT 23-0041 Approva	I Date: 10/26/2023 Effective Date: 0	7/01/2023

Supersedes: VT 23-0025 Page 26 of 48







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# **Alternative Benefit Plan**

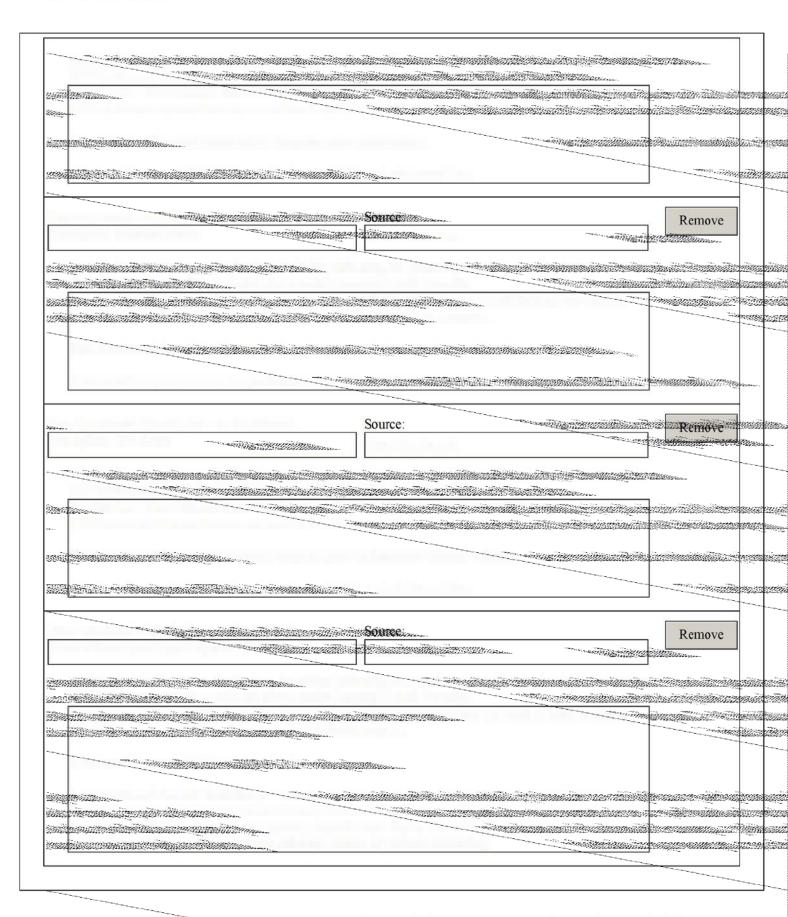
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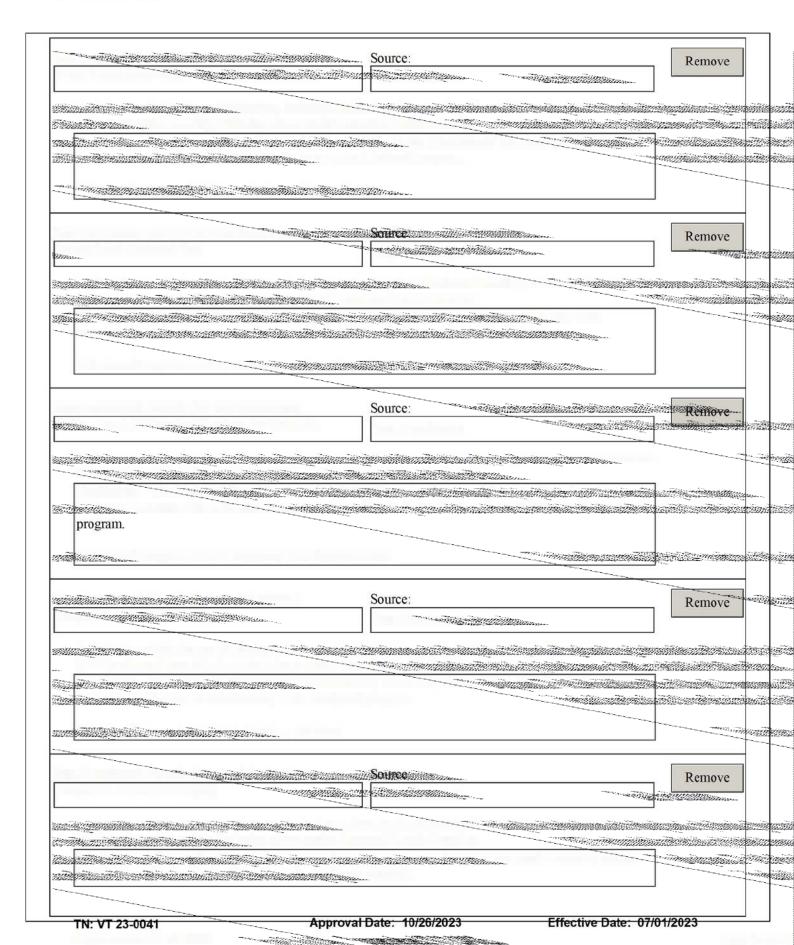


