

State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided:  No limitations  With limitations\*

2. a. Outpatient hospital services.

Provided:  No limitations  With limitations\*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic which are otherwise provided in the state plan.

Provided:  No limitations  With limitations\*  
 Not provided.

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided:  No limitations  With limitations\*

3. Other laboratory and x-ray services.

Provided:  No limitations  With limitations\*

\*Description provided on attachment.

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TN No. 10-003  
Supersedes  
TN No. 91-12

Approval Date: 10/28/10

Effective Date: 07/01/10

HCFA ID: 7985E

ITEM 1.      INPATIENT HOSPITAL:

No limitations

ITEM 2.a. OUTPATIENT HOSPITAL SERVICES

Emergency Care

Emergency Care shall be administered in accordance with 42 CFR 447.53(b)(4).

Rehabilitative Therapies

Physical, occupational and speech/language therapies are described on page 4e of Attachment 3.1-A.

Diagnostic Testing

Diagnostic testing is limited to those tests ordered by a physician for determining the nature and severity of an illness or medical condition. Administratively necessary or court ordered tests are not covered, unless they are medically necessary.

Psychiatric Partial Hospitalization

Psychiatric partial hospitalization is covered as a hospital service for those programs which have received and meet the conditions of a Certificate of Need for the Vermont Health Care Authority.

ITEM 2.b. RURAL HEALTH CLINIC SERVICES AND OTHER AMBULATORY  
SERVICES FURNISHED BY A RURAL HEALTH CLINIC

Limitations on rural health clinics are:

- 1) no more than 5 visits (encounters) per month.
- 2) no more than 1 visit (encounter) per day.
- 3) any exceptions to the above by prior authorization only.

ITEM 2.c. LIMITATIONS ON FEDERALLY QUALIFIED HEALTH CENTERS ARE:

- 1) no more than 5 visits (encounters) per month.
- 2) no more than 1 visit (encounter) per day.
- 3) any exceptions to the above by prior authorization only.

ITEM 3. OTHER LABORATORY AND X-RAY SERVICES:

Covered laboratory and radiology services include the following:

- Microbiological, serological, hematological and pathological examinations; and
- Diagnostic and therapeutic imaging services; and
- Electro-encephalograms, electrocardiograms, basal metabolism readings, respiratory and cardiac evaluations.

Limitations:

The following outpatient high-tech imaging services require prior authorization:

- computed tomography (CT) (previously referred to as CAT scan);
- computed tomographic angiography (CTA);
- magnetic resonance imaging (MRI);
- magnetic resonance angiography (MRA);
- positron emission tomography (PET); and
- positron emission tomography-computed tomography (PET/CT).

The following imaging services do not require prior authorization:

- those provided during an inpatient admission;
- those provided as part of an emergency room visit;
- x-rays, including dual x-ray absorptiometry (DXA) images;
- ultrasounds; or
- mammograms.

Laboratory services for urine drug testing is limited to eight (8) tests per calendar month. This limitation applies to tests provided by professionals, independent labs and hospital labs for outpatients. Exceptions to this limitation must be prior approved.

State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided:  No limitations  With limitations\*

4. b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.\*

4. c. Family planning services and supplies for individuals of child-bearing age.

Provided:  No limitations  With limitations\*

4. d. Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women.

Provided:  No limitations  With limitations\*

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided:  No limitations  With limitations\*

5. b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided:  No limitations  With limitations\*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

- a. Podiatrists' services.

Provided:  No limitations  With limitations\*

\*Description provided on attachment.

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TN No. 14-009  
Supersedes  
TN No. 93-9

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ITEM 4.a.     Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older: Coverage for nursing facility services is based on a physician's order with documentation of medical necessity for treatment of illness or injury.

All specialized out-of-state nursing facility stays require prior authorization.

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TN No. 13-007  
Supersedes  
TN No. 91-12

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Approval Date: 8/6/13

ITEM 4.b. EPSDT for individuals under 21 years of age:

EPSDT services are provided to all Medicaid eligibles under age 21 in accordance with Sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Social Security Act.

Coverage is provided for all medically necessary diagnosis and treatment services including the following services not otherwise provided under the State Plan:

- “ Dentures (Item #12b)
- “ Eyeglasses (Item #12d)
- “ Personal care in home (Item #24f)
- “ Personal care services (Item #26)

Christian Science nursing and Christian Science sanatoria services (Items #24b and #24c) are not currently available in Vermont.

Coverage and service limitations described in this State Plan do not apply to medically necessary EPSDT services, although some services may be subject to prior authorization requirements.



ITEM 4.c. Family planning services and supplies for individuals of child-bearing age:  
provided, with limitations.

Reversals of sterilization are not covered.

4. D 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

(i) By or under supervision of a physician;

(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; \* or

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations.

2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

Provided:     No limitations     With limitations\*

Face-to-face smoking cessation counseling is covered for pregnant Vermont Medicaid beneficiaries. The maximum number of visits allowed per calendar year is 16.

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TN No. 15-007  
Supersedes  
TN No. 11-035

Effective Date: 7/1/15  
Approval Date: 10/02/18

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ITEM 5.a. PHYSICIAN'S SERVICES WHETHER FURNISHED IN THE OFFICE, A PATIENT'S HOME, A HOSPITAL, A NURSING FACILITY, OR ELSEWHERE

Physician's services are limited in the following ways:

- A. Physician visits:
  - " Office visits - up to five visits per month
  - " Home visits - up to five visits per month
  - " Nursing facilities visits - up to one visit per week
  - " Hospital visits - up to one admission visit per patient per diagnosis per month, and up to one visit per day for acute care.
  
- B. Services requiring prior authorization:
  - 1) Visits in excess of those listed above,
  - 2) Concurrent care by more than one physician,
  - 3) Certain reconstructive surgical procedures,
  - 4) New procedures of unproven value,
  - 5) Procedures of questionable medical efficacy,
  - 6) Procedures which tend to be redundant when performed in combination with other procedures,
  - 7) Organ transplants,
  - 8) Psychotherapy.
  
- C. Services which require special reporting under Federal regulations:
  - 1) Sterilization: signed consent within stipulated time frames on the approved HCFA Sterilization Consent form required
  - 2) Hysterectomy: physician certification and patient signed consent required.
  - 3) Abortion: physician certification required.
  
- D. No reimbursement will be made for the following services:
  - 1) Cosmetic surgery
  - 2) Ineffective or unproven procedures
  - 3) Unnecessary testing
  - 4) Experimental procedures
  - 5) Services provided without required consent

ITEM 5.b. MEDICAL AND SURGICAL SERVICES FURNISHED BY A DENTIST

See item 5a. Also, some dental services may require prior authorization.

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

A. Podiatrists' Services

Podiatrists' services must be medically necessary. Medical necessity is determined by the Medicaid program.

Routine foot care, including cutting or removal of corns or calluses, trimming of nails and preventative or hygienic care of the feet, is not covered unless medically necessary.

Services performed in the absence of a medical condition or injury involving the foot, ankle, or lower extremity are not covered.

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TN No. 23-0023  
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State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- b. Optometrists' services.  
 Provided:  No limitations  With limitations\*  
 Not provided.
  - c. Chiropractors' services.  
 Provided:  No limitations  With limitations\*  
 Not provided.
  - d. Other practitioners' services.  
 Provided: Identified on attached sheet with description of limitations, if any.  
 Not provided.
7. Home health services.
- a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.  
 Provided:  No limitations  With limitations\*
  - b. Home health aide services provided by a home health agency.  
 Provided:  No limitations  With limitations\*
  - c. Medical supplies, equipment, and appliances suitable for use in the home.  
 Provided:  No limitations  With limitations\*

\*Description provided on attachment.

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TN No. 09-011  
Supersedes  
TN No. 09-001

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HCFA ID: 7985E

State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

7. Home health services.

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided:       No limitations       With limitations\*  
 Not provided.

8. Private duty nursing services.

Provided:       No limitations       With limitations\*  
 Not provided.

\*Description provided on attachment.

TN No. 12-017  
Supersedes  
TN No. 08-005

Effective Date: 07/01/12  
Approval Date: 08/02/13  
HCFA ID: 7985E

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)

B. Optometrists' Services

Vision care services are limited to the following (when provided by a licensed physician or optometrist approved to participate in Medicaid):

- One complete visual analysis including refraction once every two years per eligible beneficiary.
- One interim diagnostic eye exam once every two years per eligible beneficiary.
- Contact lenses/special lenses may require prior authorization.
- Other aids to vision, such as closed circuit television, when the beneficiary is legally blind and when providing the aid to vision would foster independence by improving at least one activity of daily living (ADL or IADL).

Coverage service and limitations do not apply when medically necessary for beneficiaries under 21, although some services may be subject to prior authorization requirements.

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)

C. Chiropractic Services

Chiropractic services are limited to treatment by means of manual manipulation of the spine for the correction of a misalignment of the spine.

Coverage is limited to twelve treatments per calendar year per beneficiary. Treatments beyond twelve per year require prior authorization.

Treatments for children under 12 years of age require prior authorization. For children ages 6-11, prior authorization is not required for pediatric chiropractic providers with identified credentials (Doctor of Chiropractic [DC], certification by the Academy Council of Chiropractic Pediatrics [ACCP]).



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

1. Behavioral Health Services:

The services of a licensed psychologist, licensed clinical social worker, licensed mental health counselor, licensed alcohol and drug abuse counselor (regardless of whether the counselor is a preferred provider), or licensed marriage and family therapist practicing independently are covered for psychotherapy provided that they are working within their scope of practice.

No reimbursement for this state plan service is allowed if the beneficiary is an inpatient or outpatient of a general hospital, resident in a mental hospital or a patient concurrently receiving services at a community mental health clinic.

2. Opticians' Services:

Vision care services are limited to the coverage of eyeglass-dispensing services. Opticians must work within their scope of practice.

3. High-Tech Nursing Services:

High-tech nursing services are nursing services furnished by licensed registered nurses and licensed practical nurses and are limited to technology-dependent beneficiaries who are receiving care through the Medicaid "High-Tech Program". All services must be within each provider's scope of practice and must be prior authorized by the Medicaid Division.

4. Licensed Lay Midwife Services:

Services are limited to those specified in protocols for licensure and reviewed and accepted by the State of Vermont, Director of the Office of Professional Regulation. Licensed lay midwives must work within their scope of practice.

5. Naturopathic Physician Services:

Services are limited to those specified in protocols for licensure and reviewed and accepted by the State of Vermont, Director of the Office of Professional Regulation, and are services covered by Medicaid and within a naturopath's scope of practice.

