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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 gilson.dasilva@cms.hhs.gov 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)

State/Territory name: Vermont

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

15-009

Proposed Effective Date

07/01/2015 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR Sec. 430.12(c)(ii)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

Alternative Benefit Plan

Governor's Office Review

- 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:

Signature of State Agency Official

Submitted By: **Dylan Frazer**
 Last Revision Date: **Jun 19, 2019**
 Submit 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/

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



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

Benefits Description	ABP5
<p>The state/territory proposes a "Benchmark-Equivalent" benefit package. <input type="checkbox"/> No</p>	
<p>Benefits Included in Alternative Benefit Plan</p>	
<p>Enter the specific name of the base benchmark plan selected:</p>	
<p>Blue Care, Vermont Health Plan, LLC, CDHP</p>	
<p>Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."</p>	
<p>Secretary-Approved</p>	



Alternative Benefit Plan

Essential Health Benefit 1: Ambulatory patient services

Collapse All

Benefit Provided:

Outpatient Hospital

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Rural Health Clinic

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

5 visits per month; 1 visit per day

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Federally Qualified Health Center

Source:

State Plan 1905(a)

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

5 visits per month; 1 visit per day

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

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

Remove

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

Home & Office - 5 visits per month; Nursing Facility - up to 1 visit per week; Hospital - up to 1 admission visit per patient per diagnosis per month and up to one visit per day for acute care. Excludes solely cosmetic surgery; ineffective or unproven procedures; unnecessary testing; experimental; services provided without consent. Prior authorizations apply for certain circumstances and procedures. Limits may be exceeded based on medical necessity.

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

Benefit Provided:

Source:

Authorization:

Provider Qualifications:



Alternative Benefit Plan

Amount Limit: <input style="width: 90%;" type="text" value="None"/>	Duration Limit: <input style="width: 90%;" type="text" value="None"/>	<input type="button" value="Remove"/>
Scope Limit: <input style="width: 95%;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%; height: 20px;" type="text"/>		
Benefit Provided: <input style="width: 90%;" type="text" value="OLP: Chiropractic"/>	Source: <input style="width: 90%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 90%;" type="text" value="Authorization required in excess of limitation"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 90%;" type="text" value="10 visits per year"/>	Duration Limit: <input style="width: 90%;" type="text" value="None"/>	
Scope Limit: <input style="width: 95%;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%; height: 20px;" type="text"/>		
Benefit Provided: <input style="width: 90%;" type="text" value="OLP: Podiatry"/>	Source: <input style="width: 90%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 90%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 90%;" type="text" value="None"/>	Duration Limit: <input style="width: 90%;" type="text" value="None"/>	
Scope Limit: <input style="width: 95%;" type="text" value="Non-routine foot care only; Excludes flat foot; subluxations of foot not requiring surgery; corns, calluses, nail trimming preventative hygiene"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%; height: 20px;" type="text"/>		
Benefit Provided: <input style="width: 90%;" type="text" value="Non-Emergency Transportation"/>	Source: <input style="width: 90%;" type="text" value="State Plan 1905(a)"/>	



Alternative Benefit Plan

Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	Remove
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		

Benefit Provided: Hospice	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 6 months prior to end of life.		

Benefit Provided: OLP: Pediatric or Family Nurse Practitioners	Source: State Plan 1905(a)
Authorization: Other	Provider Qualifications: Medicaid State Plan
Amount Limit: See other information below	Duration Limit: None
Scope Limit: None	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Home & Office - 5 visits per month; Nursing Facility - up to 1 visit per week; Hospital - up to 1 admission visit per patient per diagnosis per month and up to one visit per day for acute care. Excludes solely cosmetic surgery; ineffective or unproven procedures; unnecessary testing; experimental; services provided without consent. Prior authorizations apply for certain circumstances and procedures. Limits may be	



Alternative Benefit Plan

exceeded based on medical necessity.	Remove
	Add



Alternative Benefit Plan

Essential Health Benefit 2: Emergency services Collapse All

<p>Benefit Provided:</p> <input type="text" value="Outpatient Hospital: Emergency Care"/>	<p>Source:</p> <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input type="text" value="None"/>	<p>Provider Qualifications:</p> <input type="text" value="Medicaid State Plan"/>	
<p>Amount Limit:</p> <input type="text" value="None"/>	<p>Duration Limit:</p> <input type="text" value="None"/>	
<p>Scope Limit:</p> <input type="text" value="None"/>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <input type="text"/>		

<p>Benefit Provided:</p> <input type="text" value="Transportation: Ambulance"/>	<p>Source:</p> <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input type="text" value="Other"/>	<p>Provider Qualifications:</p> <input type="text" value="Medicaid State Plan"/>	
<p>Amount Limit:</p> <input type="text" value="None"/>	<p>Duration Limit:</p> <input type="text" value="None"/>	
<p>Scope Limit:</p> <input type="text" value="None"/>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <input type="text" value="For emergency services. Prior authorization is required for coverage of ambulance service to an out-of-state hospital. Transport to a border hospital does not require prior authorization."/>		



Alternative Benefit Plan

Essential Health Benefit 3: Hospitalization Collapse All

<p>Benefit Provided:</p> <input type="text" value="Inpatient Hospital"/>	<p>Source:</p> <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input type="text" value="Concurrent Authorization"/>	<p>Provider Qualifications:</p> <input type="text" value="Medicaid State Plan"/>	
<p>Amount Limit:</p> <input type="text" value="None"/>	<p>Duration Limit:</p> <input type="text" value="None"/>	
<p>Scope Limit:</p> <input type="text" value="None"/>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <input type="text" value="Substance Abuse Detox is performed in an inpatient hospital setting."/>		

<p>Benefit Provided:</p> <input type="text" value="Inpatient Psychiatric Hospital"/>	<p>Source:</p> <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input type="text" value="Concurrent Authorization"/>	<p>Provider Qualifications:</p> <input type="text" value="Medicaid State Plan"/>	
<p>Amount Limit:</p> <input type="text" value="None"/>	<p>Duration Limit:</p> <input type="text" value="None"/>	
<p>Scope Limit:</p> <input type="text" value="None"/>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <input type="text" value="Not Institutions for Mental Disease (IMD)."/>		



Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care Collapse All

Benefit Provided:

OLP: Licensed Lay Midwife

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Nurse Midwife

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Physician Services: Maternity Care

