

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.

1. A copy of this filing shall be submitted to the Office of the Secretary of State, no later than 3:30 pm on the last scheduled day of the work week. 2.

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

1. A copy of this filing shall be submitted to the Office of the Secretary of State, no later than 3:30 pm on the last scheduled day of the work week. 2.

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:

Supervised Billing

/s/ Kristin L. McClure

(signature)

, on 6/5/25

(date)

Printed Name and Title:

Kristin McClure, Deputy Secretary, Agency of Human
Services

RECEIVED BY: _____

- ☐ Coversheet
- ☐ Adopting Page
- ☐ Economic Impact Analysis
- ☐ 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)
- ☐ ICAR Minutes
- ☐ Copy of Comments
- ☐ Responsiveness Summary



STATE OF VERMONT
AGENCY OF HUMAN SERVICES

MEMORANDUM

TO: Sarah Copeland Hanzas, Secretary of State

FROM: Jenney Samuelson, Secretary, Agency of Human Services

DATE: November 21, 2024

SUBJECT: Signatory Authority for Purposes of Authorizing Administrative Rules

I hereby designate Kristin McClure, Deputy Secretary, Agency of Human Services 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 Procedures Act, 3. V.S.A § 801 et seq.

CC: KristinMcClure@vermont.gov

1. TITLE OF RULE FILING:

Supervised Billing

2. PROPOSED NUMBER ASSIGNED BY THE SECRETARY OF STATE

25P 016

3. ADOPTING AGENCY:

Agency of Human Services (AHS)

4. PRIMARY CONTACT PERSON:

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

Name: Ashley Berliner

Agency: Agency of Human Services

Mailing Address: 280 State Drive, Waterbury, VT 05671-1000

Telephone: 802-578-9305 Fax: 802-241-0450

E-Mail: ahs.medicaidpolicy@vermont.gov

Web URL *(WHERE THE RULE WILL BE POSTED)*:

<https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar>

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: Grace Johnson

Agency: Agency of Human Services

Mailing Address: 280 State Drive, Waterbury, VT 05671-1000

Telephone: 802-760-8128 Fax: 802-241-0450

E-Mail: grace.e.johnson@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:

Not applicable

PLEASE SUMMARIZE THE REASON FOR THE EXEMPTION:

Not applicable

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)

EXPLANATION OF HOW THE RULE IS WITHIN THE AUTHORITY OF THE AGENCY:

AHS' authority to adopt rules as identified in the above section includes, by necessity, authority to amend rules to ensure continued alignment with federal and state guidance and law. The statutes authorize AHS as the adopting authority for administrative procedures and afford rulemaking authority for the administration of Vermont's medical assistance programs under Title 8. XIX (Medicaid) 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):

This Health Care Administrative rule sets forth the criteria for Medicaid coverage and reimbursement of mental health services provided under Supervised Billing in Vermont. The amendment of this rule updates the language to remove non-eligible provider types, updates the supervised billing structure, aligns the program with best practice, and clarifies policy and program requirements.

15. EXPLANATION OF WHY THE RULE IS NECESSARY:

The rule is necessary to define coverage under Supervised Billing. This amendment aligns with federal and state guidance and law, improves clarity, and makes

technical corrections. The revisions include removing provider types who should not be eligible under Supervised Billing, updating requirements to align with the licensing structure under the Office of Professional Regulation (OPR), clarifying provisions of the rule, and removing outdated provisions.

16. EXPLANATION OF HOW THE RULE IS NOT ARBITRARY:

The rule is required to implement state and federal health care guidance and laws. Additionally, the rule is within the authority of the Secretary, is within the expertise of AHS, and is based on relevant factors including consideration of how the rule affects the people and entities listed below.

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

Medicaid beneficiaries; Agency of Human Services including its Departments; health law, policy, and related advocacy and community-based organizations and groups including the Office of Health Care Advocate; and health care providers.

18. BRIEF SUMMARY OF ECONOMIC IMPACT (150 WORDS OR LESS):

The rule does not increase or lessen an economic burden on any person or entity including no impact on the State's gross annualized budget. There are no additional costs associated with this rule because the amendments reflect administrative changes to Medicaid in Vermont.