### **Alternative Benefit Plan**

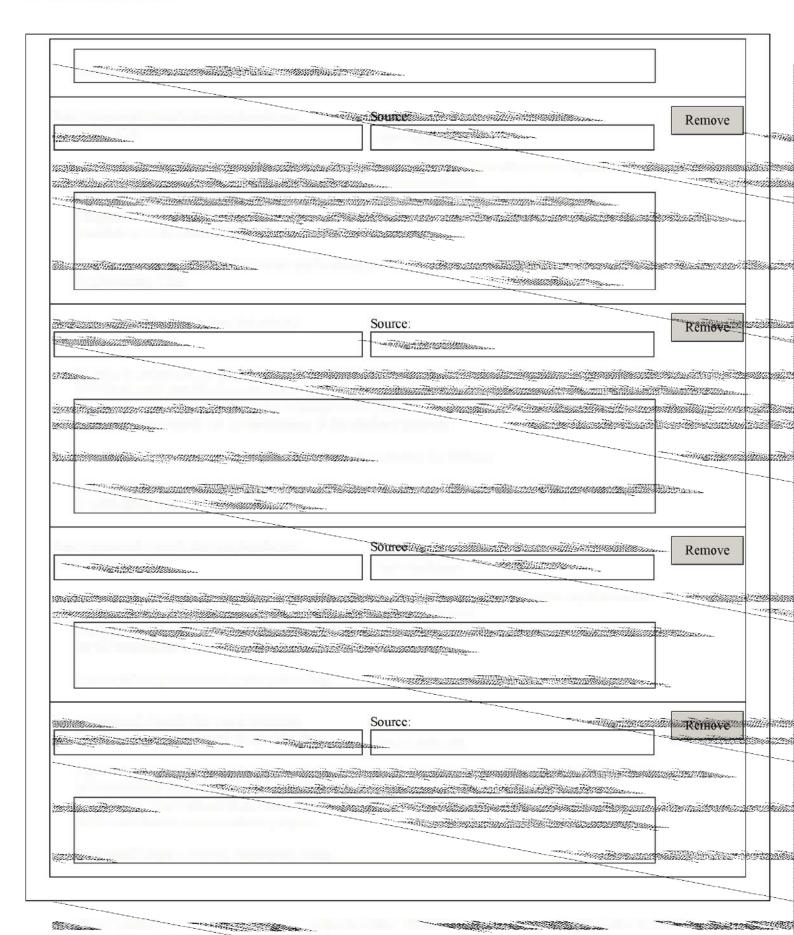


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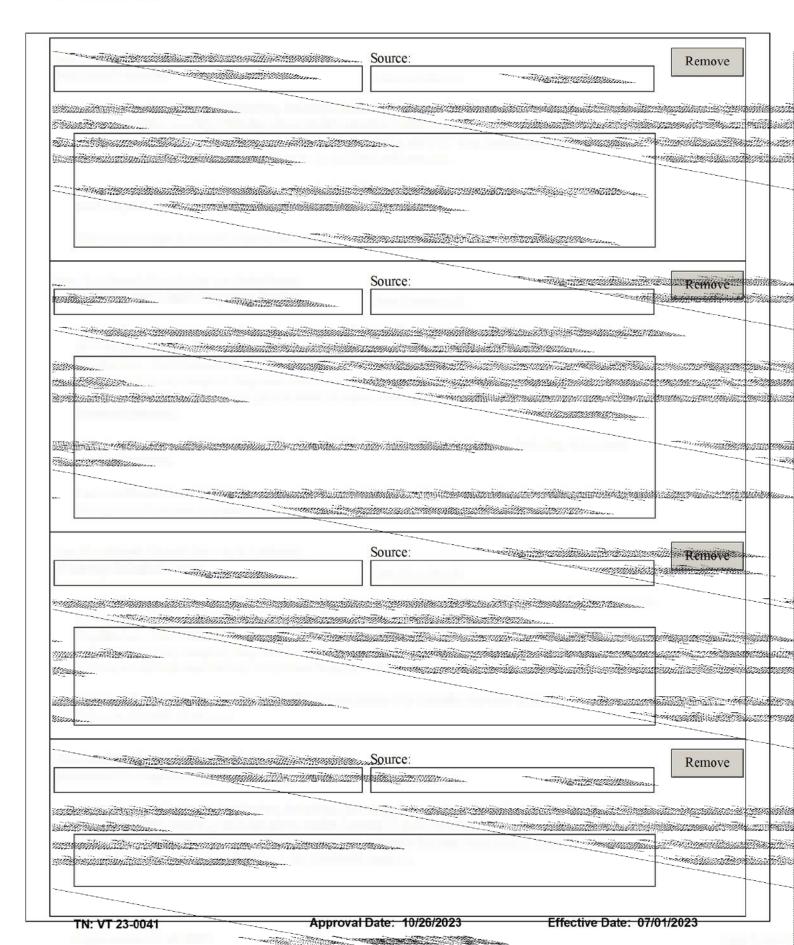




