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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 24-0006

This file contains the following documents in the order listed:

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

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

May 3, 2024

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

Re: Vermont State Plan Amendment (SPA) 24-0006

Dear Director Ogelby:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0006. This amendment proposes to increase the Personal Needs Allowance for Vermont Medicaid.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security and implementing regulations in accordance with 42 CFR §435.725(c)(1) and 42 CFR §435.832(c)(1). This letter is to inform you that Vermont's Medicaid SPA TN 24-0006 was approved on May 3, 2024, with an effective date of January 1, 2024.

Enclosed are copies of Form CMS 179 and approved SPA page to be incorporated into the Vermont State Plan.

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

Sincerely,

[redacted]

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Dylan Frazer, Deputy Director of Medicaid Policy

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 24 — 0006

2. STATE: VT

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
1/1/2024

5. FEDERAL STATUTE/REGULATION CITATION
~~42 CFR §430.12(c)(1)(iii)~~
42 CFR §435.725(c)(1) and
42 CFR §435.832(c)(1)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 $ 121,828
b. FFY 2025 $ 164,270

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Att. 2.6-A page 4a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Att. 2.6-A page 4a

9. SUBJECT OF AMENDMENT

Increase Personal Needs Allowance

10. GOVERNOR'S REVIEW *(Check One)*

( ) GOVERNOR'S OFFICE REPORTED NO COMMENT
( ) COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
( ) NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
(●) OTHER, AS SPECIFIED: Approval from Agency of Admin. [redacted]

11. SIGNATURE OF STATE AGENCY OFFICIAL [redacted]

Monica Ogelby

13. TITLE
MEDICAID DIRECTOR, AGENCY OF HUMAN SERVICES

14. DATE SUBMITTED
3/29/2024

15. RET

DYLAN FRAZER
DEPARTMENT OF VERMONT HEALTH ACCESS
280 STATE DRIVE
WATERBURY , VT 05671-1010

DYLAN.FRAZER@VERMONT.GOV

FOR CMS USE ONLY

16. DATE RECEIVED
03/29/2024

17. DATE APPROVED
05/03/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
01/01/2024

19. SIG [redacted]

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Programs Operations

22. REMARKS

04/12/2024 - VT provided P&I authority to revise the citations in Box 5 as noted.

Instructions on Back

State: VERMONT

Citation(s)	Condition or Requirement
1924 of the Act, 435.725, 435.733, 435.832	2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care: Personal Needs Allowance (PNA) of not less than $30 for Individuals and $60 For Couples For All Institutionalized Persons. a. Aged, blind, disabled: Individuals $ 79.93 Couples $ 159.85 For the following persons with greater need: Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met. b. AFDC related: Children $ 79.93 Adults $ 79.93 For the following persons with greater need: Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.