Table of Contents

State/Territory Name: Vermont

State Plan Amendment (SPA) #: 15-0031

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services John F. Kennedy Federal Building Boston, Massachusetts 02203



Boston Regional Operations Group

November 7, 2019

VIA E-MAIL

cc:

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 15-0031. This ABP, which was submitted through the Medicaid Model Data Lab (MMDL No. 0626.R00.03) on December 21, 2015, meets all federal statutory and regulatory requirements for establishing an ABP.

This SPA was submitted to add coverage of Health Home services for opioid dependence to the state's approved ABP. This serves to maintain full alignment with the Medicaid State Plan. It also adds targeted case management populations as an administrative processing item. This SPA has been approved effective September 25, 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)

Dylan Frazer, Health Programs Administrator, Policy Unit

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name:	Vermont		
Transmittal Number:			
		ere ST= the state abbreviation, YY = the last two of	ligits of
the submission year, and 0000 = a four	r digit number with leading zeros. I	ne dasnes must also be entered.	
15-031			
Droposed Effective Date			
Proposed Effective Date 09/25/2015 (mm/dd/vvvv)			
09/25/2015 (mm/dd/yyyy)			
Federal Statute/Regulation Citation			
42 CFR Sec. 430.12(c)(1)(ii)			
Federal Budget Impact			
Federal Fiscal Year	Amount		
First Year 2016	\$ 0.00		
Second Year 2017	\$ 0.00		
Subject of Amendment			
Alternative Benefit Plan - Health	Homes		
Governor's Office Review			
Governor's office report			
Ocomments of Governor's Describe:	s office received		
Describe.			^
			V
No reply received within	45 days of submittal		
Other, as specified			
Describe:			
Signature of State Agency Official			
Submitted By:	Danielle Fuoco		
Last Revision Date:	Oct 31, 2019		
Submit Date:	Dec 21, 2015		
D . D		Date Approved: 11/07/2019	
Date Received: 12/21/2015 Effective Date of Approved Material: 09/	/25/2015	Signature of Regional Official:	
Effective Bate of Approved Material.	25,2015		
		/s/	

Title: Francis T. McCullough, Director

Division of Medicaid Field Operations East (Boston)



Attachment 3.1-C
Benefits Description

ABP5

The state/territory proposes a "Benchmark-Equivalent" benefit package. No

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Blue Care, Vermont Health Plan, LLC, CDHP

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."

Secretary-Approved

OMB Control Number: 0938-1148



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



benchmark plan:		Remov
Benefit Provided:	Source:	
Physician Services in all settings	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information below	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
visit per patient per diagnosis per month and up to cosmetic surgery; ineffective or unproven procedure without consent. Prior authorizations apply for certa	es; unnecessary testing; experimental; services provided	
exceeded based on medical necessity.	, ,	
exceeded based on medical necessity. Benefit Provided:	Source:	
exceeded based on medical necessity. Benefit Provided:		Remov
exceeded based on medical necessity. Benefit Provided:	Source:	Remov
exceeded based on medical necessity. Benefit Provided: Family Planning	Source: State Plan 1905(a)	Remov
exceeded based on medical necessity. Benefit Provided: Family Planning Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remov
exceeded based on medical necessity. Benefit Provided: Family Planning Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remov
exceeded based on medical necessity. Benefit Provided: Family Planning Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remov
exceeded based on medical necessity. Benefit Provided: Family Planning Authorization: None Amount Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remov
exceeded based on medical necessity. Benefit Provided: Family Planning Authorization: None Amount Limit: None Scope Limit: Reversal of sterilizations not covered	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remov
exceeded based on medical necessity. Benefit Provided: Family Planning Authorization: None Amount Limit: None Scope Limit: Reversal of sterilizations not covered Other information regarding this benefit, including benchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None the specific name of the source plan if it is not the base	Remov
exceeded based on medical necessity. Benefit Provided: Family Planning Authorization: None Amount Limit: None Scope Limit: Reversal of sterilizations not covered Other information regarding this benefit, including benchmark plan: Benefit Provided:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None the specific name of the source plan if it is not the base Source:	Remov
exceeded based on medical necessity. Benefit Provided: Family Planning Authorization: None Amount Limit: None Scope Limit: Reversal of sterilizations not covered Other information regarding this benefit, including benchmark plan: Benefit Provided: Medical & Surgical furnished by Dentist	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None the specific name of the source plan if it is not the base Source: State Plan 1905(a)	Remov
exceeded based on medical necessity. Benefit Provided: Family Planning Authorization: None Amount Limit: None Scope Limit: Reversal of sterilizations not covered Other information regarding this benefit, including benchmark plan: Benefit Provided:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None the specific name of the source plan if it is not the base Source:	Remov



