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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 21-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Page

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



Medicaid and CHIP Operations Group

November 18, 2021

VIA E-MAIL

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

Re: Vermont State Plan Amendment (SPA) 21-0013

Dear Secretary Smith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0013. This amendment proposes to add ambulatory surgical centers to Vermont's State Plan. This letter is to inform you that Vermont's Medicaid SPA Transmittal Number 21-0013 was approved November 18, 2021 and effective July 1, 2021.

If you have questions concerning this letter, please contact Gilson DaSilva, Division of Program Operations (South Branch) at (617) 565-1227 or via e-mail at Gilson.dasilva@cms.hhs.gov.

Sincerely,

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

James G. Scott
Division of Program Operations

cc: Dylan Frazer, Deputy Director of Medicaid Policy

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 21-0013	2. STATE: VERMONT
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (CHECK ONE): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §430.12(c)(1)(ii)	7. FEDERAL BUDGET IMPACT: a. FFY <u>2021</u> \$ <u>30,896</u> b. FFY <u>2022</u> \$ <u>123,584</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A page 4c(1)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) None	
10. SUBJECT OF AMENDMENT: Ambulatory Surgical Centers		
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED SIGNATURE OF SECRETARY OF ADMINISTRATION Kristin Clouser <small>Digitally signed by Kristin Clouser Date: 2021.09.30 10:43:58 -0400</small>
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: DYLAN FRAZER AGENCY OF HUMAN SERVICES 280 STATE DRIVE, CENTER BUILDING WATERBURY, VT 05671-1000	
13. TYPED NAME: Michael K. Smith	15. DATE SUBMITTED: 9/30/2021	
14. TITLE: SECRETARY, AGENCY OF HUMAN SERVICES		
17. DATE RECEIVED: 09/30/2021		
FOR REGIONAL OFFICE USE ONLY		
18. DATE APPROVED: 11/18/2021	19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/2021	
PLAN APPROVED - ONE COPY ATTACHED		
20. SIGNATURE OF REGIONAL OFFICIAL: 	21. TYPED NAME: James G. Scott	
22. TITLE Director, Division of Program Operations		
23. REMARKS 		

ITEM 9. CLINIC SERVICES (Continued)

- d) Services provided in ambulatory surgical centers are limited as follows:
- 1) Services must be related to the provision of the surgery or procedure being performed.
 - 2) Services are performed in an ambulatory surgical center that is licensed by the State of Vermont or meet standards for Medicaid enrollment in the state in which the center is located.