

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 12 -- 009	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) 8/1/12
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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) 42 CFR 447.54	7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ (51,278) b. FFY 2013 \$ (299,438)
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: PG 54, 56, 56A, 56C, 56E, 56F ATT. 4.18-A PG 1 AND 3 ATT. 4.18-C PG 1 AND 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) PG 54, 56, 56A, 56C, 56E, 56F ATT. 4.18-A PG 1 AND 3 ATT. 4.18-C PG 1 AND 3
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10. SUBJECT OF AMENDMENT: CO-PAYMENT RESTRUCTURING

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:

[Redacted Signature]

13. TYPED NAME:
DOUGLAS A. RACINE

14. TITLE:
SECRETARY, AGENCY FOR HUMAN SERVICES

15. DATE SUBMITTED: 5/24/12

16. RETURN TO:

LINDSEY WELLS
DEPARTMENT OF VERMONT HEALTH ACCESS
312 HURRICANE LANE, SUITE 201
WILLISTON, VT 05495

5/24/12 7/18/12

8/1/12

/s/ [Redacted Signature]

Richard R. McGreal

Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office

The State and CMS agreed to the following pen and ink changes in an email dated 6/27/12:

- Changed the effective date in Box 4 from 7/1/12 to 8/1/12
- Changed the FFY 2012 amount in Box 7a from \$(76,917) to \$(51,278)