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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 14-007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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

May 9, 2014

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

Dear Secretary Racine:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 14-007 with an effective date of January 1, 2014, as requested by your Agency. This SPA was approved on April 10, 2014.

This SPA transmitted a proposed amendment to your approved Title XIX State plan to seek reimbursement for Health Home Services to enrollees with the chronic condition of opioid dependence in Bennington, Rutland, Orleans, Essex and Caledonia counties effective January 1, 2014. A previous SPA No. 13-001 approved this service for enrollees with the chronic condition of opioid dependence in Addison, Chittenden, Franklin, Grand Isle, Washington, Lamoille, Orange, Windham, and Windsor counties as of July 1, 2013.

In accordance with the statutory provisions at Section 1945(c)(1) of the Social Security Act, for payments made to health home providers under this amendment, during the first eight fiscal quarters that the SPA is in effect - January 1, 2014 through December 30, 2015, the Federal medical assistance percentage (FMAP) rate applicable to such payments shall be equal to 90 percent. The FMAP rate for payments made to health home providers will return to the state's published FMAP rate on January 1, 2016.

This approval is based on the State's agreement to collect and report information required for the evaluation of the health home model. States are also encouraged to report on the CMS' recommended core set of quality measures.

If there are questions, please contact Lynn Wolfsfeld at (401) 999-4004.

Page 2 – Douglas A. Racine, Secretary




Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc: Mark Larson, Commissioner
Lindsay Parker, Health Programs Administrator, Policy Unit

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 14-007	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) JANUARY 1, 2014	
5. TYPE OF PLAN MATERIAL (CHECK ONE):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §430.12(c)(ii)		7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$ 1,488,781 b. FFY 2015 \$ 1,869,684	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: HEALTH HOMES ELECTRONIC SPA SUBMISSION		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>)	
10. SUBJECT OF AMENDMENT: HEALTH HOMES: PHASE 2			
11. GOVERNOR'S REVIEW (<i>Check One</i>):		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED	
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		SIGNATURE OF SECRETARY OF ADMINISTRATION 	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: ASHLEY BERLINER	
13. TYPED NAME: DOUGLAS A. RACINE		DEPARTMENT OF VERMONT HEALTH ACCESS 312 HURRICANE LANE, SUITE 201 WILLISTON, VT 05495	
14. TITLE: SECRETARY, AGENCY FOR HUMAN SERVICES			
15. DATE SUBMITTED: March 21, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 3/21/14		18. DATE APPROVED: 4/10/14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/14		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard R. McGreal		22. TITLE Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office	

23. REMARKS
5/6 email from LP to LW - State permission to add additional counties to page 11 of approved VT 13-001. Paper and printed MMDL versions do not match exactly.

OFFICIAL

One or more serious and persistent mental health condition

Specify the criteria for a serious and persistent mental health condition:

Geographic Limitations

Health Homes services will be available statewide

If no, specify the geographic limitations:

By county

Specify which counties:

Effective 7/1/13: Addison, Chittenden, Franklin, Grand Isle, Washington, Lamoille, Orange, Windham, and Windsor counties.

Effective 1/1/14: Bennington, Rutland, Essex, Orleans and Caledonia counties

By region

Specify which regions and the make-up of each region:

By city/municipality

Specify which cities/municipalities:

Other geographic area

Describe the area(s):