



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

Benefits Description	ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit package. <input type="checkbox"/> No	
Benefits Included in Alternative Benefit Plan	
Enter the specific name of the base benchmark plan selected:	
<input type="text" value="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."	
<input type="text" value="Secretary-Approved"/>	

TN No. 13-029Effective Date: 1/1/14

Supersedes

TN No. NoneApproval Date: 1/15/14



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 1: Ambulatory patient services	Collapse All <input type="checkbox"/>																														
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;">Benefit Provided:</td> <td style="width: 35%; border: none;">Source:</td> <td style="width: 20%; border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Outpatient Hospital</td> <td style="border: 1px solid black; padding: 2px;">State Plan 1905(a)</td> <td style="border: 1px solid black; text-align: center; padding: 2px;">Remove</td> </tr> <tr> <td style="border: none;">Authorization:</td> <td style="border: none;">Provider Qualifications:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">None</td> <td style="border: 1px solid black; padding: 2px;">Medicaid State Plan</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Amount Limit:</td> <td style="border: none;">Duration Limit:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">None</td> <td style="border: 1px solid black; padding: 2px;">None</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Scope Limit:</td> <td colspan="2" style="border: none;"></td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;">None</td> </tr> <tr> <td colspan="3" style="border: none; padding: 5px;">Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; height: 20px;"></td> </tr> </table>		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 specific name of the source plan if it is not the base benchmark plan:					
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Authorization:	Provider Qualifications:																														
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TN No. 13-029Effective Date: 1/1/14

Supersedes

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Alternative Benefit Plan

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:

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:

Amount Limit:

Duration Limit:

Scope Limit:

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Benefit Provided:

Source:

Authorization:

Provider Qualifications:

TN No. 13-029

Supersedes

TN No. None

Effective Date: 1/1/14

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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: 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: 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: 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: 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: 90%; height: 20px;" 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: 90%; 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

<p>Authorization: <input type="text" value="Prior Authorization"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/></p>	<p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>	<input type="button" value="Remove"/>
<p>Benefit Provided: <input type="text" value="Hospice"/></p> <p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="6 months prior to end of life."/></p>	<p>Source: <input type="text" value="State Plan 1905(a)"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>	<input type="button" value="Remove"/>
<p>Benefit Provided: <input type="text" value="OLP: Pediatric or Family Nurse Practitioners"/></p> <p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="See other information below"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="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"/></p>	<p>Source: <input type="text" value="State Plan 1905(a)"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>	



Alternative Benefit Plan

<input type="text" value="exceeded based on medical necessity."/>	<input type="button" value="Remove"/>
	<input type="button" value="Add"/>



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 2: Emergency services	Collapse All <input type="checkbox"/>																														
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Benefit Provided:</td> <td style="width: 50%; border: none;">Source:</td> <td style="width: 10%; border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Outpatient Hospital: Emergency Care</td> <td style="border: 1px solid black; padding: 2px;">State Plan 1905(a)</td> <td style="border: 1px solid black; text-align: center; padding: 2px;">Remove</td> </tr> <tr> <td style="border: none;">Authorization:</td> <td style="border: none;">Provider Qualifications:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">None</td> <td style="border: 1px solid black; padding: 2px;">Medicaid State Plan</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Amount Limit:</td> <td style="border: none;">Duration Limit:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">None</td> <td style="border: 1px solid black; padding: 2px;">None</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Scope Limit:</td> <td colspan="2" style="border: none;"></td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;">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:</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; height: 20px;"></td> </tr> </table>	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			Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:						
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	<input type="button" value="Add"/>																														

TN No. 13-029

Supersedes

TN No. NoneEffective Date: 1/1/14Approval Date: 1/15/14



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 3: Hospitalization	Collapse All <input type="checkbox"/>																														
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<input type="button" value="Add"/>																															

