

Table of Contents

State/Territory Name: Vermont

State Plan Amendment (SPA) #: 14-008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) 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

May 08, 2015

Hal Cohen, Secretary
Vermont Agency of Human Services
208 Hurricane Lane, Suite 103
Williston, Vermont 05495

Dear Secretary Cohen:

Enclosed is a copy of approved State plan amendment (SPA) No. 14-008 with an effective date of April 1, 2014, as requested by your Agency.

This SPA transmitted a proposed amendment to your approved Title XIX State plan to reflect that Vermont will use MAGI-based income methodologies for purposes of determining medically needy eligibility for parents/caretaker relatives, pregnant women, and children. All resources will be disregarded for purposes of determining eligibility for these medically needy groups subject to MAGI-based income methodologies.

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

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc: Steven Costantino, Commissioner
Lindsay Parker, Health Programs Administrator, Policy Unit
Ashley Berliner, Medicaid Policy and Planning Chief, Policy Unit

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 14 - 008	2. STATE: VERMONT
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE(S) APRIL 1, 2014		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 (<i>Separate Transmittal for each amendment</i>)	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §435.602	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$ 0 b. FFY 2015 \$ 0		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATT. 2.6-A, PG. 14A ATT 2.6-A, SUPP 8A, PG. 3 ATT 2.6-A, SUPP 8B, PG. 1 ATT 2.6-A, SUPP 8A, PG 3a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) ATT. 2.6-A, PG. 14A ATT 2.6-A, SUPP 8A, PG. 3 ATT 2.6-A, SUPP 8B, PG. 1		
10. SUBJECT OF AMENDMENT: DISREGARD ASSETS FOR MEDICALLY NEEDY (PARENTS/CARETAKERS, PREGNANT WOMEN, CHILDREN)			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED SIGNATURE OF SECRETARY OF ADMINISTRATION <div style="text-align: right;">/s/</div>	
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="text-align: center;">/s/</div>		16. RETURN TO: LINDSAY PARKER DEPARTMENT OF VERMONT HEALTH ACCESS 312 HURRICANE LANE, SUITE 201 WILLISTON, VT 05495	
13. TYPED NAME: DOUGLAS A. RACINE		14. TITLE: SECRETARY, AGENCY FOR HUMAN SERVICES	
15. DATE SUBMITTED: 6/27/14		17. DATE RECEIVED: 6/27/14	
FOR REGIONAL OFFICE USE ONLY			
18. DATE APPROVED: 5/8/15		19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/14	
PLAN APPROVED - ONE COPY ATTACHED			
20. SIGNATURE OF REGIONAL OFFICIAL: <div style="text-align: center;">/s/</div>		21. TYPED NAME: Richard R. McGreal	
22. TITLE Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office		23. REMARKS CMS and the state agreed to the following pen and ink change to the Form CMS-179: added ATT 2.6-A, SUPP 8A, PG 3a to Box 8.	

Revision: HCFA-PM-91-8
OCTOBER 1991

(MB)

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ATTACHMENT 2.6-A
Page 14a
OMB No.: 0938 -

State: VERMONT

Citation(s)

Condition or Requirement

1903(f)(2) of the Act

a. Medically Needy (Continued)

- ☐ (3) If countable income exceeds the MNIL standard, the agency deducts spend-down payments made to the State by the individual.

Subject to 42 CFR 435.602 and the provisions in Supplement 8a to Attachment 2.6-A of the State Plan, the State will use MAGI-based income methodologies for purposes of determining medically needy eligibility for the following categories of individuals:

1. Pregnant women
2. Parents and caretaker relatives
3. Children

TN No. 14-008

Supersedes

TN No. 91-18

Effective Date: 04/01/14

Approval Date: 05/08/15

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: VERMONT

MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT*

☐ Section 1902 (f) ☒ Non-Section 1902 (f) State

For medically needy individuals under 1902(a)(10)(C):

- (1) When determining the medically needy eligibility of a parent (including a step-parent and an adoptive parent), disregard the portion of the parent's countable income deemed to a child under age 18, or to a child age 18, 19, or 20 who is living in the parent's household unless the child makes a monthly or more frequent room or board payment to the parent and is either pregnant or a parent whose own child is living in the household. For example, for a parent with two children under the age of 18, one-third of the parent's income would be allocated to each child and subtracted from the parent's income.
- (2) When determining the medically needy eligibility of a parent/caretaker relative, pregnant woman, or child applicant whose spouse is a member of the applicant's household, disregard the portion, based on family size, of the applicant's countable income deemed to the applicant's spouse. In turn, disregard the portion, based on family size, of the spouse's countable income retained for the spouse's own support and the support of other family members for whom the spouse is financially responsible. For example, for a married parent with two children under the age of 18, one quarter of the parent's income would be allocated to the spouse and one quarter to each child, thereby subtracting three quarters of the parent's income; in turn, three quarters of the spouse's income would be retained by the spouse (one quarter for the spouse and one quarter for each of the two children) and the remaining one quarter of the spouse's income would be added to the remaining one quarter of the parent's income to determine the parent's total income for purposes of medically needy eligibility.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: VERMONT

MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT*

☐ Section 1902 (f) ☒ Non-Section 1902 (f) State

- (3) For all medically needy individuals, disregard income in the amount of the difference between the percentage increase in the CPI-U (between July 16, 1996 and September of the last month in the most recently completed FFY) and the MNIL in effect on July 16, 1996.

If the sum of the 1996 MNIL threshold plus the disregarded income as described above for any individual's household size and residence (outside or inside Chittenden County) does not equal or exceed the threshold in the table below for the same household size and residence, then in addition to the income disregarded as described above, disregard additional income according to the following formula:

Threshold from the table below for an individual's household size and residence minus (1996 MNIL threshold + amount of disregarded income as described above).

2014 MAGI-Converted Thresholds for 18-20-year-old Individuals		
Group Size	Outside Chittenden Co.	Inside Chittenden Co.
1	\$978	\$1051
2	\$1000	\$1072
3	\$1205	\$1277
4	\$1377	\$1439
5	\$1556	\$1627
6	\$1678	\$1748
7	\$1874	\$1944
8	\$2045	\$2114

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: VERMONT

MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902(r)(2)
OF THE ACT

☐ Section 1902 (f) ☒ Non-Section 1902 (f) State

The following items were formerly included as Supplement 5 or 5a, effective 10/1/87 and approved 1/25/88 (SPA 87-16).

Medicaid Eligibility for the Aged, Blind, and Disabled

1. Resources of couple, where one member has been admitted to a long-term care facility are combined for 6 months if this is to the advantage of the couple.
2. Resources may be spent-down to the applicable Resource Maximum if used for medical or maintenance expenses.
3. Real property is excluded if the income it produces is significant to meeting living expenses and consistent with its fair market value.
4. Savings from excluded income are excluded.
5. Vermont does not use the first moment of the first day of the month in counting resources. If the applicant(s) is under resources at any time during the month, Medicaid is granted for the entire month if all other eligibility criteria are met.

Medically Needy Parents/Caretaker Relatives, Pregnant Women, and Children

All resources are disregarded for purposes of determining eligibility for medically needy coverage for groups subject to MAGI-based income methodologies.