Revision: HCFA-PM-92-1 (MB)

FEBRUARY 1992

ATTACHMENT 2.6-A Page 1

OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:	VERMONT
	<u>ELIGIBILIT</u>	TY CONDITIONS AND REQUIREMENTS
Citation(s)		Condition or Requirement
	A. <u>C</u>	General Conditions of Eligibility
	Е	Each individual covered under the plan:
42 CFR Part 435, Subpart G	1	. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
42 CFR Part 435, Subpart F	2	. Meets the applicable non-financial eligibility conditions.
		a. For the categorically needy:
		(i) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
		(ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(1) of the Act		(iii)For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(1) of the Act.
1902(m) of the Act		(iv)For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

TN No. <u>92-10</u> Supersedes TN No. <u>91-12</u>

Approval Date: <u>08/14/92</u> Effective Date: <u>04/01/92</u>

Revision: CMS-PMATTACHMENT 2.6-A

Page 2 OMB No.:

	State:	VERMONT
Citation(s)	Co	ondition or Requirement
	b.	For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905 (p) of the Act	c.	For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act.
1905(s) of the Act	d.	For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act meets the non-financial criteria of section 1905(s).

TN No. __13-004

Supersedes

TN No. <u>11-08</u>

Approval Date: <u>02/27/2014</u>

Effective Date: ___1/1/13____

Revision: I	HCFA-PM-91-8 ((MB)	
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October 1991

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Page 3a.1 OMB No.: 0938 -

State	e: <u>VERMONT</u>
Citation(s)	Condition or Requirement
	An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902(l)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.
	An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.
	Assignment of rights is automatic because of State law.
42 CFR 435.910	7. Is required, as a condition of eligibility, to furnish his/her Social Security account number (or numbers, if he/she has more than one number).

TN No. 91-18
Supersedes
TN No. 91-12 page 3a

Approval Date: <u>04/30/92</u> Effective Date: <u>12/01/91</u>

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 ATTACHMENT 2.6-A

Page 3a

OMB No.: 0938 -

	State:	VERMONT
Citation(s)		Condition or Requirement
435.1008	5.	a. Is not an inmate of a public institution. Public institutions do not include nursing facilities, intermediate care facilities/MRs, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008, 1905(a) of the Act		b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.
		Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
433.145, 435.604, 1912 of the Act	6.	Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

TN No. <u>91-12</u> Supersedes TN No. <u>91-2</u>

Approval Date: <u>04/27/92</u> Effective Date: <u>11/01/91</u>

Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

ATTACHMENT 2.6-A

Page 3b

OMB No.: 0938 -

	State:	VERMONT
Citation(s)		Condition or Requirement
1902(c)(2)	8	3. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.
1902(e)(10)(A) and (B) of the Act	Ģ	O. Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

TN No. <u>91-12</u> Supersedes

TN No. None

Approval Date: <u>04/27/92</u>

Effective Date: __11/01/91__

Revision: HCFA-PM-91-8 (MB)

October 1991

ATTACHMENT 2.6-A

Page 3c OMB No.: 0938 -

State:	VERMONT

Citation(s)

