# VT - Submission Package - VT2023MS0004O - (VT-24-0004) - Eligibility

Summary

Reviewable Units News

Related Actions



# **Eligibility Groups - Options for Coverage**

# **Optional State Supplement Beneficiaries**

MEDICAID | Medicaid State Plan | Eligibility | VT2023MS0004O | VT-24-0004

Individuals who receive an optional state supplementary payment.

CMS-10434 OMB 0938-1188

# **Package Header**

Package ID VT2023MS0004O

**SPA ID** VT-24-0004

Submission Type Official

Initial Submission Date N/A

Approval Date N/A

Effective Date 1/1/2024

Superseded SPA ID VT-21-0002

System-Derived

The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

## A. Characteristics

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

- 1. Receive an optional state supplement that meets the conditions described in sections C and D.
- 2. Except for income, would be eligible for SSI.
- 3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

# **Optional State Supplement Beneficiaries**

MEDICAID | Medicaid State Plan | Eligibility | VT2023MS00040 | VT-24-0004

#### **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

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System-Derived C. Optional State Supplement Program								
1. The optional state supplement program is administered:								
	<ul> <li>a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.</li> </ul>							
	<ul> <li>b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.</li> </ul>							
Classifications administered by the state:								
Licensed Residential Care Level III (Limited Nursing Care)								
	c. Solely by the	e state.						
2. Payments under the optional state	supplement progr	am are:						
a. Based on need and paid in cash on a regular basis;								
	b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and							
	c. Available to all individuals in each population selected in section B.							
Optional State Supplement Beneficiaries								
MEDICAID   Medicaid State Plan   Eligibi	ility   VT2023MS000	40   VT-24-0004						
Package Header								
Package ID	VT2023MS0004O			<b>SPA ID</b> VT-24-0004				
Submission Type			Initial	Submission Date N/A				
Approval Date				Effective Date 1/1/2024				
Superseded SPA ID	V1-21-0002 System-Derived							
D. Income Standard of Optional State Supplement Program								
1. The income standard for the option	nal state suppleme	ent:						
	a. Varies by politic	cal subdivision.						
	○ Yes							
	<ul><li>No</li></ul>							
	b. Varies by payment classification.							
	Yes							
	○ No							
	The payment classifications used are:							
	i. All individuals age 65 or older, regardless of living arrangement.							
		$\hfill \square$ ii. All individuals who have blindness, regardless of living arrangement.						
		$\hfill \square$ iii. All individuals who have a disability, regardless of living arrangement.						
		iv. Independent living.						
			Ind	come Standard				
		In	di	Cou				
		vi al		ple				
		\$9		\$15 20.8				
				0				
v. Living in household of another.								
			Inc	come Standard				

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\$1771.12

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	Indi vidu	Cou ple	
	<b>al</b> \$62	\$99 5.02	
	8.67		
vi. Independent living and re	ceiving	non-medical care outside the ho	ome.
vii. Living in household of an	other ar	nd receiving non-medical care o	utside the home.
viii. Living in a domiciliary fac	cility or o	other group living arrangement.	
ix. Other payment classificat	ion.		
	N	Name of Classification	Description:
	L	ong-Term Care	Medicaid Payment
	I	ndividual	Couple
	\$	579.93	\$159.85
	N	Name of Classification	Description:
		icensed Residential Care evel III	Limited Nursing Care
	I	ndividual	Couple
	\$	51210.13	\$2018.69
	N	Name of Classification	Description:
		icensed Residential Care evel III	Assistive Community Care
	I	ndividual	Couple
	\$	5994.77	\$1518.54
	N	Name of Classification	Description:
		icensed Residential Care evel IV	Personal care, general supervision, and medication management
	I	ndividual	Couple
	\$	51182.62	\$2016.40
	N	Name of Classification	Description:
	C	Custodial Care	Family Home
	ı	ndividual	Couple

\$1048.60

Initial Submission Date N/A

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## **E.** Additional Information (optional)

The income standards for the classifications above are a product of the supplemental security income (SSI) federal benefit rate added to the maximum payment level for each classification.

A state plan amendment will be submitted should the maximum payment levels, identified below, change for any of the classifications. For the "Independent Living" classification, the maximum payment levels for a single individual and couple are, respectively, \$55.68 and \$105.80 (thus, in 2024, with the SSI FBR being \$943 and \$1,415 for a single individual and couple, respectively, the income standards are \$998.68 and \$1,520.80). For the Licensed Residential Care Level III-Limited Nursing Care classification, the maximum payment levels for a single individual and couple are, respectively, \$267.13 and \$603.69. For the Licensed Residential Care Level III-Assistive Community Care classification, the maximum payment levels for a single individual and couple are, respectively, \$51.77 and \$103.54. For the Licensed Residential Care Level IV classification, the maximum payment levels for a single individual and couple are, respectively, \$239.62 and \$601.40. For the classification of Individuals Living in Household of Another, the maximum payment levels for a single individual

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and couple are, respectively, \$42.05 and \$51.69 (which are added to the SSI FBR payable to individuals living in the household of another). For the Custodial Care Family Home classification, the maximum payment levels for a single individual and couple are, respectively, \$105.60 and \$356.12. For the Long-Term Care (Medicaid Personal Needs Allowance) classification, the maximum payment standards for a single individual and couple are, respectively, \$49.93 and \$99.85 (which are added to the maximum SSI FBRs payable to institutionalized individuals and couples who otherwise have \$0 in other countable income).

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