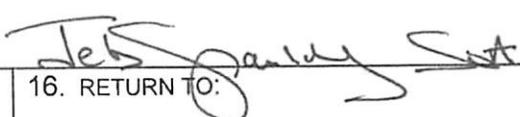
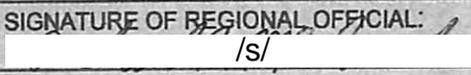


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 13 -- 015	2. STATE: VERMONT
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE(S) APRIL 1, 2013		
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: 42 CFR §430.12(c)(ii)	7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$ 0 b. FFY 2014 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 19C, 20C, ATT 3.1-A PG.11, 4.19-B PG.19, 4.19 -B PG.20, ATT 3.1-A SUPP 2 PG.1, ATT 3.1-A SUPP 2 PG.2, ATT 3.1-A SUPP 2 PG.3, ATT 3.1-A SUPP 2 PG.4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, PG 11	
10. SUBJECT OF AMENDMENT: PACE DISCONTINUED		
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: ASHLEY BERLINER DEPARTMENT OF VERMONT HEALTH ACCESS 312 HURRICANE LANE, SUITE 201 WILLISTON, VT 05495	
13. TYPED NAME: DOUGLAS A. RACINE	15. DATE SUBMITTED: 3/29/2013	
14. TITLE: SECRETARY, AGENCY FOR HUMAN SERVICES	17. DATE RECEIVED: 3/29/13	
FOR REGIONAL OFFICE USE ONLY		
18. DATE APPROVED: 4/25/13		19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/13
PLAN APPROVED - ONE COPY ATTACHED		
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 CMS and the State agreed to the following pen and ink changes to the CMS-179 in an e-mail dated 4/12/13: <ul style="list-style-type: none"> • Box 8: Attachment 3.1-A, pg. 19 and Attachment 3.1-B, pg. 20 was removed; Attachment 4.19-B pg. 19 and Attachment 4.19-B pg. 20 was inserted. • Box 9: Attachment 4.19-B pg. 10 was removed; Attachment 3.1-A, pg. 11 was inserted.