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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 24-0010

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 - VT2024MS0004O - (VT-24-0010) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter RAI 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

March 14, 2025

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

Re: Approval of State Plan Amendment VT 24-0010

Dear Director Ogelby,

On June 28, 2024, the Centers for Medicare and Medicaid Services (CMS) received Vermont State Plan Amendment (SPA) VT 24-0010, in which the state proposed new disregards for Medicare Savings Program eligibility groups.

We approve Vermont State Plan Amendment (SPA) VT 24-0010 with an effective date of

April 01, 2024.

Please note that this approval is being issued along with a companion letter as attached.

Name	Date Created
VT 24-0010 Companion Letter_signed	3/13/2025 8:04 AM EDT

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 - VT2024MS0004O - (VT-24-0010) - Eligibility

- Summary
- Reviewable Units
- Versions
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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

CMS-10434 OMB 0938-1188

Package Header

Package ID	VT2024MS0004O	SPA ID	VT-24-0010
Submission Type	Official	Initial Submission Date	6/28/2024
Approval Date	03/14/2025	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Superseded SPA ID	N/A		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 | VT2024MS0004O | VT-24-0010

Package Header

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Submission Type	Official	Initial Submission Date	6/28/2024
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Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID VT-24-0010

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	4/1/2024	VT-24-0002
Qualified Medicare Beneficiaries	4/1/2024	VT-22-0002
Specified Low Income Medicare Beneficiaries	4/1/2024	VT-22-0002
Qualifying Individuals	4/1/2024	VT-22-0002
Optional Eligibility Groups	4/1/2024	VT-24-0004
Individuals Eligible for but Not Receiving Cash Assistance	4/1/2024	VT-22-0002
Work Incentives	4/1/2024	VT-22-0002
Medically Needy Populations Based on Age, Blindness or Disability	4/1/2024	VT-22-0002

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

Package Header

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Approval Date	03/14/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This amendment disregards dividend and interest income for Medicare Savings Programs under 1902(r)(2). It also removes AFDC populations from coverage under two groups - "Individuals Eligible for Cash Except for Institutionalization" and "Individuals in Institutions Eligible under a Special Income Level". Finally, it corrects 1902(r)(2) income disregards for ABD groups that have been in Vermont's State Plan for decades but were inadvertently missed when migrating the State Plan to MACPro in SPA 22-0002.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

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

Federal Statute / Regulation Citation

Section 1902(r)(2) of the Social Security Act; 42 CFR 430.12

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

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Superseded SPA ID	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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VT - Submission Package - VT2024MS0004O - (VT-24-0010) - Eligibility

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	VT-24-0002		
	User-Entered		

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 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
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<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 ?
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010


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User-Entered			

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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VT - Submission Package - VT2024MS0004O - (VT-24-0010) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

CMS-10434 OMB 0938-1188

Package Header

Package ID	VT2024MS0004O	SPA ID	VT-24-0010
Submission Type	Official	Initial Submission Date	6/28/2024
Approval Date	03/14/2025	Effective Date	4/1/2024
Superseded SPA ID	VT-22-0002		
	System-Derived		

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

- Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
- Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

Package Header

Package ID VT2024MS0004O
Submission Type Official
Approval Date 03/14/2025
Superseded SPA ID VT-22-0002
System-Derived

SPA ID VT-24-0010
Initial Submission Date 6/28/2024
Effective Date 4/1/2024

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
☐ No

The less restrictive income methodologies are:

☒ General income disregard:

Name of disregard:	Description:
COLA Forecast	From January 1 until April 1, the Department will disregard the difference between its estimated Federal Poverty Levels (FPLs) and the currently approved FPLs as published in the Federal Register. Effective April 1, the Department will issue a second increase if the actual FPLs exceed its estimate. If the department's estimated FPLs issued January 1 are higher than the actual FPLs, the department will continue to disregard the difference between its estimated FPLs and the ones published in the Federal Register.

☒ Census Bureau wages are disregarded.

Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded as income for this eligibility group.

