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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 15-0009

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

Boston Regional Operations Group



July 9, 2019

VIA E-MAIL Martha Maksym, Interim Secretary Vermont Agency of Human Services 280 State Drive - Center Building Waterbury, VT

Dear Secretary Maksym:

For your records, this is an approved copy of Vermont's Alternative Benefit Plan (ABP) State plan amendment (SPA) VT 15-0009. This ABP, which was submitted through the Medicaid Model Data Lab (MMDL No. 0626.R00.02) on September 29, 2015, meets all federal statutory and regulatory requirements for establishing an ABP.

This SPA was submitted to update the benefits in the state's approved ABP in order to maintain full alignment with the Medicaid State Plan. This SPA has been approved effective July 1, 2015.

Attached are copies of the following approved State plan pages to be incorporated into the State plan:

• Attachment 3.1-C, form ABP5, pages 1 - 45.

Please contact Gilson DaSilva at (617) 565-1227 or by e-mail at <u>gilson.dasilva@cms.hhs.gov</u> if you have any questions.

Sincerely,

/s/

Francis T. McCullough Director, Division of Medicaid Field Operations East (Boston)

cc: Dylan Frazer, Health Programs Administrator, Policy Unit

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

15-00)9			
Proposed E	Ffactival	Data		
-	/2015	(mm/dd/yyyy)		
		gulation Citation		
42 CF	K Sec. 43	30.12(c)(ii)		
Federal Bu	ıdget Imn	pact		
		Federal Fiscal Year	Amount	
Fire	st Year	2014	\$0.00	
C	1.37	2015		
Seco	ond Year	2015	\$ 0.00	
			¢	
Subject of Alterna	Amendm ative Ben			
	ative Ben	efit Plan		
Alterna Governor's	ative Ben s Office R Governo	efit Plan Review or's office reported no co	omment	
Alterna Governor's	ative Ben s Office R Governo Comme	efit Plan Review or's office reported no co nts of Governor's office 1	omment	
Alterna Governor's	ative Ben s Office R Governo	efit Plan Review or's office reported no co nts of Governor's office 1	omment	
Alterna Governor's	s Office R Governo Comme Describe	efit Plan Review or's office reported no co nts of Governor's office n e:	omment received	
Alterna Governor's	s Office R Governo Comme Describe No reply	efit Plan Review or's office reported no co nts of Governor's office n e: y received within 45 days	omment received	
Alterna Governor's	s Office R Governo Comme Describe No reply Other, a	efit Plan Review or's office reported no co nts of Governor's office n e: y received within 45 days as specified	omment received	
Alterna Governor's	s Office R Governo Comme Describe No reply	efit Plan Review or's office reported no co nts of Governor's office n e: y received within 45 days as specified	omment received	

Submitted By:Dylan FrazerLast Revision Date:Jun 19, 2019Submit Date:Sep 29, 2015

Date Received: 09/29/2015 Effective Date of Approved Material: 07/01/2015 Date Approved: 07/09/2019 Signature of Regional Official:

/s/



	OMB Control Number: 0938-1148
Attachment 3.1-C-	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."	d. Otherwise, enter
Secretary-Approved	



Essential Health Benefit 1: Ambulatory patient services	3	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		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	e
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 benchmark plan:	the specific name of the source plan if it is not the base	e
Benefit Provided:	Source:	
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		



benchmark plan:		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	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
visit per patient per diagnosis per month and up to o	res; unnecessary testing; experimental; services provided	
Benefit Provided:	Source:	
Family Planning	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization:	Provider Qualifications: Medicaid State Plan	
None	Medicaid State Plan	
None Amount Limit:	Medicaid State Plan Duration Limit:	
None Amount Limit: None	Medicaid State Plan Duration Limit:	
None None Scope Limit: Reversal of sterilizations not covered	Medicaid State Plan Duration Limit:	
None Amount Limit: None Scope Limit: Reversal of sterilizations not covered Other information regarding this benefit, including benchmark plan:	Medicaid State Plan Duration Limit: None	
None Amount Limit: None Scope Limit: Reversal of sterilizations not covered Other information regarding this benefit, including benchmark plan: Benefit Provided:	Medicaid State Plan Duration Limit: None the specific name of the source plan if it is not the base	
None Amount Limit: None Scope Limit: Reversal of sterilizations not covered Other information regarding this benefit, including	Medicaid State Plan Duration Limit: None the specific name of the source plan if it is not the base Source:	