TN No. 13-029
 Supersedes
 TN No. None

Effective Date: 1/1/14
 Approval Date: 1/15/14



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 4: Maternity and newborn care	Collapse All <input type="checkbox"/>																														
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;">Benefit Provided:</td> <td style="width: 35%; border: none;">Source:</td> <td style="width: 20%; border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">OLP: Licensed Lay Midwife</td> <td style="border: 1px solid black; padding: 2px;">State Plan 1905(a)</td> <td style="border: 1px solid black; text-align: center; background-color: #cccccc;">Remove</td> </tr> <tr> <td style="border: none;">Authorization:</td> <td style="border: none;">Provider Qualifications:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">None</td> <td style="border: 1px solid black; padding: 2px;">Medicaid State Plan</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Amount Limit:</td> <td style="border: none;">Duration Limit:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">None</td> <td style="border: 1px solid black; padding: 2px;">None</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Scope Limit:</td> <td colspan="2" style="border: none;"></td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;">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:</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; height: 20px;"></td> </tr> </table>		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 specific name of the source plan if it is not the base benchmark plan:					
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Benefit Provided:	Source:																														
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Authorization:	Provider Qualifications:																														
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Amount Limit:	Duration Limit:																														
None	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
<input type="text"/>		
Benefit Provided:	Source:	Remove
<input type="text" value="Inpatient Hospital: Maternity Care"/>	<input type="text" value="State Plan 1905(a)"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Concurrent Authorization"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:	<input 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 type="text" value="Current Authorization on the 13th day of stay."/>		
		Add

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Supersedes

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Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 5: Mental health and substance use disorder services including behavioral health treatment	Collapse All <input type="checkbox"/>																														
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Benefit Provided:</td> <td style="width: 50%; border: none;">Source:</td> <td style="width: 10%;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Clinic Services - Mental Health Clinic</td> <td style="border: 1px solid black; padding: 2px;">State Plan 1905(a)</td> <td style="text-align: center; border: 1px solid black; padding: 2px;">Remove</td> </tr> <tr> <td style="border: none;">Authorization:</td> <td style="border: none;">Provider Qualifications:</td> <td></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">None</td> <td style="border: 1px solid black; padding: 2px;">Medicaid State Plan</td> <td></td> </tr> <tr> <td style="border: none;">Amount Limit:</td> <td style="border: none;">Duration Limit:</td> <td></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">None</td> <td style="border: 1px solid black; padding: 2px;">None</td> <td></td> </tr> <tr> <td style="border: none;">Scope Limit:</td> <td colspan="2"></td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;">None</td> </tr> <tr> <td colspan="3" style="border: none; padding-top: 10px;"> Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: </td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;"> Includes group therapy, individual psychotherapy, day hospital, diagnosis and evaluation, emergency care, and chemotherapy. </td> </tr> </table>		Benefit Provided:	Source:		Clinic Services - Mental Health Clinic	State Plan 1905(a)	Remove	Authorization:	Provider Qualifications:		None	Medicaid State Plan		Amount Limit:	Duration Limit:		None	None		Scope Limit:			None			Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			Includes group therapy, individual psychotherapy, day hospital, diagnosis and evaluation, emergency care, and chemotherapy.		
Benefit Provided:	Source:																														
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Authorization:	Provider Qualifications:																														
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Benefit Provided:	Source:																														
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Benefit Provided:	Source:																														
Rehab: Substance Abuse Services Residential Treat	State Plan 1905(a)																														
Authorization:	Provider Qualifications:																														
None	Medicaid State Plan																														
Amount Limit:	Duration Limit:																														
None	None																														

TN No. 13-029Effective Date: 1/1/14

Supersedes

TN No. NoneApproval Date: 1/15/14



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: 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; 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; 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"/>

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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

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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.): Authorization: Provider Qualifications:

Limit on days supply

Yes

State licensed

Limit on number of prescriptions

Limit on brand drugs

Other coverage limits

Preferred drug list

Coverage that exceeds the minimum requirements or other:

