

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
JFK Federal Building, Government Center  
Room 2275  
Boston, Massachusetts 02203



**Division of Medicaid and Children's Health Operations / Boston Regional Office**

December 21, 2011

Douglas A. Racine, Secretary  
Vermont Agency of Human Services  
103 South Main Street  
Waterbury, Vermont 05671-0204

Dear Mr. Racine:

We are pleased to enclose a copy of approved Vermont State Plan Amendment (SPA) No. 11-029 submitted to my office on September 30, 2011. This SPA was submitted in response to a companion letter issued with the approval of VT 11-001 on May 4, 2011.

This SPA transmitted revisions to reimbursement language for transportation and therapies, and clarifications to coverage language for home health, private duty nursing, therapies, hospice, respiratory care, and certified pediatric/family nurse practitioner services. This SPA has been approved effective July 1, 2011.

Changes are reflected in the following sections of your approved State Plan:

- Attachment 3.1-A, pages 2b, 3f, 4e, 4f, 5, 5c, 7b, 8a, 8b, 9a and 9b; and
- Attachment 4.19-B, page 7.

If you have any questions regarding this matter you may contact Julie McCarthy at (617) 565-1244 or by e-mail at [Julie.McCarthy@cms.hhs.gov](mailto:Julie.McCarthy@cms.hhs.gov).

Sincerely,

s

Richard R. McGreal  
Associate Regional Administrator

cc: Mark Larson, Commissioner, Department of Vermont Health Access

Enclosure/s

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 11--029	2. STATE: VERMONT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE(S) JULY 1, 2011
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5. TYPE OF PLAN MATERIAL (CHECK ONE):

NEW STATE PLAN     
  AMENDMENT TO BE CONSIDERED AS NEW PLAN     
  AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §430.12(c)(ii)	7. FEDERAL BUDGET IMPACT: a. FFY 2012      \$ 0 b. FFY 2013      \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATT. 3.1-A pages 2b, 3f, 4e, 4f, 5, 5c, 7b, 8a, 8b, 9a, 9b ATT. 4.19-B PAGE 7	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) ATT. 3.1-A pages 2b, 3f, 4e, 5, 5c, 7b, 8a, 8b, 9a, 9b ATT. 4.19-B PAGE 7
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10. SUBJECT OF AMENDMENT: RBRVS RESPONSE

11. 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  
SIGNATURE OF SECRETARY OF ADMINISTRATION

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
DOUGLAS A. RACINE

14. TITLE:  
SECRETARY, AGENCY FOR HUMAN SERVICES

15. DATE SUBMITTED: 09/30/2011

16. RETURN TO:

LINDSEY WELLS

DEPARTMENT OF VERMONT HEALTH ACCESS  
312 HURRICANE LANE, SUITE 201  
WILLISTON, VT 05495

17. DATE RECEIVED: 09/30/2011	18. DATE APPROVED: 12/21/2011
19. APPROVED BY: [Signature]	20. SIGNATURE OF REGIONAL OFFICIAL: [Signature]
21. REGIONAL NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Division of Medicaid & Children's Health Operations, Boston, MA
23. REMARKS: State and federal officials agree by e-mail 12/20/2011 to make pen and ink changes to boxes 8 and 9. New pages were submitted by the State in response to informal questions sent by CMS.	

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.

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TN No. 11-029  
Supersedes  
TN No. 94-26

Effective Date: 07/01/11

Approval Date: 12/21/2011

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.

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TN No. 11-029  
Supersedes  
TN No. 09-015

Effective Date: 07/01/11  
Approval Date: 12/21/2011

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 limited as follows:

- 1) to those provided in the outpatient department of a hospital\*\*, nursing facility\* or Medicare certified rehabilitation agency; by private practitioners who are active Medicaid providers; and by staff therapists of a home health agency;

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

\*\* PT, OT and ST for outpatients of a hospital are covered as described in Item 2(iii)(c) on page 2a(1b) of Attachment 4.19-B.

- 2) thirty (30) therapy visits per calendar year and include any combination of physical therapy, occupational therapy and speech/language therapy. Exceptions to this limitation must be prior approved.
- 3) Analog or Digital hearing aids are limited to one hearing aid per ear every three years for specified degrees of hearing loss outlined below. Prior authorization is required for more frequent requests for a hearing aid. Hearing aid repairs are limited to one repair/modification per aid per year. Prior authorization is required when a second or subsequent repair/modification is requested within 365 days of a previous repair/modification. Hearing loss will have to meet one of the following conditions or if otherwise necessary under EPSDT; prior authorization is required for other degrees of hearing loss:
  - a. Hearing loss in the better ear is greater than 30dB based on an average taken at 500, 1000, and 2000Hz.
  - b. Unilateral hearing loss is greater than 30dB, based on an average taken at 500, 1000, and 2000Hz.
  - c. Hearing loss in the better ear is greater than 40dB base on an average taken at 2000, 3000, and 4000Hz, or word recognition is poorer than 72 percent.

