

## **Table of Contents**

**State/Territory Name: Vermont**

**State Plan Amendment (SPA) #: 23-0029**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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August 11, 2023

Adaline Strumolo, Deputy Commissioner  
Department of Vermont Health Access (DVHA)  
NOB 1 South, 280 State Drive  
Waterbury, VT 05671-1010

Re: Vermont State Plan Amendment (SPA) 23-0029

Dear Deputy Commissioner Strumolo:

For your records, this is an approved copy of Vermont's Medicaid Premiums and Cost-Sharing (MPC) State plan amendment (SPA) VT 23-0029. This MPC amendment submitted through the Medicaid Model Data Lab (MMDL No. VT.6442.R00.00) on June 5, 2023, meets all Federal statutory and regulatory requirements.

The state submitted this SPA to establish that individuals in their 12-month postpartum eligibility period are not charged co-payments. This SPA was approved August 11, 2023, with an effective date of April 1, 2023.

Attached are copies of the approved Medicaid Premiums and Cost-Sharing pages for incorporation into Vermont's State plan.

If you have any questions, please contact Gilson DaSilva at (617) 565-1227 or via email at [Gilson.DaSilva@cms.hhs.gov](mailto:Gilson.DaSilva@cms.hhs.gov).

Sincerely,



Digitally signed by  
James G. Scott -S  
Date: 2023.08.11  
08:39:12 -05'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Dylan Frazer, Deputy Director of Medicaid Policy

# Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

State/Territory name: Vermont

**Transmittal Number:**

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

VT-23-0029

**Proposed Effective Date**

04/01/2023 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

Sections 1902(e)(16), 1916 and 1916A of the SSA; 42 CFR §447.50-57

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2023	\$ 0.00
Second Year	2024	\$ 0.00

**Subject of Amendment**

No Copayment During 12-month Post Partum Eligibility Period

**Governor's Office Review**

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Approved by the Secretary of the Agency of Administration.

**Signature of State Agency Official**

Submitted By: Danielle Fuoco

Last Revision Date: Jul 18, 2023

Submit Date: Jun 5, 2023



# Medicaid Premiums and Cost Sharing

State Name: 

OMB Control Number: 09381148

Transmittal Number: VT - 23 - 0029

## Cost Sharing Amounts - Categorically Needy Individuals

G2a

1916  
1916A  
42 CFR 447.52 through 54

The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals.

### PRA Disclosure Statement

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 09381148. The time required to complete this information collection is estimated to average 40 hours per response, 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 C42605, Baltimore, Maryland 212441850.

V.20181119



# Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: VT - 23 - 0029

Cost Sharing Amounts - Medically Needy Individuals	G2b
1916 1916A 42 CFR 447.52 through 54	
The state charges cost sharing to <u>all</u> medically needy individuals.	<input type="text" value="No"/>

PRA Disclosure Statement

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 09381148. The time required to complete this information collection is estimated to average 40 hours per response, 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 C42605, Baltimore, Maryland 212441850.

V.20181119



# Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: VT - 23 - 0029

**Cost Sharing Amounts - Targeting** **G2c**

1916  
1916A  
42 CFR 447.52 through 54

The state targets cost sharing to a specific group or groups of individuals.

Population Name (optional):

Eligibility Group(s) Included:

Incomes Greater than  TO Incomes Less than or Equal to

Add	Service	Amount	Dollars or Percentage	Unit	Explanation	Remove
<b>Add</b>	Pharmacy	1.00	\$	Prescription	\$1.00 for prescription drugs costing less than \$30.00. *Cost refers to the amount of reimbursement	<b>Remove</b>
<b>Add</b>	Pharmacy	2.00	\$	Prescription	\$2.00 for prescription drugs costing \$30.00 or more but less than \$50.00. *Cost refers to the amount of reimbursement	<b>Remove</b>
<b>Add</b>	Pharmacy	3.00	\$	Prescription	\$3.00 for prescription drugs costing \$50.00 or more. *cost refers to the amount of reimbursement	<b>Remove</b>
<b>Add</b>	Outpatient	3.00	\$	Day	\$3.00 per day per hospital. Sexual assault related services are exempt from cost sharing.	<b>Remove</b>
<b>Add</b>	Dental	3.00	\$	Visit	\$3.00 per provider per date of service. Preventive dental services are exempt from cost sharing.	<b>Remove</b>

The state permits providers to require individuals to pay cost sharing as a condition for receiving items or services, subject to the conditions specified at 42 CFR 447.52(e)(1). This is only permitted for non-exempt individuals with family income above 100% FPL.

**Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals**

If the state targets cost sharing for non-preferred drugs to specific groups of individuals (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.



# Medicaid Premiums and Cost Sharing

## Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department to specific individuals (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

 No



### PRA Disclosure Statement

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V.20181119