

Final Proposed Filing - Coversheet

Instructions:

In accordance with Title 3 Chapter 25 of the Vermont Statutes Annotated and the “Rule on Rulemaking” adopted by the Office of the Secretary of State, this filing will be considered complete upon filing and acceptance of these forms with the Office of the Secretary of State, and the Legislative Committee on Administrative Rules.

All forms shall be submitted at the Office of the Secretary of State, no later than 3:30 pm on the last scheduled day of the work week.

The data provided in text areas of these forms will be used to generate a notice of rulemaking in the portal of “Proposed Rule Postings” online, and the newspapers of record if the rule is marked for publication. Publication of notices will be charged back to the promulgating agency.

PLEASE REMOVE ANY COVERSHEET OR FORM NOT REQUIRED WITH THE CURRENT FILING BEFORE DELIVERY!

Certification Statement: As the adopting Authority of this rule (see 3 V.S.A. § 801 (b) (11) for a definition), I approve the contents of this filing entitled:

Dental Services

/s/ Kristin McClure , on 11/21/24
(signature) (date)

Printed Name and Title:

Kristin McClure, Deputy Secretary, Agency of Human Services

RECEIVED BY: _____

- Coversheet
- Adopting Page
- Economic Impact Analysis
- Environmental Impact Analysis
- Strategy for Maximizing Public Input
- Scientific Information Statement (if applicable)
- Incorporated by Reference Statement (if applicable)
- Clean text of the rule (Amended text without annotation)
- Annotated text (Clearly marking changes from previous rule)
- ICAR Minutes
- Copy of Comments
- Responsiveness Summary

1. TITLE OF RULE FILING:

Dental Services

2. PROPOSED NUMBER ASSIGNED BY THE SECRETARY OF STATE

24P036

3. ADOPTING AGENCY:

Agency of Human Services (AHS)

4. PRIMARY CONTACT PERSON:

(A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE).

Name: Ashley Berliner

Agency: Agency of Human Services

Mailing Address: 280 State Drive, Waterbury, VT 05671-1000

Telephone: 802-578-9305 Fax: 802-241-0450

E-Mail: Ashley.berliner@vermont.gov

Web URL *(WHERE THE RULE WILL BE POSTED)*:

<https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar>

5. SECONDARY CONTACT PERSON:

(A SPECIFIC PERSON FROM WHOM COPIES OF FILINGS MAY BE REQUESTED OR WHO MAY ANSWER QUESTIONS ABOUT FORMS SUBMITTED FOR FILING IF DIFFERENT FROM THE PRIMARY CONTACT PERSON).

Name: Susan Coburn

Agency: Agency of Human Services

Mailing Address: 280 State Drive, Waterbury, VT, 05671-1000

Telephone: 802-578-9412 Fax: 802-241-0450

E-Mail: Susan.coburn@vermont.gov

6. RECORDS EXEMPTION INCLUDED WITHIN RULE:

(DOES THE RULE CONTAIN ANY PROVISION DESIGNATING INFORMATION AS CONFIDENTIAL; LIMITING ITS PUBLIC RELEASE; OR OTHERWISE, EXEMPTING IT FROM INSPECTION AND COPYING?) No

IF YES, CITE THE STATUTORY AUTHORITY FOR THE EXEMPTION:

Not applicable

PLEASE SUMMARIZE THE REASON FOR THE EXEMPTION:

Not applicable

7. LEGAL AUTHORITY / ENABLING LEGISLATION:

(THE SPECIFIC STATUTORY OR LEGAL CITATION FROM SESSION LAW INDICATING WHO THE ADOPTING ENTITY IS AND THUS WHO THE SIGNATORY SHOULD BE. THIS SHOULD BE A SPECIFIC CITATION NOT A CHAPTER CITATION).

3 V.S.A. § 801(b)(11); 33 V.S.A. § 1901(a)(1)

8. EXPLANATION OF HOW THE RULE IS WITHIN THE AUTHORITY OF THE AGENCY:

AHS' authority to adopt rules is identified in question 6 above. These statutes authorize AHS as the adopting authority for administrative procedures and afford rulemaking authority for the administration of Vermont's medical assistance programs under Title XIX (Medicaid) of the Social Security Act.

9. THE FILING HAS CHANGED SINCE THE FILING OF THE PROPOSED RULE.

10. THE AGENCY HAS INCLUDED WITH THIS FILING A LETTER EXPLAINING IN DETAIL WHAT CHANGES WERE MADE, CITING CHAPTER AND SECTION WHERE APPLICABLE.

11. SUBSTANTIAL ARGUMENTS AND CONSIDERATIONS WERE NOT RAISED FOR OR AGAINST THE ORIGINAL PROPOSAL.

12. THE AGENCY HAS NOT INCLUDED COPIES OF ALL WRITTEN SUBMISSIONS AND SYNOPSES OF ORAL COMMENTS RECEIVED.

13. THE AGENCY HAS NOT INCLUDED A LETTER EXPLAINING IN DETAIL THE REASONS FOR THE AGENCY'S DECISION TO REJECT OR ADOPT THEM.

14. CONCISE SUMMARY (150 WORDS OR LESS):

This rule sets forth the criteria for coverage of dental services under Vermont's Medicaid program. It amends current Health Care Administrative Rule 4.202 titled "Dental Services for Beneficiaries Age 21 and Older" and consolidates coverage for dental services under one rule. Amendments include updating the rule to reflect coverage changes in statute as a result of Act 51 of the 2023 legislative session. Additional amendments are being made to clarify terms and coverage criteria and to specify services that are not covered.

15. EXPLANATION OF WHY THE RULE IS NECESSARY:

The rule is necessary to define the Vermont Medicaid criteria and coverage for dental services. This

amendment aligns the rule with federal and state guidance and law, improves clarity, and makes technical corrections.

16. EXPLANATION OF HOW THE RULE IS NOT ARBITRARY:

The rule is required to implement state and federal health care guidance and laws. Additionally, the rule is within the authority of the Secretary, is within the expertise of AHS, and is based on relevant factors including consideration of how the rule affects the people and entities listed below.

17. LIST OF PEOPLE, ENTERPRISES AND GOVERNMENT ENTITIES AFFECTED BY THIS RULE:

Medicaid beneficiaries; Agency of Human Services including its Departments; health care providers; and health law, policy and related advocacy and community based organizations and groups including the Office of Health Care Advocate.

18. BRIEF SUMMARY OF ECONOMIC IMPACT (150 WORDS OR LESS):

The rule does not increase or lessen an economic burden on any person or entity including no impact on the State's gross annualized budget. The changes and amendments align the rule with the current coverage criteria and requirements for Vermont Medicaid. It includes changes that are in statute, therefore the proposed rule changes doesn't have an economic impact.

19. A HEARING WAS HELD.

20. HEARING INFORMATION

(THE FIRST HEARING SHALL BE NO SOONER THAN 30 DAYS FOLLOWING THE POSTING OF NOTICES ONLINE).

IF THIS FORM IS INSUFFICIENT TO LIST THE INFORMATION FOR EACH HEARING, PLEASE ATTACH A SEPARATE SHEET TO COMPLETE THE HEARING INFORMATION.

Date: 10/21/2024

Time: 11:00 AM

Street Address:

Zip Code:

URL for Virtual: [Revised January 10, 2023](https://teams.microsoft.com/l/meetup-join/19%3ameeting_ODYzMjc5NmUtNDIyMy00ZTVmLWE4YmUtNzZhOTB1YjA3NGU5%40thread.v2/0?context=%7b%22Tid%22%3a%2220b4933b-baad-433c-9c02-</p></div><div data-bbox=)

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b5b3-34dd9cf8afc4%22%7d

Date:

Time: AM

Street Address:

Zip Code:

URL for Virtual:

Date:

Time: AM

Street Address:

Zip Code:

URL for Virtual:

Date:

Time: AM

Street Address:

Zip Code:

URL for Virtual:

21. DEADLINE FOR COMMENT (NO EARLIER THAN 7 DAYS FOLLOWING LAST HEARING):

10/28/2024

KEYWORDS (PLEASE PROVIDE AT LEAST 3 KEYWORDS OR PHRASES TO AID IN THE
SEARCHABILITY OF THE RULE NOTICE ONLINE).

