Medicaid and CHIP Disaster Relief MAGI-Based Verification Plan Addendum

The State Medicaid and CHIP agencies will implement the following changes to its policies and procedures described in this MAGI-based verification plan addendum, which are different from the policies and procedures otherwise applied under the state’s current MAGI-based verification plan, during the following period: _March 1, 2020 through the end of the public health emergency_.

Check off each item and fill in the requested information if the state is electing the flexibility. Only indicate areas that are changes to your current verification plan elections. Do not check off the item if you currently use the indicated flexibility. For example, if the state currently accepts attestation of residency, that item does not need to be checked off in this addendum. For additional information regarding disaster-related verification flexibilities, refer to the CMS Disaster Preparedness Toolkits.

STATE: _____ Vermont ________
Effective Date: ____March 1, 2020____

Section A – Verification Procedures for Factors of Eligibility

*Income-related Verification Processes - Reasonable Compatibility and Documentation:*

____ The agency will utilize a reasonable compatibility standard threshold as follows (percent and/or dollar threshold): ______________

__X__ The agency will accept self-attestation without additional verification of income under the circumstances specified here (note: changes in use of data sources are included in Section B below): _The agency will conduct post-enrollment verification on a staggered basis post-public health emergency._

____ The agency will conduct post-enrollment verification of income at application. Specify when, post-enrollment, the agency will conduct the post-enrollment verification: __________

*Non-Income-related Verification Processes:*

____ The agency will accept attestation for the following non-income related factors of eligibility:

__ Residency
__ Age/Date of Birth
__ Household composition
__ Receipt of other coverage (such as Medicare)
__ Other (as permissible under applicable statute and regulations): ______________

____ The agency will conduct post-enrollment verification of the following non-income related factors of eligibility at application as specified here (include when, post-enrollment, the agency will conduct the post-enrollment verification):

__ Residency (Time Period: __________)
__ Age/Date of Birth (Time Period: __________)
__ Household composition (Time Period: __________)
__ Receipt of other coverage (such as Medicare) (Time Period: __________)
__ Other (as permissible under applicable statute and regulations): __________/(Time Period: __)}
Section B – Use of Electronic Data Sources

__X__ The agency has determined that the following income-related data sources will not be checked periodically between initial application and regular renewals:

__ Internal Revenue Service
__ Social Security Administration (SSI and SSDI)
__ State Wage Income Collection Agency
__ State Unemployment Compensation
__ Supplemental Nutrition Assistance Program (SNAP)
__ Temporary Assistance for Needy Families (TANF)
__ The Work Number/TALX

__X__ PARIS (See Below)
__ Other: ________________

__X__ Additional Information/Changes: Vermont is reviewing PARIS quarterly reports, however, due to the public health emergency, the agency is not closing any Medicaid member’s coverage for residing out of state unless the member confirms with the agency they reside in another state.

________

Other – Indicate Any Additional Changes to Verification Processes That Have Not Been Addressed

__ Other: ____