Amount Limit:	Duration Limit:	
None	None	Remove
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
DLP: Chiropractic	State Plan 1905(a)	Remove
	Provider Qualifications:	Remove
Authorization:	Medicaid State Plan	
Authorization required in excess of limitation		
Amount Limit:	Duration Limit: None	
10 visits per year	None	
Scope Limit:		
None	the specific name of the source plan if it is not the base	
None Other information regarding this benefit, including benchmark plan:		
None Other information regarding this benefit, including benchmark plan: Genefit Provided:	Source:	Remove
None Other information regarding this benefit, including benchmark plan: Benefit Provided: OLP: Podiatry	Source: State Plan 1905(a)	Remove
None Other information regarding this benefit, including benchmark plan: Genefit Provided: OLP: Podiatry Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
None Other information regarding this benefit, including benchmark plan: Genefit Provided: DLP: Podiatry Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
None Other information regarding this benefit, including benchmark plan: Genefit Provided: OLP: Podiatry Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
None Other information regarding this benefit, including benchmark plan: Genefit Provided: OLP: Podiatry Authorization: None Amount Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
None Other information regarding this benefit, including benchmark plan: Benefit Provided: DLP: Podiatry Authorization: None Amount Limit: None Scope Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
None Other information regarding this benefit, including benchmark plan: Benefit Provided: DLP: Podiatry Authorization: None Amount Limit: None Scope Limit: Non-routine foot care only; Excludes flat foot; subnail trimming preventative hygiene	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
None Other information regarding this benefit, including benchmark plan: Benefit Provided: OLP: Podiatry Authorization: None Amount Limit: None Scope Limit: Non-routine foot care only; Excludes flat foot; subnail trimming preventative hygiene Other information regarding this benefit, including	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None Durations of foot not requiring surgery; corns, calluses,	Remove



Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Hospice	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan: 6 months prior to end of life.	e specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
DLP: Pediatric or Family Nurse Practitioners	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See other information below	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Home & Office - 5 visits per month; Nursing Facility visit per patient per diagnosis per month and up to one cosmetic surgery; ineffective or unproven procedures without consent. Prior authorizations apply for certain	e visit per day for acute care. Excludes solely; unnecessary testing; experimental; services provided	



exceeded based on medical necessity.	
	Remove
	Add



Essential Health Benefit 2: Emergency services		Collapse All
Benefit Provided:	Source:	
Outpatient Hospital: Emergency Care	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
None		
benchmark plan:		
Benefit Provided:	Source:	7
Transportation: Ambulance	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
None		
Other information regarding this benefit, includenchmark plan:	uding the specific name of the source plan if it is not the base	_
For emergency services. Prior authorization is hospital. Transport to a border hospital does r	s required for coverage of ambulance service to an out-of-state not require prior authorization.	
		Add



Essential Health Benefit 3: Hospitalization		Collapse All
Benefit Provided:	Source:	
Inpatient Hospital	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Concurrent Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
None		
Other information regarding this benefit, incohenchmark plan:	cluding the specific name of the source plan if it is not the base	
Substance Abuse Detox is performed in an i	npatient hospital setting.	
Benefit Provided:	Source:	_
Inpatient Psychiatric Hospital	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
Concurrent Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		_
None		
Other information regarding this benefit, incohenchmark plan:	cluding the specific name of the source plan if it is not the base	_
Not Institutions for Mental Disease (IMD).		7
L		Add



Essential Health Benefit 4: Maternity and newborn care		Collapse All
Benefit Provided:	Source:	
OLP: Licensed Lay Midwife	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	7
Benefit Provided:	Source:	
Nurse Midwife	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
None		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base]
Benefit Provided:	Source:	
Physician Services: Maternity Care	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
None		
		_



benchmark plan:		Remove
Benefit Provided:	Source:	
Inpatient Hospital: Maternity Care	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Concurrent Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, in benchmark plan:	cluding the specific name of the source plan if it is not the	e base
Current Authorization on the 13th day of st	ay.	
		Add



