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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 26-0001

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

September 16, 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) - 26-0001

Dear Director Olson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0001. This amendment proposes to update the coverage description for school-based services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations in 42 CFR §430.12(c)(1)(ii). This letter informs you that Vermont's Medicaid SPA TN 26-0001 was approved on September 16, 2026, with an effective date of October 1, 2026.

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 Megan K. Buck.

Megan K. Buck
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 6 — 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

10/1/2026

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR §430.12(c)(1)(ii)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2027

\$ 0

b. FFY 2028

\$ 8,664,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Att. 3.1-A pages 6g - 6j

Att. 3.1-A, Page 2b(1)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Att. 3.1-A pages 6g - 6j

9. SUBJECT OF AMENDMENT

Update the coverage description for school-based 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

[Redacted Signature]

Ashley Berliner

13. TITLE

MEDICAID POLICY DIRECTOR, AGENCY OF HUMAN SVCS

14. DATE SUBMITTED

6/30/2026

15. RETURN TO:

DYLAN FRAZER
AGENCY OF HUMAN SERVICES
280 STATE DRIVE, BUILDING E
WATERBURY, VT 05671-1000

DYLAN.FRAZER@VERMONT.GOV

FOR CMS USE ONLY

16. DATE RECEIVED

06/30/2026

17. DATE APPROVED

09/16/2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

10/01/2026

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Megan K. Buck

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

08/25/2026 - VT requested pen-and-ink revision to add page 2b(1) in Box 7.

ITEM 4.b. EPSDT for individuals under 21 years of age (continued):

1. School Health Services

Medicaid 1905(a) benefits can be furnished to children under the age of 21 by Local Education Agencies (LEAs) when the student requires medical or mental/behavioral health services which are medically necessary and ordered by an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) for special education students as defined under Part B or Part C of the Individuals with Disabilities Education Act (IDEA), Section 504 plan, or other individualized health or behavioral intervention plan, or where medical necessity has been otherwise established. Furthermore, any 1905(a) benefit/service covered in the community can be performed in a school-based setting. Services in a school-based setting may be provided by employees of the state or local education agencies or by the health professionals under contract with the education agencies who are qualified practitioners as set forth in the State Plan for the services they are providing and shall meet applicable qualifications under 42 CFR Part 440 and/or Vermont state law.

A. Personal Care Services

Definition: Personal care services are available to children for whom the services are medically necessary and documented in an IEP, IFSP, Section 504 plan, other medical plans of care, or other plans of care approved for use by the State.

Services: Personal care services are related to a child's physical or behavioral requirements, including assistance with eating, dressing, personal hygiene, activities of daily living, bladder and bowel requirements, use of assistive technology devices, including durable medical equipment and adaptive equipment, and ambulation and exercise to promote a child's ability to participate in, and benefit from, the educational setting.

Providers: Services may be provided by any school staff (including paraprofessionals, aides, and teachers) when providing such services pursuant to a care plan written by a qualified provider appropriate to the individual's needs when the qualified provider, per their practice standards, have ensured that the staff member has been sufficiently trained on the interventions/assistance needs of the student. Personal care providers must be employed by or under contract with a school, school district or Supervisory Union. Personal care services are not covered when provided to recipients by their parents or legal guardian.

B. Orientation and Mobility Services (42 CFR 440.130(d))

Definition: Orientation and mobility services are provided to a blind or visually impaired child identified as having a developmental delay or other related disabilities in order to correct deficits in the child's cognitive, social or emotional, adaptive, communication, psychomotor development or physical functioning, including visual and hearing. These treatments are recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice, under State law for maximum reduction of physical or mental disability and restoration to the child's best possible functional level. Deficits are revealed through comprehensive screening, examination and evaluation.

Services: Orientation and Mobility services include rehabilitative services related to the evaluation, diagnosis, and treatment of a student who is blind or visually impaired to attain systematic and safe orientation and movement within their environment. Orientation and Mobility services also include direct assistance with the selection, acquisition, training and use of an Assistive Technology Device.

Providers: Orientation and Mobility services are provided by certified Orientation and Mobility Specialists (COMS), certified Assistive Technology Instructional Specialist (CATIS), certified Vision Rehabilitation Therapist (CVRT), certified by the Association for the Certification of Vision Rehabilitation and Education Professionals (ACVREP).

ITEM 13 OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND
REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED
ELSEWHERE IN THE PLAN (Continued)

RESERVED (page left intentionally blank)

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REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED
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