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: 5/2/2025

Time: 12:00 PM

Street Address: Virtual Hearing only- Phone or Microsoft
Teams call in 802-828-7667, Phone Conference
ID:645393110#; Teams link and information will be posted

in the Global Commitment Register online as well.

Zip Code:

URL for Virtual: https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZjBhY2ViNmQtY2U4NC00YWJkLWlxZGMtNTBiYmFlNjI4YWZj%40thread.v2/0?context=%7b%22Tid%22%3a%2220b4933b-baad-433c-9c02-70edcc7559c6%22%2c%22Oid%22%3a%22e1e11d2c-11af-4bb4-9727-4c26e6ac5311%22%7d

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):

5/09/25

KEYWORDS (PLEASE PROVIDE AT LEAST 3 KEYWORDS OR PHRASES TO AID IN THE SEARCHABILITY OF THE RULE NOTICE ONLINE).

Medicaid

Health Care Administrative Rule

HCAR

Supervised Billing

Supervision

Licensure

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:

Supervised Billing

2. ADOPTING AGENCY:

Agency of Human Services (AHS)

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*):

SOS Log#: 18-009, Supervised Billing (9.103), Effective February 22, 2018.

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:

Supervised Billing

2. ADOPTING AGENCY:

Agency of Human Services (AHS)

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:

Potentially affected by the adoption of this rule:

Medicaid beneficiaries, Agency of Human Services including its Departments; Hospitals, Health law, policy, and related advocacy and community-based organizations and groups including the Office of the Health Care Advocate; and health care providers.

There are no additional costs associated with this rule because the amendments reflect administrative changes to Medicaid in Vermont.

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 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.

Not applicable.

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 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.

Not applicable.

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 economic impact for there to be a comparison.

9. SUFFICIENCY: DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED.

AHS has analyzed and evaluated the anticipated costs to be expected from the adoption of this rule. There are no additional costs associated with this rule because the amendments reflect existing practice and coverage policies for Medicaid in Vermont. There are no alternatives to the adoption of the rule; it is necessary to ensure continued alignment with federal

and state guidance and law for covered services and benefits within Vermont's Medicaid program.

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:

Supervised Billing

2. ADOPTING AGENCY:

Agency of Human Services (AHS)

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.

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.

5. LAND: *EXPLAIN HOW THE RULE IMPACTS LAND (E.G. IMPACTS ON FORESTRY, AGRICULTURE ETC.):*
No impact.

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

7. **CLIMATE:** *EXPLAIN HOW THE RULE IMPACTS THE CLIMATE IN THE STATE:*
No impact.
8. **OTHER:** *EXPLAIN HOW THE RULE IMPACT OTHER ASPECTS OF VERMONT'S ENVIRONMENT:*
No impact.
9. **SUFFICIENCY:** *DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED.*
No impact.

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:

Supervised Billing

2. ADOPTING AGENCY:

Agency of Human Services (AHS)

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:

Prior to the initiation of rulemaking, AHS held multiple informational open forums for mental health providers to answer questions, clear up confusion about the rule, understand the impacts of the rule as written, and determine necessary amendments. These open forums were held in 2023 and early 2024 and had over 200 attendees. Once AHS had a draft of the new rule, the draft was shared with providers. AHS held three open forums in December 2024 with over 100 attendees and multiple one-on-one meetings with providers. AHS took comments from providers and answered questions. AHS reviewed and considered these comments in drafting this proposed rule.

AHS shared the proposed rule with Vermont Legal Aid, Vermont Medical Society, Vermont Association of Hospitals and Health Systems, Vermont Care Partners, Bi-State Primary Care Association, and the VNAs of Vermont on 2/6/25. No comments were received.

Public Input

AHS notified the Medicaid and Exchange Advisory Committee (MEAC) on 2/6/2025. Comments received were reviewed and considered in drafting this proposed rule.

The rule was presented to ICAR on March 10, 2025. Changes were made to the rule in response to comments from ICAR.