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 100%; height: 20px;" type="text"/>		<input type="button" value="Remove"/>
Benefit Provided: <input style="width: 100%; height: 20px;" type="text" value="Inpatient Hospital: Maternity Care"/>	Source: <input style="width: 100%; height: 20px;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 100%; height: 20px;" type="text" value="Concurrent Authorization"/>	Provider Qualifications: <input style="width: 100%; height: 20px;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 100%; height: 20px;" type="text" value="None"/>	Duration Limit: <input style="width: 100%; height: 20px;" type="text" value="None"/>	
Scope Limit: <input style="width: 100%; height: 20px;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 100%; height: 20px;" type="text" value="Current Authorization on the 13th day of stay."/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

Essential Health Benefit 5: Mental health and substance use disorder services including behavioral health treatment
Collapse All

Benefit Provided: <input style="width: 95%;" type="text" value="Clinic Services - Mental Health Clinic"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>	
Scope Limit: <input style="width: 95%;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%;" type="text" value="Includes group therapy, individual psychotherapy, day hospital, diagnosis and evaluation, emergency care, and chemotherapy."/>		

Benefit Provided: <input style="width: 95%;" type="text" value="OLP: Behavioral Health"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>	
Scope Limit: <input style="width: 95%;" type="text" value="Not covered if resident of inpatient hospital or mental health hospital, or concurrently receiving mental health clinic services."/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%;" type="text" value="Vermont has five designated hospitals that provided psychiatric services in the general hospital setting with wings of 8 beds or less and are not Institutions for Mental Disease (IMD)."/>		

Benefit Provided: <input style="width: 95%;" type="text" value="Rehab: Substance Abuse Services Residential Treat"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	
Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>	



Alternative Benefit Plan

Scope Limit: <input style="width: 90%;" type="text" value="None"/> <input style="float: right; border: 1px solid gray; padding: 2px 5px; margin-left: 10px;" type="button" value="Remove"/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 90%;" type="text" value="Not Institutions for Mental Disease (IMD)."/>	
Benefit Provided: <input style="width: 95%;" type="text" value="Rehab: Substance Abuse Residential Detoxification"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/> <input style="float: right; border: 1px solid gray; padding: 2px 5px; margin-left: 10px;" type="button" value="Remove"/>
Authorization: <input style="width: 95%;" type="text" value="Authorization required in excess of limitation"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>
Amount Limit: <input style="width: 95%;" type="text" value="7 days per acute episode"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>
Scope Limit: <input style="width: 90%;" type="text" value="None"/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 90%;" type="text" value="Not Institutions for Mental Disease (IMD)."/>	
Benefit Provided: <input style="width: 95%;" type="text" value="Rehab: Substance Abuse Residential Post Detox Serv"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/> <input style="float: right; border: 1px solid gray; padding: 2px 5px; margin-left: 10px;" type="button" value="Remove"/>
Authorization: <input style="width: 95%;" type="text" value="Authorization required in excess of limitation"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>
Amount Limit: <input style="width: 95%;" type="text" value="30 days per year"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>
Scope Limit: <input style="width: 90%;" type="text" value="None"/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 90%;" type="text" value="Not Institutions for Mental Disease (IMD)."/>	
Benefit Provided: <input style="width: 95%;" type="text" value="Rehab: Substance Abuse Resid. Extended Post Detox"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>
Authorization: <input style="width: 95%;" type="text" value="Prior Authorization"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>



Alternative Benefit Plan

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



Alternative Benefit Plan

Essential Health Benefit 6: Prescription drugs

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.):

Limit on days supply

Limit on number of prescriptions

Limit on brand drugs

Other coverage limits

Preferred drug list

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

The State of Vermont's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 7: Rehabilitative and habilitative services and devices		Collapse All <input type="checkbox"/>
Benefit Provided: <input style="width: 90%;" type="text" value="Outpatient Hospital - Rehabilitative therapies"/>	Source: <input style="width: 90%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 90%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 90%;" type="text" value="None"/>	Duration Limit: <input style="width: 90%;" type="text" value="None"/>	
Scope Limit: <input style="width: 90%;" type="text" value="OT/PT/SLP"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 90%;" type="text" value="Both rehabilitative and habilitative"/>		
Benefit Provided: <input style="width: 90%;" type="text" value="OT/PT/SLP (non-hospital based)"/>	Source: <input style="width: 90%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 90%;" type="text" value="Authorization required in excess of limitation"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 90%;" type="text" value="Under 21, 8 visits; over 21, 30 visits/year combin"/>	Duration Limit: <input style="width: 90%;" type="text" value="None"/>	
Scope Limit: <input style="width: 90%;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 90%;" type="text" value="Under 21, prior authorization after 8 visits; over 21, prior authorization for over 30 visits per year of any type. Both rehabilitative and habilitative."/>		
Benefit Provided: <input style="width: 90%;" type="text" value="Physical Therapies & Related Service: Hearing Aids"/>	Source: <input style="width: 90%;" type="text" value="State Plan 1905(a)"/>	
Authorization: <input style="width: 90%;" type="text" value="Authorization required in excess of limitation"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 90%;" type="text" value="Every three years"/>	Duration Limit: <input style="width: 90%;" type="text" value="None"/>	
Scope Limit: <input style="width: 90%;" type="text" value="Hearing loss has to meet certain conditions. Prior authorization is required for other degrees of hearing loss."/>		



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 70%; height: 20px;" type="text"/>		<input type="button" value="Remove"/>
Benefit Provided: <input style="width: 350px; height: 20px;" type="text" value="Prosthetic Devices"/>	Source: <input style="width: 350px; height: 20px;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 350px; height: 20px;" type="text" value="Other"/>	Provider Qualifications: <input style="width: 350px; height: 20px;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 350px; height: 20px;" type="text" value="None"/>	Duration Limit: <input style="width: 350px; height: 20px;" type="text" value="None"/>	
Scope Limit: <input style="width: 700px; height: 20px;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 700px; height: 20px;" type="text" value="Physician order is required for breast prostheses, trusses and socks ; all others require prior authorization."/>		
Benefit Provided: <input style="width: 350px; height: 20px;" type="text" value="Nursing Facility 21 and older; rehab care"/>	Source: <input style="width: 350px; height: 20px;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 350px; height: 20px;" type="text" value="Other"/>	Provider Qualifications: <input style="width: 350px; height: 20px;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 350px; height: 20px;" type="text" value="None"/>	Duration Limit: <input style="width: 350px; height: 20px;" type="text" value="None"/>	
Scope Limit: <input style="width: 700px; height: 20px;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 700px; height: 20px;" type="text" value="Requires a physician order; Out of state requires prior authorization."/>		
Benefit Provided: <input style="width: 350px; height: 20px;" type="text" value="Home Health Intermittent Part Time Nursing"/>	Source: <input style="width: 350px; height: 20px;" type="text" value="State Plan 1905(a)"/>	
Authorization: <input style="width: 350px; height: 20px;" type="text" value="Other"/>	Provider Qualifications: <input style="width: 350px; height: 20px;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 350px; height: 20px;" type="text" value="None"/>	Duration Limit: <input style="width: 350px; height: 20px;" type="text" value="None"/>	



