



State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

Global Commitment Register

June 14, 2023

GCR 23-050
FINAL

Rule Filing #14 -Alternative Benefit Plan and State Plan Amendments

Policy Summary:

The Vermont Medicaid program is submitting State Plan Amendments (SPAs) to document recent changes to Medicaid services under Health Care Administrative Rule filing #14. SPAs will be submitted for the following adopted rules:

- HCAR 4.212 Prosthetic and Orthotic Devices will be submitted to the Centers for Medicaid and Medicare Services (CMS) as SPA # 23-0027.
 - The SPA changes reflect the rule amendments made to be consistent with HCAR language and formatting and current practices.
- HCAR 4.221 Podiatry Services will be submitted to CMS as SPA # 23-0023.
 - The SPA changes reflect the rule amendments made to be consistent with HCAR language and formatting and current practices.
- HCAR 4.228 Transplantation Services will be submitted to CMS as SPA # 23-0021.
 - The SPA changes reflect the rule amendments made to be consistent with HCAR language and formatting and current practices.

For more information on these changes, see [Global Commitment Register Policy 22-099](#) on the adopted Health Care Administrative Rules in filing #14.

These service descriptions will also be updated in the Alternative Benefit Plan (ABP) for the New Adult Group through SPA 23-0025. The ABP replicates the full Medicaid State Plan and includes the 10 essential health benefits required under the Affordable Care Act, as well as the full range of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for individuals under the age of 21.

Additionally, State Plan telehealth reimbursement will be updated in alignment with HCAR 3.101 Telehealth as noticed in GCR 22-099. The rule adds audio-only services under and outlines requirements for service delivery via audio-only. The rule also updates terminology and adds clarity.

Effective Date:

May 1, 2023

Authority/Legal Basis:

[Medicaid State Plan](#)

This change to telehealth reimbursement is being done through Global Commitment to Health waiver authority, where DVHA may establish rates with providers on an individual or class basis without regard to the rates currently set forth in the approved State Plan.

[Global Commitment to Health Waiver](#): Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)]; Special Term and Condition #6.8.

Population Affected:

All Medicaid; New Adult Group

Fiscal Impact:

This change is expected to be budget neutral.

Public Comment Period:

The public comment period ended May 30, 2023. No comments were received.

To be added to the GCR email list, send an email to AHS.MedicaidPolicy@vermont.gov.

Additional Information:

The following State Plan page has been amended to reflect the change to telehealth reimbursement:

- Attachment 4.19-B page 9

The [Medicaid State Plan](#) is available on the AHS website.