Condition or Requirement

1906 of the Act

10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

TN No. <u>91-18</u> Supersedes

TN No. None

Approval Date: <u>04/30/92</u>

Effective Date: __12/01/91__

December 1997

ATTACHMENT 2.6-A

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OMB No.: 0938 - 0673

Act to individuals who receive care in a hospital, nursing home, SNF, or ICF. b. Austrian Reparation Payments (pension (reparation) payments made under \$500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments. 1902(r)(1) of the Act c. German Reparations Payments (reparation payments made by the Federal Republic of Germany). d. Japanese and Aleutian Restitution Payments. 1. (a) of P.L. 103-286 e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II). f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y. 12005 of P. L. 103-66 g. Radiation Exposure Compensation.		State:	<u>VERMONT</u>
1. The following items are not considered in the post-eligibility process: a. SSI and SSP benefits paid under §1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF. b. Austrian Reparation Payments (pension (reparation) payments made under §500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments. 1902(r)(1) of the Act c. German Reparations Payments (reparation payments made by the Federal Republic of Germany). d. Japanese and Aleutian Restitution Payments. e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II). f. Payments from the Agent Orange Settlement Fund or any othe fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y. 12005 of P. L. 103-66 g. Radiation Exposure Compensation.	Citation(s)		Condition or Requirement
a. SSI and SSP benefits paid under \$1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF. Bondi v Sullivan (SSI) Bondi v Sullivan (SSI) b. Austrian Reparation Payments (pension (reparation) payments made under \$500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments. 1902(r)(1) of the Act c. German Reparations Payments (reparation payments made by the Federal Republic of Germany). d. Japanese and Aleutian Restitution Payments. 1. (a) of P.L. 103-286 e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II). 10405 of P.L. 101-239 f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y. 12005 of P. L. 103-66 g. Radiation Exposure Compensation.		B. Po	Post-eligibility Treatment of Institutionalized Individuals' Incomes
Act to individuals who receive care in a hospital, nursing home, SNF, or ICF. b. Austrian Reparation Payments (pension (reparation) payments made under \$500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments. 1902(r)(1) of the Act c. German Reparations Payments (reparation payments made by the Federal Republic of Germany). d. Japanese and Aleutian Restitution Payments. 1. (a) of P.L. 103-286 e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II). f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y. 12005 of P. L. 103-66 g. Radiation Exposure Compensation.		1.	
Bondi v Sullivan (SSI) made under \$500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments. 1902(r)(1) of the Act c. German Reparations Payments (reparation payments made by the Federal Republic of Germany). d. Japanese and Aleutian Restitution Payments. 1. (a) of P.L. 103-286 e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II). 10405 of P.L. 101-239 f. Payments from the Agent Orange Settlement Fund or any othe fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y. g. Radiation Exposure Compensation.	1902(o) of the Act		Act to individuals who receive care in a hospital, nursing
the Federal Republic of Germany). d. Japanese and Aleutian Restitution Payments. 1. (a) of P.L. 103-286 e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II). 10405 of P.L. 101-239 f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y. 12005 of P. L. 103-66 g. Radiation Exposure Compensation.	Bondi v Sullivan (SSI)		Insurance Act). Applies only if State follows SSI program
 1. (a) of P.L. 103-286 e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II). f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y. f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y. f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y. f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y. 	1902(r)(1) of the Act		c. German Reparations Payments (reparation payments made by the Federal Republic of Germany).
Japanese, persecution (during World War II). 10405 of P.L. 101-239 f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y. 12005 of P. L. 103-66 g. Radiation Exposure Compensation.	105/206 of P. L. 100-383		d. Japanese and Aleutian Restitution Payments.
f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y. 12005 of P. L. 103-66 g. Radiation Exposure Compensation.	1. (a) of P.L. 103-286		± ***
			f. Payments from the Agent Orange Settlement Fund or any other
h. VA pensions limited to \$90 per month under 38 U.S.C. 5503.	12005 of P. L. 103-66		g. Radiation Exposure Compensation.
			h. VA pensions limited to \$90 per month under 38 U.S.C. 5503.

TN No. <u>98-5</u> Supersedes TN No. <u>96-2</u>

Approval Date: <u>06/12/98</u> Effective Date: <u>01/01/98</u>

December 1997

ATTACHMENT 2.6-A Page 4a

OMB No.: 0938 - 0673

State:	<u>VERMONT</u>

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 \$ 72.66 Couples \$ 145.33

For the following persons with greater need:

Supplement 12 to <u>Attachment 2.6-A</u> 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 \$ <u>72.66</u> Adults \$ 72.66

For the following persons with greater need:

Supplement 12 to <u>Attachment 2.6-A</u> 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.

TN No. <u>20-0002</u> Effective Date: <u>1/1/2020</u>

Supersedes

TN No. <u>01-17</u> Approval Date: <u>6/26/2020</u>

December 1997

ATTACHMENT 2.6-A

Page 4b

OMB No.: 0938 - 0673

	State:	VERMONT
Citation(s)		Condition or Requirement
1924 of the Act		For the following persons with greater need:
		Supplement 12 to <u>Attachment 2.6-A</u> 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.
	3.	In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:
		a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse' income. The maintenance needs standard cannot exceed the maximum prescribed in §1924 (d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.
		The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.
		The poverty level component is calculated using a percentage greater than the applicable percentage, equal to%, of the official poverty level (still subject to maximum maintenance needs standard).
		The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).
		Vermont does allow the maximum community spouse allocation where a greater need is documented.
		Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.
TNI NI - 05 5		

TN No. 95-5 Supersedes TN No. None

Approval Date: <u>06/12/98</u>

Effective Date: <u>01/01/98</u>

December 1997

ATTACHMENT 2.6-A

Page 4b

OMB No.: 0938 - 0673

	State:	VERMONT
Citation(s)	C	ondition or Requirement
		In determining any excess shelter allowance, utility expenses are calculated using:
		the standard utility allowance under §5(e) of the Food Stamp Act of 1977; or
		the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.
	b.	The monthly income allowance for other dependent family members living with the community spouse is:
		one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924 (d)(3)(B)) exceeds the dependent family member's monthly income.
		a greater amounted calculated as follows:
		The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924(d)(1):
		N/A
	c.	Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:
		(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or co-payments.
		(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A.)

