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State/Territory Name: Vermont

State Plan Amendment (SPA) #: VT-23-0031

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services

Medical Benefits and Health Programs Group

October 25, 2023

Monica Ogelby
Medicaid Director
Vermont Agency of Human Services
280 State Drive - Center Building
Waterbury, VT 05671

Dear Monica Ogelby,

The CMS Division of Pharmacy team has reviewed Vermont's State Plan Amendment (SPA) 23-0031 received in the CMS Medicaid & CHIP Operations Group on September 7, 2023. This SPA proposes to amend the state's excluded drug coverage listing.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 23-0031 is approved with an effective date of August 1, 2023. Our review was limited to the materials necessary to evaluate the SPA under applicable federal laws and regulations.

We are attaching a copy of the signed, revised CMS-179 form, as well as the pages approved for incorporation into Vermont's state plan. If you have any questions regarding this amendment, please contact Omar Alemi at (720) 853-2724 or omar.alemi@cms.hhs.gov.

Sincerely,



Cynthia R. Denemark, R.Ph.
Director
Division of Pharmacy

cc: Dylan Frazier, Deputy Director of Medicaid Policy, Vermont Agency of Human Services
Gilson DaSilva, CMS, Vermont State Lead

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

1. TRANSMITTAL NUMBER
2 3 — 0 0 3 1

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
8/1/2023

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

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 68,040 (~~\$68,040~~)
b. FFY 2024 \$ 399,875 (~~\$399,875~~)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Att. 3.1-A pages 5a(1) and 5a(2)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)
Att. 3.1-A pages 5a(1) and 5a(2)

9. SUBJECT OF AMENDMENT

Discontinue coverage of over-the-counter melatonin, Vitamin D, and antihistamine products.

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. [REDACTED]

11. SIGNATURE OF STATE AGENCY OFFICIAL
[REDACTED]

15. RETURN TO

12. TYPED NAME
Jenney Samuelson

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

13. TITLE
SECRETARY, AGENCY OF HUMAN SERVICES

DYLAN.FRAZER@VERMONT.GOV

14. DATE SUBMITTED
9/7/2023

FOR CMS USE ONLY

16. DATE RECEIVED
9/7/2023

17. DATE APPROVED
10/25/2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
8/1/2023

19. SIGNATURE OF APPROVING OFFICIAL
[REDACTED]

20. TYPED NAME OF APPROVING OFFICIAL
Cynthia R. Denemark, R.Ph.

21. TITLE OF APPROVING OFFICIAL
Director, Division of Pharmacy

22. REMARKS

10/23/2023 - VT provided P&I authority to revise box 6 to show the fiscal impact amounts as savings, not expenses. (Box 6)

ITEM 12. PRESCRIBED DRUGS, DENTURES, AND PROSTHETIC DEVICES; EYEGLASSES
PRESCRIBED BY A PHYSICIAN SKILLED IN DISEASES OF THE EYE OR BY AN
OPTOMETRIST (Continued)

A. Prescribed Drugs (Continued)

9. Medicaid Program: Requirements Relating To Covered Outpatient Drugs For The Categorically Needy

Citation (s)	Provision (s)
1935(d)(I)	Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
1927(d)(2) and 1935(d)(2)	The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare prescription Drug Benefit –Part D.

The Medicaid agency will cover the following classes of excluded drugs as listed below:

- (a) Drugs for anorexia, weight loss, or weight gain: Some drug categories covered under the drug class:
 - Hormone therapy is covered when used for anorexia or weight gain.
 - No drugs are covered for weight loss.
- (b) Some prescription vitamins and mineral products, except prenatal vitamins and fluoride:
 - Single vitamins or minerals when prescribed for the treatment of a specific vitamin deficiency or disease related to a vitamin deficiency;
- (c) Nonprescription Drugs: Some drug categories covered under the drug class:

Select drugs will be covered as listed on the State’s website.

ITEM 12. PRESCRIBED DRUGS, DENTURES, AND PROSTHETIC DEVICES; EYEGLASSES
PRESCRIBED BY A PHYSICIAN SKILLED IN DISEASES OF THE EYE OR BY AN
OPTOMETRIST (Continued)

A. Prescribed Drugs (Continued)

9. Medicaid Program: Requirements Relating To Covered Outpatient Drugs For The Categorically Needy
(Continued)

(d) Some drugs when used for the symptomatic relief of coughs and colds

Select drugs are covered as listed on the State's website.

(e) Drugs when used to promote fertility

These services provided are identical in the amount, duration and scope of services as provided to the medically needy for prescription drugs.