Final Proposed Filing - Coversheet

Instructions:

In accordance with Title 3 Chapter 25 of the Vermont Statutes Annotated and the "Rule on Rulemaking" adopted by the Office of the Secretary of State, this filing will be considered complete upon filing and acceptance of these forms with the Office of the Secretary of State, and the Legislative Committee on Administrative Rules.

All forms shall be submitted at the Office of the Secretary of State, no later than 3:30 pm on the last scheduled day of the work week.

The data provided in text areas of these forms will be used to generate a notice of rulemaking in the portal of "Proposed Rule Postings" online, and the newspapers of record if the rule is marked for publication. Publication of notices will be charged back to the promulgating agency.

PLEASE REMOVE ANY COVERSHEET OR FORM NOT REQUIRED WITH THE CURRENT FILING BEFORE DELIVERY!

Certification Statement: As the adopting Authority of this rule (see 3 V.S.A. § 801 (b) (11) for a definition), I approve the contents of this filing entitled:

Children's Personal Care Services /s/ Todd W. Daloz (signature) Printed Name and Title: Todd W. Daloz Deputy Secretary Agency of Human Services RECEIVED BY: Coversheet Adopting Page Economic Impact Analysis

☐ ICAR Minutes☐ Copy of Comments☐ Responsiveness Summary

□ Environmental Impact Analysis□ Strategy for Maximizing Public Input

□ Scientific Information Statement (if applicable)
 □ Incorporated by Reference Statement (if applicable)
 □ Clean text of the rule (Amended text without annotation)
 □ Annotated text (Clearly marking changes from previous rule)

1. TITLE OF RULE FILING:

Children's Personal Care Services

2. PROPOSED NUMBER ASSIGNED BY THE SECRETARY OF STATE 23P038

3. ADOPTING AGENCY:

Vermont Department of Health

4. PRIMARY CONTACT PERSON:

(A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE).

Name: Natalie Weill

Agency: Department of Health

Mailing Address: 108 Cherry St, Burlington, VT 05401

Telephone: 802-863-7280 Fax: 802-951-1275

E-Mail: ahs.vdhrules@vermont.gov

Web URL (WHERE THE RULE WILL BE POSTED):

http://www.healthvermont.gov/about-us/laws-

regulations/public-comment

5. SECONDARY CONTACT PERSON:

(A SPECIFIC PERSON FROM WHOM COPIES OF FILINGS MAY BE REQUESTED OR WHO MAY ANSWER QUESTIONS ABOUT FORMS SUBMITTED FOR FILING IF DIFFERENT FROM THE PRIMARY CONTACT PERSON).

Name: Brendan Atwood

Agency: Department of Health

Mailing Address: 108 Cherry St, Burlington, VT 05401

Telephone: 802-863-7282 Fax: 802-951-1275

E-Mail: ahs.vdhrules@vermont.gov

6. RECORDS EXEMPTION INCLUDED WITHIN RULE:

(DOES THE RULE CONTAIN ANY PROVISION DESIGNATING INFORMATION AS CONFIDENTIAL; LIMITING ITS PUBLIC RELEASE; OR OTHERWISE, EXEMPTING IT FROM INSPECTION AND COPYING?) No

IF YES, CITE THE STATUTORY AUTHORITY FOR THE EXEMPTION:

PLEASE SUMMARIZE THE REASON FOR THE EXEMPTION:

7. LEGAL AUTHORITY / ENABLING LEGISLATION:

(The specific statutory or legal citation from session law indicating who the adopting Entity is and thus who the signatory should be. THIS SHOULD BE A SPECIFIC CITATION NOT A CHAPTER CITATION).

- 3 V.S.A. § 801(b)(11); 33 V.S.A. § 1901(a)(1)
- 8. EXPLANATION OF HOW THE RULE IS WITHIN THE AUTHORITY OF THE AGENCY:
 - 33 V.S.A. § 1901(a)(1) The Secretary of Human Services or designee shall take appropriate action, including making of rules, required to administer a medical assistance program under Title XIX (Medicaid) and Title XXI (SCHIP) of the Social Security Act.
- 9. THE FILING HAS NOT CHANGED SINCE THE FILING OF THE PROPOSED RULE.
- 10. THE AGENCY HAS NOT INCLUDED WITH THIS FILING A LETTER EXPLAINING IN DETAIL WHAT CHANGES WERE MADE, CITING CHAPTER AND SECTION WHERE APPLICABLE.
- 11. SUBSTANTIAL ARGUMENTS AND CONSIDERATIONS WERE NOT RAISED FOR OR AGAINST THE ORIGINAL PROPOSAL.
- 12. THE AGENCY HAS NOT INCLUDED COPIES OF ALL WRITTEN SUBMISSIONS AND SYNOPSES OF ORAL COMMENTS RECEIVED.
- 13. THE AGENCY HAS NOT INCLUDED A LETTER EXPLAINING IN DETAIL THE REASONS FOR THE AGENCY'S DECISION TO REJECT OR ADOPT THEM.
- 14. CONCISE SUMMARY (150 words or Less):

The rule sets forth the criteria for Medicaid coverage and reimbursement for Children's Personal Care Services (CPCS) under Vermont's Medicaid program. This rule revises and replaces current Medicaid covered services rule 4.233.

The proposed amendments include the following:

- 1) Implements payment to legally responsible individuals for providing children's personal care services authorized under Vermont's Medicaid program. This was put in place as a temporary option during the public health emergency caused by COVID-19. It became a permanent option after the Vermont Medicaid program obtained the necessary 1115 Global Commitment to Health Waiver authority to continue payment to legally responsible individuals beyond the end of the public health emergency.
- 2) Implements the Electronic Visit Verification (EVV) tool for all CPCS providers as mandated by Medicaid through the $21^{\rm st}$ Century Cures Act.

3) Modifies the rule for clarity by defining program practices.

15. EXPLANATION OF WHY THE RULE IS NECESSARY:

The rulemaking is necessary to incorporate the 1115 Global Commitment to Health Waiver into rule giving Vermont Medicaid authority to pay legally responsible individuals. Additionally, EVV is mandated by federal statute, thus rulemaking is required to integrate and implement EVV.

16. EXPLANATION OF HOW THE RULE IS NOT ARBITRARY:

The rule is required to implement the 1115 Global Commitment to Health Waiver and the 21st Century Cures Act into rule.

17. LIST OF PEOPLE, ENTERPRISES AND GOVERNMENT ENTITIES AFFECTED BY THIS RULE:

Medicaid beneficiaries, legally responsible individuals as defined in the rule as the beneficiary's biological parent, stepparent, adoptive parent, legal guardian, spouse, or civil union partner.

Independent direct support workers referenced in the rule as personal care attendants (PCAs).

18. BRIEF SUMMARY OF ECONOMIC IMPACT (150 words or Less):

This rulemaking has a positive economic benefit to Medicaid beneficiaries and to legally responsible individuals. The amendments to the rule have no anticipated economic impact on independent direct support providers and to the Department of Vermont Health Access.

19. A HEARING WAS HELD.

20. HEARING INFORMATION

(THE FIRST HEARING SHALL BE NO SOONER THAN 30 DAYS FOLLOWING THE POSTING OF NOTICES ONLINE).

IF THIS FORM IS INSUFFICIENT TO LIST THE INFORMATION FOR EACH HEARING, PLEASE ATTACH A SEPARATE SHEET TO COMPLETE THE HEARING INFORMATION.