When a rule is filed with the Office of the Secretary of State, AHS provides notice and access to the rule through the Global Commitment Register (GCR). The GCR provides notification of policy changes and clarifications of existing Medicaid policy, including rulemaking, under Vermont's 1115 Global Commitment to Health waiver. Anyone can subscribe to the GCR. Proposed, final proposed, and adopted rules, including all public comments and responses to rulemaking, are posted to the GCR. Subscribers receive email notification of rule filings including hyperlinks to posted documents and an explanation of how to provide comment and be involved in the rulemaking.

The proposed rule was posted in the GCR and was open for public comment from 04/02/2025 - 5/09/2025. No comments were received.

The public hearing for this proposed rule was held on 5/2/2025. No comments were received during the hearing.

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

Agency of Human Services;

The Department of Vermont Health Access;

The Vermont Department of Health;

The Office of Professional Regulation;

Vermont Legal Aid;

Public Input

Vermont Medical Society;

Vermont Association of Hospitals and Health Systems;

Vermont Care Partners;

Bi-State Primary Care Association;

Medicaid and Exchange Advisory Committee;

Designated Agencies;

Mental Health Providers;

Blue Cross Blue Shield of Vermont.

9.103 Supervised Billing

9.103 Supervised Billing (1/1/26, XX-XXX)9.103.1 Definitions

For the purposes of this rule, the term:

- (a) **“Clinical Supervisor”** means a licensed provider qualified pursuant to 9.103.2(a), providing clinical supervision to a supervisee, and supervising clinical services allowable under Title 26 of the Vermont Statutes Annotated (hereinafter referred to as “26 VSA”).
- (b) **“Supervisee”** means a non-licensed provider qualified pursuant to 9.103.2(b), actively working toward licensure as defined in the supervised billing manual available on the Department of Vermont Health Access (DVHA) website, supervised by a clinical supervisor, and performing clinical services allowable under 26 VSA.
- (c) **“Supervised Billing”** is a program that allows a supervisee to provide clinical services under the supervision of a clinical supervisor when the services provided are within the scope of practice of the clinical supervisor, allowable under 26 VSA, and billed to Vermont Medicaid under the clinical supervisor’s license.

9.103.2 Qualified providers

- (a) A clinical supervisor is considered qualified, for purposes of this rule, if they are:
 - (1) Licensed as one of the following provider types in the State of Vermont:
 - i. An allopathic or osteopathic physician board-certified in psychiatry, or
 - ii. A psychiatric nurse practitioner, or
 - iii. A clinical psychologist, or
 - iv. A marriage and family therapist, or
 - v. A clinical mental health counselor, or
 - vi. A clinical social worker, or
 - vii. An alcohol and drug counselor; and
 - (2) Meet the criteria of a qualified supervisor pursuant to the administrative rules of the profession for which the supervisee is training; and
 - (3) Working within their scope of practice; and
 - (4) Enrolled in Vermont Medicaid.
- (b) A supervisee is considered qualified, for purposes of this rule, if they are:
 - (1) Accruing hours needed for licensure, enrolled in a master’s or doctorate level degree program, authorized under 26 VSA to engage in the professional activity for which they are billing, and in compliance with state law governing the professional activity; or
 - (2) Accruing hours needed for licensure, have obtained a master’s level degree or doctorate level degree, authorized under 26 VSA to engage in the professional activity for which they are billing, and in compliance with state law governing the professional activity; and

9.103 Supervised Billing

- (3) Enrolled in Vermont Medicaid under the appropriate provider type and specialty to allow the individual to participate in Supervised Billing.

9.103.3 Conditions for Supervised Billing

- (a) For a clinical supervisor to be reimbursed for clinical services rendered by their supervisee under supervised billing, the clinical supervisor must:
 - (1) Be qualified pursuant to 9.103.2(a); and
 - (2) Meet the criteria of a qualified supervisor pursuant to the statutes and administrative rules of the profession for which the supervisee is training; and
 - (3) Provide supervision consistent with the statutes and administrative rules of the profession for which the supervisee is training; and
 - (4) Be available to the supervisee in person or by phone within 15 minutes or ensure that another qualified licensed provider operating within their scope of practice is available in person or by phone within 15 minutes.
- (b) For a clinical supervisor to be reimbursed for clinical services rendered by their supervisee under supervised billing, the supervisee must:
 - (1) Be qualified pursuant to 9.103.2(b); and
 - (2) Be supervised by a clinical supervisor qualified pursuant to 9.103.2(a); and
 - (3) Adhere to the statutes and administrative rules governing supervised practice of the profession for which the supervisee is training; and
 - (4) Be actively working toward licensure as defined in the supervised billing manual available on the DVHA website; and
 - (5) Be using the hours billed to Vermont Medicaid under supervised billing for licensure.