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

6. Licensed Applied Behavior Analyst Services

Services are furnished by a Licensed Applied Behavior Analyst within the scope of practice as defined by state law and reviewed and accepted by the State of Vermont, Office of Professional Regulation (OPR), and are services covered by Medicaid. Consistent with state law, Behavior Analysts will oversee the supervision of Licensed Assistant Behavior Analysts and Behavior Technicians (BTs), and shall bill and assume professional responsibility for the services rendered by an unlicensed provider under their supervision. All services must be medically necessary, prior authorized by the Medicaid program, and delivered in accordance with the recipient's treatment plan.

a) Licensed Applied Behavior Analysts authorized to enroll in Vermont Medicaid must meet all of the following requirements:

1. Minimum of a master's degree in behavior analysis or related field such as: education, psychology, special education, counseling or social work.
2. Certification by the Behavior Analysts Certification Board (BACB) as a Board Certified Behavior Analyst (BCBA).
3. Must meet all necessary requirements under Section 6401 of the Affordable Care Act of 2010.
4. Must be covered by professional liability insurance.
5. Have an approved background check.
6. Have no active sanctions or disciplinary actions on their Vermont Behavior Analysts' licensure.
7. Have no Medicare/Medicaid sanctions or federal exclusion.

Applied Behavior Analysts may also receive Vermont licensure by endorsement as defined in 3 V.S.A. § 4923.

b) Licensed Assistant Behavior Analysts authorized to enroll in Vermont Medicaid must meet all of the following requirements:

1. Must practice under and be supervised by a State of Vermont Licensed Behavior Analyst.
2. Certification by the BACB as a BCaBA.
3. Minimum of a bachelor's degree in behavior analysis or related field, such as education, psychology, special education, counseling or social work.
4. Have an approved background check.

Assistant Behavior Analysts may also receive Vermont licensure by endorsement as defined in 3 V.S.A. § 4923.

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)

- c) BTs authorized to provide applied behavior analysis (ABA) services reimbursed by Vermont Medicaid must meet all of the following requirements:
1. Must practice under and be supervised by a State of Vermont Licensed Applied Behavior Analyst.
  2. Have a bachelor's degree, or be actively pursuing a bachelor's degree, preferably in human services field. Relevant experience may be exchanged for a degree.
  3. Have an approved background check, which must include the following:
    - i. A Vermont criminal record check obtained through the Vermont Crime Information Center (VCIC). A state record check includes the sex offender registry.
    - ii. A candidate who is not a Vermont resident or has been a Vermont resident for less than five years is required to have a National criminal records check, which is obtained from the FBI through the VCIC.
    - iii. Vermont Abuse Registry checks (both Child Abuse Registry and Adult Abuse Registry).
  4. Documentation of receiving the required trainings listed below prior to providing services:
    - i. At least 40 hours of training in the implementation of ABA, to include a minimum of three hours of ASD specific training and a minimum of three hours of ethics and professional conduct specific training.
    - ii. Current First Aid Certification (must be renewed at least every three years).
    - iii. Universal Precautions.
    - iv. Current CPR Certification (must be renewed annually).
    - v. Confidentiality and compliance with Health Insurance Portability and Accountability Act (HIPPA).
    - vi. Abuse and Neglect reporting.
- d) Limitations to hours of treatment:
1. Applied Behavior Analyst: No more than four hours per week, following assessment and development of a treatment plan.
  2. Assistant Behavior Analyst: No more than four hours per week, following assessment and development of a treatment plan.
  3. BT: No more than fifteen hours per week, following the assessment and development of a treatment plan.
- These limitations can be exceeded for medical necessity.
- e) Per 42 CFR 441, Subpart B, children under age 21 with autism spectrum disorders receive all medically necessary services to address their needs and are not limited to the services of a Licensed Behavior Analyst.

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

7. Licensed Dental Hygienist Services:

Services provided by licensed dental hygienists are covered when those services are provided by a dental hygienist who is in a collaborative agreement with a dentist licensed in Vermont. Covered services are limited to those specified in protocols for licensure and reviewed and accepted by the State of Vermont, Director of the Office of Professional Regulation, and are services covered by Medicaid.

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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)

8. International Board-Certified Lactation Consultants (IBCLCs):  
Breastfeeding health, education, and counseling services are covered. Providers must be licensed and enrolled Medicaid providers and hold an International Board-Certified Lactation Consultant certificate.

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

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)

10. Licensed Pharmacist services are limited to those that are within their scope of practice in accordance with state law and the Vermont Board of Pharmacy. Services must be medically necessary to receive coverage. Medical necessity is determined by the Medicaid program.

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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)

11. Licensed Physician Assistant Services

Licensed physician assistants may provide services within their scope of practice as defined under state law.

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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

12. Licensed Dental Therapist Services

Licensed dental therapists may provide services within their scope of practice as defined under state law. Services must be medically necessary to receive coverage. Medical necessity is determined by the Medicaid program.

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TN No. 23-0017

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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)

12. Emergency Medical Technicians

Licensed Emergency Medical Technicians (EMT) may provide services within their scope of practice as defined under state law.

13. Advanced Emergency Medical Technicians

Licensed Advanced Emergency Medical Technicians (AEMT) may provide services within their scope of practice as defined under state law.

14. Paramedics

Licensed Paramedics may provide services within their scope of practice as defined under state law.

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ITEM 7. HOME HEALTH SERVICES

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

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 intermittent or part-time nursing services, home health aide services, and therapy 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.

- A. Intermittent or part-time nursing services are covered as ordered in a plan of care.

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. DME is provided to a beneficiary on written orders from a physician or licensed practitioner of the healing arts acting within the scope of practice under state law, as part of a written plan of care, which must be reviewed by the ordering practitioner annually. 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. In accordance with 42 CFR §431.54(d), select incontinence supplies must be supplied by the statewide contracted vendor. With prior approval, the contracted incontinence supplies may be obtained from other durable medical equipment providers.
- 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.

ITEM 8. PRIVATE DUTY NURSING SERVICES

Private duty nursing services are provided to Medicaid eligible individuals only. All services require prior authorization. Services are provided in the home and community. The community setting refers to normal life activities outside of the home.

Private duty nursing services are provided in accordance with 42 CFR §440.80.

State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic services.

Provided:                       No limitations                       With limitations\*  
 Not provided.

10. Dental services.

Provided:                       No limitations                       With limitations\*  
 Not provided.

11. Physical therapy and related services.

a. Physical therapy.

Provided:                       No limitations                       With limitations\*  
 Not provided.

b. Occupational therapy.

Provided:                       No limitations                       With limitations\*  
 Not provided.

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist)

Provided:                       No limitations                       With limitations\*  
 Not provided.

\*Description provided on attachment.

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TN No. 85-14

Supersedes

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TN No. 82-15 and 83-10

HCFA ID: 70069P/0002P

ITEM 9. CLINIC SERVICES

- a) Services of medical care clinics, physician group practices or Indian health services are limited in accordance with the limits to Physicians' Services set forth in this plan.
- b) Mental Health clinic services are those services provided by mental health clinics which are facilities, not a part of a hospital, established for the purpose of providing mental health care and services to outpatients. A mental health clinic eligible for participation under the Plan must meet all of the following conditions:
  - (1) Be an incorporated, non-profit clinic governed by an elected board of directors, who reside in the catchment area of the facility;
  - (2) Have an organized, multi-disciplinary professional staff;
  - (3) Be a clinic which renders services without regard to the patient's ability to pay; and
  - (4) Be a clinic which conforms to the standards for mental health clinics published by the Commissioner of the Department of Mental Health.

Services eligible for reimbursement under the Plan shall be provided according to an individualized patient treatment plan which shall be prescribed by a physician or formulated with physician participation. The treatment plan or the process of treatment shall be regularly reviewed by the physician. Services shall be provided by the physician or by a qualified mental health professional on the staff of the clinic or other participating home and community based providers considered by the prescribing physician to be a competent therapist or practitioner.

- c. Comprehensive service clinics operated by the Vermont Department of Health may provide all the services of medical care clinics, physician group practices, physical therapy and related services, and any other outpatient service covered in the state plan. All services provided are limited in amount, duration and scope, and qualified provider as set forth in this plan.

All patients of the comprehensive service clinics shall have an individualized patient treatment plan prescribed by a physician or formulated with physician participation. The treatment plan or the process of treatment shall be regularly reviewed by the physician. Clinic services shall be provided by a physician or by another qualified provider. All health care providers used by the clinic that are not enrolled in the Medicaid program must be credentialed by the Vermont Department of Health.

ITEM 9. CLINIC SERVICES (Continued)

1) Psychotherapy:

A method of treatment of mental disorders using the interaction between a therapist and a patient to promote emotional or psychological change to alleviate mental disorder. Psychotherapy also includes family therapy when only one family is being treated. Psychotherapy may be provided in any setting except skilled nursing or intermediate care facilities or the facilities of the Vermont State Hospital or the Brandon Training School.

2. Group Therapy:

A method of treatment of mental disorders, using the interaction between a therapist and two or more patients to promote emotional or psychological change to alleviate mental disorders. Group therapy may, in addition, focus on the patient's adaptational skills involving social interaction and emotional reactions to reality situations. Group therapy may be provided in any setting except skilled nursing or intermediate care facilities or the facilities of the Vermont State Hospital or the Brandon Training School.

3) Day Hospital:

Day Hospital is an intensive service provided in clinic facilities that provides active treatment which can reasonably be expected to lead to full or partial recovery of the patient (client). Day Hospital services are provided as an alternative to inpatient care for clients with mental illness of an acute and/or episodic nature. A variety of treatment modalities is available, including individual, group and family therapy, chemotherapy and treatment-related activity programs.

4) Chemotherapy (Med-Check):

Prescription of psychoactive drugs to favorably influence or prevent mental illness by a physician, physician's assistant, or nurse performing within the scope of their license. Chemotherapy also includes the monitoring and assessment of patient reaction to prescribed drugs. Chemotherapy may be provided in any setting except skilled nursing or intermediate care facilities, or the facilities of the Vermont State Hospital or the Brandon Training School.

ITEM 9. CLINIC SERVICES (Continued)

5) Diagnosis and Evaluation

A service related to identifying the extent of a patient's (client's) condition. It may take the form of a psychiatric and/or psychological and/or developmental and/or social assessment, including the administration and interpretation of psychometric tests. It may include: an evaluation of the client's attitudes, behavior, emotional state, personality characteristics, motivation, intellectual functioning, memory and orientation; an evaluation of the client's social situation relating to family background, family interaction and current living situation; an evaluation of the client's social performance, community living skills, self-care skills and prevocational skills; and/or an evaluation of strategies, goals and objectives included in the development of a treatment plan, program plan of care consistent with the assessment findings as a whole.

