
Table of Contents

State/Territory Name: Vermont

State Plan Amendment (SPA) #:13-0010-MM3

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

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 6, 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) 13-0010MM3, which was submitted to CMS on December 2, 2013 and approved on January 10, 2014 with an effective date of January 1, 2014. SPA 13-0010MM3 describes how the state will apply Modified Adjusted Gross Income (MAGI)-based methodologies consistent with 42 CFR §435.603.

Enclosed is a copy of the following S10 state plan pages to be incorporated within a separate section at the end of Vermont's approved state plan:

- S10, Pages S10-1 to S10-2

In addition, enclosed is a summary of the state plan pages which are superseded by SPA 13-0010MM3 which should also be incorporated into a separate section in the front of the state plan.

- Superseding pages of state plan material, SPA 13-0010MM3

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. We apologize for the delay in getting this approval letter to you secondary to ACA implementation. 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

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 13-010

Proposed Effective Date

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

Federal Statute/Regulation Citation

1902(e)(14) / 42 CFR 435.603

Federal Budget Impact

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

Subject of Amendment

MAGI-Income Methodology

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: Dec 23, 2013

Submit Date: Dec 2, 2013

Date Received: 12/02/2013

Plan Approved - One Copy Attached

Date Approved: 01/10/2014
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

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER:

13-0010-MM3

STATE:

Vermont

**PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:**

S10 - MAGI Income Methodology

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Notwithstanding any other provisions of the Vermont Medicaid State Plan, the financial eligibility methodologies described in State Plan Amendment 13-0010-MM3 will apply to all MAGI-based eligibility groups covered under Vermont's Medicaid State Plan. The MAGI financial methodologies set forth in 42 CFR § 435.603 apply to everyone except those individuals described at 42 CFR § 435.603(j) for whom MAGI-based methods do not apply. This State Plan Amendment supersedes the current financial eligibility provisions of the Medicaid State Plan only with respect to the MAGI-based eligibility groups.



Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

MAGI-Based Income Methodologies

S10

1902(e)(14)
42 CFR 435.603

- The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

In the case of determining ongoing eligibility for beneficiaries determined eligible for Medicaid on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014, or the next regularly-scheduled renewal of eligibility, whichever is later, if application of such methods results in a determination of ineligibility prior to such date.

In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- The pregnant woman is counted just as herself.
- The pregnant woman is counted as herself, plus one.
- The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- Current monthly household income and family size
- Projected annual household income and family size for the remaining months of the current calendar year

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- Include a prorated portion of a reasonably predictable increase in future income and/or family size.
- Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

- Yes
- No



Medicaid Eligibility

The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:

Age 19

Age 19, or in the case of full-time students, age 21

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.