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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 25-0019

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

January 29, 2026

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) - 25-0019

Dear Director Olson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0019. This amendment affirms that the mandatory medication assisted treatment for opioid use disorder (MAT/OU) benefit has been made permanent per Section 1905(a)(29) of the Social Security Act and Section 201 of the Consolidated Appropriations Act (CAA) of 2024.

We conducted our review of your submittal according to statutory requirements in Section 1905(a)(29) of the Social Security Act. This letter informs you that Vermont's Medicaid SPA TN 25-0019 was approved on January 29, 2026, with an effective date of October 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,



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 <u>19</u> <u>25</u> — <u>00</u> <u>25</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
10/1/2025

5. FEDERAL STATUTE/REGULATION CITATION
1905(a)(29) of the SSA

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 \$ 0
b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Att. 3.1-A page 15
Supplement 2 to Att. 3.1-A pages 1 - 5

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)
Supplement 2 to Attachment 3.1-A pages 1-7

9. SUBJECT OF AMENDMENT

Permanent Coverage of Mandatory Medication Assisted Treatment Benefit

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.


STATE AGENCY OFFICIAL


15. RETURN TO
DYLAN FRAZER
AGENCY OF HUMAN SERVICES
280 STATE DRIVE, BUILDING E
WATERBURY, VT 05671-1000
DYLAN.FRAZER@VERMONT.GOV

Ashley Berliner
13. TITLE
MEDICAID POLICY DIRECTOR, AGENCY OF HUMAN SVCS

14. DATE SUBMITTED
12/31/2025

FOR CMS USE ONLY

16. DATE RECEIVED
12/31/2025

17. DATE APPROVED
01/29/2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
10/01/2025

19. 

20. TYPED NAME OF APPROVING OFFICIAL
Wendy E. Hill Petras

21. Acting Director, Division of Program Operations

22. REMARKS

01/06/2026 - Vermont has authorized a pen-and-ink change to correct the transmittal number from 25-0025 to 25-0019.

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

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Citation: 3.1-A Amount, Duration, and Scope of Services

1905(a)(29) MAT as described and limited in Supplement 2 to Attachment 3.1-A

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)(29) 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 #68). 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: 25-0019
Supersedes TN: None

Approval Date: 1/29/2026
Effective Date: 10/1/2025

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

Section 1905(a)(29) Medication Assisted Treatment (MAT)

General Assurances

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020.

The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT:

Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

Intervention: includes screening and referral to treatment for individuals at risk because of their opioid use/misuse or at risk for opioid use disorder. This service may include brief one-on-one counseling to address the issues and risk and/or referrals to treatment services, medical and behavioral health services and community services. This service may be provided by health care generalists, such as nurses or social workers, and qualified and credentialed counselors and clinicians, nurses, physicians, and psychologists trained in the evidence-based practice. This service is provided in both clinical and non-clinical settings.

Treatment services: therapies, including individual, family, and group counseling, service planning and coordination provided in outpatient setting with services provided by addiction treatment, mental health, and/or medical personnel. Family therapy that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

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TN: 25-0019
Supersedes TN: 21-0007

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

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include each practitioner and provider entity that furnishes each service and component service.

Provider/Practitioner	License/Certification	Services Provided
Alcohol & Drug Counselor (ADC)	<p>Certification pursuant to regulations set forth by the VT Secretary of State's Office of Professional Regulation (OPR).</p> <p>Minimum requirements: -Bachelor's degree -270 hours of SUD education -4,000 hours of supervised work experience -Pass the IC&RC Alcohol and Drug Counselor (ADC) Examination or equivalent exam approved by OPR Director.</p>	Intervention; Treatment under supervision of licensed provider/practitioner
Alcohol & Drug Counselor (LADC)	Licensed pursuant to OPR regulations	Early Intervention; Treatment
Apprentice Addiction Professional (AAP)	<p>Certification pursuant to OPR regulations.</p> <p>Minimum requirements: -Associate's degree -40 hours of education related to addiction counseling -Pass AAP examination as specified by OPR Director.</p>	Intervention; Treatment under supervision of licensed provider/practitioner

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Section 1905(a)(29) Medication Assisted Treatment (MAT)

Clinical Mental Health Counselor	Licensed pursuant to VT Board of Allied Mental Health regulations	Intervention; Treatment
Clinical Social Worker	Licensed pursuant to OPR regulations	Intervention; Treatment
Marriage & Family Therapist	Licensed pursuant to VT Board of Allied Mental Health regulations	Intervention; Treatment
Nurse	Registered Nurse Licensed pursuant to VT Board of Nursing regulations	Intervention; Treatment
Physicians	Allopathic physicians are licensed pursuant to VT Board of Medical Practice regulations; Osteopathic physicians are licensed pursuant to VT Board of Osteopathic Physicians and Surgeons regulations	Intervention; Treatment
Psychologists	Licensed pursuant to VT Board of Psychological Examiners regulations	Intervention; Treatment
Opioid Treatment Program (OTP)	Certification pursuant to VT Dept of Health regulations, including the following requirements: initial certification application; site visits; adherence to ASAM criteria; policies and procedures regarding necessary supervision of any clinical or direct service personnel, and adherence to State scope of practice laws.	Treatment

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State Plan under Title XIX of the Social Security Act
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Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Please see the chart above.

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Section 1905(a)(29) Medication Assisted Treatment (MAT)

Utilization Controls

[Select all applicable checkboxes below.]

- The state has drug utilization controls in place. (Check each of the following that apply)
- Generic first policy
 - Preferred drug lists
 - Clinical criteria
 - Quantity limits
- The state does not have drug utilization controls in place.

Limitations

[Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.]

- No limits on methadone amount or duration in OTPs
- Quantity limits apply to all other formulations of MAT drugs and are subject to prior authorization requirements under the Preferred Drug List

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