☒ Dividends are disregarded.

Description of disregard: Interest and dividend income

☒ A less restrictive methodology is used with respect to lump sum income:

☒ Specified methodology for the treatment of lump sums as income:

Name of methodology:	Description:
Lump Sum Receipt of Earnings	Lump sum receipt of earnings such as sale of crops or livestock are averaged over the six-month accounting period.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Income of an ineligible spouse	Countable income of an ineligible spouse is added to the countable income of an eligible individual and compared, after deductions, to the Medically Needy Income Level for two.
Cash Contributions or Gifts	Infrequent or irregular voluntary cash contributions or gifts are excluded.
Vermont Tax Credit	Any refundable credit against taxes made pursuant to Vermont's child tax credit (32 V.S.A. § 5830f) or pursuant to a similar tax credit enacted by the State and directed by state law to not be considered as countable income for benefit programs.

Name of income type:	Description:
Workforce Recruitment & Retention Program	Any wages that are made pursuant to Vermont's Premium Pay for Workforce Recruitment and Retention Program enacted in Act 83 of 2021 or a similar workforce recruitment and retention program enacted in Vermont and directed by state law to not be considered as countable income in determining eligibility for benefit programs.
Business Depreciation	Depreciation is deducted as a business expense.
In Kind Assistance	Any "in kind" assistance received from others is excluded.

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

- ☒ All resources are disregarded. No resource test is applied.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

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	System-Derived		

C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

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F. Additional Information (optional)

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VT - Submission Package - VT2024MS0004O - (VT-24-0010) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

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Superseded SPA ID	VT-22-0002		
	System-Derived		

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

Specified Low Income Medicare Beneficiaries

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B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ General income disregard:

Name of disregard:	Description:
COLA Forecast	From January 1 until April 1, the Department will disregard the difference between its estimated Federal Poverty Levels (FPLs) and the currently approved FPLs as published in the Federal Register. Effective April 1, the Department will issue a second increase if the actual FPLs exceed its estimate. If the department's estimated FPLs issued January 1 are higher than the actual FPLs, the department will continue to disregard the difference between its estimated FPLs and the ones published in the Federal Register.

☒ Census Bureau wages are disregarded.

Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded as income for this eligibility group.

☒ Dividends are disregarded.

Description of disregard: Interest and dividend income

☒ A less restrictive methodology is used with respect to lump sum income:

☒ Specified methodology for the treatment of lump sums as income:

Name of methodology:	Description:
Lump Sum Receipt of Earnings	Lump sum receipt of earnings such as sale of crops or livestock are averaged over the six-month accounting period.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Income of an ineligible spouse	Countable income of an ineligible spouse is added to the countable income of an eligible individual and compared, after deductions, to the Medically Needy Income Level for two.
Cash Contributions or Gifts	Infrequent or irregular voluntary cash contributions or gifts are excluded.
Vermont Tax Credit	Any refundable credit against taxes made pursuant to Vermont's child tax credit (32 V.S.A. § 5830f) or pursuant to a similar tax credit enacted by the State and directed by state law to not be considered as countable income for benefit programs.

Name of income type:	Description:
Workforce Recruitment & Retention Program	Any wages that are made pursuant to Vermont's Premium Pay for Workforce Recruitment and Retention Program enacted in Act 83 of 2021 or a similar workforce recruitment and retention program enacted in Vermont and directed by state law to not be considered as countable income in determining eligibility for benefit programs.
Business Depreciation	Depreciation is deducted as a business expense.
In Kind Assistance	Any "in kind" assistance received from others is excluded.

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

- ☒ All resources are disregarded. No resource test is applied.

Specified Low Income Medicare Beneficiaries

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C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

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VT - Submission Package - VT2024MS0004O - (VT-24-0010) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

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	System-Derived		

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

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B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
☐ No

The less restrictive income methodologies are:

☒ General income disregard:

Name of disregard:	Description:
COLA Forecast	From January 1 until April 1, the Department will disregard the difference between its estimated Federal Poverty Levels (FPLs) and the currently approved FPLs as published in the Federal Register. Effective April 1, the Department will issue a second increase if the actual FPLs exceed its estimate. If the department's estimated FPLs issued January 1 are higher than the actual FPLs, the department will continue to disregard the difference between its estimated FPLs and the ones published in the Federal Register.

