

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  09 -- 009	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) 07/15/09	
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: N/A Section 1927(d)(6) of the Act		7. FEDERAL BUDGET IMPACT: a. FFY 2009 <del>5/225,507</del> (\$225,507) b. FFY 2010 <del>1979,529</del> (\$982,208)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 3.1-A PAGE 5A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) ATTACHMENT 3.1-A PAGE 5A	
10. SUBJECT OF AMENDMENT: EXTENSION OF MAINTENANCE FILL TO 90 DAYS			
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:	
13. TYPED NAME: ROBERT HOFMANN		KERI ANDERSEN	
14. TITLE: SECRETARY, AGENCY FOR HUMAN SERVICES		OFFICE OF VERMONT HEALTH ACCESS 312 HURRICANE LANE, SUITE 201 WILLISTON, VT 05495	
15. DATE SUBMITTED: September 21, 2009			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 21, 2009		18. DATE APPROVED: December 2, 2009	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 15, 2009		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Richard R. McGreal</i>	
21. TYPED NAME: Richard R. McGreal		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health Operations	
23. REMARKS  Per agreement with State officials, the Amendment box is checked in Box 5. Section 1927(d)(6) of the Act was added to Box 6. Box 7 was revised and corrected to indicate that the Federal budget impact is a net saving. September 21, 2009 was added to Box 15.			