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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 19-0001

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 22, 2019

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) 19-0001, received on March 29, 2019 proposing to update the substance use disorder services language in the State Plan. This amendment aligns State Plan descriptions with the June 6, 2018 substance use disorder amendment to the 1115 Global Commitment to Health waiver. The effective date for this SPA is January 1, 2019, 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/

Francis T. McCullough Director, Division of Medicaid Field Operations East (Boston)

cc: Dylan Frazer, VT Medicaid Policy Unit

	T .	1.2		
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:		
STATE PLAN MATERIAL	19-0001	VERMONT		
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION:	•		
	TITLE XIX OF THE SOCIAL SECUR	RITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	(S)		
CENTERS FOR MEDICARE & MEDICAID SERVICES	1/1/19			
DEPARTMENT OF HEALTH AND HUMAN SERVICES	171719			
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 AMENDMI	ENT (Separate Transmittal for each	n amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:			
42 CFR §430.12(c)(1)(ii)	a. FFY 2019 \$ 0.00 b. FFY 2020 \$ 0.00			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER			
Att. 3.1-A pages 6a, 6a(1), 6a(2)	OR ATTACHMENT (If Applicabl	le)		
	Att. 3.1-A pages 6a			
10. SUBJECT OF AMENDMENT: Substance Use Disorder State Plan Update				
11. GOVERNOR'S REVIEW (Check One):	OTHER, AS SPECIFIED			
GOVERNOR'S OFFICE REPORTED NO COMMENT	SIGNATURE OF SECRETARY	OF ADMINISTRATION		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	A STATE OF THE STA			
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:			
13. TYPED NAME:	DYLAN FRAZER			
AL GOBEILLE	DILAN FRAZER			
14. TITLE:	AGENCY OF HUMAN SERVICES			
	280 STATE DRIVE, CENTER BUIL	DING		
SECRETARY, AGENCY OF HUMAN SERVICES	WATERBURY, VT 05671-1000			
15. DATE SUBMITTED: 3/29/19				
FOR REGIONAL OFFICE USE ONLY				
17. DATE RECEIVED: 03/29/19	18. DATE APPROVED: 05/22/19			
PLAN APPROVED - ONE COPY ATTACHED				
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/19	20. SIGNATURE OF REGIONAL O	OFFICIAL: /s/		
21. TYPED NAME: Francis T. McCullough	22. TITLE Director,			
	Division of Medicaid Fie	eld Operations East (Boston)		
23. REMARKS				

OFFICIAL

TITLE XIX Attachment 3.1-A State: VERMONT Page 6a

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

2. Substance Use Disorder Services

Covered substance use disorder (SUD) treatment services, including Medication Assisted Treatment, are provided in accordance with evidence-based best practice and the most recent version of the American Society of Addiction Medicine (ASAM) Criteria. All SUD providers must be licensed by the State of Vermont and enrolled Medicaid providers working within their scope of practice. See SUD provider qualifications chart below.

Covered services include:

- (a) Assessment: an evidence-based evaluation designed to determine the severity of substance use disorder, the comprehensive treatment needs of the individual, and the level of care determination. A biopsychosocial, multidimensional assessment is administered by qualified and credentialed counselors and clinicians, nurses, physicians and psychologists trained in the applicable tools, tests and instruments with sign off by a licensed health care professional. Assessments may be administered in primary care, specialty providers, hospitals and clinic settings.
- (b) Early intervention: includes screening and referral to treatment for individuals at risk because of their substance use/misuse or at risk for substance use disorder. This service may include brief one-on-one counseling to address the issues and risk and/or referrals to treatment services, medical and behavioral health services and community services. This service may be provided by health care generalists, such as nurses or social workers, and qualified and credentialed counselors and clinicians, nurses, physicians and psychologists trained in the evidence-based practice. This service is provided in both clinical and non-clinical settings.
- (c) Outpatient treatment services: therapies, including individual, family, and group counseling, service planning and coordination provided in outpatient setting with services provided by addiction treatment, mental health, and/or medical personnel. Medical, psychiatric and lab services are available onsite or through consultation or referral. Outpatient treatment services include 8 or fewer hours of services per week for adults.
- (d) Intensive outpatient treatment services: therapies, including individual, family, and group counseling, service planning and coordination provided in outpatient settings with services provided by addiction treatment, mental health, and/or medical personnel. Medical, psychiatric and lab services are available onsite or through consultation or referral. Intensive outpatient treatment services include 9 or more hours of services per week for adults.
- (e) Partial hospitalization day treatment psychosocial rehabilitation services: clinically intensive programming with direct access to psychiatric, medical and lab services in outpatient clinics with services provided by addiction treatment, mental health, and/or medical personnel. Individuals must have a primary mental health diagnosis. Partial hospitalization day treatment psychosocial rehabilitation services include at least 20 hours of service per week.

