

**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 12 -- 003	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 1, 2012

5. TYPE OF PLAN MATERIAL (CHECK ONE):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       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)(ii)

7. FEDERAL BUDGET IMPACT:

a. FFY 2012      \$ (47,508)

b. FFY 2013      \$ (61,650)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
ATT. 4.19-B PG 2A(1A) AND 2A(1B)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
ATT. 4.19-B PG 2A(1A) AND 2A(1B)

10. SUBJECT OF AMENDMENT: OPPTS 2012

11. GOVERNOR'S REVIEW (Check One):

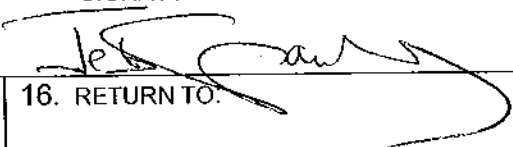
GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

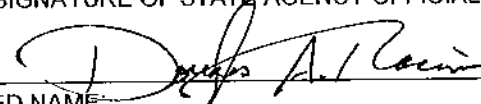
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED

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: 3/30/12

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 3/30/12

18. DATE APPROVED: 2/12/13

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/12

20. SIGNATURE OF REGIONAL OFFICIAL:  
/s/

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office

23. REMARKS