

## **Table of Contents**

**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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services 601 E. 12th  
St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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June 11, 2021

**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](mailto: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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER:  21-0005	2. STATE:  VERMONT
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		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)  1/1/2021	
5. TYPE OF PLAN MATERIAL ( <i>CHECK ONE</i> ):			
<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 ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:  42 CFR §430.12(c)(1)(ii)		7. FEDERAL BUDGET IMPACT: a. FFY <u>2021</u> \$ <u>0.00</u> b. FFY <u>2022</u> \$ <u>0.00</u>	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  None	
10. SUBJECT OF AMENDMENT: Physician Assistants as Primary Care Providers			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED	
<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		SIGNATURE OF SECRETARY OF ADMINISTRATION  Kristin Clouser <small>Digitally signed by Kristin Clouser Date: 2021.03.23 20:15:05 -04'00'</small>	
12. SIGNATURE OF STATE AGENCY OFFICIAL:  		16. RETURN TO:  DYLAN FRAZER  AGENCY OF HUMAN SERVICES 280 STATE DRIVE, CENTER BUILDING WATERBURY, VT 05671-1000	
13. TYPED NAME: Michael K. Smith			
14. TITLE:  SECRETARY, AGENCY OF HUMAN SERVICES			
15. DATE SUBMITTED: 3/30/2021			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 03/30/2021		18. DATE APPROVED: 06/11/2021	
PLAN APPROVED - ONE COPY ATTACHED			
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			

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.

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TN No. 21-0005

Supersedes

TN No. None

Effective Date: 1/1/2021

Approval Date: 6/11/2021