TN No. 19-0001	Effective Date: <u>01/01/2019</u>
Supersedes	
TN No. <u>03-14</u>	Approval Date: 05/22/19

TITLE XIX Attachment 3.1-A State: VERMONT Page 6a(1)

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

- 2. <u>Substance Use Disorder Services</u> (Continued)
- (f) Clinically managed low-intensity residential services: 24-hour structure in residential treatment settings with services provided by addiction treatment, mental health, and/or medical personnel. Medical and psychiatric therapies including counseling and lab services are available onsite or through consultation or referral. Clinically managed low-intensity residential services include at least 5 hours of clinical service per week.
- (g) Medically monitored intensive inpatient detox services: 24-hour nursing care with physician availability in residential settings with services provided by addiction treatment, mental health, and/or medical personnel. Medical, psychiatric, counseling and lab services are provided onsite or through consultation or referral. Medically monitored intensive inpatient services include 16-hour per day counselor availability.
- (h) Opioid Treatment Program (OTP) services: daily opioid agonist medication and counseling is provided to maintain multidimensional stability for those individuals with severe opioid use disorder. Services are provided by specialized health homes (i.e., Hub & Spoke) as described in Attachment 3.1-H.
- (i) Withdrawal Management (WM) services: monitoring and management of physical and psychological effects, with or without the use of medication, to support withdrawal from an addictive substance. This service is provided in specialized health homes, hospitals, and residential treatment settings with services delivered by addiction treatment, mental health, and/or medical personnel.

Substance Use Disorder Provider Qualifications:

Provider/Practitioner	License/Certification	Services Provided
Alcohol & Drug	Certification pursuant to	Assessment; Early
Counselor (ADC)	regulations set forth by the VT	Intervention; Treatment under
	Secretary of State's Office of	supervision of licensed
	Professional Regulation	provider/practitioner
Alcohol & Drug	Licensed pursuant to OPR	Assessment; Early
Counselor (LADC)	regulations	Intervention; Treatment
Apprentice	Certification pursuant to OPR	Assessment; Early
Addiction	regulations	Intervention; Treatment under
Professional (AAP)		supervision of licensed
		provider/practitioner
Clinical Mental	Licensed pursuant to VT Board	Assessment; Early
Health Counselor	of Allied Mental Health	Intervention; Treatment
	regulations	

TN No. 19-0001

Supersedes

TN No. 03-14

Effective Date: 01/01/19

Approval Date: **05/22/19**

TITLE XIX Attachment 3.1-A State: VERMONT Page 6a(2)

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

2. <u>Substance Use Disorder Services</u> (Continued)

Clinical Social	Licensed pursuant to OPR	Assessment; Early
Worker	regulations	Intervention; Treatment
Marriage & Family	Licensed pursuant to VT Board	Assessment; Early
Therapist	of Allied Mental Health	Intervention; Treatment
	regulations	
Nurse	Registered Nurse Licensed	Assessment; Early
	pursuant to VT Board of	Intervention; Treatment
	Nursing regulations	
Physicians	Allopathic physicians are	Assessment; Early
	licensed pursuant to VT Board	Intervention; Treatment
	of Medical Practice	
	regulations;	
	Osteopathic physicians are	
	licensed pursuant to VT Board	
	of Osteopathic Physicians and	
	Surgeons regulations	
Psychologists	Licensed pursuant to VT Board	Assessment; Early
	of Psychological Examiners	Intervention; Treatment
	regulations	
Residential	Licensed pursuant to the VT	Assessment; Treatment
	Department of Disabilities,	
	Aging & Independent Living,	
	Division of Licensing &	
	Protection regulations	

3. Community Mental Health Center Services

Covered services include rehabilitation services provided by qualified professional staff in a Community Mental Health Center designated by the Department of Mental Health. These services may be provided by physicians, psychologists, MSWs, psychiatric nurses, and qualified mental health professionals carrying out a plan of care approved by a licensed physician or licensed psychologist. Services may be provided in any setting; however, services will not be duplicated.

Non-duplication: Beneficiaries receiving comparable services under Community Rehabilitation and Treatment (CRT) services under the Global Commitment 1115 waiver are ineligible for this State Plan service.

TN No. 19-0001	Effective Date: <u>01/01/2019</u>
Supersedes	
TN No. 03-14	Approval Date: 05/22/19