

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

December 21, 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. 11-008 with an effective date of July 1, 2011, as requested by your Agency.

This SPA transmitted a proposed amendment to your approved Title XIX State plan to elect the option provided by §214 of the Children's Health Insurance Program Reauthorization Act of 2009, Public Law 111-3. This option provides States, at their option, to grant full Medicaid coverage to all otherwise eligible alien children or pregnant women fully residing in the United States.

We are approving this SPA as revised. As we agreed to, you submitted the latest revised draft version of the State plan pages. In addition, we revised boxes 8 and 9 to indicate the correct page number of the plan attachment and the page number of the superseded plan attachment, respectively.

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

Sincerely,

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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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 11-08	2. STATE: Vermont
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX, SSA (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE(S) JULY 1, 2011	
5. TYPE OF PLAN MATERIAL (CHECK ONE): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Children's Health Insurance Program Reauthorization Act of 2009, P.L. 111-3, Section 214 (2009)		7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$ t.b.d. b. FFY 2012 \$ t.b.d.	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 2.6 A, PAGE 2, 2a, 2b, 2c, 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.6-A, Page 2 and 3	
10. SUBJECT OF AMENDMENT: ADDITION OF LANGUAGE TO STATE PLAN REGARDING THE OPTIONAL GROUP AUTHORIZED BY SEC. 214 OF CHIPRA (2009) THAT WILL PROVIDE COVERAGE FOR LEGAL IMMIGRANT CHILDREN AND PREGNANT WOMEN			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: AFSAR SULTANA DEPT. OF CHILDREN AND FAMILIES ECONOMIC SERVICES DIVISION 103 SOUTH MAIN STREET WATERBURY, VT 05671-1201	
13. TYPED NAME: DOUGLAS RACINE			
14. TITLE: SECRETARY, AGENCY OF HUMAN SERVICES			
15. DATE SUBMITTED: 9/29/11			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 9/29/11		18. DATE APPROVED: 12/21/11	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/11		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Richard R. McGreal		22. TITLE: Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office	
23. REMARKS State and Federal officials agree via e-mail dated 12/13/2011 to pen & ink changes to Boxes 8 and 9 to reflect the actual new and superseded pages.			

State: VERMONT

Citation(s)	Condition or Requirement
	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905 (p) of the Act	c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act.
1905(s) of the Act	d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).
42 CFR 435.406	3. Is residing in the United States (U.S), and— a. Is a citizen or national of the United States; b. Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended, and the QA's eligibility is required by section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended; c. Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA; d. Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;

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Supersedes
TN No. 91-12

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Citation(s)

Condition or Requirement

- e. Is a QA whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended.
X State covers all authorized QAs.
 State does not cover authorized QAs.
- f. State elects CHIPRA option to provide full Medicaid coverage to otherwise eligible pregnant women or children as specified below who are aliens lawfully residing in the United States; including the following:
1. A qualified alien as defined in section 431 of PRWORA (8 U.S.C. §1641);
 2. An alien in nonimmigrant status who has not violated the terms of the status under which he or she was admitted or to which he or she has changed after admission;
 3. An alien who has been paroled into the United States pursuant to section 212(d)(5) of the Immigration and Nationality Act (INA) (8 U.S.C. §1182(d)(5)) for less than 1 year, except for an alien paroled for prosecution, for deferred inspection or pending removal proceedings;
 4. An alien who belongs to one of the following classes:

TN No. 11-08
Supersedes
TN No. None

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Citation(s)

Condition or Requirement

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- (i) Aliens currently in temporary resident status pursuant to section 210 or 245A of the INA (8 U.S.C. §§1160 or 1255a, respectively);
 - (ii) Aliens currently under Temporary Protected Status (TPS) pursuant to section 244 of the INA (8 U.S.C. §1254a), and pending applicants for TPS who have been granted employment authorization;
 - (iii) Aliens who have been granted employment authorization under 8 CFR 274a.12(c)(9), (10), (16), (18), (20), (22), or (24);
 - (iv) Family Unity beneficiaries pursuant to section 301 of Pub. L. 101-649, as amended;
 - (v) Aliens currently under Deferred Enforced Departure (DED) pursuant to a decision made by the President;
 - (vi) Aliens currently in deferred action status; or
 - (vii) Aliens whose visa petition has been approved and who have a pending application for adjustment of status;
5. A pending applicant for asylum under section 208(a) of the INA (8 U.S.C. § 1158) or for withholding of removal under section 241(b)(3) of the INA (8 U.S.C. § 1231) or under the Convention Against Torture who has been granted employment authorization, and such an applicant under the age of 14 who has had an application pending for at least 180 days;

TN No. 11-08
Supersedes
TN No. None

Approval Date: 12/21/11Effective Date: 07/1/11

State: VERMONT

Citation	Condition or Requirement
42 CFR 435.403 1902(b) of the Act	4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address. <input type="checkbox"/> State has interstate residency agreement with the following states: <input type="checkbox"/> State has open agreement(s). <input type="checkbox"/> Not applicable; no residency requirement.

TN No. <u>11-08</u>	Approval Date: <u>12/21/11</u>	Effective Date: <u>07/1/11</u>
Supersedes TN No. <u>91-12</u>		HCFA ID: 7985E