	Duration Limit:	
None	None	Remove
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:	
DLP: 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 benchmark plan:	the specific name of the source plan if it is not the base]
benchmark plan:]
benchmark plan:	Source:] Remove
benchmark plan: Benefit Provided: DLP: Podiatry	Source: State Plan 1905(a)	Remove
benchmark plan:	Source:] Remove
benchmark plan: Benefit Provided: OLP: Podiatry Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
benchmark plan: Benefit Provided: DLP: Podiatry Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
benchmark plan: Benefit Provided: OLP: Podiatry Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan: Benefit Provided: OLP: Podiatry Authorization: None Amount Limit: None Scope Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:] Remove]
benchmark plan: Benefit Provided: OLP: Podiatry Authorization: None Amount Limit: None Scope Limit: Non-routine foot care only; Excludes flat foot; sub nail trimming preventative hygiene	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None] Remove]
benchmark plan: Benefit Provided: OLP: Podiatry Authorization: None Amount Limit: None Scope Limit: Non-routine foot care only; Excludes flat foot; sub nail trimming preventative hygiene Other information regarding this benefit, including	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None] Remove]



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	he specific name of the source plan if it is not the base	
benchmark plan:		
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	he specific name of the source plan if it is not the base	
benchmark plan:	· · ·	
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:	J []	
None		
Other information regarding this benefit, including the benchmark plan:	he 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 or	s; unnecessary testing; experimental; services provided	



exceeded based on medical necessity.		
	Remove	1
	Add	



Essential Health Benefit 2: Emergency services		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:	ding the specific name of the source plan if it is not the base]		
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, inclue benchmark plan:	Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
For emergency services. Prior authorization is hospital. Transport to a border hospital does no	required for coverage of ambulance service to an out-of-state of require prior authorization.	2		
		Add		



Essential Health Benefit 3: Hospitalization		Collapse All
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, i benchmark plan:	including the specific name of the source plan if it is not the base	
Substance Abuse Detox is performed in a	n inpatient hospital setting.	
Benefit Provided:	Source:	_
Inpatient Psychiatric 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, i benchmark plan:	including the specific name of the source plan if it is not the base	
Not Institutions for Mental Disease (IMD).	
		Add



Essential Health Benefit 4: Maternity and newb	orn 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 regarding this benefit, in benchmark plan:	acluding the specific name of the source plan if it is not the bas	e
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 regarding this benefit, in benchmark plan:	cluding the specific name of the source plan if it is not the bas	e
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:		



benchmark plan:		Remove
Benefit Provided:	Source:	
npatient 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



	ntial Health Benefit 5: Mental health and substance us vioral health treatment	e disorder services including	Collapse All 🗌		
Ben	efit Provided:	Source:			
Clin	ic 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,			
Ben	efit Provided:	Source:			
OLI	P: 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 mental health clinic services.	l health hospital, or concurrently receiving mental			
	Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:				
	Vermont has five designated hospitals that provided p wings of 8 beds or less and are not Institutions for Me				
Ben	efit Provided:	Source:			
Reh	ab: Substance Abuse Services Residential Treat	State Plan 1905(a)			
	Authorization:	Provider Qualifications:	_		
	None	Medicaid State Plan			
	Amount Limit:	Duration Limit:	_		
	None	None]		



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



Amount Limit:	Duration Limit:	
183 days per year	None	Remove
Scope Limit:		
None		
Other information regarding this benefit, including t 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	



nefit 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 categor	1 , , ,	0.
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	nefit plan is the same as un	der the approved Medicaid
state plan for prescribed drugs.		