	ntial Health Benefit 5: Mental health and substance use vioral health treatment	se diso	sorder services including	Collapse All
Ben	efit Provided:	Sou	ource:	
Clir	nic Services - Mental Health Clinic	Sta	ate Plan 1905(a)	Remove
	Authorization:	Pro	ovider Qualifications:	_
	None	Me	edicaid State Plan	
	Amount Limit:	Du	uration Limit:	_
	None	No	one	
	Scope Limit:			_
	None			
	Other information regarding this benefit, including the benchmark plan:	ne spec	ecific name of the source plan if it is not the base	_
	Includes group therapy, individual psychotherapy, day and chemotherapy.	ny hos	spital, diagnosis and evaluation, emergency care,	
Ben	efit Provided:	Sou	ource:	
OLI	P: Behavioral Health	Sta	ate Plan 1905(a)	Remove
	Authorization:	Pro	ovider Qualifications:	
	None	Me	edicaid State Plan	
	Amount Limit:	Du	uration Limit:	_
	None	No	one	
	Scope Limit:			_
	Not covered if resident of inpatient hospital or mental health clinic services.	al heal	alth hospital, or concurrently receiving mental	
	Other information regarding this benefit, including the benchmark plan:	ne spec	ecific name of the source plan if it is not the base	
	Vermont has five designated hospitals that provided purings of 8 beds or less and are not Institutions for Me			
Ben	efit Provided:	Sou	ource:	
Reh	ab: Substance Abuse Services Residential Treat	Sta	ate Plan 1905(a)	
	Authorization:	Pro	ovider Qualifications:	
	None	Me	edicaid State Plan	
	Amount Limit:	Du	uration Limit:	
	None	No	one	



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



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

Page 13 of 45



efit Provided:	II C. Dhamasania (LICD) acts as more disclosure the
Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.		
Prescription Drug Limits (Check all that apply.):	Authorization:	Provider Qualifications:
∠ Limit on days supply	Yes	State licensed
Limit on number of prescriptions		
○ Other coverage limits		
□ Preferred drug list		
Coverage that exceeds the minimum requirements	or other:	
The State of Vermont's ABP prescription drug berstate plan for prescribed drugs.	nefit plan is the same	as under the approved Medicaid



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



benchmark plan:		Remove
Benefit Provided:	Source:	
Prosthetic Devices	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	•
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		-
None		
benchmark plan:	ng the specific name of the source plan if it is not the base trusses and socks; all others require prior authorization.	
Benefit Provided:	Source:	_
Nursing Facility 21 and older; rehab care	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		_
None		
Other information regarding this benefit, includi benchmark plan:	ng the specific name of the source plan if it is not the base	
Requires a physician order; Out of state requires	prior authorization.	
Benefit Provided:	Source:	
Home Health Intermittent Part Time Nursing	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	



Scope Limit:	,	
None		Remove
Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base	
Requires physician order and plan of care. Services of system are available to Medicaid beneficiaries eligible effective date as SPA 14-021.	delivered through the home telemonitoring delivery le for home health services. This benefit has the same	
Benefit Provided:	Source:	
Home Health Aide	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan: Requires plan of care and supervision by OT/PT/SLF	he specific name of the source plan if it is not the base P or nurse.	
Benefit Provided:	Source:	
Home Health: Medical Supplies, Equip. and Applianc	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Scope Limit: None		
None	he specific name of the source plan if it is not the base	
None Other information regarding this benefit, including the	he specific name of the source plan if it is not the base	
None Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base Source:	
None Other information regarding this benefit, including the benchmark plan: Requires physician order.		
None Other information regarding this benefit, including the benchmark plan: Requires physician order. Benefit Provided:	Source:	



Amount Limit:	Duration Limit:	
None	four month limit	Remove
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Home Health: Private Duty Nursing	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan: Benefit Provided:	Course	
Licensed Applied Behavior Analyst Services	Source: State Plan 1905(a)	
	Provider Qualifications:	
Authorization: Prior Authorization	Medicaid State Plan	
Amount Limit: Other	Duration Limit: None	
Scope Limit:	TVOICE	
None		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Services are limited to those specified in protocols for Vermont, Director of the Office of Professional Regul Licensed Applied Behavior Analysts will oversee the Analysts and Behavior Technicians, and shall assume by an unlicensed provider under their supervision. All authorized by the Medicaid program, and delivered in	lation, and are services covered by Medicaid. supervision of Board Certified Assistant Behavior professional responsibility for the services rendered services must be medically necessary, prior	



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



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



Essential Health Benefit 9: Preventive and wellness services	vices and chronic disease management C	Collapse All
the United States Preventive Services Task Force; Advise	ge of preventive services including: "A" and "B" services in composition of the compositi	nended
Benefit Provided:	Source:	
Clinic Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
OLP: Naturopathic Physician	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Other diagnostic, screening, preventive and rehab	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	



