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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 14-011

This file contains the following documents in the order listed:

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

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



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

April 9, 2014

Douglas A. Racine, Secretary
Agency of Human Services
208 Hurricane Lane, Suite 103
Williston, VT 05495

Dear Secretary Racine:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 14-011. This SPA was approved on January 14, 2014 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 update language on Vermont's Non-Emergency Medical Transportation (NEMT) service.

If there are questions, please contact Lynn Wolfsfeld at (410) 999-4004.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc: Mark Larson, Commissioner
Ashley Berliner, DVHA Health Programs Administrator
Lindsay Parker, Health Program Administrator, Policy Unit

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 14 -- 011	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		4. PROPOSED EFFECTIVE DATE(S) January 1, 2014	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1927 of the Social Security Act (42 U.S.C. § 1396r-8)		7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$ 0 b. FFY 2015 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-D		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-D	
10. SUBJECT OF AMENDMENT: Methods of Providing Transportation			
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 <div style="background-color: black; width: 100%; height: 20px;"></div>	
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="background-color: black; width: 100%; height: 20px;"></div>		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: 1/3/14		17. DATE RECEIVED: 1/3/14	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 1/3/14		18. DATE APPROVED: 1/14/14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/14		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="background-color: black; width: 100%; height: 20px;"></div>	
21. TYPED NAME: Richard R. McGreal		22. TITLE: Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office	
23. REMARKS			

STATE OF VERMONT
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Methods of Providing Transportation

DVHA provides Non- Emergency Medical Transportation (NEMT) to Medicaid beneficiaries through a statewide network of transportation brokers. Each of these brokers is responsible for the provision of NEMT services for beneficiaries living in the broker's defined geographical area. This network covers the entire geography of the state and has no gaps in coverage area.

All transportation requests must be fulfilled by the brokers as long as: the member is eligible for Medicaid; the member does not have access to another means of transportation; the medical service is covered by Medicaid and provided by a Medicaid provider; and the request for transportation is made with enough advance notice to schedule the ride (at least 48 hours in advance of the appointment).

The following limitations on coverage shall apply:

1. Prior authorization is required. (Exceptions may be granted in a case of a medical emergency.)
2. Transportation is not otherwise available to the Medicaid recipient.
3. Transportation is to and from medical services which are necessary and covered by the recipient's Medicaid plan.
4. The Medical Service is generally available to and used by other members of the community or locality in which the recipient is located. A recipient's freedom of access to health care does not require Medicaid to cover transportation at unusual or exceptional cost in order to meet a recipient's personal choice of provider.
5. Payment is made for the least expensive means of transportation and suitable to the medical needs of the recipient. The available modes of transportation include: buses, vans, wheelchair vans, taxis, sedans and volunteer drivers. NEMT brokers shall not submit claims for volunteer mileage for miles driven without the Medicaid recipient in the vehicle.
6. Reimbursement for the service is limited to enrolled transportation providers.
7. Reimbursement is subject to utilization control and review in accordance with the requirements of Title XIX.
8. Any Medicaid-eligible recipient who believes that his or her request for transportation has been improperly denied may request a fair hearing.
9. Payment for transportation other than that covered in the Ambulance paragraph in Attachment 4.19-B page 7 is made through a negotiated per member, per-month payment methodology which was put into place on 07/01/12 and is effective for services on or after that date. These payments will be made to the existing network of NEMT brokers. All rates are published in individual contracts, which are available at <http://dvha.vermont.gov/administration/contracts>. Except as otherwise noted in the Plan, State-developed fee schedule rates are the same for both governmental and private providers.

Ambulance Services: See Attachment 3.1-A Page 9a for Ambulance transportation.