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**State/Territory Name: Vermont**

**State Plan Amendment (SPA) #: 25-0002**

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- 2) Summary Form (with 179-like data)
- 3) Approved SPA Page

# VT - Submission Package - VT2024MS00070 - (VT-25-0002) - Eligibility

Summary Reviewable Units Versions 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 16, 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 25-0002

Dear Director Ogelby,

On March 28, 2025, the Centers for Medicare and Medicaid Services (CMS) received Vermont State Plan Amendment (SPA) VT 25-0002, in which the state proposed to confirm its methodology for determining household income.

We approve Vermont State Plan Amendment (SPA) VT 25-0002 with an effective date of February 01, 2025.

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,

Shantrina Roberts

Acting Director, Division of Program  
Operations

Center for Medicaid & CHIP Services

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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS00070 | VT-25-0002

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	VT2024MS00070	<b>SPA ID</b>	VT-25-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2025
<b>Approval Date</b>	05/16/2025	<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Superseded SPA ID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

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### SPA ID and Effective Date

**SPA ID** VT-25-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
MAGI-Based Methodologies	2/1/2025	VT-23-0002

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS00070 | VT-25-0002

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### Executive Summary

**Summary Description Including Goals and Objectives** This State Plan Amendment changes Vermont's election for financial eligibility determination under MAGI-based methodologies for current beneficiaries from being based on projected annual income and family size for the remaining months of the current calendar year to current monthly household income and family size.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

#### Federal Statute / Regulation Citation

42 CFR 435.603(h)(2)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS00070 | VT-25-0002

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### Governor's Office Review

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

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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# VT - Submission Package - VT2024MS00070 - (VT-25-0002) - Eligibility

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## Medicaid State Plan Eligibility

### MAGI Based Methodologies

MEDICAID | Medicaid State Plan | Eligibility | VT2024MS00070 | VT-25-0002

CMS-10434 OMB 0938-1188

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	System-Derived		

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

### A. Household Composition

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

# MAGI Based Methodologies

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## B. Household Income

### Financial eligibility is determined consistent with the following provisions:

- When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.
- When determining eligibility for current beneficiaries, financial eligibility is based on:
  - a. Current monthly household income and family size
  - b. Projected annual household income and family size for the remaining months of the current calendar year.
- In determining current monthly or projected annual household income, the state considers reasonably predictable changes in income:  
 Yes  No
- MAGI-based income is calculated using the financial methodologies defined in section 36B(d)(2)(B) of the Internal Revenue Code, except as described at 42 CFR 435.603(e), and without regard to whether an individual expects to file taxes.
- Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.
- In determining the eligibility of an individual using MAGI-based income, the state must subtract an amount equivalent to 5 percentage points of the federal poverty level for the applicable family size only to determine the eligibility of an individual for medical assistance under the eligibility group with the highest income standard using MAGI-based methodologies in the applicable Title of the Act, but not to determine eligibility for a particular eligibility group.
- Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.  
 Yes  No



# MAGI Based Methodologies

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## C. Resource Test

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

## D. Additional Information (optional)

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