9.103.4 Non-Covered Services

- (a) Services rendered by any provider who is licensed but not enrolled with Vermont Medicaid.
- (b) Services rendered by any supervisee who is eligible for licensure but is not licensed.
- (c) Services rendered by a supervisee who is not licensed to practice independently and is not actively working toward licensure as defined in the supervised billing manual available on the DVHA website.
- (d) Services rendered by a supervisee under the clinical supervision of a supervisor other than the clinical supervisor on the claim.
- (e) Neuropsychological and psychological testing, evaluation, and scoring services.
- (f) Case management, specialized rehabilitation or emergency care, and assessment services.

Supervised Billing Annotated

9.103 Supervised Billing ~~(2/22/18, GCR 17-073)-(1/1/26, XX-XXX)~~9.103.1 Definitions

For the purposes of this rule, the term:

- (a) **“Clinical Supervisor”** means a licensed provider qualified pursuant to 9.103.2(a), providing clinical supervision to a supervisee, and supervising clinical services allowable under Title 26 of the Vermont Statutes Annotated (hereinafter referred to as “26 VSA”). ~~“Qualified Licensed Provider” means a provider who is licensed and enrolled in Vermont Medicaid and acting within his or her scope of practice.~~
- (b) **“Supervisee”** means a non-licensed provider qualified pursuant to 9.103.2(b), actively working toward licensure as defined in the supervised billing manual available on the Department of Vermont Health Access (DVHA) website, supervised by a clinical supervisor, and performing clinical services allowable under 26 VSA. ~~“Qualified Non-Licensed Provider” means a provider that is actively working towards licensure as specified by his or her profession.~~
- (c) **“Supervised Billing”** ~~is a program that allows a supervisee to provide clinical services under the supervision of a clinical supervisor when the services provided are within the scope of practice of the clinical supervisor, allowable under 26 VSA, and billed to Vermont Medicaid under the clinical supervisor’s license. means that a qualified licensed provider can bill for covered clinical services within his or her scope of practice provided by a qualified non-licensed provider when the qualified non-licensed provider is under direct supervision of the qualified licensed provider.~~

9.103.2 Qualified providers

- (a) ~~A clinical supervisor is considered qualified, qualified licensed provider~~ for purposes of this rule, if they are is:
 - (1) Licensed as one of the following provider types in the State of Vermont:
 - i. ~~An allopathic or osteopathic physician board-certified in psychiatry or a licensed osteopathic physician certified in psychiatry by the American Board of Medical Specialties;~~ or
 - ii. A psychiatric nurse practitioner;³ or
 - iii. A clinical psychologist;³ or
 - iv. A marriage and family therapist;³ or
 - v. A clinical mental health counselor;³ or
 - vi. A clinical social worker;³ or
 - ~~vii. A Board Certified Applied Behavior Analyst; or~~
 - vii. An alcohol and drug counselor; and-
 - (2) Meet the criteria of a qualified supervisor pursuant to the administrative rules of the profession for which the supervisee is training; and
 - (3) Working within their scope of practice; and
 - (4) Enrolled in Vermont Medicaid.