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

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Supersedes

TN No. None

Effective Date: 1/1/14

Approval Date: 1/15/14



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 7: Rehabilitative and habilitative services and devices	Collapse All <input type="checkbox"/>																														
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;">Benefit Provided:</td> <td style="width: 35%; border: none;">Source:</td> <td style="width: 20%; border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Outpatient Hospital - Rehabilitative therapies</td> <td style="border: 1px solid black; padding: 2px;">State Plan 1905(a)</td> <td style="border: 1px solid black; text-align: center; padding: 2px;">Remove</td> </tr> <tr> <td style="border: none;">Authorization:</td> <td style="border: none;">Provider Qualifications:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">None</td> <td style="border: 1px solid black; padding: 2px;">Medicaid State Plan</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Amount Limit:</td> <td style="border: none;">Duration Limit:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">None</td> <td style="border: 1px solid black; padding: 2px;">None</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Scope Limit:</td> <td colspan="2" style="border: none;"></td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;">OT/PT/SLP</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:</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;">Both rehabilitative and habilitative</td> </tr> </table>		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 the specific name of the source plan if it is not the base benchmark plan:			Both rehabilitative and habilitative		
Benefit Provided:	Source:																														
Outpatient Hospital - Rehabilitative therapies	State Plan 1905(a)	Remove																													
Authorization:	Provider Qualifications:																														
None	Medicaid State Plan																														
Amount Limit:	Duration Limit:																														
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Scope Limit:																															
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Physical Therapies & Related Service: Hearing Aids	State Plan 1905(a)																														
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Authorization required in excess of limitation	Medicaid State Plan																														
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Alternative Benefit Plan

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:

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:

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:

Amount Limit:

Duration Limit:



Alternative Benefit Plan

Scope Limit: <input style="width: 90%;" type="text" value="None"/> <input style="float: right; border: 1px solid gray; padding: 2px 5px; background-color: #cccccc;" 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="Requires physician order and plan of care."/>	
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; border: 1px solid gray; padding: 2px 5px; background-color: #cccccc;" 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: 90%;" 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; border: 1px solid gray; padding: 2px 5px; background-color: #cccccc;" 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: 90%;" 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

<p>Amount Limit: None</p>	<p>Duration Limit: four month limit</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: <input type="text"/></p>		
<p>Benefit Provided: Home Health: Private Duty Nursing</p>	<p>Source: State Plan 1905(a)</p>	Remove
<p>Authorization: Prior Authorization</p>	<p>Provider Qualifications: Medicaid State Plan</p>	
<p>Amount Limit: None</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: <input type="text"/></p>		
		Add

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Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 8: Laboratory services	Collapse All <input type="checkbox"/>																														
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Benefit Provided:</td> <td style="width: 30%; border: none;">Source:</td> <td style="width: 20%; border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Other Laboratory and X-Ray Services</td> <td style="border: 1px solid black; padding: 2px;">State Plan 1905(a)</td> <td style="border: 1px solid black; text-align: center; padding: 2px;">Remove</td> </tr> <tr> <td style="border: none;">Authorization:</td> <td style="border: none;">Provider Qualifications:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Other</td> <td style="border: 1px solid black; padding: 2px;">Medicaid State Plan</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Amount Limit:</td> <td style="border: none;">Duration Limit:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Urine drug test limited to 8 per month</td> <td style="border: 1px solid black; padding: 2px;">None</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Scope Limit:</td> <td colspan="2" style="border: none;"></td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;">None</td> </tr> <tr> <td colspan="3" style="border: none; padding: 5px;"> Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: </td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;"> 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. </td> </tr> </table>		Benefit Provided:	Source:		Other Laboratory and X-Ray Services	State Plan 1905(a)	Remove	Authorization:	Provider Qualifications:		Other	Medicaid State Plan		Amount Limit:	Duration Limit:		Urine drug test limited to 8 per month	None		Scope Limit:			None			Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			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.		
Benefit Provided:	Source:																														
Other Laboratory and X-Ray Services	State Plan 1905(a)	Remove																													
Authorization:	Provider Qualifications:																														
Other	Medicaid State Plan																														
Amount Limit:	Duration Limit:																														
Urine drug test limited to 8 per month	None																														
Scope Limit:																															
None																															
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:																															
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.																															
<input type="button" value="Add"/>																															

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Alternative Benefit Plan

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

 Collapse All

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

Benefit Provided:

Clinic Services

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:

OLP: Naturopathic Physician

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:

