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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 21-0009

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 03, 2021

VIA E-MAIL

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

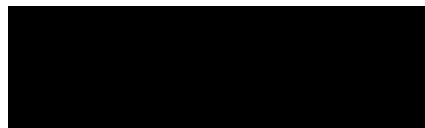
Re: Vermont State Plan Amendment (SPA) 21-0009

Dear Secretary Smith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0009. This amendment proposes to update the coverage description of non-emergency medical transportation (NEMT) and ambulance services. This letter is to inform you that Vermont's Medicaid SPA Transmittal Number 21-0009 was approved September 02, 2021 and effective April 1, 2021.

If you have any questions, please contact Gilson DaSilva at (617) 565-1227 or via email at gilson.dasilva@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Adaline Strumolo, Acting DVHA Commissioner
Dylan Frazer, Health Programs Administrator, VT Medicaid Policy Unit

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 21-0009	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>)		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §430.12(c)(1)(ii)	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: Att. 3.1-A page 9a; Att. 3.1-D, pages 1 and 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Att. 3.1-A page 9a; Att. 3.1-D	
10. SUBJECT OF AMENDMENT: Transportation and Ambulance Services		
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="text-align: right;"> Kristin Clouser <small>Digitally signed by Kristin Clouser Date: 2021.06.28 17:00:14 -04'00'</small> </div>
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	18. DATE APPROVED: 09/02/2021	
14. TITLE: SECRETARY, AGENCY OF HUMAN SERVICES		
15. DATE SUBMITTED: 6/30/2021		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 06/30/2021	18. DATE APPROVED: 09/02/2021	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/2021	20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Program Operations	
23. REMARKS 08/30/21 - VT provided pen-and-ink authority to edit this form by adding attachments 3.1-D, pages 1 and 2 to Section 8.		

ITEM 24. ANY OTHER MEDICAL CARE AND ANY TYPE OF REMEDIAL CARE RECOGNIZED
UNER STATE LAW, SPECIFIED BY THE SECRETARY

A. Transportation

Ambulance

Transportation via ambulance is covered for emergency services. Transportation via ambulance for non-emergency services is covered when the following conditions are met:

- It is the least costly means of transportation available and most appropriate to meet the medical needs of the beneficiary; and
- other methods of transportation are medically contraindicated; and
- the service is ordered by a physician or certified by the receiving facility physician as medically necessary. If an ambulance provider is unable to obtain a signed physician certification statement from the attending physician, a signed certification statement must be obtained from another qualified provider; and
- ambulance transportation is to or from a Medicaid covered service, and
- the ambulance provider is enrolled with Vermont Medicaid.

Ambulance transportation will not be reimbursed if the covered service in question requires prior authorization and such authorization was not obtained from Vermont Medicaid.

Non-Emergency Medical Transportation

For NEMT coverage via modes of transportation other than ambulance, see Attachment 3.1-D.

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 in accordance with the requirements of 42 CFR § 440.170 through a statewide, contracted transportation broker. The broker is responsible for the scheduling and provision of NEMT services for eligible Vermont Medicaid beneficiaries. This contract covers the entire geography of the state and has no gaps in coverage area.

All transportation requests must be fulfilled by the broker as long as: the beneficiary is eligible for Medicaid; the beneficiary 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.

Vermont ensures that the any provider of NEMT to medically necessary services receiving payments under this State Plan (but excluding any public transit authority) meets the following minimum requirements:

- (A) Each provider and individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;
- (B) Each such individual driver has a valid driver's license;
- (C) Each such provider has in place a process to address any violation of a state drug law; and
- (D) Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.

The following limitations on coverage shall apply:

1. Prior authorization is required.
2. Transportation is not otherwise available to the Medicaid beneficiary.
3. Transportation is to and from medically necessary services.
4. The medical service is generally available to and used by other members of the community or locality in which the beneficiary is located. A beneficiary's freedom of access to health care does not require Medicaid to cover transportation at unusual or exceptional cost in order to meet a beneficiary's personal choice of provider.
5. Payment is made for the least expensive means of transportation available and appropriate to meet the medical needs of the beneficiary. The available modes of transportation include buses, vans, wheelchair vans, taxis, sedans, and volunteer drivers. The NEMT broker shall not submit claims for volunteer mileage for miles driven without the Medicaid beneficiary 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.

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

Methods of Providing Transportation (continued):

Travel expenses related to NEMT for a beneficiary and an adult attendant, including the cost of meals and lodging en route to and from medical care, are covered.

Any Medicaid-eligible beneficiary who believes that his or her request for transportation has been improperly denied may request a fair hearing.

Prescription Drug Services for Full-Benefit Dual-Eligible Beneficiaries:

Transportation is provided for full-benefit dual-eligible beneficiaries to and from pharmacies in order to obtain Medicare Part D prescription drugs if no other means of transportation is available.

Ambulance Services: See Attachment 3.1-A Item 24(A) for Ambulance transportation.

TN No.: 21-0009

Supersedes

TN No.: ~~14-011~~Effective Date: 04/01/2021Approval Date: 09/02/2021