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**State/Territory Name: Vermont**

**State Plan Amendment (SPA) #: 24-0004**

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

# VT - Submission Package - VT2023MS0004O - (VT-24-0004) - 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, 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 24-0004

Dear Director Ogelby,

On March 27, 2024, the Centers for Medicare and Medicaid Services (CMS) received Vermont State Plan Amendment (SPA) VT 24-0004, in which the state proposed to document the new income standards for its optional state supplement program, beneficiaries of which are eligible for Medicaid under Vermont's state plan.

We approve Vermont State Plan Amendment (SPA) VT 24-0004 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](mailto:gilson.dasilva@cms.hhs.gov).

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

# VT - Submission Package - VT2023MS0004O - (VT-24-0004) - Eligibility

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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VT2023MS0004O | VT-24-0004

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	VT2023MS0004O	<b>SPA ID</b>	VT-24-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/27/2024
<b>Approval Date</b>	05/03/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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 | VT2023MS00040 | VT-24-0004

## Package Header

**Package ID** VT2023MS00040  
**Submission Type** Official  
**Approval Date** 05/03/2024  
**Superseded SPA ID** N/A

**SPA ID** VT-24-0004  
**Initial Submission Date** 3/27/2024  
**Effective Date** N/A

## SPA ID and Effective Date

**SPA ID** VT-24-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	1/1/2024	VT-23-0002
Optional State Supplement Beneficiaries	1/1/2024	VT-21-0002

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VT2023MS00040 | VT-24-0004

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<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** This SPA updates the state's supplemental payments for the Optional State Supplement Beneficiaries eligibility group beginning January 1, 2024.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

#### Federal Statute / Regulation Citation

42 CFR 430.12(c)(1)(II)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VT2023MS00040 | VT-24-0004

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<b>Superseded SPA ID</b>	N/A		

### 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

### Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VT2023MS0004O | VT-24-0004

CMS-10434 OMB 0938-1188

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<b>Superseded SPA ID</b>	VT-23-0002		
	System-Derived		

### 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 <sup>?</sup>	Included In Another Submission Package	Source Type <sup>?</sup>
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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Children under Age 19 with a Disability		<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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

MEDICAID | Medicaid State Plan | Eligibility | VT2023MS00040 | VT-24-0004

## Package Header

<b>Package ID</b>	VT2023MS00040	<b>SPA ID</b>	VT-24-0004
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<b>Superseded SPA ID</b>	VT-23-0002		
	System-Derived		

## 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 checked="" type="radio"/>	APPROVED

# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VT2023MS0004O | VT-24-0004

## Package Header

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<b>Superseded SPA ID</b>	VT-23-0002		
	System-Derived		

## 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 - Options for Coverage

#### Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | VT2023MS0004O | VT-24-0004

Individuals who receive an optional state supplementary payment.

CMS-10434 OMB 0938-1188

#### Package Header

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	System-Derived		

The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Receive an optional state supplement that meets the conditions described in sections C and D.
2. Except for income, would be eligible for SSI.
3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

# Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | VT2023MS0004O | VT-24-0004

## Package Header

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## B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

# Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | VT2023MS00040 | VT-24-0004

## Package Header

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## C. Optional State Supplement Program

1. The optional state supplement program is administered:

- a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.

**Classifications administered by the state:**

Licensed Residential Care Level III (Limited Nursing Care)

- c. Solely by the state.

2. Payments under the optional state supplement program are:

- a. Based on need and paid in cash on a regular basis;
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and
- c. Available to all individuals in each population selected in section B.

# Optional State Supplement Beneficiaries

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## D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

a. Varies by political subdivision.

- Yes  
 No

b. Varies by payment classification.

- Yes  
 No

The payment classifications used are:

- i. All individuals age 65 or older, regardless of living arrangement.
- ii. All individuals who have blindness, regardless of living arrangement.
- iii. All individuals who have a disability, regardless of living arrangement.
- iv. Independent living.

### Income Standard

Individual	Couple
\$99	\$15
8.68	20.8
	0

v. Living in household of another.

### Income Standard

Individual	Couple
\$62	\$99
8.67	5.02

- vi. Independent living and receiving non-medical care outside the home.
- vii. Living in household of another and receiving non-medical care outside the home.
- viii. Living in a domiciliary facility or other group living arrangement.
- ix. Other payment classification.

Name of Classification	Description:
Long-Term Care	Medicaid Payment

Individual	Couple
\$79.93	\$159.85

Name of Classification	Description:
Licensed Residential Care Level III	Limited Nursing Care

Individual	Couple
------------	--------

\$1210.13

\$2018.69

**Name of Classification**

**Description:**

Licensed Residential Care  
Level III

Assistive Community Care

**Individual**

**Couple**

\$994.77

\$1518.54

**Name of Classification**

**Description:**

Licensed Residential Care  
Level IV

Personal care, general  
supervision, and medication  
management

**Individual**

**Couple**

\$1182.62

\$2016.40

**Name of Classification**

**Description:**

Custodial Care

Family Home

**Individual**

**Couple**

\$1048.60

\$1771.12

# Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | VT2023MS0004O | VT-24-0004

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## E. Additional Information (optional)

The income standards for the classifications above are a product of the supplemental security income (SSI) federal benefit rate added to the maximum payment level for each classification.

A state plan amendment will be submitted should the maximum payment levels, identified below, change for any of the classifications. For the "Independent Living" classification, the maximum payment levels for a single individual and couple are, respectively, \$55.68 and \$105.80 (thus, in 2024, with the SSI FBR being \$943 and \$1,415 for a single individual and couple, respectively, the income standards are \$998.68 and \$1,520.80). For the Licensed Residential Care Level III-Limited Nursing Care classification, the maximum payment levels for a single individual and couple are, respectively, \$267.13 and \$603.69. For the Licensed Residential Care Level III-Assistive Community Care classification, the maximum payment levels for a single individual and couple are, respectively, \$51.77 and \$103.54. For the Licensed Residential Care Level IV classification, the maximum payment levels for a single individual and couple are, respectively, \$239.62 and \$601.40. For the classification of Individuals Living in Household of Another, the maximum payment levels for a single individual and couple are, respectively, \$42.05 and \$51.69 (which are added to the SSI FBR payable to individuals living in the household of another). For the Custodial Care Family Home classification, the maximum payment levels for a single individual and couple are, respectively, \$105.60 and \$356.12. For the Long-Term Care (Medicaid Personal Needs Allowance) classification, the maximum payment standards for a single individual and couple are, respectively, \$49.93 and \$99.85 (which are added to the maximum SSI FBRs payable to institutionalized individuals and couples who otherwise have \$0 in other countable income).



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