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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 21-0005

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 Page
VIA E-MAIL
Mike Smith, Secretary
Vermont Agency of Human Services
280 State Drive - Center Building
Waterbury, VT  05671

Dear Secretary Smith:

For your records, enclosed is an approved copy of Vermont’s State plan amendment (SPA) VT 21-0005, received on March 31, 2021. This SPA proposes to allow physician assistants to enroll directly with Vermont Medicaid as primary care providers. The effective date for this SPA is January 1, 2021.

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,

James G. Scott, 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

**TO:** REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

**1. TRANSMITTAL NUMBER:** 21-0005

**2. STATE:** VERMONT

**3. PROGRAM IDENTIFICATION:**
Title XIX of the Social Security Act (Medicaid)

**4. PROPOSED EFFECTIVE DATE(S):** 1/1/2021

**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 2021 $ 0.00
- b. FFY 2022 $ 0.00

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

**9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):**

None

**10. SUBJECT OF AMENDMENT:**

Physician Assistants as Primary Care Providers

**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**

Kristin Clouser

**12. SIGNATURE OF STATE AGENCY OFFICIAL:**

**16. RETURN TO:**

DYLAN FRAZER

**13. TYPED NAME:** Michael K. Smith

**14. TITLE:**
SECRETARY, AGENCY OF HUMAN SERVICES

**15. DATE SUBMITTED:** 3/30/2021

**17. DATE RECEIVED:** 03/30/2021

**18. DATE APPROVED:** 06/11/2021

**19. EFFECTIVE DATE OF APPROVED MATERIAL:** 01/01/2021

**20. SIGNATURE OF REGIONAL OFFICIAL:**

**21. TYPED NAME:** James G. Scott

**22. TITLE:**
Director
Division of Program Operations

**23. REMARKS**

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**FORM CMS-179 (07-92)**

*Instructions on Back*
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)

11. Licensed Physician Assistant Services

Licensed physician assistants may provide services within their scope of practice as defined under state law.