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**State/Territory Name: Vermont** 

State Plan Amendment (SPA) #: 20-0001

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

July 14, 2020

### **VIA E-MAIL**

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

### Dear Secretary Smith:

Enclosed is an approved copy of the Vermont State Plan Amendment (SPA) 20-0001, received on June 30, 2020 proposing to cover medication therapy management services when provided by an office-based clinical pharmacist operating under their scope of practice at a Federally Qualified Health Center or Rural Health Clinic. The effective date for this SPA is April 1, 2020, as requested by your agency.

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 <a href="mailto:Gilson.dasilva@cms.hhs.gov">Gilson.dasilva@cms.hhs.gov</a>.

Sincerely,

/s/

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

D. C.			
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:	
STATE PLAN MATERIAL	20-0001	VERMONT	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION:	V ET (MOTT)	
	TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE(S)		
CENTERS FOR MEDICARE & MEDICAID SERVICES	4/1/2020		
DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. TYPE OF PLAN MATERIAL (CHECK ONE):			
3. THE OF FLAN MATERIAL (CHECK ONE).			
■ NEW STATE PLAN . ■ AMENDMENT TO BE	CONSIDERED AS NEW PLAN	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDA	MENT (Separate Transmittal for eac	h amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
42 CFR §430.12(c)(1)(ii)	a. FFY 2020 \$ 21,477 b. FFY 2021 \$ 43,520		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION		
Att. 3.1-A page 3d(5)	OR ATTACHMENT (If Applicable)		
	n/a		
10. SUBJECT OF AMENDMENT: Medication Therapy Manage	ement at FQHCs and RHCs		
11. GOVERNOR'S REVIEW (Check One):	OTHER, AS SPECIFIED		
GOVERNOR'S OFFICE REPORTED NO COMMENT	SIGNATURE OF SECRETAR	Y OF ADMINISTRATION	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	ė.		
12 SICNATURE OF STATE AGENCY OF SUBMITTAL	16. RETURN TO:		
· ·			
13. TYPET NAME: Michael K. Smith	DYLAN FRAZER		
14. /TITLE:	AGENCY OF HUMAN SERVICES		
SECRETARY, AGENCY OF HUMAN SERVICES	280 STATE DRIVE, CENTER BUILDING		
SECRETARY, AGENCY OF HUIVIAN SERVICES	WATERBURY, VT 05671-1000		
15. DATE SUBMITTED: 6/30/2020			
FOR REGIONAL OFF	T	020	
17. DATE RECEIVED: 06/30/2020	18. DATE APPROVED: 07/14/20	020	
PLAN APPROVED - ONE	COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/2020	20. SIGNATURE OF REGIONAL OFFICIAL: /s/		
21. TYPED NAME: James G. Scott	22. TITLE Director, Division of Program Operations		
23. REMARKS		in State of the St	

TITLE XIX Attachment 3.1-A State: VERMONT Page 3d(5)

ITEM 6. MEDICAL CARE AND ANY OTHER OF REMEDIAL CARE RECOGNIZED UNDER STATE LAW, FURNISHED BY LICENSED PRACTITIONERS WITHIN THE SCOPE OF THEIR PRACTICE AS DEFINED BY STATE LAW (continued)

## D. Other Practitioners' Services (continued)

9. Medication Therapy Management (MTM) services are covered when provided by an office-based clinical pharmacist licensed by the Vermont Board of Pharmacy operating under their scope of practice at a Federally Qualified Health Center or Rural Health Center. Pharmacists providing MTM services must have a nationally recognized MTM certification.

This service is limited to one initial visit and up to 3 follow-up visits per member per calendar year. For the EPSDT population, the limitations on number of visits can be exceeded based on medical necessity.

Pharmacists providing MTM services would review the patient chart and discuss with the patient topics such as:

- a) Medication reconciliation
- b) Medication appropriateness
- c) Drug interactions
- d) Duplication of therapy
- e) Evidence of prescribing cascade
- f) Refill history (compliance & adherence)
- g) Insurance rejection resolutions
- h) Formulary and cost considerations
- i) Transition of care issues

TN No. <u>20-0001</u> Effective Date: <u>4/1/2020</u>

Supersedes

TN No. None Approval Date: <u>07/14/2020</u>