Dental Services

Dentist

Dentures

Medical and Surgical Services of a Dentist

Emergency Dental Services

Orthodontic Services

Medicaid

Health Care Administrative Rule

HCAR

280 State Drive - Center Building
Waterbury, VT 05671-1000



OFFICE OF THE SECRETARY
TEL: (802) 241-0440
FAX: (802) 241-0450

JENNEY SAMUELSON
SECRETARY

KRISTIN MCCLURE
DEPUTY SECRETARY

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

MEMORANDUM

TO: Sarah Copeland Hanzas, Secretary of State

FROM: Jenney Samuelson, Secretary, Agency of Human Services

DATE: November 21, 2024

SUBJECT: Signatory Authority for Purposes of Authorizing Administrative Rules

I hereby designate Kristin McClure, Deputy Secretary, Agency of Human Services as signatory to fulfill the duties of the Secretary of the Agency of Human Services as the adopting authority for administrative rules as required by Vermont's Administrative Procedures Act, 3. V.S.A § 801 et seq.

CC: KristinMcClure@vermont.gov



State of Vermont
Agency of Human Services
Office of the Secretary
280 State Drive
Waterbury, VT 05671-1000
www.humanservices.vermont.gov

Jenney Samuelson, Secretary

[phone] 802-241-0440
[fax] 802-241-0450

MEMORANDUM

To: Sarah Copeland Hanzas, Secretary of State, Vermont Secretary of State Office
Representative Trevor Squirrel, Chair, Legislative Committee on Administrative Rules (LCAR)

From: Ashley Berliner, Director of Health Care Policy and Planning, Department of Vermont Health Access

Cc: Charlene Dindo, Committee Assistant, LCAR
Monica Hutt, Assistant Director of Policy and Communications, Agency of Administration
Jenney Samuelson, Secretary, Agency of Human Services

Date: November 8, 2024

Re: Health Care Administrative Rules

Please find enclosed the final proposed rule filing from the Agency of Human Services for the following rules:

Amended:

- 24P036 Dental Services
- 24P040 Chiropractic Services

Repealed

- 24P039 Orthodontic Treatment
- 24P038 Medical and Surgical Services of a Dentist
- 24P037 Dental Services for Beneficiaries Under Age 21, and Pregnant and Postpartum Women

Vermont Medicaid coverage for dental services is being consolidated under one rule titled Dental Services.

Changes made since the filing of the proposed rules include removing references to Vermont's Global Commitment to Health Section 1115 demonstration in 24P036 Dental Services.

4.202.2(f)(3) Individuals served through the Community Rehabilitation and Treatment and Developmental Disability Services programs. ~~pursuant to Vermont's Global Commitment to Health Section 1115 demonstration.~~

4.202.4(a)(1) Served through the Community Rehabilitation and Treatment and Developmental Disability services programs. ~~in accordance with Vermont's Global Commitment to Health Section 1115 demonstration.~~

This does not change coverage. The provisions in the rule continue to apply to individuals in the Community Rehabilitation and Treatment and Developmental Disability services programs.

If you have any questions regarding these rules, please contact Susan Coburn, Health Care Policy Analyst, at 802-578-9412.

Adopting Page

Instructions:

This form must accompany each filing made during the rulemaking process:

Note: To satisfy the requirement for an annotated text, an agency must submit the entire rule in annotated form with proposed and final proposed filings. Filing an annotated paragraph or page of a larger rule is not sufficient. Annotation must clearly show the changes to the rule.

When possible, the agency shall file the annotated text, using the appropriate page or pages from the Code of Vermont Rules as a basis for the annotated version. New rules need not be accompanied by an annotated text.

1. TITLE OF RULE FILING:

Dental Services

2. ADOPTING AGENCY:

Agency of Human Services (AHS)

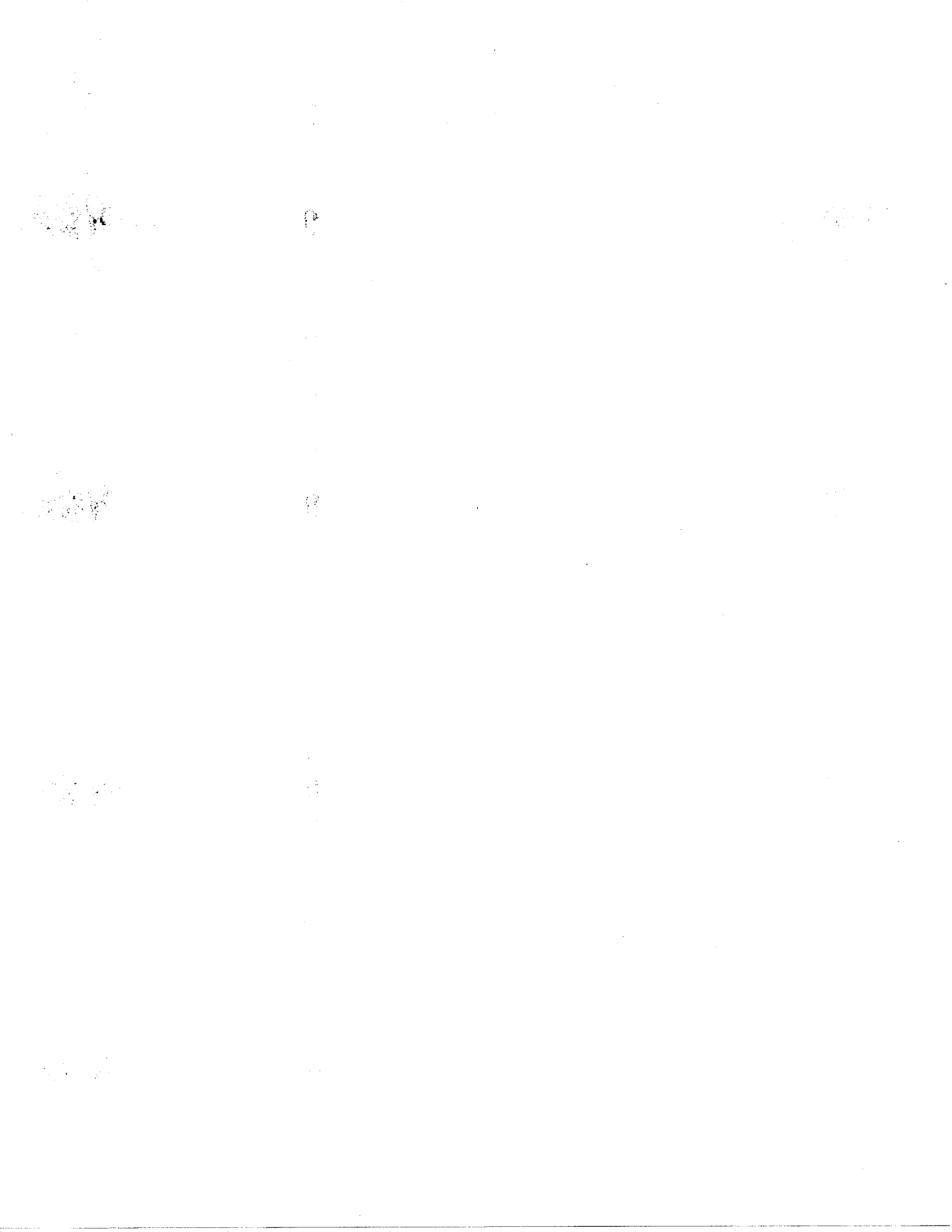
3. TYPE OF FILING (*PLEASE CHOOSE THE TYPE OF FILING FROM THE DROPDOWN MENU BASED ON THE DEFINITIONS PROVIDED BELOW*):

- **AMENDMENT** - Any change to an already existing rule, even if it is a complete rewrite of the rule, it is considered an amendment if the rule is replaced with other text.
- **NEW RULE** - A rule that did not previously exist even under a different name.
- **REPEAL** - The removal of a rule in its entirety, without replacing it with other text.