6) Emergency Care

A method of care provided for persons experiencing an acute mental health crisis is evidenced by (1) a sudden change in behavior with negative consequences for wellbeing; (2) a loss of usual coping mechanisms, or (3) presenting a danger to self or others. Emergency care includes diagnostic and psychotherapeutic services such as evaluation of the client and the circumstances leading to the crisis, crisis counseling, screening for hospitalization, referral and follow-up. Emergency services are intensive, time-limited and are intended to resolve or stabilize the immediate crisis through direct treatment, support services to significant others, or arrangement of other more appropriate resources.



ITEM 9. CLINIC SERVICES (Continued)

- d) Services provided in ambulatory surgical centers are limited as follows:
- 1) Services must be related to the provision of the surgery or procedure being performed.
  - 2) Services are performed in an ambulatory surgical center that is licensed by the State of Vermont or meet standards for Medicaid enrollment in the state in which the center is located.

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TN No. 21-0013  
Supersedes  
TN No. None

Effective Date: 7/1/2021  
Approval Date: 11/18/2021

ITEM 10. DENTAL SERVICES

For beneficiaries under age 21, all medically necessary dental services are covered in accordance with EPSDT requirements (Item 4.b.). Coverage and service limits do not apply, and some may be subject to prior authorization.

For beneficiaries aged 21 and older, dental services including preventive, diagnostic, restorative, endodontic, and emergency dental procedures to ameliorate pain, infection, and bleeding, are covered when medically necessary. Medical necessity is determined by the Medicaid program.

For beneficiaries aged 21 and older, dental services are limited to \$1,500 per beneficiary per calendar year. Preventive services will not be counted towards the annual dollar limit. Emergency dental services to ameliorate pain, infection, or bleeding are covered when medically necessary after the annual limit has been met.

Individuals who are pregnant or in the postpartum eligibility period are not subject to the annual cap.

The Medicaid program maintains the “Vermont Medicaid Dental Supplement” on its website that details covered and non-covered services and service limitations. Some items require prior authorization.

ITEM 11. PHYSICAL THERAPY AND RELATED SERVICES

A, B, & C Physical therapy, occupational therapy and services for individuals with speech, hearing, and language disorders are covered as follows:

For all beneficiaries thirty (30) therapy visits per calendar year and include any combination of physical therapy, occupational therapy and speech/language therapy. Exceptions to this limitation are allowable based on medical necessity and must be prior approved.

All therapy providers meet the provider qualifications described in 42 CFR 440.110

PT, OT, and ST for an inpatient of a nursing facility are covered in the nursing facility per diem.

(Continued)

All licensed therapy providers must meet the provider qualification described in 42 CFR 440.110. A physical therapist, occupational therapist, and speech language pathologist shall provide all of the therapeutic intervention that requires the expertise of a licensed therapist and shall determine the use of physical or occupational therapist assistants or therapy aides who provide for the delivery of care that is safe, effective and efficient, provided the assigned acts, tasks, or procedures do not exceed the person's education or training and provided:

1) Physical and occupational assistants are graduates of an accredited program and are licensed to practice in the state of Vermont. A physical therapist assistant shall work under a physical therapist's supervision; an occupational therapist assistant shall work under an occupational therapist's supervision. A physical therapist or occupational assistant may document care pursuant to an existing treatment plan from the supervising therapist. A speech language pathologist assistant is not a graduate of an accredited program and is not licensed in the state of Vermont, therefore is considered an aide.

2) A licensed therapist may use aides for designated routine tasks, which do not include skilled therapy services. An aide shall work under the on-site supervision of a licensed therapist who is continuously on site and present at the facility, who is immediately available to assist the person being supervised in the services being performed, and who maintains continued involvement in appropriate aspects of each treatment session in which a component of treatment is assigned. The supervision by the licensed therapist may extend to off-site supervision of the aide only when the aide is accompanying and working directly with a physical or occupational assistant with a specific patient or when performing nonpatient-related tasks.

Speech therapy assistants and any other person regardless of discipline working under the supervision of a licensed therapist (for example, a massage therapist, an athletic trainer, an exercise physiologist, a kinesiotherapist) shall be considered an aide and is subject to the above supervision requirements. All aides are defined as individuals, trained under the direction of a licensed therapist, who performs designated and supervised routine tasks.

3) Students enrolled in accredited therapist/physical or occupational therapist assistant programs, while engaged in completing a clinical requirement for graduation must work under the direct line-of-sight supervision and direction of a licensed therapist.

State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist

a. Prescribed drugs.

Provided:                       No limitations                       With limitations\*  
 Not provided.

b. Dentures.

Provided:                       No limitations                       With limitations\*  
 Not provided.

c. Prosthetic devices.

Provided:                       No limitations                       With limitations\*  
 Not provided.

d. Eyeglasses.

Provided:                       No limitations                       With limitations\*  
 Not provided.

13. Other diagnostic, screening, preventive, and rehabilitation services, i.e., other than provided elsewhere in the plan.

Provided:                       No limitations                       With limitations\*  
 Not provided.

\*Description provided on attachment.

TN No. 11-029  
Supersedes  
TN No. 02-21

Effective Date: 07/01/11  
Approval Date: 12/21/11

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ITEM 12. PRESCRIBED DRUGS, DENTURES, AND PROSTHETIC DEVICES; EYEGASSES  
PRESCRIBED BY A PHYSICIAN SKILLED IN DISEASES OF THE EYE OR BY AN  
OPTOMETRIST

A. Prescribed Drugs

1. Drugs listed by the FDA as less than effective are not covered by Medicaid, nor are the generic equivalents of the listed drugs covered.
2. Physicians and Pharmacists are required to conform to Act 127 (18 VSA Chapter 91), otherwise known as the Vermont Generic Drug Law. In those cases where the Generic Drug Law permits substitution, only the lowest priced equivalent in stock at the pharmacy shall be considered medically necessary. Medicaid will not pay if the recipient refuses the substitution required by law.
3. A pharmacist must fill prescriptions in quantities of between 30 and 90 days' supply for all drugs prescribed for continued regular use. The physician may prescribe for particular patients or conditions in lesser amounts and in these instances the pharmacist is required to fill as directed. Effective July 15, 2009, when the DVHA is the primary payer, pharmacies will be required to dispense designated classes of maintenance drugs in 90-day supplies after the first fill. The first fill allows prescribers to test for therapeutic effectiveness and patient tolerance.  
At the discretion of the physician, a pharmacist may dispense prescribed medications necessary for either extended travel or contraception that are intended to last up to a 12-month duration. For extended travel, any fill over 90 days is subject to approval by the DVHA's Medical Director.
4. Coverage for certain other drugs is limited to specific conditions, e.g. amphetamines for the treatment of narcolepsy cataplexy syndrome only.
5. Generic over-the-counter (OTC) drugs are covered when medically necessary; without the option of prior authorization for brand products; prescribed by a qualified Medicaid provider; and a federal rebate agreement with the manufacturer is in force. Some OTC medications already managed on the Preferred Drug list (PDL) may have additional restrictions. The PDL can be found on the DVHA website.
6. Contraceptive drugs are covered and claimed at the increased Federal match under Family Planning.
7. No coverage is provided for items such as:
  - topical antiseptics
  - rubbing alcohol
8. Prior authorization is required for High-Investment Carve-Out Drugs when delivered in an inpatient setting. The High-Investment Carve-Out Drug List is available on the DVHA website.
9. Prior authorization information on preferred and non-preferred drugs can be found on the Preferred Drug List posted on the DVHA website.

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ITEM 12. PRESCRIBED DRUGS, DENTURES, AND PROSTHETIC DEVICES; EYEGLASSES  
PRESCRIBED BY A PHYSICIAN SKILLED IN DISEASES OF THE EYE OR BY AN  
OPTOMETRIST (Continued)

A. Prescribed Drugs (Continued)

9. Medicaid Program: Requirements Relating To Covered Outpatient Drugs For The Categorically Needy

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Citation (s)	Provision (s)
1935(d)(1)	Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
1927(d)(2) and 1935(d)(2)	The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare prescription Drug Benefit –Part D.

The Medicaid agency will cover the following classes of excluded drugs as listed below:

- (a) Drugs for anorexia, weight loss, or weight gain: Some drug categories covered under the drug class:
  - Hormone therapy is covered when used for anorexia or weight gain.
  - No drugs are covered for weight loss.
- (b) Some prescription vitamins and mineral products, except prenatal vitamins and fluoride:
  - Single vitamins or minerals when prescribed for the treatment of a specific vitamin deficiency or disease related to a vitamin deficiency;
- (c) Nonprescription Drugs: Some drug categories covered under the drug class:

Select drugs will be covered as listed on the State's website.

ITEM 12. PRESCRIBED DRUGS, DENTURES, AND PROSTHETIC DEVICES; EYEGLASSES  
PRESCRIBED BY A PHYSICIAN SKILLED IN DISEASES OF THE EYE OR BY AN  
OPTOMETRIST (Continued)

A. Prescribed Drugs (Continued)

9. Medicaid Program: Requirements Relating To Covered Outpatient Drugs For The Categorically Needy  
(Continued)

(d) Some drugs when used for the symptomatic relief of coughs and colds

Select drugs are covered as listed on the State's website.

(e) Drugs when used to promote fertility

These services provided are identical in the amount, duration and scope of services as provided to the medically needy for prescription drugs.



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ITEM 12. PRESCRIBED DRUGS, DENTURES, AND PROSTHETIC DEVICES; EYEGLASSES  
PRESCRIBED BY A PHYSICIAN SKILLED IN DISEASES OF THE EYE OR BY AN  
OPTOMETRIST (Continued)

A. Prescribed Drugs (Continued)

10. Supplemental Rebate Agreements: Certain covered products in accordance with Section 1927 of the Social Security Act may not be among the baseline preferred drugs identified by the State of Vermont's Drug Utilization Review (DUR) Board for various therapeutic classes. The state may negotiate supplemental rebate agreements that would reclassify any drug not designated as preferred in the baseline listing for as long as the agreement is in effect.

