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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 26-0002

This file contains the following documents in the order listed:

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

VT - Submission Package - VT2025MS0002O - (VT-26-0002) - Eligibility

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

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



Center for Medicaid & CHIP Services

May 18, 2026

Jill Mazza Olson
Medicaid Director
Vermont Agency of Human Services
Building E, Third Floor
280 State Drive
Waterbury, VT 05671-1000

Re: Approval of State Plan Amendment VT-26-0002

Dear Jill Mazza Olson,

On March 13, 2026, the Centers for Medicare and Medicaid Services (CMS) received Vermont State Plan Amendment (SPA) VT-26-0002, in which the state proposed new income disregards under the authority of section 1902(r)(2) of the Social Security Act for the Qualified Medicare Beneficiary and Qualified Individual eligibility groups.

We approve Vermont State Plan Amendment (SPA) VT-26-0002 with an effective date of January 01, 2026.

If you have any questions regarding this amendment, please contact Gilson DaSilva at 617-565-1227 or gilson.dasilva@cms.hhs.gov.

Sincerely,

Nicole McKnight

Acting Director, Division of Program
Operations

Center for Medicaid & CHIP Services

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VT2025MS0002O | VT-26-0002

CMS-10434 OMB 0938-1188

Package Header

Package ID	VT2025MS0002O	SPA ID	VT-26-0002
Submission Type	Official	Initial Submission Date	3/13/2026
Approval Date	05/18/2026	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Vermont

Medicaid Agency Name: Agency of Human Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VT2025MS00020 | VT-26-0002

Package Header

Package ID VT2025MS00020
Submission Type Official
Approval Date 05/18/2026
Superseded SPA ID N/A

SPA ID VT-26-0002
Initial Submission Date 3/13/2026
Effective Date N/A

SPA ID and Effective Date

SPA ID VT-26-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	1/1/2026	VT-24-0010
Qualified Medicare Beneficiaries	1/1/2026	VT-24-0010
Qualifying Individuals	1/1/2026	VT-24-0010

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VT2025MS0002O | VT-26-0002

Package Header

Package ID	VT2025MS0002O	SPA ID	VT-26-0002
Submission Type	Official	Initial Submission Date	3/13/2026
Approval Date	05/18/2026	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment proposes to raise the Federal Poverty Level (FPL) for Qualified Medicare Beneficiaries from 100% to 150% and the Qualified Individual eligibility level to greater than 150% FPL to less than 202% FPL. This will result in no enrollment in the Specified Low-Income Beneficiary Program in Vermont.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2026	\$20315704
Second	2027	\$26804600

Federal Statute / Regulation Citation

1902(a)(10)(E)(i), 1902(a)(10)(E)(iii), 1902(a)(10)(E)(iv), 1905(p)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VT2025MS00020 | VT-26-0002

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Submission Type	Official	Initial Submission Date	3/13/2026
Approval Date	05/18/2026	Effective Date	N/A
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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Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VT2025MS0002O | VT-26-0002

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	VT-24-0010		
	System-Derived		

Mandatory Coverage








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

Families and Adults

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

Aged, Blind and Disabled

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

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

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VT2025MS00020 | VT-26-0002

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Package ID	VT2025MS00020	SPA ID	VT-26-0002
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	System-Derived		

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

Yes No

Families and Adults

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

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

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

- N/A

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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | VT2025MS0002O | VT-26-0002

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

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Superseded SPA ID	VT-24-0010		
	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:

1. 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.
2. Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | VT2025MS00020 | VT-26-0002

Package Header

Package ID	VT2025MS00020	SPA ID	VT-26-0002
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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.
Percentage of the maximum	An income disregard of 50% of the maximum income standard for the group is applied.

- 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:
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 recieved 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.

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 | VT2025MS0002O | VT-26-0002

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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 | VT2025MS00020 | VT-26-0002

Package Header

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F. Additional Information (optional)

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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | VT2025MS0002O | VT-26-0002

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

Package Header

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Superseded SPA ID	VT-24-0010		
	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 | VT2025MS00020 | VT-26-0002

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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.
Percentage of the maximum	An income disregard of 50% of the maximum income standard for the group is applied.

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:
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.

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Business Depreciation	Depreciation is deducted as a business expense.
In Kind Assistance	Any "in kind" assistance recieved 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.

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

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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 | VT2025MS0002O | VT-26-0002

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F. Additional Information (optional)

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