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**State/Territory Name: Vermont**

**State Plan Amendment (SPA) #:13-0014-MM4**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Superseding Pages Notice
- 4) Approved SPA Pages
- 5) Additional Attachments that are part of the state plan

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



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

March 4, 2014

Douglas A. Racine, Secretary  
Agency of Human Services  
208 Hurricane Lane, Suite 103  
Williston, VT 05495

Dear Secretary Racine:

Enclosed is an approved copy of Vermont's state plan amendment (SPA) 13-0014MM4, which was submitted to CMS on December 2, 2013 and approved on December 20, 2013. SPA 13-0014MM4 updates State Plan language to reflect Vermont as a single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. The effective date of this SPA is October 1, 2013.

Enclosed is a copy of the following A1-3 state plan pages and attachments to be incorporated within a separate section at the end of Vermont's approved state plan:

- A1-A3, pages A1-A3-1 through A1-A3-8
- Attachment 1.1-A

In addition, enclosed is a summary of the state plan pages which are superseded by SPA 13-0014MM4 which should also be incorporated into a separate section in the front of the state plan.

- Superseding pages of state plan material, SPA 13-0014MM4

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. We apologize for the delay in sending the approval package due to Affordable Care Act implementation demands. If you have any questions about this letter or need any additional information, please contact Lynn Wolfsfeld of my staff at 1-410-999-4004 or by email at [Lynn.Wolfsfeld@cms.hhs.gov](mailto:Lynn.Wolfsfeld@cms.hhs.gov).

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

Enclosure

cc: Mark Larson, Commissioner  
Ashley Berliner, DVHA Health Programs Administrator

OFFICIAL

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Vermont

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY= the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

VT 13-014

Proposed Effective Date

10/01/2013 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR §430.12(c)(ii)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

Single State Agency

Governor's Office Review

☒ Governor's office reported no comment

☐ Comments of Governor's office received

Describe:

☐ No reply received within 45 days of submittal

☐ Other, as specified

Describe:

Signature of State Agency Official

Submitted By: Ashley Berliner

Last Revision Date: Dec 20, 2013

Submit Date: Dec 2, 2013

Date Received: 12/02/2013

Plan Approved - One Copy Attached

Date Approved: 12/20/2013

Signature of Regional Official:

/s/

Effective Date of Approved Material: 10/01/2013

Typed Name: Richard McGreal

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

<b>SUPERSEDING PAGES OF STATE PLAN MATERIAL</b>		
<b>TRANSMITTAL NUMBER:</b>  VT 13-014	<b>STATE:</b>  Vermont	
<b>PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b>  A1 – A3	<b>COMPLETE PAGES SUPERSEDED:</b>  Page 1  Section 1.1 (pages 2-6)  Section 1.2 (page 7)  Section 1.3 (page 8)  Section 1.4 (page 9)  Attachment 1.1-A (Attorney General certification)  Attachment 1.2-A (Organizational chart)  Attachment 1.2-B (Description of the functions of the single state agency)  Attachment 1.2-C (Description of professional medical and supporting staff)	<b>PARTIAL PAGES SUPERSEDED:</b>



# Medicaid Administration

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## State Plan Administration Designation and Authority

**A1**

42 CFR 431.10

### Designation and Authority

State Name:

Vermont

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Agency of Human Services

Type of Agency:

- ☐ Title IV-A Agency
- ☐ Health
- ☐ Human Resources
- ☒ Other

Type of Agency

AHS is the IV-A, Medicaid, and Health Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

33 VSA Chapter 53  
33 VSA Chapters 53, 4, 19

The single state agency supervises the administration of the state plan by local political subdivisions.

☐ Yes ☒ No

☒ The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

**An attachment is submitted.**

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

☒ Yes ☐ No



# Medicaid Administration

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- ☒ The Medicaid agency
- ☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- ☒ The Medicaid agency
- ☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☒ The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- ☒ Medicaid agency
- ☐ Title IV-A agency
- ☐ An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- ☒ Medicaid agency
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☐ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

☐ Yes ☒ No

## State Plan Administration

A2

### Organization and Administration

42 CFR 431.10  
42 CFR 431.11

### Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The Department for Children and Families (DCF) is one of the major components of the Agency of Human Services (AHS). Within the DCF, the Economic Services Division (ESD) encompasses the functions regarding Medicaid eligibility. The DCF's principal functions and structure are outlined below:

Child Development Division (CDD)

CDD's goal is to increase accessibility to high-quality child care and child development services by working with programs within



# Medicaid Administration

communities to coordinate and deliver services that meet families' needs. Direct services for children and families include regulating early childhood and after school programs; early intervention services; information, resource and referral for families; parent education and family support services. CDD provides technical assistance, professional development, and mentoring opportunities to Vermont's early childhood and after school workforce, and are involved in developing early childhood and after school systems in Vermont.

