

Revision: HCFA-PM-91-4
August 1991

(BPD)

OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: VERMONT

Citation

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the

42 CFR
430.10

AGENCY OF HUMAN SERVICES
(Single State Agency)

submits the following State plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this State plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

TN No. 91-12

Supercedes

Approval Date 04/27/92

Effective Date 11/01/91

TN No. 76-35

Effective 1/1/77

HCFA ID: 7982E

Approved 1/3/77

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: VERMONT

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CITATION: 42 CFR 431.10 (AT-79-29)

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

1.1 Designation and Authority

a. The AGENCY OF HUMAN SERVICES

is the single State agency designated to administer or supervise the administration of the Medicaid Program under Title XIX of the Social Security Act. (All references in this Plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the Program.

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Approval Date: January 3, 1977

Effective Date: 01/01/77

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: VERMONT

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CITATION: Section 1902 (a) of the Act

1.1 Designation And Authority (Continued)

b. The State agency that administered or supervised the administration of the Plan approved under Title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this Plan which relates to blind individuals.

Yes. The State agency so designated is:

This agency has a separate Plan covering that portion of the State Plan under Title XIX for which it is responsible.

Not applicable. The entire Plan under Title XIX is administered or supervised by the State agency named in paragraph 1.1(a).

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Approval Date: January 3, 1977

Effective Date: 01/01/77

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: VERMONT

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CITATION: Intergovernmental Cooperation Act of 1968

1.1 Designation And Authority (Continued)

c. Waivers of the single State agency requirement which are currently operative have been granted under authority of the Intergovernmental Cooperation Act of 1968.

- Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements.
- Not applicable. Waivers are no longer in effect.
- Not applicable. No waivers have ever been granted.

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Approval Date: January 3, 1977

Effective Date: 01/01/77

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: VERMONT

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CITATION: 42 CFR 431.10 (AT-79-29)

1.1 Designation And Authority (Continued)

- d. The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this Plan.
- Determinations of eligibility for Medicaid under this Plan are made by the agency(ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this Plan. The agreement defines the relationships and respective responsibilities of the agencies.

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Approval Date: December 5, 1980

Effective Date: November 1, 1980

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: VERMONT

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CITATION: 42 CFR 431.10 (AT-79-29)

1.1 Designation and Authority (Continued)

- e. All other provisions of this Plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under Title XI of the Act.
- f. All other requirements of 42 CFR 431.10 are met.

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Approval Date: January 3, 1977

Effective Date: 01/01/77

TITLE XIX
Revision: HCFA-AT-80-38 (BPP)
July 1, 1984

State: VERMONT

CITATION: 42 CFR 431.11

1.2 Organization for Administration

- a. ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
- b. ATTACHMENT 1.2-B contains a description and organizational chart of the Department of Vermont Health Access (DVHA); DVHA has been designated as the medical assistance department.
- c. ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the Plan and their responsibilities.
- d. Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1 (a).
ATTACHMENT 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.

[X] Not applicable. Only the staff of the agency named in paragraph 1.1 (a) make such determinations.

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TN# 10-005
Supersedes
TN# 04-07

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Effective Date: 07/01/10
Approval Date: 10/07/10

TITLE XIX

Transmittal No. 74-40

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: VERMONT

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CITATION: 42CFR 431.50(b) (AT-79-29)

1.3 Statewide Operation

The Plan is in operation on a statewide basis in accordance with all requirements of 42 CFR 431.50.

The Plan is State administered.

The Plan is administered by the political subdivisions of the State and is mandatory on them.

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Approval Date: May 8, 1974

Effective Date: 07/01/74

TITLE XIX

Transmittal No. 74-40

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: VERMONT

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CITATION: 42 CFR 431.12(b) (AT-78-90)

1.4 State Medical Care Advisory Committee

There is an advisory committee to the Medicaid Agency Director On Health and Medical Care Services established in accordance with and meeting all the requirements of 42 CFR 431.12.

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Approval Date: May 8, 1974

Effective Date: 07/01/74

Revision: HCFA-PM-94-3 (MB)
 APRIL 1994
 State/Territory: Vermont

Citation1.5 Pediatric Immunization Program

1928 of the Act

1. The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.
 - a. The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.
 - b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.
 - c. With respect to any population of vaccine-eligible children a substantial portion of whose parents have a limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.
 - d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928 (b) and (h) of the Social Security Act.
 - e. The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program-registered providers of the maximum fee for the administration of vaccines.
 - f. The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.
 - g. Except as authorized under section 1915 (b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.

TN No. 94-29
 Supersedes
 TN No. None

Approval Date: 02/14/95Effective Date: 10/01/94

Revision: HCFA-PM-94-3 (MB)

APRIL 1994

State/Territory: Vermont

Citation

1928 of the Act

2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.
3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
4. The State agency with overall responsibility for the implementation and enforcement of the provisions of the provisions of section 1928 is:

State Medicaid Agency

State Public Health Agency

TN No. 94-29

Supersedes

TN No. None

Approval Date: 02/14/95

Effective Date: 10/01/94