☒ Census Bureau wages are disregarded.

Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded as income for this eligibility group.

☒ Dividends are disregarded.

Description of disregard: Interest and dividend income

☒ A less restrictive methodology is used with respect to lump sum income:

☒ Specified methodology for the treatment of lump sums as income:

Name of methodology:	Description:
Lump Sum Receipt of Earnings	Lump sum receipt of earnings such as sale of crops or livestock are averaged over the six-month accounting period.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Income of an ineligible spouse	Countable income of an ineligible spouse is added to the countable income of an eligible individual and compared, after deductions, to the Medically Needy Income Level for two.
Cash Contributions or Gifts	Infrequent or irregular voluntary cash contributions or gifts are excluded.
Vermont Tax Credit	Any refundable credit against taxes made pursuant to Vermont's child tax credit (32 V.S.A. § 5830f) or pursuant to a similar tax credit enacted by the State and directed by state law to not be considered as countable income for benefit programs.

Name of income type:	Description:
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Business Depreciation	Depreciation is deducted as a business expense.
In Kind Assistance	Any "in kind" assistance received from others is excluded.

3. Less restrictive methodologies are used in calculating countable resources.

☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ All resources are disregarded. No resource test is applied.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

Package Header

Package ID	VT2024MS0004O	SPA ID	VT-24-0010
Submission Type	Official	Initial Submission Date	6/28/2024
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	System-Derived		

C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

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	System-Derived		

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.

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VT - Submission Package - VT2024MS0004O - (VT-24-0010) - Eligibility

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

CMS-10434 OMB 0938-1188

Package Header

Package ID	VT2024MS0004O	SPA ID	VT-24-0010
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Superseded SPA ID	VT-24-0004		
	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 ?	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 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 checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Eligible for Cash Except for		<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 [?]
Institutionalization					
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 checked="" 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

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

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Superseded SPA ID	VT-24-0004		
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 checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

Package Header

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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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VT - Submission Package - VT2024MS0004O - (VT-24-0010) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

Individuals who are eligible for but not receiving federal cash assistance or an optional state supplement.

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	VT-22-0002		
	System-Derived		

The state covers the optional Individuals Eligible for but Not Receiving Cash Assistance eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet the eligibility requirements of at least one of the following cash assistance programs:

- ☒ a. SSI
- ☒ b. Optional State Supplement
- ☐ c. AFDC

2. Do not receive cash assistance under these programs.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

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

2. The state covers the following populations:

- ☒ a. Individuals age 65 or older
- ☒ b. Individuals who have blindness
- ☒ c. Individuals who have a disability
- ☐ d. All children under a specified age limit:
- ☐ e. Reasonable classifications of children
- ☐ f. Parents and other caretaker relatives
- ☐ g. Pregnant women
- ☐ h. Other population

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

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	System-Derived		

C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ General income disregard:

Name of disregard:	Description:
COLA Forecast	From January 1 until April 1, the Department will disregard the difference between its estimated Federal Poverty Levels (FPLs) and the currently approved FPLs as published in the Federal Register. Effective April 1, the Department will issue a second increase if the actual FPLs exceed its estimate. If the department's estimated FPLs issued January 1 are higher than the actual FPLs, the department will continue to disregard the difference between its estimated FPLs and the ones published in the Federal Register.

☒ Census Bureau wages are disregarded.

Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded as income for this eligibility group.

