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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 25-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Pages

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

December 4, 2025

Jill Mazza Olson, Medicaid Director
Vermont Agency of Human Services
Building E, Third Floor, 280 State Drive
Waterbury, VT 05671-1000

Re: Vermont State Plan Amendment (SPA) - 25-0017

Dear Director Olson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0017. This amendment affirms compliance with the mandatory exception to the Medicaid clinic services benefit “Four Walls” requirement for Indian Health Services (IHS) and Tribal Clinics.

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 §440.90. This letter informs you that Vermont’s Medicaid SPA TN 25-0017 was approved on December 4, 2025, effective July 1, 2025.

Enclosed are copies of Form CMS 179 and the approved SPA pages 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 redacting the signature of Wendy E. Hill Petras.

Wendy E. Hill Petras, 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 1 7

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

7/1/25

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 440.90

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

~~Supplement 3 to Attachments 3.1-A and 3.1-B page 1-4~~

Attachment 3.1-A, pages 4a, 4b, 4c, 4c(1) and 4c(2).

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

~~None~~

Attachment 3.1-A, pages 4a, 4b, 4c and 4c(1)

9. SUBJECT OF AMENDMENT

Mandatory exception to the Medicaid clinic services benefit "four walls" requirement for IHS and Tribal clinics.

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.



TE AGENCY OFFICIAL

12. TYPED NAME

Ashley Berliner

13. TITLE

MEDICAID DIRECTOR, AGENCY OF HUMAN SERVICES

14. DATE SUBMITTED

9/30/2025

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

09/30/2025

17. DATE APPROVED

12/04/2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

07/01/2025

19.



20. TYPED NAME OF APPROVING OFFICIAL

Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

11/18/2025 - VT agreed to authorize a pen-and-ink change to revise the referenced pages in boxes 7 and 8.

State Plan under Title XIX of the Social Security Act
State/Territory: Vermont

Section 1905(a)(9) Clinic Services

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

General Assurances

[Select all three checkboxes below.]

- ☒ The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

Types of Clinic Services and Limitations in Amount, Duration, or Scope

[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

- ☐ Limitations apply to all services within the benefit category.
Click or tap here to enter text.

Types of Clinics and Services:

[Select all that apply and describe below as applicable]

- ☒ Behavioral Health Clinics **[Describe the types of behavioral health clinics below and select below if applicable.]:**

Mental Health Clinics: Mental Health clinic services are those services provided by mental health clinics which are facilities, not a part of a hospital, established for the purpose of providing mental health care and services to outpatients. A mental health clinic eligible for participation under the Plan must meet all of the following conditions:

- (1) Be an incorporated, non-profit clinic governed by an elected board of directors, who

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0017
Supersedes TN: 08-005; 87-2; 88-3

Approval Date: 12/4/2025
Effective Date: 7/1/2025

State Plan under Title XIX of the Social Security Act
State/Territory: Vermont

Section 1905(a)(9) Clinic Services

reside in the catchment area of the facility;

- (2) Have an organized, multi-disciplinary professional staff;
- (3) Be a clinic which renders services without regard to the patient's ability to pay; and
- (4) Be a clinic which conforms to the standards for mental health clinics published by the Commissioner of the Department of Mental Health.

Services eligible for reimbursement under the Plan shall be provided according to an individualized patient treatment plan which shall be prescribed by a physician or formulated with physician participation. The treatment plan or the process of treatment shall be regularly reviewed by the physician. Services shall be provided by the physician or by a qualified mental health professional on the staff of the clinic.

☐ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

Click or tap here to enter text.

☐ IHS and Tribal Clinics **[Select below if applicable.]**:

☐ Limitations apply only to this clinic type within the benefit category. **[describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].**

Click or tap here to enter text.

☐ Renal Dialysis Clinics **[Select below if applicable.]**:

☐ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

Click or tap here to enter text.

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State Plan under Title XIX of the Social Security Act
State/Territory: Vermont

Section 1905(a)(9) Clinic Services

☒ Other Clinics **[Describe the types of clinics, if any limitations apply, and select below if applicable.]:**

Medical Care Clinics are limited in accordance with the limits to Physicians' Services set forth in this plan.

Comprehensive Service Clinics operated by the Vermont Department of Health may provide all the services of medical care clinics, physician group practices, physical therapy and related services, and any other outpatient service covered in the state plan. All services provided are limited in amount, duration and scope, and qualified provider as set forth in this plan. All patients of the comprehensive service clinics shall have an individualized patient treatment plan prescribed by a physician or formulated with physician participation. The treatment plan or the process of treatment shall be regularly reviewed by the physician. Clinic services shall be provided by a physician or by another qualified provider. All health care providers used by the clinic that are not enrolled in the Medicaid program must be credentialed by the Vermont Department of Health.

Ambulatory Surgical Center services must be related to the provision of the surgery or procedure being performed. 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.

☒ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

Any limits to clinic services may be exceeded based upon state determined medical necessity criteria.

Four Walls Exceptions

The state assures that the following services may be furnished outside of the clinic **[Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]**

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TN: 25-0017
Supersedes TN: 21-0013

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State Plan under Title XIX of the Social Security Act
State/Territory: Vermont

Section 1905(a)(9) Clinic Services

☒ Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).

☐ Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic **[Select all that apply.]**:

☒ Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) **[Describe the types of behavioral health clinics such exception applies to below.]**:
Mental Health Clinics

☐ Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e) **[Select one of the checkboxes below and describe the definition of a rural area that applies to this exception.]**:

☐ A definition adopted and used by a federal governmental agency for programmatic purposes **[Describe below.]**:
Click or tap here to enter text.

☐ A definition adopted by a state governmental agency with a role in setting state rural health policy **[Describe below.]**:
Click or tap here to enter text.

The state attests that **[Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]**:

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TN: 25-0017
Supersedes TN: None

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Section 1905(a)(9) Clinic Services

☐ The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:

- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
- The population experiences issues accessing services due to lack of transportation;
- The population experiences a historical mistrust of the health care system; and
- The population experiences high rates of poor health outcomes and mortality.

Additional Benefit Description (Optional)

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. **[Describe below.]**
Click or tap here to enter text.

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