In addition the State has the following policies for the supplemental rebate program for the Medicaid population:

- Supplemental rebate agreements are unique to each state. The supplemental rebate agreement submitted to CMS in November 2019 amends the "VT 2016 Supplemental Drug Rebate Agreement" authorized by CMS effective July 30, 2015. The November 2019 supplemental rebate agreement applies to drugs dispensed beginning November 15, 2019.
- Funds received from supplemental rebate agreements will be reported to CMS. The state will remit the federal portion of any supplemental rebates collected.
- Manufacturers with supplemental rebate agreements are allowed to audit utilization data. Such data will be retained for 10 years.
- The unit rebate amount is confidential and cannot be disclosed in accordance with Section 1927(b)(3)(D) of the Social Security Act.
- The Department of Vermont Health Access (DVHA) may require prior authorization for covered outpatient drugs. Non-preferred drugs are available with prior authorization.
- The prior authorization process for covered outpatient drugs will conform to the provisions of section 1927(d)(5) of the Social Security Act.
- The State may enter into value/outcomes-based contracts with manufacturers. The contracts will be executed on the model agreement or contract titled "Value-Based Supplemental Rebate Agreement" approved by the Centers for Medicaid and Medicare Services (CMS).

11. DVHA covers select active pharmaceutical ingredients (API) and excipients used in extemporaneously compounded prescriptions when dispensed by a participating pharmacy provider and issued by a licensed prescriber following state and federal laws. Select APIs are published on the DVHA website.

ITEM 12. PRESCRIBED DRUGS, DENTURES, AND PROSTHETIC DEVICES; EYEGLASSES  
PRESCRIBED BY A PHYSICIAN SKILLED IN DISEASES OF THE EYE OR BY AN  
OPTOMETRIST (Continued)

B. Dentures

Dentures are covered for EPSDT only.

C. Prosthetic Devices

Prosthetic devices are covered when medically necessary. Medical necessity is determined by the Medicaid program.

Vermont Medicaid maintains an Imminent Harm List of services that could come with a safety concern for which prior authorization is required. The Imminent Harm list is posted to the VT Medicaid website.

D. Eyeglasses and Other Aids to Vision

Eyeglasses are covered for EPSDT only.

ITEM 13. OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND  
REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED  
ELSEWHERE IN THE PLAN.

Additional diagnostic, screening, preventive or rehabilitative services provided to EPSDT eligible recipients may require medical necessity review.

1. Diagnostic Services

Diagnostic services provided by state and/or local education agencies are covered when provided pursuant to the development of an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP) for special education students as defined under Part B or Part H of the Individuals with Disabilities Education Act.

State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive, and rehabilitation services, i.e., other than provided elsewhere in the plan. (Continued)

b. Screening services.

Provided:                       No limitations                       With limitations\*  
 Not provided.

c. Preventive services.

Provided:                       No limitations                       With limitations\*  
 Not provided.

d. Rehabilitation services;

Provided:                       No limitations                       With limitations\*  
 Not provided.

14. Services for individual age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

Provided:                       No limitations                       With limitations\*  
 Not provided.

b. Skilled nursing facility services.

Provided:                       No limitations                       With limitations\*  
 Not provided.

c. Intermediate care facility services.

Provided:                       No limitations                       With limitations\*  
 Not provided.

\*Description provided on attachment.

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TN No. 91-12  
Supersedes  
TN No. 87-13

Approval Date: 04/27/92

Effective Date: 11/01/91

ITEM 13. OTHER DIAGNOSTIC, SCREENING PREVENTIVE AND  
REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED  
ELSEWHERE IN THE PLAN. (Continued)

2. Substance Use Disorder Services

Covered substance use disorder (SUD) treatment services, including Medication Assisted Treatment, are provided in accordance with evidence-based best practice and the most recent version of the American Society of Addiction Medicine (ASAM) Criteria. All SUD providers must be licensed by the State of Vermont and enrolled Medicaid providers working within their scope of practice. See SUD provider qualifications chart below.

Covered services include:

- (a) Assessment: an evidence-based evaluation designed to determine the severity of substance use disorder, the comprehensive treatment needs of the individual, and the level of care determination. A biopsychosocial, multidimensional assessment is administered by qualified and credentialed counselors and clinicians, nurses, physicians and psychologists trained in the applicable tools, tests and instruments with sign off by a licensed health care professional. Assessments may be administered in primary care, specialty providers, hospitals and clinic settings.
- (b) Early intervention: includes screening and referral to treatment for individuals at risk because of their substance use/misuse or at risk for substance use disorder. This service may include brief one-on-one counseling to address the issues and risk and/or referrals to treatment services, medical and behavioral health services and community services. This service may be provided by health care generalists, such as nurses or social workers, and qualified and credentialed counselors and clinicians, nurses, physicians and psychologists trained in the evidence-based practice. This service is provided in both clinical and non-clinical settings.
- (c) Outpatient treatment services: therapies, including individual, family, and group counseling, service planning and coordination provided in outpatient setting with services provided by addiction treatment, mental health, and/or medical personnel. Medical, psychiatric and lab services are available onsite or through consultation or referral. Outpatient treatment services include 8 or fewer hours of services per week for adults.
- (d) Intensive outpatient treatment services: therapies, including individual, family, and group counseling, service planning and coordination provided in outpatient settings with services provided by addiction treatment, mental health, and/or medical personnel. Medical, psychiatric and lab services are available onsite or through consultation or referral. Intensive outpatient treatment services include 9 or more hours of services per week for adults.
- (e) Partial hospitalization day treatment psychosocial rehabilitation services: clinically intensive programming with direct access to psychiatric, medical and lab services in outpatient clinics with services provided by addiction treatment, mental health, and/or medical personnel. Individuals must have a primary mental health diagnosis. Partial hospitalization day treatment psychosocial rehabilitation services include at least 20 hours of service per week.

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TN No. 03-14

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ITEM 13. OTHER DIAGNOSTIC, SCREENING PREVENTIVE AND REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED ELSEWHERE IN THE PLAN. (Continued)

2. Substance Use Disorder Services (Continued)

- (f) Clinically managed low-intensity residential services: 24-hour structure in residential treatment settings with services provided by addiction treatment, mental health, and/or medical personnel. Medical and psychiatric therapies including counseling and lab services are available onsite or through consultation or referral. Clinically managed low-intensity residential services include at least 5 hours of clinical service per week.
- (g) Medically monitored intensive inpatient detox services: 24-hour nursing care with physician availability in residential settings with services provided by addiction treatment, mental health, and/or medical personnel. Medical, psychiatric, counseling and lab services are provided onsite or through consultation or referral. Medically monitored intensive inpatient services include 16-hour per day counselor availability.
- (h) Opioid Treatment Program (OTP) services: daily opioid agonist medication and counseling is provided to maintain multidimensional stability for those individuals with severe opioid use disorder. Services are provided by specialized health homes (i.e., Hub & Spoke) as described in Attachment 3.1-H.
- (i) Withdrawal Management (WM) services: monitoring and management of physical and psychological effects, with or without the use of medication, to support withdrawal from an addictive substance. This service is provided in specialized health homes, hospitals, and residential treatment settings with services delivered by addiction treatment, mental health, and/or medical personnel.

Substance Use Disorder Provider Qualifications:

Provider/Practitioner	License/Certification	Services Provided
Alcohol & Drug Counselor (ADC)	Certification pursuant to regulations set forth by the VT Secretary of State's Office of Professional Regulation	Assessment; Early Intervention; Treatment under supervision of licensed provider/practitioner
Alcohol & Drug Counselor (LADC)	Licensed pursuant to OPR regulations	Assessment; Early Intervention; Treatment
Apprentice Addiction Professional (AAP)	Certification pursuant to OPR regulations	Assessment; Early Intervention; Treatment under supervision of licensed provider/practitioner
Clinical Mental Health Counselor	Licensed pursuant to VT Board of Allied Mental Health regulations	Assessment; Early Intervention; Treatment

TN No. 19-0001  
Supersedes  
TN No. 03-14

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ITEM 13. OTHER DIAGNOSTIC, SCREENING PREVENTIVE AND REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED ELSEWHERE IN THE PLAN. (Continued)

2. Substance Use Disorder Services (Continued)

Clinical Social Worker	Licensed pursuant to OPR regulations	Assessment; Early Intervention; Treatment
Marriage & Family Therapist	Licensed pursuant to VT Board of Allied Mental Health regulations	Assessment; Early Intervention; Treatment
Nurse	Registered Nurse Licensed pursuant to VT Board of Nursing regulations	Assessment; Early Intervention; Treatment
Physicians	Allopathic physicians are licensed pursuant to VT Board of Medical Practice regulations;  Osteopathic physicians are licensed pursuant to VT Board of Osteopathic Physicians and Surgeons regulations	Assessment; Early Intervention; Treatment
Psychologists	Licensed pursuant to VT Board of Psychological Examiners regulations	Assessment; Early Intervention; Treatment
Residential	Licensed pursuant to the VT Department of Disabilities, Aging & Independent Living, Division of Licensing & Protection regulations	Assessment; Treatment

3. Community Mental Health Center Services

Covered services include rehabilitation services provided by qualified professional staff in a Community Mental Health Center designated by the Department of Mental Health. These services may be provided by physicians, psychologists, MSWs, psychiatric nurses, and qualified mental health professionals carrying out a plan of care approved by a licensed physician or licensed psychologist. Services may be provided in any setting; however, services will not be duplicated.

Non-duplication: Beneficiaries receiving comparable services under Community Rehabilitation and Treatment (CRT) services under the Global Commitment 1115 waiver are ineligible for this State Plan service.

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ITEM 13. OTHER DIAGNOSTIC, SCREENING PREVENTIVE AND  
REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED  
ELSEWHERE IN THE PLAN. (Continued)

A. Reserved

B. Diagnosis and Evaluation

A service related to identifying the extent of a patient's (client's) condition. It may take the form of a psychiatric and/or psychological and/or developmental and/or social assessment, including the administration and interpretation of psychometric tests. It may include: an evaluation of the client's attitudes, behavior, emotional state, personality characteristics, motivation, intellectual functioning, memory and orientation; an evaluation of the client's social situation relating to the family background, family interaction and current living situation; an evaluation of the client's social performance, community living skills, self-care skills and prevocational skills; and/or an evaluation of strategies, goals and objectives included in the development of a treatment plan, program plan of care consistent with the assessment findings as a whole.