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



Essential Health Benefit 10: Pediatric services including oral and vision care Co		Collapse All
Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		_
None		
Other information regarding this benefit, including benchmark plan:	ng the specific name of the source plan if it is not the base	_
All federally required services in accordance CF	R and Statute.	
Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		_
None		
Other information regarding this benefit, including benchmark plan:	ng the specific name of the source plan if it is not the base	
Vermont for the severely disabled such as head i	services provided in nursing facilities located outside of njured or ventilator dependent people require authorization a designee. Coverage of this care is limited to one year	n
		Add



Other Covered Benefits from Base Benchmark	Collapse All



\boxtimes	Base Benchmark Benefits Not Covered due to Substitution	n or Duplication	Collapse All
	Base Benchmark Benefit that was Substituted:	Source:	
	Family Planning: Reversal of Sterilization	Base Benchmark	Remove
	Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
	Substitution - Non-Emergency Transportation was su Medicaid State Plan does not cover reversal of sterilizathis former 1115 expansion, now state plan, group in	zation and the state seeks an identical benefit plan for	-
	Base benchmark benefit limitation(s): One attempt at	reversal of sterilization covered.	
	Base Benchmark Benefit that was Substituted:	Source:	
	Infertility Drugs with natural conception	Base Benchmark	Remove
I	Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
	Duplication - The Medicaid State Plan Generic and B treatments and were used in order to ensure identical		n.
	Base benchmark benefit limitation(s): Infertility Drug	gs up to 4 months per year for natural conception.	
	This benefit maps to EHB 6: Prescription Drugs.		
	Base Benchmark Benefit that was Substituted:	Source:	
	Outpatient Hospital Fee	Base Benchmark	Remove
	Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
	Duplication - The Medicaid State Plan Outpatient Hobenefits for all beneficiaries in the Medicaid program	-	
	This benefit maps to EHB 1: Ambulatory Patient Ser	vices.	
	Base Benchmark Benefit that was Substituted:	Source:	
	Outpatient Surgery Physician/Surgical Services	Base Benchmark	Remove
	Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
Duplication - The Medicaid State Plan Outpatient Hospital service was used in order to ensure ide benefits for all beneficiaries in the Medicaid program.			
	This benefit maps to EHB 1: Ambulatory Patient Ser	vices.	
	Base Benchmark Benefit that was Substituted: Urgent Care Centers or Facilities	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: Remove 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. This benefit maps to EHB 1: Ambulatory Patient Services. Source: Base Benchmark Benefit that was Substituted: Base Benchmark Primary Care Visit to Treat an Injury or Illness Remove Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - The Medicaid State Plan Physician Services In all settings service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. This benefit maps to EHB 1: Ambulatory Patient Services. Source: Base Benchmark Benefit that was Substituted: Base Benchmark Dental Services (not Routine) Remove Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - The Medicaid State Plan Medical & Surgical furnished by dentist service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. Base benchmark benefit limitation(s): Prior approval required. This benefit maps to EHB 1: Ambulatory Patient Services. Base Benchmark Benefit that was Substituted: Source: Base Benchmark Chiropractic Care Remove Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - The Medicaid State Plan Chiropractic service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. Base benchmark benefit limitation(s): Prior Approval is required after the 12th visit. This benefit maps to EHB 1: Ambulatory Patient Services. Source: Base Benchmark Benefit that was Substituted: Base Benchmark OLP: Routine Foot Care for diabetics only



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:	Remove	
Duplication - The Medicaid State Plan Podiatry service was used in order to ensure identical benefits f beneficiaries in the Medicaid program.	or all	
Base benchmark benefit limitation(s): Covered for Diabetics only; excluded for all other members.		
This benefit maps to EHB 1: Ambulatory Patient Services.		
Base Benchmark Benefit that was Substituted: Source:		
Emergency Room Services Base Benchmark	Remove	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - The Medicaid State Plan Outpatient Hospital Emergency Care service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.		
Base Benchmark Benefit that was Substituted: Source:		
Emergency Transportation/ Ambulance Base Benchmark	Remove	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - The Medicaid State Plan Transportation: Ambulance service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.		
Base Benchmark Benefit that was Substituted: Source: Base Benchmark		
Inpatient Hospital Services	Remove	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
Duplication - The Medicaid State Plan Inpatient Hospital, Physician Services In all settings was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.		
This benefit maps to EHB 3: Hospitalization.		
Base Benchmark Benefit that was Substituted: Base Benchmark Base Benchmark		
Inpatient Physician and Surgical Services	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:		
	n	