Date:

12/12/2023

Time:

11:00 AM

Street Address: 108 Cherry St, Burlington VT Rm 2A

Zip Code:

05401

Administrative Procedures Final Proposed Filing – Coversheet

URL for Virtual: Or call in (audio only) +1 802-828-7667,,309763284# United States, Montpelier Phone Conference ID: 309 763 284# Find a local number | Reset PIN Date: Time: AM Street Address: Zip Code: URL for Virtual: Date: Time: AM Street Address: Zip Code: URL for Virtual: Date: Time: AM Street Address: Zip Code: **URL** for Virtual: 21. DEADLINE FOR COMMENT (NO EARLIER THAN 7 DAYS FOLLOWING LAST HEARING): 12/29/2023 KEYWORDS (PLEASE PROVIDE AT LEAST 3 KEYWORDS OR PHRASES TO AID IN THE SEARCHABILITY OF THE RULE NOTICE ONLINE). Medicaid Health Care Administrative Rules HCAR Children's Personal Care Services Legally Responsible Individual Electronic Visit Verification



OFFICE OF THE SECRETARY TEL: (802) 241-0440 FAX: (802) 241-0450

> JENNEY SAMUELSON SECRETARY

TODD W. DALOZ DEPUTY SECRETARY

STATE OF VERMONT AGENCY OF HUMAN SERVICES

<u>MEMORANDUM</u>

TO: Sarah Copeland Hanzas, Secretary of State

FROM: Jenney Samuelson, Secretary, Agency of Human Services

DATE: January 31, 2023

SUBJECT: Signatory Authority for Purposes of Authorizing Administrative Rules

I hereby designate Deputy Secretary of Human Services Todd W. Daloz as signatory to fulfill the duties of the Secretary of the Agency of Human Services as the adopting authority for administrative rules as required by Vermont's Administrative Procedure Act, 3. V.S.A § 801 et seq.

Cc: Todd W. Daloz

Adopting Page

Instructions:

This form must accompany each filing made during the rulemaking process:

Note: To satisfy the requirement for an annotated text, an agency must submit the entire rule in annotated form with proposed and final proposed filings. Filing an annotated paragraph or page of a larger rule is not sufficient. Annotation must clearly show the changes to the rule.

When possible, the agency shall file the annotated text, using the appropriate page or pages from the Code of Vermont Rules as a basis for the annotated version. New rules need not be accompanied by an annotated text.

1. TITLE OF RULE FILING:

Children's Personal Care Services

2. ADOPTING AGENCY:

Vermont Department of Health

- 3. TYPE OF FILING (PLEASE CHOOSE THE TYPE OF FILING FROM THE DROPDOWN MENU BASED ON THE DEFINITIONS PROVIDED BELOW):
 - **AMENDMENT** Any change to an already existing rule, even if it is a complete rewrite of the rule, it is considered an amendment if the rule is replaced with other text.
 - **NEW RULE** A rule that did not previously exist even under a different name.
 - **REPEAL** The removal of a rule in its entirety, without replacing it with other text.

This filing is AN AMENDMENT OF AN EXISTING RULE.

4. LAST ADOPTED (PLEASE PROVIDE THE SOS LOG#, TITLE AND EFFECTIVE DATE OF THE LAST ADOPTION FOR THE EXISTING RULE):

October 1, 2008 Secretary of State Rule Log #08-040

State of Vermont Agency of Administration 109 State Street Montpelier, VT 05609-0201 www.aoa.vermont.gov [phone] 802-828-3322

Kristin L. Clouser, Secretary

INTERAGENCY COMMITTEE ON ADMINISTRATIVE RULES (ICAR) MINUTES

Meeting Date/Location: October 9, 2023, virtually via Microsoft Teams

Mambara Dracarti Chair Cana Drawn Javad Adlay Jamaifa Maia

Members Present: Chair Sean Brown, Jared Adler, Jennifer Mojo, Diane Sherman, Michael

Obuchowski, and Nicole Dubuque

Members Absent:

John Kessler and Brendan Atwood

Minutes By: Melissa Mazza-Paquette

• 2:01 p.m. meeting called to order.

- Review and approval of <u>minutes</u> from the September 11, 2023 meeting.
- No additions/deletions to agenda. Agenda approved as drafted.
- Note: The following emergency rules were supported by ICAR Chair Brown:
 - 'Emergency Administrative Rules for Notaries Public and Remote Notarization' by the Office of Professional Regulation, on 09/19/23
 - OPR seeks to renew the emergency rules to ensure notaries can provide remote notary public services while the permanent rules go through the APA rulemaking process. More permanent rules to implement Act 171 are drafted.
 - These Emergency Rules allow an individual to satisfy the "personal appearance" requirement for the performance of notarial acts by appearing before a notary public through a secure communication link using specific protocols and standards.
 - 'PUC Emergency Rule 2.500 COVID-19 Emergency Procedures' by the VT Public Utility Commission, on 09/25/23
 - Risk of exposure for members of the public and state agency staff to the COVID-19 virus established as a global pandemic by the World Health Organization as of March 11, 2020.
 - This emergency rule amends various filing and procedural requirements and provides alternative procedures to reduce or eliminate in-person contact between members of the public and Commission staff or other members of the public to reduce the risk of exposure to the COVID-19 virus. This is the seventh extension of the emergency rule filed in April 2020. A number of measures included in this revised emergency rule have proven beneficial to those who appear before and interact with the Commission. The Commission is undertaking a process of adopting policies and promulgating permanent rules, where appropriate, so that the remaining measures in this revised emergency rule could either be phased out or incorporated into permanent rules. The revisions in this version reflect adoption of permanent Commission Rule 2. Two other Commission rules modified by this rule have entered formal rulemaking. The provisions in this revised emergency rule will be superseded when the permanent rules take effect.
- No public comments.



- Presentation of Proposed Rules on pages 3-12 to follow:
 - 1. Residential Care Home and Assisted Living Residence Licensing Regulations, Agency of Human Services, Department of Disabilities, Aging, and Independent Living, page 3
 - 2. Independent School Program Approval Rules, State Board of Education, page 4
 - 3. Vermont Low Emission Vehicle and Zero Emission Vehicle Rules, Agency of Natural Resources, page 5
 - 4. Investigation and Remediation of Contaminated Properties Rule (IRule), Agency of Natural Resources, page 6
 - 5. Children's Personal Care Services, Agency of Human Services, Department of Health, page 7
 - 6. Rules of the Board of Medical Practice, Agency of Human Services, Department of Health, page 8
 - 7. Crisis Fuel Assistance Rules, Agency of Human Services, Department for Children and Families, Economic Services Division, page 9
 - 8. Seasonal Fuel Assistance Rules, Agency of Human Services, Department for Children and Families, Economic Services Division, age 10
 - 9. Rule Governing the Prescribing of Opioids for Pain, Agency of Human Services, Department of Health, page 11
 - 10. Council Rules, Vermont Criminal Justice Council, page 12
- No other business
- Next scheduled meeting is November 13, 2023 at 2:00 p.m.
- 3:54 p.m. meeting adjourned.



Proposed Rule: Children's Personal Care Services, Agency of Human Services, Department of Health Presented By: Natalie Weill

Motion made to accept the rule as presented with no recommend changes by Nicole Dubuque, seconded by Jen Mojo, and passed unanimously.



Economic Impact Analysis

Instructions:

In completing the economic impact analysis, an agency analyzes and evaluates the anticipated costs and benefits to be expected from adoption of the rule; estimates the costs and benefits for each category of people enterprises and government entities affected by the rule; compares alternatives to adopting the rule; and explains their analysis concluding that rulemaking is the most appropriate method of achieving the regulatory purpose. If no impacts are anticipated, please specify "No impact anticipated" in the field.

