

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

April 11, 2011

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

Dear Mr. Racine:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 11-011 with an effective date of January 6, 2011 as requested. SPA 11-011 transmitted a proposed amendment to your Agency's approved Title XIX State plan to update the current name of the head of the single State agency that has the authority to submit the Medicaid State plan or plan amendments.

If there are questions, please contact Julie McCarthy. She can be reached at (617) 565-1244.

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: 11 -- 011	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) JANUARY 6, 2011	
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: 42 CFR 430.12(c)	7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$ 0 b. FFY 2012 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: PAGE 89	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) PAGE 89	
10. SUBJECT OF AMENDMENT: NEW ADMINISTRATION		
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: DOUGLAS A. RACINE		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: March 30, 2011		
BE ONLY		
17. DATE RECEIVED: March 30, 2011	18. DATE APPROVED: April 11, 2011	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 6, 2011	20. _____	
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health Operations	
23. REMARKS Box 15 was revised to indicate the date that this SPA was submitted.		

Revision: HCFA-PM-91-4 (BPD)
January 2011

State/Territory: Vermont

Citation 7.4 State Governor's Review

42 CFR 430.12(b)

The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget, and fiscal reports. Any comments made will be transmitted to the Centers for Medicare & Medicaid Services with such documents.

- Not applicable. The Governor:
 - does not wish to review any plan material.
 - wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

The Agency of Human Services
(Designated Single State Agency)

Date: 3/17/11



Douglas A. Racine (Signature)

Secretary, Agency of Human Services
(Title)

TN No. 11-011
Supersedes
TN No. 04-07

Effective Date: 01/06/11
Approval Date: 04/11/11