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



Base Benchmark Benefit that was Substituted:	Source:	
Transplant live donor	Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
Duplication - The Medicaid State Plan Inpatient Hosp order to ensure identical benefits for all beneficiaries		
This benefit maps to EHB 3: Hospitalization and EHI	B 1: Ambulatory Care.	
Base Benchmark Benefit that was Substituted:	Source:	
Mental/Behavioral Health Inpatient Services	Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
Duplication - The Medicaid State Plan Inpatient psyc identical benefits for all beneficiaries in the Medicaid		
This benefit maps to EHB 3: Hospitalization.		
Base benchmark benefit limitation(s): Excludes service facilities, treatment without concurrent review, non-treatment on education or socialization or delinquency, custodia biofeedback, pain management, stress reduction class Prior Approval is required for all non-Emergency Input.	raditional or alternative therapies, services that focus al care that is not medically necessary and sees or pastoral counseling.	
Base Benchmark Benefit that was Substituted:	Source:	
Other Practitioner Office Visit (Nurse, Physician	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Duplication - The Medicaid State Plan Pediatric or Fa to ensure identical benefits for all beneficiaries in the	*	
This benefit maps to EHB 1: Ambulatory Patient Services	vices.	
Base Benchmark Benefit that was Substituted:	Source:	
Prenatal and Postnatal Care	Base Benchmark	Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
Duplication - The Medicaid State Plan Licensed Lay were used in order to ensure identical benefits for all	Midwife, Physician Services: Maternity Care services beneficiaries in the Medicaid program.	
This benefit maps to EHB 4: Maternity and Newborn	ı Care.	



Base Benchmark Benefit that was Substituted:	Source:		
Delivery and All Inpatient Services for Maternity	Base Benchmark	Remove	
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un			
Duplication - The Medicaid State Plan Nurse Mid Wi Hospital: Maternity Care was used in order to ensure program.	fe, Physician Services: Maternity Care, Inpatient identical benefits for all beneficiaries in the Medicaid		
This benefit maps to EHB 4: Maternity and Newborn	Care.		
Base Benchmark Benefit that was Substituted:	Source:		
Diagnostic Test (Lab Work)	Base Benchmark	Remove	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:			
Duplication - The Medicaid State Plan Other Laboratidentical benefits for all beneficiaries in the Medicaid	•		
This benefit maps to EHB 8: Laboratory Services.			
Base Benchmark Benefit that was Substituted:	Source:		
Diagnostic Tests and Imaging	Base Benchmark	Remove	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:			
Duplication - The Medicaid State Plan Other Laboratidentical benefits for all beneficiaries in the Medicaid This benefit maps to EHB 8: Laboratory Services.	•		
	Source:		
Base Benchmark Benefit that was Substituted: Preventive Care	Base Benchmark	Remove	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - The Medicaid State Plan 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.			
			This benefit maps to EHB 9: Preventive and Wellness 1: Ambulatory Care.
Base Benchmark Benefit that was Substituted:	Source:		
Nutritional Counseling	Base Benchmark		
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un			
Duplication - The Medicaid State Plan Naturonathic I	Physician and Physician Services were used in order to		



ensure identical benefits for all beneficiaries in the Medicaid program.]	
This benefit maps to EHB 9: Preventive and Wellness Services and Chronic Disease Management and EHE 1: Ambulatory Care.	Remove	
Base Benchmark Benefit that was Substituted: Source:		
Generic Drugs Base Benchmark	Remove	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
Duplication - The Medicaid State Plan Generic drug benefit was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.		
This benefit maps to EHB 6: Prescription Drugs.		
Base Benchmark Benefit that was Substituted: Source:		
Preferred brand, non-pref. brand, & specialty drug Base Benchmark	Remove	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	_	
Duplication - The Medicaid State Brand Name drug benefit was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.		
This benefit maps to EHB 6: Prescription Drugs.		
Base Benchmark Benefit that was Substituted: Source:		
Nutritional Formulae Base Benchmark	Remove	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
Duplication - The Medicaid State Plan Generic, Brand Name and OTC drug benefit was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.		
This benefit maps to EHB 6: Prescription Drugs.		
Base Benchmark Benefit that was Substituted: Source:		
Mental/Behavioral Health Outpatient Services Base Benchmark		
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
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.		
This benefit maps to EHB 5: Mental Health and Substance Use Disorder Services Including Behavioral Health Treatment.		
Base benchmark benefit limitation(s): Prior authorization is required for psychological testing, electro-		



