

Table of Contents

State/Territory Name: Vermont

State Plan Amendment (SPA) #: 24-0002

This file contains the following documents in the order listed:

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

VT - Submission Package - VT2024MS0001O - (VT-24-0002) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

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 17, 2024

Monica Ogelby
Medicaid Director
Vermont Agency of Human Services
280 State Drive
Center Building
Waterbury, VT 05671

Re: Approval of State Plan Amendment VT 24-0002

Dear Director Ogelby,

On March 27, 2024, the Centers for Medicare and Medicaid Services (CMS) received Vermont State Plan Amendment (SPA) VT 24-0002, in which the state proposed to: adopt the 12-month continuous eligibility mandate for children, as enacted by section 5112 of the Consolidated Appropriations Act of 2023; extend the initial transitional medical assistance (TMA) period from six months to 12, as authorized under section 1925(a)(5) of the Social Security Act (the Act); and elect the option to require less than three months of eligibility or enrollment in the parent/caretaker relative eligibility group for TMA eligibility, as authorized under section 1925(a)(1)(B) of the Act.

We approve Vermont State Plan Amendment (SPA) VT 24-0002 with an effective date of January 01, 2024.

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 - VT2024MS0001O - (VT-24-0002) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0001O | VT-24-0002

CMS-10434 OMB 0938-1188

Package Header

Package ID	VT2024MS0001O	SPA ID	VT-24-0002
Submission Type	Official	Initial Submission Date	3/27/2024
Approval Date	05/17/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Vermont

Medicaid Agency Name: Agency of Human Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0001O | VT-24-0002

Package Header

Package ID VT2024MS0001O	SPA ID VT-24-0002
Submission Type Official	Initial Submission Date 3/27/2024
Approval Date 05/17/2024	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID VT-24-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	1/1/2024	VT-23-0002
Transitional Medical Assistance	1/1/2024	91-12
Continuous Eligibility for Children	1/1/2024	New

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

Attachment 2.2-A page 2a (item (A)(4))

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0001O | VT-24-0002

Package Header

Package ID	VT2024MS0001O	SPA ID	VT-24-0002
Submission Type	Official	Initial Submission Date	3/27/2024
Approval Date	05/17/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This SPA implements 12 months of continuous eligibility for children as required in Sec. 5112 of the Consolidated Appropriations Act, 2023 (Pub. L. No. 117-328). This SPA also elects the optional 12-month initial eligibility period available under Section 1925(a)(5) and takes the option at Section 1925(a)(1)(B) of the Social Security Act to elect 1 month instead of 3 months of aid for the Transitional Medical Assistance group.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$678208
Second	2025	\$917245

Federal Statute / Regulation Citation

Sec. 5112 of the Consolidated Appropriations Act, 2023 (Pub. L. No. 117-328)
Sec. 1925(a)(5) and 1925(a)(1)(B) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0001O | VT-24-0002

Package Header

Package ID	VT2024MS0001O	SPA ID	VT-24-0002
Submission Type	Official	Initial Submission Date	3/27/2024
Approval Date	05/17/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

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

Describe Approval from the Agency of Administration.

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.

This view was generated on 5/30/2024 12:11 PM EDT

VT - Submission Package - VT2024MS0001O - (VT-24-0002) - Eligibility

[Summary](#)
[Reviewable Units](#)
[Versions](#)
[Correspondence Log](#)
[Analyst Notes](#)
[Approval Letter](#)
[Transaction Logs](#)
[News](#)
[Related Actions](#)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0001O | VT-24-0002

CMS-10434 OMB 0938-1188

Package Header

Package ID	VT2024MS0001O	SPA ID	VT-24-0002
Submission Type	Official	Initial Submission Date	3/27/2024
Approval Date	05/17/2024	Effective Date	1/1/2024
Superseded SPA ID	VT-23-0002		
	System-Derived		

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 type="checkbox"/>	<input type="radio"/>	APPROVED
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
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

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="radio"/>	APPROVED
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0001O | VT-24-0002

Package Header

Package ID	VT2024MS0001O	SPA ID	VT-24-0002
Submission Type	Official	Initial Submission Date	3/27/2024
Approval Date	05/17/2024	Effective Date	1/1/2024
Superseded SPA ID	VT-23-0002		
	System-Derived		

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

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.

This view was generated on 5/30/2024 12:12 PM EDT

VT - Submission Package - VT2024MS0001O - (VT-24-0002) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Transitional Medical Assistance

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0001O | VT-24-0002

Families with Medicaid eligibility extended for up to 12 months because of earnings.

CMS-10434 OMB 0938-1188

Package Header

Package ID	VT2024MS0001O	SPA ID	VT-24-0002
Submission Type	Official	Initial Submission Date	3/27/2024
Approval Date	05/17/2024	Effective Date	<u>1/1/2024</u>
Superseded SPA ID	91-12		
	User-Entered		

The state covers the mandatory transitional medical assistance group in accordance with the following provisions:

A. Characteristics

- An individual qualifying under this eligibility group must meet one of the following criteria:
 - Lost coverage under the parents and other caretaker relatives group (42 CFR 435.110) due to work hours or income from employment, or
 - Is the child of a parent or caretaker relative described in A.1.a.
- In accordance with the requirements described in section 1925 of the Act, and in this reviewable unit, the state provides extended Medicaid eligibility, as follows:
 - a. The initial extended eligibility period is for 6 months, followed by a second extended eligibility period of 6 months.
 - b. The initial extended eligibility period is for 12 months, with no second extended eligibility period.

