

## **Table of Contents**

**State/Territory Name: Vermont**

**State Plan Amendment (SPA) #: 25-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 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 6, 2025

Monica Ogelby, Medicaid Director  
Vermont Agency of Human Services  
280 State Drive - Center Building  
Waterbury, VT 05671

Re: Vermont State Plan Amendment (SPA ) 25-0001

Dear Director Ogelby:

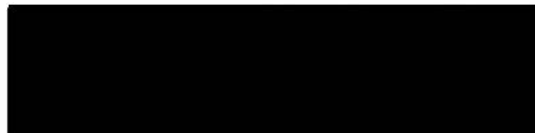
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0001. This amendment proposes to update limits and prior authorization requirements for physical, occupational and speech/language therapy services to reduce the burden to access these services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations in accordance with 42 CFR §430.12(c)(1)(ii). This letter informs you that Vermont's Medicaid SPA TN 25-0001 was approved on June 6, 2025, effective January 1, 2025.

Enclosed are copies of Form CMS 179 and the approved SPA page to be incorporated 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,



Shantrina Roberts, 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 5 — 0 0 0 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

1/1/25

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR §430.12(c)(1)(ii)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0

b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Att. 3.1-A page 4e

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Att. 3.1-A page 4e

9. SUBJECT OF AMENDMENT

Increase limits for PT/OT/ST for adults; remove limits for beneficiaries under 21

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

Monica Ogelsby

13. TITLE

MEDICAID DIRECTOR, AGENCY OF HUMAN SERVICES

14. DATE SUBMITTED

3/31/2025

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

03/31/2025

17. DATE APPROVED

06/06/2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

01/01/2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Shantrina Roberts

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

ITEM 11. PHYSICAL THERAPY AND RELATED SERVICES

A, B, & C Physical therapy, occupational therapy and services for individuals with speech, hearing, and language disorders are covered

For beneficiaries aged 21 and older, services are limited to sixty (60) therapy visits per calendar year and include any combination of physical therapy (PT), occupational therapy (OT) and speech/language therapy (ST). These limits may be exceeded based on medical necessity and must be prior approved.

Outpatient PT, OT, and ST services are limited to one hour, per discipline, per day, except for wheelchair evaluations. These limits can be exceeded when medically necessary.

All therapy providers meet the provider qualifications described in 42 CFR 440.110

PT, OT, and ST for an inpatient of a nursing facility are covered in the nursing facility per diem.

(Continued)