

- 1.3. ☒ Check to provide an assurance that the State complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. (42CFR 457.130)

Vermont assures its compliance with Title VI of the Civil Rights Act of 1964 (42U.S.C. 2000 [d] et seq.), Section 504 of the Rehabilitation Act of 1973 (2 U.S.C. 70[b] and the regulations at 45 C.F.R. Parts 80 and 84, and part 91, and 28 CFR part 35. No individual shall be subject to discrimination under this State plan on the grounds of age, sex, race, color, marital status, religion, national origin and handicap.

Guidance: The effective date as specified below is defined as the date on which the State begins to incur costs to implement its State plan or amendment. (42 CFR 457.65) The implementation date is defined as the date the State begins to provide services; or, the date on which the State puts into practice the new policy described in the State plan or amendment. For example, in a State that has increased eligibility, this is the date on which the State begins to provide coverage to enrollees (and not the date the State begins outreach or accepting applications).

- 1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective Date: October 1, 1998

Implementation Date: October 1, 1998

SPA # 11 (13-01) Purpose of SPA: Expand telemedicine services and add palliative care program

Proposed effective date: October 1, 2012

Proposed implementation date: October 1, 2012

- 1.4- TC **Tribal Consultation** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

Guidance: Check below if the State is purchasing coverage through a group health plan, and intends to demonstrate that the group health plan is substantially equivalent to or greater than to coverage under one of the benchmark plans specified in 457.420, through use of a benefit-by-benefit comparison of the coverage. Provide a sample of the comparison format that will be used. Under this option, if coverage for any benefit does not meet or exceed the coverage for that benefit under the benchmark, the State must provide an actuarial analysis as described in 457.431 to determine actuarial equivalence.

- 6.1.4.6. Coverage under a group health plan that is substantially equivalent to or greater than benchmark coverage through a benefit by benefit comparison (Provide a sample of how the comparison will be done)

Guidance: Check below if the State elects to provide a source of coverage that is not described above. Describe the coverage that will be offered, including any benefit limitations or exclusions.

- 6.1.4.7. Other (Describe)

Guidance: All forms of coverage that the State elects to provide to children in its plan must be checked. The State should also describe the scope, amount and duration of services covered under its plan, as well as any exclusions or limitations. States that choose to cover unborn children under the State plan should include a separate section 6.2 that specifies benefits for the unborn child population. (Section 2110(a)) (42CFR, 457.490)

If the state elects to cover the new option of targeted low income pregnant women, but chooses to provide a different benefit package for these pregnant women under the CHIP plan, the state must include a separate section 6.2 describing the benefit package for pregnant women. (Section 2112)

6.2. The State elects to provide the following forms of coverage to children: (Check all that apply. If an item is checked, describe the coverage with respect to the amount, duration and scope of services covered, as well as any exclusions or limitations) (Section 2110(a)) (42CFR 457.490)

- 6.2.1. Inpatient services (Section 2110(a)(1))
- 6.2.2. Outpatient services (Section 2110(a)(2))
- 6.2.3. Physician services (Section 2110(a)(3))
- 6.2.4. Surgical services (Section 2110(a)(4))

- 6.2.5. ☒ Clinic services (including health center services) and other ambulatory health care services. (Section 2110(a)(5))
- 6.2.6. ☒ Prescription drugs (Section 2110(a)(6))
- 6.2.7. ☒ Over-the-counter medications (Section 2110(a)(7))
- 6.2.8. ☒ Laboratory and radiological services (Section 2110(a)(8))
- 6.2.9. ☒ Prenatal care and pre-pregnancy family services and supplies (Section 2110(a)(9))
- 6.2.10. ☒ Inpatient mental health services, other than services described in 6.2.18., but including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Section 2110(a)(10))
- 6.2.11. ☒ Outpatient mental health services, other than services described in 6.2.19, but including services furnished in a state-operated mental hospital and including community-based services (Section 2110(a)(11))
- 6.2.12. ☒ Durable medical equipment and other medically-related or remedial devices (such as prosthetic devices, implants, eyeglasses, hearing aids, dental devices, and adaptive devices) (Section 2110(a)(12))
- 6.2.13. ☒ Disposable medical supplies (Section 2110(a)(13))
- Guidance: Home and community based services may include supportive services such as home health nursing services, home health aide services, personal care, assistance with activities of daily living, chore services, day care services, respite care services, training for family members, and minor modifications to the home.
- 6.2.14. ☒ Home and community-based health care services (Section 2110(a)(14))
- Guidance: Nursing services may include nurse practitioner services, nurse midwife services, advanced practice nurse services, private duty nursing care, pediatric nurse services, and respiratory care services in a home, school or other setting.
- 6.2.15. ☒ Nursing care services (Section 2110(a)(15))
- 6.2.16. ☒ Abortion only if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest (Section 2110(a)(16))
- 6.2.17. ☒ Dental services (Section 2110(a)(17)) States updating their dental benefits must

complete 6.2-DC (CHIPRA # 7, SHO # #09-012 issued October 7, 2009)

- 6.2.18. Inpatient substance abuse treatment services and residential substance abuse treatment services (Section 2110(a)(18))
- 6.2.19. Outpatient substance abuse treatment services (Section 2110(a)(19))
- 6.2.20. Case management services (Section 2110(a)(20))
- 6.2.21. Care coordination services (Section 2110(a)(21))
- 6.2.22. Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders (Section 2110(a)(22))
- 6.2.23. Hospice care (Section 2110(a)(23))

Guidance: Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic or rehabilitative service may be provided, whether in a facility, home, school, or other setting, if recognized by State law and only if the service is: 1) prescribed by or furnished by a physician or other licensed or registered practitioner within the scope of practice as prescribed by State law; 2) performed under the general supervision or at the direction of a physician; or 3) furnished by a health care facility that is operated by a State or local government or is licensed under State law and operating within the scope of the license.

