

Table of Contents

State/Territory Name: Vermont

State Plan Amendment (SPA) #: 26-0013

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

October 22, 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) - 26-0013

Dear Director Olson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0013. This amendment proposes to update the provider qualification requirements for community-based mobile crisis services.

We conducted our review of your submittal according to statutory requirements in Section 1947 of the Social Security Act. This letter informs you that Vermont's Medicaid SPA TN 26-0013 was approved on October 22, 2026, with an effective date of July 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 1 3

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

7/1/2026

5. FEDERAL STATUTE/REGULATION CITATION

Section 1947 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 pg 6n(8)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Att 3.1-A pg 6n(8)

9. SUBJECT OF AMENDMENT

Updating Community-Based Mobile Crisis Provider Qualifications

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

Ashley Berliner

13. TITLE

MEDICAID POLICY DIRECTOR, AGENCY OF HUMAN SVCS

14. DATE SUBMITTED

9/30/2026

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

09/30/2026

17. DATE APPROVED

10/22/2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

07/01/2026

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

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

15. Community-Based Mobile Crisis Services (continued)

Provider Type	Mobile Team Role	Minimum Qualifications	Clinical Supervision
Mental Health and Substance Use Professional	Professional	Bachelor of the Arts in Human Services or equivalent education and experience deemed appropriate to provide treatment by Community Mental Health Center Medical Director.	Yes, by Licensed Clinical Supervisor
Licensed Clinical Supervisor		Licensed Independent Clinical Social Worker, Licensed Mental Health Counselor, Licensed Marriage and Family Therapist, Licensed Alcohol and Drug Counselor, Doctor of Medicine, Licensed Psychologist	No
Adult Peer Support Worker	Paraprofessional	Department of Mental Health Certification, including completion of minimum training requirements for Mobile Crisis peer services.	Yes, by Licensed Clinical Supervisor
Family Peer Support Worker		Department of Mental Health Certification, including completion of minimum training requirements for Mobile Crisis peer services.	Yes, by Licensed Clinical Supervisor
Certified Peer Recovery Coach		Department of Mental Health Certification, including completion of minimum training requirements for Mobile Crisis peer services.	Yes, by Licensed Clinical Supervisor
Case Manager (Community Support Worker)		Associate of the arts or 4 years of experience in human services and deemed appropriate to provide treatment by Community Mental Health Center Medical Director.	Yes, by Licensed Clinical Supervisor