Rules affecting or regulating schools or school districts must include cost implications to local school districts and taxpayers in the impact statement, a clear statement of associated costs, and consideration of alternatives to the rule to reduce or ameliorate costs to local school districts while still achieving the objectives of the rule (see 3 V.S.A. § 832b for details).

Rules affecting small businesses (excluding impacts incidental to the purchase and payment of goods and services by the State or an agency thereof), must include ways that a business can reduce the cost or burden of compliance or an explanation of why the agency determines that such evaluation isn't appropriate, and an evaluation of creative, innovative or flexible methods of compliance that would not significantly impair the effectiveness of the rule or increase the risk to the health, safety, or welfare of the public or those affected by the rule.

1. TITLE OF RULE FILING:

Children's Personal Care Services

2. ADOPTING AGENCY:

Vermont Department of Health

3. CATEGORY OF AFFECTED PARTIES:

LIST CATEGORIES OF PEOPLE, ENTERPRISES, AND GOVERNMENTAL ENTITIES POTENTIALLY AFFECTED BY THE ADOPTION OF THIS RULE AND THE ESTIMATED COSTS AND BENEFITS ANTICIPATED:

Medicaid beneficiaries: This rulemaking has an economic benefit to Medicaid beneficiaries under the CPCS program. Allowing compensation to legally responsible individuals, including parents, means CPCS-eligible VT Medicaid beneficiaries will have increased access to medically necessary personal care services authorized under the Medicaid State Plan.

Legally responsible individuals (LRIs): This rulemaking has an economic benefit for LRIs. Without this rulemaking, LRIs would not be reimbursed for providing the medically necessary care to the beneficiary. Due to the end of the public health emergency, allowance for payment to LRIs for their services would end May 2023. Payments to LRIs are made at the Medicaid rate on file with the Department. Effective July 1, 2023, this rate is \$15 per hour. Legally responsible individuals may only be utilized under specific conditions, approved by the program, including the requirement that children's personal care services are unavailable from a personal care attendant due to significant and recurring barriers.

Independent direct support providers: There is no anticipated economic impact to independent direct service providers (PCAs). Despite expanding eligible qualified providers who may provide medically necessary personal care services authorized under the Medicaid State Plan, PCAs remain the prioritized provider to deliver these services.

4. IMPACT ON SCHOOLS:

INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON PUBLIC EDUCATION, PUBLIC SCHOOLS, LOCAL SCHOOL DISTRICTS AND/OR TAXPAYERS CLEARLY STATING ANY ASSOCIATED COSTS:

No anticipated economic impact.

5. ALTERNATIVES: Consideration of alternatives to the rule to reduce or ameliorate costs to local school districts while still achieving the objective of the rule.

Because there is no anticipated economic impact to local school districts, alternatives to ameliorate costs is not necessary.

6. IMPACT ON SMALL BUSINESSES:

INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON SMALL BUSINESSES (EXCLUDING IMPACTS INCIDENTAL TO THE PURCHASE AND PAYMENT OF GOODS AND SERVICES BY THE STATE OR AN AGENCY THEREOF):

No anticipated economic impact.

7. SMALL BUSINESS COMPLIANCE: EXPLAIN WAYS A BUSINESS CAN REDUCE THE COST/BURDEN OF COMPLIANCE OR AN EXPLANATION OF WHY THE AGENCY DETERMINES THAT SUCH EVALUATION ISN'T APPROPRIATE.

Because there is no anticipated economic impact, an explanation on ways a business can reduce cost burden is not necessary.

8. COMPARISON:

COMPARE THE IMPACT OF THE RULE WITH THE ECONOMIC IMPACT OF OTHER ALTERNATIVES TO THE RULE, INCLUDING NO RULE ON THE SUBJECT OR A RULE HAVING SEPARATE REQUIREMENTS FOR SMALL BUSINESS:

There is no alternative to this rule, the Agency is directed by federal mandate to update the rule in line with federal standards.

9. SUFFICIENCY: DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED. The Department provided all relevant information available.

Environmental Impact Analysis

Instructions:

In completing the environmental impact analysis, an agency analyzes and evaluates the anticipated environmental impacts (positive or negative) to be expected from adoption of the rule; compares alternatives to adopting the rule; explains the sufficiency of the environmental impact analysis. If no impacts are anticipated, please specify "No impact anticipated" in the field.

Examples of Environmental Impacts include but are not limited to:

- Impacts on the emission of greenhouse gases
- Impacts on the discharge of pollutants to water
- Impacts on the arability of land
- Impacts on the climate
- Impacts on the flow of water
- Impacts on recreation
- Or other environmental impacts

1. TITLE OF RULE FILING:

Children's Personal Care Services

2. ADOPTING AGENCY:

Vermont Department of Health

- 3. GREENHOUSE GAS: EXPLAIN HOW THE RULE IMPACTS THE EMISSION OF GREENHOUSE GASES (E.G. TRANSPORTATION OF PEOPLE OR GOODS; BUILDING INFRASTRUCTURE; LAND USE AND DEVELOPMENT, WASTE GENERATION, ETC.):

 No impact is anticipated.
- 4. WATER: EXPLAIN HOW THE RULE IMPACTS WATER (E.G. DISCHARGE / ELIMINATION OF POLLUTION INTO VERMONT WATERS, THE FLOW OF WATER IN THE STATE, WATER QUALITY ETC.):

No impact is anticipated.

5. LAND: EXPLAIN HOW THE RULE IMPACTS LAND (E.G. IMPACTS ON FORESTRY, AGRICULTURE ETC.):

No impact is anticipated.

6. RECREATION: EXPLAIN HOW THE RULE IMPACTS RECREATION IN THE STATE: No impact is anticipated.

- 7. CLIMATE: EXPLAIN HOW THE RULE IMPACTS THE CLIMATE IN THE STATE: No impact is anticipated.
- 8. OTHER: EXPLAIN HOW THE RULE IMPACT OTHER ASPECTS OF VERMONT'S ENVIRONMENT:
 No impact is anticipated.
- 9. SUFFICIENCY: Describe How the Analysis was conducted, identifying Relevant internal and/or external sources of information used. Because there is no anticipated impact, this analysis is sufficient.

Public Input Maximization Plan

Instructions:

Agencies are encouraged to hold hearings as part of their strategy to maximize the involvement of the public in the development of rules. Please complete the form below by describing the agency's strategy for maximizing public input (what it did do, or will do to maximize the involvement of the public).

This form must accompany each filing made during the rulemaking process:

1. TITLE OF RULE FILING:

Children's Personal Care Services

2. ADOPTING AGENCY:

Vermont Department of Health

3. PLEASE DESCRIBE THE AGENCY'S STRATEGY TO MAXIMIZE PUBLIC INVOLVEMENT IN THE DEVELOPMENT OF THE PROPOSED RULE, LISTING THE STEPS THAT HAVE BEEN OR WILL BE TAKEN TO COMPLY WITH THAT STRATEGY:

A public comment period and public hearing was held. The rule was posted in newspapers and online.

4. BEYOND GENERAL ADVERTISEMENTS, PLEASE LIST THE PEOPLE AND ORGANIZATIONS THAT HAVE BEEN OR WILL BE INVOLVED IN THE DEVELOPMENT OF THE PROPOSED RULE:

The rule was posted on the Global Commitment Register (GCR) for 30 days and one comment was received in support of the rule.

AHS notified Medicaid and the Exchange Advisory Committee (MEAC).