Essential Health Benefit 7: Rehabilitative and habilitative	services and devices	Collapse All
Benefit Provided:	Source:	
Outpatient Hospital - Rehabilitative therapies	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	7
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
OT/PT/SLP		
Other information regarding this benefit, including th benchmark plan:	ne 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:	ne specific name of the source plan if it is not the base	
Under 21, prior authorization after 8 visits; over 21, j 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:	· · · · · · · · · · · · · · · · · · ·	
L		



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		
Other information regarding this benefit, include benchmark plan:	ing the specific name of the source plan if it is not the base	
Physician order is required for breast prostheses	, 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, includi benchmark plan:	ing the specific name of the source plan if it is not the base	
Requires a physician order; Out of state requires	s 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	



None		Remove
Other information regarding this benefit, including th benchmark plan:	e 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 eligibl effective date as SPA 14-021.		
Benefit Provided:	Source:	
Iome Health Aide	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: Requires plan of care and supervision by OT/PT/SLP		
enefit Provided:	Source:	
Iome Health: Medical Supplies, Equip. and Applianc	State Plan 1905(a)	Remove
Iome Health: Medical Supplies, Equip. and Applianc Authorization:		Remove
	State Plan 1905(a)	Remove
Authorization:	State Plan 1905(a) Provider Qualifications:	Remove
Authorization: Other	State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
Authorization: Other Amount Limit:	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Authorization: Other Amount Limit: None	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other Amount Limit: None Scope Limit:	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Authorization: Other Amount Limit: None Scope Limit: None Other information regarding this benefit, including th	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Authorization: Other Amount Limit: None Scope Limit: None Other information regarding this benefit, including th benchmark plan: Requires physician order.	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Authorization: Other Amount Limit: None Scope Limit: None Other information regarding this benefit, including th benchmark plan: Requires physician order. enefit Provided:	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	Remove
Authorization: Other Amount Limit: None Scope Limit: None Other information regarding this benefit, including th benchmark plan:	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:	Remove



Amount Limit:	Duration Limit:	
None	four month limit	Remove
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	the specific name of the source plan if it is not the base	
enefit Provided:	Source:	
ome 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		
Lenefit Provided:	Source:	
icensed Applied Behavior Analyst Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Amount Limit: Other	Duration Limit: None	
Other		
Other Scope Limit: None		



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



Alternative Benefit Plan

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 benchmark plan:	g the specific name of the source plan if it is not the base	
Exceptions to the urine drug test limitation must be authorization for high-tech (CT, CTA, MRI, MRA inpatient visit.	e prior approved. Diagnostic imaging requires prior , PET, PET/CA) unless provided as part of ER or	
		Add

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Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:	Source:	
Clinic Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan:	g the specific name of the source plan if it is not the base	
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 benchmark plan:	g the specific name of the source plan if it is not the base	
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	



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



] Essential Health Benefit 10: Pediatric services including oral and vision careCompared		Collapse All
Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	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:	uding the specific name of the source plan if it is not the base	
All federally required services in accordance	CFR and Statute.	
Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	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, inclubenchmark plan:	uding the specific name of the source plan if it is not the base	
Vermont for the severely disabled such as hea	er services provided in nursing facilities located outside of a injured or ventilator dependent people require authorization r or a designee. Coverage of this care is limited to one year	n
		Add





Alternative Benefit Plan

ABP5

Other Covered Benefits from Base Benchmark

Collapse All



\boxtimes	Base Benchmark Benefits Not Covered due to Substitution o	r Duplication	Collapse All
	Buse Benefiniari Benefit that was Substituted.	Source:	
	Family Planning: Reversal of Sterilization	Base Benchmark	Remove
	Explain the substitution or duplication, including indicat section 1937 benchmark benefit(s) included above under	e	
	Substitution - Non-Emergency Transportation was subst Medicaid State Plan does not cover reversal of sterilization this former 1115 expansion, now state plan, group in the	ion and the state seeks an identical benefit plan for	
	Base benchmark benefit limitation(s): One attempt at re-	versal of sterilization covered.	
		Source:	
	Infertility Drugs with natural conception	Base Benchmark	Remove
	Explain the substitution or duplication, including indicat section 1937 benchmark benefit(s) included above under		
	Duplication - The Medicaid State Plan Generic and Bran treatments and were used in order to ensure identical ber		
	Base benchmark benefit limitation(s): Infertility Drugs u	up to 4 months per year for natural conception.	
	This benefit maps to EHB 6: Prescription Drugs.		
	Buse Deneminark Denemi unat was Substituted.	Source:	
	Outpatient Hospital Fee	Base Benchmark	Remove
	Explain the substitution or duplication, including indicat section 1937 benchmark benefit(s) included above under		
	Duplication - The Medicaid State Plan Outpatient Hospi benefits for all beneficiaries in the Medicaid program.	ital service was used in order to ensure identical	
	This benefit maps to EHB 1: Ambulatory Patient Service	es.	
		Source:	
	Outpatient Surgery Physician/Surgical Services	Base Benchmark	Remove
	Explain the substitution or duplication, including indicat section 1937 benchmark benefit(s) included above under		
	Duplication - The Medicaid State Plan Outpatient Hospi benefits for all beneficiaries in the Medicaid program.	ital service was used in order to ensure identical	
	This benefit maps to EHB 1: Ambulatory Patient Service	es.	
		Source:	
	Urgent Care Centers or Facilities	Base Benchmark	



	Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		Remove
	Physician Services In all settings service was used in	atory Services - Rural Health Clinic and FQHC's and order to ensure identical benefits for all beneficiaries ent care, however Vermont does not have stand alone ith a health clinic or hospital.	Kemove
	This benefit maps to EHB 1: Ambulatory Patient Ser	vices.	
Ba	se Benchmark Benefit that was Substituted:	Source:	
Pri	mary Care Visit to Treat an Injury or Illness	Base Benchmark	Remove
	Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		
	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.	
Ba	se Benchmark Benefit that was Substituted:	Source:	
De	ntal Services (not Routine)	Base Benchmark	Remove
	Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		
	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 Ser	vices.	
Ba	se Benchmark Benefit that was Substituted:	Source:	
Ch	iropractic Care	Base Benchmark	Remove
	Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		
Duplication - The Medicaid State Plan Chiropractic service was used in order to ensure identical bene for all beneficiaries in the Medicaid program.Base benchmark benefit limitation(s): Prior Approval is required after the 12th visit.		service was used in order to ensure identical benefits	
		l is required after the 12th visit.	
	This benefit maps to EHB 1: Ambulatory Patient Ser	vices.	



	Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplication section 1937 benchmark benefit(s) included above under Essential Health Benefits:	te Remove	
	Duplication - The Medicaid State Plan Podiatry service was used in order to ensure identical beneficiaries in the Medicaid program.		
	Base benchmark benefit limitation(s): Covered for Diabetics only; excluded for all other members.		
	This benefit maps to EHB 1: Ambulatory Patient Services.		
В	Base Benchmark Benefit that was Substituted: Source: Base Benchmark		
E	Emergency Room Services Base Benchmark	Remove	
	Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplical section 1937 benchmark benefit(s) included above under Essential Health Benefits:	te	
	Duplication - The Medicaid State Plan Outpatient Hospital Emergency Care service was used in ord ensure identical benefits for all beneficiaries in the Medicaid program.	der to	
	This benefit maps to EHB 2: Emergency Services.		
B	Base Benchmark Benefit that was Substituted: Source:		
E	Emergency 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 ensuidentical benefits for all beneficiaries in the Medicaid program.	ure	
	This benefit maps to EHB 2: Emergency Services.		
В	Base Benchmark Benefit that was Substituted: Source:		
In	npatient Hospital Services Base Benchmark	Remove	
	Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplication section 1937 benchmark benefit(s) included above under Essential Health Benefits:	te	
	Duplication - The Medicaid State Plan Inpatient Hospital, Physician Services In all settings was use order to ensure identical benefits for all beneficiaries in the Medicaid program.	ed in	
	This benefit maps to EHB 3: Hospitalization.		
B	Base Benchmark Benefit that was Substituted: Source:		
In	npatient Physician and Surgical Services Base Benchmark	Remove	
	Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplica section 1937 benchmark benefit(s) included above under Essential Health Benefits:	te	
	Duplication - The Medicaid State Plan Inpatient Hospital, Physician Services In all settings was use order to ensure identical benefits for all beneficiaries in the Medicaid program.	ed in	



