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**State/Territory Name: Vermont**

**State Plan Amendment (SPA) #:13-0004-MM6**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Superseding Pages Notice
- 4) Approved SPA Pages
- 5) Additional Attachments that are part of the state plan

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



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

March 5, 2014

Douglas A. Racine, Secretary  
Agency of Human Services  
208 Hurricane Lane, Suite 103  
Williston, VT 05495

Dear Secretary Racine:

Enclosed is an approved copy of Vermont's state plan amendment (SPA) 13-0004MM6, which was submitted to CMS on December 2, 2013 and approved on February 27, 2014. SPA 13-0004MM6 affirms that state provides Medicaid to citizens and nationals of the United States and certain non-citizens consistent with requirements of 42 CFR §435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.

Enclosed is a copy of the following S89 state plan pages and attachments to be incorporated within a separate section at the end of Vermont's approved state plan:

- S89, Pages S89-1 to S89-3
- Attachment 2.6-A, Page 2

In addition, enclosed is a summary of the state plan pages which are superseded by SPA 13-0004MM6 which should also be incorporated into a separate section in the front of the state plan.

- Superseding pages of state plan material, SPA 13-0004MM6

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions about this letter or need any additional information, please contact Lynn Wolfsfeld of my staff at 1-410-999-4004 or by email at [Lynn.Wolfsfeld@cms.hhs.gov](mailto:Lynn.Wolfsfeld@cms.hhs.gov).

Sincerely,

/s/

Richard R. McGreal

Associate Regional Administrator

Enclosure

cc: Mark Larson, Commissioner  
Ashley Berliner, DVHA Health Programs Administrator

# OFFICIAL

## Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Vermont

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

13-004

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR §430.12(c)(ii)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

Citizenship and Immigration

Governor's Office Review

☒ Governor's office reported no comment

☐ Comments of Governor's office received

Describe:

☐ No reply received within 45 days of submittal

☐ Other, as specified

Describe:

Signature of State Agency Official

Submitted By: Ashley Berliner

Last Revision Date: Feb 18, 2014

Submit Date: Dec 2, 2013

Date Received: 12/02/2013

Plan Approved - One Copy Attached

Date Approved: 02/27/2014

Signature of Regional Official

Effective Date of Approved Material: 01/01/2014

/s/

Typed Name: Richard R. McGreal

Division of Medicaid & Children's Health Operations  
Boston, MA

<b>SUPERSEDING PAGES OF STATE PLAN MATERIAL</b>	
<b>TRANSMITTAL NUMBER:</b>  13-0004- MM6	<b>STATE:</b>  Vermont
<b>PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b>  S89 Non-Financial Eligibility- Citizenship and Non-Citizen Eligibility Attachment 2.6-A: Page 2, Item 3, Subparagraphs (a), (b), (c), and (d)  Attachment 2.6-A: Page 2a (Removed) Attachment 2.6-A, Page 2b (Removed) Attachment 2.6-A, Page 2c (Removed)	<b>PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>):</b>  (New- None Superseded) Attachment 2.6-A: Page 2, Item 3, Subparagraphs (a), (b), (c), and (d), TN 11-08 Attachment 2.6-A: Page 2a, TN 11-08 Attachment 2.6-A, Page 2b, TN 11-08 Attachment 2.6-A, Page 2c, TN 11-08



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

<b>Non-Financial Eligibility</b>	<b>S89</b>
<b>Citizenship and Non-Citizen Eligibility</b>	
<p>1902(a)(46)(B)              8 U.S.C. 1611, 1612, 1613, and 1641              1903(v)(2),(3) and (4)              42 CFR 435.4              42 CFR 435.406              42 CFR 435.956</p>	
<b>Citizenship and Non-Citizen Eligibility</b>	
<p>The state provides Medicaid to citizens and nationals of the United States and certain non-citizens consistent with requirements of 42</p> <p><input checked="" type="checkbox"/> CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.</p> <p><input type="checkbox"/> The state provides Medicaid eligibility to otherwise eligible individuals:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Who are citizens or nationals of the United States; and</p> <p style="margin-left: 20px;">Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity</p> <p style="margin-left: 20px;"><input type="checkbox"/> Reconciliation Act (PRWORA) (8 U.S.C. §1641), or whose eligibility is required by section 402(b) of PRWORA (8 U.S.C. §1612(b)) and is not prohibited by section 403 of PRWORA (8 U.S.C. §1613); and</p> <p style="margin-left: 20px;">Who have declared themselves to be citizens or nationals of the United States, or an individual having satisfactory</p> <p style="margin-left: 20px;"><input type="checkbox"/> immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), 1902(ee) of the SSA and 42 CFR 435.406, and 956.</p> <p>The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.</p> <p>The agency provides for an extension of the reasonable opportunity period if the individual is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.</p> <p><input checked="" type="radio"/> Yes    <input type="radio"/> No</p> <p>The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a date earlier than the date the notice is received by the individual.</p> <p><input checked="" type="radio"/> Yes    <input type="radio"/> No</p> <p>The date benefits are furnished is:</p> <p style="margin-left: 20px;"><input checked="" type="radio"/> The date of application containing the declaration of citizenship or immigration status.</p> <p style="margin-left: 20px;"><input type="radio"/> The date the reasonable opportunity notice is sent.</p> <p style="margin-left: 20px;"><input type="radio"/> Other date, as described:</p>	



# Medicaid Eligibility

The state provides Medicaid coverage to all Qualified Non-Citizens whose eligibility is not prohibited by section 403 of PRWORA (8 U.S.C. §1613).

☒ Yes ☐ No

The state elects the option to provide Medicaid coverage to otherwise eligible individuals under 21 and pregnant women, lawfully residing in the United States, as provided in section 1903(v)(4) of the Act.

☒ Yes ☐ No

☒ Pregnant women

☒ Individuals under age 21:

☒ Individuals under age 21

☐ Individuals under age 20

☐ Individuals under age 19

☒ An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.

☒ An individual is considered to be lawfully present in the United States if he or she:

1. Is a qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);
2. Is a non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (as defined in 8 U.S.C. 1101(a)(17));
3. Is a non-citizen who has been paroled into the United States in accordance with 8 U.S.C. 1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;
4. Is a non-citizen who belongs to one of the following classes:
  - ☒ Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively;
  - ☒ Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;
  - ☒ Granted employment authorization under 8 CFR 274a.12(c);
  - ☒ Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;
  - ☒ Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;
  - ☒ Granted Deferred Action status;
  - ☒ Granted an administrative stay of removal under 8 CFR 241;
  - ☒ Beneficiary of approved visa petition who has a pending application for adjustment of status;
5. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C. 1231, or under the Convention Against Torture who -
  - ☒ Has been granted employment authorization; or
  - ☒ Is under the age of 14 and has had an application pending for at least 180 days;



# Medicaid Eligibility

6. Has been granted withholding of removal under the Convention Against Torture;
7. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C. 1101(a)(27)(J);
8. Is lawfully present in American Samoa under the immigration laws of American Samoa; or
9. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b));
10. Exception: An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (1) through (9) of this definition.

☐ Other

The state assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to an organ transplant procedure, as defined in 1903(v)(3) of the SSA and implemented at 42 CFR 440.255, to the following individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status and/or present an SSN:



☒ Qualified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613;

☒ Non-qualified non-citizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with 1903(v)(4) and implemented at 435.406(b).

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State: VERMONT

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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).

TN No. 13-004

Supersedes

TN No. 11-08Approval Date: 02/27/2014Effective Date: 1/1/13