Alternative Benefit Plan

Scope Limit: <input style="width: 90%;" type="text" value="None"/> <input style="float: right; margin-left: 10px;" type="button" value="Remove"/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%; height: 40px;" type="text" value="Requires physician order and plan of care. Services delivered through the home telemonitoring delivery system are available to Medicaid beneficiaries eligible for home health services. This benefit has the same effective date as SPA 14-021."/>	
Benefit Provided: <input style="width: 95%;" type="text" value="Home Health Aide"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/> <input style="float: right; margin-left: 10px;" type="button" value="Remove"/>
Authorization: <input style="width: 95%;" type="text" value="Other"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>
Scope Limit: <input style="width: 95%;" type="text" value="None"/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%; height: 30px;" type="text" value="Requires plan of care and supervision by OT/PT/SLP or nurse."/>	
Benefit Provided: <input style="width: 95%;" type="text" value="Home Health: Medical Supplies, Equip. and Applianc"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/> <input style="float: right; margin-left: 10px;" type="button" value="Remove"/>
Authorization: <input style="width: 95%;" type="text" value="Other"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>
Scope Limit: <input style="width: 95%;" type="text" value="None"/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%; height: 30px;" type="text" value="Requires physician order."/>	
Benefit Provided: <input style="width: 95%;" type="text" value="Home Health PT/OT/SLP"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>
Authorization: <input style="width: 95%;" type="text" value="Authorization required in excess of limitation"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>



Alternative Benefit Plan

Amount Limit: <input style="width:90%;" type="text" value="None"/>	Duration Limit: <input style="width:90%;" type="text" value="four month limit"/>	<input type="button" value="Remove"/>
Scope Limit: <input style="width:90%;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width:90%; height: 20px;" type="text"/>		
Benefit Provided: <input style="width:90%;" type="text" value="Home Health: Private Duty Nursing"/>	Source: <input style="width:90%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input style="width:90%;" type="text" value="Prior Authorization"/>	Provider Qualifications: <input style="width:90%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width:90%;" type="text" value="None"/>	Duration Limit: <input style="width:90%;" type="text" value="None"/>	
Scope Limit: <input style="width:90%;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width:90%; height: 20px;" type="text"/>		
Benefit Provided: <input style="width:90%;" type="text" value="Licensed Applied Behavior Analyst Services"/>	Source: <input style="width:90%;" type="text" value="State Plan 1905(a)"/>	
Authorization: <input style="width:90%;" type="text" value="Prior Authorization"/>	Provider Qualifications: <input style="width:90%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width:90%;" type="text" value="Other"/>	Duration Limit: <input style="width:90%;" type="text" value="None"/>	
Scope Limit: <input style="width:90%;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width:90%; height: 80px;" type="text" value="Services are limited to those specified in protocols for licensure and reviewed and accepted by the State of Vermont, Director of the Office of Professional Regulation, and are services covered by Medicaid. Licensed Applied Behavior Analysts will oversee the supervision of Board Certified Assistant Behavior Analysts and Behavior Technicians, and shall assume professional responsibility for the services rendered by an unlicensed provider under their supervision. All services must be medically necessary, prior authorized by the Medicaid program, and delivered in accordance with the recipient's treatment plan."/>		



Alternative Benefit Plan

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

<p>Benefit Provided:</p> <input type="text" value="Other Laboratory and X-Ray Services"/>	<p>Source:</p> <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input type="text" value="Other"/>	<p>Provider Qualifications:</p> <input type="text" value="Medicaid State Plan"/>	
<p>Amount Limit:</p> <input type="text" value="Urine drug test limited to 8 per month"/>	<p>Duration Limit:</p> <input type="text" value="None"/>	
<p>Scope Limit:</p> <input type="text" value="None"/>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <input type="text" value="Exceptions to the urine drug test limitation must be prior approved. Diagnostic imaging requires prior authorization for high-tech (CT, CTA, MRI, MRA, PET, PET/CA) unless provided as part of ER or inpatient visit."/>		



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: <input style="width: 90%;" type="text" value="Clinic Services"/>	Source: <input style="width: 90%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 90%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 90%;" type="text" value="None"/>	Duration Limit: <input style="width: 90%;" type="text" value="None"/>	
Scope Limit: <input style="width: 90%;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 90%; height: 20px;" type="text"/>		

Benefit Provided: <input style="width: 90%;" type="text" value="OLP: Naturopathic Physician"/>	Source: <input style="width: 90%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 90%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 90%;" type="text" value="None"/>	Duration Limit: <input style="width: 90%;" type="text" value="None"/>	
Scope Limit: <input style="width: 90%;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 90%; height: 20px;" type="text"/>		

Benefit Provided: <input style="width: 90%;" type="text" value="Other diagnostic, screening, preventive and rehab"/>	Source: <input style="width: 90%;" type="text" value="State Plan 1905(a)"/>	
Authorization: <input style="width: 90%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 90%;" type="text" value="None"/>	Duration Limit: <input style="width: 90%;" type="text" value="None"/>	



Alternative Benefit Plan

<p>Scope Limit:</p> <input type="text" value="None"/>	<input type="button" value="Remove"/>
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <input type="text"/>	
<input type="button" value="Add"/>	