ITEM 13. OTHER DIAGNOSTIC, SCREENING PREVENTIVE AND  
REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED  
ELSEWHERE IN THE PLAN. (Continued)

C. Emergency Care

A method of care provided for persons experiencing an acute mental health crisis as evidenced by (1) a sudden change in behavior with negative consequences for wellbeing; (2) a loss of usual coping mechanisms, or (3) presenting a danger to self or others. Emergency care includes diagnostic and psychotherapeutic services such as evaluation of the client and the circumstances leading to the crisis, crisis counseling, screening for hospitalization, referral and follow-up. Emergency services are intensive, time-limited and are intended to resolve or stabilize the immediate crisis through direct treatment, support services to significant others, or arrangement of other more appropriate resources.

D. Psychotherapy

A method of treatment of mental disorders using the interaction between a therapist and a patient to promote emotional or psychological change to alleviate mental disorder. Psychotherapy also includes client-centered family therapy.

E. Chemotherapy (Med-Check)

Prescription of psychoactive drugs to favorably influence or prevent mental illness by a physician, physician's assistant, or nurse performing within the scope of their license. Chemotherapy also includes the monitoring and assessment of patient reaction to prescribed drugs.

ITEM 13. OTHER DIAGNOSTIC, SCREENING PREVENTIVE AND  
REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED  
ELSEWHERE IN THE PLAN. (Continued)

F. Group Therapy

A method of treatment of mental disorders, using the interaction between a therapist and two or more patients to promote emotional or psychological change to alleviate mental disorders. Group therapy may, in addition, focus on the patient's adaptational skills involving social interaction and emotional reactions to reality situations.

G. Specialized Rehabilitative Services

u Basic Living Skills

Restoration of those basic skills necessary to independently function in the community, including food planning and preparation, maintenance of living environment, community awareness and mobility skills.

u Social Skills

Redevelopment of those skills necessary to enable and maintain independent living in the community, including communication and socialization skills and techniques.

u Counseling

Counseling services directed toward the elimination of psychosocial barriers that impede the development or modification of skills necessary for independent functioning in the community.

ITEM 13. OTHER DIAGNOSTIC, SCREENING PREVENTIVE AND  
REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED  
ELSEWHERE IN THE PLAN. (Continued)

G. Specialized Rehabilitative Services (Continued)

u Collateral Contact

Meeting, counseling, training or consultation to family, legal guardian, or significant others to ensure effective treatment of the recipient. These services are only provided to, or directed exclusively toward, the treatment of the Medicaid eligible person.

ITEM 13. OTHER DIAGNOSTIC, SCREENING PREVENTIVE AND  
REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED  
ELSEWHERE IN THE PLAN. (Continued)

4. Private Non Medical Institutions

A. Child Care Services

Covered services are child care services provided by qualified staff to recipients who are in residential child care facilities. These services are psychiatric/psychological services, counseling services, nursing services, physical, occupational, and speech therapy services, and care coordination services.

A residential child care facility is defined as a facility that is maintained and operated for the provision of child care services, as defined in 33VSA 306, and is licensed by the Department of Social and Rehabilitation Services under the "Licensing Regulations for Residential Child Care Facilities".

Services may be provided by physicians, psychologists, R.N.s, L.P.N.s, speech therapists, occupational therapists, physical therapists, licensed substance abuse counselors, Masters degree social workers, and other qualified residential child care facility staff carrying out a plan of care. Such plans of care, or initial assessments of the need for services, must be prescribed by a physician, psychologist, or other licensed practitioner of the healing arts, within the scope of his/her practice under State Law. Covered services also include administrative costs related to the provision of direct services covered by the Medicaid Program.

B. Assistive Community Care Services

Assistive Community Care Services are provided to adults with functional impairments or cognitive disabilities. Services are provided in licensed level III facilities. Services provided to beneficiaries are case management, assistance with the performance of activities of daily living, medication assistance monitoring and administration, 24-hour on-site assistive therapy, restorative nursing, nursing, assessment, health monitoring, and routine nursing tasks. Any services that constitute the practice of nursing under the Vermont Nurse Practice Act will be provided by a licensed registered nurse or will be delegated by a licensed registered nurse in accordance with the procedures of the Board of Nursing.

Individual plans of care are reviewed at least annually by the Department of Aging and Disabilities. The services are furnished by providers who are licensed by and meet the qualifications established by the Department of Aging and Disabilities.

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ITEM 13 OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND  
REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED  
ELSEWHERE IN THE PLAN (Continued)

4. Private Non Medical Institutions (Continued)

C. Therapeutic Substance Abuse Treatment Services (TSATS)

Therapeutic Substance Abuse Treatment Services are provided to individuals, who have a history and primary diagnosis of substance abuse and who meet the placement and medical necessity criteria established by the Agency of Human Services. In this program, participation is voluntary but participants must be willing to enroll for a period of at least six and no more than twelve months.

Services provided to beneficiaries are 24-hour on site assistive therapy; medication assistance, monitoring and administration; health monitoring; primary care coordination; random substance screenings; and individual and group therapy services provided on-site.

Individual plans of care are written upon admittance to the program and are adhered to for the duration of the participant's stay in the program. Individual plans of care may be modified with the agreement of the beneficiary and the program director. Services are provided by providers who are licensed by the state of Vermont and/or meet the qualifications established by the Agency of Human Services.

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TN No. 01-005

Supersedes

TN No. None

Approval Date: 09/14/01

Effective Date: 07/01/01

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ITEM 13 OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND  
REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED  
ELSEWHERE IN THE PLAN (Continued)

5. School Health Services

School health services are ordered by an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP) for special education students as defined under Part B or Part C of the Individuals with Disabilities Education Act (IDEA). Services are administered by state agencies, or state or local education agencies and must be prescribed by a physician or other licensed practitioner of the healing arts within the scope of his/her practice under state law. Covered services may be provided by employees of the state or local education agencies or by the health professionals under contract with the education agencies, or providers who meet applicable state licensure or certification requirements.

A. Assessment and Evaluation

Included are services for the assessment and evaluation of an existing IEP/IFSP. Services provided for the purposes of evaluating an individual's treatment needs may include medical, psychiatric, psychological, developmental and/or behavioral assessment, including the administration and interpretation of psychological tests. It may be performed by one or more of the following providers: physician, psychiatrist, psychologist, clinical social worker, school nurse, specialized therapist or a licensed or certified mental health practitioner.

B. Medical Consultation

Services provided by a licensed physician whose opinion or advice is requested in the evaluation or treatment of an individual's problem or disability.

C. Durable Medical Equipment

Items of durable medical equipment provided pursuant to an IEP may be covered subject to prior authorization requirements established by the Office of Vermont Health Access.

D. Vision Care Services

Covered services include visual analysis with refraction, and diagnostic and treatment services for diseases of the visual system.

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ITEM 13 OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND  
REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED  
ELSEWHERE IN THE PLAN (Continued)

5. School Health Services (Continued)

E. Nutrition Services

Evaluation and treatment services related to a child's nutritional needs, as allowed by 42 CFR 440.130(d). Nutrition services are child specific and must be medically necessary to treat and correct problems such as eating disorders, food intake deficits, and excessive weight gain or loss which result from other medical problems, psychological issues, metabolic diseases, etc. The service includes assistance with assessments and care plan development. More specifically, it includes modification of child-specific food menus and counseling so as to provide the maximum reduction of physical and/or mental disability and the restoration of the child to his/her best possible functional level. Services do not include coverage of general nutritional services such as those provided by a school's hot lunch program.

Services must be furnished by dietitians who meet state certification requirements.

F. Physical Therapy

Evaluation and treatment services for the purpose of preventing, restoring, or alleviating a lost or impaired physical function. Services are performed by or under the direction of a qualified physical therapist. A qualified physical therapist is an individual who is a graduate of a program of physical therapy approved by both the Committee on Allied Health Education and Accreditation of the American Medical Association and the American Physical Therapy Association or its equivalent, and is licensed by the State of Vermont.

G. Speech, Hearing and Language Services

Evaluation and treatment services related to speech, hearing or language disorders which result in communication disabilities. Services are performed by or under the direction of a speech-language pathologist or audiologist who has a certificate of clinical competence from the American Speech and Hearing Association, or who has the equivalent education and work experience, or who has completed the academic program and is acquiring supervised work experience to qualify for the certificate.

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ITEM 13. OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND  
REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED  
ELSEWHERE IN THE PLAN. (Continued)

5. School Health Services (Continued)

H. Occupational Therapy

Evaluation and treatment services to implement a program of purposeful activities to develop or maintain adaptive skills necessary to achieve the maximal physical and mental functioning of the individual in daily pursuits. Services are performed by or under the direction of a qualified occupational therapist who is registered by the American Occupational Therapy Association or who is a graduate of a program in occupational therapy approved by the Committee on Allied Health Education and Accreditation of the American Medical Association and is engaged in the supplemental clinical experience required before registration by the AOTA.

I. Mental Health Counseling

Evaluation and treatment services involving mental, emotional or behavioral problems, disturbances and dysfunctions. Services are individual, group, or family counseling when provided by a psychiatrist, psychologist, clinical social worker, or other licensed or certified mental health practitioner.

J. Rehabilitative Nursing Services

Services provided by a licensed nurse including medical monitoring and provision of other medical rehabilitative services.

K. Developmental and Assistive Therapy

Services provided in order to promote normal development by correcting deficits in the child's affective, cognitive, behavioral, or psychomotor/fine motor skills development, when such services are identified in the IEP/IFSP. Services include application of techniques and methods designed to overcome disabilities, improve cognitive skills, and modify behavior. Services are furnished by or under the direction of licensed professionals who meet qualifications established by the LEA, or who meet applicable state licensure or certification requirements.



ITEM 13. OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND  
REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED  
ELSEWHERE IN THE PLAN. (Continued)

5. School Health Services (Continued)

L. Personal Care

Services related to a child's physical or behavioral requirements, including assistance with eating, dressing, personal hygiene, activities of daily living, bladder and bowel requirements, use of adaptive equipment, ambulation and exercise, behavior modification, and other remedial services necessary to promote a child's ability to participate in, and benefit from, the educational setting. Services are furnished by providers who have satisfactorily completed a training program for home-health aides/nursing assistants, or other equivalent training, or who have appropriate background and experience in the provision of personal care or related services for individuals with a need for assistance due to physical or behavioral conditions and meet qualifications established by the LEA. Person Care providers must be employed by a school, school district or Supervisory Union. Personal care services are not covered when provided to recipients by their parents, including natural, adoptive and step-parents.

M. Case Management

Services designed to assist children in gaining access to, and coordinating the delivery of, medical services, including interaction with providers, monitoring treatment and interaction with parents and guardians. Services are furnished by qualified providers who based on their education, training and experience, have been designated as such by either the Agency of Human Services, Department of Education or LEA.