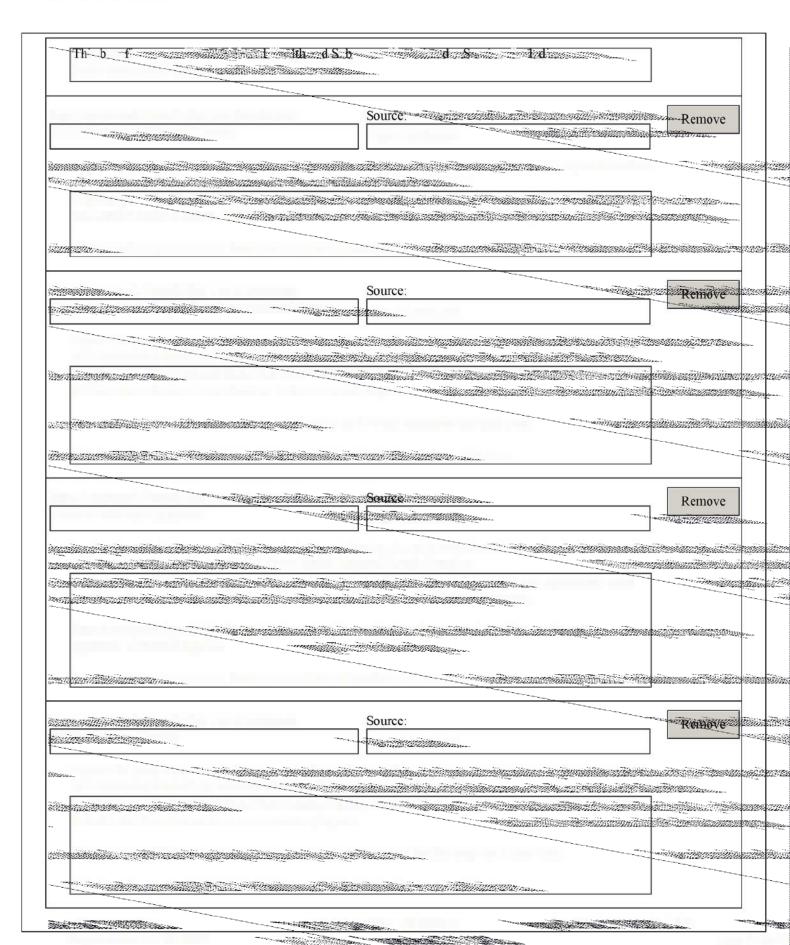








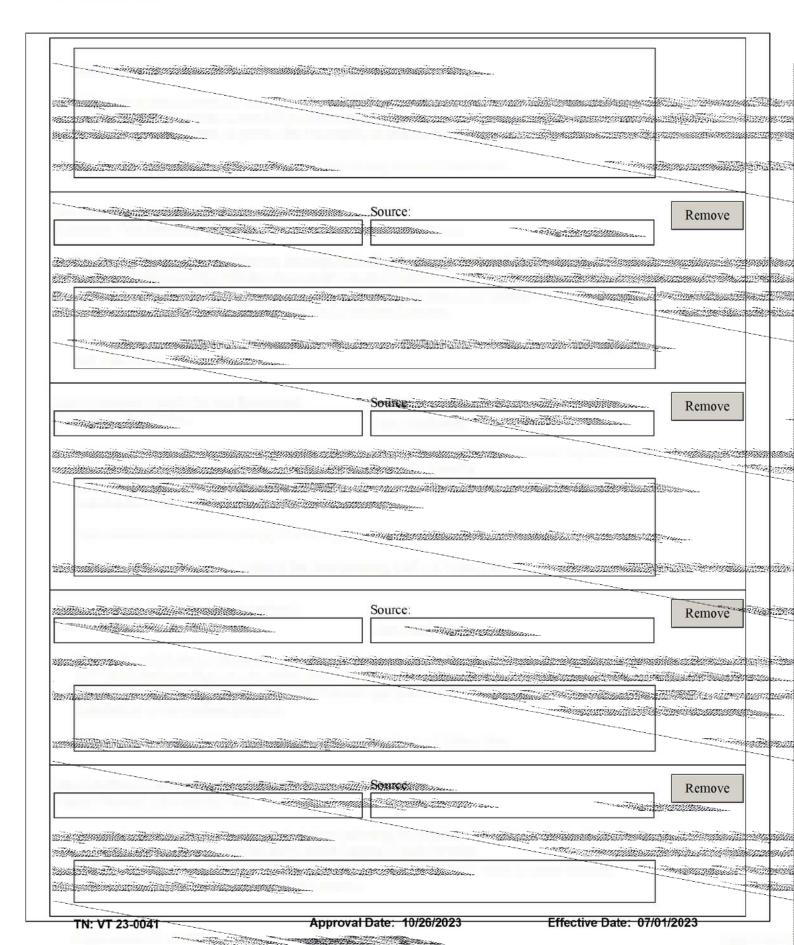






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ase Benchmark Benefit that was Substituted:	Source:	Remove
Prosthetic Devices	Base Benchmark	
1937 benchmark benefit(s) included above under	g indicating the substituted benefit(s) or the duplicate section r Essential Health Benefits: ic Devices service was used in order to ensure identical	

TN: VT 23-0041 Approval Date: 10/26/2023 Effective Date: 07/01/2023 Supersedes: VT 23-0025

Page 36 of 48



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

TN: VT 23-0041 Approval Date: 10/26/2023 Effective Date: 07/01/2023 Supersedes: VT 23-0025