☒ A less restrictive methodology is used with respect to lump sum income:

☒ Specified methodology for the treatment of lump sums as income:

Name of methodology:	Description:
Lump Sum Receipt of Earnings	Lump sum receipt of earnings such as sale of crops or livestock are averaged over the six-month accounting period.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Business Depreciation	Depreciation is deducted as a business expense.
In Kind Assistance	Any "in kind" assistance received from others is excluded.
Income of an ineligible spouse	Countable income of an ineligible spouse is added to the countable income of an eligible individual and compared, after deductions, to the Medically Needy Income Level for two.
Cash Contributions or Gifts	Infrequent or irregular voluntary cash contributions or gifts are excluded.
Vermont Tax Credit	Any refundable credit against taxes made pursuant to Vermont's child tax credit (32 V.S.A. § 5830f) or pursuant to

Name of income type:	Description:
	a similar tax credit enacted by the State and directed by state law to not be considered as countable income for benefit programs.
Workforce Recruitment & Retention Program	Any wages that are made pursuant to Vermont's Premium Pay for Workforce Recruitment and Retention Program enacted in Act 83 of 2021 or a similar workforce recruitment and retention program enacted in Vermont and directed by state law to not be considered as countable income in determining eligibility for benefit programs.

4. Less restrictive methodologies are used in calculating countable resources.

☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ The state uses a less restrictive methodology with respect to resources set aside for burial.

☒ Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:
Burial Funds	Separately identifiable burial funds designated for burial expenses, either singly or in combination, are exempt in an amount not to exceed \$10,000. The burial funds must be designated by the title of the fund or by sworn statement provided to the department. The burial funds in conjunction with the irrevocable burial trust referenced in Supplement 10 to Attachment 2.6-A, page 1, last paragraph, cannot exceed \$10,000 in total.

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Real Property	Real property is excluded if the income it produces is significant to meeting living expenses and consistent with its fair market value.
Savings from Excluded Income	Savings from excluded income are excluded.
Real Property for Sale	Non exempt real property which is up for sale is excluded as long as owners verify that they are making reasonable efforts to sell it.
Automobiles	Automobiles of any value are excluded.
Equity value of Property	No limit is placed on the equity value of property used to produce goods for home consumption.
Life Estates	Life estates in real property are excluded when the owner does not retain the power to sell the real property.
Annuities, promissory notes, and similar resources	Annuities, promissory notes, and similar resources that produce income are exempt resources if they would otherwise be countable by SSI as long as they meet the following criteria: (1) Annuities are not a countable resource if they: have no beneficiary other than an individual requesting Medicaid or his/her spouse; and provide

Name of resource type:	Description:
	for payments to applicants or their spouses, in equal intervals and equal amounts; and do not exceed the life expectancy of the applicants or their spouses, as determined by the department; and return to the beneficiary at least the amount used to establish the contract and any additional payments plus any earnings, as specified in the contract; and do not pay anyone other than the applicant, the applicant's spouse, even if the applicant or spouse dies before the payment period ends. The department will also consider an annuity to meet the requirements above, if the owner of the annuity elects to designate Vermont Medicaid as the primary beneficiary up to the amount of long-term care payments it made, and names a contingent beneficiary other than the applicant or spouse to receive any surplus after Vermont Medicaid is paid. (2) Promissory notes and similar resources that produce income are not a countable resource if: (a) they meet the requirements in subsection (1) above, or (b) the individual owned a nonnegotiable or nonassignable promissory note executed before September 1, 2005 and the individual or spouse can expect to receive the full fair market value of the resource within the expected lifetime of the individual or spouse, as determined by the department.
State Tax Credit	Any refundable credit against taxes made pursuant to Vermont's child tax credit or pursuant to a similar tax credit enacted by the State and intended by legislation to not be considered as countable income or resources for benefit programs.
Workforce Recruitment & Retention Program	Any wages that are made pursuant to Vermont's Premium Pay for Workforce Recruitment and Retention Program enacted in Act 83 of 2021 or a similar workforce recruitment and retention program enacted in Vermont and intended by the legislature to not be considered as countable income or resources in determining eligibility for benefit programs.