Alternative Benefit Plan

<input type="checkbox"/> Essential Health Benefit 10: Pediatric services including oral and vision care	Collapse All <input type="checkbox"/>															
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Benefit Provided: Medicaid State Plan EPSDT Benefits</td> <td style="width: 30%; border: none;">Source: <input style="width: 90%;" type="text" value="State Plan 1905(a)"/></td> <td style="width: 20%; border: none; text-align: center;"><input type="button" value="Remove"/></td> </tr> <tr> <td style="border: none;">Authorization: <input style="width: 90%;" type="text" value="Other"/></td> <td style="border: none;">Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Amount Limit: <input style="width: 90%;" type="text" value="None"/></td> <td style="border: none;">Duration Limit: <input style="width: 90%;" type="text" value="None"/></td> <td style="border: none;"></td> </tr> <tr> <td colspan="3" style="border: none;">Scope Limit: <input style="width: 90%;" type="text" value="None"/></td> </tr> <tr> <td colspan="3" style="border: none;">Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 90%;" type="text" value="All federally required services in accordance CFR and Statute."/></td> </tr> </table>		Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: <input style="width: 90%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>	Authorization: <input style="width: 90%;" type="text" value="Other"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/>		Amount Limit: <input style="width: 90%;" type="text" value="None"/>	Duration Limit: <input style="width: 90%;" type="text" value="None"/>		Scope Limit: <input style="width: 90%;" type="text" value="None"/>			Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 90%;" type="text" value="All federally required services in accordance CFR and Statute."/>		
Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: <input style="width: 90%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>														
Authorization: <input style="width: 90%;" type="text" value="Other"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/>															
Amount Limit: <input style="width: 90%;" type="text" value="None"/>	Duration Limit: <input style="width: 90%;" type="text" value="None"/>															
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Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: <input style="width: 90%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>														
Authorization: <input style="width: 90%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/>															
Amount Limit: <input style="width: 90%;" type="text" value="None"/>	Duration Limit: <input style="width: 90%;" type="text" value="None"/>															
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<input type="button" value="Add"/>																



Alternative Benefit Plan

<input type="checkbox"/> Other Covered Benefits from Base Benchmark	Collapse All <input type="checkbox"/>
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Alternative Benefit Plan

<input checked="" type="checkbox"/> Base Benchmark Benefits Not Covered due to Substitution or Duplication	Collapse All <input type="checkbox"/>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;">Base Benchmark Benefit that was Substituted:</td> <td style="width: 30%; border: none;">Source:</td> <td style="width: 25%; border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Family Planning: Reversal of Sterilization</td> <td style="border: none;">Base Benchmark</td> <td style="border: none; text-align: right;"><input type="button" value="Remove"/></td> </tr> </table> <p style="margin-top: 5px;">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:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Substitution - Non-Emergency Transportation was substituted in the ambulatory care EHB category. The Medicaid State Plan does not cover reversal of sterilization and the state seeks an identical benefit plan for this former 1115 expansion, now state plan, group in the Medicaid program. </div> <p style="margin-top: 5px;">Base benchmark benefit limitation(s): One attempt at reversal of sterilization covered.</p>	Base Benchmark Benefit that was Substituted:	Source:		Family Planning: Reversal of Sterilization	Base Benchmark	<input type="button" value="Remove"/>	
Base Benchmark Benefit that was Substituted:	Source:						
Family Planning: Reversal of Sterilization	Base Benchmark	<input type="button" value="Remove"/>					
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Base Benchmark Benefit that was Substituted:	Source:						
Infertility Drugs with natural conception	Base Benchmark	<input type="button" value="Remove"/>					
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;">Base Benchmark Benefit that was Substituted:</td> <td style="width: 30%; border: none;">Source:</td> <td style="width: 25%; border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Outpatient Hospital Fee</td> <td style="border: none;">Base Benchmark</td> <td style="border: none; text-align: right;"><input type="button" value="Remove"/></td> </tr> </table> <p style="margin-top: 5px;">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:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Duplication - The Medicaid State Plan Outpatient Hospital service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. </div> <p style="margin-top: 5px;">This benefit maps to EHB 1: Ambulatory Patient Services.</p>	Base Benchmark Benefit that was Substituted:	Source:		Outpatient Hospital Fee	Base Benchmark	<input type="button" value="Remove"/>	
Base Benchmark Benefit that was Substituted:	Source:						
Outpatient Hospital Fee	Base Benchmark	<input type="button" value="Remove"/>					
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;">Base Benchmark Benefit that was Substituted:</td> <td style="width: 30%; border: none;">Source:</td> <td style="width: 25%; border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Outpatient Surgery Physician/Surgical Services</td> <td style="border: none;">Base Benchmark</td> <td style="border: none; text-align: right;"><input type="button" value="Remove"/></td> </tr> </table> <p style="margin-top: 5px;">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:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Duplication - The Medicaid State Plan Outpatient Hospital service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. </div> <p style="margin-top: 5px;">This benefit maps to EHB 1: Ambulatory Patient Services.</p>	Base Benchmark Benefit that was Substituted:	Source:		Outpatient Surgery Physician/Surgical Services	Base Benchmark	<input type="button" value="Remove"/>	
Base Benchmark Benefit that was Substituted:	Source:						
Outpatient Surgery Physician/Surgical Services	Base Benchmark	<input type="button" value="Remove"/>					
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;">Base Benchmark Benefit that was Substituted:</td> <td style="width: 30%; border: none;">Source:</td> <td style="width: 25%; border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Urgent Care Centers or Facilities</td> <td style="border: none;">Base Benchmark</td> <td style="border: none;"></td> </tr> </table>	Base Benchmark Benefit that was Substituted:	Source:		Urgent Care Centers or Facilities	Base Benchmark		
Base Benchmark Benefit that was Substituted:	Source:						
Urgent Care Centers or Facilities	Base Benchmark						



Alternative Benefit Plan

<p>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:</p>		<input type="button" value="Remove"/>
<p>Duplication - The Medicaid State Plan Other Ambulatory Services - Rural Health Clinic and FQHC's and Physician Services In all settings service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. Certain clinics provide urgent care, however Vermont does not have stand alone urgent care center providers who are not affiliated with a health clinic or hospital.</p> <p>This benefit maps to EHB 1: Ambulatory Patient Services.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <input type="text" value="Primary Care Visit to Treat an Injury or Illness"/>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="Remove"/>
<p>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:</p> <p>Duplication - The Medicaid State Plan Physician Services In all settings service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>This benefit maps to EHB 1: Ambulatory Patient Services.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <input type="text" value="Dental Services (not Routine)"/>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="Remove"/>
<p>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:</p> <p>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.</p> <p>Base benchmark benefit limitation(s): Prior approval required.</p> <p>This benefit maps to EHB 1: Ambulatory Patient Services.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <input type="text" value="Chiropractic Care"/>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="Remove"/>
<p>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:</p> <p>Duplication - The Medicaid State Plan Chiropractic service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>Base benchmark benefit limitation(s): Prior Approval is required after the 12th visit.</p> <p>This benefit maps to EHB 1: Ambulatory Patient Services.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <input type="text" value="OLP: Routine Foot Care for diabetics only"/>	<p>Source:</p> <p>Base Benchmark</p>	



