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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 26-0005

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

September 18, 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) - 26-0005

Dear Director Olson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0005. This amendment proposes to add Certified Registered Nurse Anesthetists as Other Licensed Providers in the Medicaid State Plan.

We conducted our review of your submittal according to statutory requirements in implementing regulations at 42 CFR 440.60. This letter informs you that Vermont's Medicaid SPA TN 26-0005 was approved on September 18, 2026, with an effective date of August 1, 2026.

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 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 5

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

8/1/2026

5. FEDERAL STATUTE/REGULATION CITATION

~~42 CFR §430.12(c)(1)(ii)~~

42 CFR 440.60

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 3d(10)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

None

9. SUBJECT OF AMENDMENT

Addition of Certified Registered Nurse Anesthetists as Other Licensed Providers

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



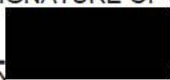
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED: Approval from Agency of Admin.



11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPE
Ashley Berliner

13. TITLE
MEDICAID POLICY DIRECTOR, AGENCY OF HUMAN SVCS

14. DATE SUBMITTED
9/11/2026

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
9/11/2026

17. DATE APPROVED
9/18/2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
8/1/2026

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL
Megan K. Buck

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

09/14/2026 - VT agreed to pen-and-ink revision to modify the regulatory reference in Box 5 to CFR 440.60.

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ITEM 6. MEDICAL CARE AND ANY OTHER OF REMEDIAL CARE RECOGNIZED
UNDER STATE LAW, FURNISHED BY LICENSED PRACTITIONERS
WITHIN THE SCOPE OF THEIR PRACTICE AS DEFINED BY STATE LAW.
(Continued)

D. Other Practitioners' Services (continued)

15. Certified Registered Nurse Anesthetists

Licensed Certified Registered Nurse Anesthetists may provide services within their scope of practice as defined under state law. Services must be medically necessary to receive coverage. Medical necessity is determined by the Medicaid program.

TN No. 26-0005

Effective Date: 8/1/2026

Supersedes
TN No. None

Approval Date: 9/18/2026