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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 18-0009

This file contains the following documents in the order listed:

- 1) Approval Letters
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Page



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

October 12, 2018

Mr. Al Gobeille
Secretary
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

Dear Mr. Gobeille:

We have reviewed Vermont's State Plan Amendment (SPA) 18-0009, Prescribed Drugs, received in the Boston Regional Office on August 31, 2018. This SPA proposes to extend the timeframe for Drug Utilization Review Board drug class reviews from annually to at least every two years, with an effective date of July 1, 2018.

Based on the information provided and consistent with the regulations at 42 CFR 430.12(c)(1)(ii), we are pleased to inform you that SPA 18-0009 is approved with an effective date of July 1, 2018. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into the Vermont state plan will be forwarded by the Boston Regional Office.

If you have any questions regarding this amendment, please contact Yolonda Williams at (410) 786-6618 or yolonda.williams@cms.hhs.gov.

Sincerely,

/s/

John M. Coster, Ph.D., R.Ph.
Director
Division of Pharmacy

cc: Richard R. McGreal, ARA, CMS, Boston Regional Office
Gilson DaSilva, CMS, Boston Regional Office
Dylan Frazier, Vermont Agency of Human Services

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

October 18, 2018

VIA E-MAIL

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

Dear Mr. Gustafson:

On October 12, 2018, the Division of Pharmacy at our Central Office sent a letter to Mr. Al Gobeille, AHS Secretary, approving State Plan Amendment (SPA) 18-0009. This letter contains the Transmittal and Notice of Approval of State Plan Material (CMS 179) and the approved State Plan page.

SPA 18-0009 proposed to amend the State's approved Title XIX State Plan to extend the time frame for Drug Utilization Review Board drug class reviews from annually to at least every two years. This SPA was approved effective July 1, 2018.

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: 18-0009	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) 7/1/18	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §430.12(c)(1)(ii)	7. FEDERAL BUDGET IMPACT: a. FFY <u>2018</u> \$ <u>0.00</u> b. FFY <u>2019</u> \$ <u>0.00</u>		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 74b1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Page 74b1		
10. SUBJECT OF AMENDMENT: DURB Drug Class Review			
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 Susanne R. /s/ Young	
12. SIGNATURE OF STATE AGENCY OFFICIAL: Al Gobeille /s/		16. RETURN TO: DYLAN FRAZER AGENCY OF HUMAN SERVICES 280 STATE DRIVE, CENTER BUILDING WATERBURY, VT 05671-1000	
13. TYPED NAME: AL GOBEILLE			
14. TITLE: SECRETARY, AGENCY OF HUMAN SERVICES			
15. DATE SUBMITTED: 8/31/18			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 08/31/18		18. DATE APPROVED: 10/12/18	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/18		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Richard R. McGreal		22. TITLE Associate Regional Administrator	
23. REMARKS			

OFFICIAL

74b(1)

Revision: HCFA-PM-(MB)

State/Territory: Vermont

3. DUR Board duties include:

- Retrospective DUR,
- Application of Standards as defined in section 1927(g)(2)(C)
- Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR.
- Making recommendations to Commissioner for the adoption of the preferred drug list.
- Board shall meet at least quarterly.
- Board shall review all drug classes included in the preferred drug list at least every 24 months and may recommend that the Commissioner make additions to or deletions from the preferred drug list.

TN No. 18-0009

Supersedes

TN No. 10-015

Effective Date: 07/01/18

Approval Date: 10/12/18