Alternative Benefit Plan

<p>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:</p>	<input type="button" value="Remove"/>
<p>Duplication - The Medicaid State Plan Podiatry service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>Base benchmark benefit limitation(s): Covered for Diabetics only; excluded for all other members.</p> <p>This benefit maps to EHB 1: Ambulatory Patient Services.</p>	
<p>Base Benchmark Benefit that was Substituted:</p>	<p>Source:</p>
<input type="text" value="Emergency Room Services"/>	<p>Base Benchmark</p>
<input type="button" value="Remove"/>	
<p>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:</p>	
<p>Duplication - The Medicaid State Plan Outpatient Hospital Emergency Care service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>This benefit maps to EHB 2: Emergency Services.</p>	
<p>Base Benchmark Benefit that was Substituted:</p>	<p>Source:</p>
<input type="text" value="Emergency Transportation/ Ambulance"/>	<p>Base Benchmark</p>
<input type="button" value="Remove"/>	
<p>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:</p>	
<p>Duplication - The Medicaid State Plan Transportation: Ambulance service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>This benefit maps to EHB 2: Emergency Services.</p>	
<p>Base Benchmark Benefit that was Substituted:</p>	<p>Source:</p>
<input type="text" value="Inpatient Hospital Services"/>	<p>Base Benchmark</p>
<input type="button" value="Remove"/>	
<p>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:</p>	
<p>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.</p> <p>This benefit maps to EHB 3: Hospitalization.</p>	
<p>Base Benchmark Benefit that was Substituted:</p>	<p>Source:</p>
<input type="text" value="Inpatient Physician and Surgical Services"/>	<p>Base Benchmark</p>
<input type="button" value="Remove"/>	
<p>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:</p>	
<p>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.</p> <p>This benefit maps to EHB 3: Hospitalization and EHB 1: Ambulatory Care.</p>	



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:	Source:	Remove
Substance Abuse Disorder Inpatient Services	Base Benchmark	
<p>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:</p>		
<p>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.</p>		
<p>This benefit maps to EHB 3: Hospitalization and EHB 1: Ambulatory Care.</p>		
<p>Base benchmark benefit limitation(s): Excludes services provided by non-participating providers or facilities, treatment without concurrent review, non-traditional or alternative therapies, services that focus on education or socialization or delinquency, custodial care that is not medically necessary and biofeedback, pain management, stress reduction classes or pastoral counseling.</p>		
<p>Prior Approval is required for all non-Emergency Inpatient or partial-Inpatient substance abuse services.</p>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Cosmetic Surgery if reconstructive	Base Benchmark	
<p>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:</p>		
<p>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.</p>		
<p>This benefit maps to EHB 3: Hospitalization and EHB 1: Ambulatory Care.</p>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Bariatric Surgery	Base Benchmark	
<p>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:</p>		
<p>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.</p>		
<p>This benefit maps to EHB 3: Hospitalization and EHB 1: Ambulatory Care.</p>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Transplant-deceased donor	Base Benchmark	
<p>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:</p>		
<p>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.</p>		
<p>This benefit maps to EHB 3: Hospitalization and EHB 1: Ambulatory Care.</p>		



Alternative Benefit Plan

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



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Delivery and All Inpatient Services for Maternity"/>	Source: Base Benchmark	<input type="button" value="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: <input style="width: 95%;" type="text" value="Duplication - The Medicaid State Plan Nurse Mid Wife, Physician Services: Maternity Care, Inpatient Hospital: Maternity Care was used in order to ensure identical benefits for all beneficiaries in the Medicaid program."/>		
<input style="width: 95%;" type="text" value="This benefit maps to EHB 4: Maternity and Newborn Care."/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Diagnostic Test (Lab Work)"/>	Source: Base Benchmark	<input type="button" value="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: <input style="width: 95%;" type="text" value="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."/>		
<input style="width: 95%;" type="text" value="This benefit maps to EHB 8: Laboratory Services."/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Diagnostic Tests and Imaging"/>	Source: Base Benchmark	<input type="button" value="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: <input style="width: 95%;" type="text" value="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."/>		
<input style="width: 95%;" type="text" value="This benefit maps to EHB 8: Laboratory Services."/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Preventive Care"/>	Source: Base Benchmark	<input type="button" value="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: <input style="width: 95%;" type="text" value="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 all beneficiaries in the Medicaid program."/>		
<input style="width: 95%;" type="text" value="This benefit maps to EHB 9: Preventive and Wellness Services and Chronic Disease Management and EHB 1: Ambulatory Care."/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Nutritional Counseling"/>	Source: Base Benchmark	
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: <input style="width: 95%;" type="text" value="Duplication - The Medicaid State Plan Naturopathic Physician and Physician Services were used in order to"/>		



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<p>ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>This benefit maps to EHB 9: Preventive and Wellness Services and Chronic Disease Management and EHB 1: Ambulatory Care.</p>	<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted: Source:</p> <p><input type="text" value="Generic Drugs"/> Base Benchmark</p> <p>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:</p> <p><input type="text" value="Duplication - The Medicaid State Plan Generic drug benefit was used in order to ensure identical benefits for all beneficiaries in the Medicaid program."/></p> <p>This benefit maps to EHB 6: Prescription Drugs.</p>	<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted: Source:</p> <p><input type="text" value="Preferred brand, non-pref. brand, & specialty drug"/> Base Benchmark</p> <p>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:</p> <p><input type="text" value="Duplication - The Medicaid State Brand Name drug benefit was used in order to ensure identical benefits for all beneficiaries in the Medicaid program."/></p> <p>This benefit maps to EHB 6: Prescription Drugs.</p>	<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted: Source:</p> <p><input type="text" value="Nutritional Formulae"/> Base Benchmark</p> <p>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:</p> <p><input type="text" value="Duplication - The Medicaid State Plan Generic, Brand Name and OTC drug benefit was used in order to ensure identical benefits for all beneficiaries in the Medicaid program."/></p> <p>This benefit maps to EHB 6: Prescription Drugs.</p>	<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted: Source:</p> <p><input type="text" value="Mental/Behavioral Health Outpatient Services"/> Base Benchmark</p> <p>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:</p> <p><input type="text" value="Duplication - The Medicaid State Plan Clinic Services - Mental Health Clinic (group therapy; individual psychotherapy; day hospital; diagnosis and evaluation; emergency care; chemotherapy) and OLP: Behavioral Health services were used in order to ensure identical benefits for all beneficiaries in the Medicaid program."/></p> <p>This benefit maps to EHB 5: Mental Health and Substance Use Disorder Services Including Behavioral Health Treatment.</p> <p>Base benchmark benefit limitation(s): Prior authorization is required for psychological testing, electro-</p>	