- 6.2.24. Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (Section 2110(a)(24))
- 6.2.25. Premiums for private health care insurance coverage (Section 2110(a)(25))
- 6.2.26. Medical transportation (Section 2110(a)(26))

Guidance: Enabling services, such as transportation, translation, and outreach services, may be offered only if designed to increase the accessibility of primary and preventive health care services for eligible low-income individuals.

- 6.2.27. Enabling services (such as transportation, translation, and outreach services) (Section 2110(a)(27))
- 6.2.28. Any other health care services or items specified by the Secretary and not included under this Section (Section 2110(a)(28))

Telemedicine ~~and palliative care for children receiving mental health services.~~

6.2-DC Dental Coverage (CHIPRA # 7, SHO # #09-012 issued October 7, 2009) The State will

- 9.9.2.** For an amendment relating to eligibility or benefits (including cost sharing and enrollment procedures), describe how and when prior public notice was provided as required in 42 CFR 457.65(b) through (d).

Public notice for amendments relating to eligibility or benefits is under the same public notification requirements used for public policy promulgated under Vermont's Administrative Procedures Act.

- 9.9.3.** Describe the State's interaction, consultation, and coordination with any Indian tribes and organizations in the State regarding implementation of the Express Lane eligibility option.

- 9.10.** Provide a 1-year projected budget. A suggested financial form for the budget is below. The budget must describe: (Section 2107(d)) (42CFR 457.140)

- Planned use of funds, including:
 - Projected amount to be spent on health services;
 - Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and
 - Assumptions on which the budget is based, including cost per child and expected enrollment.
 - Projected expenditures for the separate child health plan, including but not limited to expenditures for targeted low income children, the optional coverage of the unborn, lawfully residing eligibles, dental services, etc.
 - All cost sharing, benefit, payment, eligibility need to be reflected in the budget.
- Projected sources of non-Federal plan expenditures, including any requirements for cost-sharing by enrollees.
- Include a separate budget line to indicate the cost of providing coverage to pregnant women.
- States must include a separate budget line item to indicate the cost of providing coverage to premium assistance children.
- Include a separate budget line to indicate the cost of providing dental-only supplemental coverage.
- Include a separate budget line to indicate the cost of implementing Express Lane Eligibility.
- Provide a 1-year projected budget for all targeted low-income children covered under the state plan using the attached form. Additionally, provide the following:

- Total 1-year cost of adding prenatal coverage
- Estimate of unborn children covered in year 1

CHIP Budget

STATE: Vermont	FFY Budget
Federal Fiscal Year	2013
State's enhanced FMAP rate	69.23%
Benefit Costs	
Insurance payments	
Managed care	\$10,136,881.29
<u>per member/per month rate</u>	
Fee for Service	\$ 647,034.98
Total Benefit Costs	\$10,783,916.26
(Offsetting beneficiary cost sharing payments)	\$ 1,825,987.50
Net Benefit Costs	\$ 8,957,928.76
Cost of Proposed SPA Changes – Benefit	\$ 2,302.00
Administration Costs	
Personnel	\$ 537,475.73
General administration	\$ 79,626.03
Contractors/Brokers	\$ 59,719.53
Claims Processing	\$ 129,392.30
Outreach/marketing costs	\$ 139,345.56
Health Services Initiatives	\$ 0.00
Other	\$ 49,766.27
Total Administration Costs	\$ 995,325.42
10% Administrative Cap	\$ 995,325.42
Cost of Proposed SPA Changes	\$ 255.78
Federal Share	\$ 6,892,408.62
State Share	\$ 3,063,403.34
Total Costs of Approved CHIP Plan	\$ 9,955,811.96

NOTE: Include the costs associated with the current SPA.

The Source of State Share Funds: State appropriations

STATE: Vermont	FFY Budget
Federal Fiscal Year	2014
State's enhanced FMAP rate	69.23%
Benefit Costs	
Insurance payments	
Managed care	\$ 10,855,899.75
<u>per member/per month rate</u>	\$
Fee for Service	\$ 692,929.77
Total Benefit Costs	\$ 11,548,829.52
(Offsetting beneficiary cost sharing payments)	\$ 1,898,550.00
Net Benefit Costs	\$ 9,650,279.52
Cost of Proposed SPA Changes – Benefit	\$ 18,416.00
Administration Costs	
Personnel	\$ 579,016.77
General administration	\$ 85,780.26
Contractors/Brokers	\$ 64,335.20
Claims Processing	\$ 139,392.93
Outreach/marketing costs	\$ 150,115.46
Health Services Initiatives	\$ 0.00
Other	\$ 53,612.66
Total Administration Costs	\$ 1,072,253.28
10% Administrative Cap	\$ 1,072,253.28
Cost of Proposed SPA Changes	\$ 2,046.22
Federal Share	\$ 7,367,545.99
State Share	\$ 3,375,449.04
Total Costs of Approved CHIP Plan	\$ 10,742,995.03

NOTE: Include the costs associated with the current SPA.

The Source of State Share Funds: State appropriations

Section 10. Annual Reports and Evaluations

Guidance: The National Academy for State Health Policy (NASHP), CMS and the states developed framework for the annual report that states have the option to use to complete the required evaluation report. The framework recognizes the diversity in State approaches to implementing CHIP and provides consistency across states in the structure, content, and format of the evaluation report. Use of the framework and submission of this information