This filing is **AN AMENDMENT OF AN EXISTING RULE** .

4. LAST ADOPTED (*PLEASE PROVIDE THE SOS LOG#, TITLE AND EFFECTIVE DATE OF THE LAST ADOPTION FOR THE EXISTING RULE*):

Secretary of State Rule Log #19-060, 4.202 Dental Services for Beneficiaries Age 21 and Older, effective January 1, 2020.





INTERAGENCY COMMITTEE ON ADMINISTRATIVE RULES (ICAR) MINUTES

Meeting Date/Location: August 12, 2024, virtually via Microsoft Teams

Members Present: Chair Sean Brown, Diane Sherman, Jared Adler, Jennifer Mojo, John Kessler, Michael Obuchowski, Natalie Weill, and Nicole Dubuque

Members Absent:

Minutes By: Melissa Mazza-Paquette

- 2:00 p.m. meeting called to order, welcome and introductions.
- Approval of minutes from the July 8, 2024 meeting.
- No additions/deletions to agenda. Agenda approved as drafted, noting that proposed rules #2-5 and proposed rules #8-11 will be taken up together when presented.
- No public comments made.
- Presentation of Proposed Rules on pages 2-13 to follow.
 1. General Assistance Emergency Housing Assistance Rules, Department for Children and Families, page 2
 2. Health Benefits Eligibility and Enrollment Rule, Eligibility Standards (Part 2), Agency of Human Services, page 3
 3. Health Benefits Eligibility and Enrollment Rule, Nonfinancial Eligibility Requirements (Part 3), Agency of Human Services, page 4
 4. Health Benefits Eligibility and Enrollment Rule, Eligibility-and-Enrollment Procedures (Part 7), Agency of Human Services, page 5
 5. Administrative Rules for Notaries Public, Secretary of State, Office of Professional Regulation, page 6
 6. Licensing and Operating Rules for Therapeutic Community Residences, Department of Disabilities, Aging and Independent Living, page 7
 7. Administrative Rules for Peer Support Provider Certification and Peer Recovery Support Specialist Certification, Secretary of State, Office of Professional Regulation, page 8
 8. Dental Services, Agency of Human Services, page 9
 9. Dental Services for Beneficiaries Under Age 21, and Pregnant and Postpartum Women, Agency of Human Services, page 10
 10. Orthodontic Treatment, Agency of Human Services, page 11
 11. Medical and Surgical Services of a Dentist, Agency of Human Services, page 12
 12. Chiropractic Services, Agency of Human Services, page 13
- Next scheduled meeting is September 9, 2024, at 2:00 p.m.
- 3:26 p.m. meeting adjourned.

Proposed Rule: Dental Services, Agency of Human Services

Presented By: Susan Coburn

Motion made to accept the rule by Sean Brown, seconded by Mike Obuchowski, and passed unanimously except for Natalie Weill who abstained, with the following recommendations:

1. Proposed Filing – Coversheet:
 - a. #8: Clarify that the last sentence are in statute if applicable.
 - b. #12: Clarify these are in statute, therefore the proposed rule change doesn't have an economic impact.

DRAFT

Economic Impact Analysis

Instructions:

In completing the economic impact analysis, an agency analyzes and evaluates the anticipated costs and benefits to be expected from adoption of the rule; estimates the costs and benefits for each category of people enterprises and government entities affected by the rule; compares alternatives to adopting the rule; and explains their analysis concluding that rulemaking is the most appropriate method of achieving the regulatory purpose. If no impacts are anticipated, please specify “No impact anticipated” in the field.

Rules affecting or regulating schools or school districts must include cost implications to local school districts and taxpayers in the impact statement, a clear statement of associated costs, and consideration of alternatives to the rule to reduce or ameliorate costs to local school districts while still achieving the objectives of the rule (see 3 V.S.A. § 832b for details).

Rules affecting small businesses (excluding impacts incidental to the purchase and payment of goods and services by the State or an agency thereof), must include ways that a business can reduce the cost or burden of compliance or an explanation of why the agency determines that such evaluation isn’t appropriate, and an evaluation of creative, innovative or flexible methods of compliance that would not significantly impair the effectiveness of the rule or increase the risk to the health, safety, or welfare of the public or those affected by the rule.

1. TITLE OF RULE FILING:

Dental Services

2. ADOPTING AGENCY:

Agency of Human Services (AHS)

3. CATEGORY OF AFFECTED PARTIES:

LIST CATEGORIES OF PEOPLE, ENTERPRISES, AND GOVERNMENTAL ENTITIES POTENTIALLY AFFECTED BY THE ADOPTION OF THIS RULE AND THE ESTIMATED COSTS AND BENEFITS ANTICIPATED:

Medicaid beneficiaries; Agency of Human Services including its Departments; health care providers; and health law, policy and related advocacy and community based organizations and groups including the Office of Health Care Advocate.

The rule does not increase or lessen an economic burden on any person or entity including no impact on the

State's gross annualized budget. The changes and amendments conform the rule with current practice and coverage policies for Medicaid in Vermont.

4. **IMPACT ON SCHOOLS:**

INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON PUBLIC EDUCATION, PUBLIC SCHOOLS, LOCAL SCHOOL DISTRICTS AND/OR TAXPAYERS CLEARLY STATING ANY ASSOCIATED COSTS:

No impact

5. **ALTERNATIVES: CONSIDERATION OF ALTERNATIVES TO THE RULE TO REDUCE OR AMELIORATE COSTS TO LOCAL SCHOOL DISTRICTS WHILE STILL ACHIEVING THE OBJECTIVE OF THE RULE.**

Not applicable

6. **IMPACT ON SMALL BUSINESSES:**

INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON SMALL BUSINESSES (EXCLUDING IMPACTS INCIDENTAL TO THE PURCHASE AND PAYMENT OF GOODS AND SERVICES BY THE STATE OR AN AGENCY THEREOF):

No impact

7. **SMALL BUSINESS COMPLIANCE: EXPLAIN WAYS A BUSINESS CAN REDUCE THE COST/BURDEN OF COMPLIANCE OR AN EXPLANATION OF WHY THE AGENCY DETERMINES THAT SUCH EVALUATION ISN'T APPROPRIATE.**

Not applicable

8. **COMPARISON:**

COMPARE THE IMPACT OF THE RULE WITH THE ECONOMIC IMPACT OF OTHER ALTERNATIVES TO THE RULE, INCLUDING NO RULE ON THE SUBJECT OR A RULE HAVING SEPARATE REQUIREMENTS FOR SMALL BUSINESS:

There is no economic impact for there to be a comparison.

9. **SUFFICIENCY: DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED.**

There are no additional costs associated with this rule because the amendments reflect existing coverage for Vermont Medicaid. There is no alternative to this rule. It is necessary to ensure continued alignment with federal and state guidance and law for covered services and benefits within Vermont Medicaid.

Environmental Impact Analysis

Instructions:

In completing the environmental impact analysis, an agency analyzes and evaluates the anticipated environmental impacts (positive or negative) to be expected from adoption of the rule; compares alternatives to adopting the rule; explains the sufficiency of the environmental impact analysis. If no impacts are anticipated, please specify “No impact anticipated” in the field.