Children's Personal Care Services

74064.233 Children's Personal Care Services

(10/29/2013, 13P016)

4.2337406.1 <u>Definitions</u>

As used in these regulations For the purposes of this rule the term:

- (a) "Activities of Daily Living" (ADL) means activities includinges dressing, bathing, grooming, eating, transferring, mobility, and toileting.
- (b) "Children's Personal Care Services" (CPCS) means medically necessary services related to ADLs and IADLs that are furnished to a beneficiary, as part of Vermont Medicaid's Children's Personal Care Services Program.
- (c) "Electronic Visit Verification" (EVV) means a telephone and computer-based system that records information about the services provided.
- (d) "Employer" means the individual or entity who is responsible for the hiring of and ensuring payment to the <u>personal care attendant when services are self-directed provider</u>.
- (a)(e) "Functional Ability Screening Evaluation Tool" means a State adopted standardized assessment tool to assist in the determination of medical necessity for children's personal care services.
- (b)(f) "Instrumental Activities of Daily Living" (IADL) means activities includinges personal hygiene, light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, medication management, and money management.
- (e)(g) "Legally Responsible Individual" means the beneficiary's biological parent, stepparent, adoptive parent, legal guardian, spouse, or civil union partner.

"Medical Necessity" shall have the same meaning as Section 7103 of this rule to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for people with developmental disabilities, or institution for mental disease.

- (d)(h) "Personal Care Attendant" means an individual at least 18 years of age, has ving successfully passed required background checks, and who is qualified to provides the children's personal care services to a child. A personal care attendant must may not be a biological or adoptive parent, guardian, shared living provider, foster parent, step-parent, domestic/civil union partner of the child's primary caregiver, or a relative serving in the primary caregiver capacity legally responsible individual.
- (i) "Self-Directed" means children's personal care services that are managed and employed directly by the beneficiary, family member, guardian, or guardian's designee.
- (e)(j) "Variance" means a decision by the Children's Personal Care Services Program to waive

certain restrictions, including hiring a personal care attendant less than 18 years old, waiving certain background check findings, and paying greater than the maximum wage established.

4.233.2 Covered Services

- (a) Covered children's personal care services must be medically necessary and may include:
 - (1) Assistance with ADLs, such as bathing, dressing, grooming, bladder, or bowel requirements,
 - (2) Assistance with eating, or drinking, feeding, or dietary and diet-activities,
 - (3) Assistance in monitoring vital signs,
 - (4) Routine skin care,
 - (5) Assistance with positioning, lifting, transferring, ambulation, and exercise,
 - (6) Set-up, supervision, cueing, prompting, and guiding, when provided as part of the assistance with ADLs,
 - (7) Assistance with <u>age appropriate home management-IADLs</u> that are linked to ADLs, and are essential to the beneficiary's care at home,
 - (8) Assistance with taking medications management,
 - (9) Assistance with the use of durable medical equipment including adaptive or assistive devices when linked to the ADLs, and
 - (11)(10) Accompanying the recipient to clinics, physician office visits, or other trips which are medically necessary.
- (b) Services shall-must be individualized and shall be provided exclusively to the authorized individual beneficiary.
- (b)(c) Children's personal care services can only be provided to one recipient at a time.

 Payment for services shall not exceed the amount awarded.
- (0) Prior authorization shall be required prior to the provision of personal care services. Services must be provided in the most cost-effective manner possible.

4.233.3 7406.3 Eligibility for Care Criteria

- (a) To be eligible for children's pPersonal cCare sServices a beneficiary ehild-must:
 - (1) Be under the age of 21, Have active Medicaid enrollment,
 - (2) Have a medical condition, disability, or cognitive impairment as documented by a physician, psychologist, psychiatrist, physician's assistant, advanced practice registered nurse, licensed mental health clinician, practitioner or other licensed clinician and working within their scope of practice.
 - (3) Qualify for medically necessary <u>children's</u> personal care services based on functional limitations in age-appropriate ability to perform ADLs, as prior authorized by the <u>Children's Personal Care Services Pprogram</u>.
 - (4) Not be an inpatient or resident of a hospital, nursing facility, intermediate care facility for people with developmental disabilities, or institution for mental disease.

4.233.4 Prior Authorization

- (a) Services must be prior authorized by the Children's Personal Care Services Program.
- (b) The following is used to authorize the hours of children's personal care services:
 - (1) A Functional Ability Screening Tool assessment of age-appropriate ability to perform ADLs completed by a state sanctioned assessor, and
 - (2) Individualized clinical review of relevant supporting materials, description of direct

observation, diagnosis verification, and a care plan. Clinical review is completed by a licensed clinician employed by the Agency of Human Services.

- (c) Re-determination authorizing eligibility is required for services in accordance with the following:
 - (1) Every twelve months from the initial authorization date through age 5,
 - (2) Changing to every 3 years, from the last authorization date, if the beneficiary has two consecutive years of the same evaluation outcome, or
 - (3) When there is a change in the beneficiary's ability to perform age-appropriate ADLs and IADLs.

4.233.547406.5 Qualified Providers

- (a) The following individuals are eligible to may deliver children's personal care services through the Children's Personal Care Services Program:-
 - (1) Personal care attendants, and
 - (2) Legally responsible individuals.

4.233.65 Conditions for Coverage

- (a) The coverage and conditions of this rule only apply to services that are delivered outside of any personal care services authorized as a component of the Medicaid School Based Health Services Program in accordance with an Individual Education Plan (IEP).
- (a)(b) A personal care attendant <u>is eligible tomay be deliver services when employed by a home</u> health agencyies, nursing service agencies, other agencyies designated to furnish <u>children's personal care services</u>, this service or employed as a self-directed personal care attendant directly by the recipient, family, guardian, or guardian's designee.
- (c) When children's personal care services are self-directed the following conditions apply: (known as self/family/surrogate directed services). In the case of self, family, or surrogate direction.
 - (1) the The employer must use the state -sanctioned fiscal employer agent for payroll and administrative services.
 - (1)
 - (2) The employer may pay personal care attendants may be paid a flexible wage. The flexible wage must not be lower than between the minimum wage, as established by the applicable Collective Bargaining Agreement between the State of Vermont and Vermont Homecare United, American Federation of State County and Municipal Employees Council 93 Local 4802, oor higher than the and-maximum wage published by the Children's Personal Care Program. lower than the wage established by the eurrent State of Vermont and the Vermont Homecare United American Federation of State County and Municipal Employee Council 93 Local 4802, Collective Bargaining Agreement but may be reasonably higher.
 - (3) A variance to pay greater than the maximum wage -may be requested by an employer to the Children's Personal Care Services Program. VUnreasonable variance requests are will determined by Children's Personal Care Services Program. not be granted.—Services shallmust be provided in the most cost-effective manner possible. Different rates of pay may be paid to different personal care attendants providing services to the same beneficiary. The rate may be based on level of experience, specialized skills, shifts worked, and hiring needs determined by

the employer.

- (4) All services must be paid within the awarded amount. The awarded amount is based on The current Medicaid rate on file for the authorized hours of service. The current Medicaid rate is published on the website of the Vermont Department of Health's website Vermont Health Access. Payments made above the Medicaid rate on file will result in the beneficiary receiving fewer authorized hours of service. and may be found at http://dvha.vermont.gov/ and is hereby incorporated by reference; or a flexible wage. The flexible wage shall not be lower than the current Medicaid rate on file but may be reasonably higher.
- (5) The recipient, if an adult between the ages of 18 and 21, or his or her guardian, or the parent or guardian of a minor child, may select the personal care attendant's reasonable rate of pay. Different rates of pay may be paid to different personal care attendants providing services to the same child beneficiary. The rate of pay may be based on level of experience, specialized skills, shifts worked, and hiring needs as determined by the employer.
- (6)(5) Personal Care Attendant Wages and Payroll Taxes—The employer is responsible for paying the appropriate payroll taxes for a personal care attendant out of the awarded amount.
- (b)(d) Legally responsible individuals may be compensated for delivering children's personal care services under the following conditions:
 - (1) The individual must provide an attestation to the Children's Personal Care Program that children's personal care services are unavailable from a personal care attendant due to significant and recurring barriers,
 - (2) The individual must provide an attestation to the Children's Personal Care Program that they are able to deliver the medically necessary children's personal care services to the beneficiary, and
 - The individual must agree to use the state -sanctioned fiscal employer agent for billing and administrative services.
 - (3)
 - (4) Legally responsible individuals must be paid the current Medicaid rate on file, and not a flexible rate.
 - (1) The individual must not be listed on the U.S. Health and Human Services Office of Inspector General, List of Excluded Individuals/Entities.
 - (2) A personal care attendant may provide personal care services to only one recipient at a time.

