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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 25-0005

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

May 16, 2025

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

Re: Vermont State Plan Amendment (SPA) 25-0005

Dear Director Ogelby:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0005. This amendment proposes to remove limits on physician office visits, home visits, and nursing facility visits.

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 §440.50. This letter informs you that Vermont's Medicaid SPA TN 25-0005 was approved on May 16, 2025, effective February 15, 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.

Sincerely,

A solid black rectangular box used to redact the signature of Shantrina Roberts.

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 <u>2 5 — 0 0 0 5</u>	2. STATE <u>VT</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>2/15/2025</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR §440.50</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2025</u> \$ <u>0</u> b. FFY <u>2026</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Att. 3.1-A page 2d</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Att. 3.1-A page 2d</u>	

9. SUBJECT OF AMENDMENT

Remove Limits on Physician Office Visits, Home Visits, and Nursing Facility Visits

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 Ogelby

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

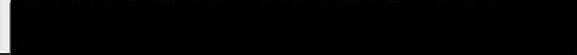
16. DATE RECEIVED
03/31/2025

17. DATE APPROVED
05/16/2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
02/15/2025

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 5.a. PHYSICIAN'S SERVICES WHETHER FURNISHED IN THE OFFICE, A PATIENT'S HOME, A HOSPITAL, A NURSING FACILITY, OR ELSEWHERE

A. Physician services are provided in accordance with 42 CFR 440.50.

Physician's services are limited in the following ways:

- ◆ Hospital visits - up to one admission visit per patient per diagnosis per month, and up to one visit per day for acute care. These limits can be exceeded when medically necessary.

B. Some services require prior authorization.

C. The following services are not covered:

- 1) Cosmetic surgery
- 2) Ineffective or unproven procedures
- 3) Unnecessary testing
- 4) Experimental procedures
- 5) Services provided without required consent

ITEM 5.b. MEDICAL AND SURGICAL SERVICES FURNISHED BY A DENTIST

See item 5a. Also, some medical and surgical services furnished by a dentist may require prior authorization.

TN No. 25-0005

Supersedes

 TN No. 02-07

Approval Date: 05/16/2025

Effective Date: 2/15/2025