Base Benchmark Benefit that was Substituted:	Source: Base Benchmark		
Substance Abuse Disorder Inpatient Services		Remove	
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un	0		
Duplication - The Medicaid State Plan Inpatient Hosp order to ensure identical benefits for all beneficiaries			
This benefit maps to EHB 3: Hospitalization and EHB	B 1: Ambulatory Care.		
Base benchmark benefit limitation(s): Excludes service facilities, treatment without concurrent review, non-tr on education or socialization or delinquency, custodia biofeedback, pain management, stress reduction class	raditional or alternative therapies, services that focus al care that is not medically necessary and		
Prior Approval is required for all non-Emergency Inp	atient or partial-Inpatient substance abuse services.		
Base Benchmark Benefit that was Substituted:	Source:		
Cosmetic Surgery if reconstructive	Base Benchmark	Remove	
Explain the substitution or duplication, including indi 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 EHB 1: Ambulatory Care.			
Base Benchmark Benefit that was Substituted: Bariatric Surgery	Source: Base Benchmark	Remove	
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		Remove	
Duplication - The Medicaid State Plan Inpatient Hosp order to ensure identical benefits for all beneficiaries	bital, Physician Services In all settings was used in		
This benefit maps to EHB 3: Hospitalization and EHB	B 1: Ambulatory Care.		
Base Benchmark Benefit that was Substituted:	Source:		
Transplant-deceased donor	Base Benchmark	Remove	
Explain the substitution or duplication, including indi section 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 EHB	P. 1. Ambulatory Cara		



Base Benchmark Benefit that was Substituted: Source:	
Transplant live donor Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the d section 1937 benchmark benefit(s) included above under Essential Health Benefits:	uplicate
Duplication - The Medicaid State Plan Inpatient Hospital, Physician Services In all settings worder to ensure identical benefits for all beneficiaries in the Medicaid program.	vas used in
This benefit maps to EHB 3: Hospitalization and EHB 1: Ambulatory Care.	
Base Benchmark Benefit that was Substituted: Source: Base Benchmark	
Mental/Behavioral Health Inpatient Services	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the d section 1937 benchmark benefit(s) included above under Essential Health Benefits:	uplicate
Duplication - The Medicaid State Plan Inpatient psychiatric Hospital service was used in order identical benefits for all beneficiaries in the Medicaid program.	er to ensure
This benefit maps to EHB 3: Hospitalization.	
Base benchmark benefit limitation(s): Excludes services provided by non-participating provided facilities, treatment without concurrent review, non-traditional or alternative therapies, service on education or socialization or delinquency, custodial care that is not medically necessary are biofeedback, pain management, stress reduction classes or pastoral counseling. Prior Approval is required for all non-Emergency Inpatient or partial-Inpatient Mental Health	tes that focus and
Base Benchmark Benefit that was Substituted: Source:	
Other Practitioner Office Visit (Nurse, Physician Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the d section 1937 benchmark benefit(s) included above under Essential Health Benefits:	uplicate
Duplication - The Medicaid State Plan Pediatric or Family Nurse Practitioners' Services was to ensure identical benefits for all beneficiaries in the Medicaid program.	used in order
This benefit maps to EHB 1: Ambulatory Patient Services.	
Base Benchmark Benefit that was Substituted: Source: Base Benchmark	
Prenatal and Postnatal Care	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the d section 1937 benchmark benefit(s) included above under Essential Health Benefits:	uplicate
Duplication - The Medicaid State Plan Licensed Lay Midwife, Physician Services: Maternity were used in order to ensure identical benefits for all beneficiaries in the Medicaid program.	Care services
This benefit maps to EHB 4: Maternity and Newborn Care.	



Base Benchmark Benefit that was Substituted:	Source:		
Delivery and All Inpatient Services for Maternity	Base Benchmark	Remove	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:			
Duplication - The Medicaid State Plan Nurse Mid W Hospital: Maternity Care was used in order to ensure program.	Vife, Physician Services: Maternity Care, Inpatient e identical benefits for all beneficiaries in the Medicaid		
This benefit maps to EHB 4: Maternity and Newbor	n Care.		
Base Benchmark Benefit that was Substituted:	Source:		
Diagnostic Test (Lab Work)	Base Benchmark	Remove	
Explain the substitution or duplication, including inc section 1937 benchmark benefit(s) included above u			
Duplication - The Medicaid State Plan Other Labora identical benefits for all beneficiaries in the Medicai	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:		
Diagnostic Tests and Imaging	Base Benchmark	Remove	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:			
Duplication - The Medicaid State Plan Other Laboratory and X-Ray Services was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.			
This benefit maps to EHB 8: Laboratory Services.	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 inc section 1937 benchmark benefit(s) included above u	•		
Duplication - The Medicaid State Plan Physician Services In all settings, Clinic Services, and Other diagnostic, screening, preventative and rehab services were used in order to ensure identical benefits for beneficiaries in the Medicaid program.			
This benefit maps to EHB 9: Preventive and Wellner 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 inc section 1937 benchmark benefit(s) included above u			
	Physician and Physician Services were used in order to		