(5)

- (e) A variance may be authorized by the Children's Personal Care Services Program to waive certain requirements including hiring a personal care attendant 16-18 years old, or certain background check findings.
- (e) Personal care providers must use a Vermont Medicaid authorized Electronic Visit

 Verification system to collect the following information every time services are provided:
 - (1) Type of service performed,
 - (2) Date of service delivery,
 - (3) Start time and end time of service delivery,
 - (4) Location of service delivery,
 - (5) Name of the service provider, and
 - (6) Name of the beneficiary.

- (f) Personal care providers are not required to use the EVV system under the following conditions:
 - (1) When services are provided entirely outside of the beneficiary's home, or
 - (2) When the personal care provider lives in the home with the beneficiary.

7406.64.233.6 Prior Authorization Requirements Determination of Personal Care Services

- Services must be prior authorized by the Children's Personal Care Services Program. The State shall from time to time adopt and designate for use a functional evaluation tool.
- The following is used to authorize the hours of children's personal care services: The functional evaluation tool shall assist in measuring the level of assistance a recipient requires in activities of daily living and such instrumental activities of daily living linked to the recipient's ADLs.

 A Functional Ability Screening Tool assessment of age-appropriate ability to perform ADLs, and
- (1) <u>Individualized clinical review of relevant supporting materials, description of direct observation, diagnosis verification, and a care plan.</u>
- (a) Prior authorization recevaluations will occur in accordance with the following:
- (1) Annually through age 5,
- (2) Changing to every 3 years if the <u>beneficiary</u>child has two consecutive years of the same evaluation outcome, or

When there is a change in the beneficiary's child's ability to perform ADLs and IADLs.

Children's Personal Care Services

4.233 Children's Personal Care Services

4.233.1 Definitions

For the purposes of this rule the term:

- (a) "Activities of Daily Living" (ADL) means activities including dressing, bathing, grooming, eating, transferring, mobility, and toileting.
- (b) "Children's Personal Care Services" (CPCS) means medically necessary services related to ADLs and IADLs that are furnished to a beneficiary, as part of Vermont Medicaid's Children's Personal Care Services Program.
- (c) "Electronic Visit Verification" (EVV) means a telephone and computer-based system that records information about the services provided.
- (d) "Employer" means the individual or entity who is responsible for the hiring of and ensuring payment to the personal care attendant when services are self-directed.
- (e) "Functional Ability Screening Tool" means a State adopted standardized assessment tool to assist in the determination of medical necessity for children's personal care services.
- (f) "Instrumental Activities of Daily Living" (IADL) means activities including personal hygiene, light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, medication management, and money management.
- (g) "Legally Responsible Individual" means the beneficiary's biological parent, stepparent, adoptive parent, legal guardian, spouse, or civil union partner.
- (h) "Personal Care Attendant" means an individual at least 18 years of age, has successfully passed required background checks, and who is qualified to provide children's personal care services. A personal care attendant must not be a legally responsible individual.
- (i) "Self-Directed" means children's personal care services that are managed and employed directly by the beneficiary, family member, guardian, or guardian's designee.
- (j) "Variance" means a decision by the Children's Personal Care Services Program to waive certain restrictions, including hiring a personal care attendant less than 18 years old, waiving certain background check findings, and paying greater than the maximum wage established.

4.233.2 Covered Services

- (a) Covered children's personal care services must be medically necessary and may include:
 - (1) Assistance with bathing, dressing, grooming, bladder, or bowel requirements,
 - (2) Assistance with eating, drinking, feeding, or dietary activities,
 - (3) Assistance in monitoring vital signs,

- (4) Routine skin care,
- (5) Assistance with positioning, lifting, transferring, ambulation, and exercise,
- (6) Set-up, supervision, cueing, prompting, and guiding, when provided as part of the assistance with ADLs,
- (7) Assistance with age appropriate IADLs that are essential to the beneficiary's care at home.
- (8) Assistance with taking medications,
- (9) Assistance with the use of durable medical equipment including adaptive or assistive devices, and
- (10) Accompanying the recipient to clinics, physician office visits, or other trips which are medically necessary.
- (b) Services must be individualized and be provided exclusively to the beneficiary.
- (c) Children's personal care services can only be provided to one recipient at a time.

4.233.3 Eligibility for Care

- (a) To be eligible for children's personal care services a beneficiary must:
 - (1) Be under the age of 21,
 - (2) Have a medical condition, disability, or cognitive impairment as documented by a physician, psychologist, psychiatrist, physician's assistant, advanced practice registered nurse, licensed mental health clinician, or other licensed clinician working within their scope of practice.
 - (3) Qualify for medically necessary children's personal care services based on functional limitations in age-appropriate ability to perform ADLs, as prior authorized by the Children's Personal Care Services Program.
 - (4) Not be an inpatient or resident of a hospital, nursing facility, intermediate care facility for people with developmental disabilities, or institution for mental disease.

4.233.4 Prior Authorization

- (a) Services must be prior authorized by the Children's Personal Care Services Program.
- (b) The following is used to authorize the hours of children's personal care services:
 - (1) A Functional Ability Screening Tool assessment of age-appropriate ability to perform ADLs completed by a state sanctioned assessor, and
 - (2) Individualized clinical review of relevant supporting materials, description of direct observation, diagnosis verification, and a care plan. Clinical review is completed by a licensed clinician employed by the Agency of Human Services.
- (c) Re-determination authorizing eligibility is required for services in accordance with the following:
 - (1) Every twelve months from the initial authorization date through age 5,
 - (2) Changing to every 3 years, from the last authorization date, if the beneficiary has two consecutive years of the same evaluation outcome, or
 - (3) When there is a change in the beneficiary's ability to perform age-appropriate ADLs and IADLs.

4.233.5 Qualified Providers

(a) The following individuals are eligible to deliver children's personal care services through the Children's Personal Care Services Program:

- (1) Personal care attendants, and
- (2) Legally responsible individuals.