Other diagnostic, screening, preventative and reha

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

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"/>	

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Supersedes
TN No. None

Effective Date: 1/1/14
Approval Date: 1/15/14



Alternative Benefit Plan

<input checked="" 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 type="text" value="State Plan 1905(a)"/></td> <td style="width: 20%; border: none; text-align: right;"><input type="button" value="Remove"/></td> </tr> <tr> <td style="border: none;">Authorization: <input type="text" value="Other"/></td> <td style="border: none;">Provider Qualifications: <input type="text" value="Medicaid State Plan"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Amount Limit: <input type="text" value="None"/></td> <td style="border: none;">Duration Limit: <input type="text" value="None"/></td> <td style="border: none;"></td> </tr> <tr> <td colspan="3" style="border: none;">Scope Limit: <input 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 type="text" value="All federally required services in accordance CFR and Statute."/></td> </tr> </table>		Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: <input type="text" value="State Plan 1905(a)"/>	<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 information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="All federally required services in accordance CFR and Statute."/>		
Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>														
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Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>															
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Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>														
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>															
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input 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;"> <p>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.</p> </div> <p>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"/>						
<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;">Infertility Drugs with natural conception</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;"> <p>Duplication - The Medicaid State Plan Generic and Brand Name Drug benefit services includes Hormone treatments and were used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> </div> <p>Base benchmark benefit limitation(s): Infertility Drugs up to 4 months per year for natural conception.</p> <p>This benefit maps to EHB 6: Prescription Drugs.</p>			Base Benchmark Benefit that was Substituted:	Source:		Infertility Drugs with natural conception	Base Benchmark	<input type="button" value="Remove"/>
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;"> <p>Duplication - The Medicaid State Plan Outpatient Hospital service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> </div> <p>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;"> <p>Duplication - The Medicaid State Plan Outpatient Hospital service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> </div> <p>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							

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Supersedes

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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> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <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> </div> <p>This benefit maps to EHB 1: Ambulatory Patient Services.</p>	<div style="border: 1px solid gray; background-color: #f0f0f0; padding: 2px; display: inline-block;">Remove</div>
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Primary Care Visit to Treat an Injury or Illness</div> <p>Source:</p> <p>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> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <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> </div> <p>This benefit maps to EHB 1: Ambulatory Patient Services.</p>	<div style="border: 1px solid gray; background-color: #f0f0f0; padding: 2px; display: inline-block;">Remove</div>
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Dental Services (not Routine)</div> <p>Source:</p> <p>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> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <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> </div> <p>Base benchmark benefit limitation(s): Prior approval required.</p> <p>This benefit maps to EHB 1: Ambulatory Patient Services.</p>	<div style="border: 1px solid gray; background-color: #f0f0f0; padding: 2px; display: inline-block;">Remove</div>
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Chiropractic Care</div> <p>Source:</p> <p>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> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Duplication - The Medicaid State Plan Chiropractic service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> </div> <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>	<div style="border: 1px solid gray; background-color: #f0f0f0; padding: 2px; display: inline-block;">Remove</div>
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">OLP: Routine Foot Care for diabetics only</div> <p>Source:</p> <p>Base Benchmark</p>	



Alternative Benefit Plan

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 Podiatry service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

Base benchmark benefit limitation(s): Covered for Diabetics only; excluded for all other members.

This benefit maps to EHB 1: Ambulatory Patient Services.

Remove

Base Benchmark Benefit that was Substituted:

Emergency Room Services

Source:

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.

This benefit maps to EHB 2: Emergency Services.

Base Benchmark Benefit that was Substituted:

Emergency Transportation/ Ambulance

Source:

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.

This benefit maps to EHB 2: Emergency Services.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital Services

Source:

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 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:

Inpatient Physician and Surgical Services

Source:

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 Hospital, Physician Services In all settings was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.

This benefit maps to EHB 3: Hospitalization and EHB 1: Ambulatory Care.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Substance Abuse Disorder Inpatient Services	Source: Base Benchmark	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> <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: Cosmetic Surgery if reconstructive	Source: Base Benchmark	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>		
Base Benchmark Benefit that was Substituted: Bariatric Surgery	Source: Base Benchmark	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>		
Base Benchmark Benefit that was Substituted: Transplant-deceased donor	Source: Base Benchmark	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

<p>Base Benchmark Benefit that was Substituted:</p> <p>Transplant live donor</p>	<p>Source:</p> <p>Base Benchmark</p>	<p>Remove</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>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 that was Substituted:</p> <p>Mental/Behavioral Health Inpatient Services</p>	<p>Source:</p> <p>Base Benchmark</p>	<p>Remove</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>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>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Other Practitioner Office Visit (Nurse, Physician</p>	<p>Source:</p> <p>Base Benchmark</p>	<p>Remove</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>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>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Prenatal and Postnatal Care</p>	<p>Source:</p> <p>Base Benchmark</p>	<p>Remove</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>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>		