Supervised Billing Annotated

~~(b) A qualified non-licensed provider for purposes of this rule is:~~

- ~~(1) A doctoral degree or master's degree level mental health practitioner, including clinical social workers, clinical mental health counselors, and marriage and family therapists, actively fulfilling post-degree supervised practice hours as outlined by the Office of Professional Regulation in the Office of the Secretary of State; or~~
- ~~(2) A psychiatric nurse practitioner actively fulfilling supervised practice hours as outlined by the Office of Professional Regulation in the Office of the Secretary of State; or~~
- ~~(3) A psychologist actively fulfilling supervised practice hours as outlined by the Office of Professional Regulation in the Office of the Secretary after receiving a doctoral or master's degree in psychology; or~~
- ~~(4) A master's degree level Applied Behavior Analyst actively fulfilling post-degree supervised practice hours as outlined by the Office of Professional Regulation in the Office of the Secretary of State; or~~
- ~~(5) An addiction counselor who is:~~
 - ~~(A) A master-level addiction counselor actively fulfilling the required number of hours of supervised work experience providing alcohol/drug counseling services, commensurate with their degree as outlined by the Office of Professional Regulation in the Office of the Secretary of State; or~~
 - ~~(B) In possession of (or will possess within 180 days of hire or up to the date of the second exam offered following hire) a Vermont Addiction Apprentice Professional certificate (AAP) and providing services within the restrictions required by the Office of Professional Regulation in the Office of the Secretary of State; or~~
 - ~~(C) In possession of an Alcohol and Drug Counselor (ADC) certification and providing services within the restrictions required by the Vermont Office of Professional Regulation.~~

(b) A supervisee is considered qualified, for purposes of this rule, if they are:

- (1) Accruing hours needed for licensure, enrolled in a master's or doctorate level degree program, authorized under 26 VSA to engage in the professional activity for which they are billing, and in compliance with state law governing the professional activity; or
- (2) Accruing hours needed for licensure, have obtained a master's level degree or doctorate level degree, authorized under 26 VSA to engage in the professional activity for which they are billing, and in compliance with state law governing the professional activity; and
- (3) Enrolled in Vermont Medicaid under the appropriate provider type and specialty to allow the individual to participate in Supervised Billing.

Supervised Billing Annotated

9.103.3 Conditions for Supervised Billing

~~For a qualified licensed provider to bill for clinical services provided by a qualified non-licensed provider as supervised billing, the following conditions must be met:~~

- (a) ~~For a clinical supervisor to be reimbursed for clinical services rendered by their supervisee under supervised billing, the clinical supervisor must~~The qualified licensed provider shall:
- ~~(1) Be qualified pursuant to 9.103.2(a); Adhere to the supervision requirements specified by his or her scope of practice, including regular, face to face ongoing supervision to the qualified non-licensed provider; and~~
 - ~~(2) Meet the criteria of a qualified supervisor pursuant to the statutes and administrative rules of the profession for which the supervisee is training; and~~
 - ~~(3) Provide supervision consistent with the statutes and administrative rules of the profession for which the supervisee is training; and~~
 - ~~(2)(4) Be available immediately to the supervisee in person or by phone within 15 minutes themselves or ensure that another qualified licensed provider operating within their scope of practice is available immediately in person or by phone within 15 minutes; and~~
 - ~~(3) Sustain an active part in the ongoing care of the patient, including sign-off on the treatment plan; and~~
 - ~~(4) If the qualified non-licensed provider determines neuropsychological testing may be needed, perform a face to face assessment with the patient to determine if it is medically necessary and which tests should be ordered and administered.~~
- (b) ~~The qualified non-licensed provider shall be actively working towards professional licensure or possess an AAP certification (or will possess within 180 days of hire or up to the date of the second exam offered following hire) or ADC; and~~
- ~~(1) For mental health practitioners, Applied Behavior Analysts, and addiction counselors, be listed on the roster that is maintained by the Office of Professional Regulation in the Office of the Secretary of State for his or her profession; or~~
 - ~~(2) For Psychiatric Nurse Practitioners, be a registered nurse with a collaborative provider agreement as required by the Office of Professional Regulation in the Office of the Secretary of State.~~
- (c) ~~Non-licensed providers described in subsection (b) above who have been on the roster that is maintained by the Office of Professional Regulation in the Office of the Secretary of State for more than five years after January 1, 2016 will no longer be eligible under Medicaid to provide clinical services.~~
- (b) For a clinical supervisor to be reimbursed for clinical services rendered by their supervisee under supervised billing, the supervisee must:
- (1) Be qualified pursuant to 9.103.2(b); and
 - (2) Be supervised by a clinical supervisor qualified pursuant to 9.103.2(a); and
 - (3) Adhere to the statutes and administrative rules governing supervised practice of the profession for which the supervisee is training; and

Supervised Billing Annotated

- (4) Be actively working toward licensure as defined in the supervised billing manual available on the DVHA website; and
- (5) Be using the hours billed to Vermont Medicaid under supervised billing for licensure.

