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State/Territory Name: Vermont

State Plan Amendment (SPA) #:13-0006-MM2

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) Superseding Pages Notice
- 5) Approved SPA Pages
- 6) 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

February 27, 2013

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) 13-0006 MM2, which was submitted to CMS on December 2, 2013. SPA 13-0006 MM2 incorporates the MAGI-based eligibility process requirements, including the single streamlined application, into Vermont's Medicaid state plan in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

The approval of SPA 13-0006 MM2 includes the state's use of the single streamlined paper application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act. Also, the state is using an interim alternative single streamlined online application and by March 31, 2014 will implement a revised alternative online application that addresses CMS concerns outlined in the companion letter issued with this SPA approval.

Enclosed is a copy of the following S94 state plan pages and attachments to be incorporated within a separate section at the end of Vermont's approved state plan:

- S94, pages S94-1 and S94-2
- Attachment 1 – Statement of use with respect to the alternative single streamlined online application

In addition, enclosed is a summary of the state plan pages which are superseded by SPA 13-0006 MM2 which should also be incorporated into a separate section in the front of the state plan.

- Superseding pages of state plan material, SPA 13-0006 MM2.

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.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Boston Regional Office
JFK Federal Building
15 N Sudbury St, Rm 2325
Boston, Massachusetts 02203-0003



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

March 4, 2014

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

Dear Secretary Racine:

This letter is being sent as a companion to Centers for Medicare & Medicaid Services (CMS) approval of state plan amendment (SPA) transmittal VT 13-0006-MM2, which was submitted to CMS on December 2, 2013. Our review of this submission included a review of the single streamlined online application developed by the state.

Until March 31, 2014, the state is using an interim alternative single streamlined online application. This interim application needs to be revised to reflect the following changes:

Necessary changes:	Completion Date:
<p>The special enrollment period questions will be asked only of applicants exceeding the Medicaid and CHIP income thresholds unless applicants within the income thresholds request consideration for qualified health plan eligibility.</p> <p>The following language will appear before the special enrollment questions until this change is made: "Your responses to the following questions do not affect medical assistance eligibility."</p>	<p>March 31, 2014</p>

Please submit the revised alternative online application to CMS for review no later than March 13, 2014 to ensure approval by March 31, 2014. We continue to be available to provide technical assistance. If you have any questions about your application, please contact Dena Greenblum at Dena.Greenblum@cms.hhs.gov or (410) 999-4004. If you have any questions about this letter or need any additional information, please contact Lynn Wolfsfeld of my staff at (617) 682-9426 or by email at 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.

Vt 13-006

Proposed Effective Date

10/01/2013 (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

VT Eligibility Process

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 24, 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
-S-

Effective Date of Approved Material: 10/01/2013

Typed Name: Richard R. McGreal

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

SUPERSEDING PAGES OF STATE PLAN MATERIAL	
TRANSMITTAL NUMBER: VT 13-006	STATE: VERMONT
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: S94 - Eligibility Process	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Section 2, Page 10, section 2.1(a), TN # 91-12, effective date: 11/1/91, approved: 4/27/92 Section 2, Page 11a, section 2.1(d), TN # 91-16 effective date: 7/1/91, approved: 12/5/71



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

General Eligibility Requirements Eligibility Process

S94

42 CFR 435, Subpart J and Subpart M

Eligibility Process

- ☒ The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

- ☒ The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

- ☒ An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

An attachment is submitted.

- ☐ An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

- ☒ The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

An attachment is submitted.

- ☐ An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

An attachment is submitted.

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

☐ Yes ☒ No



Medicaid Eligibility

- ☒ The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

Redetermination Processing

- ☒ Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:
- ☐ Once every 12 months
 - ☐ Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency
- If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional
- ☐ information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.
- ☐ Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):
- ☒ Once every 12 months
 - ☐ Once every 6 months
 - ☐ Other, more often than once every 12 months

Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between
- ☒ Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

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.

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

OMB No. 0938

State/Territory: VERMONT

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation
42 CFR 435.10 and
Subpart J

2.1 Application, Determination of Eligibility and Furnishing
Medicaid

- (a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN No. 91-12

Supersedes

TN No. 75-13

Effective
Approved

Approval Date: 04/27/92

09/29/75
01/05/76

Effective Date: 11/01/91

HCFA ID: 7982E

Revision: HCFA-PM-91-6 (MB)
September 1991

OMB No.

State/Territory: Vermont

Citation

1902(a)(55) of the
Act

2.1(d) The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

TN No. 91-16

Supersedes

TN No. None

Approval Date: 12/05/71

Effective Date: 07/01/91

HCFA ID: 7985E

USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION

☐ Paper Application

☒ Online Application

TRANSMITTAL NUMBER:

VT-13-0006-MM2

STATE:

Vermont

Through March 31, 2014, the state is using an interim alternative single streamlined application. After March 31, 2014, the state will use a revised alternative single streamlined application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.