## Disability Determination Services (DDS)

DDS determines the eligibility of Vermonters who apply for disability benefits under Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI); and determines the medical eligibility of Vermonters who apply for Medicaid based on having a disability.

## Economic Services Division (ESD)

ESD's mission is to help Vermonters find a path to a better life. ESD administers programs which include assistance-to-work; supplemental nutrition assistance; fuel assistance; and health care. ESD is responsible for all Medicaid eligibility determinations (other than those made on the basis of disability made by SSA or DDS).

## Family Services Division (FSD)

FSD's mission is to protect children and strengthen families in partnership with families and communities. FSD services include child abuse/neglect intake, investigation and assessment; ongoing services to families at risk; care, treatment and permanency planning of children in state custody; probation and other restorative justice services for delinquent youth; post adoption supports and subsidy for children adopted through foster care; transition services for youth; and the Woodside Juvenile Rehabilitation Facility.

## Office of Child Support (OCS)

OCS is responsible for establishing, collecting upon, enforcing, and modifying support orders for children who do not live with both parents, is responsible for helping Vermonters establish parentage; establish an order for child and medical support; modify or enforce an existing order for child and medical support; make support payments to the custodial parent; and locate a missing non-custodial parent.

## Office of Economic Opportunity (OEO)

OEO's mission is to increase the self-sufficiency of Vermonters, strengthen Vermont communities, and eliminate the causes and symptoms of poverty. OEO manages programs and grants; identifies and develops resources; provides training and technical assistance; advocates for community-based organizations, and connects communities to resources within government and the private sector.

Within the Agency of Human Services, the Department of Disabilities, Aging and Independent Living (DAIL) assists older persons, children and adults with disabilities to live as independently as possible. The DAIL's principal functions and structure are as follows:

## Licensing & Protection

Responsible for protecting vulnerable Vermonters through licensing health care providers, and investigating complaints and allegations of abuse, neglect and exploitation.

## Advocacy & Independent Living

Responsible for helping elders and adults with disabilities to live as independently as possible in the community.

## Blind & Visually Impaired

Responsible for helping Vermonters with blindness or visual impairment work and live independently.

## Developmental Services

Responsible for helping children and adults with developmental disabilities and children with health impairments and/or physical disabilities to live as independently as possible within their family, home and community.

## Vocational Rehabilitation

Responsible for helping Vermonters with disabilities prepare for and find employment.





# Medicaid Administration

The Department of Health is also a large component of the Agency of Human Services. Within the Department, the responsibilities of each division are outlined below:

## Alcohol and Drug Abuse Programs Division

Responsible for helping Vermonters prevent and eliminate the problems caused by alcohol and other drug use. In partnership with other public and private organizations, the division plans, supports and evaluates a comprehensive system that provides education, prevention, intervention, treatment, recovery, and research services.

## Mental Health Division

Responsible for providing services to people with a wide range of emotional, behavioral and other mental health problems. Assures timely delivery of effective prevention, early intervention, and behavioral health treatment and supports through a family-centered system of care for all children and families in Vermont. Operates the Vermont State Hospital which serves adults with serious and persistent mental illness who require a higher level of care.

## Community Public Health

Responsible for providing essential health promotion and disease prevention services, working in partnership with local health care providers, voluntary agencies, schools, businesses and community organizations.

## Health Protection

Responsible for the regulatory, forensic and risk assessment components of the department: including the inspection of ambulances and licensing of emergency services personnel.

## Medical Practice Board

Responsible for licensing physicians and podiatrists and certifying physician assistants and anesthesiologist assistants. Investigates unprofessional conduct, issues reprimands, and revokes, suspends or places conditions on professional licenses and certifications where appropriate.

The Department of Corrections, in partnership with the community, supports safe communities by providing leadership in crime prevention, repairing the harm done, addressing the needs of crime victims, ensuring offender accountability for criminal acts, and managing the risk posed by offenders. Within the Department, responsibilities of each division are outlined below:

## Administration

Responsible for central oversight and management of all divisions.

## Facilities

Responsible for maintaining and operating nine incarcerative facilities and seventeen community-based facilities.

## Program Services

Responsible for a variety of services to the community, the criminal justice system, and offenders. The services provided directly to the community focus on education/information, victims, and reparative support. The services provided to the criminal justice system includes housing and supervision of offenders, sentencing options/reports, and intelligence information. Treatment programs are designed to meet the needs of sex offenders, violent offenders, substance use, and domestic violence issues.