☒ The following less restrictive methodologies are used:

Name of methodology:	Description:
Resource spend-down	Resources may be spent-down to the applicable Resource Maximum if used for medical or maintenance expenses. Payments made during the month of Medicaid application for certain medical or maintenance expenses reduce the amount of countable resources determined available during the retroactive period.
Resources at any time during the month	Vermont does not use the first moment of the first day of the month in counting resources. If the applicant(s) is under resources at any time during the month, Medicaid is granted for the entire month if all other eligibility criteria are met.
Resources in account up to \$30,000	Resources set aside in a separate bank account in the name of the Medicaid beneficiary are exempt in an amount

Name of methodology:

Description:

not to exceed \$30,000. The funds may only be spent on medical care, assistive technology devices or home modifications not covered by Medicare, private insurance or Medicaid. They must be found to be reasonable and necessary to assist an individual in achieving or maintaining independent living. Up to \$500 per month of these resources may be spent for medical care and assistive technology devices. A one time expenditure of up to \$7,500 of these resources may be spent for home modifications.

Individuals Eligible for but Not Receiving Cash Assistance

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D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

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F. Additional Information (optional)

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VT - Submission Package - VT2024MS0004O - (VT-24-0010) - Eligibility

Eligibility Groups - Options for Coverage

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.

CMS-10434 OMB 0938-1188

Package Header

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Submission Type	Official	Initial Submission Date	6/28/2024
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Superseded SPA ID	VT-22-0002		
	System-Derived		

The state covers the optional Work Incentives eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Have earned income.
2. Meet the SSI definition of disability, but for earned income.
3. Meet income and resource standards following a two-step process, which includes:

a. Step One - A comparison of family net income to 250% FPL; and

b. Step Two - A comparison of individual net income and resources to the SSI standards, excluding earned income.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

Package Header

Package ID VT2024MS0004O
Submission Type Official
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B. Step One Financial Methodologies and Income Test

1. Financial methodologies

- a. SSI methodologies are used in calculating family income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. Less restrictive methodologies are used in calculating countable income.
- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ General income disregard:

Name of disregard:	Description:
COLA Forecast	From January 1 until April 1, the Department will disregard the difference between its estimated Federal Poverty Levels (FPLs) and the currently approved FPLs as published in the Federal Register. Effective April 1, the Department will issue a second increase if the actual FPLs exceed its estimate. If the department's estimated FPLs issued January 1 are higher than the actual FPLs, the department will continue to disregard the difference between its estimated FPLs and the ones published in the Federal Register.

☒ Census Bureau wages are disregarded.

Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded as income for this eligibility group.

☒ A less restrictive methodology is used with respect to lump sum income:

☒ Specified methodology for the treatment of lump sums as income:

Name of methodology:	Description:
Lump Sum Receipt of Earnings	Lump sum receipt of earnings such as sale of crops or livestock are averaged over the six-month accounting period.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Income of an ineligible spouse	Countable income of an ineligible spouse is added to the countable income of an eligible individual and compared, after deductions, to the Medically Needy Income Level for two.
Cash Contributions or Gifts	Infrequent or irregular voluntary cash contributions or gifts are excluded.
Vermont Tax Credit	Any refundable credit against taxes made pursuant to Vermont's child tax credit (32 V.S.A. § 5830f) or pursuant to a similar tax credit enacted by the State and directed by state law to not be considered as countable income for benefit programs.

Name of income type:	Description:
Workforce Recruitment & Retention Program	Any wages that are made pursuant to Vermont's Premium Pay for Workforce Recruitment and Retention Program enacted in Act 83 of 2021 or a similar workforce recruitment and retention program enacted in Vermont and directed by state law to not be considered as countable income in determining eligibility for benefit programs.
Business Depreciation	Depreciation is deducted as a business expense.
In Kind Assistance	Any "in kind" assistance received from others is excluded.

2. Income Test

Family net income must be less than 250% FPL. Please refer as necessary to Non-MAGI Methodologies for the definition of family size.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

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C. Step Two Financial Methodologies and Income/Resource Test

1. Financial methodologies

a. SSI methodologies are used in calculating income and resources, except that earned income is not counted. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. Less restrictive methodologies are used in calculating countable income.

