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## **Table of Contents**

**State/Territory Name: Vermont**

**State Plan Amendment (SPA) #: 15-0023**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) HCFA 179 Form
- 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**

December 11, 2015

Hal Cohen, Secretary  
Vermont Agency of Human Services  
208 Hurricane Lane, Suite 103  
Williston, Vermont 05495

Dear Secretary Cohen:

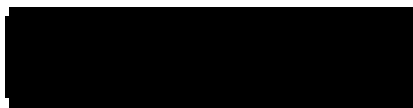
We are pleased to enclose a copy of Vermont's approved State plan amendment (SPA) No. 15-0023 with an effective date of September 4, 2015, as requested by your Agency.

This SPA amended your Title XIX State plan to allow licensed dental hygienists to bill directly for services when working under a collaborative agreement with a licensed dentist in the State of Vermont.

Enclosed are the following pages to be incorporated within your State plan:

- Attachment 3.1-A, page 3d(2)
- Attachment 4.19-B, page 3(1)b




If there are questions, please contact Tom Schenck at (617) 565-1325, or [tom.schenck@cms.hhs.gov](mailto:tom.schenck@cms.hhs.gov).



*for* Richard R. McGreal  
Associate Regional Administrator

Enclosure

cc: Steven Costantino, Commissioner  
Dylan Frazer, Health Programs Administrator, Policy Unit  
Ashley Berliner, Director of Healthcare Policy and Planning

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  15 - 023	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) SEPTEMBER 4, 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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §430.12(c)(1)(ii)		7. FEDERAL BUDGET IMPACT: a. FFY 2015      \$ 3,038.00 b. FFY 2016      \$ 35,310.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATT. 3.1-A PG 3D(2); ATT. 4.19-B PG 3(1)B		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) ATT. 4.19-B PG 3(1)B	
10. SUBJECT OF AMENDMENT: Licensed Dental Hygienists Services			
11. GOVERNOR'S REVIEW (Check One): <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:  		LINDSAY PARKER  AGENCY OF HUMAN SERVICES 208 HURRICANE LANE WILLISTON, VT 05495	
13. TYPED NAME: HAL COHEN			
14. TITLE: SECRETARY, AGENCY OF HUMAN SERVICES			
15. DATE SUBMITTED: 9/28/15			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 9/28/2015		18. DATE APPROVED: 12/11/15	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 9/4/2015		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard R. McGreal		22. TITLE: Associate Regional Administrator	
23. REMARKS			

ITEM 6. MEDICAL CARE AND ANY OTHER OF REMEDIAL CARE RECOGNIZED UNDER STATE LAW, FURNISHED BY LICENSED PRACTITIONERS WITHIN THE SCOPE OF THEIR PRACTICE AS DEFINED BY STATE LAW (continued)

D. Other Practitioners' Services

7. Licensed Dental Hygienist Services:

Services provided by licensed dental hygienists are covered when those services are provided by a dental hygienist who is in a collaborative agreement with a dentist licensed in Vermont. Covered services are limited to those specified in protocols for licensure and reviewed and accepted by the State of Vermont, Director of the Office of Professional Regulation, and are services covered by Medicaid.

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TN No. 15-023  
Supersedes  
TN No. None

Effective Date: 09/04/15  
Approval Date: 12/11/15

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

6. d. Other Practitioners Services

7. Licensed Dental Hygienist Services

Payment is made at the lower of the actual charge or the Medicaid rate on file. Rates were set as of 09/04/2015 and are effective for services on or after that date. All rates are published at [www.dvha.vermont.gov/for-providers](http://www.dvha.vermont.gov/for-providers). Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

7. Home Health Services

Payment is made at the lower of the actual charge or the Medicaid rate. The agency's rates were set as of 07/01/09 and are effective for services on or after that date. For services delivered through the home telemonitoring delivery system, the rates are based on a fee-for-service methodology and rates were set and are effective as of 8/1/2014. Routine small cost items (e.g. cotton balls, tongue depressors, etc.) are covered in the visit or hourly rate paid to the agency. All rates are published at [www.dvha.vermont.gov/for-providers](http://www.dvha.vermont.gov/for-providers). Set-up and maintenance fees for the home telemonitoring delivery system are paid once every 30 days on the fee schedule identified above. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private.

8. Private Duty Nursing

Payment is made at the lower of the actual charge of the Medicaid rate. The agency's rates were set as of 07/01/09 and are effective for services on or after that date. All rates are published at [www.dvha.vermont.gov/for-providers](http://www.dvha.vermont.gov/for-providers). Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private.

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TN# 15-023

Supersedes

TN# 15-001

Effective Date: 09/04/15

Approval Date: 12/11/15