4.233.6 Conditions for Coverage

- (a) The coverage and conditions of this rule apply to services that are delivered outside of any personal care services authorized as a component of the Medicaid School Based Health Services Program in accordance with an Individual Education Plan (IEP).
- (b) A personal care attendant is eligible to deliver services when employed by a home health agency, other agency designated to furnish children's personal care services, or employed as a self-directed personal care attendant.
- (c) When children's personal care services are self-directed the following conditions apply:
 - (1) The employer must use the state sanctioned fiscal employer agent for payroll and administrative services.
 - (2) The employer may pay personal care attendants a flexible wage. The flexible wage must not be lower than the minimum wage, as established by the applicable Collective Bargaining Agreement between the State of Vermont and Vermont Homecare United, American Federation of State County and Municipal Employees Council 93 Local 4802, or higher than the maximum wage published by the Children's Personal Care Program.
 - (3) A variance to pay greater than the maximum wage may be requested by an employer to the Children's Personal Care Services Program. Variance requests are determined by Children's Personal Care Services Program. Services must be provided in the most cost-effective manner possible. Different rates of pay may be paid to different personal care attendants providing services to the same beneficiary. The rate may be based on level of experience, specialized skills, shifts worked, and hiring needs determined by the employer.
 - (4) All services must be paid within the awarded amount. The awarded amount is based on the current Medicaid rate on file for the authorized hours of service. The current Medicaid rate is published on the Vermont Department of Health's website. Payments made above the Medicaid rate on file will result in the beneficiary receiving fewer authorized hours of service.
 - (5) The employer is responsible for paying the appropriate payroll taxes for a personal care attendant out of the awarded amount.
- (d) Legally responsible individuals may be compensated for delivering children's personal care services under the following conditions:
 - (1) The individual must provide an attestation to the Children's Personal Care Program that children's personal care services are unavailable from a personal care attendant due to significant and recurring barriers,
 - (2) The individual must provide an attestation to the Children's Personal Care Program that they are able to deliver the medically necessary children's personal care services to the beneficiary, and
 - (3) The individual must agree to use the state sanctioned fiscal employer agent for billing and administrative services.
 - (4) Legally responsible individuals must be paid the current Medicaid rate on file, and not a flexible rate.
 - (5) The individual must not be listed on the U.S. Health and Human Services Office of Inspector General, List of Excluded Individuals/Entities.

- (e) Personal care providers must use a Vermont Medicaid authorized Electronic Visit Verification system to collect the following information every time services are provided:
 - (1) Type of service performed,
 - (2) Date of service delivery,
 - (3) Start time and end time of service delivery,
 - (4) Location of service delivery,
 - (5) Name of the service provider, and
 - (6) Name of the beneficiary.
- (f) Personal care providers are not required to use the EVV system under the following conditions:
 - (1) When services are provided entirely outside of the beneficiary's home, or
 - (2) When the personal care provider lives in the home with the beneficiary.



VERMONT GENERAL ASSEMBLY

The Vermont Statutes Online

The Vermont Statutes Online have been updated to include the actions of the 2023 session of the General Assembly.

NOTE: The Vermont Statutes Online is an unofficial copy of the Vermont Statutes Annotated that is provided as a convenience

Title 3: Executive

Chapter 025: Administrative Procedure

Subchapter 001: General Provisions

(Cite as: 3 V.S.A. § 801)

§ 801. Short title and definitions

- (a) This chapter may be cited as the "Vermont Administrative Procedure Act."
- (b) As used in this chapter:
- (1) "Agency" means a State board, commission, department, agency, or other entity or officer of State government, other than the Legislature, the courts, the Commander in Chief, and the Military Department, authorized by law to make rules or to determine contested cases.
- (2) "Contested case" means a proceeding, including but not restricted to ratemaking and licensing, in which the legal rights, duties, or privileges of a party are required by law to be determined by an agency after an opportunity for hearing.
- (3) "License" includes the whole or part of any agency permit, certificate, approval, registration, charter, or similar form of permission required by law.
- (4) "Licensing" includes the agency process respecting the grant, denial, renewal, revocation, suspension, annulment, withdrawal, or amendment of a license.
- (5) "Party" means each person or agency named or admitted as a party, or properly seeking and entitled as of right to be admitted as a party.
- (6) "Person" means any individual, partnership, corporation, association, governmental subdivision, or public or private organization of any character other than an agency.
- (7) "Practice" means a substantive or procedural requirement of an agency, affecting one or more persons who are not employees of the agency, that is used by the

agency in the discharge of its powers and duties. The term includes all such requirements, regardless of whether they are stated in writing.

- (8) "Procedure" means a practice that has been adopted in writing, either at the election of the agency or as the result of a request under subsection 831(b) of this title. The term includes any practice of any agency that has been adopted in writing, whether or not labeled as a procedure, except for each of the following:
 - (A) a rule adopted under sections 836-844 of this title;
- (B) a written document issued in a contested case that imposes substantive or procedural requirements on the parties to the case;
 - (C) a statement that concerns only:
- (i) the internal management of an agency and does not affect private rights or procedures available to the public;
- (ii) the internal management of facilities that are secured for the safety of the public and the individuals residing within them; or
- (iii) guidance regarding the safety or security of the staff of an agency or its designated service providers or of individuals being provided services by the agency or such a provider;
- (D) an intergovernmental or interagency memorandum, directive, or communication that does not affect private rights or procedures available to the public;
 - (E) an opinion of the Attorney General; or
- (F) a statement that establishes criteria or guidelines to be used by the staff of an agency in performing audits, investigations, or inspections, in settling commercial disputes or negotiating commercial arrangements, or in the defense, prosecution, or settlement of cases, if disclosure of the criteria or guidelines would compromise an investigation or the health and safety of an employee or member of the public, enable law violators to avoid detection, facilitate disregard of requirements imposed by law, or give a clearly improper advantage to persons that are in an adverse position to the State.
- (9) "Rule" means each agency statement of general applicability that implements, interprets, or prescribes law or policy and that has been adopted in the manner provided by sections 836-844 of this title.
- (10) "Incorporation by reference" means the use of language in the text of a regulation that expressly refers to a document other than the regulation itself.
- (11) "Adopting authority" means, for agencies that are attached to the Agencies of Administration, of Commerce and Community Development, of Natural Resources, of Human Services, and of Transportation, or any of their components, the secretaries of those agencies; for agencies attached to other departments or any of their components,

the commissioners of those departments; and for other agencies, the chief officer of the agency. However, for the procedural rules of boards with quasi-judicial powers, for the Transportation Board, for the Vermont Veterans' Memorial Cemetery Advisory Board, and for the Fish and Wildlife Board, the chair or executive secretary of the board shall be the adopting authority. The Secretary of State shall be the adopting authority for the Office of Professional Regulation.

- (12) "Small business" means a business employing no more than 20 full-time employees.
- (13)(A) "Arbitrary," when applied to an agency rule or action, means that one or more of the following apply:
 - (i) There is no factual basis for the decision made by the agency.
- (ii) The decision made by the agency is not rationally connected to the factual basis asserted for the decision.
- (iii) The decision made by the agency would not make sense to a reasonable person.
- (B) The General Assembly intends that this definition be applied in accordance with the Vermont Supreme Court's application of "arbitrary" in Beyers v. Water Resources Board, 2006 VT 65, and In re Town of Sherburne, 154 Vt. 596 (1990).
- (14) "Guidance document" means a written record that has not been adopted in accordance with sections 836-844 of this title and that is issued by an agency to assist the public by providing an agency's current approach to or interpretation of law or describing how and when an agency will exercise discretionary functions. The term does not include the documents described in subdivisions (8)(A) through (F) of this section.
- (15) "Index" means a searchable list of entries that contains subjects and titles with page numbers, hyperlinks, or other connections that link each entry to the text or document to which it refers. (Added 1967, No. 360 (Adj. Sess.), § 1, eff. July 1, 1969; amended 1981, No. 82, § 1; 1983, No. 158 (Adj. Sess.), eff. April 13, 1984; 1985, No. 56, § 1; 1985, No. 269 (Adj. Sess.), § 4; 1987, No. 76, § 18; 1989, No. 69, § 2, eff. May 27, 1989; 1989, No. 250 (Adj. Sess.), § 88; 2001, No. 149 (Adj. Sess.), § 46, eff. June 27, 2002; 2017, No. 113 (Adj. Sess.), § 3; 2017, No. 156 (Adj. Sess.), § 2.)

