

## **Table of Contents**

**State/Territory Name: Vermont**

**State Plan Amendment (SPA) #: 22-0011**

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

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October 7, 2022

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

Re: Vermont State Plan Amendment (SPA) 22-0011

Dear Secretary Samuelson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0011. This amendment updates the compliance oversight process under the False Claims Act such that Vermont Medicaid will ensure provider compliance through a document review electronically or via written correspondence and will no longer conduct site visits unless deemed necessary. This SPA is being amended under Section 1902(a)(68) of the Social Security Act.

This letter is to inform you that Vermont Medicaid SPA 22-0011 was approved on September 13, 2022, with an effective date of July 1, 2022. Enclosed are copies of the CMS-179 summary page and the approved SPA page for incorporation into the Vermont State Plan.

If you have any questions, please contact Gilson DaSilva at (617) 565-1227 or via email at [gilson.dasilva@cms.hhs.gov](mailto:gilson.dasilva@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Dylan Frazer, Deputy Director of Medicaid Policy

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

1. TRANSMITTAL NUMBER  
2 2 — 0 0 1 1

2. STATE  
VT

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

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

4. PROPOSED EFFECTIVE DATE  
7/1/2022

5. FEDERAL STATUTE/REGULATION CITATION  
Sec 1902(a)(68) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2022 \$ 0  
b. FFY 2023 \$ 0

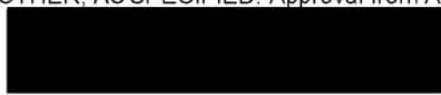
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 4.42-A Page 1

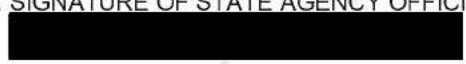
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Attachment 4.42-A Page 1

9. SUBJECT OF AMENDMENT  
  
Process Update for Compliance Oversight of the False Claims Act

10. GOVERNOR'S REVIEW (Check One)

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

OTHER, AS SPECIFIED: Approval from Agency of Admin.  


11. SIGNATURE OF STATE AGENCY OFFICIAL  


15. RETURN TO  
DYLAN FRAZER  
DEPARTMENT OF VERMONT HEALTH ACCESS  
280 STATE DRIVE  
WATERBURY, VT 05671-1010  
  
DYLAN.FRAZER@VERMONT.GOV

12. TYPED NAME  
Jenney Samuelson

13. TITLE  
SECRETARY, AGENCY OF HUMAN SERVICES

14. DATE SUBMITTED  
8/9/2022

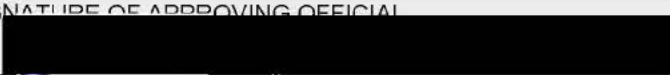
**FOR CMS USE ONLY**

16. DATE RECEIVED 08/09/2022

17. DATE APPROVED 09/13/2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2022

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
James G. Scott

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

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: VERMONT

Citation

1902(a)(68) of the  
Act, P.L. 109-171  
(section 6032)

Compliance Oversight of the False Claims Act

The Vermont Medicaid program shall ensure that all entities (as defined in the State plan, 4.42) comply with the requirements of the False Claims Act mandating Employee Education About False Claims Recoveries.

Beginning August 1 of 2007, the Vermont Medicaid program shall identify each entity through an annual review of all U.S. Department of Treasury Forms 1099-MISC that it has issued to its providers. All entities shall be notified by letter. All entities shall be requested to provide Vermont Medicaid with a copy of their policy regarding their compliance with the False Claims Act to include their specific plans for employee education of the False Claims Act by October 1 of 2007.

In following years, as defined by Section 1902(a)(68) of the Social Security Act, Vermont Medicaid will review any entities which receives payments from Title XIX healthcare programs (or under any waiver of such plan), totaling at least \$5,000,000 annually. Supporting documentation from providers will be collected either electronically or via written correspondence. However, the Vermont Medicaid program reserves the right to visit providers on-site to inquire about False Claims Act compliance, at its discretion.

It shall be made known to all entities that as a Condition of Participation, as outlined in the Vermont Medicaid General Provider Agreement and the Special Provisions Attachment that the entity must comply with said requirements, and that failure to comply with said requirements shall result in termination of the Provider Agreement. An entity shall be permitted a timeframe of 90 days (from receipt of notification) to provide Vermont Medicaid with said proof of compliance.

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TN No.: 22-0011  
Supersedes  
TN No.: 15-015

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Approval Date: 09/13/2022  
Effective Date: 07/01/2022