9.103.4 Non-Covered Reimbursable Services

- (a) Services rendered by any provider who is licensed but not enrolled with Vermont Medicaid eligible to be enrolled as a Vermont Medicaid provider but has not applied to be a Vermont Medicaid provider.
- (a)(b) Services rendered by any supervisee who is eligible for licensure but is not licensed.
- (b)(c) Services rendered performed by a non-licensed provider supervisee who cannot practice is not licensed to practice independently and is not actively working toward licensure as defined in the Supervised Billing Manual available on the DVHA website.
- (e)(d) Services rendered by a supervisee under the clinical supervision of a supervisor other than the clinical supervisor on the claim.
- (d)(e) Neuropsychological and psychological testing, evaluation, and scoring services.
- (f) Case management, specialized rehabilitation or emergency care, and assessment services.



INTERAGENCY COMMITTEE ON ADMINISTRATIVE RULES (ICAR) MINUTES

Meeting Date/Location: March 10, 2025, virtually via Microsoft Teams

Members Present: Chair Nick Kramer, Diane Sherman, Jared Adler, Jennifer Mojo, Michael Obuchowski and Natalie Weill

Members Absent: Nicole Dubuque and John Kessler

Minutes By: Melissa Mazza-Paquette

- 2:00 p.m. meeting called to order, welcome and introductions.
- Review and approval of [minutes](#) from the February 10, 2025 meeting.
- Agenda approved as drafted apart from moving the Supervised Billing proposed rule to be presented first.
- No public comments made.
- Presentation of Proposed Rules on pages 2-6 to follow.
 - 1) Supervised Billing, Agency of Human Services, page 2
 - 2) 10 V.S.A. App. § 17, Rule governing the importation and possession of cervids from chronic wasting disease endemic areas and captive hunt or farm facilities, Agency of Natural Resources, Department of Fish and Wildlife, Fish and Wildlife Board, page 3
 - 3) 10 V.S.A. App. § 22, Turkey Seasons Rule, Agency of Natural Resources, Department of Fish and Wildlife, Fish and Wildlife Board, page 4
 - 4) 10 V.S.A. App. § 33, Moose Management Rule, Agency of Natural Resources, Department of Fish and Wildlife, Fish and Wildlife Board, page 5
 - 5) 10 V.S.A. App. § 37 Deer Management Rule, Agency of Natural Resources, Department of Fish and Wildlife, Fish and Wildlife Board, page 6
- Other business: Revisit 2024 draft ICAR guidance document after legislative session. A suggested subcommittee of Diane, Natalie and John could incorporate any necessary edits as an outcome of a publicly warned future meeting.
- Next scheduled meeting is April 14, 2025 at 2:00 p.m.
- 3:11 p.m. meeting adjourned.

Proposed Rule: Supervised Billing, Agency of Human Services

Presented By: Grace Johnson

Motion made to accept the rule by Mike Obuchowski, seconded by Jared Adler, and passed unanimously except for Natalie Weill who abstained, with the following recommendations:

1. Proposed Filing – Coversheet:
 - a. #7: Consider rewording – potentially removing the first sentence and including the appropriate statute.
 - b. #8: Distinguish this proposed rule as one of a larger subset known as the Health Care Administrative rules and this rule is on supervised billing and clarifies what it does.
 - c. #12: Explain why there isn't an impact.
2. Economic Impact Analysis, #3: Coincide with #10 of the Proposed Filing – Coversheet and provide clarification that there aren't additional costs due to it already being in practice.

DRAFT

The Vermont Statutes Online

The Statutes below include the actions of the 2024 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 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 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 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

Reform 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 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; 2023, No. 85 (Adj. Sess.), § 471, eff. July 1, 2024.)

The Vermont Statutes Online

The Statutes below include the actions of the 2024 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 rate-making 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.)

(802) 828-2863

MEMORANDUM

OFFICE OF THE SECRETARY OF STATE

Primary Contact: Ashley Berliner, Agency of Human Services, 280 State Drive, Waterbury, VT 05671-1000 Tel: 802-578-9305
Fax: 802-241-0450 Email: ahs.medicaidpolicy@vermont.gov.