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Base Benchmark Benefit that was Substituted: <input type="text" value="Delivery and All Inpatient Services for Maternity"/>	Source: Base Benchmark	<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 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.</p> <p>This benefit maps to EHB 4: Maternity and Newborn Care.</p>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Diagnostic Test (Lab Work)"/>	Source: Base Benchmark	<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 Other Laboratory and X-Ray Services was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>This benefit maps to EHB 8: Laboratory Services.</p>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Diagnostic Tests and Imaging"/>	Source: Base Benchmark	<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 Other Laboratory and X-Ray Services was used in order to ensure identical benefits for all beneficiaries in the Medicaid program.</p> <p>This benefit maps to EHB 8: Laboratory Services.</p>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Preventive Care"/>	Source: Base Benchmark	<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, 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.</p> <p>This benefit maps to EHB 9: Preventive and Wellness Services and Chronic Disease Management and EHB 1: Ambulatory Care.</p>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Nutritional Counseling"/>	Source: 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 Naturopathic Physician and Physician Services were used in order to</p>		

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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>		Remove
<p>Base Benchmark Benefit that was Substituted:</p> <p>Generic Drugs</p>	<p>Source:</p> <p>Base Benchmark</p>	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 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>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Preferred brand, non-pref. brand, & specialty drug</p>	<p>Source:</p> <p>Base Benchmark</p>	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 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>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Nutritional Formulae</p>	<p>Source:</p> <p>Base Benchmark</p>	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 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>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Mental/Behavioral Health Outpatient Services</p>	<p>Source:</p> <p>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>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>		Remove
<p>Base Benchmark Benefit that was Substituted:</p> <p>Neuropsychological Testing</p>	<p>Source:</p> <p>Base Benchmark</p>	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 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>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Substance Abuse Disorder Outpatient Services</p>	<p>Source:</p> <p>Base Benchmark</p>	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 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>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Outpatient Rehabilitation Services</p>	<p>Source:</p> <p>Base Benchmark</p>	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 - 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>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Outpatient physical, speech and occupational thera</p>	<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>Durable Medical Equipment</p>	<p>Source:</p> <p>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>		<input type="button" value="Remove"/>
<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>Skilled Nursing Facility</p>	<p>Source:</p> <p>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>		<input type="button" value="Remove"/>
<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>Home Health Care Services</p>	<p>Source:</p> <p>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>		<input type="button" value="Remove"/>
<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: <input style="width: 90%;" type="text" value="Private-Duty Nursing"/>	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 Home Health: Private Duty Nursing service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program."/>		
Base benchmark benefit limitation(s): Covered up to \$2,000 per plan year; Requires prior approval and recertification of treatment plan every 60 days.		
This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices.		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Hospice Services"/>	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 Hospice service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program."/>		
Base benchmark benefit limitation(s): 100 hours per month.		
This benefit maps to EHB 1: Ambulatory Services.		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Home Health Aide"/>	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 Home Health Aide was used in order to ensure identical benefits for all beneficiaries in the Medicaid program."/>		
Base benchmark benefit limitation(s): 100 hours per month.		
This benefit maps to EHB 7: Rehabilitative and Habilitative Services and Devices.		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Habilitation Autism"/>	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 EPSDT service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program."/>		
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.		

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<input type="text" value="This benefit maps to EHB 10: Pediatric services including oral and vision care."/>		<input type="button" value="Remove"/>
Base Benchmark Benefit that was Substituted: <input type="text" value="Preventive Care/ Screening/ Immunization"/>	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 type="text" value="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."/>		
<input type="text" value="This benefit maps to EHB 1: Ambulatory Patient Services and EHB 10: Pediatric Services including Oral and Vision Care."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Eye Glasses for Children"/>	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 type="text" value="Duplication - The Medicaid State Plan EPSDT service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program."/>		
<input type="text" value="This benefit maps to EHB 10: Pediatric Services Including Oral and Vision Care."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Dental Check-Up for Children"/>	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 type="text" value="Duplication - The Medicaid State Plan EPSDT service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program."/>		
<input type="text" value="This benefit maps to EHB 10: Pediatric Services Including Oral and Vision Care."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Family Planning: All Other Services"/>	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 type="text" value="Duplication - The Medicaid State Plan Family Planning service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program."/>		
<input type="text" value="This benefit maps to EHB 1: Ambulatory Patient Services."/>		
		<input type="button" value="Add"/>

