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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 23-0002

This file contains the following documents in the order listed:

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- 3) Approved SPA Pages

VT - Submission Package - VT2022MS00050 - (VT-23-0002) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th Street
Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

May 03, 2023

Adaline Strumolo
Deputy Commissioner
Department of Vermont Health Access
NOB 1 South
280 State Drive
Waterbury, VT 05671

Re: Approval of State Plan Amendment VT 23-0002

Dear Deputy Commissioner Strumolo,

On March 08, 2023, the Centers for Medicare and Medicaid Services (CMS) received Vermont State Plan Amendment (SPA) VT 23-0002, in which the state proposed to adopt the changes to the eligibility rules for the Former Foster Care Children eligibility group, as enacted by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, Pub. L. No. 115-217, section 1002.

We approve Vermont State Plan Amendment (SPA) VT 23-0002 with an effective date of January 01, 2023.

If you have any questions regarding this amendment, please contact Gilson DaSilva at gilson.dasilva@cms.hhs.gov.

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

VT - Submission Package - VT2022MS00050 - (VT-23-0002) - Eligibility

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VT2022MS00050 | VT-23-0002

CMS-10434 OMB 0938-1188

Package Header

Package ID	VT2022MS00050	SPA ID	VT-23-0002
Submission Type	Official	Initial Submission Date	3/8/2023
Approval Date	5/3/2023	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Vermont	Medicaid Agency Name:	Agency of Human Services
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Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VT2022MS00050 | VT-23-0002

Package Header

Package ID VT2022MS00050
Submission Type Official
Approval Date 5/3/2023
Superseded SPA ID N/A

SPA ID VT-23-0002
Initial Submission Date 3/8/2023
Effective Date N/A

SPA ID and Effective Date

SPA ID VT-23-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
MAGI-Based Methodologies	1/1/2023	VT 13-010
AFDC Income Standards	1/1/2023	VT 13-002
Mandatory Eligibility Groups	1/1/2023	VT-22-0002
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	1/1/2023	VT-91-12
Former Foster Care Children	1/1/2023	VT-13-002
Optional Eligibility Groups	1/1/2023	VT-22-0002
Children with Non-IV-E Adoption Assistance	1/1/2023	VT 13-002

Page Number of the Superseded Plan Section or Attachment (If Applicable):

For Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care, page 2 of Attachment 2.2-A is partially superseded (Item (A)(2)(e)).

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VT2022MS00050 | VT-23-0002

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Superseded SPA ID N/A

SPA ID VT-23-0002
Initial Submission Date 3/8/2023
Effective Date N/A

Executive Summary

Summary Description Including Goals and Objectives This SPA updates the mandatory eligibility group for Former Foster Care Children to align with the changes required by Section 1002 of the SUPPORT Act. This SPA also moves SPAs converted from the MMDL system and related eligibility groups into the MACPro system with no material changes.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$15815
Second	2024	\$33216

Federal Statute / Regulation Citation

Section 1902(a)(10)(A)(i)(IX) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

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Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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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Medicaid State Plan Eligibility

MAGI Based Methodologies

MEDICAID | Medicaid State Plan | Eligibility | VT2022MS00050 | VT-23-0002

CMS-10434 OMB 0938-1188

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	System-Derived		

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

A. Household Composition

- 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:
 - a. The pregnant woman is counted just as herself.
 - b. The pregnant woman is counted as herself, plus one.
 - c. The pregnant woman is counted as herself, plus the number of children she is expected to deliver.
- In establishing household composition under the rules for non-filers set forth at 42 CFR 435.603(f)(3), the state elects the following age for children:
 - a. Age 19
 - b. Age 19, or in the case of full-time students, age 21

MAGI Based Methodologies

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B. Household Income

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:
 - a. Current monthly household income and family size
 - b. 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 considers reasonably predictable changes in income:
 Yes No
- MAGI-based income is calculated using the financial methodologies defined in section 36B(d)(2)(B) of the Internal Revenue Code, except as described at 42 CFR 435.603(e), and without regard to whether an individual expects to file taxes.
- 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 the eligibility of an individual using MAGI-based income, the state must subtract an amount equivalent to 5 percentage points of the federal poverty level for the applicable family size only to determine the eligibility of an individual for medical assistance under the eligibility group with the highest income standard using MAGI-based methodologies in the applicable Title of the Act, but not to determine eligibility for a particular eligibility group.
- 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

MAGI Based Methodologies

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C. Resource Test

There is no resource test applied to eligibility groups that use MAGI-based methodologies.

D. Additional Information (optional)

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Medicaid State Plan Eligibility

AFDC Income Standards

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System-Derived	

A. MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

The standard by regions is:

Regions used

Name of region	Description
Chittenden County	Largest population area in the state

Household size	Standard
1	\$623.00
2	\$795.00
3	\$977.00
4	\$1120.00
5	\$1282.00

The state uses an additional incremental amount for larger household sizes.

Yes No

Name of region	Description
All other counties	All other counties other than Chittenden County

Household size	Standard
1	\$570.00
2	\$741.00
3	\$923.00
4	\$1065.00
5	\$1227.00

The state uses an additional incremental amount for larger household sizes.

Yes No

The dollar amounts increase automatically each year

Yes No

AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | VT2022MS00050 | VT-23-0002

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B. AFDC Payment Standard in Effect As of July 16, 1996

The standard by regions is:

Regions used

Name of region

Chittenden County

Description

Largest population area in the state

Household size	Standard
1	\$436.00
2	\$536.00
3	\$636.00
4	\$715.00
5	\$802.00

The state uses an additional incremental amount for larger household sizes.