shock therapy; and intensive outpatient mental health 10 visit limit per plan year without prior approval. If r health services, prior approval is required beginning v	more than 10 visits are required for outpatient mental	Remove
Base Benchmark Benefit that was Substituted: Neuropsychological Testing	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi- section 1937 benchmark benefit(s) included above un-		
Duplication - The Medicaid State Plan Clinic 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.		
This benefit maps to EHB 5: Mental Health and Subst Behavioral Health Treatment.	tance Use Disorder Services Including	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Substance Abuse Disorder Outpatient Services	Dase Benefiniark	Remove
Explain the substitution or duplication, including indi- section 1937 benchmark benefit(s) included above un-		
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.		
This benefit maps to EHB 5: Mental Health and Substance Use Disorder Services Including Behavioral Health Treatment.		
Base benchmark benefit limitation(s): Prior authorization is required for psychological testing, electroshock 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.		
Base Benchmark Benefit that was Substituted:	Source:	
Outpatient Rehabilitation Services	Base Benchmark	Remove
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above un		
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.		
This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices.		
Base Benchmark Benefit that was Substituted:	Source:	
Outpatient physical, speech and occupational thera	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: Remove 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. Base benchmark benefit limitation(s): Covered up to 30 visits combined per plan year. This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices. Source: Base Benchmark Benefit that was Substituted: Base Benchmark **Durable Medical Equipment** Remove Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - The Medicaid State Plan 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. 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. This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices. Source: Base Benchmark Benefit that was Substituted: Base Benchmark Skilled Nursing Facility Remove Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - The Medicaid State Plan Nursing Facility 21 and older was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. Base benchmark benefit limitation(s): Covered by participating facility only for Acute Care. This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices. Source: Base Benchmark Benefit that was Substituted: Base Benchmark Home Health Care Services Remove Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - The Medicaid State Plan 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. This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices.



Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Private-Duty Nursing	Dase Dencimark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abo	g indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits:	
Duplication - The Medicaid State Plan Home Home Home ensure identical benefits for all beneficiaries in t	ealth: Private Duty Nursing service was used in order to the Medicaid program.	
Base benchmark benefit limitation(s): Covered trecertification of treatment plan every 60 days.	up to \$2,000 per plan year; Requires prior approval and	
This benefit maps to EHB 7: Rehabilitative and	Habilitative Services and Devices.	
Base Benchmark Benefit that was Substituted:	Source:	
Hospice Services	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abo	g indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits:	
Duplication - The Medicaid State Plan Hospice beneficiaries in the Medicaid program.	service was used in order to ensure identical benefits for all	
Base benchmark benefit limitation(s): 100 hours	s per month.	
This benefit maps to EHB 1: Ambulatory Service	ees.	
Base Benchmark Benefit that was Substituted:	Source:	
Home Health Aide	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abo	g indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits:	
Duplication - The Medicaid State Plan Home He all beneficiaries in the Medicaid program.	ealth Aide was used in order to ensure identical benefits for	
Base benchmark benefit limitation(s): 100 hours	s per month.	
This benefit maps to EHB 7: Rehabilitative and	Habilitative Services and Devices.	
Base Benchmark Benefit that was Substituted:	Source:	
Habilitation Autism	Base Benchmark	
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abo	g indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits:	
Duplication - The Medicaid State Plan EPSDT s beneficiaries in the Medicaid program.	service was used in order to ensure identical benefits for all	
	children up to the age of 21 who have an ASD regardless ering a lost skill. This is the same coverage that EPSDT	



This benefit maps to EHB 10: Pediatric services including oral and vis	sion care.
	Remove
Base Benchmark Benefit that was Substituted: Source:	1
Preventive Care/ Screening/ Immunization Base Benchm	Remove
Explain the substitution or duplication, including indicating the substitution 1937 benchmark benefit(s) included above under Essential He	
Duplication - The Medicaid State Plan EPSDT and Physician Services ensure identical benefits for all beneficiaries in the Medicaid program.	
This benefit maps to EHB 1: Ambulatory Patient Services and EHB 1 and Vision Care.	0: Pediatric Services including Oral
Base Benchmark Benefit that was Substituted: Source:	
Eye Glasses for Children Base Benchm	nark Remove
Explain the substitution or duplication, including indicating the substitution 1937 benchmark benefit(s) included above under Essential He	
Duplication - The Medicaid State Plan EPSDT service was used in or beneficiaries in the Medicaid program.	rder to ensure identical benefits for all
This benefit maps to EHB 10: Pediatric Services Including Oral and V	Vision Care.
Base Benchmark Benefit that was Substituted: Source:	
Dental Check-Up for Children Base Benchm	Remove
Explain the substitution or duplication, including indicating the substitution 1937 benchmark benefit(s) included above under Essential He	
Duplication - The Medicaid State Plan EPSDT service was used in or beneficiaries in the Medicaid program.	rder to ensure identical benefits for all
This benefit maps to EHB 10: Pediatric Services Including Oral and V	Vision Care.
Base Benchmark Benefit that was Substituted: Source: Base Benchm	oul.
Family Planning: All Other Services	Remove
Explain the substitution or duplication, including indicating the substitution 1937 benchmark benefit(s) included above under Essential He	· · · · · · · · · · · · · · · · · · ·
Duplication - The Medicaid State Plan Family Planning service was u benefits for all beneficiaries in the Medicaid program.	sed in order to ensure identical
This benefit maps to EHB 1: Ambulatory Patient Services.	
	Add

