

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



*CENTERS for MEDICARE & MEDICAID SERVICES*

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

April 6, 2011

Douglas A. Racine, Secretary  
Agency of Human Services  
103 South Main Street  
Waterbury, Vermont 05671-0204

Dear Mr. Racine:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 11-015. This SPA is effective January 1, 2011 as requested.

This SPA transmitted a proposed amendment to your approved Title XIX State plan to provide an assurance that the State shall not make any payments for items or services provided under the State plan or under a waiver to any financial institution or entity located outside of the United States. You submitted this SPA to comply with the requirements of §1902(a)(80) of the Social Security Act as added by §6505 of the Affordable Care Act.

Should you have any questions or concerns, please contact Julie McCarthy. She can be reached at (617) 565-1244.

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

Enclosure

cc: Susan Besio

bcc (email signed copy):

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 11 -- 015	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) JANUARY 1, 2011	
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: Section 1902(a)(80)		7. FEDERAL BUDGET IMPACT: a. FFY 2011      \$ 0 b. FFY 2012      \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: PAGE 35A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
10. SUBJECT OF AMENDMENT: PAYMENTS OUTSIDE U.S.			
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: DOUGLAS A. RACINE		LINDSEY WELLS	
14. TITLE: SECRETARY, AGENCY FOR HUMAN SERVICES		DEPARTMENT OF VERMONT HEALTH ACCESS 312 HURRICANE LANE, SUITE 201 WILLISTON, VT 05495	
15. DATE SUBMITTED: 3/29/11			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: March 29, 2011		18. DATE APPROVED: April 5, 2011	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2011		20. SIGNATURE	
21. TYPED NAME: Richard R. McGreal		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health Operations	
23. REMARKS			

State/ Territory: Vermont

**4.44 Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States**

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**Citation**

Section 1902(a)(80) of the Social Security Act, P.L. 111-148 (Section 6505)

X The State shall not provide any payments for items or services provided under the State plan or under a waiver to any financial institution or entity located outside of the United States.

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TN No. 11-015  
Supersedes  
TN No. None

Effective Date: 01/01/11  
Approval Date: 04/05/11