Examples of Environmental Impacts include but are not limited to:

- Impacts on the emission of greenhouse gases
- Impacts on the discharge of pollutants to water
- Impacts on the arability of land
- Impacts on the climate
- Impacts on the flow of water
- Impacts on recreation
- Or other environmental impacts

1. TITLE OF RULE FILING:

Dental Services

2. ADOPTING AGENCY:

Agency of Human Services (AHS)

3. GREENHOUSE GAS: *EXPLAIN HOW THE RULE IMPACTS THE EMISSION OF GREENHOUSE GASES (E.G. TRANSPORTATION OF PEOPLE OR GOODS; BUILDING INFRASTRUCTURE; LAND USE AND DEVELOPMENT, WASTE GENERATION, ETC.):*

No impact

4. WATER: *EXPLAIN HOW THE RULE IMPACTS WATER (E.G. DISCHARGE / ELIMINATION OF POLLUTION INTO VERMONT WATERS, THE FLOW OF WATER IN THE STATE, WATER QUALITY ETC.):*

No impact

5. LAND: *EXPLAIN HOW THE RULE IMPACTS LAND (E.G. IMPACTS ON FORESTRY, AGRICULTURE ETC.):*

No impact

6. RECREATION: *EXPLAIN HOW THE RULE IMPACTS RECREATION IN THE STATE:*

No impact

7. **CLIMATE:** *EXPLAIN HOW THE RULE IMPACTS THE CLIMATE IN THE STATE:*
No impact
8. **OTHER:** *EXPLAIN HOW THE RULE IMPACT OTHER ASPECTS OF VERMONT'S ENVIRONMENT:*
No impact
9. **SUFFICIENCY:** *DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED.*
This rule has no impact on the environment.

Public Input Maximization Plan

Instructions:

Agencies are encouraged to hold hearings as part of their strategy to maximize the involvement of the public in the development of rules. Please complete the form below by describing the agency's strategy for maximizing public input (what it did do, or will do to maximize the involvement of the public).

This form must accompany each filing made during the rulemaking process:

1. TITLE OF RULE FILING:

Dental Services

2. ADOPTING AGENCY:

Agency of Human Services (AHS)

3. PLEASE DESCRIBE THE AGENCY'S STRATEGY TO MAXIMIZE PUBLIC INVOLVEMENT IN THE DEVELOPMENT OF THE PROPOSED RULE, LISTING THE STEPS THAT HAVE BEEN OR WILL BE TAKEN TO COMPLY WITH THAT STRATEGY:

AHS shared the proposed rule with the Medicaid and Exchange Advisory Committee (MEAC) on 6/05/2024. No comments were received. The proposed rule was shared with Vermont Legal Aid (VLA), Vermont Medical Society (VMS), Vermont Association of Hospitals and Health Systems (VAHHS), Vermont Care Partners (VCP), Bi-State Primary Care Association, and the VNAs of Vermont on 6/4/24. No comments were received. The proposed rule was shared with the Vermont Dental Society on 6/27/2024. No comments were received.

When a rule is filed with the Office of the Secretary of State, AHS provides notice and access to the rule through the Global Commitment Register (GCR). The GCR provides notification of policy changes and clarifications of existing Medicaid policy, including rulemaking, under Vermont's 1115 Global Commitment to Health Waiver. Anyone can subscribe to the GCR.

Proposed, final proposed, and adopted rules, including all public comments and responses to rulemaking, are

Public Input

posted to the GCR. Subscribers receive email notifications of rule filings including hyperlinks to posted documents and an explanation of how to provide comment and be involved in the rulemaking.

A public hearing was held on October 21, 2024 and the public comment period ended on October 28, 2024. No comments were received.

4. BEYOND GENERAL ADVERTISEMENTS, PLEASE LIST THE PEOPLE AND ORGANIZATIONS THAT HAVE BEEN OR WILL BE INVOLVED IN THE DEVELOPMENT OF THE PROPOSED RULE:

Agency of Human Services, and the Department of Vermont Health Access;

Health Care Advocate, Vermont Legal Aid Society;

Medicaid and Exchange Advisory Committee;

Vermont Medical Society;

Vermont Dental Society;

Vermont Association of Hospitals and Health Systems;

Vermont Care Partners; and

Bi-State Primary Care Association

VNAs of Vermont.

Dental Services for Beneficiaries Age 21 and Older

4.202 Dental Services for Beneficiaries Age 21 and Older (01/01/2020, GCR 19-058)4.202.1 Definitions

- (a) **“Dental services”** means diagnostic, preventive, restorative, endodontic, or corrective procedures including the treatment of:
- (1) The teeth and associated structures of the oral cavity, and
 - (2) Disease, injury, or impairment that may affect the oral or general health of the beneficiary.
- (b) **“Dentist”** means an individual licensed to practice dentistry or dental surgery.
- (c) **“Dentures”** means artificial structures made by or under the direction of a dentist to replace a full or partial set of teeth.
- (d) **“Emergency Dental Services”** means services to alleviate pain, infection, or bleeding.
- (e) **“Medical and Surgical Services of a Dentist”** means those services furnished by a doctor of dental medicine or dental surgery if the services are services that:
- (1) If furnished by a physician, or other licensed medical provider working in their scope of practice, would be considered physician services,
 - (2) May be furnished by either a physician, other licensed medical provider working in their scope of practice, or a doctor of dental medicine or surgery, and
 - (3) Are furnished by a licensed doctor of dental medicine or dental surgery working within their scope of practice and enrolled in Vermont Medicaid.
- (d) **“Orthodontic Services”** means the use of one or more devices to medically correct or prevent severe malocclusions.

4.202.2 Covered Services

~~Coverage of dental services for beneficiaries age 21 and older is limited to medically necessary dental services.~~

- (a) All medically necessary dental services are covered for Medicaid beneficiaries under age 21 according to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements as specified in Health Care Administrative Rule 4.106. Coverage and service limits do not apply, and any published limits can be exceeded when medically necessary. Some services may require prior authorization.
- (a)(b) For Medicaid beneficiaries aged 21 and older, dental services are covered according to published criteria, as described at 4.202.4(b), up to a maximum dollar amount of \$1,500 per beneficiary per calendar year. Emergency dental services continue to be covered after the annual maximum dollar amount has been met, consistent with 4.202.4(b).
- (c) Covered emergency dental services to relieve pain, infection or bleeding include:
- Examinations,
 - Diagnostic radiographs of the symptomatic area,
 - Sedative fillings,
 - Therapeutic pulpotomy,
 - Extraction of infected and symptomatic teeth.

Dental Services for Beneficiaries Age 21 and Older

- Incision and drainage of abscess.
- Suturing.
- Tooth re-implantation, and
- Minor procedures for the emergency palliative treatment of dental pain.

~~(b)~~(d) Emergency dental services to relieve pain, infection, or bleeding does not include payment for the replacement of missing teeth or dentures.

(d) Medically necessary orthodontic services are covered for beneficiaries under age 21, and for beneficiaries who are pregnant or in the post-partum eligibility period. The post-partum eligibility period begins on the date the pregnancy ends and extends 12 months, and then ends on the last day of the month in which the 12-month period ends. Orthodontic treatment is limited to services that are medically necessary according to diagnostic criteria adopted by the Department of Vermont Health Access, or if a beneficiary has a functional impairment that is equal to or greater than the severity of a functional impairment meeting the diagnostic criteria. Orthodontic treatments for cosmetic purposes are not covered.

(e) Medically necessary coverage for dentures is limited to the following beneficiaries:

- (1) Individuals under the age of 21.
- (2) Individuals who are pregnant or in the postpartum eligibility period, or
- ~~(1)~~(3) Individuals served through the Community Rehabilitation and Treatment and Developmental Disability Services programs.