Page 35 of 45



Other Base Benchmark Benefits Not Covered	(Collapse All
Base Benefithark Benefit not metaded in the Attendative	ource: Base Benchmark	Remove
Routine Eye Exam (Adult)		Romove
Explain why the state/territory chose not to include this b	penefit:	
Routine adult eye exams are not considered an EHB.		
The Medicaid State Plan Optometry service was used in beneficiaries in the Medicaid program.	order to ensure identical benefits for all	
Base benchmark benefit limitation(s): 1 routine eye exam and fitting of contact lenses or other supplemental tests, r		
		Add



Other 1937 Covered Benefits that are not Essential Health Benefits		Collapse All
Other 1937 Benefit Provided: Source:		
Dental- Prophylaxis	Section 1937 Coverage Option Benchmark Benefi Package	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
1 visit every 6 months; \$510 per year	None	
Scope Limit:		_
Excludes cosmetic; elective; TMJ treatment excep	ot TMJ splint fabrication.	
Other:		_
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefi	
ICF/IID	Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
None		
Other:		_
Other 1937 Benefit Provided:	Source:	
OLP: High Tech Nursing	Section 1937 Coverage Option Benchmark Benefice Package	
Authorization:	Provider Qualifications:	_
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		
None		
Other:		



		Remove
Other 1937 Benefit Provided:	Source:	
Extended Services (home visits) for Pregnant Women	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Other 1937 Benefit Provided:	Source:	
OLP: Opticians	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Limited to eye glass dispensing only.		
Other:		
No authorization requirement.		
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Face-to-Face Tobacco cessation for pregnant women	Package	
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
16 visits per calendar year.		



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



Scope Limit:		
None		Remove
Other:		
No authorization requirement.		
Other 1937 Benefit Provided:	Source:	
Community Mental Health Center Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
No authorization requirement. Diagnosis and evaluation; emergency care; psyc	chotherapy; chemotherapy; group therapy; specialized th Designated Providers authorized by DMH and required	
No authorization requirement. Diagnosis and evaluation; emergency care; psycrehabilitation services provided by Mental Healt		
No authorization requirement. Diagnosis and evaluation; emergency care; psyc rehabilitation services provided by Mental Healt by state law. The benefit category in Vermont's 8	th Designated Providers authorized by DMH and required State plan is "Other Diagnostic, Screening, Preventive and Source:	
No authorization requirement. Diagnosis and evaluation; emergency care; psycrehabilitation services provided by Mental Healt by state law. The benefit category in Vermont's Rehabilitative Services."	th Designated Providers authorized by DMH and required State plan is "Other Diagnostic, Screening, Preventive and	Remove
No authorization requirement. Diagnosis and evaluation; emergency care; psycrehabilitation services provided by Mental Healt by state law. The benefit category in Vermont's Rehabilitative Services." Other 1937 Benefit Provided:	th Designated Providers authorized by DMH and required State plan is "Other Diagnostic, Screening, Preventive and Source: Section 1937 Coverage Option Benchmark Benefit	Remove
No authorization requirement. Diagnosis and evaluation; emergency care; psycrehabilitation services provided by Mental Healt by state law. The benefit category in Vermont's Rehabilitative Services." Other 1937 Benefit Provided: Assertive Community Care Services (PNMI)	th Designated Providers authorized by DMH and required State plan is "Other Diagnostic, Screening, Preventive and Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
No authorization requirement. Diagnosis and evaluation; emergency care; psycrehabilitation services provided by Mental Healt by state law. The benefit category in Vermont's Rehabilitative Services." Other 1937 Benefit Provided: Assertive Community Care Services (PNMI)	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
No authorization requirement. Diagnosis and evaluation; emergency care; psycrehabilitation services provided by Mental Healt by state law. The benefit category in Vermont's Rehabilitative Services." Other 1937 Benefit Provided: Assertive Community Care Services (PNMI) Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
No authorization requirement. Diagnosis and evaluation; emergency care; psycrehabilitation services provided by Mental Healt by state law. The benefit category in Vermont's Rehabilitative Services." Other 1937 Benefit Provided: Assertive Community Care Services (PNMI) Authorization: Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
No authorization requirement. Diagnosis and evaluation; emergency care; psycrehabilitation services provided by Mental Healt by state law. The benefit category in Vermont's Rehabilitative Services." Other 1937 Benefit Provided: Assertive Community Care Services (PNMI) Authorization: Amount Limit: None	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
No authorization requirement. Diagnosis and evaluation; emergency care; psycrehabilitation services provided by Mental Healt by state law. The benefit category in Vermont's Rehabilitative Services." Other 1937 Benefit Provided: Assertive Community Care Services (PNMI) Authorization: Amount Limit: None Scope Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
No authorization requirement. Diagnosis and evaluation; emergency care; psycrehabilitation services provided by Mental Healt by state law. The benefit category in Vermont's Rehabilitative Services." Other 1937 Benefit Provided: Assertive Community Care Services (PNMI) Authorization: Amount Limit: None Scope Limit: Persons with functional impairments and/or cog	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
No authorization requirement. Diagnosis and evaluation; emergency care; psycrehabilitation services provided by Mental Healt by state law. The benefit category in Vermont's Rehabilitative Services." Other 1937 Benefit Provided: Assertive Community Care Services (PNMI) Authorization: Amount Limit: None Scope Limit: Persons with functional impairments and/or cogother:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove



Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Excludes residents of nursing home or enhanced per week, 12 hours per day.	residential care facilities. Should not exceed seven days	
Other:		
safety, and psychological needs of adults through medication administration, health monitoring and	on-residential program designed to address the health, individual plans of care that may include a provision of oversight, personal care, maintenance therapies, and care is benefit has the same effective date as SPA 15-007.	
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Targeted Case Management (4 targeted groups)	Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
No authorization requirement.		
unable to access needed medical, social, education their level of disability, or who lack the active ass assist them in accessing needed services; (2) Indivineglect, trauma, behavioral challenges, family dysassistance to identify, obtain and monitor needed social, educational, and other services; (3) Pregna months of age enrolled in the Vermont Department	(1) Persons with developmental disabilities who are nal and other services because of adaptive deficits due to istance of a family member or other interested person to viduals and families who have a history of child abuse or sfunction, and/or family violence who are in need of medical (including mental health and substance abuse), not and postpartum women and infants through twelve not for Children and Families, Healthy Babies, Kids, and ecial education and related medically necessary Medicaid ducation Plan (IEP).	
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Respiratory Care Services	Package	
Respiratory Care Services Authorization:	Package Provider Qualifications:	



None	Remove
Source:	
Section 1937 Coverage Option Benchmark Benefit Package	Remove
Provider Qualifications:	
Medicaid State Plan	
Duration Limit:	
None	
Package	Remove
Provider Qualifications:	
Medicaid State Plan	
Duration Limit:	
None	
or authorization.	
Source:	
Section 1937 Coverage Option Benchmark Benefit Package	
	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None Source: Section 1937 Coverage Option Benchmark Benefit Package



Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
Routine exam 1/2 years; diagnostic exam 1/2 years	None	
Scope Limit:		
None		
Other:		
Contact Lens prior authorization; Aids to vision approach ADL or IADL.	oved when legally blind and will improve at least one	
Other 1937 Benefit Provided:	Source:	
npatient Psych. Services for Individuals Under 22	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
No authorization requirement.		
•		
Other 1937 Benefit Provided:	Source:	
Face-to-Face Tobacco cessation	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
16 visits per calendar year.	None	
Scope Limit:		
None		
Other:		
Tobacco cessation counseling services are available to	o all non-pregnant Medicaid beneficiaries. The	
maximum number of visits allowed per individual per per calendar year can be exceeded based on medical n	r calendar year is 16. This maximum number of visits	
ther calendar year can be exceeded based on medical r	iecessity infoligh a prior authorization process. This	



Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Licensed Dental Hygienist Services	Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
	nre and reviewed and accepted by the State of Vermont, and are services covered by Medicaid. This benefit has Source:	
Health Home Services for Opioid Dependence	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Health Homes provide coordinated, systemic, w medication assisted therapy (MAT) for opioid d	Phole-person care to Medicaid beneficiaries who receive ependence.	
Other:		
See State Plan Attachment 3.1-H for additional in	nformation on this service.	
		. 11

Add

OFFICIAL



Alternative Benefit Plan

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

PRA Disclosure Statement

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

V.20130814