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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 23-0005

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 7500
Security Boulevard, Mail Stop S2-26-12 Baltimore,
Maryland 21244-1850



March 24, 2023

Adaline Strumolo, Deputy Commissioner
Department of Vermont Health Access (DVHA)
NOB 1 South, 280 State Drive
Waterbury, VT 05671-1010

Re: Vermont State Plan Amendment (SPA) 23-0005

Dear Deputy Commissioner Strumolo:

We have reviewed the proposed amendment to add section 7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to Vermont's Medicaid state plan, as submitted under transmittal number (TN) 23-0005. This amendment proposes to rescind temporary policies, in section 7.4. Medicaid Disaster Relief for the National Emergency.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Social Security Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority for these provisions and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, Medicaid SPA Transmittal Number 23-0005 is approved effective February 1, 2023.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Gilson DaSilva at (617) 565-1227 or by email at Gilson.DaSilva@cms.hhs.gov if you have any questions about this approval.

Sincerely,

Alissa M. Deboy -S Digitally signed by
Alissa M. Deboy -S
Date: 2023.03.24
09:05:25 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

cc: Dylan Frazer, Deputy Director of Medicaid Policy

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 2 3 — 0 0 0 5 2. STATE VT

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
2/1/2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR §430.12(c)(1)(ii)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ (244,213)
b. FFY 2024 \$ (615,510)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Section 7.4.A

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
N/A

9. SUBJECT OF AMENDMENT

Amends Section 7.4 COVID Disaster SPA - Rescission of temporary Copayment Policy

10. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED: Approval from Agency of Admin.
Sean Brown Digitally signed by Sean Brown
 Date: 2022.12.06 12:00 05 -05'00'

11. SIGNATURE OF STATE AGENCY OFFICIAL
Jenney Samuelson Digitally signed by Jenney Samuelson
 Date: 2022.12.06 08:40:26 -05'00'

12. TYPED NAME
Jenney Samuelson

13. TITLE
SECRETARY, AGENCY OF HUMAN SERVICES

14. DATE SUBMITTED
1/31/2023

15. RETURN TO
DYLAN FRAZER
DEPARTMENT OF VERMONT HEALTH ACCESS
280 STATE DRIVE
WATERBURY , VT 05671-1010

DYLAN.FRAZER@VERMONT.GOV

FOR CMS USE ONLY

16. DATE RECEIVED 01/31/2023

17. DATE APPROVED 03/24/2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 02/01/2023

19. SIGNATURE OF APPROVING OFFICIAL Alissa M. Deboy -S
 Digitally signed by Alissa M. Deboy -S
 Date: 2023.03.24 09:05:46 -04'00'

20. TYPED NAME OF APPROVING OFFICIAL
Alissa Mooney DeBoy

21. TITLE OF APPROVING OFFICIAL
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

22. REMARKS

State/Territory: VERMONT

7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency

Effective February 1, 2023, the agency rescinds the election at Section C1 of section 7.4 (approved on May 29, 2020 in SPA Number VT 20-0015) of the state plan to eliminate co-payments for outpatient hospital visits and co-payments for medications used to treat the symptoms of COVID-19.

Effective February 1, 2023, all co-payments will revert to the State's policies prior to the public health emergency (PHE) with the exception of services, drugs, tests and vaccines for the treatment and prevention of COVID-19.