

## **Table of Contents**

**State/Territory Name: Vermont**

**State Plan Amendment (SPA) #: 20-0002**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

---

June 26, 2020

**VIA E-MAIL**

Mike Smith, Secretary  
Vermont Agency of Human Services  
280 State Drive - Center Building  
Waterbury, VT 05671

Dear Secretary Smith:

Enclosed is an approved copy of the Vermont State Plan Amendment (SPA) 20-0002, received on March 31, 2020 proposing to increase the monthly long-term care personal needs allowance by \$25.00 per individual. The effective date for this SPA is January 1, 2020, as requested by your agency.

As part of our review of SPA 20-0002, the Vermont Agency of Human Services (AHS) was advised that the SPA page that updates the standards for Optional State Supplementary Payments should be submitted into the Medicaid & CHIP Program (MACPro) system. We expect AHS will submit a SPA in the appropriate format into MACPro as soon as practicable. CMS will continue to work with AHS to provide technical assistance as needed to incorporate the changes approved in SPA 20-0002 into the MACPro system.

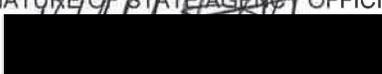
If you have questions concerning this letter, please contact Gilson DaSilva, Division of Program Operations (South Branch) at (617) 565-1227 or via e-mail at [Gilson.dasilva@cms.hhs.gov](mailto:Gilson.dasilva@cms.hhs.gov).

Sincerely,

/s/

James G. Scott, Director  
Division of Program Operations

cc: Cory Gustafson, Commissioner, Department of Vermont Health Access  
Dylan Frazer, Health Programs Administrator, VT Medicaid Policy Unit

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 20-0002	2. STATE: VERMONT
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE(S) 1/1/2020	
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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §430.12(c)(1)(ii)		7. FEDERAL BUDGET IMPACT: a. FFY 2020      \$ 202,500 b. FFY 2021      \$ 273,559	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 2.6-A page 6; Att. 2.6-A Supplement 6		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Att. 2.6-A page 6; Att. 2.6-A Supplement 6	
10. SUBJECT OF AMENDMENT: Personal Needs Allowance Increase			
11. GOVERNOR'S REVIEW (Check One):		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED	
<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		SIGNATURE OF SECRETARY OF ADMINISTRATION Bradley L Ferland	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: Michael K. Smith		DYLAN FRAZER	
14. TITLE: SECRETARY, AGENCY OF HUMAN SERVICES		AGENCY OF HUMAN SERVICES 280 STATE DRIVE, CENTER BUILDING WATERBURY, VT 05671-1000	
15. DATE SUBMITTED: 3/31/2020			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 03/31/2020		18. DATE APPROVED: 06/26/2020	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2020		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: James G. Scott		22. TITLE Director, Division of Program Operations	
23. REMARKS			

State: VERMONT

Citation(s)

Condition or Requirement

1924 of the Act, 435.725,  
435.733, 435.832

- 2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

Personal Needs Allowance (PNA) of not less than \$30 for Individuals and \$60 For Couples For All Institutionalized Persons.

- a. Aged, blind, disabled:
  - Individuals \$ 72.66
  - Couples \$ 145.33

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

- b. AFDC related:
  - Children \$ 72.66
  - Adults \$ 72.66

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

- c. Individual under age 21 covered in the plan as specified in Item B. 7 of Attachment 2.2 -A. \$ 72.66

TN No. 20-0002

Supersedes

TN No. 01-17

Effective Date: 01/01/2020

Approval Date: 06/26/2020

**OFFICIAL**

Revision: HCFA-AT-85-3  
State: Vermont

Supplement #6  
To ATTACHMENT 2.6-A

Standards for Optional State Supplementary Payments

Payment Category <i>(Reasonable Classification)</i>	Administered by		Payment Level (Monthly)*	
	Federal	State	One person	Couple
Independent Living Inside or Outside Chittenden County	X		\$835.04	\$1,273.88
Another's Household	X		\$561.30	\$831.65
Licensed Residential Care Level III <i>(Limited Nursing Care)</i>		X	\$1,050.13	\$1,778.69
Licensed Residential Care Level III <i>(Assistive Community Care)</i>	X		\$831.38	\$1,271.77
Licensed Residential Care Care Level IV	X		\$1006.94	\$1,737.06
Custodial Care Family Home	X		\$881.69	1,507.82
Long-Term Care <i>(Medicaid Payment)</i>	X		\$72.66	\$145.33

\*Vermont applies federal SSI program eligibility criteria, income disregards, and resource limitations.

42 CFR 435.1005  
42 CFR 435.1006

TN No. 20-0002  
Supersedes  
TN No. 08-04

Effective Date: 01/01/2020

Approval Date: 06/26/2020