

## **Table of Contents**

**State/Territory Name: Vermont**

**State Plan Amendment (SPA) #: 24-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 179
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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June 21, 2024

Monica Ogelby, Medicaid Director  
Vermont Agency of Human Services  
280 State Drive - Center Building  
Waterbury, VT 05671

Re: Vermont State Plan Amendment (SPA) 24-0001

Dear Director Ogelby:

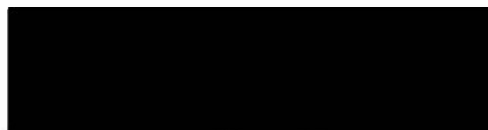
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0001. This amendment proposes to add coverage of residential eating disorder treatment.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security and implementing regulations in accordance with 42 CFR §430.12(c)(1)(ii). This letter informs you that Vermont's Medicaid SPA TN 24-0001 was approved on June 21, 2024, with an effective date of January 1, 2024.

Enclosed are copies of Form CMS 179 and approved SPA pages to be incorporated into the Vermont State Plan.

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,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Dylan Frazer, Deputy Director of Medicaid Policy

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
2 4 — 0 0 0 1

2. STATE  
VT

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  
 XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
1/1/24

5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR §430.12(c)(1)(ii)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2024 \$ 0  
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Att. 3.1-A page 6o(1), page 6o(2) and page 6o(3)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)  
None

9. SUBJECT OF AMENDMENT

Add Coverage of Residential Eating Disorder Treatment

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: Approval from Agency of Admin.

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
Monica Ogelby

13. TITLE  
MEDICAID DIRECTOR, AGENCY OF HUMAN SERVICES

14. DATE SUBMITTED  
3/29/2024

15. RETURN TO

DYLAN FRAZER  
DEPARTMENT OF VERMONT HEALTH ACCESS  
280 STATE DRIVE  
WATERBURY, VT 05671-1010

DYLAN.FRAZER@VERMONT.GOV

**FOR CMS USE ONLY**

16. DATE RECEIVED  
03/29/2024

17. DATE APPROVED  
06/21/2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
01/01/2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
James G. Scott

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Program Operations

22. REMARKS

06/18/2024 - VT authorized P&I changes in Box 7 to include two additional pages: 6o(2) and 6o(3).

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

**15. Residential Eating Disorder Treatment**

Eating disorder treatment services offered in residential settings provide diagnosis, treatment, and care of persons in a sub-acute psychiatric management environment. Individuals receive care in a residential setting based on a developed plan of care. Residential eating disorder treatment is covered only when deemed medically necessary. Medical necessity is determined by the Medicaid program through a concurrent review process.

Services must be recommended by a physician or other licensed practitioner in accordance with 42 CFR 440.130(d) and provided by a health care professional operating within their scope of practice. Participating residential treatment providers must be enrolled in Vermont Medicaid to participate in and receive reimbursement for services they provide. Residential eating disorder treatment will not be provided in Institutions for Mental Disease (IMDs).

Covered services may include:

- a) Care coordination: Care coordination activities may include coordination with physicians and other social services to implement a specific care plan or to facilitate connections to other services or programs. Care coordination may be performed by an interdisciplinary team.
- b) Clinical assessment: An evidence-based evaluation designed to determine the severity of the eating disorder, the comprehensive treatment needs of the individual, and the level of care determination. Activities may also include documentation of medical history and physical examination as medically indicated.
- c) Psychotherapy: Can include individual, group, or family therapy services as well as other medically necessary therapy services to aid in the treatment of the member. All family therapy services must be provided for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals as identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery.
- d) Medication administration or supervision: Medications prescribed by a licensed provider acting within the scope of practice or supervision to ensure compliance with prescribed medications by a qualified practitioner.

(continued)

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TN No. 24-0001  
Supersedes  
TN No. None

Effective Date: 1/1/2024  
Approval Date: 6/21/2024

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

**15. Residential Eating Disorder Treatment (continued)**

- e) **Psychiatric evaluation:** A psychiatric diagnostic evaluation is an integrated biopsychosocial assessment that includes the elicitation of a complete medical history (to include past, family, and social), psychiatric history, a complete mental status exam, establishment of a tentative diagnosis, and an evaluation of the patient's ability and willingness to participate in the proposed treatment plan.
  
- f) **Psychosocial assessment:** “Psychosocial” refers to the combined influence of psychological factors and the surrounding social environment on physical, emotional, and/or mental wellness. A Psychosocial Assessment would incorporate these factors into an assessment.

**Provider Qualifications:**

<u>Provider/ Practitioner</u>	<u>License/ Certification</u>	<u>Services Provided</u>
Psychiatric and Mental Health Clinical Nurse Specialist (PMHCNS)	Must be licensed and employed by a residential treatment provider enrolled in Vermont Medicaid.	Care coordination; Clinical Assessment; Psychiatric Evaluation
Doctor of Medicine (MD)	Must be licensed and employed by a residential treatment provider enrolled in Vermont Medicaid.	Care coordination; Clinical Assessment; Psychiatric Evaluation
Licensed Practical Nurse (LPN)	Must be licensed and employed by a residential treatment provider enrolled in Vermont Medicaid.	Care coordination; Clinical Assessment; Medication administration or supervision
Licensed Clinical Social Worker (LCSW)	Must be licensed and employed by a residential treatment provider enrolled in Vermont Medicaid.	Care coordination

(continued)

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

**15. Residential Eating Disorder Treatment (continued)**

<u>Provider/ Practitioner</u>	<u>License/ Certification</u>	<u>Services Provided</u>
Licensed Independent Clinical Social Worker (LICSW)	Must be licensed and employed by a residential treatment provider enrolled in Vermont Medicaid.	Care coordination; Clinical Assessment; Psychotherapy; Psychosocial Assessment
Licensed Mental Health Counselor (LMHC)	Must be licensed and employed by a residential treatment provider enrolled in Vermont Medicaid.	Care coordination; Clinical Assessment; Psychotherapy; Psychosocial Assessment
Advanced Practice Registered Nurse (APRN)	Must be licensed and employed by a residential treatment provider enrolled in Vermont Medicaid.	Care coordination; Clinical Assessment; Psychiatric Evaluation
Registered Nurse (RN)	Must be licensed and employed by a residential treatment provider enrolled in Vermont Medicaid.	Care coordination; Clinical Assessment; Medication administration or supervision
Registered Dietician (RD)	Must be registered and employed by a residential treatment provider enrolled in Vermont Medicaid.	Care coordination; Clinical Assessment
Doctor of Osteopathic Medicine (DO)	Must be licensed and employed by a residential treatment provider enrolled in Vermont Medicaid.	Care coordination; Clinical Assessment; Psychiatric Evaluation

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TN No. None

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