☒ Yes

☐ No

The less restrictive income methodologies are:

☒ Income from household members is disregarded.

☒ Income of the spouse is disregarded.

Description: If married, disregard all income of the working disabled individual's spouse.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Veteran's disability benefits	Disregard all veteran's disability benefits.
SSDI and retirement benefits converted from SSDI	Disregard all Social Security Disability Insurance benefits (SSDI), including, if applicable, Social Security retirement benefits automatically converted from SSDI.

c. Less restrictive methodologies are used in calculating countable resources.

☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ General resource disregard:

Name of disregard:	Description:
Savings from excluded income	Savings from excluded income are excluded.
Amount of resources in excess of the resource standard	An additional \$8,000 in resources is disregarded for individuals; \$12,000 for couples.

☒ The state uses a less restrictive methodology with respect to resources set aside for burial.

☒ Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:
Burial Funds	Separately identifiable burial funds designated for burial expenses, either singly or in combination, are exempt in an amount not to exceed \$10,000. The burial funds must be designated by the title of the fund or by sworn statement provided to the department. The burial funds in conjunction with the irrevocable burial trust referenced in Supplement 10 to Attachment 2.6-A, page 1, last paragraph, cannot exceed \$10,000 in total.

☑ A specified type of resource is disregarded:

Name of resource type:	Description:
Real Property	Real property is excluded if the income it produces is significant to meeting living expenses and consistent with its fair market value.
Savings from Excluded Income	Savings from excluded income are excluded.
Real Property for Sale	Non exempt real property which is up for sale is excluded as long as owners verify that they are making reasonable efforts to sell it.
Automobiles	Automobiles of any value are excluded.
Equity value of Property	No limit is placed on the equity value of property used to produce goods for home consumption.
Life Estates	Life estates in real property are excluded when the owner does not retain the power to sell the real property.
Annuities, promissory notes, and similar resources	<p>Annuities, promissory notes, and similar resources that produce income are exempt resources if they would otherwise be countable by SSI as long as they meet the following criteria:</p> <p>(1) Annuities are not a countable resource if they: have no beneficiary other than an individual requesting Medicaid or his/her spouse; and provide for payments to applicants or their spouses, in equal intervals and equal amounts; and do not exceed the life expectancy of the applicants or their spouses, as determined by the department; and return to the beneficiary at least the amount used to establish the contract and any additional payments plus any earnings, as specified in the contract; and do not pay anyone other than the applicant, the applicant's spouse, even if the applicant or spouse dies before the payment period ends. The department will also consider an annuity to meet the requirements above, if the owner of the annuity elects to designate Vermont Medicaid as the primary beneficiary up to the amount of long-term care payments it made, and names a contingent beneficiary other than the applicant or spouse to receive any surplus after Vermont Medicaid is paid.</p> <p>(2) Promissory notes and similar resources that produce income are not a countable resource if: (a) they meet the requirements in subsection (1) above, or (b) the individual owned a nonnegotiable or nonassignable promissory note executed before September 1, 2005 and the individual or spouse can expect to receive the full fair market value of the resource within the expected lifetime of the individual or spouse, as determined by the department.</p>
State Tax Credit	Any refundable credit against taxes made pursuant to Vermont's child tax credit or pursuant to a similar tax credit enacted by the State and intended by legislation to not be considered as countable income or resources for benefit programs.

Name of resource type:	Description:
Workforce Recruitment & Retention Program	Any wages that are made pursuant to Vermont's Premium Pay for Workforce Recruitment and Retention Program enacted in Act 83 of 2021 or a similar workforce recruitment and retention program enacted in Vermont and intended by the legislature to not be considered as countable income or resources in determining eligibility for benefit programs.