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<p>shock therapy; and intensive outpatient mental health services. For all other outpatient services, there is a 10 visit limit per plan year without prior approval. If more than 10 visits are required for outpatient mental health services, prior approval is required beginning with the 11th visit.</p>	<input type="button" value="Remove"/>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;"> <p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Neuropsychological Testing</div> </td> <td style="width: 10%; border: none; vertical-align: top;"> <p>Source:</p> <p>Base Benchmark</p> </td> <td style="width: 45%; border: none;"></td> </tr> </table> <p style="margin-top: 10px;">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:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Duplication - The Medicaid State Plan Clinic Services - Mental Health Clinic (group therapy; individual psychotherapy; day hospital; diagnosis and evaluation; emergency care; chemotherapy) service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>This benefit maps to EHB 5: Mental Health and Substance Use Disorder Services Including Behavioral Health Treatment.</p> </div>	<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Neuropsychological Testing</div>	<p>Source:</p> <p>Base Benchmark</p>		<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Neuropsychological Testing</div>	<p>Source:</p> <p>Base Benchmark</p>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;"> <p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Substance Abuse Disorder Outpatient Services</div> </td> <td style="width: 10%; border: none; vertical-align: top;"> <p>Source:</p> <p>Base Benchmark</p> </td> <td style="width: 45%; border: none;"></td> </tr> </table> <p style="margin-top: 10px;">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:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Duplication - The Medicaid State Plan Substance Abuse Services Residential Treatment . Substance Abuse Services Residential Detoxification, Substance Abuse Services Residential Post Detox Services, Substance Abuse Services Residential Extended post detox, and Substance Abuse Services Non-residential professional services were used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>This benefit maps to EHB 5: Mental Health and Substance Use Disorder Services Including Behavioral Health Treatment.</p> <p>Base benchmark benefit limitation(s): Prior authorization is required for psychological testing, electro-shock therapy; and intensive outpatient substance abuse services. For all other outpatient services, there is a 10 visit limit per plan year without prior approval. If more than 10 visits are required for outpatient substance abuse services, prior approval is required beginning with the 11th visit.</p> </div>	<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Substance Abuse Disorder Outpatient Services</div>	<p>Source:</p> <p>Base Benchmark</p>		<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Substance Abuse Disorder Outpatient Services</div>	<p>Source:</p> <p>Base Benchmark</p>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;"> <p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Outpatient Rehabilitation Services</div> </td> <td style="width: 10%; border: none; vertical-align: top;"> <p>Source:</p> <p>Base Benchmark</p> </td> <td style="width: 45%; border: none;"></td> </tr> </table> <p style="margin-top: 10px;">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:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Duplication - The Medicaid State Plan Outpatient Hospital - Rehabilitative therapies (OT/PT/SLP) service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices.</p> </div>	<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Outpatient Rehabilitation Services</div>	<p>Source:</p> <p>Base Benchmark</p>		<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Outpatient Rehabilitation Services</div>	<p>Source:</p> <p>Base Benchmark</p>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;"> <p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Outpatient physical, speech and occupational thera</div> </td> <td style="width: 10%; border: none; vertical-align: top;"> <p>Source:</p> <p>Base Benchmark</p> </td> <td style="width: 45%; border: none;"></td> </tr> </table>	<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Outpatient physical, speech and occupational thera</div>	<p>Source:</p> <p>Base Benchmark</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Outpatient physical, speech and occupational thera</div>	<p>Source:</p> <p>Base Benchmark</p>			



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



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Base Benchmark Benefit that was Substituted:	Source:	Remove
Private-Duty Nursing	Base Benchmark	
<p>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:</p>		
<p>Duplication - The Medicaid State Plan Home Health: Private Duty Nursing service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>Base benchmark benefit limitation(s): Covered up to \$2,000 per plan year; Requires prior approval and recertification of treatment plan every 60 days.</p> <p>This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices.</p>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Hospice Services	Base Benchmark	
<p>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:</p>		
<p>Duplication - The Medicaid State Plan Hospice service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>Base benchmark benefit limitation(s): 100 hours per month.</p> <p>This benefit maps to EHB 1: Ambulatory Services.</p>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Home Health Aide	Base Benchmark	
<p>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:</p>		
<p>Duplication - The Medicaid State Plan Home Health Aide was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>Base benchmark benefit limitation(s): 100 hours per month.</p> <p>This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices.</p>		
Base Benchmark Benefit that was Substituted:	Source:	
Habilitation Autism	Base Benchmark	
<p>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:</p>		
<p>Duplication - The Medicaid State Plan EPSDT service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>VT requires private insurers to cover services to children up to the age of 21 who have an ASD regardless of whether they are gaining a new skill or recovering a lost skill. This is the same coverage that EPSDT provides e.g. to ameliorate, or prevent from worsening or promote healthy development.</p>		