Secondary Contact: Grace Johnson, Agency of Human Services 280 State Drive, Waterbury, VT 05671-1000 Tel: 802-760-8128
Fax: 802-241-0450 Email: grace.e.johnson@vermont.gov.

URL: <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar>

From: APA Coordinator, VSARA

RE: Supervised Billing.

Date 06/12/2025

We received Proposed Rule on 03/25/2025
Final Proposed Rule on 06/12/2025
Adopted Rule on

We have assigned the following rule number(s):

Proposed Rule Number: 25P016

Adopted Rule Number:

(Final Proposals are not assigned a new number; they retain the Proposed Rule Number.)

The following problems were taken care of by phone/should be taken care of immediately:

We cannot accept this filing until the following problems are taken care of:

The notice for this proposed rule appeared/will appear online on: 4/2/2025 and in the newspapers of record on 4/10/2025.

This rule takes effect on
Adoption Deadline: 11/25/2025

Please note:

If you have any questions, please call me at 828-2863. OR
E-Mail me at: sos.statutoryfilings@vermont.gov

cc: Emery Mattheis



Proposed Rules Postings

A Service of the Office of the Secretary of State

- [Vermont.gov](#)
- [Feedback](#)
- [SOS Website](#)
- [APA Site](#)
- [Code of Vermont Rules](#)

- [Recent](#)
- [Search Rules](#)
- [Calendar](#)
- [Subscribe](#)
- [APA Contact Info](#)

Search Rules

Deadline For Public Comment

Deadline: May 09, 2025

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

Rule Details

| | |
|-------------------|--|
| Rule Number: | 25P016 |
| Title: | Supervised Billing. |
| Type: | Standard |
| Status: | Proposed |
| Agency: | Agency of Human Services |
| Legal Authority: | 3 V.S.A. § 801(b)(11), 33 V.S.A. § 1901(a)(1) |
| Summary: | <p>This Health Care Administrative rule sets forth the criteria for Medicaid coverage and reimbursement of mental health services provided under supervised billing in Vermont. The amendment of this rule updates the language to remove non-eligible provider types, updates the supervised billing structure, aligns the program with best practice, and clarifies policy and program requirements.</p> <p>Medicaid beneficiaries; Agency of Human Services including its Departments; health law, policy, and related advocacy and community-based organizations and groups including the Office of Health Care Advocate; and health care providers.</p> |
| Persons Affected: | <p>The rule does not increase or lessen an economic burden on any person or entity including no impact on the State's gross annualized budget.</p> |
| Economic Impact: | <p>There are no additional costs associated with this rule because the amendments reflect administrative changes to Medicaid in Vermont.</p> |
| Posting date: | Apr 02,2025 |

Hearing Information

Information for Hearing # 1

Hearing date: 05-02-2025 12:00 PM [ADD TO YOUR CALENDAR](#)

Location: Virtual via MS Teams

Address: Phone Call in 802-828-7667, ID: 645393110#
https://teams.microsoft.com/l/meetupjoin/193ameeting_ZjBhY2ViNmQtY2U4NC00YWJkLWlxZGMtNTBiYmFlNjI4YWZj40thread.context7b2

City: https://teams.microsoft.com/l/meetupjoin/193ameeting_ZjBhY2ViNmQtY2U4NC00YWJkLWlxZGMtNTBiYmFlNjI4YWZj40thread.context7b2

State: VT

Zip: n/a

Hearing Notes: Virtual hearing only via MS Teams, Phone Call in 802-828-7667, ID: 645393110# or https://teams.microsoft.com/l/meetupjoin/193ameeting_ZjBhY2ViNmQtY2U4NC00YWJkLWlxZGMtNTBiYmFlNjI4YWZj40thread.context7b2Tid223a2220b4933b-baad-433c-9c02-70edcc7559c6222c22Oid223a22e1e11d2c-11af-4bb4-9727-4c26e6ac5311227d

Contact Information**Information for Primary Contact****PRIMARY CONTACT PERSON** - A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE COM