☒ The following less restrictive methodologies are used:

Name of methodology:	Description:
Resource spend-down	Resources may be spent-down to the applicable Resource Maximum if used for medical or maintenance expenses. Payments made during the month of Medicaid application for certain medical or maintenance expenses reduce the amount of countable resources determined available during the retroactive period.
Resources at any time during the month	Vermont does not use the first moment of the first day of the month in counting resources. If the applicant(s) is under resources at any time during the month, Medicaid is granted for the entire month if all other eligibility criteria are met.
Resources in account up to \$30,000	Resources set aside in a separate bank account in the name of the Medicaid beneficiary are exempt in an amount not to exceed \$30,000. The funds may only be spent on medical care, assistive technology devices or home modifications not covered by Medicare, private insurance or Medicaid. They must be found to be reasonable and necessary to assist an individual in achieving or maintaining independent living. Up to \$500 per month of these resources may be spent for medical care and assistive technology devices. A one time expenditure of up to \$7,500 of these resources may be spent for home modifications.

2. Income Test

For individuals who pass Step One, in Step Two, the individual's unearned income (plus deemed income, if appropriate) must be less than one of the following income standards:

- ☒ a. The SSI income standard.
- ☐ b. The income standard of the state supplement program.

3. Resource Test

The individual's resources must be less than the SSI resource standard.

Work Incentives

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D. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Work Incentives

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E. 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.

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VT - Submission Package - VT2024MS0004O - (VT-24-0010) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS0004O | VT-24-0010

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

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The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

A. Characteristics

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

- 1.Meet at least one of the following:
- a. Are age 65 or older;

b. Have blindness; or

c. Have a disability.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Populations Based on Age, Blindness or Disability

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B. Individuals Covered

The state covers the following populations:

- ☒ 1. Individuals age 65 or older
- ☒ 2. Individuals with blindness
- ☒ 3. Individuals who have a disability

Medically Needy Populations Based on Age, Blindness or Disability

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C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- ☒ Yes
- ☐ No

2. The financial methodology used is:

- a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

- ☒ General income disregard:

Name of disregard:	Description:
COLA Forecast	From January 1 until April 1, the Department will disregard the difference between its estimated Federal Poverty Levels (FPLs) and the currently approved FPLs as published in the Federal Register. Effective April 1, the Department will issue a second increase if the actual FPLs exceed its estimate. If the department's estimated FPLs issued January 1 are higher than the actual FPLs, the department will continue to disregard the difference between its estimated FPLs and the ones published in the Federal Register.

- ☒ Census Bureau wages are disregarded.

Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded as income for this eligibility group.

- ☒ A less restrictive methodology is used with respect to lump sum income:

- ☒ Specified methodology for the treatment of lump sums as income:

Name of methodology:	Description:
Lump Sum Receipt of Earnings	Lump sum receipt of earnings such as sale of crops or livestock are averaged over the six-month accounting period.

- ☒ A specified type of income is disregarded:

Name of income type:	Description:
Income of an ineligible spouse	Countable income of an ineligible spouse is added to the countable income of an eligible individual and compared, after deductions, to the Medically Needy Income Level for two.
Cash Contributions or Gifts	Infrequent or irregular voluntary cash contributions or gifts are excluded.
Vermont Tax Credit	Any refundable credit against taxes made pursuant to Vermont's child tax credit (32 V.S.A. § 5830f) or pursuant to a similar tax credit enacted by the State and directed by state law to not be considered as countable income for benefit programs.
Workforce Recruitment & Retention Program	Any wages that are made pursuant to Vermont's Premium Pay for Workforce Recruitment and Retention Program enacted in Act 83 of 2021 or a similar workforce recruitment and retention program enacted in Vermont and directed by state law to not be considered as countable income in determining eligibility for benefit programs.
Business Depreciation	Depreciation is deducted as a business expense.
In Kind Assistance	Any "in kind" assistance received from others is excluded.

☒ Specified less restrictive methodologies are used for the treatment of changes in income:

Name of methodology:	Description:
Medically Needy CPI-U	For all medically needy individuals, disregard income in the amount of the difference between the percentage increase in the CPI-U (between July 16, 1996 and September of the last month in the most recently completed FFY) and the MNIL in effect on July 16, 1996.

c. Less restrictive methodologies are used in calculating countable resources.