## Restorative and Community Justice

Responsible for involving victims and the community as central elements in a process whereby the focus is on the offender being as held accountable to the victim and community.

## Placement Services

Responsible for providing offenders with assistance re-integrating into the community after a period of incarceration.

## Field Services

Responsible for the ongoing supervision of offenders in the community and ensuring that offenders under supervision are in compliance with all applicable requirements and conditions of release.



# Medicaid Administration

The Office of the Secretary of the Agency of Human Services oversees several functions of the Agency under the direction of the Secretary and Deputy Secretary. Within the Secretary's Office, responsibilities of each division are outlined below:

## Operations

The Operations Division includes the Rate Setting Unit which sets Medicaid payment rates for services provided in Vermont licensed nursing homes participating in the Medicaid program. The rates are set prospectively, based on nursing home costs which are annually reviewed by the Division's auditors for allowability. Operations also includes the Fiscal Unit which advises the Secretary on fiscal policy and management issues, the Personnel Unit which advises the Secretary on personnel administration and the interpretation of policies and procedures, the Information Technology Unit which is responsible for executing the core technology vision to unify all Agency technology, the Training Unit which develops, implements, and evaluates agency-wide training programs, and the Internal Affairs Unit. The Secretary's Office also includes the Secretary's Senior Policy Advisor and the State Refugee Coordinator who is the state liaison with all resettlement service providers within the state.

## Planning Division

Responsible for advising the Secretary on the Agency's direction, priorities, and strategic planning in program and departmental development.

## The Human Services Board (Fair Hearings)

The Human Services Board is a citizen's panel consisting of seven members and was created by the Vermont legislature. Its duties are to act as a fair hearing board for appeals brought by individuals who are aggrieved by decisions or policies of the various departments and programs throughout the Agency of Human Services. The Human Services Board is responsible for all Medicaid fair hearings.

## Tobacco Board

The Vermont Legislature established the Vermont Tobacco Evaluation and Review Board effective July 1, 2000 as an independent state board. It is located within, and receives administrative support from the Office of the Secretary of the Agency of Human Services. The Board works in partnership with the Agency and the Departments of Health and Education in establishing the annual budget, program criteria, and policy development, review and evaluation of the entire tobacco control program.

## Developmental Disabilities Council

Responsible for supporting advocacy and improving services and supports for people with developmental disabilities. They fund activities to increase the availability of individual and family-centered supports to promote independence, self-determination and community inclusion. They work to increase public awareness of issues affecting people with disabilities and their families.

## Housing/Transportation Coordinator

Responsible for the coordination of agency-wide housing and transportation initiatives and programs.

The Department of Vermont Health Access (DVHA) is assigned program responsibility for medical assistance furnished eligible individuals under Title XIX of the Social Security Act. The DVHA has a Commissioner; a Director for Vermont Health Connect (Vermont's Health Benefits Exchange); a Director of Health Services and Managed Care; a Director of Health Care Reform; a Director of Medicaid Policy, Fiscal and Support Services; a Director of the Blueprint for Health Program; and a Medical Director.

The DVHA is described below:

## Vermont Health Connect

Vermont Health Connect is Vermont's Health Benefits Exchange. VHC administers all aspects of the exchange, including application and enrollment, plan management, outreach and education, and the navigator program.

## Blueprint for Health

Supports, monitors and manages the state's multi-insurer initiative designed to integrate a system of health care for patients, improve the health of the overall population, and improve control over health care costs by promoting health maintenance, prevention, and care coordination and management at the provider level.

## Chronic Care

With nurses and social workers located throughout the state this unit identifies and assists Medicaid beneficiaries with chronic



# Medicaid Administration

health conditions to access clinically appropriate health care information and services; coordinates the efficient delivery of health care to this population by addressing barriers to care, bridging care gaps, and avoiding duplication of services; and educates and empowers this population to self-manage their chronic conditions. This program is closely aligned with the care coordination efforts of the Blueprint for Health.

## Clinical Operations

Monitors and evaluates the quality, appropriateness and effectiveness of health care services requested for beneficiaries. Ensures requests for services are reviewed and processed efficiently and within time frames outlined in Medicaid Rule. Identifies over- and underutilization of health care services through the Prior Authorization (PA) review process and case tracking. Specific functions include developing clinical criteria and assuring correct coding for medical benefits; reviewing provider appeals; providing provider education related to specific medical procedures; and performing quality improvement activities to enhance medical benefits for beneficiaries.

## Coordination of Benefits (COB)

Works with providers, beneficiaries, and other insurance companies to ensure that Medicaid is payer of last resort. COB also administers the premium assistance programs by performing analyses to ensure beneficiaries are placed in the most cost-effective program.

