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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 23-0021

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

June 23, 2023

Adaline Strumolo, Deputy Commissioner
Department of Vermont Health Access (DVHA)
NOB 1 South, 280 State Drive
Waterbury, VT 05671-1010

Re: Vermont State Plan Amendment (SPA) 23-0021

Dear Deputy Commissioner Strumolo:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0021. This amendment proposes to update the coverage description and prior authorization policies for transplantation services.

This letter is to inform you that Vermont Medicaid SPA 23-0021 was approved on June 23, 2023, with an effective date of May 1, 2023.

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: Dylan Frazer, Deputy Director of Medicaid Policy

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 2 1

2. STATE

VT

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT



XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5/1/2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR §430.12(c)(1)(ii)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 0

b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Att. 3.1-E pages 1 -3

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Att. 3.1-E pages 1 -3

9. SUBJECT OF AMENDMENT

Updates to Transplantation Services Coverage Description and Prior Authorization Policies

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED: Approval from Agency of Admin.

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Jenney Samuelson

13. TITLE
SECRETARY, AGENCY OF HUMAN SERVICES

14. DATE SUBMITTED
6/2/2023

15. RETURN TO

DYLAN FRAZER
DEPARTMENT OF VERMONT HEALTH ACCESS
280 STATE DRIVE
WATERBURY, VT 05671-1010

DYLAN.FRAZER@VERMONT.GOV

FOR CMS USE ONLY

16. DATE RECEIVED 06/02/2023

17. DATE APPROVED 06/23/2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
05/01/2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

OFFICIAL

Revision: HCFA-PM-87—4 (BERC)
MARCH 1987

ATTACHMENT 3.1-E
Page 1
OMB No. 0938-0193

State/Territory: Vermont

STANDARDS FOR THE COVERAGE OF TRANSPLANTATION SERVICES

Transplantation services are covered subject to the conditions contained in this section.

Reimbursement will be made for medically necessary health care services provided to an eligible recipient, live donor, and the harvesting, preservation, and transportation of cadaver organs. Coverage is limited to services that are medically necessary. Medical necessity is determined by the Medicaid program.

Medical necessity includes assurance that similarly situated recipients are treated alike; that any restriction on the facilities or practitioners which may provide service is consistent with the accessibility of high-quality care to eligible recipients; and that services for which reimbursement will be made are sufficient in amount, duration, and scope to achieve their purpose.

Prior Authorization

The Vermont Medicaid Fee Schedule lists the services that require prior authorization. See the VT Medicaid website.

Conditions for Coverage

The following conditions for coverage apply:

1. The Medicaid beneficiary has a condition for which transplantation is the appropriate treatment.
2. All other medically feasible forms of medical or surgical treatment have been considered and the most effective and appropriate medically indicated alternative for the beneficiary is transplantation.

TN No.: 23-0021
Supersedes
TN No.: 89-18

Effective Date: 05/01/2023
Approval Date: **06/23//2023**

OFFICIAL

Revision: HCFA-PM-87—4 (BERC)
MARCH 1987

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State/Territory: Vermont

STANDARDS FOR THE COVERAGE OF TRANSPLANTATION SERVICES (Continued)

3. The Medicaid beneficiary meets all medical criteria for the proposed type of transplantation service based upon the prevailing standards and current practices. These would include, but are not limited to:
 - a. Test lab results within identified limits to ensure successful transplantation and recovery.
 - b. Diagnostic evaluations of the beneficiary's medical and mental health that indicate there will be no significant adverse effect upon the outcome of the transplantation.
 - c. Assessment of other relevant factors which might affect the clinical outcome or adherence to an immunosuppressive regimen and rehabilitation program following the transplant.
 - d. The beneficiary, or an individual authorized to make health care decisions on the beneficiary's behalf, has been fully informed of the risks and benefits of the proposed transplant including the risks of complications, continuing care requirements, and the expected quality of life after the procedure.

4. The transplant facility meets the following criteria:
 - a. Fully accredited as a transplant center by applicable state and federal agencies.
 - b. Is in compliance with all applicable state and federal laws which apply to organ acquisition and transplantation, including equal access and non-discrimination laws.
 - c. Has an interdisciplinary team to determine the suitability of candidates for transplantation on an equitable basis.
 - d.
 - e. At the time Medicaid coverage is requested, the center must provide current documentation that it provides high quality care relative to other transplant centers.

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STANDARDS FOR THE COVERAGE OF TRANSPLANTATION SERVICES (Continued)

- f. Provides all medically necessary services required, including management of complications of the transplantation and late infection and rejection episodes. Failure of the transplant is considered a complication and re-transplantation must be available at the center.

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