

## **Table of Contents**

**State/Territory Name: Vermont**

**State Plan Amendment (SPA) #: 23-0023**

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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June 16, 2023

Adaline Strumolo, Deputy Commissioner  
Department of Vermont Health Access (DVHA)  
NOB 1 South, 280 State Drive  
Waterbury, VT 05671-1010

Re: Vermont State Plan Amendment (SPA) 23-0023

Dear Deputy Commissioner Strumolo:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0023. This amendment proposes to clarify coverage of podiatry services.

This letter is to inform you that Vermont Medicaid SPA 23-0023 was approved on June 16, 2023, with an effective date of May 1, 2023.

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,



Ruth A. Hughes, Acting 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 3 — 0 0 2 3

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

5/1/2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR §430.12(c)(1)(ii)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 0

b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Att. 3.1-A page 2e

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Att. 3.1-A page 2e

9. SUBJECT OF AMENDMENT

Update Coverage Description for Podiatry Services

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

12. TYPED NAME  
Jenney Samuelson

13. TITLE  
SECRETARY, AGENCY OF HUMAN SERVICES

14. DATE SUBMITTED  
6/5/2023

15. RETURN TO

DYLAN FRAZER  
DEPARTMENT OF VERMONT HEALTH ACCESS  
280 STATE DRIVE  
WATERBURY, VT 05671-1010

DYLAN.FRAZER@VERMONT.GOV

**FOR CMS USE ONLY**

16. DATE RECEIVED 06/05/2023

17. DATE APPROVED 06/16/2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL 05/01/2023

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL  
Ruth A. Hughes

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

22. REMARKS

ITEM 6. MEDICAL CARE AND ANY OTHER TYPE OF REMEDIAL CARE  
RECOGNIZED UNDER STATE LAW, FURNISHED BY LICENSED  
PRACTITIONERS WITHIN THE SCOPE OF THEIR PRACTICE AS  
DEFINED BY STATE LAW

A. Podiatrists' Services

Podiatrists' services must be medically necessary. Medical necessity is determined by the Medicaid program.

Routine foot care, including cutting or removal of corns or calluses, trimming of nails and preventative or hygienic care of the feet, is not covered unless medically necessary.

Services performed in the absence of a medical condition or injury involving the foot, ankle, or lower extremity are not covered.