STATE OF VERMONT
AGENCY OF HUMAN SERVICES
Department of Vermont Health Access (DVHA)

AHS Bulletin No: 10-13

Secretary of State's ID Number: 10P-032

FROM: Susan Besio, Ph.D., Commissioner
Department of Vermont Health Access

DATE: 06/17/10

SUBJECT: State Fiscal Year 2011 Coverage Changes

CHANGES ADOPTED EFFECTIVE: 10/29/10

TYPE OF RULE CHANGE

Adopted Rule Changes

Final Proposed Rule Change

X **Proposed Rule Change**

RULE REFERENCE(S):

5351 7203 7317 7401 7405

This rule is being implemented as a permanent version of the emergency rules found in Bulletin 10-03, as directed by (H.789) Act 156 of the 2009 -2010 Legislative Session, An Act Making Appropriations for the Support of Government.

> Sec. E.309.14 EMERGENCY RULEMAKING; MEDICAID
> (a) In order to administer Sec. E.309.1(a) [benefit limits] and (b) [high-tech imaging] of this act relating to limiting the annual number of covered visits for physical therapy, occupational therapy, speech therapy, emergency room services, instituting a prior authorization for imaging, and limiting the monthly number of drug tests, and Sec. E.309.11 [Medicare drug benefit], the agency of human services shall be deemed to have met the standard for adoption of emergency rules as required by 3 V.S.A. §844(a). Notwithstanding 3 V.S.A. §844, the agency shall provide a minimum of five business days for public comment in advance of filing the emergency rules as provided for in 3 V.S.A. §844(c).

All changes are for those in VHAP and for adults in Medicaid, as specified below. The definition of adult was not specified, so DVHA used the EPSDT definition of adult (person 21 and older). This definition is consistent with existing rules that differentiate service coverage based on an adult/child definition (Rules 7312, 7313, 7316, 7406.1, and 7410).

> Sec. E.309.1 MEDICAID; BENEFIT LIMITATIONS; RATES
> (a) The department of Vermont health access may impose the following limitations and process requirements on benefits for adults in Medicaid and VHAP:
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> (1) Physical, occupational, or speech therapy visits may be limited to 30 visits per year, except that the department shall allow additional visits through the prior authorization process for individuals with the following diagnoses: spinal cord injury, traumatic brain injury, stroke, amputation, or severe burn. This limit shall not apply to therapy services provided by home health agencies.

(2) Urine drug tests may be limited to 8 tests per month. The department of Vermont health access shall adopt SAMSHA guidelines, as available, for appropriate use of urine drug tests, including the frequency of testing, and shall develop protocols for exceptions to the limitation to 8 tests.
(3) Emergency room visits may be limited to 12 visits per year, except that the department shall not include in the limitation emergency room visits resulting in the individual being admitted to the facility, resulting in the individual being transferred to another inpatient facility, or during which the individual becomes deceased.

(b) The department of Vermont health access may institute a prior authorization process for high-tech imaging, including scans such as computed tomography (CT), computed tomographic angiography (CTA), magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), positron emission tomography (PET), positron emission tomography-computed tomography (PET-CT). The prior authorization process shall not apply to x-ray, ultrasound, mammogram, or dual x-ray absorptiometry (DXA) images and shall not apply to imaging ordered by emergency departments or during an inpatient admission.

Specific Changes After Implementation of Emergency Rule

ALL PAGES	"Office of Vermont Health Access" changed to "Department of Vermont Health Access", "OVHA" changed to "DVHA"
7317	Paragraph beginning "Therapy services must be…" moved to second paragraph and changed to read, "Rehabilitative therapy services must be…" Paragraph beginning "Rehabilitative Therapy Service…" moved from 7317.1 to second paragraph of 7317. Paragraph beginning "Services provided by a home health agency…" moved from Limitation section of 7317 to first paragraph of new section 7317.3. Paragraph beginning "In making its prior authorization decision…" moved from section of 7317.1 to second paragraph of new section 7317.3.
7317.3	New subsection clarifying that home health is not subject to the 30 visit limit and to specify prior authorization requirements for home health beyond initial 4-month period and beyond one year. Paragraph beginning "Prior authorizations for therapy services…" changed to read, "Prior authorizations for rehabilitative therapy services…" Second paragraph and moved from section 7317.1 to last paragraph of section 7317.3.
7401.2	Reference to Medicaid Rules "7317-7317.2" deleted and replaced with reference to new Medicaid Rule subsection "7317.3".

Comment Period

A public hearing is scheduled on Friday, September 3, 2010 from 10:00 a.m. - 12:00 p.m. in the Department of Vermont Health Access (DVHA) Conference Room, 312 Hurricane Lane, Suite 201, Williston, Vermont.

Written Comments may be submitted no later that 4:30 p.m. on Friday, September 10, 2010 to Greg Needle, DVHA, 312 Hurricane Lane, Suite 201, Williston, Vermont 05495.

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To get more information about the Administrative Procedures Act and the Rules applicable to state rule making go to the website of the Department of the Vermont Secretary of State at: http://vermont-archives.org/aparules/index.htm or call Louise Corliss at 828-2863. [General information, not specific rule content information]

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For information on upcoming hearing before the Legislative Committee on Administrative rules go to the website of the Vermont Legislature at: http://www.leg.state.vt.us/schedules/schedule2.cfm or call 828-5760.