Alternative Benefit Plan

ensure identical benefits for all beneficiaries in the M This benefit maps to EHB 9: Preventive and Wellnes 1: Ambulatory Care.		nt and EHB Remove
Base Benchmark Benefit that was Substituted: Generic Drugs	Source: Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Duplication - The Medicaid State Plan Generic drug for all beneficiaries in the Medicaid program.	benefit was used in order to ensure identica	l benefits
This benefit maps to EHB 6: Prescription Drugs.		
Base Benchmark Benefit that was Substituted:	Source:	
Preferred brand, non-pref. brand, & specialty drug	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur	0	licate
Duplication - The Medicaid State Brand Name drug I for all beneficiaries in the Medicaid program.	benefit was used in order to ensure identica	l benefits
This benefit maps to EHB 6: Prescription Drugs.		
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Nutritional Formulae		Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		licate
Duplication - The Medicaid State Plan Generic, Bran ensure identical benefits for all beneficiaries in the M	•	order to
This benefit maps to EHB 6: Prescription Drugs.		
Base Benchmark Benefit that was Substituted:	Source:	
Mental/Behavioral Health Outpatient Services	Base Benchmark	
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		licate
Duplication - The Medicaid State Plan Clinic Service psychotherapy; day hospital; diagnosis and evaluation Behavioral Health services were used in order to ensu- Medicaid program.	n; emergency care; chemotherapy) and OLI	P:
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	ation is required for psychological testing, e	lectro-
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Effective Date: 07/01/2015



shock therapy; and intensive outpatient mental health 10 visit limit per plan year without prior approval. If health services, prior approval is required beginning	more than 10 visits are required for outpatient mental	Remove
Base Benchmark Benefit that was Substituted: Neuropsychological Testing	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi section 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.	tance Use Disorder Services Including	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Substance Abuse Disorder Outpatient Services		Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Duplication - The Medicaid State Plan Substance Abus 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 al services were used in order to ensure identical	
This benefit maps to EHB 5: Mental Health and Subs Behavioral Health Treatment.	tance 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 b	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 indi section 1937 benchmark benefit(s) included above un	0	
Duplication - The Medicaid State Plan Outpatient Ho was used in order to ensure identical benefits for all b	spital - Rehabilitative therapies (OT/PT/SLP) service beneficiaries in the Medicaid program.	
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	



Explain the substitution or duplication, including indi- section 1937 benchmark benefit(s) included above un		
Duplication - The Medicaid State Plan OT/PT/SLP (n identical benefits for all beneficiaries in the Medicaid	on-hospital based)service was used in order to ensure	Remove
Base benchmark benefit limitation(s): Covered up to 3	30 visits combined per plan year.	
This benefit maps to EHB 7: Rehabilitative and Habil	itative Services and Devices.	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Durable Medical Equipment	Dase Denchinark	Remove
Explain the substitution or duplication, including indi- section 1937 benchmark benefit(s) included above un		
Duplication - The Medicaid State Plan Communication Services: Hearing Aids, Prosthetic Devices, Home Hearing were used in order to ensure identical benefits for all the service of the se		
Base benchmark benefit limitation(s): Some durable r approval. Includes supplies and equipment necessary prosthetics, and devices. Threshold applies.		
This benefit maps to EHB 7: Rehabilitative and Habil	itative Services and Devices.	
Base Benchmark Benefit that was Substituted:	Source:	
Skilled Nursing Facility	Base Benchmark	Remove
Explain the substitution or duplication, including indi- section 1937 benchmark benefit(s) included above un		
Duplication - The Medicaid State Plan Nursing Facili benefits for all beneficiaries in the Medicaid program.		
Base benchmark benefit limitation(s): Covered by par	ticipating facility only for Acute Care.	
This benefit maps to EHB 7: Rehabilitative and Habil	itative Services and Devices.	
Base Benchmark Benefit that was Substituted:	Source:	
Home Health Care Services	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
-	Aide and Home Health PT/OT and SLP Services were iciaries in the Medicaid program.7a. Home Health	
Intermittent part time nursing.		



Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Private-Duty Nursing		Remove
Explain the substitution or duplication, including indissection 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 recertification of treatment plan every 60 days.		
This benefit maps to EHB 7: Rehabilitative and Habi	litative Services and Devices.	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Hospice 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.	ce 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.		
Base Benchmark Benefit that was Substituted:	Source:	
Home 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 Habi	litative Services and Devices.	
Base Benchmark Benefit that was Substituted:	Source:	
Habilitation Autism	Base Benchmark	
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
Duplication - The Medicaid State Plan EPSDT servic beneficiaries in the Medicaid program.	we 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 worsenin	a lost skill. This is the same coverage that EPSDT	



This benefit maps to EHB 10: Pediatric services incl	uding oral and vision care.	Remove
	0	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Preventive Care/ Screening/ Immunization		Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
Duplication - The Medicaid State Plan EPSDT and F ensure identical benefits for all beneficiaries in the M	Physician Services in All Settings was used in order to Aedicaid program.	
This benefit maps to EHB 1: Ambulatory Patient Ser and Vision Care.	rvices 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 ind section 1937 benchmark benefit(s) included above up	0	
	ice was used in order to ensure identical benefits for all	
This benefit maps to EHB 10: Pediatric Services Incl	luding Oral and Vision Care.	
Base Benchmark Benefit that was Substituted:	Source:	
Dental Check-Up for Children	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
Duplication - The Medicaid State Plan EPSDT servi beneficiaries in the Medicaid program.	ice was used in order to ensure identical benefits for all	
This benefit maps to EHB 10: Pediatric Services Incl	luding 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 ind section 1937 benchmark benefit(s) included above up		
Duplication - The Medicaid State Plan Family Plann benefits for all beneficiaries in the Medicaid program		
This benefit maps to EHB 1: Ambulatory Patient Ser	rvices.	
		Add



\boxtimes	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)		
	Explain why the state/territory chose not to include th	is benefit:	
	Routine adult eye exams are not considered an EHB.		
	The Medicaid State Plan Optometry service was used beneficiaries in the Medicaid program.	in order to ensure identical benefits for all	
	Base benchmark benefit limitation(s): 1 routine eye ex and fitting of contact lenses or other supplemental tes	· ·	
			Add



that are not Essential Health Benefits Collapse	All
I: Source:	
Section 1937 Coverage Option Benchmark Benefit Package	move
Provider Qualifications:	
in excess of limitation Medicaid State Plan	
Duration Limit:	
\$510 per year None	
tive; TMJ treatment except TMJ splint fabrication.	
l: Source:	
Section 1937 Coverage Option Benchmark Benefit Package	move
Provider Qualifications:	
Medicaid State Plan	
Duration Limit:	
None	
l: Source:	
Section 1937 Coverage Option Benchmark Benefit Package	
Provider Qualifications:	
Medicaid State Plan	
Duration Limit:	
None	
ABP5 Approval Date:	07/09/2



		Remove
Other 1937 Benefit Provided: Extended Services (home visits) for Pregnant Women	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
Authorization:	Package Provider Qualifications:	Itemove
Prior Authorization	Medicaid State Plan	
Amount Limit: None	Duration Limit:	
	None	
Scope Limit:		
None		
Other:		
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
OLP: Opticians	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	
Authorization:	Package Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:		
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
16 visits per calendar year.		



