
Table of Contents

State/Territory Name: Vermont

State Plan Amendment (SPA) #: 16-001

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 26, 2016

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

Dear Secretary Cohen:

We are pleased to enclose an approved copy of Vermont's approved State plan amendment (SPA) No. 16-0001 with an effective date of January 1, 2016, as requested by your Agency.

This SPA amends your Title XIX State plan to clarify that hospice rates will be paid using CMS' annually published Medicaid hospice rates, and that reimbursement will be made according to one of five predetermined daily rates depending on the respective type, duration and intensity of the hospice services.

Enclosed are the following pages to be incorporated within your State plan:

- Attachment 4.19-B, page 6

If there are questions, please contact Tom Schenck at (617) 565-1325, or tom.schenck@cms.hhs.gov.

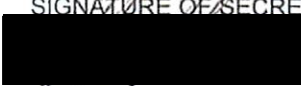


Sincerely,

A black rectangular box redacting the signature of Richard R. McGreal.

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc: Steven Costantino, Commissioner
Dylan Frazer, Health Programs Administrator, Policy Unit
Ashley Berliner, Director of Healthcare Policy and Planning

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 16-001	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 (<i>Separate Transmittal for each amendment</i>)		4. PROPOSED EFFECTIVE DATE(S) JANUARY 1, 2016	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §430.12(c)(1)(ii)	7. FEDERAL BUDGET IMPACT: a. FFY 2016 \$ 33,218 b. FFY 2017 \$ 44,751		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATT. 4.19-B PG 6	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) ATT. 4.19-B PG 6		
10. SUBJECT OF AMENDMENT: Hospice Rates 2016			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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: DYLAN FRAZER AGENCY OF HUMAN SERVICES CENTER BUILDING 280 STATE DRIVE WATERBURY, VT 05671-1000	
13. TYPED NAME: HAL COHEN		15. DATE SUBMITTED: 3/29/16	
14. TITLE: SECRETARY, AGENCY OF HUMAN SERVICES			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 3/29/2016		18. DATE APPROVED: 4/26/2016	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/01/2016		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard R. McGreal		22. TITLE Associate Regional Administrator	
23. REMARKS			

METHODS AND STANDARDS OF ESTABLISHING PAYMENT RATES - OTHER MEDICAL CARE
(Continued)
15. a. Intermediate Care Facility Services (Nursing Facilities)

See Attachments 4.1 9-C and 4.1 9-D.

b. Intermediate Care Facilities for the Mentally Retarded

See Attachment 4.1 9-D.

16. Inpatient Psychiatric Facility Services for Individuals Under Age 22

See Attachment 4.19-A.

17. Nurse-Midwife Services

Covered nurse-midwife services are reimbursed at the lower of the actual charge or the Medicaid rate on file for a physician providing the same service. For services payable in Medicare's Resource Based Relative Values Scale 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/for-providers.

18. Hospice Services

Vermont pays for Hospice services using the CMS annually published Medicaid hospice rates that are effective from October 1st of each year through September 30th of the following year. With the exception of payment for physician services, Medicaid reimbursement for hospice care will be made at one of the following five predetermined rates for each day in which an individual receives the respective type, duration and intensity of the services furnished under the care of the hospice.

1. Routine Home Care (RHC) Hospice providers are paid one of two levels of RHC for dates of service on or after 1/1/2016. This two-rate payment methodology will result in a higher RHC rate based on payment for days one (1) through sixty (60) of hospice services care and a lower RHC rate for days sixty-one (61) or later. A minimum of a sixty (60) day gap in hospice services is required to reset the counter which determines which payment category a participant is qualified for.
2. Continuous Home Care
3. Inpatient Respite Care
4. General Inpatient Care
5. Service Intensity Add-On

The State does not apply the optional cap limitation on payments.