VERMONT GENERAL ASSEMBLY

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Title 33: Human Services

Chapter 019: Medical Assistance

Subchapter 001: Medicaid

(Cite as: 33 V.S.A. § 1901)

§ 1901. Administration of program

- (a)(1) The Secretary of Human Services or designee shall take appropriate action, including making of rules, required to administer a medical assistance program under Title XIX (Medicaid) and Title XXI (SCHIP) of the Social Security Act.
- (2) The Secretary or designee shall seek approval from the General Assembly prior to applying for and implementing a waiver of Title XIX or Title XXI of the Social Security Act, an amendment to an existing waiver, or a new state option that would restrict eligibility or benefits pursuant to the Deficit Reduction Act of 2005. Approval by the General Assembly under this subdivision constitutes approval only for the changes that are scheduled for implementation.
 - (3) [Repealed.]
- (4) A manufacturer of pharmaceuticals purchased by individuals receiving State pharmaceutical assistance in programs administered under this chapter shall pay to the Department of Vermont Health Access, as the Secretary's designee, a rebate on all pharmaceutical claims for which State-only funds are expended in an amount that is in proportion to the State share of the total cost of the claim, as calculated annually on an aggregate basis, and based on the full Medicaid rebate amount as provided for in Section 1927(a) through (c) of the federal Social Security Act, 42 U.S.C. § 1396r-8.
 - (b) [Repealed.]
- (c) The Secretary may charge a monthly premium, in amounts set by the General Assembly, per family for pregnant women and children eligible for medical assistance under Sections 1902(a)(10)(A)(i)(III), (IV), (VI), and (VII) of Title XIX of the Social Security Act, whose family income exceeds 195 percent of the federal poverty level, as permitted

title and shall be available to the Agency to offset the costs of providing Medicaid services. Any co-payments, coinsurance, or other cost sharing to be charged shall also be authorized and set by the General Assembly.

- (d)(1) To enable the State to manage public resources effectively while preserving and enhancing access to health care services in the State, the Department of Vermont Health Access is authorized to serve as a publicly operated managed care organization (MCO).
- (2) To the extent permitted under federal law, the Department of Vermont Health Access shall be exempt from any health maintenance organization (HMO) or MCO statutes in Vermont law and shall not be considered to be an HMO or MCO for purposes of State regulatory and reporting requirements. The MCO shall comply with the federal rules governing managed care organizations in 42 C.F.R. Part 438. The Vermont rules on the primary care case management in the Medicaid program shall be amended to apply to the MCO except to the extent that the rules conflict with the federal rules.
- (3) The Agency of Human Services and Department of Vermont Health Access shall report to the Health Care Oversight Committee about implementation of Global Commitment in a manner and at a frequency to be determined by the Committee. Reporting shall, at a minimum, enable the tracking of expenditures by eligibility category, the type of care received, and to the extent possible allow historical comparison with expenditures under the previous Medicaid appropriation model (by department and program) and, if appropriate, with the amounts transferred by another department to the Department of Vermont Health Access. Reporting shall include spending in comparison to any applicable budget neutrality standards.
 - (e) [Repealed.]
- (f) The Secretary shall not impose a prescription co-payment for individuals under age 21 enrolled in Medicaid or Dr. Dynasaur.
- (g) The Department of Vermont Health Access shall post prominently on its website the total per-member per-month cost for each of its Medicaid and Medicaid waiver programs and the amount of the State's share and the beneficiary's share of such cost.
- (h) To the extent required to avoid federal antitrust violations, the Department of Vermont Health Access shall facilitate and supervise the participation of health care professionals and health care facilities in the planning and implementation of payment reform in the Medicaid and SCHIP programs. The Department shall ensure that the process and implementation include sufficient State supervision over these entities to comply with federal antitrust provisions and shall refer to the Attorney General for appropriate action the activities of any individual or entity that the Department determines, after notice and an opportunity to be heard, violate State or federal antitrust

under section 1902(r)(2) of that act. Fees collected under this subsection shall be credited to the State Health Care Resources Fund established in section 1901d of this

laws without a countervailing benefit of improving patient care, improving access to health care, increasing efficiency, or reducing costs by modifying payment methods. (Added 1967, No. 147, § 6; amended 1997, No. 155 (Adj. Sess.), § 21; 2005, No. 159 (Adj. Sess.), § 2; 2005, No. 215 (Adj. Sess.), § 308, eff. May 31, 2006; 2007, No. 74, § 3, eff. June 6, 2007; 2009, No. 156 (Adj. Sess.), § E.309.15, eff. June 3, 2010; 2009, No. 156 (Adj. Sess.), § 1.43; 2011, No. 48, § 16a, eff. Jan. 1, 2012; 2011, No. 139 (Adj. Sess.), § 51, eff. May 14, 2012; 2011, No. 162 (Adj. Sess.), § E.307.6; 2011, No. 171 (Adj. Sess.), § 41c; 2013, No. 79, § 23, eff. Jan. 1, 2014; 2013, No. 79, § 46; 2013, No. 131 (Adj. Sess.), § 39, eff. May 20, 2014; 2013, No. 142 (Adj. Sess.), § 98; 2017, No. 210 (Adj. Sess.), § 3, eff. June 1, 2018.)



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Deadline For Public Comment

Deadline: Dec 19, 2023

The deadline for public comment has expired. Contact the agency or primary contact person listed below for assistance.

Rule Details

Rule Number:

23P038

Title:

Children's Personal Care Services.

Type:

Standard

Status:

Final Proposed

Agency:

Agency of Human Services

Legal Authority:

3 V.S.A. § 801(b)(11); 33 V.S.A. § 1901(a)(1)

The rule sets forth the criteria for Medicaid coverage and reimbursement for Children's Personal Care Services (CPCS) under Vermont's Medicaid program. This rule revises and replaces current Medicaid covered services rule 4.233. The proposed amendments include the following: 1)

Summary:

Implements payment to legally responsible individuals for providing children's personal care services authorized under Vermont's Medicaid program. This was put in place as a temporary option during the public health emergency caused by COVID-19. It became a permanent option after the Vermont Medicaid program obtained the necessary

1115 Global Commitment to Health Waiver authority to continue payment to legally responsible individuals beyond the end of the public health emergency. 2) Implements the Electronic Visit Verification (EVV) tool for all CPCS providers as mandated by Medicaid through the 21st Century Cures Act. 3) Modifies the rule for clarity by defining program practices.

Medicaid beneficiaries, legally responsible individuals as defined in the rule as the beneficiary's biological parent, stepparent, adoptive parent, legal guardian, spouse, or civil

union partner. Independent direct support workers

referenced in the rule as personal care attendants (PCAs).

This rulemaking has a positive economic benefit to Medicaid beneficiaries and to legally responsible

individuals. The amendments to the rule have no

anticipated economic impact on independent direct support providers and to the Department of Vermont Health Access.

Posting date: Oct 18,2023

Hearing Information

Persons Affected:

Economic Impact:

Hearing date:

Information for Hearing # 1

12-11-2023 11:00 AM ADD TO YOUR CALENDAR

Location: Vermont Department of Health

Address: 108 Cherry Street, Room 2A

City: Burlington

State: VT Zip: 05401

Hearing Notes: Call in (audio only)+1 802-828-7667,,309763284# United States, Montpelier Phone Conference ID: 309 763 284#

Contact Information

Information for Primary Contact

PRIMARY CONTACT PERSON - A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE.