Level: Primary

Name: Ashley Berliner

Agency: Agency of Human Services

Address: 280 State Drive

City: Waterbury

State: VT

Zip: 05671-1000

Telephone: 802-578-9305

Fax: 802-241-0450

Email: ahs.medicaidpolicy@vermont.gov

[SEND A COMMENT](#)

Website Address: <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hca>

[VIEW WEBSITE](#)**Information for Secondary Contact****SECONDARY CONTACT PERSON** - A SPECIFIC PERSON FROM WHOM COPIES OF FILINGS MAY BE | MAY ANSWER QUESTIONS ABOUT FORMS SUBMITTED FOR FILING IF DIFFERENT FROM THE PRIM

Level: Secondary

Name: Grace Johnson

Agency: Agency of Human Services

Address: 280 State Drive

City: Waterbury

State: VT

Zip: 05671-1000

Telephone: 802-760-8128

Fax: 802-241-0450

Email: grace.e.johnson@vermont.gov

[SEND A COMMENT](#)**Keyword Information**

Keywords:

Medicaid
Health Care Administrative Rule
HCAR
Supervised Billing
Supervision
Licensure
Mental Health Licensure

Back

[Accessibility Policy](#) | [Privacy Policy](#)

A Vermont Government Website Copyright 2025 State of Vermont



v 1.0.2

OFFICE OF THE SECRETARY OF STATE
VERMONT STATE ARCHIVES & RECORDS ADMINISTRATION (VSARA)
(802) 828-2863

| | | |
|-----|--|--|
| TO: | Seven Days Legals (legals@sevendaysvt.com) | Tel: (802) 865-1020 x110. |
| | The Caledonian Record Julie Poutre (adv@caledonian-record.com) | Tel: 748-8121 FAX: 748-1613 |
| | Times Argus / Rutland Herald Classified Ads (classified.ads@rutlandherald.com) | Tel: 802-747-6121 ext 2238 FAX: 802-776-5600 |
| | The Valley News (advertising@vnews.com) | Tel: 603-298-8711 FAX: 603-298-0212 |
| | The Addison Independent (legals@addisonindependent.com) | Tel: 388-4944 FAX: 388-3100 Attn: Display Advertising |
| | The Bennington Banner / Brattleboro Reformer Lylah Wright (lwright@reformer.com) | Tel: 254-2311 ext. 132 FAX: 447-2028 Attn: Lylah Wright |
| | The Chronicle (ads@bartonchronicle.com) | Tel: 525-3531 FAX: 525-3200 |
| | Herald of Randolph (ads@ourherald.com) | Tel: 728-3232 FAX: 728-9275 Attn: Brandi Comette |
| | Newport Daily Express (jlafoe@newportvermontdailyexpress.com) | Tel: 334-6568 FAX: 334-6891 Attn: Jon Lafoe |
| | News & Citizen (mike@stowereporter.com) | Tel: 888-2212 FAX: 888-2173 |
| | St. Albans Messenger Legals (legals@samessenger.com ; cfoley@orourkemediagroup.com) | Tel: 524-9771 ext. 117 FAX: 527-1948 Attn: Legals |
| | The Islander (islander@vermontislander.com) | 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: June 16, 2025

RE: The "Proposed State Rules " ad copy to run on

April 10, 2025

PAGES INCLUDING THIS COVER MEMO:

2

***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).

Supervised Billing.

Vermont Proposed Rule: 25P016

AGENCY: Agency of Human Services

CONCISE SUMMARY: This Health Care Administrative rule sets forth the criteria for Medicaid coverage and reimbursement of mental health services provided under supervised billing in Vermont. The amendment of this rule updates the language to remove non-eligible provider types, updates the supervised billing structure, aligns the program with best practice, and clarifies policy and program requirements.

FOR FURTHER INFORMATION, CONTACT: Ashley Berliner, Agency of Human Services, 280 State Drive, Waterbury, VT 05671-1000 Tel: 802-578-9305 Fax: 802-241-0450 Email: ahs.medicaidpolicy@vermont.gov.

URL: <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar>.

FOR COPIES: Grace Johnson, Agency of Human Services 280 State Drive, Waterbury, VT 05671-1000 Tel: 802-760-8128 Fax: 802-241-0450 Email: grace.e.johnson@vermont.gov.