TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. TYPE OF PLAN MATERIAL (CHECK ONE):  4. PROPOSED EFFECTIVE DATE(S) JULY 1, 2012				
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES    12-U13	TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:	
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID  TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. TYPE OF PLAN MATERIAL (CHECK ONE):  NEW STATE PLAN COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)  6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §430.12(o)(ii) 7. FEDERAL BUDGET IMPACT: 8. FFY 2012 \$ 0 9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATT. 4.19-B PG 7 ATT. 3.1D  10. SUBJECT OF AMENDMENT: TRANSPORTATION  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  12. SIGNATURE OF STATE AGENCY OFFICIAL: DOUGLAS A. RACINE  14. TITLE: SECRETARY, AGENCY FOR HUMAN SERVICES  15. DATE SUBMITTED: September 14, 2012  FOR REGIONAL OFFICE USE ONLY  16. DATE APPROVED: July 29, 2013	STATE PLAN MATERIAL	12 013	VERMONT	
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21. TYPED NAME: Richard R. McGreal 22. TIPLE Associate Regional Administrator, Division of Medica Children's Health Operations, Boston Regional Office	25 P. C.	Associate Regional Administ	rator, Division of Medicaid and s, Boston Regional Office	
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