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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 14-019

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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



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

April 11, 2014

Douglas A. Racine, Secretary
Agency of Human Services
208 Hurricane Lane, Suite 103
Williston, VT 05495

Dear Secretary Racine:

On April 11, 2014 CMS Division of Pharmacy sent you a letter approving your proposed State plan amendment (SPA) 14-019 effective January 1, 2014. This letter transmits the signed Transmittal and the Notice of Approval of State Plan Material (CMS-179) and the approved State Plan pages.

This SPA transmitted a proposed amendment to your approved Title XIX State plan to remove barbiturates, benzodiazepines, and agents used to treat smoking cessation from the list of drugs a Medicaid program may exclude from coverage or otherwise restrict, in order to comply with the requirements of Section 2502(a) of the Affordable Care Act.

If there are questions, please contact Lynn Wolfsfeld at (410) 999-4004.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc: Mark Larson, Commissioner
Lindsay Parker, Health Program Administrator, Policy Unit

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Disabled & Elderly Health Programs Group

April 11, 2014

Douglas A. Racine, Secretary
Agency of Human Services
208 Hurricane Lane, Suite 103
Williston, VT 05495

Attention: Lindsay Parker

Dear Mr. Racine:

We have reviewed Vermont's state plan amendment (SPA) 14-019 received in the Boston Regional Office of the Centers for Medicare and Medicaid Services (CMS) on March 21, 2014. This amendment proposes to remove barbiturates, benzodiazepines, and agents used to treat smoking cessation from the list of drugs a Medicaid program may exclude from coverage or otherwise restrict, in order to comply with the requirements of Section 2502(a) of the Affordable Care Act.




We are pleased to inform you that Vermont 14-019 is approved, effective January 1, 2014. The Boston Regional Office will forward to you a copy of the CMS-179 form, as well as the pages approved for incorporation into the Vermont Medicaid State Plan. If you have any questions regarding this amendment, please contact Jessica Walker at (410) 786-2457.

Sincerely,

/s/

Kim Howell
Acting Director
Division of Pharmacy

cc: Richard R. McGreal, ARA, Boston Regional Office
Mark Larson, Commissioner
Ashley Berliner, DVHA Health Programs Administrator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 14-019	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, 2014	
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)(ii) P+I Social Security Act, sections 1927(d)(2) and 1927(d)(7)		7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$ 0 b. FFY 2015 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATT. 3.1-A PG. 5A1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) ATT. 3.1-A PG. 5A1	
10. SUBJECT OF AMENDMENT: EXCLUDED DRUGS			
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: LINDSAY PARKER DEPARTMENT OF VERMONT HEALTH ACCESS 312 HURRICANE LANE, SUITE 201 WILLISTON, VT 05495	
13. TYPED NAME: DOUGLAS A. RACINE		17. DATE RECEIVED: 3/21/14	
14. TITLE: SECRETARY, AGENCY FOR HUMAN SERVICES		18. DATE APPROVED: 4/11/14	
15. DATE SUBMITTED: March 21, 2014		FOR REGIONAL OFFICE USE ONLY	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/14		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard R. McGreal		22. TITLE Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office	
23. REMARKS			

ITEM 12. PRESCRIBED DRUGS, DENTURES, AND PROSTHETIC DEVICES; EYEGLASSES
PRESCRIBED BY A PHYSICIAN SKILLED IN DISEASES OF THE EYE OR BY AN
OPTOMETRIST (Continued)

A. Prescribed Drugs (Continued)

9. Medicaid Program: Requirements Relating To Covered Outpatient Drugs For The Categorically Needy

Citation (s)	Provision (s)
1935(d)(1)	Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
1927(d)(2) and 1935(d)(2)	The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare prescription Drug Benefit –Part D.

The Medicaid agency will cover the following classes of excluded drugs as listed below:

- (a) Drugs for anorexia, weight loss, or weight gain: Some drug categories covered under the drug class:
Hormone therapy is covered when used for anorexia or weight gain.
No drugs are covered for weight loss.
- (b) Some prescription vitamins and mineral products, except prenatal vitamins and fluoride:
Single vitamins or minerals when prescribed for the treatment of a specific vitamin deficiency or disease related to a vitamin deficiency;
- (c) Nonprescription Drugs: Some drug categories covered under the drug class:
analgesics; antacids; antihistamines; decongestants; cough suppressants; dermatological agents; gastrointestinal agents; non-steroidal anti-inflammatory drugs; ophthalmics; and otics.