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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 14-009

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

April 7, 2015

Hal Cohen, Secretary
Vermont Agency of Human Services
208 Hurricane Lane, Suite 103
Williston, Vermont 05495

Dear Secretary Cohen:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 14-009 with an effective date of January 1, 2014, as requested by your Agency.

This SPA transmitted a proposed amendment to your approved Title XIX State plan to expand face-to-face tobacco cessation services to all eligible individuals.

A companion letter to this SPA approval will address the day health rehabilitation coverage issues discovered during the review of this SPA

If there are questions, please contact Lynn Wolfsfeld at (401) 999-4004.

Sincerely,


Richard R. McGreal
Associate Regional Administrator

Enclosure

cc: Steven Costantino, Commissioner
Lindsay Parker, Health Programs Administrator, Policy Unit
Ashley Berliner, Medicaid Policy and Planning Chief, Policy Unit

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April 7, 2015

Hal Cohen, Secretary
Vermont Agency of Human Services
208 Hurricane Lane, Suite 103
Williston, Vermont 05495

Dear Secretary Cohen:

We are sending this letter as a companion to our approval of Vermont's State Plan amendment (SPA) No. 14-009. During our review of page 6n submitted with this SPA, we also reviewed the coverage section (3.1a, page 6n) associated with day health rehabilitation services described in this SPA.

Regulations at 42 CFR 430.10 require that the State plan be a comprehensive written statement describing the nature and scope of the State's Medicaid program and that it contain all information necessary for CMS to determine whether the plan can be approved to serve as the basis for Federal Financial participation (FFP) in the state program.

Vermont currently includes "Day Health Rehabilitation Services" under the preventive services benefit. Preventive services is not the appropriate section to describe this benefit. We have allowed states the option to place Adult Day Health Services under either the clinic benefit or the rehabilitative services benefit, but not under the preventive services benefit. Please select one of these other benefit categories to which the state's Adult Day Health Services will be moved. As the state knows, services in a clinic must be by or under the direction of a physician or dentist. If that requirement will act as a bar to placing the Adult Day Health Services under the clinic benefit, then perhaps the rehabilitative services benefit is the better option.

Please also include in the state plan the practitioners, licensed and unlicensed, who will furnish Adult Day Health Services.

For practitioners who are not licensed, please include in the state plan a summary of the qualifications for each practitioner that furnishes Adult Day Health Services. Qualifications should include a brief summary of any educational, training, experiential, certification or registration requirements that the state has. Please also include any supervisory requirements.

Please include in the state plan any limitations on amount, duration, or scope of Adult Day Health Services, and whether the limitations can be exceeded based on medical necessity. The State will have 90 days to address the issues identified above. Within that period the State may submit a SPA to address these issues or may submit a corrective action plan describing in detail how the State will resolve the issues in a timely manner. Failure to respond may result in the initiation of a formal compliance process. During the 90-day period, CMS will provide any required technical assistance to assist you in resolving these issues.

If there are questions, please contact Lynn Wolfsfeld at (401) 999-4004.



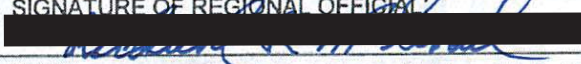
Sincerely,



Richard R. McGreal
Associate Regional Administrator

Enclosure

cc: Steven Costantino, Commissioner
Lindsay Parker, Health Programs Administrator, Policy Unit
Ashley Berliner, Medicaid Policy and Planning Chief, Policy Unit

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 14-009	2. STATE: VERMONT
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (CHECK ONE): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		4. PROPOSED EFFECTIVE DATE(S) JANUARY 1, 2014	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §430.12(c)(ii)	7. FEDERAL BUDGET IMPACT: FFY 2014: \$0 \$6,960.10 a. FFY 2014 FFY 2015: \$0 \$9,102.02 b. FFY 2015		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATT. 3.1-A PAGE 2, 204 AND ATT. 4.19-B PAGE 11 3.1_A page 6n	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) 3.1_A page 6n ATT. 3.1-A PAGE 2, 204 AND ATT. 4.19-B PAGE 11		
10. SUBJECT OF AMENDMENT: TOBACCO CESSATION			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED SIGNATURE OF SECRETARY OF ADMINISTRATION 	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: ASHLEY BERLINER DEPARTMENT OF VERMONT HEALTH ACCESS 312 HURRICANE LANE, SUITE 201 WILLISTON, VT 05495	
13. TYPED NAME: DOUGLAS A. RACINE		14. TITLE: SECRETARY, AGENCY FOR HUMAN SERVICES	
15. DATE SUBMITTED: January 3, 2014		17. DATE RECEIVED: January 3, 2014	
FOR REGIONAL OFFICE USE ONLY			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/14		18. DATE APPROVED: 4/7/15	
PLAN APPROVED - ONE COPY ATTACHED			
21. TYPED NAME: Richard R. McGreal		20. SIGNATURE OF REGIONAL OFFICIAL: 	
23. REMARKS CMS received permission from Vermont to modify amounts in Box 7 and to revise the pages listed in Boxes 8 and 9.		22. TITLE Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office	

State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: ☐ No limitations ☒ With limitations*

4. b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

4. c. Family planning services and supplies for individuals of child-bearing age.

