

## **Table of Contents**

**State/Territory Name: Vermont**

**State Plan Amendment (SPA) #: 21-0007**

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



Medicaid and CHIP Operations Group

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June 29, 2021

**VIA E-MAIL**

Mike Smith, Secretary  
Vermont Agency of Human Services  
280 State Drive - Center Building  
Waterbury, VT 05671

Re: Vermont State Plan Amendment (SPA) 21-0007

Dear Secretary Smith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0007. This amendment proposes to add medication-assisted treatment (MAT) as a mandatory benefit in the Medicaid state plan. This letter is to inform you that Vermont's Medicaid SPA Transmittal Number 21-0007 is approved effective October 1, 2020 until September 30, 2025, pursuant to 1905(a)(29) of the Social Security Act and Section 1006(b) of the SUPPORT Act.

Section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act ("SUPPORT Act"), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Social Security Act (the Act) to require state Medicaid plans to include coverage of MAT for all individuals eligible to enroll in the state plan or waiver of the state plan. Section 1006(b) also added a new paragraph 1905(a)(29) to the Act to include the new required benefit in the definition of "medical assistance" and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

Section 1006(b) of the SUPPORT Act also added section 1905(ee)(1) to the Act to define MAT, for purposes of the new required coverage, as:

. . . all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders; and[,] . . . with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.


Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 public

health emergency (PHE), CMS issued an approval letter on March 16, 2021 allowing Vermont to modify the SPA submission requirements at 42 C.F.R. 430.20, to allow the state to submit a SPA implementing section 1905(a)(29) of the Act by March 31, 2021 that would take effect on October 1, 2020.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations.



If you have any questions, please contact Gilson DaSilva at (617) 565-1227 or via email at [gilson.dasilva@cms.hhs.gov](mailto:gilson.dasilva@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott  
Division of Program Operations

cc: Dylan Frazer, Health Programs Administrator, VT Medicaid Policy Unit

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>21-0007</b>	2. STATE: <b>VERMONT</b>
FOR: <b>CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		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) <b>10/1/2020</b>	
5. TYPE OF PLAN MATERIAL ( <i>CHECK ONE</i> ):			
<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: <b>42 CFR §430.12(c)(1)(ii)</b>		7. FEDERAL BUDGET IMPACT:	
		a. FFY <u>2021</u> \$ <u>0.00</u>	
		b. FFY <u>2022</u> \$ <u>0.00</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Att. 3.1-A page 6a(1); Supplement 2 to Att. 3.1-A; Att. 4.19-B page 17a</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ) <b>Att. 3.1(a) page 6a(1)</b>	
10. SUBJECT OF AMENDMENT: <b>Mandatory Medication Assisted Treatment Benefit</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED	
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		SIGNATURE OF SECRETARY OF ADMINISTRATION  <b>Kristin Clouser</b> <small>Digitally signed by Kristin Clouser Date: 2021.03.30 19:23:12 -04'00'</small>	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: <b>Michael K. Smith</b>		<b>DYLAN FRAZER</b>	
14. TITLE: <b>SECRETARY, AGENCY OF HUMAN SERVICES</b>		<b>AGENCY OF HUMAN SERVICES 280 STATE DRIVE, CENTER BUILDING WATERBURY, VT 05671-1000</b>	
15. DATE SUBMITTED: <b>3/31/2021</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>03/31/2021</b>		18. DATE APPROVED: <b>06/29/2021</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>10/01/2020</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>James G. Scott</b>		22. TITLE <b>Director, Division of Program Operations</b>	
23. REMARKS			

**State of Vermont**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy  
(Continued)

1905(a)(29)   X   MAT as described and limited in Supplement   2   to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

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TN No.   21-0007  

Supersedes

TN No.   None  

Effective Date:   10/1/2020  

Approval Date: 06/29/2021

**State of Vermont**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020 and ending September 30, 2025.

ii. Assurances

a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

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TN No.   21-0007  

Supersedes

TN No.   None  

Effective Date:   10/1/2020  

Approval Date:   06/29/2021

**State of Vermont**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

For the period of October 1, 2020, through September 30, 2025 Medication Assisted Treatment (MAT) to treat Opioid Use Disorder (OUD) is covered exclusively under section 1905(a)(29). Intervention: includes screening and referral to treatment for individuals at risk because of their opioid use/misuse or at risk for opioid 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.

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. Family therapy that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

- b) Please include each practitioner and provider entity that furnishes each service and component service.

See response to item iii(c) below.

