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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 20-0017

This file contains the following documents in the order listed:

1) Approval Letter
2) Summary Form (with 179-like data)
3) Approved SPA Pages
VIA E-MAIL
Mike Smith, Secretary
Vermont Agency of Human Services
280 State Drive - Center Building
Waterbury, VT 05671

Dear Secretary Smith:

Enclosed is an approved copy of the Vermont State Plan Amendment (SPA) 20-0017, received on September 30, 2020 to permit licensed pharmacists to enroll in the Vermont Medicaid program, allowing coverage of COVID-19 diagnostic testing and specimen collection by licensed pharmacists to the extent permitted by state and federal law. The effective date for this SPA is September 1, 2020, as requested by your agency.

If you have questions concerning this letter, please contact Gilson DaSilva, Division of Program Operations (South Branch) at (617) 565-1227 or via e-mail at Gilson.dasilva@cms.hhs.gov.

Sincerely,

Ruth Hughes,
Acting Director
Division of Program Operations

cc: Cory Gustafson, Commissioner, Department of Vermont Health Access
    Dylan Frazer, Health Programs Administrator, VT Medicaid Policy Unit
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

**FOR:** CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 20-0017

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): 9/1/2020

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)(1)(ii)

7. FEDERAL BUDGET IMPACT:
   - a. FFY 2020 $ 124,679
   - b. FFY 2021 $ 1,515,873

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
   Att. 3.1-A pg 3d(6)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
   None

10. SUBJECT OF AMENDMENT: Licensed Pharmacist

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. OTHER, AS SPECIFIED
   SIGNATURE OF SECRETARY OF ADMINISTRATION
   Kristin Clouser
   Digitally signed by Kristin Clouser
   Date: 2020.09.28 09:25:33 -04'00'

13. TYPED NAME: Michael Smith
14. TITLE: SECRETARY, AGENCY OF HUMAN SERVICES
15. DATE SUBMITTED: 9/30/2020

16. RETURN TO:

17. DATE RECEIVED: 09/30/2020
18. DATE APPROVED: 11/19/2020

19. EFFECTIVE DATE OF APPROVED MATERIAL: 09/01/2020
20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Ruth Hughes
22. TITLE Acting Director, Division of Program Operations

23. REMARKS

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**FOR REGIONAL OFFICE USE ONLY**

**PLAN APPROVED - ONE COPY ATTACHED**

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**Instructions on Back**

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**FORM CMS-179 (07-92)**
ITEM 6. MEDICAL CARE AND ANY OTHER OF REMEDIAL CARE RECOGNIZED UNDER STATE LAW, FURNISHED BY LICENSED PRACTITIONERS WITHIN THE SCOPE OF THEIR PRACTICE AS DEFINED BY STATE LAW (continued)

D. Other Practitioners’ Services (continued)

10. Licensed Pharmacist services are limited to those that are within their scope of practice in accordance with state law and the Vermont Board of Pharmacy. Services must be medically necessary to receive coverage. Medical necessity is determined by the Medicaid program.