TN No. 95-5
Supersedes
TN No. None

Approval Date: <u>06/12/98</u>

Effective Date: <u>01/01/98</u>

TN No. <u>97-1</u>

December 1997

ATTACHMENT 2.6-A

Page 5

OMB No.: 0938 - 0673

	State:	<u>VERMONT</u>
Citation(s)		Condition or Requirement
435.725, 435.733, 435.832	4.	In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:
		a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:
		AFDC level; orMedically needy level:
		(Check one)
		☐ AFDC levels in Supplement 1☐ Medically needy level in Supplement 1☐ Other: \$
		b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:
		(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or co-payments.
		(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to ATTACHMENT 2.6-A .)
	5.	At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:
435.725, 435.733, 435.832		A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:
		No.✓ Yes (the applicable amount is shown on page 5a.)
TN No. <u>98-5</u> Supersedes	Appro	val Date: <u>06/12/98</u> Effective Date: <u>01/01/98</u>

December 1997

ATTACHMENT 2.6-A

Page 5a

OMB No.: 0938 - 0673

	State: VERMONT
Citation(s)	Condition or Requirement
	 ☑ Amount for maintenance of home is: \$544.53. ☐ Amount for maintenance of home is the actual maintenance costs not to exceed \$ ☐ Amount for maintenance of home is deductible when countable income is determined under \$1924(d)(1) of the Act only if the individuals' home and the community spouse's home are different. ☑ Amount for maintenance of home is not deductible when countable income is determined under \$1924 (d)(1) of the Act.

TN No. <u>09-06</u> Supersedes TN No. <u>08-10</u>

Approval Date: <u>05/19/09</u>

Effective Date: <u>01/01/09</u>

Revision:	HCFA-PM-92-1	(MB))
TCC VISIOII.		(1111)	,

February 1992

ATTACHMENT 2.6-A Page 6 OMB No.:

State:	VERMONT

Citation(s)

Condition or Requirement

42 CFR 435.711, 435.721, 435.831

C. Financial Eligibility

For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.

For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.

Supplement 1 to ATTACHMENT 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level - pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act - and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.

TN No. <u>92-10</u> Supersedes TN No. 91-12

Approval Date: <u>08/14/92</u> Effective Date: <u>04/01/92</u>

Revision: HCFA-PM-95-7 (MB)

October 1995

ATTACHMENT 2.6-A Page 6a OMB No.:

	State: <u>VERMONT</u>
Citation(s)	Condition or Requirement
	 Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups. Supplement 4 to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under §1902(f) of the Act. Supplement 5 to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under §1902(f) of the Act. Supplement 6 to ATTACHMENT 2.6-A specifies the payment standards for optional state supplementary payments. Supplement 7 to ATTACHMENT 2.6-A specifies the income levels for categorically needy aged, blind, and disabled persons who are covered under requirements more restrictive than SSI. Supplement 8a to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that are more liberal
	than the methods of the cash assistance programs, permitted under \$1902(r)(2) of the Act. Supplement 8b to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under \$1902(r)(2) of the Act.

TN No. <u>02-15</u> Supersedes TN No. <u>96-02</u>

Approval Date: <u>12/19/02</u>

Effective Date: <u>07/01/02</u>

Revision: HCFA-PM-95-7 (MB)

October 1995

ATTACHMENT 2.6-A Page 6b

OMB No.:

	State:VERMONT
Citation(s)	Condition or Requirement
	Supplement 9a to ATTACHMENT 2.6-A specifies transfer of assets.
	Supplement 10 to ATTACHMENT 2.6-A specifies undue hardship trust provisions.
	Supplement 11 to ATTACHMENT 2.6-A specifies COBRA continuation.
	Supplement 12 to ATTACHMENT 2.6-A specifies PNA variations and §1931 standards.
	Supplement 13 to ATTACHMENT 2.6-A specifies §1924 treatment of income and resources.
	Supplement 14 to ATTACHMENT 2.6-A specifies income levels used by States for determining eligibility of Tuberculosis-infected individuals whose eligibility is determined under §1902(z)(1) of the Act.

TN No. <u>02-15</u> Supersedes TN No. <u>96-02</u>

Approval Date: <u>12/19/02</u>

Effective Date: <u>07/01/02</u>

Revision: HCFA-PM-92-1 (MB)

February 1992

ATTACHMENT 2.6-A Page 7 OMB No.:

	State:	VERMONT
Citation(s)		Condition or Requirement
1902(r)(2) of the Act	1.	Methods of Determining Income
1902(e)(6) of the Act		a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).
		(1) In determining countable income for AFDC-related individuals, the following methods are used:
		(a) The methods under the State's approved AFDC plan only; or
		(b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
		(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
		(3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60 th day falls.