Page 37 of 48



14. Other 1937 Covered Benefits that a	re not Essential Health Benefits	Collapse All
Other 1937 Benefit Provided:  Dental	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications:  Medicaid State Plan	_ _
Amount Limit:	Duration Limit:	
See Att. 3.1-A Item 10	None None	7
Scope Limit:		
See Att. 3.1-A Item 10		
Other:		_
Coverage is in accordance with Se	e Att. 3,1-A Item 10.	
Other 1937 Benefit Provided:	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:		_
Other:		
Other		]
Other 1937 Benefit Provided:  OLP: High Tech Nursing	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		

TN: VT 23-0041 Approval Date: 10/26/2023 Effective Date: 07/01/2023 Supersedes: VT 23-0025

Page 38 of 48



Other:		
other 1937 Benefit Provided: Extended Services (home visits) for Pregnant Women	Source: Section 1937 Coverage Option Benchmark Benefit	Remov
Authorization	Provider Qualifications:	5½
Authorization: Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit: None	
	None	
Scope Limit:		
None		
Other:		
ther 1937 Benefit Provided:	Source:	Remov
DLP: Opticians	Section 1937 Coverage Option Benchmark Benefit Package	d-
Authorization:	Provider Qualifications:	92
Authorization.	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Limited to eyeglass dispensing only.		
Other:		
No authorization requirement.		
	9	
ther 1937 Benefit Provided:	Source:	Remov
ace-to-Face Tobacco cessation for pregnant women	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	9.
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None None	
LINETING	LUNGUNG	



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



Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
No authorization requirement.		
Other 1937 Benefit Provided:	Source:	Remove
Community Mental Health Center Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
rehabilitation services provided by Mental Health	notherapy; chemotherapy; group therapy; specialized h Designated Providers authorized by DMH and required State plan is "Other Diagnostic, Screening, Preventive and	
Other 1937 Benefit Provided:	Source:	Remove
Assistive Community Care Services (PNMI)	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Persons with functional impairments and/or cog	nitive disabilities.	
Other:	,	
No authorization requirement.		
I .		



ther 1937 Benefit Provided:	Source:	Remove
Adult Day Health Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Excludes residents of nursing homes or enhance per week, 12 hours per day.	nced residential care facilities. Should not exceed 7 days	
safety, and psychological needs of adults thro medication administration, health monitoring	e, non-residential program designed to address the health, ugh individual plans of care that may include a provision of and oversight, personal care, maintenance therapies, and care. This benefit has the same effective date as SPA 15-007.	
ther 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
argeted Case Management (4 targeted groups)	Package Package	
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
unable to access needed medical, social, educe their level of disability, or who lack the active assist them in accessing needed services; (2) I neglect, trauma, behavioral challenges, family assistance to identify, obtain and monitor needs social, educational, and other services; (3) Premonths of age enrolled in the Vermont Depart	old: (1) Persons with developmental disabilities who are ational and other services because of adaptive deficits due to e assistance of a family member or other interested person to individuals and families who have a history of child abuse or dysfunction, and/or family violence who are in need of ded medical (including mental health and substance abuse), egnant and postpartum women and infants through twelve truent for Children and Families, Healthy Babies, Kids, and	
Families Program; (4) Individuals who receiv covered services pursuant to an Individualized	e special education and related medically necessary Medicaid d Education Plan (IEP).	
covered services pursuant to an Individualized ther 1937 Benefit Provided:	Source:	Remove
	d Education Plan (IEP).	Remove
covered services pursuant to an Individualized ther 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remove



Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
No authorization requirement.		
Other 1937 Benefit Provided:	Source:	Remove
Personal Care Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Other:		
Other: Other 1937 Benefit Provided:	Source:	Remove
	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Other 1937 Benefit Provided:	Section 1937 Coverage Option Benchmark Benefit	Remove
Other 1937 Benefit Provided: Nursing Facility 21 and older; custodial care	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Other 1937 Benefit Provided: Nursing Facility 21 and older; custodial care  Authorization:	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:	Remove
Other 1937 Benefit Provided: Nursing Facility 21 and older; custodial care  Authorization: Other	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan	Remove
Other 1937 Benefit Provided: Nursing Facility 21 and older; custodial care  Authorization: Other  Amount Limit:	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Other 1937 Benefit Provided: Nursing Facility 21 and older; custodial care  Authorization: Other  Amount Limit: None	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Other 1937 Benefit Provided: Nursing Facility 21 and older; custodial care  Authorization: Other  Amount Limit: None Scope Limit:	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Other 1937 Benefit Provided: Nursing Facility 21 and older; custodial care  Authorization: Other  Amount Limit: None  Scope Limit: None	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None	Remove
Other 1937 Benefit Provided: Nursing Facility 21 and older; custodial care  Authorization: Other  Amount Limit: None  Scope Limit: None Other:	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None	Remove



Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Routine exam 1/2 years; diagnostic exam 1/2 years	None	
Scope Limit:		
None		
Other:	1	
Contacts and special lenses may require prior autho blind and will improve at least one ADL or IADL.	orization; Other aids to vision approved when legally	
ner 1937 Benefit Provided:	Source:	Dama
patient Psych. Services for Individuals Under 22	Section 1937 Coverage Option Benchmark Benefit Package	Remov
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
No authorization requirement.		
ner 1937 Benefit Provided:	Source:	Remo
censed Dental Hygienist Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Services provided by licensed dental hygienists are hygienist who is in a collaborative agreement with a	covered when those services are provided by a dental a dentist licensed in Vermont. Cover services are limited iewed and accepted by the State of Vermont, Director of	



Other 1937 Benefit Provided:	Source:	Remove
Health Home Services for Opioid Dependence	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Health Homes provide coordinated, systemic, w medication assisted therapy (MAT) for opioid d	hole-person care to Medicaid beneficiaries who receive ependence.	
Other:		
Other 1937 Benefit Provided:	Source:	Remove
OLP: Licensed Clinical Pharmacist	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See Att. 3.1-A Item 6(D)(9)	None	
Scope Limit:		
None		
Other:		
Coverage is in accordance with Att. 3.1-A Item 6	5(D)(9).	
Other 1937 Benefit Provided:	Source:	Remove
Medical Nutrition Therapy	Section 1937 Coverage Option Benchmark Benefit Package	Telmove
	Provider Qualifications:	
Authorization:		
Authorization:	Medicaid State Plan	
Authorization:  Amount Limit:	Medicaid State Plan  Duration Limit:	
Amount Limit:	Duration Limit:	
Amount Limit: See Att. 3.1-A Item 13(C)(11)	Duration Limit:	
Amount Limit:  See Att. 3.1-A Item 13(C)(11)  Scope Limit:	Duration Limit:	

Approval Date: 10/26/2023 Effective Date: 07/01/2023 TN: VT 23-0041



her 1937 Benefit Provided: outine Patient Cost in Qualifying Clinical Trials	Source: Section 1937 Coverage Option Benchmark Benefit	Remov
	Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Coverage in alignment with item 30 in Att. 3.1-A	and Att. 3.1-B.	
L		
her 1937 Benefit Provided:	Source:	Remov
censed Dental Therapist Services	Section 1937 Coverage Option Benchmark Benefit	Kelliov
	Package Package	
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Aligns with item 6(D)(12) in Att. 3.1-A	None	
Scope Limit:		
Aligns with item 6(D)(12) in Att. 3.1-A.		
Other:	,	
Coverage in alignment with item 6(D)(12) in Att. 3	3,1-A.	
1 1025 B	0	1040
her 1937 Benefit Provided: MT, AEMT, and Paramedic Provider Services	Source: Section 1937 Coverage Option Benchmark Benefit	Remov
vii, ALWII, and Faramedic Florider Services	Package	
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
United		

TN: VT 23-0041 Approval Date: 10/26/2023 Effective Date: 07/01/2023

Page 46 of 48



Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Amount Limit:	Duration Limit:	
Scope Limit:		
Other:		



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

#### PRA Disclosure Statement

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Page 48 of 48