

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  12 -- 007	2. STATE:  VERMONT		
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)			
		4. PROPOSED EFFECTIVE DATE(S) MAY 1, 2012			
5. TYPE OF PLAN MATERIAL (CHECK ONE):  <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> NEW STATE PLAN</span> <span><input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN</span> <span><input checked="" type="checkbox"/> AMENDMENT</span> </div> 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)(ii)		7. FEDERAL BUDGET IMPACT: a. FFY 2012      \$ (23,992) b. FFY 2013      \$ (56,040)			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 3.1-A PAGES 1b, 3e,4e, and 4f		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ) ATTACHMENT 3.1-A PAGES 1b, 3e,4e, and 4f			
10. SUBJECT OF AMENDMENT: PT/ST/OT					
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <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 <div style="background-color: black; width: 100%; height: 30px;"></div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="background-color: black; width: 100%; height: 40px;"></div>		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: 5/8/12		<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 5/8/12				18. DATE APPROVED: 8/6/12	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>					
19. EFFECTIVE DATE OF APPROVED MATERIAL: 5/1/12				20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Richard R. McGreal				22. TITLE Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office	
23. REMARKS The State and CMS agreed to the following pen and ink changes in two separate emails: - added page 3e to Boxes 8 and 9 on the Form 179 (email dated 7/25/12) - added page 4f to Boxes 8 and 9 on the Form 179 (email dated 7/16/12) Also, questions and comments found during the corresponding reimbursement review will be addressed in the RAI response for VT SPA 12-003.					