

**Table of Contents (Cover Page) for one PDF to post on Medicaid.gov**

**Sample Template is below this line. Do not print the wording above this line.**

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## **Table of Contents**

**State/Territory Name: Vermont**

**State Plan Amendment (SPA) #: VT 11-0035**

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 Pages

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**

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March 23, 2012

Douglas A. Racine, Secretary  
Department of Vermont Health Access  
103 South Main Street  
Waterbury, VT 05671-0204

Dear Secretary Racine:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 11-035 with an effective date of February 10, 2012, as requested by your Agency.

This SPA transmitted a proposed amendment to your approved Title XIX State plan to implement section 4107 of the Affordable Care Act (ACA). This ACA provision amended section 1905(a)(4) of the Social Security Act to add a new subsection (D) to provide Medicaid coverage of comprehensive tobacco cessation services for pregnant women, including both counseling and pharmacotherapy, without cost sharing.

If there are questions, please contact Robert Cruz at (617) 565-1257.




Sincerely,

S

Richard R. McGreal  
Associate Regional Administrator

Enclosure

cc: Mark Larson, Commissioner  
Suzanne Santarcangelo, Ph.D., Director, AHS Healthcare Operations, Compliance & Improvement  
Lindsey Wells, Health Programs Administrator, Department of Vermont Health Access

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 11 -- 035	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) OCTOBER 1, 2012	
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 1905(a)(4)(D) of the SSA/Section 4107 of the Patient Protection and Affordable Care Act		7. FEDERAL BUDGET IMPACT: a. FFY 2012      \$150.94 b. FFY 2013      \$229.76	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATT. 3.1-A PG 2C1 Att. 3.1-A, pg 5a(1) and 5a(2) Att. 4.19B, pg 11		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Att. 3.1-A, pg 5a(1) and 5a(2) Att. 4.19B, pg 11	
10. SUBJECT OF AMENDMENT: TOBACCO CESSATION			
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:  LINDSEY WELLS	
13. TYPED NAME: DOUGLAS A. RACINE		DEPARTMENT OF VERMONT HEALTH ACCESS 312 HURRICANE LANE, SUITE 201 WILLISTON, VT 05495	
14. TITLE: SECRETARY, AGENCY FOR HUMAN SERVICES			
15. DATE SUBMITTED: 12/29/11			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 12/29/11		18. DATE APPROVED: 03/23/12	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 2/10/12		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard R. McGreal		22. TITLE: Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office	
23. REMARKS: Per agreement with State staff, the following pen and ink changes were made to the 179. - updated Box 4 to reflect the day after the public notice was published - added financial impact to Box 7 - added Att. 4.19B, pg 11 and Att. 3.1-A pages 5a(1) and 5a(2) to Box 8 - added Att. 4.19B, pg 11 and Att. 3.1-A pages 5a(1) and 5a(2) to Box 9			

4. D 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

(i) By or under supervision of a physician;

(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; \* or

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

Provided:     No limitations     With limitations\*

Face-to-face smoking cessation counseling is covered for pregnant Vermont Medicaid beneficiaries. The maximum number of visits allowed per calendar year is 16.

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TN No. 11-035  
Supersedes  
TN No. None

Effective Date: 02/10/12  
Approval Date: 03/23/12

ITEM 12. PRESCRIBED DRUGS, DENTURES, AND PROSTHETIC DEVICES; EYEGLASSES  
PRESCRIBED BY A PHYSICIAN SKILLED IN DISEASES OF THE EYE OR BY AN  
OPTOMETRIST (Continued)

A. Prescribed Drugs (Continued)

9. Medicaid Program: Requirements Relating To Covered Outpatient Drugs For The Categorically Needy

Citation (s)

Provision (s)

1935(d)(I)

Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

The Medicaid agency will cover the following classes of excluded drugs as listed below:

- (a) Drugs for anorexia, weight loss, or weight gain: Some drug categories covered under the drug class:

Hormone therapy is covered when used for anorexia or weight gain.

No drugs are covered for weight loss.

- (b) Some prescription vitamins and mineral products, except prenatal vitamins and fluoride:

Single vitamins or minerals when prescribed for the treatment of a specific disease;

- (c) All drug categories covered under the drug class: Barbiturates and

- (d) All drug categories covered under the drug class: Benzodiazepines

- (e) Nonprescription Drugs: Some drug categories covered under the drug class:

analgesics; antihistamines; decongestants; cough suppressants; dermatological agents; fluoride dental products; gastrointestinal agents; hematopoietic agents; insulin; ophthalmics; otics and all smoking cessation products.

- (f) All prescription smoking cessation drugs (except dual eligibles as Part D will cover):

Nicotine replacement and oral therapies are covered when prescribed for smoking cessation.

TN No. 11-035  
Supersedes  
TN No. 06-01

Effective Date: 02/10/12  
Approval Date: 03/23/12

ITEM 12. PRESCRIBED DRUGS, DENTURES, AND PROSTHETIC DEVICES; EYEGLASSES  
PRESCRIBED BY A PHYSICIAN SKILLED IN DISEASES OF THE EYE OR BY AN  
OPTOMETRIST (Continued)

A. Prescribed Drugs (Continued)

9. Medicaid Program: Requirements Relating To Covered Outpatient Drugs For The Categorically Needy  
(Continued)

Some drugs when used for the symptomatic relief of coughs and colds

- Decongestants
- Antihistamines
- Cough suppressants

Drugs when used for cosmetic purposes or hair growth

Drugs when used to promote fertility

These services provided are identical in the amount, duration and scope of services as provided to the medically needy for prescription drugs.

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TN No. 11-035

Supersedes

TN No. 06-01

Effective Date: 02/10/12

Approval Date: 03/23/12

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**METHODS AND STANDARDS OF ESTABLISHING PAYMENT RATES - OTHER MEDICAL CARE  
(Continued)**

**27. Tobacco Cessation Counseling for Pregnant Women**

Tobacco Cessation Counseling for Pregnant Women is defined as diagnostic, therapy, counseling services, and pharmacotherapy for cessation of tobacco use by pregnant women who use tobacco products or who are being treated for tobacco use; by or under supervision of a physician; or by any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services.

Qualifying providers are reimbursed in accordance with the standard Medicaid reimbursement methodology.

Payment is made at the lower of the actual charge or the Medicaid rate. The agency's rates were set as of 02/10/12 and are effective for services on or after that date. All rates are published at [www.dvha.vermont.gov/for-providers](http://www.dvha.vermont.gov/for-providers). Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private.

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TN# 11-035  
Supersedes TN# None

Effective Date: 02/10/12  
Approval Date: 03/23/12