Level: Primary

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SEND A COMMENT

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https://www.healthvermont.gov/laws-regulations/laws/public-comment

Address:

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Information for Secondary Contact

SECONDARY CONTACT PERSON - A SPECIFIC PERSON FROM WHOM COPIES OF FILINGS MAY BE REQUESTED OR WHO MAY ANSWER QUESTIONS ABOUT FORMS SUBMITTED FOR FILING IF DIFFERENT FROM THE PRIMARY CONTACT PERSON.

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SEND A COMMENT

Keyword Information

Keywords:

Medicaid

Health Care Administrative Rules

HCAR

Children's Personal Care Services Legally Responsible Individual **Electronic Visit Verification**



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	The Islander (<u>islander@vermontislander.com</u>)	Tel: 802-372-5600 FAX: 802-372-3025	
	Vermont Lawyer (hunter.press.vermont@gmail.com)	Attn: Will Hunter	

FROM: APA Coordinator, VSARA

Date of Fax: January 22, 2024

RE: The "Proposed State Rules" ad copy to run on October 26, 2023

PAGES INCLUDING THIS COVER MEMO: 3

NOTE 8-pt font in body. 12-pt font max. for headings - single space body. Please include dashed lines where they appear in ad copy. Otherwise minimize the use of white space. Exceptions require written approval.

If you have questions, or if the printing schedule of your paper is disrupted by holiday etc. please contact VSARA at 802-828-3700, or E-Mail sos.statutoryfilings@vermont.gov, Thanks.

PROPOSED STATE RULES

By law, public notice of proposed rules must be given by publication in newspapers of record. The purpose of these notices is to give the public a chance to respond to the proposals. The public notices for administrative rules are now also available online at https://secure.vermont.gov/SOS/rules/. The law requires an agency to hold a public hearing on a proposed rule, if requested to do so in writing by 25 persons or an association having at least 25 members.

To make special arrangements for individuals with disabilities or special needs please call or write the contact person listed below as soon as possible.

To obtain further information concerning any scheduled hearing(s), obtain copies of proposed rule(s) or submit comments regarding proposed rule(s), please call or write the contact person listed below. You may also submit comments in writing to the Legislative Committee on Administrative Rules, State House, Montpelier, Vermont 05602 (802-828-2231).

Expansion of Eligibility Criteria for Temporary Housing Assistance.

Vermont Proposed Rule: 23E11

AGENCY: Agency of Human Services

CONCISE SUMMARY: Temporary housing assistance under the General Assistance program provides up to 84 or 28 days of housing in a hotel or motel. Households that are without housing due to a catastrophic situation may be eligible for up to 84 days. Households that are ineligible under catastrophic criteria may be eligible for up to 28 days if the household has a member belonging to a vulnerable population. This rule maintains categorical eligibility for 28 days of housing for families with children under 18 years of age or who are 18 or 19 years of age and attending school, as initially established in 23-E05. This rule also maintains the update to the basic needs standard chart in rule 2652.4 and the methodology for calculating the 30 percent income contribution in rule 2652.4, as initially established in 23-E05. This rule adds language addressing lodging licensing violations. Criteria related to the Act 81 transition benefit are not included in this rule and will be included in a separate emergency rule.

FOR FURTHER INFORMATION, CONTACT: Heidi Moreau, Agency of Human Services, Department for Children and Families 280 State Drive, NOB 1 North, Waterbury, VT 05671 Tel: 802-595-9639 E-Mail: heidi.moreau@vermont.gov URL: https://dcf.vermont.gov/esd/laws-rules/current.

FOR COPIES: Jennifer Myka, Agency of Human Services, Department for Children and Families 280 State Drive, NOB 1 North, Waterbury, VT 05671 Tel: 802-798-9824 E-Mail: jennifer.myka@vermont.gov.

Emergency Housing Transition Benefit.

Vermont Proposed Rule: 23E12

AGENCY: Agency of Human Services

CONCISE SUMMARY: Act 81 established an emergency housing transition benefit that provides continued housing in a hotel or motel for households that were housed through the pandemic-era General Assistance Emergency Housing Program as of June 30, 2023. Under Act 81, the transition benefit ends April 1, 2024. This emergency rule maintains the eligibility criteria initially established in 23-E05, with the following changes: 1) language clarifying that a household must accept and maintain a hotel or motel housing placement for the duration of the eligibility reassessment period to maintain eligibility for the transition benefit; 2) not including "upon expiration of the eligibility reassessment period" from rule 2652.5(D)(i) to align with the requirement in Act 81 that eligibility terminate upon noncompliance with the criteria established in the Act; 3) new definition of misconduct; 4) language addressing hospital-level care and short-term alternative housing placements; and

5) language addressing notice and appeal rights.

FOR FURTHER INFORMATION, CONTACT: Heidi Moreau, Agency of Human Services, Department for Children and Families 280 State Drive, NOB 1 North, Waterbury, VT 05671 Tel: 802-595-9639 E-Mail: heidi.moreau@vermont.gov/esd/laws-rules/current.

FOR COPIES: Jennifer Myka, Agency of Human Services, Department for Children and Families 280 State Drive, NOB 1 North, Waterbury, VT 05671 Tel: 802-798-9824 E-Mail: jennifer.myka@vermont.gov.

Independent School Program Approval Rules.

Vermont Proposed Rule: 23P037

AGENCY: Agency of Education / Vermont Board of Education

CONCISE SUMMARY: The proposed amendments to the Independent School Program Approval Rules are designed to incorporate the principles and goals of Act No.1 (2019), seeking to ensure that schools (1) promote critical thinking regarding the history, contributions, and perspectives of ethnic and social groups; (2) include instructional materials and methods to enable students to explore and understand questions of identity and membership in ethnic and social groups, race equality, and racism; and (3) facilitate welcoming environments for all students without bias or exclusion. These amendments also establish a method for recognizing school accrediting agencies, create an annual compliance assurance requirement for approved schools, require a method for evaluating whether an approved school is compliant with nondiscrimination requirements, clarify the process for accredited and non-accredited schools to apply and become approved, and reorganize the order of the rules for clarity and to align sequentially with the steps for independent school approval and reapproval.

FOR FURTHER INFORMATION, CONTACT: Jennifer Deck Samuelson, State Board of Education 1 National Life Drive Davis 5, Montpelier, VT 05602-2501 Tel: 802-828-0047 Fax: 802-828-6430 E-Mail: SBE.PublicComment@vermont.gov URL: https://education.vermont.gov/state-board-councils/state-board/rulemaking.

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Children's Personal Care Services.

Vermont Proposed Rule: 23P038

AGENCY: Agency of Human Services, Department of Health

CONCISE SUMMARY: The rule sets forth the criteria for Medicaid coverage and reimbursement for Children's Personal Care Services (CPCS) under Vermont's Medicaid program. This rule revises and replaces current Medicaid covered services rule 4.233. The proposed amendments include the following: 1) Implements payment to legally responsible individuals for providing children's personal care services authorized under Vermont's Medicaid program. This was put in place as a temporary option during the public health emergency caused by COVID-19. It became a permanent option after the Vermont Medicaid program obtained the necessary 1115 Global Commitment to Health Waiver authority to continue payment to legally responsible individuals beyond the end of the public health emergency. 2) Implements the Electronic Visit Verification (EVV) tool for all CPCS providers as mandated by Medicaid through the 21st Century Cures Act. 3) Modifies the rule for clarity by defining program practices.

FOR FURTHER INFORMATION, CONTACT: Natalie Weill, Vermont Department of Health, 108 Cherry Street, Burlington, VT 05401 Tel: 802-863-7280 Fax: 802-951-1275 E-Mail: ahs.vdhrules@vermont.gov. URL: https://www.healthvermont.gov/laws-regulations/laws/public-comment.

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