☒ Yes ☐ No

The less restrictive resource methodologies are:

☒ The state uses a less restrictive methodology with respect to resources set aside for burial.

☒ Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:
Burial Funds	Separately identifiable burial funds designated

Name of methodology:	Description:
	for burial expenses, either singly or in combination, are exempt in an amount not to exceed \$10,000. The burial funds must be designated by the title of the fund or by sworn statement provided to the department. The burial funds in conjunction with the irrevocable burial trust referenced in Supplement 10 to Attachment 2.6-A, page 1, last paragraph, cannot exceed \$10,000 in total.

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Equity value of Property	No limit is placed on the equity value of property used to produce goods for home consumption.
Life Estates	Life estates in real property are excluded when the owner does not retain the power to sell the real property.
Annuities, promissory notes, and similar resources	Annuities, promissory notes, and similar resources that produce income are exempt resources if they would otherwise be countable by SSI as long as they meet the following criteria: (1) Annuities are not a countable resource if they: have no beneficiary other than an individual requesting Medicaid or his/her spouse; and provide for payments to applicants or their spouses, in equal intervals and equal amounts; and do not exceed the life expectancy of the applicants or their spouses, as determined by the department; and return to the beneficiary at least the amount used to establish the contract and any additional payments plus any earnings, as specified in the contract; and do not pay anyone other than the applicant, the applicant's spouse, even if the applicant or spouse dies before the payment period ends. The department will also consider an annuity to meet the requirements above, if the owner of the annuity elects to designate Vermont Medicaid as the primary beneficiary up to the amount of long-term care payments it made, and names a contingent

Name of resource type:	Description:
	beneficiary other than the applicant or spouse to receive any surplus after Vermont Medicaid is paid. (2) Promissory notes and similar resources that produce income are not a countable resource if: (a) they meet the requirements in subsection (1) above, or (b) the individual owned a nonnegotiable or nonassignable promissory note executed before September 1, 2005 and the individual or spouse can expect to receive the full fair market value of the resource within the expected lifetime of the individual or spouse, as determined by the department.
State Tax Credit	Any refundable credit against taxes made pursuant to Vermont's child tax credit (32 V.S.A. § 5830f) or pursuant to a similar tax credit enacted by the State and directed by state law to not be considered as countable resources for benefit programs.
Workforce Recruitment & Retention Program	Any wages that are made pursuant to Vermont's Premium Pay for Workforce Recruitment and Retention Program enacted in Act 83 of 2021 or a similar workforce recruitment and retention program enacted in Vermont and directed by state law to not be considered as countable resources in determining eligibility for benefit programs.
Real Property	Real property is excluded if the income it produces is significant to meeting living expenses and consistent with its fair market value.
Savings from Excluded Income	Savings from excluded income are excluded.
Real Property for Sale	Non exempt real property which is up for sale is excluded as long as owners verify that they are making reasonable efforts to sell it.
Automobiles	Automobiles of any value are excluded.

☒ The following less restrictive methodologies are used:

Name of methodology:	Description:
Resource spend-down	Resources may be spent-down to the applicable Resource Maximum if

Name of methodology:	Description:
	used for medical or maintenance expenses.
Resources at any time during the month	Vermont does not use the first moment of the first day of the month in counting resources. If the applicant(s) is under resources at any time during the month, Medicaid is granted for the entire month if all other eligibility criteria are met.
Resources of Couple	Resources of couple, where one member has been admitted to a long-term care facility are combined for 6 months if this is to the advantage of the couple.
Resources in account up to \$30,000	Resources set aside in a separate bank account in the name of the Medicaid beneficiary are exempt in an amount not to exceed \$30,000. The funds may only be spent on medical care, assistive technology devices or home modifications not covered by Medicare, private insurance or Medicaid. They must be found to be reasonable and necessary to assist an individual in achieving or maintaining independent living. Up to \$500 per month of these resources may be spent for medical care and assistive technology devices. A one time expenditure of up to \$7,500 of these resources may be spent for home modifications.

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D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

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E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

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F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

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G. Additional Information (optional)

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