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<input checked="" type="checkbox"/> Other Base Benchmark Benefits Not Covered	Collapse All <input type="checkbox"/>										
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Base Benchmark Benefit not Included in the Alternative Benefit Plan: </td> <td style="width: 50%; border: none;"> Source: Base Benchmark </td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"> Routine Eye Exam (Adult) </td> <td style="border: none; text-align: right; vertical-align: middle;"> <input type="button" value="Remove"/> </td> </tr> <tr> <td colspan="2" style="border: none;"> Explain why the state/territory chose not to include this benefit: </td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 5px;"> Routine adult eye exams are not considered an EHB. The Medicaid State Plan Optometry service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. 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. </td> </tr> <tr> <td colspan="2" style="border: none; text-align: right;"> <input type="button" value="Add"/> </td> </tr> </table>		Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	Routine Eye Exam (Adult)	<input type="button" value="Remove"/>	Explain why the state/territory chose not to include this benefit:		Routine adult eye exams are not considered an EHB. The Medicaid State Plan Optometry service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. 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"/>	
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark										
Routine Eye Exam (Adult)	<input type="button" value="Remove"/>										
Explain why the state/territory chose not to include this benefit:											
Routine adult eye exams are not considered an EHB. The Medicaid State Plan Optometry service was used in order to ensure identical benefits for all beneficiaries in the Medicaid program. 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"/>											

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 Other 1937 Covered Benefits that are not Essential Health Benefits
Collapse All

Other 1937 Benefit Provided:

Dental- Prophylaxis

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 visit every 6 months; \$510 per year

Duration Limit:

None

Scope Limit:

Excludes cosmetic; elective; TMJ treatment except TMJ splint fabrication.

Other:

Other 1937 Benefit Provided:

ICF/IID

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Other 1937 Benefit Provided:

OLP: High Tech Nursing

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Provider Qualifications:

Medicaid State Plan

Authorization:

Prior Authorization

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

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	Remove	
<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
<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
<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%; height: 20px;" type="text" value="No authorization requirement."/> <input style="float: right; border: 1px solid gray; background-color: #cccccc; padding: 2px 5px; margin-left: 5px;" type="button" value="Remove"/>	
Other 1937 Benefit Provided: <input style="width: 95%; height: 20px;" type="text" value="Case Management for TB related services"/>	Source: <input style="width: 95%; height: 20px;" type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>
Authorization: <input style="width: 95%; height: 20px;" type="text"/>	Provider Qualifications: <input style="width: 95%; height: 20px;" type="text" value="Medicaid State Plan"/>
Amount Limit: <input style="width: 95%; height: 20px;" type="text" value="None"/>	Duration Limit: <input style="width: 95%; height: 20px;" type="text" value="None"/>
Scope Limit: <input style="width: 95%; height: 20px;" type="text" value="None"/>	
Other: <input style="width: 95%; height: 20px;" type="text" value="No authorization requirement."/>	
Other 1937 Benefit Provided: <input style="width: 95%; height: 20px;" type="text" value="Outpatient Hospital - Partial Hospitalization"/>	Source: <input style="width: 95%; height: 20px;" type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>
Authorization: <input style="width: 95%; height: 20px;" type="text"/>	Provider Qualifications: <input style="width: 95%; height: 20px;" type="text" value="Medicaid State Plan"/>
Amount Limit: <input style="width: 95%; height: 20px;" type="text" value="None"/>	Duration Limit: <input style="width: 95%; height: 20px;" type="text" value="None"/>
Scope Limit: <input style="width: 95%; height: 20px;" type="text" value="None"/>	
Other: <input style="width: 95%; height: 20px;" type="text" value="No authorization requirement."/>	
Other 1937 Benefit Provided: <input style="width: 95%; height: 20px;" type="text" value="Therapeutic Substance Abuse Services (PNMI)"/>	Source: <input style="width: 95%; height: 20px;" type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>
Authorization: <input style="width: 95%; height: 20px;" type="text"/>	Provider Qualifications: <input style="width: 95%; height: 20px;" type="text" value="Medicaid State Plan"/>
Amount Limit: <input style="width: 95%; height: 20px;" type="text" value="None"/>	Duration Limit: <input style="width: 95%; height: 20px;" type="text" value="None"/>



