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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 15-0015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) HCFA 179 Form
- 3) Approved SPA Page

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

August 12, 2015

Hal Cohen, Secretary
Vermont Agency of Human Services
208 Hurricane Lane, Suite 103
Williston, Vermont 05495

Dear Secretary Cohen:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 15-015 with an effective date of July 1, 2015, as requested by your Agency.

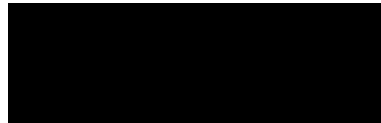
This SPA transmitted a proposed amendment to your approved Title XIX State plan to add annual site visits as an aspect of Vermont's compliance oversight of the employee education requirements of the False Claims Act.

Enclosed are the following pages to be incorporated within your State plan:

- Attachment 4.42-A, page 1

If there are questions, please contact Tom Schenck at (617) 565-1325.


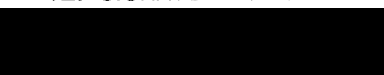
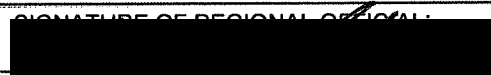
Sincerely,



Associate Regional Administrator

Enclosure

cc: Steven Costantino, Commissioner
Lindsay Parker, Health Programs Administrator, Policy Unit
Ashley Berliner, Medicaid Policy and Planning Chief, Policy Unit

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 15 - 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)	
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 (<i>Separate Transmittal for each amendment</i>)		4. PROPOSED EFFECTIVE DATE(S) JULY 1, 2015	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §430.12(c)(1)(ii) 1902(A)(68) OF THE SOCIAL SECURITY ACT; P.L. 109-171, SECTION 6032		7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$ 0 b. FFY 2016 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATT. 4.42-A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) ATT. 4.42-A	
10. SUBJECT OF AMENDMENT: COMPLIANCE OVERSIGHT OF THE FALSE CLAIMS ACT			
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 	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: LINDSAY PARKER AGENCY OF HUMAN SERVICES 208 HURRICANE LANE WILLISTON, VT 05495	
13. TYPED NAME: HAL COHEN		17. DATE RECEIVED: August 4, 2015	
14. TITLE: SECRETARY, AGENCY OF HUMAN SERVICES		18. DATE APPROVED: August 12, 2015	
15. DATE SUBMITTED: August 4, 2015		FOR REGIONAL OFFICE USE ONLY	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2015		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard R. McGreal		22. TITLE: Associate Regional Administrator	
23. REMARKS			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: VERMONT

Citation

1902(a)(68) of the
Act, P.L. 109-171
(section 6032)

Compliance Oversight of the False Claims Act

The Vermont Medicaid program shall ensure that all entities (as defined in the State plan, 4.42) comply with the requirements of the False Claims Act mandating Employee Education About False Claims Recoveries.

Beginning August 1 of 2007, the Vermont Medicaid program shall identify each entity through an annual review of all U.S. Department of Treasury Forms 1099-MISC that it has issued to its providers.

All entities shall be notified by letter. All entities shall be requested to provide Vermont Medicaid with a copy of their policy regarding their compliance with the False Claims Act to include their specific plans for employee education of the False Claims Act by October 1 of 2007.

Beginning in 2015, the State Medicaid Agency will conduct site visits of entities to review their False Claims Act compliance procedures, including verification that documentation received from the State Medicaid Agency is readily available for review (i.e. written policies) and/or posters are displayed. In 2015 this process will begin with site visits to approximately 25% of all entities annually, and will continue each year until all entities have been visited by the State Medicaid Agency. After the initial verification of compliance of an entity, a site visit will be conducted at least once every five years for each entity. Out-of-state entities can be verified with that State Medicaid Agency for compliance in lieu of a site visit.

It shall be made known to all entities that as a Condition of Participation, as outlined in the Vermont Medicaid General Provider Agreement and the Special Provisions Attachment that the entity must comply with said requirements, and that failure to comply with said requirements shall result in termination of the Provider Agreement. An entity shall be permitted a timeframe of 90 days (from receipt of notification) to provide Vermont Medicaid with said proof of compliance.

TN No.: 15-015
Supersedes
TN No.: 07-05

Effective Date: 07/01/15
Approval Date: 08/12/15