

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



CENTERS for MEDICARE & MEDICAID SERVICES

Division of Medicaid and Children's Health Operations / Boston Regional Office

August 26, 2011

Douglas A. Racine, Secretary
Department of Vermont Health Access
103 South Main Street
Waterbury, VT 05671-0204

Dear Secretary Racine:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 11-002 with an effective date of April 1, 2011, as requested by your Agency.

This SPA transmitted a proposed amendment to Vermont's approved Title XIX State plan to increase the Federal poverty guidelines (FPGs) for various poverty level groups to reflect the increase in the FPGs as published in the Federal Register (FR) on January 20, 2011.

Beginning with this SPA, we changed how we process the annual Federal Poverty Level (FPL) updates. States are no longer required to include tables with the actual dollar amounts in the plan pages. State plan pages that only include the applicable percentages of the FPL for each eligibility group is sufficient. There will be no need to submit SPAs every year thereafter unless the FPL percentage changes for an eligibility group. Although we will not be requiring States to submit SPAs every year after 2011, we will continue to review the FPL amounts that have been calculated by each State. We will ask the States to verify these amounts shortly after the guidelines are published by the U.S. Department of Health and Human Services.

We also took this opportunity to update corresponding State plan pages for poverty level groups that are no longer applicable. All the changes to this SPA that were agreed upon by CMS and your Department are noted in Section 23 (Remarks) on the Form 179.

Page 2 - Douglas A. Racine, Secretary

If there are questions, please contact Robert Cruz. He can be reached at (617) 565-1257.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc: Mark Larson, Commissioner
Afsar Sultana, Program Tech II
Suzanne Santarcangelo, Ph.D., Director, AHS Healthcare Operations, Compliance & Improvement

INSTRUCTIONS FOR COMPLETING FORM HCFA-179

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

1 1 -- 0 2

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)
4/1/11

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)(10)(A), 1905(p) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2011 \$ 0

b. FFY 2012 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supp.1 to Att. 2.6A pg. 1
Supp.1 to Att. 2.6A pg. 2
Supp.1 to Att. 2.6A pg. 2a
Supp.1 to Att. 2.6A pg. 3
Supp.1 to Att. 2.6A pg. 3a
Supp.1 to Att. 2.6A pg. 4
Supp.1 to Att. 2.6A pg. 6
Supp.1 to Att. 2.6A pg. 7

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same

10. SUBJECT OF AMENDMENT:

Update the FPL for various Poverty Level Groups for Medicaid

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

DOUGLAS A. RACINE

14. TITLE:

Secretary, Agency of Human Services

15. DATE SUBMITTED: JUNE 21, 2011

16. RETURN TO:

Afsar Sultana, Program Tech II
DEPT. FOR CHILDREN AND FAMILIES
ECONOMIC SERVICES DIVISION-PPR
103 SOUTH MAIN STREET
Waterbury VT 05671-1201

(802) 241-3525

17. DATE RECEIVED: June 27, 2011

18. DATE APPROVED: August 26, 2011

19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2011

20. SIGNATURE OF REGIONAL ADMINISTRATOR

21. TYPED NAME: Richard McGreal

22. TITLE: Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office

23. REMARKS:

The State agreed to the following changes:

Form 179

1. Box 4: Changed the effective date from 1/1/011 to 4/1/11.
2. Box 7: Changed box to say:
 - a. FFY 2011 \$0
 - b. FFY 2012 \$0
3. Box 8: Removed Supp.1 to Attachment 2.6-A pages 5, 8, and 10. The pages were not updated.

