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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 21-0001

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 Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services 601 E. 12th
St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 15, 2021

VIA E-MAIL

Mike Smith, Secretary
Vermont Agency of Human Services
280 State Drive - Center Building
Waterbury, VT 05671

Dear Secretary Smith:

For your records, enclosed is an approved copy of Vermont's State plan amendment (SPA) VT 21-0001, received on March 31, 2021. This SPA proposes to expand the provider types that can authorize home health plans of care and order durable medical equipment. The effective date for this SPA is January 1, 2021.


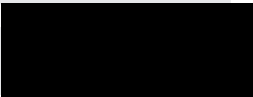
If you have questions concerning this letter, please contact Gilson DaSilva, Division of Program Operations (South Branch) at (617) 565-1227 or via e-mail at Gilson.dasilva@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Cory Gustafson, Commissioner, Department of Vermont Health Access
Dylan Frazer, Health Programs Administrator, VT Medicaid Policy Unit

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 21-0001	2. STATE: VERMONT
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE(S) 1/1/2021	
5. TYPE OF PLAN MATERIAL (<i>CHECK ONE</i>):			
<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>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §440.70		7. FEDERAL BUDGET IMPACT: a. FFY <u>2021</u> \$ <u>0.00</u> b. FFY <u>2022</u> \$ <u>0.00</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A page 3e		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 3.1-A page 3e	
10. SUBJECT OF AMENDMENT: Home Health and DME Ordering Providers			
11. GOVERNOR'S REVIEW (<i>Check One</i>):		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED	
<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		SIGNATURE OF SECRETARY OF ADMINISTRATION Kristin Clouser <small>Digitally signed by Kristin Clouser Date: 2021.03.23 20:12:34 -04'00'</small>	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: DYLAN FRAZER AGENCY OF HUMAN SERVICES 280 STATE DRIVE, CENTER BUILDING WATERBURY, VT 05671-1000	
13. TYPED NAME: Michael K. Smith			
14. TITLE: SECRETARY, AGENCY OF HUMAN SERVICES			
15. DATE SUBMITTED: 3/31/2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 03/31/21		18. DATE APPROVED: 06/10/21	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/21		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: James G. Scott		22. TITLE Director, Division of Program Operations	
23. REMARKS			

ITEM 7. HOME HEALTH SERVICES

Home Health services are provided in accordance with 42 CFR 440.70.

- A. Intermittent or part-time nursing services as ordered in a plan of care. Home Health Services are provided to a beneficiary at their place of residence and in any setting in which normal life activities take place, other than a hospital, nursing facility; intermediate care facility for individuals with intellectual disabilities; or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board. Home Health services cannot be limited to services furnished to beneficiaries who are homebound. Home Health services must be provided on orders written by a physician, nurse practitioner, clinical nurse specialist or physician assistant, working in accordance with State law, as part of a written plan of care that the ordering practitioner reviews every 60 days. Home Health services are covered when a practitioner documents that a face-to-face encounter occurred with the beneficiary according to the requirements found at 42 CFR 440.70.

Home telemonitoring is a service delivery system that requires scheduled remote monitoring of data related to an individual’s health, and transmission of the data from the individual’s home to a licensed home health agency. The data transmission must comply with standards set by the Health Insurance Portability and Accountability Act (HIPAA).

Data parameters are established as part of a plan of care. Scheduled periodic reporting of the individual’s data to the ordering provider is required, even when there have been no readings outside the parameters established in the plan of care. Telemonitoring must be available 24 hours per day, 7 days a week. Review of data received via telemonitoring is performed by health care professionals operating within their scope of practice and includes registered nurse (RN), nurse practitioner (NP), clinical nurse specialist (CNS), physician assistant (PA), and licensed practical nurse (LPN) under the supervision of a RN.

- B. Home health aide services must be documented in a plan of care and supervised by the appropriate therapist or RN. Personal support tasks may be performed by an aide when they are incidental to the medical care being provided, such as putting the soiled bedclothes of an incontinent patient into the wash or washing the dishes of a patient who requires feeding.
- C. Medical supplies, equipment and appliances are limited to those required to perform the services ordered as medically necessary to address the beneficiary’s diagnosis or health condition. Services beyond published limits are subject to medical necessity review by Vermont Medicaid.
- D. Therapy services whether occupational therapy, physical therapy or speech pathology services are covered for up to four months. Provision of therapy services beyond the initial four-month period is subject to review for medical necessity by Vermont Medicaid.