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



None		D
<u> </u>		Remove
Other:		
No authorization requirement.		
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Community Mental Health Center Services	Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Rehabilitative Services."		
Other 1937 Benefit Provided:	Source:	
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Other 1937 Benefit Provided:	Section 1937 Coverage Option Benchmark Benefit	Remove
Other 1937 Benefit Provided: Assertive Community Care Services (PNMI)	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Other 1937 Benefit Provided: Assertive Community Care Services (PNMI)	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
Other 1937 Benefit Provided: Assertive Community Care Services (PNMI) Authorization:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
Other 1937 Benefit Provided: Assertive Community Care Services (PNMI) Authorization: Amount Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other 1937 Benefit Provided: Assertive Community Care Services (PNMI) Authorization: Amount Limit: None	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Other 1937 Benefit Provided: Assertive Community Care Services (PNMI) Authorization: Amount Limit: None Scope Limit: Persons with functional impairments and/or cog Other:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Other 1937 Benefit Provided: Assertive Community Care Services (PNMI) Authorization: Amount Limit: None Scope Limit: Persons with functional impairments and/or cog	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Other 1937 Benefit Provided: Assertive Community Care Services (PNMI) Authorization: Amount Limit: None Scope Limit: Persons with functional impairments and/or cog Other:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None gnitive disabilities.	Remove
Dther 1937 Benefit Provided: Assertive Community Care Services (PNMI) Authorization:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None gnitive disabilities.	Remove
Other 1937 Benefit Provided: Assertive Community Care Services (PNMI) Authorization:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None gnitive disabilities.	



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.	sidential care facilities. Should not exceed seven days	
Other:		
	dividual plans of care that may include a provision of versight, personal care, maintenance therapies, and care	
ther 1937 Benefit Provided: argeted Case Management (3 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) Familie of being at imminent risk thereof and Families of ch	I and other services because of adaptive deficits due to cance of a family member or other interested person to es whose children are abused or neglected or suspected hildren receiving post adoption assistance; (3) Pregnant months of age enrolled in the Vermont Department for	
ther 1937 Benefit Provided:	Source:	
espiratory Care Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	



Scope Limit:		
None		Remove
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: Nursing Facility 21 and older; custodial care	Source: Section 1937 Coverage Option Benchmark Benefit	Damana
	Package	Remove
Authorization:	Package Provider Qualifications:	Remove
		Kemove
Authorization:	Provider Qualifications:	Kemove
Authorization: Other	Provider Qualifications: Medicaid State Plan	Kemove
Authorization: Other Amount Limit:	Provider Qualifications: Medicaid State Plan Duration Limit:	Kemove
Authorization: Other Amount Limit: None	Provider Qualifications: Medicaid State Plan Duration Limit:	Kemove
Authorization: Other Amount Limit: None Scope Limit:	Provider Qualifications: Medicaid State Plan Duration Limit:	Kemove
Authorization: Other Amount Limit: None Scope Limit: None	Provider Qualifications: Medicaid State Plan Duration Limit: None	Kemove
Authorization: Other Amount Limit: None Scope Limit: None Other:	Provider Qualifications: Medicaid State Plan Duration Limit: None prior authorization. Source:	Kemove
Authorization: Other Amount Limit: None Scope Limit: None Other: Requires a physician order; Out of state requires	Provider Qualifications: Medicaid State Plan Duration Limit: None	Kemove
Authorization: Other Amount Limit: None Scope Limit: None Other: Requires a physician order; Out of state requires Other 1937 Benefit Provided:	Provider Qualifications: Medicaid State Plan Duration Limit: None prior authorization. Source: Section 1937 Coverage Option Benchmark Benefit	Kemove



Amount Limit:	Duration Limit:	
Routine exam 1/2 years; diagnostic exam 1/2 years	5 None	Remove
Scope Limit:		
None		
Other:		
Contact Lens prior authorization; Aids to vision app ADL or IADL.	proved 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: Section 1937 Coverage Option Benchmark Benefit	
Face-to-Face Tobacco cessation	Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
16 visits per calendar year.	None	
Scope Limit:		
None		
Other:		
	e to all non-pregnant Medicaid beneficiaries. The per calendar year is 16. This maximum number of visits al necessity through a prior authorization process. This	
Other 1937 Benefit Provided:	Source:	
Licensed Dental Hygienist Services	Section 1937 Coverage Option Benchmark Benefit Package	
TN VT 15-0009	ABP5 Approval Date: 0	
	Effective Date: 07	7/01/2015



Authorization:	Provider Qualifications:	
	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
hygienist who is in a collaborative agreement limited to those specified in protocols for licer	ts are covered when those services are provided by a dental with a dentist licensed in Vermont. Covered services are nsure and reviewed and accepted by the State of Vermont, ion, and are services covered by Medicaid. This benefit has	
		Add



Alternative Benefit Plan

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

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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