INSTRUCTIONS FOR COMPLETING FORM HCFA-179

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 0 9 -- 0 4	2. STATE: Vermont
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE(S) 01/01/09	

5. TYPE OF PLAN MATERIAL *(CHECK ONE)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION: 1902(a) of the Social Security Act, 42 CFR 435.1005; 42 CFR 435.1006	7. FEDERAL BUDGET IMPACT: a. FFY 2010 $ 0 b. FFY 2009 $ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supp. 6 to Att. 2.6A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Same

10. SUBJECT OF AMENDMENT:

Update of Standards for federal SSI portion of the SSI/AABD payment based on COLA.

11. 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
Ronda PM for Agency & Administrator

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME: ROB HOFMANN	Afsar Sultana DEPT. FOR CHILDREN AND FAMILIES ECONOMIC SERVICES DIVISION-PPR 103 SOUTH MAIN STREET Waterbury VT 05671-1201
14. TITLE: Secretary, Agency of Human Services	(802) 241-3525
15. DATE SUBMITTED: FEBRUARY 10, 2009	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: February 20, 2009	18. DATE APPROVED: July 21, 2009
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2009	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator Div. of Medicaid & Children's Hlth. Ops.

23. REMARKS:

Standards for Optional State Supplementary Payments

Payment Category *(Reasonable Classification)*	Administered by		Payment Level (Monthly)*	
	Federal	State	One person with gross income ≤ $2,022 per month	Couple with gross income ≤ $4,044 per month
Independent Living Outside Chittenden County	X		$726.04	$1,109.88
Independent Living Chittenden County	X		$726.04	$1,109.88
Another's Household	X		$488.64	$722.31
Licensed Residential Care Level III *(Limited Nursing Care)*		X	$941.13	$1,614.69
Licensed Residential Care Level III *(Assistive Community Care)*	X		$722.38	$1,107.77
Licensed Residential Care Care Level IV	X		$897.94	$1,573.06
Custodial Care Family Home	X		$722.69	$1,343.82
Long-Term Care *(Medicaid Payment)*	X		$47.66	$95.32

*Vermont applies federal SSI program eligibility criteria, income disregards, and resource limitations.

42 CFR 435.1005
42 CFR 435.1006