Transitional Medical Assistance

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0001O | VT-24-0002

Package Header

Package ID	VT2024MS0001O	SPA ID	VT-24-0002
Submission Type	Official	Initial Submission Date	3/27/2024
Approval Date	05/17/2024	Effective Date	1/1/2024
Superseded SPA ID	91-12		
	User-Entered		

B. Individuals Covered

1. Parents or other caretaker relatives

a. A parent or other caretaker relative must meet the following criteria to qualify for an initial extended eligibility period:

i. Was eligible and enrolled in the parents and other caretaker relatives eligibility group, during the six months immediately preceding the month that eligibility was lost, for at least:

- (1) 1 month
- (2) 2 months
- (3) 3 months

ii. Lost eligibility under the parents and other caretaker relatives eligibility group because:

(1) The earnings of a parent or caretaker relative caused household income to exceed the income standard of that group; or

(2) The hours of employment of a parent or caretaker relative resulted in the individual no longer being considered to have a dependent child (as described in 42 CFR 435.4 and the Parents and Other Caretaker Relatives RU).

iii. Continues to live with a child.

2. A child qualifying under this eligibility group must meet all of the following requirements:

a. Lives with a parent or other caretaker relative who is eligible under this eligibility group.

b. Is not eligible for the infants and children under age 19 eligibility group (42 CFR 435.118).

Transitional Medical Assistance

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0001O | VT-24-0002

Package Header

Package ID	VT2024MS0001O	SPA ID	VT-24-0002
Submission Type	Official	Initial Submission Date	3/27/2024
Approval Date	05/17/2024	Effective Date	1/1/2024
Superseded SPA ID	91-12		
	User-Entered		

C. Initial Extended Eligibility Period

1. Income/Resource Standard Used

There is no income or resource standard.

2. Medical Assistance Provided

a. The amount, duration, and scope of coverage provided is the same as that provided to parents and caretaker relatives enrolled in the parents and other caretaker relatives eligibility group and to children enrolled in the eligibility group for infants and children under age 19.

b. The state's election to provide premium assistance for employer sponsored coverage is described in the benefits section of the state plan.

3. Termination of Extension

a. If the family ceases to include a child, the initial extension of eligibility will end prior to the scheduled end date. In such cases, eligibility is terminated at the close of the first month in which the family no longer includes a child.

b. Termination of eligibility will occur in accordance with all requirements described in the Eligibility Process RU.

Transitional Medical Assistance

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0001O | VT-24-0002

Package Header

Package ID	VT2024MS0001O	SPA ID	VT-24-0002
Submission Type	Official	Initial Submission Date	3/27/2024
Approval Date	05/17/2024	Effective Date	1/1/2024
Superseded SPA ID	91-12		
	User-Entered		

F. Additional Information (optional)

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.

This view was generated on 5/30/2024 12:14 PM EDT

VT - Submission Package - VT2024MS0001O - (VT-24-0002) - Eligibility

[Summary](#)
[Reviewable Units](#)
[Versions](#)
[Correspondence Log](#)
[Analyst Notes](#)
[Approval Letter](#)
[Transaction Logs](#)
[News](#)
[Related Actions](#)

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0001O | VT-24-0002

CMS-10434 OMB 0938-1188

Package Header

Package ID	VT2024MS0001O	SPA ID	VT-24-0002
Submission Type	Official	Initial Submission Date	3/27/2024
Approval Date	05/17/2024	Effective Date	<u>1/1/2024</u>
Superseded SPA ID	New		
	User-Entered		

The state provides continuous eligibility for children in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Hospitalized Children

The state provides Medicaid to a child eligible for and enrolled under the Infants and Children under Age 19 (42 CFR 435.118) eligibility group until the end of an inpatient stay for which inpatient services are covered, if the child:

1. Was receiving inpatient services covered by Medicaid on the date the child becomes ineligible under the eligibility group based on the child's age; and
2. Would remain eligible but for attaining such age.

B. Mandatory Continuous Eligibility for Children

The state provides continuous eligibility to all children under age 19 and that:

1. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends the last day of the earlier of the following periods:
 - a. The month that the child turns 19 years old;
 - b. 12 months.
2. Continuous eligibility is provided to children eligible under all mandatory and optional eligibility groups (excluding Medically Needy) who would otherwise lose eligibility because of any change in circumstances, unless:
 - a. The child dies;
 - b. The child or the child's representative voluntarily requests a termination of the child's eligibility;
 - c. The child ceases to be a resident of the state;
 - d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or
 - e. The child attains the maximum age specified in B.

C. Additional Information (optional)

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.