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Scope Limit: <input style="width: 90%;" type="text" value="None"/> <input style="float: right;" type="button" value="Remove"/>	
Other: <input style="width: 90%;" type="text" value="No authorization requirement."/>	
Other 1937 Benefit Provided: <input style="width: 90%;" type="text" value="Community Mental Health Center Services"/>	Source: <input style="width: 90%;" type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/> <input style="float: right;" 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."/>	
<input and="" diagnostic,="" other="" preventive="" rehabilitative="" screening,="" services.\""="" style="width: 90%;" 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 1937 Benefit Provided: <input style="width: 90%;" type="text" value="Assertive Community Care Services (PNMI)"/>	Source: <input style="width: 90%;" type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/> <input style="float: right;" 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="Persons with functional impairments and/or cognitive disabilities."/>	
Other: <input style="width: 90%;" type="text" value="No authorization requirement."/>	
Other 1937 Benefit Provided: <input style="width: 90%;" type="text" value="Day Health Rehabilitation - Center based"/>	Source: <input style="width: 90%;" type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>

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<p>Authorization: <input type="text" value="Prior Authorization"/></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."/></p> <p>Other: <input type="text"/></p>	<p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/> <input type="button" value="Remove"/></p> <p>Duration Limit: <input type="text" value="None"/></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"/> <input type="button" value="Remove"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></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>Scope 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>

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Supersedes

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Other: <input style="width: 90%; height: 20px;" type="text" value="No authorization requirement."/> <input style="float: right; border: 1px solid gray; background-color: #cccccc; padding: 2px 5px; margin-left: 5px;" type="button" value="Remove"/>	
Other 1937 Benefit Provided: <input style="width: 90%; height: 20px;" type="text" value="Personal Care Services"/> Authorization: <input style="width: 90%; height: 20px;" type="text" value="Prior Authorization"/> Amount Limit: <input style="width: 90%; height: 20px;" type="text" value="None"/> Scope Limit: <input style="width: 90%; height: 20px;" type="text" value="None"/> Other: <input style="width: 90%; height: 20px;" type="text"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: <input style="width: 90%; height: 20px;" type="text" value="Medicaid State Plan"/> Duration Limit: <input style="width: 90%; height: 20px;" type="text" value="None"/> <input style="float: right; border: 1px solid gray; background-color: #cccccc; padding: 2px 5px; margin-top: 10px;" type="button" value="Remove"/>
Other 1937 Benefit Provided: <input style="width: 90%; height: 20px;" type="text" value="Nursing Facility 21 and older; custodial care"/> Authorization: <input style="width: 90%; height: 20px;" type="text" value="Other"/> Amount Limit: <input style="width: 90%; height: 20px;" type="text" value="None"/> Scope Limit: <input style="width: 90%; height: 20px;" type="text" value="None"/> Other: <input style="width: 90%; height: 20px;" type="text" value="Requires a physician order; Out of state requires prior authorization."/>	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: <input style="width: 90%; height: 20px;" type="text" value="Medicaid State Plan"/> Duration Limit: <input style="width: 90%; height: 20px;" type="text" value="None"/> <input style="float: right; border: 1px solid gray; background-color: #cccccc; padding: 2px 5px; margin-top: 10px;" type="button" value="Remove"/>
Other 1937 Benefit Provided: <input style="width: 90%; height: 20px;" type="text" value="OLP: Optometry"/> Authorization: <input style="width: 90%; height: 20px;" type="text" value="Other"/> Amount Limit: <input style="width: 90%; height: 20px;" type="text" value="Routine exam 1/2 years; diagnostic exam 1/2 years"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: <input style="width: 90%; height: 20px;" type="text" value="Medicaid State Plan"/> Duration Limit: <input style="width: 90%; 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: <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: 95%;" type="text" value="Inpatient Psych. Services for Individuals Under 22"/>	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: 90%;" type="text" value="None"/>	
Other: <input style="width: 90%;" type="text" value="No authorization requirement."/>	
<input type="button" value="Add"/>	



Alternative Benefit Plan

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

Collapse All

PRA Disclosure Statement

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

V.20130814

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