4.202.3 Eligibility for Care

~~(a) Beneficiaries age 21 and older are eligible for dental services under this rule.~~

~~(b) Dental services for pregnant and postpartum women, and/or beneficiaries under the age of 21, are covered under Rule 4.203, Dental Services for Beneficiaries Under Age 21, and Pregnant and Postpartum Women.~~

4.202.43 Qualified Providers

(a) Dental services must be provided by, or under the supervision of, a licensed dentist, dental hygienist, or dental therapist enrolled in Vermont Medicaid and working within the scope of their practice.

(b) Maxillofacial surgery and medical and surgical services of a dentist must be provided by a licensed medical provider or dentist working within the scope of their practice and enrolled in Vermont Medicaid.

4.202.4 Conditions for Coverage

(a) Applicability of the annual maximum dollar amount.

(1) The annual maximum dollar amount does not apply to Medicaid beneficiaries who are:

- Under the age of 21.
- Pregnant or in the postpartum eligibility period.
- Served through the Community Rehabilitation and Treatment and Developmental Disability services programs.

Dental Services for Beneficiaries Age 21 and Older

(2) The annual maximum dollar amount does not apply to the following services:

- Medical and surgical services of a dentist.
- Preventive services, including prophylaxis, and fluoride treatment.

(b) The Department of Vermont Health Access publishes and periodically updates the Vermont Medicaid Dental Supplement that details covered dental services, and procedures excluded from the maximum dollar amount. The Dental Supplement also lists the medically necessary emergency dental procedures that may be covered after the annual maximum dollar amount has been met.

~~(a) Periodic prophylaxis, including topical fluoride application, is limited to once every six months, unless medically necessary.~~

~~(b) Non-surgical treatment of temporomandibular joint (TMJ) disorders is limited to the fabrication of an occlusal orthotic appliance (TMJ splint).~~

~~(c) Local anesthesia is covered as part of the dental procedure and shall not be separately reimbursable.~~

~~(d) Pulp capping and bases are covered as incidental to a restoration and shall not be separately reimbursable.~~

4.202.5 Conditions for Reimbursement, Cost Sharing, and Beneficiary Billing

~~(a) Coverage of dental services for beneficiaries age 21 or older is limited to a maximum dollar amount of \$1,000 per beneficiary per calendar year.~~

~~(b) The Department of Vermont Health Access publishes and periodically updates a Dental Procedures Fee Schedule, which sets the fees reimbursable under the Medicaid program and lists procedures excluded from the maximum dollar amount.~~

(a) Dental Services are subject to cost sharing according to Health Care Administrative Rule 6.100 Medicaid Cost Sharing. There is no cost sharing for preventive dental services.

~~(e)~~(b) Providers may bill a beneficiary for procedures after the maximum annual dollar amount for services has been reached, or for procedures that are not covered by Vermont Medicaid.

~~(d)~~(c) Providers mustshall follow these conditions when billing a beneficiary:

- (1) Providers mustshall acquire written acknowledgement of financial liability from a beneficiary prior to performing the procedure.
- (2) Billed amounts may not exceed the appropriate Medicaid procedure rate for the procedure in the Dental Procedures Fee Schedule. This condition does not apply to procedures that are not covered by Vermont Medicaid.

4.202.6 Prior Authorization Requirements

(a) Covered dental procedures and services that require prior authorization are published on the Vermont Department of Health Access website. The Dental Procedures Fee Schedule contains a detailed list of covered dental procedures and services and indicates which services require prior authorization. The Dental Procedures Fee Schedule can be found on the Department of Vermont Health Access website.

~~(a)~~(b) Emergency dental services do not require prior authorization.

Dental Services for Beneficiaries Age 21 and Older

4.202.7 Non-Covered Services

- (a) Services that are not covered include: procedures for cosmetic purposes, and certain elective procedures, including but not limited to: bonding, sealants, periodontal surgery, comprehensive periodontal care, orthodontic treatment, processed or cast crowns and bridges.
- (b) Orthodontic treatments are not covered except as specified in 4.202.2(f).
- (c) Dentures are not covered except as specified in 4.202.2(g).

Dental Services

4.202 Dental Services

4.202.1 Definitions

- (a) **“Dental services”** means diagnostic, preventive, restorative, endodontic, or corrective procedures including the treatment of:
 - (1) The teeth and associated structures of the oral cavity, and
 - (2) Disease, injury, or impairment that may affect the oral or general health of the beneficiary.
- (b) **“Dentist”** means an individual licensed to practice dentistry or dental surgery.
- (c) **“Dentures”** means artificial structures made by or under the direction of a dentist to replace a full or partial set of teeth.
- (d) **“Emergency Dental Services”** means services to alleviate pain, infection, or bleeding.
- (e) **“Medical and Surgical Services of a Dentist”** means those services furnished by a doctor of dental medicine or dental surgery if the services are services that:
 - (1) If furnished by a physician, or other licensed medical provider working in their scope of practice, would be considered physician services,
 - (2) May be furnished by either a physician, other licensed medical provider working in their scope of practice, or a doctor of dental medicine or surgery, and
 - (3) Are furnished by a licensed doctor of dental medicine or dental surgery working within their scope of practice and enrolled in Vermont Medicaid.
- (f) **“Orthodontic Services”** means the use of one or more devices to medically correct or prevent severe malocclusions.

4.202.2 Covered Services

- (a) All medically necessary dental services are covered for Medicaid beneficiaries under age 21 according to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements as specified in Health Care Administrative Rule 4.106. Coverage and service limits do not apply, and any published limits can be exceeded when medically necessary. Some services may require prior authorization.
- (b) For Medicaid beneficiaries aged 21 and older, dental services are covered according to published criteria, as described at 4.202.4(b), up to a maximum dollar amount of \$1,500 per beneficiary per calendar year. Emergency dental services continue to be covered after the annual maximum dollar amount has been met, consistent with 4.202.4(b).
- (c) Covered emergency dental services to relieve pain, infection or bleeding include:
 - Examinations,
 - Diagnostic radiographs of the symptomatic area,
 - Sedative fillings,
 - Therapeutic pulpotomy,
 - Extraction of infected and symptomatic teeth,
 - Incision and drainage of abscess,

Dental Services

- Suturing,
 - Tooth re-implantation, and
 - Minor procedures for the emergency palliative treatment of dental pain.
- (d) Emergency dental services to relieve pain, infection, or bleeding does not include payment for the replacement of missing teeth or dentures.
- (e) Medically necessary orthodontic services are covered for beneficiaries under age 21, and for beneficiaries who are pregnant or in the post-partum eligibility period. The post-partum eligibility period begins on the date the pregnancy ends and extends 12 months, and then ends on the last day of the month in which the 12-month period ends. Orthodontic treatment is limited to services that are medically necessary according to diagnostic criteria adopted by the Department of Vermont Health Access, or if a beneficiary has a functional impairment that is equal to or greater than the severity of a functional impairment meeting the diagnostic criteria. Orthodontic treatments for cosmetic purposes are not covered.
- (f) Medically necessary coverage for dentures is limited to the following beneficiaries:
- (1) Individuals under the age of 21,
 - (2) Individuals who are pregnant or in the postpartum eligibility period, or
 - (3) Individuals served through the Community Rehabilitation and Treatment and Developmental Disability Services programs.

4.202.3 Qualified Providers

- (a) Dental services must be provided by, or under the supervision of, a licensed dentist, dental hygienist, or dental therapist enrolled in Vermont Medicaid and working within the scope of their practice.
- (b) Maxillofacial surgery and medical and surgical services of a dentist must be provided by a licensed medical provider or dentist working within the scope of their practice and enrolled in Vermont Medicaid.

