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**State/Territory Name: Vermont**

**State Plan Amendment (SPA) #: 14-003**

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  
JFK Federal Building, Government Center  
Room 2275  
Boston, Massachusetts 02203



**Division of Medicaid and Children's Health Operations / Boston Regional Office**

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April 9, 2014

Douglas A. Racine, Secretary  
Agency of Human Services  
208 Hurricane Lane, Suite 103  
Williston, VT 05495

Dear Secretary Racine:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 14-003. This SPA was approved on January 17, 2014 with an effective date of January 1, 2014, as requested by your Agency.

This SPA transmitted a proposed amendment to your approved Title XIX State plan to increase the dental cap for Medicaid beneficiaries from \$495 to \$510.

If there are questions, please contact Lynn Wolfsfeld at (410) 999-4004.

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

Enclosure

cc: Mark Larson, Commissioner  
Ashley Berliner, DVHA Health Programs Administrator  
Lindsay Parker, Health Program Administrator, Policy Unit

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  14-003	2. STATE:  VERMONT
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE(S) JANUARY 1, 2014	
5. TYPE OF PLAN MATERIAL (CHECK ONE):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §430.12(c)(ii)		7. FEDERAL BUDGET IMPACT: a. FFY 2014        \$ 0 b. FFY 2015        \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATT. 3.1-A PAGE 4D		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) ATT. 3.1-A PAGE 4D	
10. SUBJECT OF AMENDMENT: DENTAL CAP			
11. GOVERNOR'S REVIEW (Check One):		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED	
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		SIGNATURE OF SECRETARY OF ADMINISTRATION [REDACTED]	
12. SIGNATURE OF STATE AGENCY OFFICIAL: [REDACTED]		16. RETURN TO:  ASHLEY BERLINER	
13. TYPED NAME: DOUGLAS A. RACINE		DEPARTMENT OF VERMONT HEALTH ACCESS 312 HURRICANE LANE, SUITE 201 WILLISTON, VT 05495	
14. TITLE: SECRETARY, AGENCY FOR HUMAN SERVICES			
15. DATE SUBMITTED: December 19, 2013			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 12/19/13		18. DATE APPROVED: 1/17/14	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/14		20. SIGNATURE OF REGIONAL OFFICIAL: [REDACTED]	
21. TYPED NAME: Richard R. McGreal		22. TITLE Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office	
23. REMARKS			

ITEM 10. DENTAL SERVICES

Coverage of non-surgical treatment of temporomandibular joint disorders is limited to the fabrication of an occlusal orthotic appliance (TMJ splint). Coverage of prophylaxis is limited to once every six months, except more frequent treatments are authorized by the DVHA's dental consultant. Prior authorization is required for most special dental procedures.

For beneficiaries age 21 and older, excluding pregnant and postpartum women, the dental benefit is limited to \$510.00 per beneficiary per calendar year. Non-covered services for beneficiaries age 21 and older, excluding pregnant and postpartum women, include; cosmetic procedures; and certain elective procedures, including but not limited to: bonding, sealants, periodontal surgery, comprehensive periodontal care, orthodontic treatment, processed or cast crowns and bridges.