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<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> This benefit maps to EHB 10: Pediatric services including oral and vision care. </div>	<div style="border: 1px solid gray; padding: 2px; background-color: #f0f0f0;">Remove</div>
<p>Base Benchmark Benefit that was Substituted: Source:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Preventive Care/ Screening/ Immunization</div> Base Benchmark	<div style="border: 1px solid gray; padding: 2px; background-color: #f0f0f0;">Remove</div>
<p>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:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Duplication - The Medicaid State Plan EPSDT and Physician Services in All Settings was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. </div> <p>This benefit maps to EHB 1: Ambulatory Patient Services and EHB 10: Pediatric Services including Oral and Vision Care.</p>	
<p>Base Benchmark Benefit that was Substituted: Source:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Eye Glasses for Children</div> Base Benchmark	<div style="border: 1px solid gray; padding: 2px; background-color: #f0f0f0;">Remove</div>
<p>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:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Duplication - The Medicaid State Plan EPSDT service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. </div> <p>This benefit maps to EHB 10: Pediatric Services Including Oral and Vision Care.</p>	
<p>Base Benchmark Benefit that was Substituted: Source:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Dental Check-Up for Children</div> Base Benchmark	<div style="border: 1px solid gray; padding: 2px; background-color: #f0f0f0;">Remove</div>
<p>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:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Duplication - The Medicaid State Plan EPSDT service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. </div> <p>This benefit maps to EHB 10: Pediatric Services Including Oral and Vision Care.</p>	
<p>Base Benchmark Benefit that was Substituted: Source:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Family Planning: All Other Services</div> Base Benchmark	<div style="border: 1px solid gray; padding: 2px; background-color: #f0f0f0;">Remove</div>
<p>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:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Duplication - The Medicaid State Plan Family Planning service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. </div> <p>This benefit maps to EHB 1: Ambulatory Patient Services.</p>	
<div style="border: 1px solid gray; padding: 2px; background-color: #f0f0f0;">Add</div>	



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



Alternative Benefit Plan

<input checked="" type="checkbox"/> Other 1937 Covered Benefits that are not Essential Health Benefits		Collapse All <input type="checkbox"/>
Other 1937 Benefit Provided: <input style="width:90%;" type="text" value="Dental- Prophylaxis"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: <input style="width:90%;" type="text" value="Authorization required in excess of limitation"/>	Provider Qualifications: <input style="width:90%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width:90%;" type="text" value="1 visit every 6 months; \$510 per year"/>	Duration Limit: <input style="width:90%;" type="text" value="None"/>	
Scope Limit: <input style="width:90%;" type="text" value="Excludes cosmetic; elective; TMJ treatment except TMJ splint fabrication."/>		
Other: <input style="width:90%; height: 30px;" type="text"/>		
Other 1937 Benefit Provided: <input style="width:90%;" type="text" value="ICF/IID"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: <input style="width:90%;" type="text" value="Prior Authorization"/>	Provider Qualifications: <input style="width:90%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width:90%;" type="text" value="None"/>	Duration Limit: <input style="width:90%;" type="text" value="None"/>	
Scope Limit: <input style="width:90%;" type="text" value="None"/>		
Other: <input style="width:90%; height: 30px;" type="text"/>		
Other 1937 Benefit Provided: <input style="width:90%;" type="text" value="OLP: High Tech Nursing"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: <input style="width:90%;" type="text" value="Prior Authorization"/>	Provider Qualifications: <input style="width:90%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width:90%;" type="text" value="None"/>	Duration Limit: <input style="width:90%;" type="text" value="None"/>	
Scope Limit: <input style="width:90%;" type="text" value="None"/>		
Other: <input style="width:90%; height: 30px;" type="text"/>		



Alternative Benefit Plan

	Remove
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<p>Other 1937 Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px;">Extended Services (home visits) for Pregnant Women</div> <p>Authorization:</p> <div style="border: 1px solid black; padding: 2px;">Prior Authorization</div> <p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div> <p>Scope Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div> <p>Other:</p> <div style="border: 1px solid black; height: 30px;"></div>	<p>Source:</p> <div style="border: 1px solid black; padding: 2px;">Section 1937 Coverage Option Benchmark Benefit Package</div> <p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px;">Medicaid State Plan</div> <p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>	Remove
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<p>Other 1937 Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px;">OLP: Opticians</div> <p>Authorization:</p> <div style="border: 1px solid black; height: 20px;"></div> <p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div> <p>Scope Limit:</p> <div style="border: 1px solid black; padding: 2px;">Limited to eye glass dispensing only.</div> <p>Other:</p> <div style="border: 1px solid black; padding: 2px;">No authorization requirement.</div>	<p>Source:</p> <div style="border: 1px solid black; padding: 2px;">Section 1937 Coverage Option Benchmark Benefit Package</div> <p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px;">Medicaid State Plan</div> <p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>	Remove
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<p>Other 1937 Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px;">Face-to-Face Tobacco cessation for pregnant women</div> <p>Authorization:</p> <div style="border: 1px solid black; height: 20px;"></div> <p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div> <p>Scope Limit:</p> <div style="border: 1px solid black; padding: 2px;">16 visits per calendar year.</div>	<p>Source:</p> <div style="border: 1px solid black; padding: 2px;">Section 1937 Coverage Option Benchmark Benefit Package</div> <p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px;">Medicaid State Plan</div> <p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>
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Other: <input style="width: 90%;" type="text" value="No authorization requirement."/> <input style="float: right; border: none; background-color: #cccccc; padding: 2px 10px; cursor: pointer;" type="button" value="Remove"/>	
Other 1937 Benefit Provided: <input style="width: 95%;" type="text" value="Case Management for TB related services"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package <input style="float: right; border: none; background-color: #cccccc; padding: 2px 10px; cursor: pointer;" type="button" value="Remove"/>
Authorization: <input style="width: 95%;" type="text"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>
Scope Limit: <input style="width: 95%;" type="text" value="None"/>	
Other: <input style="width: 95%;" type="text" value="No authorization requirement."/>	
Other 1937 Benefit Provided: <input style="width: 95%;" type="text" value="Outpatient Hospital - Partial Hospitalization"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package <input style="float: right; border: none; background-color: #cccccc; padding: 2px 10px; cursor: pointer;" type="button" value="Remove"/>
Authorization: <input style="width: 95%;" type="text"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>
Scope Limit: <input style="width: 95%;" type="text" value="None"/>	
Other: <input style="width: 95%;" type="text" value="No authorization requirement."/>	
Other 1937 Benefit Provided: <input style="width: 95%;" type="text" value="Therapeutic Substance Abuse Services (PNMI)"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package <input style="float: right; border: none; background-color: #cccccc; padding: 2px 10px; cursor: pointer;" type="button" value="Remove"/>
Authorization: <input style="width: 95%;" type="text"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>