N. Medical Transportation

Transportation services to or from necessary medical care. Services are furnished by providers who meet the qualifications established by the LEA.

ITEM 13. OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND  
REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED  
ELSEWHERE IN THE PLAN. (Continued)

6. Child Sexual Abuse and Juvenile Sex Offender Treatment Services

Child Sexual Abuse and Juvenile Sex Offender treatment services are individual, group and client-centered family counseling; care coordination; and clinical review and consultation services provided to children who have been sexually abused or who are sexual offenders. Services must be authorized by the Department of Social and Rehabilitation Services.

These services are not available to inmates of public institutions and/or prisons. Also, reimbursement by Medicaid is non-duplicative of other public or private funding sources.

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TN No. 94-20

Supersedes

TN No. None

Approval Date: 12/13/94

Effective Date: 08/01/94

ITEM 13. OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND  
REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED  
ELSEWHERE IN THE PLAN. (Continued)

7. Intensive Family Based Services

Intensive Family Based Services are family-focused, in-home treatment services for children that include crisis intervention, individual and family counseling, basic living skills and care coordination. Services are authorized by the Department of Social and Rehabilitation Services or the Department of Mental Health and Mental Retardation and are furnished by providers who meet qualifications specified by the Department of Social and Rehabilitation Services.

Reimbursement for Intensive Family Based Services will not duplicate reimbursement from other State Plan, other public, or other private funding sources.

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TN No. 94-24

Supersedes

TN No. None

Approval Date: 12/13/94

Effective Date: 07/01/94

ITEM 13. OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND  
REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED  
ELSEWHERE IN THE PLAN. (Continued)

8. Developmental Therapy

Evaluation and treatment services provided to a child in order to promote normal development by correcting deficits in the child's affective, cognitive and psychomotor development. Services must be specified in a child's Individualized Family Service Plan (IFSP) under Part H of the Individuals with Disabilities Education Act (IDEA) and must be furnished by providers who meet applicable state licensure or certification requirements.

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TN No. 96-13

Supersedes

TN No. None

Approval Date: 11/13/96

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ITEM 13. OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED ELSEWHERE IN THE PLAN.  
(Continued)

13-C. Preventive Services

9. Adult Day Health Services

Definition:

Adult Day Health Services- a comprehensive, non-residential program designed to address the health, safety, and psychological needs of adults through individual plans of care that may include a provision of medication administration, health monitoring and oversight, personal care, maintenance therapies, and care coordination.

These services are recommended by a physician or other licensed practitioner of the healing arts within the scope of his practice under State law to:

- 1) Prevent disease, disability, and other health conditions or their progression;
- 2) Prolong life; and
- 3) Promote physical and mental health and efficiency.

Service Descriptions:

Medication Administration- Medications prescribed by a physician may be administered to the Adult Day Health (ADH) participant and will be administered by or under the supervision of a registered nurse in accordance with VT State Nurse Practice Act.

On-going Monitoring of Health Status- The program nurse is responsible for monitoring the health status of all adult day health participants, as identified in the person-centered care plan. Monitoring may include blood pressures, measurement of output, unstable blood glucose, administration of medications that require a nurse monitoring the dosage, frequency or adverse reactions.

Maintenance Therapy- Supplemental or follow up physical, occupational or speech therapy to maintain optimal functioning and to prevent regression. Under orders of the physician or licensed therapist, these services may be performed by ADH program staff under the direct supervision of the licensed program nurse, a licensed therapist or both.

Skilled Services- Services ordered by a physician that falls within the professional discipline of nursing, physical, occupational and speech therapy. The Adult Day Health program may provide these services or arrange for these services and will be provided by licensed professionals. Skilled services include, but are not limited to, services such as urethral catheter insertion and maintenance, nasogastric tube feeding, administering oxygen, and tracheostomy care.

Personal Care Services- Hands on assistance or supervision of activities of daily living performed at the adult day health center will be performed by a Licensed Nursing Assistant or personal care attendant and supervised by a nurse.

(continued)

ITEM 13. OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED ELSEWHERE IN THE PLAN.  
(Continued)

13-C. Preventive Services (continued)

9. Adult Day Health Services (continued)

Care Coordination- The Adult Day Health program may perform care coordination activities which include coordination with the family or legal representative, the physician, and other service providers to implement a specific care plan including assistance accessing other community resources and participation in discharge planning from a facility. Care coordination may be performed by the interdisciplinary team members which may include the nurse, the social worker, other program staff and is overseen by the Program Administrator or the Program Nurse where clinical supervision is necessary.

<b>Provider/ Practitioners</b>	<b>Service</b>	<b>Min level of Education/degree/experience</b>	<b>License/ Certification</b>	<b>Supervision</b>
Nurse	Medication Administration, On-going Monitoring of Health Status, and Skilled Nursing Services, Supervision of Personal Care Services	Graduate of a registered nursing program.	Vermont Registered Nurse License	Program Nurse
Licensed Nursing Assistant or Personal Care Attendant	Personal Care Services	Adult Day Health sets minimum standards and supervises with RN or LPN.	None	Program Nurse
Care Coordinator	Care coordination to facilitate connections to other services or programs in the community, participates in the development of care plan and acts as member of the interdisciplinary team	<ul style="list-style-type: none"> <li>a. An MSW, or</li> <li>b. A BSW, or</li> <li>c. A current Vermont Registered Nurse license, or</li> <li>d. 2 years of experience in a human service field</li> </ul>	None	Program Administrator or Program Nurse

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ITEM 13. OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED ELSEWHERE IN THE PLAN.  
(Continued)

13-C Preventive Services (continued)

10. Face-to-Face Tobacco Cessation Counseling

Face-to-face tobacco cessation counseling services provided to non-pregnant individuals include in-person counseling with a qualified provider for individuals who use tobacco products or who are being treated for tobacco use. Face-to-face tobacco cessation counseling is provided to non-pregnant individuals in order to prevent disease, disability and other health conditions or their progression and to prolong life. The maximum number of visits allowed per individual per calendar year is 16. This maximum number of visits per calendar year can be exceeded based on medical necessity through a prior authorization process.

Face-to-Face Tobacco Cessation Counseling Services are provided (by):

(i) By or under supervision of a physician;

(ii) By any other licensed health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; or

(iii) By Qualified Tobacco Cessation Counselors, who are required to complete the University of Massachusetts “*Basic Skills for Working with Smokers*” online course or *Legacy’s “Basic Tobacco Intervention for Maternal and Child Health*” course, and complete the University of Massachusetts 4-day training in tobacco cessation services or a similar course from another institute of higher education accredited by the Association for the Treatment of Tobacco Use and Dependence (ATTUD). Entry-level counselors and master level counselors provide counseling sessions that are one-to-one or group counseling sessions that allow direct one-to-one interaction. In addition to the above training requirements, entry-level counselors must have completed at least 240 clinical hours and master level counselors must have completed 2,000 hours of experience in tobacco treatment within the past five years.

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ITEM 13. OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED ELSEWHERE IN THE PLAN.  
(Continued)

13-C Preventive Services (continued)

11. Medical Nutrition Therapy Services

Medical nutrition therapy services are recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law to:

- 1) Prevent disease, disability, and other health conditions or their progression;
- 2) Prolong life; and
- 3) Promote physical and mental health and efficiency.

Medical nutrition therapy services are covered when provided by a registered dietitian working within their scope of practice. Coverage is limited to services that are medically necessary. Medical necessity is determined by the Medicaid program.

Registered dietitians are certified by the Vermont Office of Professional Regulation. To be eligible for certification an individual must be a registered dietitian by the Commission on Dietetic registration, or shall have: received a bachelor of arts or science or higher degree in dietetics from an accredited university; and satisfactorily completed a minimum of 900 practicum hours of supervision under an Academy of Nutrition and Dietetics dietitian registered by the Commission on Dietetic Registration; and passed an examination to the satisfaction of the Director of the Office of Professional Regulation.

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TN No. 22-0013

Supersedes

TN No. 21-0011

Effective Date: 7/15/2022

Approval Date: 10/11/2022



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ITEM 13. OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED ELSEWHERE IN THE PLAN.  
(Continued)

13-C Preventive Services (continued)

12. Preventive Services

Vermont Medicaid covers and reimburses all United States Preventive Services Task Force (USPSTF) grade A and B preventive services and approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration, without cost-sharing. Changes to USPSTF preventive services and ACIP recommendations are incorporated into coverage and billing codes as necessary.

ITEM 13. OTHER DIAGNOSTIC, SCREENING PREVENTIVE AND REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED ELSEWHERE IN THE PLAN. (Continued)

15. Community-Based Mobile Crisis Services

Community-based mobile crisis services are specialized mental health and substance use crisis intervention services that provide rapid crisis response by a team of at least two Medicaid providers trained in trauma-informed care practices, de-escalation strategies and harm reduction techniques, delivered in accordance with Section 1947 of the SSA. Community-based mobile crisis services include rapid community crisis response, screening, and assessment; stabilization and de-escalation services; coordination with and referrals to health, social, other services and supports.

Community-based mobile crisis services may also include follow-up interventions for a period up to 3 days for adults and up to 7 days for children after the initial response.

All services are provided outside of a nursing facility, hospital, or other inpatient treatment facility settings. Enhanced mobile crisis services are available to members 24 hours a day, 7 days a week, every day of the year.

Provider Qualifications

The community-based mobile crisis provider agency must have an active contract with Vermont Medicaid to deliver community-based mobile crisis services. The community-based mobile crisis team must include at least one mental health/substance use professional able to conduct an assessment within their scope of practice under state law. The second provider on the team may be a paraprofessional. Provider qualifications and supervision requirements are in the chart below.