4.202.4 Conditions for Coverage

- (a) Applicability of the annual maximum dollar amount.
- (1) The annual maximum dollar amount does not apply to Medicaid beneficiaries who are:
 - Under the age of 21.
 - Pregnant or in the postpartum eligibility period.
 - Served through the Community Rehabilitation and Treatment and Developmental Disability services programs.
 - (2) The annual maximum dollar amount does not apply to the following services:
 - Medical and surgical services of a dentist.
 - Preventive services, including prophylaxis, and fluoride treatment.
- (b) The Department of Vermont Health Access publishes and periodically updates the Vermont Medicaid Dental Supplement that details covered dental services, and procedures excluded from the maximum dollar amount. The Dental Supplement also lists the medically necessary emergency dental procedures that may be covered after the annual maximum dollar amount has been met.

Dental Services

4.202.5 Conditions for Reimbursement, Cost Sharing, and Beneficiary Billing

- (a) Dental Services are subject to cost sharing according to Health Care Administrative Rule 6.100 Medicaid Cost Sharing. There is no cost sharing for preventive dental services.
- (b) Providers may bill a beneficiary for procedures after the maximum annual dollar amount for services has been reached, or for procedures that are not covered by Vermont Medicaid.
- (c) Providers must follow these conditions when billing a beneficiary:
 - (1) Providers must acquire written acknowledgement of financial liability from a beneficiary prior to performing the procedure.
 - (2) Billed amounts may not exceed the appropriate Medicaid rate for the procedure. This condition does not apply to procedures that are not covered by Vermont Medicaid.

4.202.6 Prior Authorization Requirements

- (a) Covered dental procedures and services that require prior authorization are published on the Vermont Department of Health Access website.
- (b) Emergency dental services do not require prior authorization.

4.202.7 Non-Covered Services

- (a) Services that are not covered include procedures for cosmetic purposes, and certain elective procedures.
- (b) Orthodontic treatments are not covered except as specified in 4.202.2(e).
- (c) Dentures are not covered except as specified in 4.202.2(f).

The Vermont Statutes Online

The Statutes below include the actions of the 2024 session of the General Assembly.

NOTE: The Vermont Statutes Online is an unofficial copy of the Vermont Statutes Annotated that is provided as a convenience.

Title 3 : Executive

Chapter 025 : Administrative Procedure

Subchapter 001 : GENERAL PROVISIONS

(Cite as: 3 V.S.A. § 801)

§ 801. Short title and definitions

(a) This chapter may be cited as the “Vermont Administrative Procedure Act.”

(b) As used in this chapter:

(1) “Agency” means a State board, commission, department, agency, or other entity or officer of State government, other than the Legislature, the courts, the Commander in Chief, and the Military Department, authorized by law to make rules or to determine contested cases.

(2) “Contested case” means a proceeding, including but not restricted to rate-making and licensing, in which the legal rights, duties, or privileges of a party are required by law to be determined by an agency after an opportunity for hearing.

(3) “License” includes the whole or part of any agency permit, certificate, approval, registration, charter, or similar form of permission required by law.

(4) “Licensing” includes the agency process respecting the grant, denial, renewal, revocation, suspension, annulment, withdrawal, or amendment of a license.

(5) “Party” means each person or agency named or admitted as a party, or properly seeking and entitled as of right to be admitted as a party.

(6) “Person” means any individual, partnership, corporation, association, governmental subdivision, or public or private organization of any character other than an agency.

(7) “Practice” means a substantive or procedural requirement of an agency, affecting one or more persons who are not employees of the agency, that is used by the agency in the discharge of its powers and duties. The term includes all such requirements, regardless of whether they are stated in writing.

(8) "Procedure" means a practice that has been adopted in writing, either at the election of the agency or as the result of a request under subsection 831(b) of this title. The term includes any practice of any agency that has been adopted in writing, whether or not labeled as a procedure, except for each of the following:

(A) a rule adopted under sections 836-844 of this title;

(B) a written document issued in a contested case that imposes substantive or procedural requirements on the parties to the case;

(C) a statement that concerns only:

(i) the internal management of an agency and does not affect private rights or procedures available to the public;

(ii) the internal management of facilities that are secured for the safety of the public and the individuals residing within them; or

(iii) guidance regarding the safety or security of the staff of an agency or its designated service providers or of individuals being provided services by the agency or such a provider;

(D) an intergovernmental or interagency memorandum, directive, or communication that does not affect private rights or procedures available to the public;

(E) an opinion of the Attorney General; or

(F) a statement that establishes criteria or guidelines to be used by the staff of an agency in performing audits, investigations, or inspections, in settling commercial disputes or negotiating commercial arrangements, or in the defense, prosecution, or settlement of cases, if disclosure of the criteria or guidelines would compromise an investigation or the health and safety of an employee or member of the public, enable law violators to avoid detection, facilitate disregard of requirements imposed by law, or give a clearly improper advantage to persons that are in an adverse position to the State.

(9) "Rule" means each agency statement of general applicability that implements, interprets, or prescribes law or policy and that has been adopted in the manner provided by sections 836-844 of this title.

(10) "Incorporation by reference" means the use of language in the text of a regulation that expressly refers to a document other than the regulation itself.

(11) "Adopting authority" means, for agencies that are attached to the Agencies of Administration, of Commerce and Community Development, of Natural Resources, of Human Services, and of Transportation, or any of their components, the secretaries of those agencies; for agencies attached to other departments or any of their components, the commissioners of those departments; and for other agencies, the chief officer of the agency. However, for the procedural rules of boards with quasi-judicial powers, for the Transportation Board, for the Vermont Veterans' Memorial Cemetery Advisory Board,

and for the Fish and Wildlife Board, the chair or executive secretary of the board shall be the adopting authority. The Secretary of State shall be the adopting authority for the Office of Professional Regulation.

(12) "Small business" means a business employing no more than 20 full-time employees.

(13)(A) "Arbitrary," when applied to an agency rule or action, means that one or more of the following apply:

(i) There is no factual basis for the decision made by the agency.

(ii) The decision made by the agency is not rationally connected to the factual basis asserted for the decision.

(iii) The decision made by the agency would not make sense to a reasonable person.

(B) The General Assembly intends that this definition be applied in accordance with the Vermont Supreme Court's application of "arbitrary" in *Beyers v. Water Resources Board*, 2006 VT 65, and *In re Town of Sherburne*, 154 Vt. 596 (1990).

(14) "Guidance document" means a written record that has not been adopted in accordance with sections 836-844 of this title and that is issued by an agency to assist the public by providing an agency's current approach to or interpretation of law or describing how and when an agency will exercise discretionary functions. The term does not include the documents described in subdivisions (8)(A) through (F) of this section.

(15) "Index" means a searchable list of entries that contains subjects and titles with page numbers, hyperlinks, or other connections that link each entry to the text or document to which it refers. (Added 1967, No. 360 (Adj. Sess.), § 1, eff. July 1, 1969; amended 1981, No. 82, § 1; 1983, No. 158 (Adj. Sess.), eff. April 13, 1984; 1985, No. 56, § 1; 1985, No. 269 (Adj. Sess.), § 4; 1987, No. 76, § 18; 1989, No. 69, § 2, eff. May 27, 1989; 1989, No. 250 (Adj. Sess.), § 88; 2001, No. 149 (Adj. Sess.), § 46, eff. June 27, 2002; 2017, No. 113 (Adj. Sess.), § 3; 2017, No. 156 (Adj. Sess.), § 2.)

VERMONT **GENERAL ASSEMBLY**

The Vermont Statutes Online

The Statutes below include the actions of the 2024 session of the General Assembly.

NOTE: The Vermont Statutes Online is an unofficial copy of the Vermont Statutes Annotated that is provided as a convenience.

Title 33 : Human Services

Chapter 019 : Medical Assistance

Subchapter 001 : MEDICAID

(Cite as: **33 V.S.A. § 1901**)

§ 1901. Administration of program

(a)(1) The Secretary of Human Services or designee shall take appropriate action, including making of rules, required to administer a medical assistance program under Title XIX (Medicaid) and Title XXI (SCHIP) of the Social Security Act.