(Continued)

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All 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) 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.

2) A licensed therapist may use aides for designated routine tasks. 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 in this circumstance, and is subject to the above supervision requirements. An aide is defined as a person, trained under the direction of a licensed therapist, who performs designated and supervised routine therapy 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-site 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: 12/21/2011

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 only by prior authorization except for breast prostheses, trusses, and prosthetic socks which require only a physician's order.

Augmentative communication devices are covered for all beneficiaries when medically necessary, with prior authorization.

Wheelchairs are covered, with limitations.

D. Eyeglasses and Other Aids to Vision

Eyeglasses are covered for EPSDT only.

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

Effective Date: 07/01/11  
Approval Date: 12/21/2011



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: 12/21/2011

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: 12/21/2011

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.

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TN No. 11-029

Supersedes

TN No. 94-26

Effective Date: 07/01/11

Approval Date: 12/21/2011

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

A. Transportation

Ambulance

Ambulance service coverage is limited to:

- Medicaid certified and participating ambulance providers;
- instances where other methods of transportation are medically contraindicated; and
- service is ordered by a physician or certified by the receiving facility physician as medically necessary;
- where the patient is transported to the nearest appropriate facility for admission or emergency outpatient treatment; or
- an inpatient is transported home from a hospital or nursing facility; or
- an inpatient is transported to another hospital and returned for specialized diagnostic or therapeutic services not available at the first hospital.

Prior authorization is required for coverage of ambulance service to an out-of-state hospital. Transport to a border hospital does not require prior authorization.

Non-Emergency Services

Coverage for transportation to and from medical service providers is provided when no other means of transportation is available. Coverage for transporting a beneficiary and a medically necessary escort to and out-of-state appointment with appropriate meals and lodging is outlined at: <http://dvha.vermont.gov/providers>. See Attachment 3.1-D.

Prescription Drug Services for full-benefit Dual Eligibles

Transportation is provided for full-benefit dual-eligible beneficiaries to and from pharmacies in order to obtain Medicare Part D prescription drugs if no other means of transportation is available.

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.

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**METHODS AND STANDARDS OF ESTABLISHING PAYMENT RATES - OTHER MEDICAL CARE**  
(Continued)

**20. Extended Services to Pregnant Women**

Payment is made at the lower of the usual and customary charge to the general public or the Medicaid rate on file for the particular service. The agency's rates were set as of 10/01/10 and are effective for services on or after that date. All rates are published at <http://dvha.vermont.gov/for-providers/claims-processing-1>. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private.

**21. Ambulatory Prenatal Care For Pregnant Women During a Presumptive Eligibility Period**

Not provided.

**22. Respiratory Care**

Payment is made at the lower of the actual charge or the Medicaid rate on file. Most rates were set using the Medicare Resource Based Relative Value Scale payment methodology. This methodology was updated for dates of service effective on or after January 1, 2011. All rates are published at <http://dvha.vermont.gov/for-providers/claims-processing-1>. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private.

**23. Certified Pediatric and Family Nurse Practitioners**

Covered pediatric or family nurse practitioner services are reimbursed at the lower of the actual charge or the Medicaid rate on file for a physician providing the same service. Most rates were set using the Medicare Resource Based Relative Value Scale payment methodology. This methodology was updated for dates of service effective on or after January 1, 2011. All rates are published at <http://dvha.vermont.gov/for-providers/claims-processing-1>.

**24. Any Other Medical Care And Any Other Type Of Remedial Care Recognized Under State Law, Specified By The Secretary**

**a. Transportation**

**Ambulance:** Payment for ambulance services is made at the lower of the actual charge or the Medicaid rate on file. The agency's rates were set as of 07/01/08 and are effective for services on or after that date. All rates are published at <http://dvha.vermont.gov/for-providers/claims-processing-1>. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers:

**Non-Emergency:** Payment for transportation other than that covered in the Ambulance paragraph above is made at negotiated rates under the terms of a provider agreement. The agency's rates were set as of 01/11/11 and are effective for services on or after that date. All rates are published at <http://dvha.vermont.gov/for-providers/claims-processing-1>. Except as otherwise noted in the Plan, State-developed fee schedule rates are the same for both governmental and private providers.