## Data/Reimbursement

Provides Medicaid data to other state agencies, the legislature and other stakeholders. Provides data for mandatory federal reporting to the Centers for Medicare and Medicaid Services (CMS). Provides analyses for the budget development process. Reimbursement oversees the claims processing function of the Medicaid program and provides direction, guidance and interpretation of the state plan to our fiscal agent who processes the Medicaid claims. Develops projections, implements updates, and analyzes the impact of reimbursement methodologies.

## Fiscal Operations

Supports, monitors, manages and reports all aspects of fiscal planning and responsibility. Functions include vendor payments, timesheets, expense reports, grants, contracts, purchasing, financial monitoring, budgeting and other relevant practices, procedures, and processes.

## Health Care Reform

Responsible for providing oversight and coordination across state government, and with other public and private partners, to foster collaboration, inclusiveness, consistency, and effectiveness in state and federal health care reform. Leads on Health Information Technology (HIT) and Health Information Exchange (HIE) policy, planning and oversight.

## Managed Care

Responsible for managing care arrangements for beneficiaries covered under the Medicaid Global Commitment to Health waiver, and works to develop new initiatives for DVHA which includes monitoring programs for compliance with quality standards to improve services for Medicaid beneficiaries.

## Pharmacy

Ensures beneficiaries receive medically necessary medications in the most cost-effective manner. Pharmacy Unit staff members and the contracted Prescription Benefit Manager (PBM) work with providers, pharmacies and beneficiaries on benefits issues, clinical criteria, claims processing and appeals related to pharmacy. Responsible for the Drug Utilization Review (DUR) Board.

## Program Policy

Responsible for coverage rules, fair hearings, grievances and appeals, HIPAA compliance, legislative activities, public record requests, requests for non-covered services, State Plan Amendments, and the Children's Health Insurance Program (CHIP). Coordinates major initiatives resulting from federal health care reform and state legislative sessions. May serve as the primary liaison to legislators, Vermont's Congressional Delegation, the media and the Centers for Medicare and Medicaid Services (CMS).

## Provider/Member Relations Unit

Communication/liaison activities that assist providers and beneficiaries in accessing clinically appropriate health services. Manages the Medicaid non-emergency transportation program, and other various provider contracts for services (such as the member services contract); interacts with groups/organizations that represent provider and member interests, such as the Medicaid Advisory Board;



# Medicaid Administration

and maintains the DVHA web site.

## Quality Improvement/Program Integrity

Responsible for activities to prevent, detect, and investigate Medicaid fraud, waste and abuse. Includes data mining and analysis; recoupment of provider overpayments; and lockin programs for overutilization or abuse of the system. Educates providers for accurate billing, and refers cases of abuse to the Attorney General's office (provider fraud) and to DCF (eligibility fraud). Monitors Intergovernmental Agreements (IGAs) and collaborates with AHS partners that serve special health needs populations; prepares for annual external quality reviews for managed care organizations required by CMS, as well as for statewide and other quality audits; and provides concurrent review of psychiatric inpatient admissions.

Upload an organizational chart of the Medicaid agency.

**An attachment is submitted.**

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

There are seven executive branch agencies. The Agency of Human Services (AHS) is the single state Medicaid agency that oversees all health and human service programs. No other State agencies have responsibility for health or public assistance.

## Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- ☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☒ The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to the 1634 agreement, the State has a written agreement with SSA to make eligibility determinations for SSI recipients. Describe which populations the state makes disability determinations for.

Add

## Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☐ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

## Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)



# Medicaid Administration

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

☐ Yes ☐ No

## State Plan Administration Assurances

A3

42 CFR 431.10  
42 CFR 431.12  
42 CFR 431.50

### Assurances

- ☒ The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- ☒ All requirements of 42 CFR 431.10 are met.
- ☒ There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- ☒ The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- ☐ There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- ☐ There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- ☐ When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- ☒ The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State of VERMONT

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

Agency of Human Services is the single State  
agency responsible for:

☒ Administering the plan.

The legal authority under which the agency administers the plan on a Statewide basis is

3 VSA Chapter 53  
33 VSA Chapter 4, 19  
(statutory citation)

☒ Supervising the administration of the plan by local political subdivisions.



The legal authority under which the agency supervises the administration of the plan on a Statewide basis is contained in

33 V.S.A. §1901  
(statutory citation)

The agency's legal authority to make rules and regulations that are binding on the political subdivisions administering the plan is

(statutory citation)

10/23/13  
Date

  
Signature  
  
Assistant Attorney General  
Title

TN No. 13-014

Supersedes

TN No. 13-027

Effective Date: 10/1/13

Approval Date: 12/20/2013