TN No. <u>92-10</u> Supersedes TN No. <u>91-12</u>

Approval Date: <u>08/14/92</u>

Effective Date: <u>04/01/92</u>

Revision: HCFA-PM-92-1 (M February 1992	B)		ATTACHMENT 2.6-A Page 7a OMB No.:
	State:	VERMONT	_
Citation(s)	Со	ondition or Requirement	
42 CFR 435.721, 435.831, and 1902(m)(1)(B)(m)(4) and 1902(r)(2) of the Act	b.	individuals, including aged Federal poverty level descri Act, the following methods The methods of the SSI The methods of the SSI	

TN No. <u>92-10</u> Supersedes TN No. <u>91-12</u>

Approval Date: <u>08/14/92</u>

Effective Date: <u>04/01/92</u>

AUGUST 1991

(BPD)

ATTACHMENT 2.6-A

Page 8

OMB NO.: 0938 -

	State:VERMONT
Citation(s)	Condition or Requirement
	For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
	For institutional couples, the methods specified under section 1611(e)(5) of the Act.
	For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.
	For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements
	SSI methods only.
	SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
	Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in <u>Supplement 4</u> to <u>ATTACHMENT 2.6-A</u> and more liberal methods are described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
	In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.
TN No. 91-12	

Supersedes TN No. <u>89-6</u>

Approval Date: <u>04/27/92</u>

Effective Date: __11/01/91___

Supersedes

TN No. <u>89-6</u> page 7

AUGUST 1991

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42 CFR 435.721 and 435.831, 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act	r Requirement
435.831, 1902(m)(1)(B),	
	dividuals. In determining countable income for blind als, the following methods are used: methods of the SSI program only methods and/or any more liberal methods described in blement 8a to ATTACHMENT 2.6-A. individuals other than optional State supplement blems, more restrictive methods than SSI, applied under provisions of section 1902(f) of the Act, as specified in blement 4 to ATTACHMENT 2.6-A, and any more all methods described in Supplement 8a to ACHMENT 2.6-A. institutional couples, the methods specified under con 1611(e)(5) of the Act. optional State supplement recipients under §435.230, me methods more liberal than SSI, as specified in blement 4 to ATTACHMENT 2.6-A. optional State supplement recipients in section 1902(f) es and SSI criteria States without section 1616 or 1634 ements: SSI methods only. SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A. Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are described in Supplement 8a to ATTACHMENT 2.6-A.

Approval Date: <u>04/27/92</u>

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Effective Date: __11/01/91___

Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

ATTACHMENT 2.6-A

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OMB No.: 0938 -

	State:	VERMONT
Citation(s)	Co	ondition or Requirement
42 CFR 435.721, and 435.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act	d.	In determining relative responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21. Disabled individuals - In determining countable income of disabled individuals, including individuals with incomes up to the Federal poverty level described in section 1902(m) of the Act, the following methods are used: The methods of the SSI program. SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A. For institutional couples: The methods specified under section 1611(e)(5) of the Act. For optional State supplement recipients under §435.230: income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A. For individuals other than optional State supplement recipients (except aged and disabled individuals described in section 1903(m)(1) of the Act): more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT
		2.6-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

TN No. <u>91-12</u>

Supersedes Approval Date: <u>04/27/92</u> Effective Date: <u>11/01/91</u>

TN No. <u>89-6</u> page 7 and page 8

Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

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OMB No.: 0938 -

TN No. <u>91-12</u> Supersedes TN No. <u>89-6</u>

Approval Date: <u>04/27/92</u> Effective Date: <u>11/01/91</u>

Revision: HCFA-PM-92-1 (MB)

February 1992

ATTACHMENT 2.6-A Page 11a OMB No.:

	State:	<u>VERMONT</u>
Citation(s)		Condition or Requirement
1902(1)(3)(E) and 1902(r)(2) of the Act		e. Poverty level pregnant women, infants, and children. For pregnant women and infants or children covered under the provisions of sections 1902(a)(10)(A)(i)(IV), (VI), and (VII), and 1902(a)(10)(A)(ii)(IX) of the Act:
		(1) The following methods are used in determining countable income:
		☐ The methods of the State's approved AFDC plan.
		☐ The methods of the approved title IV-E plan.
		The methods of the approved AFDC State plan and/or any more liberal methods described in <u>Supplement 8a</u> to <u>ATTACHMENT 2.6-A</u> .
		The methods of the approved title IV-E plan and/or any more liberal methods described in <u>Supplement 8a</u> to <u>ATTACHMENT 2.6-A</u> .

TN No. <u>92-10</u> Supersedes TN No. <u>91-12</u>

Approval Date: <u>08/14/92</u>

Effective Date: <u>04/01/92</u>

Revision: HCFA-PM-92-1 (MB)

February 1992

ATTACHMENT 2.6-A Page 12 OMB No.:

	State:	VERMONT
Citation(s)	Co	ondition or Requirement
		(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) of the Act		(3) The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60 th day falls.
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	f.	Qualified Medicare beneficiaries. In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the following methods are used:
		☐ The methods of the SSI program only.
		SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
		For institutional couples, the methods specified under section 1611(e)(5) of the Act.

TN No. <u>92-10</u> Supersedes TN No. <u>91-12</u>

Approval Date: <u>08/14/92</u>

Effective Date: <u>04/01/92</u>

Revision: HCFA-PM-93-2 (MB) ATTACHMENT 2.6-A Page 12a

OMB No.:

State:	VERMONT

Citation(s)

Condition or Requirement

1905(s) of the Act

1905(p) of the Act

If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.

g. (1) Qualified disabled and working individuals

In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.

