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**State/Territory Name: Vermont**

**State Plan Amendment (SPA) #: 15-0002**

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- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Page

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**

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March 26, 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. 15-0002 with an effective date of January 1, 2015, as requested by your Agency.

This SPA transmitted a proposed amendment to your approved Title XIX State plan to indicate that the State recognizes same-sex marriages for purposes of Medicaid eligibility.

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

## 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-15-0002

Proposed Effective Date

01/01/2015 (mm/dd/yyyy)

Federal Statute/Regulation Citation

1902(e)(14)(G) and 1902(a)(17)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2015	\$ 0.00
Second Year	2016	\$ 0.00

Subject of Amendment

MEDICAID ELIGIBILITY MARRIAGE POLICY

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 25, 2015**

Submit Date: **Jan 20, 2015**

Date Received: 1/20/15

Plan Approved - One Copy Attached

Effective Date of Approved Material: 1/1/15

Typed Name: Richard McGreal

Date Approved: 3/27/15  
Signature of Regional Official:

/s/

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



# Medicaid Eligibility

State Name: Vermont

Transmittal Number: VT - 15 - 0002

OMB Control Number: 0938-1148

## Medicaid Eligibility Marriage Policy

S12

1902(e)(14)(G)  
1902(a)(17)

- ☐ With respect to individuals for whom the state must complete a determination of income either based on MAGI or for MAGI-excepted groups utilizing AFDC-related or SSI-related methodologies, the state:
- ☒ Recognizes same-sex couples as spouses, if they are legally married under the laws of the state, territory, or foreign jurisdiction in which the marriage was celebrated.
  - ☐ Does not recognize same-sex couples as spouses, even if they were legally married in a state, territory, or foreign jurisdiction that recognizes same-sex marriages.

- ☐ With respect to individuals whose eligibility for Medicaid is based on eligibility for another benefit program, and for whom the state does not complete a determination of income for Medicaid eligibility, the state will not make any determination concerning marital status. Medicaid eligibility will continue to be based on the determination of eligibility for the applicable benefits.

- ☐ The option elected above, with respect to income determinations, also governs the state's definition for post-eligibility issues, including spousal impoverishment, asset transfers and estate recovery rules, to the degree permitted by state law.

### 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 1 hour 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.

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