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TN No.   21-0007    
Supersedes  
TN No.   None  

Effective Date:   10/1/2020    
Approval Date: **06/29/2021**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

- c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Provider/Practitioner	License/Certification	Services Provided
Alcohol & Drug Counselor (ADC)	<p>Certification pursuant to regulations set forth by the VT Secretary of State’s Office of Professional Regulation (OPR).</p> <p>Minimum requirements:                      -Bachelor’s degree                      -270 hours of SUD education                      -4,000 hours of supervised work experience                      -Pass the IC&amp;RC Alcohol and Drug Counselor (ADC) Examination or or equivalent exam approved by OPR Director.</p>	Intervention; Treatment under supervision of licensed provider/practitioner
Alcohol & Drug Counselor (LADC)	Licensed pursuant to OPR regulations	Early Intervention; Treatment
Apprentice Addiction Professional (AAP)	<p>Certification pursuant to OPR regulations.</p> <p>Minimum requirements:                      -Associate’s degree                      -40 hours of education related to addiction counseling                      -Pass AAP examination as specified by OPR Director.</p>	Intervention; Treatment under supervision of licensed provider/practitioner

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Supersedes

TN No.   None  

Effective Date:   10/1/2020  

Approval Date:   06/29/2021



**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

Clinical Mental Health Counselor	Licensed pursuant to VT Board of Allied Mental Health regulations	Intervention; Treatment
Clinical Social Worker	Licensed pursuant to OPR regulations	Intervention; Treatment
Marriage & Family Therapist	Licensed pursuant to VT Board of Allied Mental Health regulations	Intervention; Treatment
Nurse	Registered Nurse Licensed pursuant to VT Board of Nursing regulations	Intervention; Treatment
Physicians	Allopathic physicians are licensed pursuant to VT Board of Medical Practice regulations;  Osteopathic physicians are licensed pursuant to VT Board of Osteopathic Physicians and Surgeons regulations	Intervention; Treatment
Psychologists	Licensed pursuant to VT Board of Psychological Examiners regulations	Intervention; Treatment
Opioid Treatment Program (OTP)	Certification pursuant to VT Dept of Health regulations, including the following requirements: initial certification application; site visits; adherence to ASAM criteria; policies and procedures regarding necessary supervision of any clinical or direct service personnel, and adherence to State scope of practice laws.	Treatment

TN No.   21-0007  

Supersedes

TN No.   None  

Effective Date:   10/1/2020  

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**State of Vermont**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

iv. Utilization Controls

The state has drug utilization controls in place. (Check each of the following that apply)

- Generic first policy
- Preferred drug lists
- Clinical criteria
- Quantity limits

The state does not have drug utilization controls in place.

v. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

- No limits on methadone amount or duration in OTPs
- Quantity limits apply to all other formulations of MAT drugs and are subject to prior authorization requirements under the Preferred Drug List.

TN No. 21-0007

Supersedes

TN No. None

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Approval Date: 06/29/2021

**State of Vermont**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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TN No.   21-0007  

Effective Date:   10/1/2020  

Supersedes

TN No.   None  

Approval Date:   06/29/2021

**State of Vermont**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Citation: 3.1(b)(1) Amount, Duration, and Scope of Services: Medically Needy  
(Continued)

1915(a)(29)   X   MAT as described and limited in Supplement   1   to Attachment 3.1-B.

ATTACHMENT 3.1-B identifies the medical and remedial services provided to the medically needy.

Services provided to the medically needy are identical in the amount, duration, and scope of services as provided to the categorically needy.

TN No.   21-0007  

Supersedes

TN No.   None  

Effective Date:   10/1/2020  

Approval Date: 06/29/2021

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

32. 1905(a)(29) Medication-Assisted Treatment (MAT)

MAT is covered under the Medicaid State Plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020 and ending September 30, 2025.

- a) Opioid Treatment Programs (OTP) receive per-member, per-month (PMPM) reimbursement for MAT services and provision of methadone. OTPs must provide at least one MAT encounter per month to receive a PMPM rate of \$353.04.
- b) Payment for authorized providers of MAT services other than OTPs is made at the lower of the actual charge for the MAT service or the Medicaid rate on file. For services payable in Medicare’s Resource Based Relative Values Scale payment methodology, the DVHA is utilizing the Medicare RBRVS RVUs, the Medicare GPCIs, and State determined conversion factors as specified in Section 26. The RBRVS methodology was updated for dates of service effective as specified in Section 26 of Attachment 4.19-B. All rates are published on the DVHA website. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private.
- c) Unbundled prescribed MAT drugs that are delivered by OTPs or are physician administered, other than methadone, are reimbursed according to the Physician Administered Drugs fee schedule at Item 12(a)(9) of Attachment 4.19-B.
- d) Unbundled MAT prescribed drugs and biologicals used to treat opioid use disorder (OUD) that are delivered by authorized providers other than OTPs are reimbursed in the same manner as the Prescribed Drug methodology as listed in Item 12(a) of Attachment 4.19-B.