(See provider qualifications chart on next page)

ITEM 13. OTHER DIAGNOSTIC, SCREENING PREVENTIVE AND REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED ELSEWHERE IN THE PLAN. (Continued)

15. Community-Based Mobile Crisis Services (continued)

Provider Type	Mobile Team Role	Minimum Qualifications	Clinical Supervision
Mental Health and Substance Use Professional	Professional	Bachelor of the Arts in Human Services and deemed appropriate to provide treatment by Community Mental Health Center Medical Director.	Yes, by Licensed Clinical Supervisor
Licensed Clinical Supervisor		Licensed Independent Clinical Social Worker, Licensed Mental Health Counselor, Licensed Marriage and Family Therapist, Licensed Alcohol and Drug Counselor, Doctor of Medicine, Licensed Psychologist	No
Adult Peer Support Worker	Paraprofessional	Department of Mental Health Certification, including completion of minimum training requirements for Mobile Crisis peer services.	Yes, by Licensed Clinical Supervisor
Family Peer Support Worker		Department of Mental Health Certification, including completion of minimum training requirements for Mobile Crisis peer services.	Yes, by Licensed Clinical Supervisor
Certified Peer Recovery Coach		Department of Mental Health Certification, including completion of minimum training requirements for Mobile Crisis peer services.	Yes, by Licensed Clinical Supervisor
Case Manager (Community Support Worker)		Associate of the arts or 4 years of experience in human services and deemed appropriate to provide treatment by Community Mental Health Center Medical Director.	Yes, by Licensed Clinical Supervisor

ITEM 13. OTHER DIAGNOSTIC, SCREENING PREVENTIVE AND  
REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED  
ELSEWHERE IN THE PLAN. (Continued)

This page describes the WAM M108 procedure (which went through public notice) for requesting services or items to be approved for Medicaid beneficiaries in addition to those services or items on a pre-approved list. For services or items in Attachment 3.1-A with pre-approved lists the service or item description includes a reference to this page (60) of the State Plan.

**Procedure for Requesting Medicaid Coverage of a Service or Item**

This procedure provides a way for beneficiaries to seek Medicaid coverage for medically-necessary items or services that are not already listed as pre-approved for coverage in Vermont's current Medicaid regulations. The procedure requires that a beneficiary's situation must be unique and that serious detrimental health consequences will result if the service or item is not approved for coverage, then the item or services may be approved for coverage.

Beneficiaries send a request for coverage to the department, accompanied by their physician's written recommendation for the service or item. The department reviews the request, seeks additional information as necessary, and endeavors to make the coverage decision within 30 days from the date of the request. The department evaluates each request using 10 criteria.

Each decision results in one of four outcomes. The four possible outcomes are: (1) the commissioner approves coverage of the service or item for the individual and adds it to a list of pre-approved services or items; (2) the commissioner approves coverage of the service or item for the individual and does not add it to a list of pre-approved services or items; (3) the commissioner does not approve coverage of the service or item for the individual and adds it to a list of pre-approved services or items; or (4) the commissioner does not approve coverage of the service or item for the individual and does not add it to a list of pre-approved services or items.

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TN No. 99-8A  
Supersedes  
TN No. None

Approval Date: 12/20/99

Effective Date: 07/01/99

ITEM 13. OTHER DIAGNOSTIC, SCREENING PREVENTIVE AND REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED ELSEWHERE IN THE PLAN. (Continued)

**15. Residential Eating Disorder Treatment**

Eating disorder treatment services offered in residential settings provide diagnosis, treatment, and care of persons in a sub-acute psychiatric management environment. Individuals receive care in a residential setting based on a developed plan of care. Residential eating disorder treatment is covered only when deemed medically necessary. Medical necessity is determined by the Medicaid program through a concurrent review process.

Services must be recommended by a physician or other licensed practitioner in accordance with 42 CFR 440.130(d) and provided by a health care professional operating within their scope of practice. Participating residential treatment providers must be enrolled in Vermont Medicaid to participate in and receive reimbursement for services they provide. Residential eating disorder treatment will not be provided in Institutions for Mental Disease (IMDs).

Covered services may include:

- a) Care coordination: Care coordination activities may include coordination with physicians and other social services to implement a specific care plan or to facilitate connections to other services or programs. Care coordination may be performed by an interdisciplinary team.
- b) Clinical assessment: An evidence-based evaluation designed to determine the severity of the eating disorder, the comprehensive treatment needs of the individual, and the level of care determination. Activities may also include documentation of medical history and physical examination as medically indicated.
- c) Psychotherapy: Can include individual, group, or family therapy services as well as other medically necessary therapy services to aid in the treatment of the member. All family therapy services must be provided for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals as identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery.
- d) Medication administration or supervision: Medications prescribed by a licensed provider acting within the scope of practice or supervision to ensure compliance with prescribed medications by a qualified practitioner.

(continued)

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TN No. 24-0001  
Supersedes  
TN No. None

Effective Date: 1/1/2024  
Approval Date: 6/21/2024

ITEM 13. OTHER DIAGNOSTIC, SCREENING PREVENTIVE AND REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED ELSEWHERE IN THE PLAN. (Continued)

**15. Residential Eating Disorder Treatment (continued)**

- e) Psychiatric evaluation: A psychiatric diagnostic evaluation is an integrated biopsychosocial assessment that includes the elicitation of a complete medical history (to include past, family, and social), psychiatric history, a complete mental status exam, establishment of a tentative diagnosis, and an evaluation of the patient's ability and willingness to participate in the proposed treatment plan.
  
- f) Psychosocial assessment: “Psychosocial” refers to the combined influence of psychological factors and the surrounding social environment on physical, emotional, and/or mental wellness. A Psychosocial Assessment would incorporate these factors into an assessment.

Provider Qualifications:

<u>Provider/ Practitioner</u>	<u>License/ Certification</u>	<u>Services Provided</u>
Psychiatric and Mental Health Clinical Nurse Specialist (PMHCNS)	Must be licensed and employed by a residential treatment provider enrolled in Vermont Medicaid.	Care coordination; Clinical Assessment; Psychiatric Evaluation
Doctor of Medicine (MD)	Must be licensed and employed by a residential treatment provider enrolled in Vermont Medicaid.	Care coordination; Clinical Assessment; Psychiatric Evaluation
Licensed Practical Nurse (LPN)	Must be licensed and employed by a residential treatment provider enrolled in Vermont Medicaid.	Care coordination; Clinical Assessment; Medication administration or supervision
Licensed Clinical Social Worker (LCSW)	Must be licensed and employed by a residential treatment provider enrolled in Vermont Medicaid.	Care coordination

(continued)

TN No. 24-0001  
Supersedes  
TN No. None

Effective Date: 1/1/2024  
  
Approval Date: 6/21/24

ITEM 13. OTHER DIAGNOSTIC, SCREENING PREVENTIVE AND REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED ELSEWHERE IN THE PLAN. (Continued)

**15. Residential Eating Disorder Treatment (continued)**

<u>Provider/ Practitioner</u>	<u>License/ Certification</u>	<u>Services Provided</u>
Licensed Independent Clinical Social Worker (LICSW)	Must be licensed and employed by a residential treatment provider enrolled in Vermont Medicaid.	Care coordination; Clinical Assessment; Psychotherapy; Psychosocial Assessment
Licensed Mental Health Counselor (LMHC)	Must be licensed and employed by a residential treatment provider enrolled in Vermont Medicaid.	Care coordination; Clinical Assessment; Psychotherapy; Psychosocial Assessment
Advanced Practice Registered Nurse (APRN)	Must be licensed and employed by a residential treatment provider enrolled in Vermont Medicaid.	Care coordination; Clinical Assessment; Psychiatric Evaluation
Registered Nurse (RN)	Must be licensed and employed by a residential treatment provider enrolled in Vermont Medicaid.	Care coordination; Clinical Assessment; Medication administration or supervision
Registered Dietician (RD)	Must be registered and employed by a residential treatment provider enrolled in Vermont Medicaid.	Care coordination; Clinical Assessment
Doctor of Osteopathic Medicine (DO)	Must be licensed and employed by a residential treatment provider enrolled in Vermont Medicaid.	Care coordination; Clinical Assessment; Psychiatric Evaluation

TN No. 24-0001  
Supersedes  
TN No. None

Effective Date: 1/1/2024  
Approval Date: 6/21/24

State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with §1902(a)(31)(A) of the Act, to be in need of such care.

Provided:                       No limitations                       With limitations\*  
 Not provided.

b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

Provided:                       No limitations                       With limitations\*  
 Not provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Provided:                       No limitations                       With limitations\*  
 Not provided.

17. Nurse-midwife services.

Provided:                       No limitations                       With limitations\*  
 Not provided.

18. Hospice care (in accordance with §1905 (o) of the Act).

Provided:                       No limitations                       With limitations\*  
 Not provided.                       Provided in accordance with section 2302 of the Affordable Care Act.

\*Description provided on attachment.



ITEM 15.a. INTERMEDIATE CARE FACILITY SERVICES (OTHER THAN SUCH SERVICES IN AN INSTITUTION FOR MENTAL DISEASES) FOR PERSONS DETERMINED, IN ACCORDANCE WITH SECTION 1902(A)(31)(A) OF THE ACT, TO BE IN NEED OF SUCH SERVICES.

Provided: No Limitations.

ITEM 15.b. INCLUDING SUCH SERVICES IN A PUBLIC INSTITUTION (OR DISTINCT PART THEREOF) FOR THE MENTALLY RETARDED OR PERSONS WITH RELATED CONDITIONS.

Provided: No Limitations

ITEM 16. INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS UNDER 22 YEARS OF AGE.

Provided: No Limitations.

ITEM 18. HOSPICE CARE

Provided: No Limitations.

Hospice services to terminally ill recipients are covered in accordance with Section 1905(o) of the Social Security Act and must comply with the requirement in section 4305 of the State Medicaid Manual. A physician must certify that the eligible person is within the last six (6) months of life. These services may be provided on a 24 hour, continuous basis. Coverage is available for an unlimited duration. All services must be performed by appropriately qualified personnel, for the nature of service being provided.

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TN No. 11-029  
Supersedes  
TN No. 84-14

Effective Date: 07/01/11  
Approval Date: 12/21/11

State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case Management Services and Tuberculosis Related Services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Provided:                       No limitations       With limitations\*  
 Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2) (F) of the Act.

Provided:                       No limitations       With limitations\*  
 Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

Additional coverage \*\*

- b. Services for any other medical conditions that may complicate pregnancy.

Additional coverage \*\*

\*\* Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\*Description provided on attachment.

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TN No. 94-26  
Supersedes  
TN No. 94-11

Approval Date: 02/21/95

Effective Date: 10/01/94

HCFA ID: 7985E

State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).

- Provided:                       No limitations       With limitations\*  
 Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

- Provided:                       No limitations       With limitations\*  
 Not provided.

23. Certified pediatric or family nurse practitioners' services.

- Provided:                       No limitations       With limitations\*  
 Not provided.

\*Description provided on attachment.

TN No. 11-029

Supersedes

TN No. 91-12

Effective Date: 07/01/11

Approval Date: 12/21/11

ITEM 20. EXTENDED SERVICES TO PREGNANT WOMEN

Personal care services, home visits, and health education are included as extended services to pregnant and postpartum women when prior authorized by the Title V agency as part of the Healthy Babies Program.

