

Table of Contents

State/Territory Name: Vermont

State Plan Amendment (SPA) #: 18-0003

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 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

July 11, 2018

VIA E-MAIL

Cory Gustafson, Commissioner
Department of Vermont Health Access
280 State Drive
Waterbury, VT 05671

Dear Mr. Gustafson:

Enclosed is an approved copy of the Vermont State Plan Amendment (SPA) 18-0003, received on June 12, 2018 proposing to add International Board-Certified Lactation Consultants (IBCLCs) to its Medicaid State Plan. The effective date for this SPA is June 1, 2018, as requested by your agency.

If you have questions concerning this letter, please contact Gilson DaSilva, Division of Medicaid and Children's Health Operations at (617) 565-1227.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Dylan Frazer, VT Medicaid Policy Unit

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 18-0003	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 (<i>CHECK ONE</i>): <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) 6/1/18	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §440.210	7. FEDERAL BUDGET IMPACT: a. FFY <u>2018</u> \$ <u>34,349</u> b. FFY <u>2019</u> \$ <u>103,857</u>		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1-A page 3d(4)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) None		
10. SUBJECT OF AMENDMENT: International Board-Certified Lactation Consultants			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input checked="" 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 type="checkbox"/> OTHER, AS SPECIFIED SIGNATURE OF SECRETARY OF ADMINISTRATION Susanne R. Young <small>Digitally signed by Susanne R. Young Date: 2018.06.12 09:02:25 -04'00'</small>	
12. SIGNATURE OF STATE AGENCY OFFICIAL: Al Gobeille <small>Digitally signed by Al Gobeille Date: 2018.05.31 15:53:24 -04'00'</small>		16. RETURN TO: Dylan Frazer AGENCY OF HUMAN SERVICES 280 STATE DRIVE, CENTER BUILDING WATERBURY, VT 05671-1000	
13. TYPED NAME: AL GOBEILLE		15. DATE SUBMITTED: 6/12/18	
14. TITLE: SECRETARY, AGENCY OF HUMAN SERVICES			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 06/12/18		18. DATE APPROVED: 07/11/18	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 06/01/18		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Richard R. McGreal		22. TITLE Associate Regional Administrator	
23. REMARKS			

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ITEM 6. MEDICAL CARE AND ANY OTHER OF REMEDIAL CARE RECOGNIZED
UNDER STATE LAW, FURNISHED BY LICENSED PRACTITIONERS
WITHIN THE SCOPE OF THEIR PRACTICE AS DEFINED BY STATE LAW
(continued)

D. Other Practitioners' Services (continued)

8. International Board-Certified Lactation Consultants (IBCLCs):
Breastfeeding health, education, and counseling services are covered. Providers
must be licensed and enrolled Medicaid providers and hold an International
Board-Certified Lactation Consultant certificate.