Alternative Benefit Plan

Scope Limit: <input style="width: 90%;" type="text" value="None"/> <input style="float: right; margin-left: 10px;" type="button" value="Remove"/>	
Other: <input style="width: 90%;" type="text" value="No authorization requirement."/>	
Other 1937 Benefit Provided: <input style="width: 95%;" type="text" value="Community Mental Health Center Services"/>	Source: <input style="width: 95%;" type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/> <input style="float: right; margin-left: 10px;" type="button" value="Remove"/>
Authorization: <input style="width: 95%;" type="text"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>
Scope Limit: <input style="width: 95%;" type="text" value="None"/>	
Other: <input style="width: 95%;" type="text" value="No authorization requirement."/>	
<input style="width: 95%;" type="text" value="Diagnosis and evaluation; emergency care; psychotherapy; chemotherapy; group therapy; specialized rehabilitation services provided by Mental Health Designated Providers authorized by DMH and required by state law. The benefit category in Vermont's State plan is "Other Diagnostic, Screening, Preventive and Rehabilitative Services.""/>	
Other 1937 Benefit Provided: <input style="width: 95%;" type="text" value="Assertive Community Care Services (PNMI)"/>	Source: <input style="width: 95%;" type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/> <input style="float: right; margin-left: 10px;" type="button" value="Remove"/>
Authorization: <input style="width: 95%;" type="text"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>
Scope Limit: <input style="width: 95%;" type="text" value="Persons with functional impairments and/or cognitive disabilities."/>	
Other: <input style="width: 95%;" type="text" value="No authorization requirement."/>	
Other 1937 Benefit Provided: <input style="width: 95%;" type="text" value="Adult Day Health Services"/>	Source: <input style="width: 95%;" type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>



Alternative Benefit Plan

<p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="Excludes residents of nursing home or enhanced residential care facilities. Should not exceed seven days per week, 12 hours per day."/></p> <p>Other: <input type="text" value="Adult Day Health Services is a comprehensive, non-residential program designed to address the health, safety, and psychological needs of adults through individual plans of care that may include a provision of medication administration, health monitoring and oversight, personal care, maintenance therapies, and care coordination. No prior authorization required. This benefit has the same effective date as SPA 15-007."/></p>	<p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p> <p style="text-align: right;"><input type="button" value="Remove"/></p>
<p>Other 1937 Benefit Provided: <input type="text" value="Targeted Case Management (3 targeted groups)"/></p> <p>Authorization: <input type="text"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other: <input type="text" value="No authorization requirement."/> <input type="text" value="Three target groups for persons over 18 years old: (1) Persons with developmental disabilities who are unable to access needed medical, social, educational and other services because of adaptive deficits due to their level of disability, or who lack the active assistance of a family member or other interested person to assist them in accessing needed services; (2) Families whose children are abused or neglected or suspected of being at imminent risk thereof and Families of children receiving post adoption assistance; (3) Pregnant and postpartum women and infants through twelve months of age enrolled in the Vermont Department for Children and Families, Healthy Babies, Kids, and Families Program."/></p>	<p>Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p> <p style="text-align: right;"><input type="button" value="Remove"/></p>
<p>Other 1937 Benefit Provided: <input type="text" value="Respiratory Care Services"/></p> <p>Authorization: <input type="text"/></p> <p>Amount Limit: <input type="text" value="None"/></p>	<p>Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>



Alternative Benefit Plan

Scope Limit: <input type="text" value="None"/>		<input type="button" value="Remove"/>
Other: <input type="text" value="No authorization requirement."/>		
Other 1937 Benefit Provided: <input type="text" value="Personal Care Services"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Prior Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other: <input type="text"/>		
Other 1937 Benefit Provided: <input type="text" value="Nursing Facility 21 and older; custodial care"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other: <input type="text" value="Requires a physician order; Out of state requires prior authorization."/>		
Other 1937 Benefit Provided: <input type="text" value="OLP: Optometry"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	



Alternative Benefit Plan

Amount Limit: <input style="width:90%;" type="text" value="Routine exam 1/2 years; diagnostic exam 1/2 years"/>	Duration Limit: <input style="width:90%;" type="text" value="None"/>	<input type="button" value="Remove"/>
Scope Limit: <input style="width:90%;" type="text" value="None"/>		
Other: <input style="width:90%;" type="text" value="Contact Lens prior authorization; Aids to vision approved when legally blind and will improve at least one ADL or IADL."/>		

Other 1937 Benefit Provided: <input style="width:90%;" type="text" value="Inpatient Psych. Services for Individuals Under 22"/>	Source: <input style="width:90%;" type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input style="width:90%;" type="text"/>	Provider Qualifications: <input style="width:90%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width:90%;" type="text" value="None"/>	Duration Limit: <input style="width:90%;" type="text" value="None"/>	
Scope Limit: <input style="width:90%;" type="text" value="None"/>		
Other: <input style="width:90%;" type="text" value="No authorization requirement."/>		

Other 1937 Benefit Provided: <input style="width:90%;" type="text" value="Face-to-Face Tobacco cessation"/>	Source: <input style="width:90%;" type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input style="width:90%;" type="text"/>	Provider Qualifications: <input style="width:90%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width:90%;" type="text" value="16 visits per calendar year."/>	Duration Limit: <input style="width:90%;" type="text" value="None"/>	
Scope Limit: <input style="width:90%;" type="text" value="None"/>		
Other: <input style="width:90%;" type="text" value="Tobacco cessation counseling services are available to all non-pregnant Medicaid beneficiaries. The maximum number of visits allowed per individual per calendar year is 16. This maximum number of visits per calendar year can be exceeded based on medical necessity through a prior authorization process. This benefit has the same effective date as SPA 14-009."/>		

Other 1937 Benefit Provided: <input style="width:90%;" type="text" value="Licensed Dental Hygienist Services"/>	Source: <input style="width:90%;" type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>
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Alternative Benefit Plan

Authorization:	Provider Qualifications:	Remove
<input type="text"/>	Medicaid State Plan	
Amount Limit:	Duration Limit:	Add
None	None	
Scope Limit:		
None		
Other:		
<p>Services provided by licensed dental hygienists are covered when those services are provided by a dental hygienist who is in a collaborative agreement with a dentist licensed in Vermont. Covered services are limited to those specified in protocols for licensure and reviewed and accepted by the State of Vermont, Director of the Office of Professional Regulation, and are services covered by Medicaid. This benefit has the same effective date as SPA 15-023.</p>		



Alternative Benefit Plan

<input type="checkbox"/> 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 <input type="checkbox"/>
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PRA Disclosure Statement

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

V.20130814