

## **Table of Contents**

**State/Territory Name: Vermont**

**State Plan Amendment (SPA) #: 15-0007**

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**

October 2, 2018

**VIA E-MAIL**

Cory Gustafson, Commissioner  
Department of Vermont Health Access  
280 State Drive  
Waterbury, VT 05671

Dear Mr. Gustafson:

Enclosed is an approved copy of the Vermont State Plan Amendment (SPA) 15-0007, received on June 17, 2015 proposing to revise the adult day health services provided to individuals with physical and cognitive impairments who do not meet a nursing home level of care. The effective date for this SPA is July 1, 2015, as requested by your agency.



If you have questions concerning this letter, please contact Gilson DaSilva, Division of Medicaid and Children's Health Operations at (617) 565-1227.

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

cc: Dylan Frazer, VT Medicaid Policy Unit

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER:  15-007	2. STATE:  VERMONT
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		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, 2015	
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)(1)(i)		7. FEDERAL BUDGET IMPACT: a. FFY 2015            \$ 0 b. FFY 2016            \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 3.1-A PAGES 2C(1), 6N AND 6N(1)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ) ATTACHMENT 3.1-A PAGES 2C1 AND 6N	
10. SUBJECT OF AMENDMENT: ADULT DAY HEALTH SERVICES			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <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		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED SIGNATURE OF SECRETARY OF ADMINISTRATION	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  DYLAN FRAZER  AGENCY OF HUMAN SERVICES 208 HURRICANE LANE WILLISTON, VT 05495	
13. TYPE 			
14. TITLE: SECRETARY, AGENCY OF HUMAN SERVICES			
15. DATE SUBMITTED: 06/17/15			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 06/17/15		18. DATE APPROVED: 10/02/18	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/15		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Richard R. McGreal		22. TITLE Associate Regional Administrator	
23. REMARKS			

**OFFICIAL**

4. D 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

(i) By or under supervision of a physician;

(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; \* or

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations.

2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

Provided:     No limitations     With limitations\*

Face-to-face smoking cessation counseling is covered for pregnant Vermont Medicaid beneficiaries. The maximum number of visits allowed per calendar year is 16.

ITEM 13. OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED ELSEWHERE IN THE PLAN.  
(Continued)

13-C. Preventive Services

9. Adult Day Health Services

Definition:

Adult Day Health Services- a comprehensive, non-residential program designed to address the health, safety, and psychological needs of adults through individual plans of care that may include a provision of medication administration, health monitoring and oversight, personal care, maintenance therapies, and care coordination.

These services are recommended by a physician or other licensed practitioner of the healing arts within the scope of his practice under State law to:

- 1) Prevent disease, disability, and other health conditions or their progression;
- 2) Prolong life; and
- 3) Promote physical and mental health and efficiency.

Service Descriptions:

Medication Administration- Medications prescribed by a physician may be administered to the Adult Day Health (ADH) participant and will be administered by or under the supervision of a registered nurse in accordance with VT State Nurse Practice Act.

On-going Monitoring of Health Status- The program nurse is responsible for monitoring the health status of all adult day health participants, as identified in the person-centered care plan. Monitoring may include blood pressures, measurement of output, unstable blood glucose, administration of medications that require a nurse monitoring the dosage, frequency or adverse reactions.

Maintenance Therapy- Supplemental or follow up physical, occupational or speech therapy to maintain optimal functioning and to prevent regression. Under orders of the physician or licensed therapist, these services may be performed by ADH program staff under the direct supervision of the licensed program nurse, a licensed therapist or both.

Skilled Services- Services ordered by a physician that falls within the professional discipline of nursing, physical, occupational and speech therapy. The Adult Day Health program may provide these services or arrange for these services and will be provided by licensed professionals. Skilled services include, but are not limited to, services such as urethral catheter insertion and maintenance, nasogastric tube feeding, administering oxygen, and tracheostomy care.

Personal Care Services- Hands on assistance or supervision of activities of daily living performed at the adult day health center will be performed by a Licensed Nursing Assistant or personal care attendant and supervised by a nurse.

(continued)

ITEM 13. OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED ELSEWHERE IN THE PLAN.  
(Continued)

13-C. Preventive Services (continued)

9. Adult Day Health Services (continued)

Care Coordination- The Adult Day Health program may perform care coordination activities which include coordination with the family or legal representative, the physician, and other service providers to implement a specific care plan including assistance accessing other community resources and participation in discharge planning from a facility. Care coordination may be performed by the interdisciplinary team members which may include the nurse, the social worker, other program staff and is overseen by the Program Administrator or the Program Nurse where clinical supervision is necessary.

<b>Provider/ Practitioners</b>	<b>Service</b>	<b>Min level of Education/degree/experience</b>	<b>License/ Certification</b>	<b>Supervision</b>
Nurse	Medication Administration, On-going Monitoring of Health Status, and Skilled Nursing Services, Supervision of Personal Care Services	Graduate of a registered nursing program.	Vermont Registered Nurse License	Program Nurse
Licensed Nursing Assistant or Personal Care Attendant	Personal Care Services	Adult Day Health sets minimum standards and supervises with RN or LPN.	None	Program Nurse
Care Coordinator	Care coordination to facilitate connections to other services or programs in the community, participates in the development of care plan and acts as member of the interdisciplinary team	<ul style="list-style-type: none"> <li>a. An MSW, or</li> <li>b. A BSW, or</li> <li>c. A current Vermont Registered Nurse license, or</li> <li>d. 2 years of experience in a human service field</li> </ul>	None	Program Administrator or Program Nurse

ITEM 13. OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED ELSEWHERE IN THE PLAN.  
(Continued)

13-C Preventive Services (continued)

10. Face-to-Face Tobacco Cessation Counseling

Face-to-face tobacco cessation counseling services provided to non-pregnant individuals include in-person counseling with a qualified provider for individuals who use tobacco products or who are being treated for tobacco use. Face-to-face tobacco cessation counseling is provided to non-pregnant individuals in order to prevent disease, disability and other health conditions or their progression and to prolong life. The maximum number of visits allowed per individual per calendar year is 16. This maximum number of visits per calendar year can be exceeded based on medical necessity through a prior authorization process.

Face-to-Face Tobacco Cessation Counseling Services are provided (by):

- (i) By or under supervision of a physician;
- (ii) By any other licensed health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; or
- (iii) By Qualified Tobacco Cessation Counselors, who are required to complete the University of Massachusetts “*Basic Skills for Working with Smokers*” online course or *Legacy’s “Basic Tobacco Intervention for Maternal and Child Health*” course, and complete the University of Massachusetts 4-day training in tobacco cessation services or a similar course from another institute of higher education accredited by the Association for the Treatment of Tobacco Use and Dependence (ATTUD). Entry-level counselors and master level counselors provide counseling sessions that are one-to-one or group counseling sessions that allow direct one-to-one interaction. In addition to the above training requirements, entry-level counselors must have completed at least 240 clinical hours and master level counselors must have completed 2,000 hours of experience in tobacco treatment within the past five years.