(2) Specified low-income Medicare beneficiaries

In determining countable income of specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

TN No. 93-3
Supersedes

Supersedes Approval Date: <u>01/01/93</u> TN No. 92-10 Effective Date: __01/01/93__

Revision: HCFA-PM-91-8 OCTOBER 1991 (MB)

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OMB No.: 0938 -

	State:VERMONT	
Citation(s)	Condition or Requirement	
1902(u) of the Act	(h) COBRA Continuation Beneficiaries	
	In determining countable income for COBRA continuation beneficiaries, the following disregards are applied:	
	☐ The disregards of the SSI program;	
	☐ The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 ATTACHMENT 2.6-A.	to
	NOTE: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for an other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).	

TN No. 91-18
Supersedes
TN No. None

Approval Date: <u>04/30/92</u>

Effective Date: <u>12/01/91</u>

Revision:			ATTACHMENT 2.6-A Page 12c OMB No.:
	State:	VERMONT	
Citation(s)		Condition or Requirement	
1902(a)(10)(A)(ii)(XIII) of the Act		(i) Working Individuals with D	Disabilities - BBA
		_	come and resources for working under the BBA, the following
		The methodologies of the	ne SSI program.
		and resources more restrictive method	dologies for treatment of income rictive than the SSI program. These ologies are described in and/or Supplement 5 (resources) to
		methodologies than the methodologies are described. Attachment 2.6-A. Mor	SSI program. More liberal ribed in Supplement 8a to re liberal resource methodologies ment 8b to Attachment 2.6-A.

TN No. <u>00-01</u> Supersedes TN No. <u>None</u>

Approval Date: <u>06/06/01</u> Effective Date: <u>01/01/00</u>

Revision:			ATTACHMENT 2.6-A Page 12m OMB No.:
	State:	VERMONT	_
Citation(s)		Condition or Requirement	
1902(a)(10)(A)(ii)(XIII), (XV), (XVI), and 1916(g) of the Act		sharing charges on a slid	r the BBA eligibility group 23d of Attachment 2.2-A: ment of premiums or other costing scale based on income. The haring charges, and how they are

TN No. <u>05-01</u> Supersedes TN No. <u>03-16</u>

Approval Date: <u>05/26/05</u> Effective Date: <u>01/01/05</u>

CMS ID:

Revision:	HCFA-PM-91-4
	AUGUST 1991

(BPD)

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OMB NO.: 0938 -

	State:	VERMONT	_
Citation(s)	C	Condition or Requirement	

1902(k) of the Act

2. Medicaid Qualifying Trusts

In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.

- The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship.

 <u>Supplement 10 of ATTACHMENT 2.6-A</u> specifies what constitutes an undue hardship.
- 3. Medically needy income levels (MNILs) are based on family size.

1902(a)(10) of the Act

TN No. 87-9 page 10

Supplement 1 to ATTACHMENT 2.6-A specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, Supplement 1 so indicates.

Revision:	HCFA-PM-91-4
	AUGUST 1991

(BPD)

ATTACHMENT 2.6-A

Page 14

OMB No.: 0938 -

	State: VERMONT
Citation(s)	Condition or Requirement
42 CFR 435.732, 435.831	4. Handling of Excess Income - Spend-down for the Medically Needy in All States and Categorically Needy in 1902(f) States Only
	a. <u>Medically Needy</u>
	(1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of either 6 (community) or 1 (long-term care) month(s) (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services.
	(2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:
	(a) Health insurance premiums, deductibles and coinsurance charges.
	(b) Expenses for necessary medical and remedial care not included in the plan.
	(c) Expenses for necessary medical and remedial care included in the plan.
	Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.
1902(a)(17) of the Act	Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.
TN No91-12	

Approval Date: <u>04/27/92</u> Effective Date: __11/01/91___ Supersedes

TN No. <u>87-9</u> page 10 and 11

Revision:	HCFA-PM-91-8
	OCTOBER 1991

(MB)

ATTACHMENT 2.6-A Page 14a

OMB No.: 0938 -

State: <u>VERMONT</u>
Condition or Requirement
 a. Medically Needy (Continued) (3) If countable income exceeds the MNIL standard, the agency deducts spend-down payments made to the State by the individual.

Subject to 42 CFR 435.602 and the provisions in Supplement 8a to Attachment 2.6-A of the State Plan, the State will use MAGI-based income methodologies for purposes of determining medically needy eligibility for the following categories of individuals:

- 1. Pregnant women
- 2. Parents and caretaker relatives
- 3. Children

TN No. <u>14-008</u> Effective Date: <u>04/01/14</u>

Supersedes

TN No. 91-18 Approval Date: 05/08/15

AUGUST 1991

(BPD)

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a	TIEDATONIE	
State:	VERMONT	

Citation(s)

Condition or Requirement

42 CFR 435.732

b. Categorically Needy - Section 1902(f) States

The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:

- (1) Any SSI benefit received.
- (2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.
- (3) Increases in OASDI that are deducted under §§435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.
- (4) Other deductions from income described in this plan at <u>Attachment 2.6-A, Supplement 4</u>.
- (5) Incurred expenses for necessary medical and remedial services recognized under State law.