Provided: ☐ No limitations ☒ With limitations*

4. d. Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women.

Provided: ☐ No limitations ☒ With limitations*

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: ☐ No limitations ☒ With limitations*

5. b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: ☐ No limitations ☒ With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

- a. Podiatrists' services.

Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 14-009

Supersedes

TN No. 93-9

Effective Date: 1/1/14

Approval Date: 4/7/15

HCFA ID: 7985E

ITEM 13. OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED ELSEWHERE IN THE PLAN.
(Continued)

13-C. Preventive Services

9. Day Health Rehabilitation Services

Day Health Rehabilitation Services are provided to individuals with physical or cognitive impairments who are not residing in a nursing home, nor receiving enhanced residential care services or other similar services. Day Health Rehabilitation Services are intended to maintain optimal functioning and prevent or delay the need for the level of services provided in a nursing facility. The services provided at a Day Health Rehabilitation Center are health assessment and screening, health monitoring and education, nursing, personal care, physical therapy, occupational therapy, speech therapy, social work, and nutrition counseling/services. Beneficiaries are determined eligible for Day Health Rehabilitation Services by the Department of Aging and Disabilities. The intensity of services provided to each individual is in accordance with the individual's plan of care and is provided under the supervision of a registered nurse.

The services are furnished by providers who meet the qualifications specified by the Department of Aging and Disabilities. Prior authorization of this service is required from the Department of Aging and Disabilities.

Reimbursement for Day Health Rehabilitation Services will not duplicate reimbursement from other State Plan, public or private funding sources.

10. Face-to-Face Tobacco Cessation Counseling

Face-to-face tobacco cessation counseling services provided to non-pregnant individuals include in-person counseling with a qualified provider for individuals who use tobacco products or who are being treated for tobacco use. Face-to-face tobacco cessation counseling is provided to non-pregnant individuals in order to prevent disease, disability and other health conditions or their progression and to prolong life. The maximum number of visits allowed per individual per calendar year is 16. This maximum number of visits per calendar year can be exceeded based on medical necessity through a prior authorization process.

Face-to-Face Tobacco Cessation Counseling Services are provided (by):

(i) By or under supervision of a physician;

(ii) By any other licensed health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services;
or

(iii) By Qualified Tobacco Cessation Counselors, who are required to complete the University of Massachusetts "*Basic Skills for Working with Smokers*" online course or *Legacy's "Basic Tobacco Intervention for Maternal and Child Health"* course, and complete the University of Massachusetts 4-day training in tobacco cessation services or a similar course from another institute of higher education accredited by the Association for the Treatment of Tobacco Use and Dependence (ATTUD). Entry-level counselors and master level counselors provide counseling sessions that are one-to-one or group counseling sessions that allow direct one-to-one interaction. In addition to the above training requirements, entry-level counselors must have completed at least 240 clinical hours and master level counselors must have completed 2,000 hours of experience in tobacco treatment within the past five years.

METHODS AND STANDARDS OF ESTABLISHING PAYMENT RATES - OTHER MEDICAL CARE
(Continued)28. Tobacco Cessation Counseling for Pregnant Women

Tobacco Cessation Counseling for Pregnant Women is defined as diagnostic, therapy, counseling services, and pharmacotherapy for cessation of tobacco use by pregnant women who use tobacco products or who are being treated for tobacco use; by or under supervision of a physician; or by any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services.

Payment is made at the lower of the actual charge or the Medicaid rate on file. Rates were set using the Medicare Resource Based Relative Value Scale (RBRVS). For services payable in Medicare's RBRVS payment methodology, the DVHA is utilizing the Medicare RBRVS RVUs, the Medicare GPCIs and State determined conversion factors as specified in Section 26. The RBRVS methodology was updated for dates of service effective as specified in Section 26 of Attachment 4.19-B. All rates are published at www.dvha.vermont.gov/providers. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private.

29. Tobacco Cessation Counseling for Non-pregnant Individuals

Tobacco Cessation Counseling for non-pregnant individuals is face-to-face counseling services with a qualified provider for cessation of tobacco use by individuals who use tobacco products or who are being treated for tobacco use; by or under supervision of a physician; or by any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services.

Payment is made at the lower of the actual charge or the Medicaid rate on file. Rates were set using the Medicare Resource Based Relative Value Scale (RBRVS). For services payable in Medicare's RBRVS payment methodology, the DVHA is utilizing the Medicare RBRVS RVUs, the Medicare GPCIs and State determined conversion factors as specified in Section 26. The RBRVS methodology was updated for dates of service effective as specified in Section 26 of Attachment 4.19-B. All rates are published at www.dvha.vermont.gov/providers. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private.

TN# 14-009
Supersedes
TN# 11-035

Effective Date: 1/1/14
Approval Date: 4/7/15