

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

A. The following charges are imposed on the medically needy for services::

Service	Deduct.	Type of Charge Coins.	Copay.	Amount and Basis for Determination
See Attachment 4.18-A, Page 3				

TN No. 85-22
Supersedes
TN No. None

Approval Date: 02/28/86

Effective Date: 10/01/25

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D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53 (b) are described below:

See Attachment 4.18-A, Page 3

E. Cumulative maximums on charges:

State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below:

TN No. 85-22
Supersedes
TN No. None

Approval Date: 02/28/86

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