Yes No

Name of region

All other counties

Description

All other counties other than Chittenden County

Household size	Standard
1	\$396.00
2	\$496.00
3	\$597.00
4	\$676.00
5	\$762.00

The state uses an additional incremental amount for larger household sizes.

Yes No

The dollar amounts increase automatically each year

Yes No

AFDC Income Standards

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C. MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996

AFDC Income Standards

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D. AFDC Need Standard in Effect As of July 16, 1996

AFDC Income Standards

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E. AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.

AFDC Income Standards

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F. MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.

AFDC Income Standards

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G. TANF payment standard

AFDC Income Standards

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H. MAGI-equivalent TANF payment standard

The standard by regions is:

Regions used

Name of region

Chittenden County

Description

Largest population area in state

Household size	Standard
1	\$524.00
2	\$649.00
3	\$777.00
4	\$885.00
5	\$999.00
6	\$1084.00
7	\$1215.00
8	\$1327.00

The state uses an additional incremental amount for larger household sizes.

Yes No

Name of region

All other counties

Description

All other counties other than Chittenden County

Household size	Standard
1	\$502.00
2	\$626.00
3	\$754.00
4	\$863.00
5	\$977.00
6	\$1062.00
7	\$1193.00
8	\$1306.00

The state uses an additional incremental amount for larger household sizes.

Yes No

The dollar amounts increase automatically each year

Yes No

AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | VT2022MS0005O | VT-23-0002

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Superseded SPA ID	VT 13-002		
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I. Additional Information (optional)

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Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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Mandatory Coverage







A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Former Foster Care Children		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VT2022MS00050 | VT-23-0002



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B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care

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Individuals for whom an adoption assistance agreement is in effect or foster care or kinship guardianship assistance maintenance payments are made under Title IV-E of the Act.

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The state covers the mandatory children with Title IV-E adoption assistance, foster care or guardianship care group in accordance with the following provisions:

A. Characteristics

- Individuals qualifying under this eligibility group must meet one of the following criteria:
 - An adoption assistance agreement is in effect for the individual with any state or Tribe under title IV-E of the Act, regardless of whether adoption assistance is being provided or an interlocutory or other judicial decree of adoption has been issued; or
 - Foster care or kinship guardian assistance maintenance payments are being made by a state or Tribe under Title IV-E of the Act.
- The upper age limit for eligibility under this group is determined by the terms of the adoption assistance agreement or the terms of the foster care or kinship guardianship assistance maintenance payments, as established by the IV-E plan of the state or Tribe that established the agreement or is making the payments.
- Individuals may not be required to file an application for this group.

Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care

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B. Additional Information (optional)

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VT - Submission Package - VT2022MS00050 - (VT-23-0002) - Eligibility

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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | VT2022MS00050 | VT-23-0002

Individuals under the age of 26, who were in foster care and on Medicaid when they turned age 18 or aged out of foster care.

CMS-10434 OMB 0938-1188

Package Header

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	User-Entered		

The state covers the mandatory former foster care children group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

- Are under age 26
- Were in foster care upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21).
- Are described under either Section B. or C.

B. Individuals Covered

For individuals who turn 18 before January 1, 2023:

1. The state covers individuals who:

- Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
 - In foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
 - Enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration; and
- Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to B.1., the state elects to cover individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

C. Individuals Covered

For individuals who turn 18 on or after January 1, 2023:

1. The state covers individuals who:

- Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
 - In foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
 - Enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration; and
- Are not enrolled in mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to C.1., the state elects to cover individuals who were in foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to a state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- a. They were enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- b. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- c. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.

Former Foster Care Children

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D. Additional Information (optional)

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Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VT2022MS00050 | VT-23-0002

CMS-10434 OMB 0938-1188

Package Header

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A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

















Yes
 No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Children under Age 19 with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

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Package Header

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B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Optional Eligibility Groups

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C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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VT - Submission Package - VT2022MS00050 - (VT-23-0002) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Children with Non IV-E Adoption Assistance

MEDICAID | Medicaid State Plan | Eligibility | VT2022MS00050 | VT-23-0002

Children with special needs for medical or rehabilitative care for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid immediately before the adoption agreement was executed, or who had income at that point in time at or below a standard established by the state .

CMS-10434 OMB 0938-1188

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The state covers the children with non IV-E adoption assistance group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 21 or a lower age, as specified in C.
2. Have a state adoption assistance agreement in effect between the adoptive parent(s) and a state.
3. The state adoption agency has determined that they cannot be placed for adoption without Medicaid coverage because of special needs for medical or rehabilitative care.
4. Immediately prior to execution of the adoption agreement, were eligible under the Medicaid state plan of the state with the adoption assistance agreement or, at the state's option, immediately prior to execution of the adoption agreement had income no more than the income standard (which could be no income test) specified in Section D.
5. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

B. Financial Methodologies

When income is considered, MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

Children with Non IV-E Adoption Assistance

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C. Individuals Covered

1. The state covers all children under a specified age limit for whom there is an adoption assistance agreement in place from any state.

Yes

No

a. The age of children covered under this eligibility group is.

i. Under age 21

ii. Under age 20

iii. Under age 19

iv. Under age 18

b. In addition, the state covers reasonable classifications of children.

Yes

No

Children with Non IV-E Adoption Assistance

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	System-Derived		

D. Income Standard Used

1. The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

- Yes
- No

2. The state used an income standard or disregarded all income for this group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

- Yes
- No

3. The state does not use an income standard or disregard all income for this group.

Children with Non IV-E Adoption Assistance

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F. Additional Information (optional)

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