(2) The Secretary or designee shall seek approval from the General Assembly prior to applying for and implementing a waiver of Title XIX or Title XXI of the Social Security Act, an amendment to an existing waiver, or a new state option that would restrict eligibility or benefits pursuant to the Deficit Reduction Act of 2005. Approval by the General Assembly under this subdivision constitutes approval only for the changes that are scheduled for implementation.

(3) [Repealed.]

(4) A manufacturer of pharmaceuticals purchased by individuals receiving State pharmaceutical assistance in programs administered under this chapter shall pay to the Department of Vermont Health Access, as the Secretary's designee, a rebate on all pharmaceutical claims for which State-only funds are expended in an amount that is in proportion to the State share of the total cost of the claim, as calculated annually on an aggregate basis, and based on the full Medicaid rebate amount as provided for in Section 1927(a) through (c) of the federal Social Security Act, 42 U.S.C. § 1396r-8.

(b) [Repealed.]

(c) The Secretary may charge a monthly premium, in amounts set by the General Assembly, per family for pregnant women and children eligible for medical assistance under Sections 1902(a)(10)(A)(i)(III), (IV), (VI), and (VII) of Title XIX of the Social Security Act, whose family income exceeds 195 percent of the federal poverty level, as permitted under section 1902(r)(2) of that act. Fees collected under this subsection shall be

credited to the State Health Care Resources Fund established in section 1901d of this title and shall be available to the Agency to offset the costs of providing Medicaid services. Any co-payments, coinsurance, or other cost sharing to be charged shall also be authorized and set by the General Assembly.

(d)(1) To enable the State to manage public resources effectively while preserving and enhancing access to health care services in the State, the Department of Vermont Health Access is authorized to serve as a publicly operated managed care organization (MCO).

(2) To the extent permitted under federal law, the Department of Vermont Health Access shall be exempt from any health maintenance organization (HMO) or MCO statutes in Vermont law and shall not be considered to be an HMO or MCO for purposes of State regulatory and reporting requirements. The MCO shall comply with the federal rules governing managed care organizations in 42 C.F.R. Part 438. The Vermont rules on the primary care case management in the Medicaid program shall be amended to apply to the MCO except to the extent that the rules conflict with the federal rules.

(3) The Agency of Human Services and Department of Vermont Health Access shall report to the Health Reform Oversight Committee about implementation of Global Commitment in a manner and at a frequency to be determined by the Committee. Reporting shall, at a minimum, enable the tracking of expenditures by eligibility category, the type of care received, and to the extent possible allow historical comparison with expenditures under the previous Medicaid appropriation model (by department and program) and, if appropriate, with the amounts transferred by another department to the Department of Vermont Health Access. Reporting shall include spending in comparison to any applicable budget neutrality standards.

(e) [Repealed.]

(f) The Secretary shall not impose a prescription co-payment for individuals under age 21 enrolled in Medicaid or Dr. Dynasaur.

(g) The Department of Vermont Health Access shall post prominently on its website the total per-member per-month cost for each of its Medicaid and Medicaid waiver programs and the amount of the State's share and the beneficiary's share of such cost.

(h) To the extent required to avoid federal antitrust violations, the Department of Vermont Health Access shall facilitate and supervise the participation of health care professionals and health care facilities in the planning and implementation of payment reform in the Medicaid and SCHIP programs. The Department shall ensure that the process and implementation include sufficient State supervision over these entities to comply with federal antitrust provisions and shall refer to the Attorney General for appropriate action the activities of any individual or entity that the Department determines, after notice and an opportunity to be heard, violate State or federal antitrust laws without a countervailing benefit of improving patient care, improving access to

health care, increasing efficiency, or reducing costs by modifying payment methods. (Added 1967, No. 147, § 6; amended 1997, No. 155 (Adj. Sess.), § 21; 2005, No. 159 (Adj. Sess.), § 2; 2005, No. 215 (Adj. Sess.), § 308, eff. May 31, 2006; 2007, No. 74, § 3, eff. June 6, 2007; 2009, No. 156 (Adj. Sess.), § E.309.15, eff. June 3, 2010; 2009, No. 156 (Adj. Sess.), § I.43; 2011, No. 48, § 16a, eff. Jan. 1, 2012; 2011, No. 139 (Adj. Sess.), § 51, eff. May 14, 2012; 2011, No. 162 (Adj. Sess.), § E.307.6; 2011, No. 171 (Adj. Sess.), § 41c; 2013, No. 79, § 23, eff. Jan. 1, 2014; 2013, No. 79, § 46; 2013, No. 131 (Adj. Sess.), § 39, eff. May 20, 2014; 2013, No. 142 (Adj. Sess.), § 98; 2017, No. 210 (Adj. Sess.), § 3, eff. June 1, 2018; 2023, No. 85 (Adj. Sess.), § 471, eff. July 1, 2024.)



Proposed Rules Postings

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Deadline For Public Comment

Deadline: Oct 28, 2024

The deadline for public comment has expired. Contact the agency or primary contact person listed below for assistance.

Rule Details

Rule Number:	24P036
Title:	Dental Services.
Type:	Standard
Status:	Proposed
Agency:	Agency of Human Services
Legal Authority:	3 V.S.A. § 801(b)(11); 33 V.S.A. § 1901(a)(1)
Summary:	This rule sets forth the criteria for coverage of dental services under Vermont's Medicaid program. It amends current Health Care Administrative Rule 4.202 titled "Dental Services for Beneficiaries Age 21 and Older" and consolidates coverage for dental services under one rule. Amendments include updating the rule to reflect coverage changes in statute as a result of Act 51 of the 2023 legislative session. Additional amendments are being made to clarify terms and coverage criteria and to specify services that are not covered.
Persons Affected:	Medicaid beneficiaries; Agency of Human Services including its Departments; health care providers; and health law, policy and related advocacy and community based organizations and groups including the Office of Health Care Advocate.
Economic Impact:	The rule does not increase or lessen an economic burden on any person or entity including no impact on the State's gross annualized budget. The changes and amendments align the rule with the current coverage criteria and requirements for Vermont Medicaid. It includes changes that are in statute, therefore the proposed rule changes doesn't have an economic impact.
Posting date:	Sep 18,2024

Hearing Information

Information for Hearing # 1

Hearing date:	10-21-2024 11:00 AM ADD TO YOUR CALENDAR
Location:	Virtually via MS Teams
Address:	Virtually via MS Teams at: https://teams.microsoft.com/l/meetup-join/193ameeting_ODYzMjc5NmUtNDIyMy00ZTVmLWE4YmUtNzZhOTBIYjA3NGU540thread.v2/0?context=7b22Tid223a2220b4933b-baad-433c-9c02-70edcc7559c6222c220id223a2245c22834-801a-46fa-b5b3-34dd9cf8afc4227d
City:	Meeting ID 256 387 936 097 Passcode: ka5yiL Dial in by phone: 1-802-552-8456,,748399271# Phone ID: 748 399 271#

State: VT
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 Virtually via MS Teams at: https://teams.microsoft.com/l/meetup-join/193ameeting_ODYzMjc5NmUtNDIyMy00ZTVmLWE4YmUtNzZhOTBIYjA3NGU540thread.v2/0?context=7b22Tid223a2220b4933b-baad-433c-9c02-70edcc7559c6222c22Oid223a2245c22834-801a-46fa-b5b3-34dd9cf8afc4227d
 Hearing Notes: Meeting ID 256 387 936 097 Passcode: ka5yiL Dial in by phone: 1-802-552-8456,748399271#
 Phone ID: 748 399 271#

Contact Information

Information for Primary Contact

PRIMARY CONTACT PERSON - A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE.