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

1902(a)(17) of the Act, P.L. 100-203

TN No. <u>91-12</u> Supersedes

TN No. 89-9

Approval Date: __04/27/92__

Effective Date: __11/01/91___

Revision: HCFA-PM-91-8 OCTOBER 1991 (MB)

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OMB No.: 0938 -

	State:		VERMONT
Citation(s)		Condition	n or Requirement
1903(f)(2) of the Act		4.b.	Categorically Needy - Section 1902(f) States Continued (6) Spend-down payments made to the State by the individual. NOTE: FFP will be reduced to the extent a State is paid a spend-down payment by the individual.

TN No. <u>91-18</u> Supersedes

TN No. None

Approval Date: <u>04/30/92</u> Effective Date: <u>12/01/91</u>

Revision: HCFA-PM-91-4 AUGUST 1991 (BPD)

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	State:	VERMONT	
Citation(s)		Condition or Requirement	

- 5. Methods for Determining Resources
 - a. <u>AFDC-related individuals (except for poverty level related pregnant women, infants, and children).</u>
 - (1) In determining countable resources for AFDC-related individuals, the following methods are used:
 - (a) The methods under the State's approved AFDC plan; and
 - (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.
 - (2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. <u>91-12</u>

Approval Date: <u>04/27/92</u>

TN No. <u>89-6</u> page 12

Supersedes

Effective Date: __11/01/91__

Revision:	HCFA-PM-91-4
	AUGUST 1991

(BPD)

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OMB No.: 0938 -

	State:	VERMONT
Citation(s)	C	Condition or Requirement
	5	. Methods for Determining Resources
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902(r) of the Act		 b. Aged individuals. For aged individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, the agency used the following methods for treatment of resources: The methods of the SSI program. SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A. Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describes the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specifies the more liberal methods.

TN No. 91-12 Supersedes

TN No. <u>89-6</u> page 12

Approval Date: <u>04/27/92</u> Effective Date: <u>11/01/91</u>

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		In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B), and 1902(r) of the Act		 c. <u>Blind individuals.</u> For blind individuals the agency uses the following methods for treatment of resources: The methods of the SSI program. SSI methods and/or any more liberal methods described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u> Methods that are more restrictive and/or more liberal than those of the SSI program. <u>Supplement 5 to ATTACHMENT 2.6-A</u> describe the more restrictive methods and <u>Supplement 8b to ATTACHMENT 2.6-A</u> specify the more liberal methods.
		In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with the parents until the children become 21.

TN No. 91-12 Supersedes

TN No. <u>89-6</u> page 12

Approval Date: <u>04/27/92</u> Effective Date: <u>11/01/91</u>

AUGUST 1991

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	State:	VERMONT
Citation(s)		Condition or Requirement
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902(r)(2) of the Act		 d. Disabled individuals, including individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act. The agency uses the following methods for the treatment of resources: ☐ The methods of the SSI program. ☐ SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A. ☐ Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those under the SSI program. More restrictive methods are described in Supplement 5 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8b to ATTACHMENT 2.6-A. In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21. e. Poverty level pregnant women covered under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Act. The agency uses the following methods in the treatment of resources. ☐ The methods of the SSI program and/or any more liberal methods described in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.

TN No. <u>91-12</u> Supersedes TN No. <u>89-9</u> page 13 91-2 page 14

Approval Date: <u>04/27/92</u>

Effective Date: __11/01/91___

Revision: HCFA-PM-91-4 AUGUST 1991

TN No. <u>91-2</u> page 14

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	State:	VERMONT
Citation(s)	C	Condition or Requirement
		☐ Methods that are more liberal than those of SSI. The more liberal methods are specified in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.
		Not applicable. The agency does not consider resources in determining eligibility.
		In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
1902(1)(3) and 1902(r)(2) of		f. Poverty level infants covered under section 1902(a)(10)(A)(i)(IV) of the Act
the Act		The agency uses the following methods for the treatment of resources:
		☐ The methods of the State's approved AFDC plan.
1902(1)(3)(C) of the Act		Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in Supplement 5a of ATTACHMENT 2.6-A.
1902(r)(2) of the Act		Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A .
		Not applicable. The agency does not consider resources in determining eligibility.
TN No. <u>91-12</u> Supersedes	Approval	al Date: <u>04/27/92</u> Effective Date: <u>11/01/91</u>

FEBRUARY 1992

ATTACHMENT 2.6-A

Page 19a OMB No.:

	State: VE	ERMONT
Citation(s)	Condition	or Requirement
1902(1)(3) and 1902(r)(2) of the Act	_	Poverty level children covered under section 1902(a)(10)(A)(i)(VI) of the Act The agency uses the following methods for the treatment of resources: The methods of the State's approved AFDC plan.
1902(1)(3)(C) of the Act		Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in <u>Supplement 5a of ATTACHMENT 2.6-A</u> .
1902(r)(2) of the Act		Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 8b to ATTACHMENT 2.6-A</u> .
		Not applicable. The agency does not consider resources in determining eligibility.
		In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. <u>92-10</u> Supersedes

TN No. <u>91-12</u>

Approval Date: <u>08/14/92</u>

Effective Date: <u>04/01/92</u>

FEBRUARY 1992

ATTACHMENT 2.6-A

Page 19b OMB No.:

	State:V	ERMONT
Citation(s)	Condition	or Requirement
1902(1)(3) and 1902(r)(2) of the Act	g. 2.	Poverty level children under section 1902(a)(10)(A)(i)(VII)
1902(1)(3)(C) of the Act 1902(r)(2) of the Act		The agency uses the following methods for the treatment of resources: The methods of the State's approved AFDC plan. Methods more liberal than those in the State's approved AFDC plan (but not more restrictive) as specified in Supplement 5a of ATTACHMENT 2.6-A. Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 8a to ATTACHMENT 2.6-A. Not applicable. The agency does not consider resources in determining eligibility.
		In determining relative responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. <u>92-10</u> Supersedes

TN No. <u>91-12</u>

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Revision: HCFA-PM-91-8 OCTOBER 1991 (MB)

ATTACHMENT 2.6-A

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OMB No.: 0938 -

	State:		VERMONT
Citation(s)	Co	ndit	tion or Requirement
1905(p)(1)(C) and (D) and 1902(r)(2) of the Act	5.	h.	For Qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act the agency uses the following methods for treatment of resources:
			☐ The methods of the SSI program only.
			The methods of the SSI program and/or more liberal methods as described in <u>Supplement 8b to ATTACHMENT 2.6-A</u> .
1905(s) of the Act		i.	For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources.
1902(u) of the Act		j.	For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources:
			☐ The methods of the SSI program only.
			More restrictive methods applied under section 1902(f) of the Act as described in Supplement 5 to ATTACHMENT 2.6-A.

TN No. <u>91-18</u> Supersedes TN No. <u>91-12</u>

Approval Date: <u>04/30/92</u> Effective Date: <u>12/01/91</u>

Revision: HCFA-PM-93-5

MAY 1993

(MB)

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OMB No.: 0938 -

	State:		VERMONT
Citation(s)	Co	ndit	tion or Requirement
1902(a)(10)(E)(iii) of the Act		k.	Specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act The agency uses the same method as in 5.h. of
			ATTACHMENT 2.6-A.
	6.	Re	source Standard - Categorically Needy
		a.	1902 (f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:
			Same as SSI resource standards.
			☐ More restrictive.
			The resource standards for other individuals are the same as those in the related cash assistance program.
		b.	Non-1902 (f) States (except as specified under items 6.c. and d. below)
			The resource standards are the same as those in the related cash assistance program.
			Supplement 8 to ATTACHMENT 2.6-A specifies for 1902 (f) States the categorically needy resource levels for all covered categorically needy groups.

TN No. <u>93-9</u> Supersedes TN No. <u>91-18</u>

Approval Date: <u>09/08/93</u> Effective Date: <u>01/01/93</u>

FEBRUARY 1992

ATTACHMENT 2.6-A

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	State:	VERMONT
Citation(s)	Condi	tion or Requirement
1902(1)(3)(A), (B) and (C) of the Act	c.	For pregnant women and infants covered under the provisions of section 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act, the agency applies a resource standard.
		Yes. <u>Supplement 2 to ATTACHMENT 2.6-A</u> specified the standard which, for pregnant women, is no more restrictive than the standard under the SSI program; and for infants is no more restrictive than the standard applied in the State's approved AFDC plan.
		No. The agency does not apply a resource standard to these individuals.
1902(1)(3)(A) and (C) of the Act	d.	For children covered under the provisions of section 1902(a)(10)(A)(i)(VI) of the Act, the agency applies a resource standard.
		Yes. <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.
		No. The agency does not apply a resource standard to these individuals.

TN No. <u>92-10</u> Supersedes

TN No. <u>91-12</u>

Approval Date: <u>08/14/92</u> Effective Date: <u>04/01/92</u>

Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

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	State:	VERMONT
Citation(s)	Cond	dition or Requirement
1902(m)(1)(C) and (m)(2)(B) of the Act		e. For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(ii)(X) of the Act, the resource standard is: Same as SSI resource standards. Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy). Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for these individuals.

