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

July 29, 2013

Douglas A. Racine, Secretary Agency of Human Services 208 Hurricane Lane, Suite 103 Williston, VT 05495

Dear Secretary Racine:

We are sending this letter as a companion to our approval of Vermont's State Plan amendment (SPA) No. 12-013; Non-emergency Medical Transportation (NEMT). During our review of this SPA, we also reviewed the corresponding coverage section associated with the reimbursement methodology described in this SPA. Based on that review, CMS has determined that Vermont's Non-emergency Medical Transportation (NEMT) program is not adequately described in Section 3.1-D. Under section 431.53 states are required to assure necessary transportation to and from medically necessary covered medical services. State are also required to describe in the state plan how the state will assure necessary transportation.

Attachment 3.1-D of the State plan requires the State to describe how it assures NEMT and this assurance should be transparent. In order to fully describe how NEMT is assured, the language in 3.1-D should be revised to include information about how NEMT is provided through the use of brokers under 1115 waiver authority, and the language should also include which populations are assured NEMT through the 1115 authority. If the states assures NEMT for certain populations through a different authority or methodology, (e.g. other than the broker) the State must describe how NEMT is delivered and include any provisions of Title XIX that are waived under the authorities used to cover NEMT. The State must also explain how NEMT is covered for individuals receiving home and community-based services under the Choices for Care 1115 waiver demonstration.

Additionally, please provide a model of the contract signed with the brokers including the negotiated rates. If the contract does not explain how the rate is determined please include of description of the rate methodology.

The State will have 90 days to address the issues identified above. Within that period the State may submit SPAs to address these issues or may submit a corrective action plan describing in detail how the State will resolve the issues in a timely manner. Failure to respond will result in the initiation of a formal compliance process. During the 90-day period, CMS will provide any required technical assistance to assist you in resolving these issues.

If there are questions, please contact Lynn Wolfsfeld at 617-682-9426 or by email at lynn.wolfsfeld@cms.hhs.gov. We look forward to working with you on these issues.

Sincerely,

/s/

Richard R. McGreal Associate Regional Administrator

cc: Mark Larson, Commissioner
Ashley Berliner, DVHA Health Programs Administrator