

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



CENTERS for MEDICARE & MEDICAID SERVICES

Division of Medicaid and Children's Health Operations / Boston Regional Office

January 31, 2011

Douglas A. Racine, Secretary
Agency of Human Services
103 South Main Street
Waterbury, Vermont 05671-0204

Dear Mr. Racine:

On January 20, 2011, our Central Office sent you a letter approving your proposed State plan amendment (SPA) No. 10-015. The SPA is effective October 1, 2010 as requested. This letter transmits the Transmittal and Notice of Approval of State Plan Material (CMS-179) and the approved State plan page.

SPA 10-015 transmitted a proposed amendment to your Agency's approved Title XIX State plan to modify the Vermont Drug Utilization Review (DUR) Board's membership requirements, duties, and responsibilities.

Please note that we approved this SPA as revised. As you agreed, we revised Box 6 of the CMS-179 to reflect the correct statutory and regulatory citation and add in Box 8 the additional page 74(b)(1). You also revised page 74b to change the language "no more than half" to "no more than 51 percent" and eliminated the language "ending on August 31, 2011 or August 31, 2012." You also modified page 74(b)(1) to describe the activities of the DUR Board as defined in the Vermont Statute Title 33 § 1998.

If there are questions, please contact Chong Tieng. He can be reached at (617) 565-9157.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc: Susan Besio

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 10 -- 015	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) OCTOBER 1, 2010	
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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: [REDACTED] Sections 1927(q) and 1927(i) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$ 0 b. FFY 2011 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: [REDACTED] 74b and 74b(1)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) 74B	
10. SUBJECT OF AMENDMENT: DRUG UTILIZATION REVIEW BOARD			
11. GOVERNOR'S REVIEW (Check One): <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		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED SIGNATURE OF SECRETARY OF ADMINISTRATION	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: ROBERT HOFMANN		LINDSEY WELLS	
14. TITLE: SECRETARY, AGENCY FOR HUMAN SERVICES		DEPARTMENT OF VERMONT HEALTH ACCESS 312 HURRICANE LANE, SUITE 201 WILLISTON, VT 05495	
15. DATE SUBMITTED: 11/19/10			
17. DATE RECEIVED: November 19, 2010		18. DATE APPROVED: January 20, 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2010		20. SIGNATURE OF REGIONAL OFFICIAL: [REDACTED]	
21. TYPED NAME: Richard R. McGreal		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health Operations	
23. REMARKS: Per agreement with State officials, box 6 was revised to add the correct statutory citations and box 8 was revised to add the additional page number of the plan section.			

Revision: HCFA-PM-(MB)

State/Territory: Vermont

3. DUR Board duties include:

- Retrospective DUR,
- Application of Standards as defined in section 1927(g)(2)(C)
- Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR.
- Making recommendations to Commissioner for the adoption of the preferred drug list.
- Board shall meet at least quarterly.
- Board shall review all drug classes included in the preferred drug list at least every 12 months and may recommend that the Commissioner make additions to or deletions from the preferred drug list.

TN No. 10-015

Supersedes

TN No. None

Effective Date: 10/01/10

Approval Date: 01/20/11