Level: Primary
 Name: Ashley Berliner
 Agency: Agency of Human Services
 Address: 280 State Drive
 City: Waterbury
 State: VT
 Zip: 05671-1000
 Telephone: 802-578-9305
 Fax: 802-241-0450
 Email: Ashley.Berliner@vermont.gov

[SEND A COMMENT](#)

Website: <https://humanservices.vermont.gov/rules-polies/health-care-rules/health-care-administrative-rules-hcar>
 Address: [VIEW WEBSITE](#)

Information for Secondary Contact

SECONDARY CONTACT PERSON - A SPECIFIC PERSON FROM WHOM COPIES OF FILINGS MAY BE REQUESTED OR WHO MAY ANSWER QUESTIONS ABOUT FORMS SUBMITTED FOR FILING IF DIFFERENT FROM THE PRIMARY CONTACT PERSON.

Level: Secondary
 Name: Susan Coburn
 Agency: Agency of Human Services
 Address: 280 State Drive
 City: Waterbury
 State: VT
 Zip: 05671-1000
 Telephone: 802-578-9412
 Fax: 802-241-0450
 Email: susan.coburn@vermont.gov

[SEND A COMMENT](#)

Keyword Information

Keywords:

- Dental Services
- Dentist
- Dentures
- Medical and Surgical Services of a Dentist
- Emergency Dental Services
- Orthodontic Services
- Medicaid
- Health Care Administrative Rule
- HCAR

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	The Islander (islander@vermontislander.com)	Tel: 802-372-5600 FAX: 802-372-3025
	Vermont Lawyer (hunter.press.vermont@gmail.com)	Attn: Will Hunter

FROM: APA Coordinator, VSARA

Date of Fax: September 22, 2024

RE: The "Proposed State Rules " ad copy to run on

September 26, 2024

PAGES INCLUDING THIS COVER MEMO:

3

***NOTE* 8-pt font in body. 12-pt font max. for headings - single space body. Please include dashed lines where they appear in ad copy. Otherwise minimize the use of white space. Exceptions require written approval.**

If you have questions, or if the printing schedule of your paper is disrupted by holiday etc. please contact VSARA at 802-828-3700, or E-Mail sos.statutoryfilings@vermont.gov, Thanks.

PROPOSED STATE RULES

By law, public notice of proposed rules must be given by publication in newspapers of record. The purpose of these notices is to give the public a chance to respond to the proposals. The public notices for administrative rules are now also available online at <https://secure.vermont.gov/SOS/rules/>. The law requires an agency to hold a public hearing on a proposed rule, if requested to do so in writing by 25 persons or an association having at least 25 members.

To make special arrangements for individuals with disabilities or special needs please call or write the contact person listed below as soon as possible.

To obtain further information concerning any scheduled hearing(s), obtain copies of proposed rule(s) or submit comments regarding proposed rule(s), please call or write the contact person listed below. You may also submit comments in writing to the Legislative Committee on Administrative Rules, State House, Montpelier, Vermont 05602 (802-828-2231).

Note: The four rules below have been promulgated by the Agency of Human Services who has requested the notices be combined to facilitate a savings for the agency. When contacting the agency about these rules please note the title and rule number of the rule(s) you are interested in.

- Dental Services
Vermont Proposed Rule: **24P036**
- Dental Services for Beneficiaries Under Age 21, and Pregnant and Postpartum Women
Vermont Proposed Rule: **24P037**
- Medical and Surgical Services of a Dentist
Vermont Proposed Rule: **24P038**
- Orthodontic Treatment
Vermont Proposed Rule: **24P039**

AGENCY: Agency of Human Services

CONCISE SUMMARY: These proposed rules set forth the criteria for coverage and service delivery for Health Care Administrative Rules (HCAR) for Dental Services under Vermont's Medicaid program. These rules are being combined into one rule for dental services. The revisions are designed to improve public accessibility and comprehension of the rules concerning the operation of Vermont's Medicaid program.

FOR FURTHER INFORMATION, CONTACT: Ashley Berliner Agency of Human Services 280 State Drive Waterbury, VT 05671-1000 Tel: 802-578-9305 Fax: 802-241-0450 E-Mail: ashley.berliner@vermont.gov
URL: <https://humanservices.vermont.gov/rules-policies/health-care-rules>.

FOR COPIES, CONTACT: Susan Coburn, Agency of Human Services 280 State Drive, Waterbury, VT 05671-1000 Tel: 802-578-9412 Fax: 802-241-0450 Email: Susan.Coburn@vermont.gov.

Chiropractic Services.

Vermont Proposed Rule: 24P040

AGENCY: Agency of Human Services

CONCISE SUMMARY: This rule sets forth the criteria for coverage of chiropractic services under Vermont's

Medicaid program. It amends current Health Care Administrative Rule 3.101 titled "Chiropractic Services". Amendments include updating the prior authorization requirements, clarifying terms that were not previously defined, and specifying services that are not covered.

FOR FURTHER INFORMATION, CONTACT: Ashley Berliner, Agency of Human Services, 280 State Drive, Waterbury, VT 05671-1000 Tel: 802-578-9305 Fax: 802-241-0450 Email: Ashley.Berliner@vermont.gov URL: <https://humanservices.vermont.gov/rules-polies/health-care-rules/health-care-administrative-rules-hcar>.

FOR COPIES: Susan Coburn, Agency of Human Services 280 State Drive, Waterbury, VT 05671-1000 Tel: 802-578-9412 Fax: 802-241-0450 Email: Susan.Coburn@vermont.gov.

Administrative Rules for Notaries Public.

Vermont Proposed Rule: 24P041

AGENCY: Secretary of State, Office of Professional Regulation

CONCISE SUMMARY: These rules create standards for issuing commissions as well as special endorsements to notaries public to perform notarial acts on electronic records and for remotely located individuals. The standards specify acceptable methods for performing notarial acts, including identification of individuals, personal appearance, completion of the notarial certificate, remote notarization, and recording notarial acts.

FOR FURTHER INFORMATION, CONTACT: Jennifer Colin, Esq. Office of Professional Regulation, 89 Main St., 3rd Fl., Montpelier, VT 05602 Tel: 802-828-1505 Email: jennifer.colin@vermont.gov URL: <https://sos.vermont.gov/notaries-public/statutes-rules-resources/>.

FOR COPIES: Gina Hruban, Office of Professional Regulation, 89 Main St., 3rd Fl., Montpelier, VT 05602 Tel: 802-828-1505 Email: gina.hruban@vermont.gov.

General Assistance Emergency Housing Assistance Rules.

Vermont Proposed Rule: 24P042

AGENCY: Agency of Human Services, Department for Children and Families

CONCISE SUMMARY: The proposed rule contains five amendments to the General Assistance program rules: (1) language regarding notices to terminate tenancy was added to the definition of constructive eviction in rule 2622; (2) language was added to rule 2650 authorizing DCF to withhold payments to hotels/motels in violation of lodging licensing rules; (3) the catastrophic and vulnerable populations eligibility categories in rules 2652.2 and 2652.3 have been replaced with the new eligibility criteria set forth in sec. E.321 of Act 113 of 2024; (4) the rule updates the basic needs standard chart in rule 2652.4 to align with the current Reach Up basic needs dollar amounts; and (5) the methodology for calculating the 30% income contribution in rule 2652.4 was changed from using the least expensive daily motel rate to either the current daily rate at the motel in which the temporary housing applicant is staying or if the applicant is not currently housed in a motel, the average daily rate.

FOR FURTHER INFORMATION, CONTACT: Heidi Moreau, Agency of Human Services, Department for Children and Families, 280 State Drive, NOB 1 North, Waterbury VT 05671 Tel: 802-595-9639 Email: heidi.moreau@vermont.gov URL: <https://dcf.vermont.gov/esd/laws-rules/proposed>.

FOR COPIES: Amanda Beliveau, Agency of Human Services, Department for Children and Families, 280 State Drive, HC 1 South, Waterbury, VT 05671 Tel: 802-241-0641 Email: amanda.beliveau@vermont.gov.