ITEM 23. PEDIATRIC OR FAMILY NURSE PRACTITIONERS' SERVICES

Services are limited pursuant to Item 5a of the State Plan.

State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

Provided:                       No limitations                       With limitations\*  
 Not provided.

b. Services provided in Religious Nonmedical Health Care Institutions.

Provided:                       No limitations                       With limitations\*  
 Not provided.

c. Reserved

d. Nursing facility services for patients under 21 years of age.

Provided:                       No limitations                       With limitations\*  
 Not provided.

e. Emergency hospital services.

Provided:                       No limitations                       With limitations\*  
 Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Provided:                       No limitations                       With limitations\*  
 Not provided.

\*Description provided on attachment.

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TN No. 01-12  
Supersedes  
TN No. 91-12

Approval Date: 09/14/01

Effective Date: 07/01/01

HCFA ID: 7985E

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.

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

- B. Services of Christian Science nurses: not available in Vermont.
- C. Care and services provided in Christian Science Sanitoria: not available in Vermont.
- D. Nursing facility services for patients under 21 years of age: Rehabilitation Center services provided in nursing facilities located outside Vermont for the severely disabled such as head injured or ventilator dependent people require authorization prior to admission from the Medicaid director or a designee. Coverage of this care is limited to one year.
- E. Emergency Hospital Services: Medicaid will cover services provided on an emergency basis by a hospital that does not participate in Medicare but services must be reviewed and approved prior to payment.
- F. Personal care services in a recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse: provided to EPSDT eligible recipients only. Some services may require medical necessity review.



State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

Provided:                       No limitations       With limitations\*  
 Not provided.

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

Provided:                       State Approved (Not Physician) Service Plan Allowed  
    Services Outside the Home Also Allowed  
    Limitations Described on Attachment  
 Not provided.

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TN No. 95-17  
Supersedes  
TN No. 93-5

Approval Date: 02/29/96

Effective Date: 10/01/95

HCFA ID: 7985E

ITEM 26: PERSONAL CARE SERVICES

A. EPSDT Personal Care Services

EPSDT Personal care services are defined as services related to a beneficiary's physical requirements, such as assistance with eating, bathing, dressing, personal hygiene, activities of daily living, bladder and bowel requirements, and taking medications.

EPSDT personal care services are provided only to eligible beneficiaries under age 21 when they are determined to be medically necessary pursuant to §1905(r)(5) of the Social Security Act.

B. Participant-Directed Attendant Care Services

Participant-Directed Attendant Care Services are services which provide physical assistance with activities of daily living and instrumental activities of daily living.

Participant directed attendant care services are covered when the individual requires physical assistance with a minimum of two activities of daily living due to a chronic physical condition, and has the personal capacity to obtain and direct attendant care services (including serving as an employer to hire, train, schedule, supervise, and fire attendants.)

Participant-Directed Attendant Care Services will be reviewed and prior authorized at least annually.

State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

PACE State Plan Amendment Pre-Print

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described in Supplement 2 to Attachment 3.1-A.

Election of PACE: By virtue of this submittal, the State elects PACE as an optional State Plan service.

No election of PACE: By virtue of this submittal, the State elects to not add PACE as an optional State Plan service.

State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

28. Free Standing Birth Center Services

a. Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided:  No limitations  With limitations  None licensed or approved

Please describe any limitations:

b. Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided:  No limitations  With limitations (please describe below)

Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

Please check all that apply:

(a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

(b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). \*

(c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).\*

\*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

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State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

29. Integrated Care Models

- Provided:                       No limitations                       With limitations\*  
 Not provided.

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TN# 14-017

Supersedes

TN# None

Effective Date: 02/01/14

Approval Date: 06/05/15

State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

29. Integrated Care Models

Vermont Medicaid Shared Savings Program (VMSSP)

**A. Providers**

Accountable Care Organizations (ACOs) are organizations of healthcare and social service providers. ACOs must include primary care providers who provide primary care case management services under authority of §1905(t) of the Social Security Act, which includes location, coordination and monitoring of health care services. Pursuant to section 1905(t)(2)(A) - (B) of the Act, an ACO must be, employ, or contract with a physician, a physician group practice, or an entity employing or having other arrangements with physicians to provide such services. The ACO provides services in the following specialty areas: internal medicine, general medicine, geriatric medicine, family medicine, pediatrics, and naturopathic medicine.

**B. Service Descriptions**

ACOs are under contract to share savings gained on the total cost of care (TCOC) for defined services. Services included in the TCOC for year three include: inpatient hospital, outpatient hospital, physician (primary care and specialty), nurse practitioner, physical and occupational therapy, mental health facility and clinic, ambulatory surgery center, federally qualified health center, rural health center, chiropractor, podiatrist, psychologist, optometrist, optician, independent laboratory, home health, hospice, prosthetic/orthotics, medical supplies, durable medical equipment, emergency transportation, dialysis facility.

Performance year three may include an expanded TCOC. A full list of services will be posted on the Department of Vermont Health Access (DVHA) website in advance of the beginning of the performance year, and can be found at: <http://dvha.vermont.gov/administration/totalcostofcare.pdf>

ACOs must be under contract with the State and have demonstrated through the procurement process that:

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Approval Date: 06/17/16

State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

29. Integrated Care Models (Continued)

1. They maintain full scope of primary care services, including locating, coordinating, and monitoring primary care and lab services, are provided by their ACO participants;
2. They will coordinate innovative approaches to sharing data and information, strengthening coordination at a local level, creating new partnerships, and disseminating evidence-based practices or clinical pathways;
3. They will establish partnerships with community-based organizations and public health resources;
4. They will establish a process to engage patients and their families meaningfully in the care they receive;
5. They will have the capacity to receive data from the State via secure electronic processes;
6. They will use data provided by the State to identify opportunities for recipient engagement and to stratify its population to determine the care model strategies needed to improve outcomes;
7. They will enhance coordination of care with other medical providers, which may include ACO participants or other independent or state entities, who are responsible for pertinent aspects of care; and,
8. They will participate in quality measurement activities as required by the State.

**A. Outcomes**

The overall goal of the program is to improve quality of care and contain the growth of healthcare costs. The payment of savings is contingent upon meeting quality of care thresholds. The measure set being used to assess quality for year three of the program contains ten payment measures and twenty reporting measures. This measure set includes process and outcome measures based on a combination of claims, clinical and survey data. The measures currently span ten domains. The measure set will be reviewed and updated annually. Changes in the measure set will be derived from recommendations generated as part of the Vermont Health Care Innovation Project. Please refer to the

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State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

29. Integrated Care Models (Continued)

DVHA website for the most up to date performance measures, found here:  
<http://dvha.vermont.gov/administration/performance-measures-and-shared-savings.pdf>.

**A. Attributed Populations**

For the purposes of calculating shared savings, beneficiaries will be considered attributed lives if they are enrolled in Medicaid for at least ten non-consecutive months in a performance year, except for the following excluded populations:

1. Individuals who are dually eligible for Medicare and Medicaid;
2. Individuals who have third party liability coverage;
3. Individuals who are eligible for enrollment in Vermont Medicaid but have obtained coverage through commercial insurers; and
4. Individuals who are enrolled in Vermont Medicaid but receive a limited benefit package.

This exclusion is for the purpose of shared savings calculation only, and will not impact the receipt of services in any way.

**B. Limitations**

The following limitations apply to the VMSSP:

1. The provision of services under the VMSSP does not duplicate the locating, coordinating and monitoring of health care services provided under the Vermont Chronic Care Initiative;
2. The VMSSP does not restrict members' free choice of provider as described in 42 CFR 431.51;

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State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

29. Integrated Care Models (Continued)

1. Qualified ACO provider organizations are those that have submitted successful responses to the Department's request for proposals and are under contract with the State to participate in this demonstration, ending in three years on December 31, 2016.

**A. Assurances**

The following beneficiary protections in § 1905(t) apply to the VMSSP:

1. §1905(t)(3)(A), which requires primary care case managers to maintain reasonable hours of operation and 24-hour availability of referral and treatment, is met because beneficiaries are afforded free choice of providers participating in Medicaid;
2. §1905(t)(3)(C), which requires primary care case managers to ensure the availability of a sufficient number of health care professionals to provide high quality care in a prompt manner, is met in that beneficiaries are afforded free choice of providers participating in Medicaid; and in that the attribution methodology ensures that only patients who have a relationship with the participating providers are attributed to the ACO;
3. §1905(t)(3)(D), which prohibits discrimination on the basis of health status in enrollment and disenrollment, is met because qualified ACOs will be prohibited by contract from activities designed to result in selective recruitment and attribution of individuals with more favorable health status.

In addition, the following apply to the VMSSP:

1. Any ACO which meets the qualifications established by the state will be allowed to participate in the VMSSP;
2. ACOs will notify beneficiaries of their provider's participation in the VMSSP. Beneficiaries will then be provided the opportunity to opt-out of the sharing of their medical claims data.

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State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

29. Integrated Care Models (Continued)

- a. The ACO must ensure that each beneficiary receives one notice during the course of his/her attribution to the ACO, including a description of provider payment incentives, and the use of personal information. Initial notices will be sent to beneficiaries at the start of the program, and notices to newly attributed beneficiaries will be sent quarterly. The ACO must provide the beneficiaries with written notification by mail and/or in person prior to, during or following the beneficiary's visit to a participating primary care practice. The ACO may also use electronic communication if a beneficiary agrees to this form of communication.
1. §1903(d)(1), which provides for protections against fraud and abuse, is met in that all providers participating in an ACO are enrolled as providers with DVHA and are bound by the rules of the Medicaid program.
2. The prohibitions set forth in 42 CFR Part 2 are strictly adhered to in all activities of the VMSSP. In order to ensure strict compliance with 42 CFR Part 2, a VMSSP Substance Abuse Data Confidentiality Policy was created and disseminated to appropriate parties.
  - a. Included in that Policy are specific instructions, taken from the text of 42 CFR Part 2, as to how beneficiaries can opt-into having their substance abuse-related data shared with their ACO or ACOs.

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State/Territory: Vermont**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED****CATEGORICALLY NEEDY GROUP(S)**

## 30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

\*The state needs to check each assurance below.

Provided:   X  

## I. General Assurances:

**Routine Patient Cost – Section 1905(gg)(1)**  X   Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.**Qualifying Clinical Trial – Section 1905(gg)(2)**  X   A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).**Coverage Determination – Section 1905(gg)(3)**  X   A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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