Plan Pages

4. Added 4/1/11 to the effective date (bottom right) on all of the plan pages.
5. Deleted the text Supp.1 to Attachment 2.6-A pages 3a and 4 because these kids are now mandatory. Replaced text with "Reserved for future use."
6. Deleted the text in Supp.1 to Attachment 2.6-A page 6 because these QMB figures are already specified in Attachment 2.2-A page 9b. Text replaced with "This page is reserved for future use."
7. Deleted the text in Supp.1 to Attachment 2.6-A page 7 because this QMB page is not applicable. Replaced this text with "This page is reserved for future use."
8. In Supp. 1 to Att. 2.6-A page 3, in the sentence after #1, the citation was changed from 1902(a)(1)(A)(ii)(IX) to 1902(a)(10)(A)(ii)(IX).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: VERMONT

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

Note: CC - Chittenden County and OCC - Outside Chittenden County

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>		<u>Payment Standard</u> (ratable reduction)	<u>Maximum</u> <u>Payment Amounts</u>	
	CC	OCC		CC	OCC
1	803	730	54.3%	436	396
2	988	915	54.3%	536	496
3	1173	1100	54.3%	636	597
4	1318	1245	54.3%	715	676
5	1477	1404	54.3%	802	762

2. Pregnant Women and Infants under Section 1902(a)(10)(A)(i)(IV) of the Act:

Based on the following percent of the official Federal income poverty level--

☐ 133 percent ☒ 185 percent (no more than 185 percent)
(specify)

TN No. 11-02
Supersedes
TN No. 09-02

Approval Date: 8/26/11

Effective Date: 4/1/11

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: VERMONT

INCOME ELIGIBILITY LEVELS (Continued)

A. MANDATORY CATEGORICALLY NEEDY (Continued)

3. Children under Section 1902(a)(10)(A)(i)(VI) of the Act who have attained age 1 but not attained age 6:

Based on 133 percent of the official Federal income poverty level.

TN No. 11-02

Supersedes

TN No. 09-02

Approval Date: 8/26/11

Effective Date: 4/1/11

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: VERMONT

INCOME ELIGIBILITY LEVELS (Continued)

A. MANDATORY CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED
TO FEDERAL POVERTY LEVEL

4. Children who have attained age 6 but have not attained age 19

The levels for determining income eligibility for children born after September 30, 1983, (or, at the option of a State, after any earlier date), who have attained 6 years of age but have not attained 19 years of age under the provisions of §1902(a)(10)(A)(i)(VII) of the Act are as follows:

Based on 100 percent (no more than 100 percent) of the official Federal income poverty line:

TN No. 11-02
Supersedes
TN No. 09-02

Approval Date: 8/26/11

Effective Date: 4/1/11

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: VERMONT

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO
FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants*

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(10)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on 185 percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

NOTE: Please note we are mandated to be at 185 percent under 1902(a)(10)(A)(i)(IV) of the Act.

- * (1) Pregnant women are eligible under §1902(a)(10)(A)(ii)(IX) of the Social Security Act (the Act), based on a disregard specified in Supplement 8a to Attachment 2.6-A of net countable income between 185 percent and 200 percent of the FPL; and
- (2) Infants are eligible under §1902(a)(10)(A)(ii)(IX) of the Act, based on a disregard specified in Supplement 8a to Attachment 2.6-A of net countable income between 185 percent and 225 percent of the FPL.

TN No. 11-02
Supersedes
TN No. 09-02

Approval Date: 8/26/11

Effective Date: 4/1/11

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: VERMONT

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO
FEDERAL POVERTY LEVEL (Continued)

2. Reserved for future use.

TN No. 11-02

Supersedes

TN No. 08-02

Approval Date: 8/26/11

Effective Date: 4/1/11

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: VERMONT

INCOME ELIGIBILITY LEVELS (Continued)

- B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO
FEDERAL POVERTY LEVEL (Continued)
2. Reserved for future use.

TN No. 11-02

Supersedes

TN No. 08-02

Approval Date: 8/26/11

Effective Date: 4/1/11

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 6
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: VERMONT

INCOME ELIGIBILITY LEVELS (Continued)

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TN No. 11-02
Supersedes
TN No. 09-02

Approval Date: 8/26/11

Effective Date: 4/1/11

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: VERMONT

INCOME ELIGIBILITY LEVELS (Continued)

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TN No. 11-02
Supersedes
TN No. 91-12

Approval Date: 8/26/11

Effective Date: 4/1/11

HCFA ID: 7985E