TN No. 91-12
Supersedes

TN No. <u>97-9</u> page 16

Approval Date: <u>04/27/92</u>

Effective Date: __11/01/91__

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	State:
Citation(s)	Condition or Requirement
	7. Resource Standard - Medically Needy
	a. Resource standards are based on family size.
1902(a)(10)(C)(i) of the Act	 A single standard is employed in determining resource eligibility for all groups.
	 c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for: Aged Blind Disabled
	Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 to ATTACHMENT 2.6-A so indicates.
1902(a)(10)(E), 1905(p)(1)(D), 1905(p)(2)(R), and	8. Resource Standard - Qualified Medicare Beneficiaries and Specified Low -Income Medicare Beneficiaries and Qualifying Individuals
1905(p)(2)(B), and 1860D-14(a)(3)(D) of the Act	For qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, Specified Low -Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under section 1902(a)(10)(E)(iv) of the Act, the resource standard is three times the SSI resource limit, adjusted annually since 1996 by the increase in the consumer price index.
1902(a)(10)(E)(ii) 1905(c)	 Resource Standard - Qualified Disabled and Working Individuals
1902(a)(10)(E)(ii), 1905(s), and 1860-D14(A)(3)(D) of the Act	For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource standard.
TN No. <u>10-004</u> Supersedes TN No. <u>93-9</u>	Approval Date: <u>05/13/10</u> Effective Date: <u>01/01/10</u>

Revision: HCFA-PM-91-8 (MB) OCTOBER 1991 ATTACHMENT 2.6-A Page 22a

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	State:	VERMONT
Citation(s)	Co	ondition or Requirement
1902(u) of the Act	9.	1 For COBRA continuation beneficiaries, the resource standard is: Twice the SSI resource standard for an individual. More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

TN No. <u>10-004</u> Supersedes

TN No. 91-18

Approval Date: <u>05/13/10</u>

Effective Date: <u>01/01/10</u>

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	State:		VERMONT
Citation(s)	Co	ondi	tion or Requirement
1902(u) of the Act	10). Ex	cess Resources
		a.	Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries
			Any excess resources make the individual ineligible.
		b.	Categorically Needy Only
			This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.
		c.	Medically Needy
			Any excess resources make the individual ineligible.

TN No. <u>93-9</u> Supersedes

TN No. <u>91-12</u>

Approval Date: <u>09/08/93</u> Effective Date: <u>01/01/93</u>

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	State: <u>VERMONT</u>
Citation(s)	Condition or Requirement
42 CFR § 435.914	11. Effective Date of Eligibility
	a. Groups Other Than Qualified Medicare Beneficiaries
	(1) For the prospective period.
	Coverage is available for the full month if the following individuals are eligible at any time during the month.
	Aged, blind, disabled.AFDC-related.
	Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.
	Aged, blind, disabled.AFDC-related.
	(2) For the retroactive period.
	Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:
	Aged, blind, disabled.AFDC-related.
	Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.
	Aged, blind, disabled.AFDC-related.

TN No. <u>93-19</u> Supersedes Approval Date: <u>06/06/01</u> TN No. <u>91-12</u>

Effective Date: <u>07/01/93</u>

February 1992

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OMB No.:

	State:	<u>VERMONT</u>
Citation(s)	С	ondition or Requirement
1920(b)(1) of the Act		(3) For a presumptive eligibility for pregnant women only.
1902(e)(8) and 1905(a) of the Act		Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in <u>ATTACHMENT 2.6-A</u> of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.
		b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for: 12 months

TN No. <u>92-10</u> Supersedes TN No. <u>91-12</u>

Approval Date: <u>08/04/92</u>

Effective Date: <u>04/01/92</u>

March 1995

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OMB No.:

	State:	VERMONT
Citation(s)		Condition or Requirement
1902(a)(18) and 1902(f) of the Act		12. Pre-OBRA 93 Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals
		The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.
		Disposal of resources at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to Attachment 2.6-A</u> .
		13. Transfer of Assets - All eligibility groups
1917(c)		The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets.
		Disposal of assets at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9(a) to ATTACHMENT 2.6-A</u> , except in instances where the agency determines that the transfer rules would work an undue hardship.
		14. Treatment of Trusts - All eligibility groups
1917(d)		The agency complies with the provisions of section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts.
		☐ The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts;
		The agency meets the requirements in section 1917(d)(f)(B) of the Act for use of Miller trusts. The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in Supplement 10 to ATTACHMENT 2.6-A.

TN No. <u>95-6</u> Supersedes TN No. <u>91-12</u>

Approval Date: <u>09/14/95</u>

Effective Date: __04/01/95___

December 1997

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	State:	VERMONT
Citation(s)	(Condition or Requirement
1924 of the Act	1	5. The agency complies with the provisions of §1924 with respect to income and resource eligibility and post-eligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.
		When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:
		the maximum standard permitted by law;
		the minimum standard permitted by law; or
		a standard that is an amount between the minimum and the maximum (\$).

TN No. <u>98-5</u> Supersedes TN No. <u>None</u>

Approval Date: <u>06/12/98</u>

Effective Date: <u>01/01/98</u>