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**State/Territory Name: Vermont**

**State Plan Amendment (SPA) #: 20-0017**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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

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November 19, 2020

**VIA E-MAIL**

Mike Smith, Secretary  
Vermont Agency of Human Services  
280 State Drive - Center Building  
Waterbury, VT 05671

Dear Secretary Smith:

Enclosed is an approved copy of the Vermont State Plan Amendment (SPA) 20-0017, received on September 30, 2020 to permit licensed pharmacists to enroll in the Vermont Medicaid program, allowing coverage of COVID-19 diagnostic testing and specimen collection by licensed pharmacists to the extent permitted by state and federal law. The effective date for this SPA is September 1, 2020, as requested by your agency.

If you have questions concerning this letter, please contact Gilson DaSilva, Division of Program Operations (South Branch) at (617) 565-1227 or via e-mail at [Gilson.dasilva@cms.hhs.gov](mailto:Gilson.dasilva@cms.hhs.gov).

Sincerely,

Ruth Hughes,  
Acting Director  
Division of Program Operations

cc: Cory Gustafson, Commissioner, Department of Vermont Health Access  
Dylan Frazer, Health Programs Administrator, VT Medicaid Policy Unit

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: 20-0017	2. STATE: VERMONT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE(S) 9/1/2020	
5. TYPE OF PLAN MATERIAL (CHECK ONE):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §430.12(c)(1)(ii)	7. FEDERAL BUDGET IMPACT: a. FFY 2020      \$ 124,679 b. FFY 2021      \$ 1,515,873	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1-A pg 3d(6)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ) None	
10. SUBJECT OF AMENDMENT: Licensed Pharmacist		
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <small>SIGNATURE OF STATE AGENCY OFFICIAL</small>		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED SIGNATURE OF SECRETARY OF ADMINISTRATION  <b>Kristin Clouser</b> <small>Digitally signed by Kristin Clouser Date: 2020.09.28 09:25:33 -04'00'</small>
13. TYPED NAME: Michael K. Smith		16. RETURN TO:
14. TITLE: SECRETARY, AGENCY OF HUMAN SERVICES	DYLAN FRAZER  AGENCY OF HUMAN SERVICES 280 STATE DRIVE, CENTER BUILDING WATERBURY, VT 05671-1000	
15. DATE SUBMITTED: 9/30/2020		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED: 09/30/2020	18. DATE APPROVED: 11/19/2020	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 09/01/2020	20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Ruth Hughes	22. TITLE Acting Director, Division of Program Operations	
23. REMARKS		

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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)

10. Licensed Pharmacist services are limited to those that are within their scope of practice in accordance with state law and the Vermont Board of Pharmacy. Services must be medically necessary to receive coverage. Medical necessity is determined by the Medicaid program.