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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 24-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

April 4, 2024

Monica Ogelby, Medicaid Director
Vermont Agency of Human Services
280 State Drive - Center Building
Waterbury, VT 05671

Re: Vermont State Plan Amendment (SPA) 24-0005

Dear Director Ogelby:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0005. This amendment proposes to add coverage of community-based mobile crisis services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security and implementing regulations in accordance with Section 9813 of the 2021 American Rescue Plan Act. This letter is to inform you that Vermont's Medicaid SPA TN 24-0005 was approved on April 4, 2024, with an effective date of January 1, 2024.

Enclosed are copies of Form CMS 179 and approved SPA pages to be incorporated into the Vermont State Plan.

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

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Dylan Frazer, Deputy Director of Medicaid Policy

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

1. TRANSMITTAL NUMBER <u>2 4 — 0 0 0 5</u>	2. STATE <u>VT</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

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

4. PROPOSED EFFECTIVE DATE
1/1/24

5. FEDERAL STATUTE/REGULATION CITATION
Title XIX of the Social Security Act, Section 1947

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 2,868,322
b. FFY 2025 \$ 4,286,346

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Att. 3.1-A pages 6n(7) and 6n(8)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
None

9. SUBJECT OF AMENDMENT
Adding coverage of community-based mobile crisis services

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: Approval from Agency of Admin. [REDACTED]

11. SIGNATURE OF STATE AGENCY OFFICIAL
[REDACTED]

12. TYPED NAME
Monica Ogelby

13. TITLE
MEDICAID DIRECTOR, AGENCY OF HUMAN SERVICES

14. DATE SUBMITTED
3/1/2024

15. RETURN TO
DYLAN FRAZER
DEPARTMENT OF VERMONT HEALTH ACCESS
280 STATE DRIVE
WATERBURY , VT 05671-1010
DYLAN.FRAZER@VERMONT.GOV

FOR CMS USE ONLY

16. DATE RECEIVED 03/01/2024

17. DATE APPROVED 04/04/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2024

19. SIGNATURE OF APPROVING OFFICIAL
[REDACTED]

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

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

22. REMARKS

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