

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

OMB No. 0938

State/Territory: VERMONT

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation
42 CFR 435.10 and
Subpart J

2.1 Application, Determination of Eligibility and Furnishing
Medicaid

- (a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN No. 91-12

Supersedes

Approval Date: 04/27/92

Effective Date: 11/01/91

TN No. 75-13

Effective 09/29/75

Approved 01/05/76

HCFA ID: 7982E

Revision: HCFA-PM-93-2 (MB)
March 1993

State: VERMONT

Citation

42 CFR 435.914
1902 (a)(34) of the
Act

1902(e)(8) and
1905(a) of the Act

1902(a)(47) and 1920
of the Act

42 CFR 434.20

- 2.1 (b) (1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if the were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in ATTACHMENT 2.6-A.
- (2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.
- (3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

(c) The Medicaid agency elects to enter into a risk contract with an HMO that is--

- Qualified under title XIII of the Public Health Service Act or is provisionally qualified as an HMO pursuant to section 1903(m)(3) of the Social Security Act.
- Not Federally qualified, but meets the Requirements of 42 CFR 434.20(c) and is defined in ATTACHMENT 2.1-A.
- Not applicable

TN No. 96-1
Supersedes
TN No. 93-3

Approval Date: 04/01/96

Effective Date: 01/01/96

Revision: HCFA-PM-91-6 (MB)
September 1991

OMB No.

State/Territory: Vermont

Citation

1902(a)(55) of the
Act

2.1(d) The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

TN No. 91-16
Supersedes
TN No. None

Approval Date: 12/05/71

Effective Date: 07/01/91

HCFA ID: 7985E

State: VERMONT

Citation

2.2 Coverage and Conditions of Eligibility

42 CFR 435.10

Medicaid is available to the groups specified in ATTACHMENT 2.2-A.

- Mandatory categorically needy and other required special groups only.
- Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.
- Mandatory categorically needy, other required special groups, and specified optional groups.
- Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

All applicable requirements of 42 CFR Part 435 and sections 1902(a)(10)(A)(i)(IV), (V), and (VI), 1902(a)(10)(A)(ii)(XI), 1902(a)(10)(E), 1902(1) and (m), 1905(p), (q) and (s), 1920, and 1925 of the Act are met.

TN No. 91-12
Supersedes
TN No. 87-9

Approval Date: 04/27/92

Effective Date: 11/01/91

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State: VERMONT

Citation

2.3 Residence

435.10 and 435.403,
and 1902(b) of the
Act, P.L. 99-272
(Section 9529) and
P.L. 99-509 (Section
9405)

Medicaid is furnished to eligible individuals who are
residents of the State under 42 CFR 435.403, regardless of
whether or not the individuals maintain the residence
permanently or maintain it at a fixed address.

TN No. 87-9
Supersedes
TN No. 86-14

Approval Date: 07/29/87

Effective Date: 04/01/87

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State: VERMONT

Citation

2.4 Blindness

42 CFR 435.530(b)
42 CFR 435.531
AT-78-90
AT-79-29

All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The more restrictive definition of blindness in terms of ophthalmic measurement used in this plan is specified in ATTACHMENT 2.2-A.

TN No. 87-9
Supersedes
TN No. 75-125

Approval Date: 07/29/87

Effective Date: 04/01/87

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

OMB No.: 0938

State: VERMONT

Citation

2.5 Disability

42 CFR 435.121,
435.540(b)
435.541

All of the requirements of 42 CFR 435.540 and 435.541 are met. The State uses the same definition of a disability used under the SSI program unless a more restrictive definition of disability is specified in Item A.13.b of ATTACHMENT 2.2-A of this plan.

TN No. 91-12

Supersedes

TN No. 87-9

Approval Date: 04/27/92

Effective Date: 11/01/91

HCFA ID: 7982E

Revision: HCFA-PM-92-1 (MB)
FEBRUARY 1992

State: VERMONT

Citation(s) 2.6 Financial Eligibility

42 CFR 435.10 and
Subparts G & H
1902(a)(10)(A)(i)(III)
(IV), (V), (VI), and
(VII), 1902(a)(10)(A)
(ii)(IX), 1902(a)(10)
(A)(ii)(X),
1902(a)(10)(C),
1902(f), 1902(l) and
(m), 1905(p) and(s),
1902 (r)(2), and 1920

The financial eligibility conditions for Medicaid-only
eligibility groups and for persons deemed to be cash
assistance recipients are described in ATTACHMENT 2.6-
A.

TN No. 92-10
Supersedes
TN No. 91-12

Approval Date: 08/14/92

Effective Date: 04/01/92

Revision: HCFA-PM-87-4
MARCH 1987

OMB No.: 0938-0193

State: VERMONT

Citation

2.6 (b) Medically Needy

42 CFR Part 435,
435.10 and Subparts
G & I, 46 FR 47976
and 1920 of the Act,
P.L. 99-509 (Section
9407)

All requirements of 42 CFR Part 435, subparts G and I and Section 1920 of the Act are met with respect to the families and individuals to whom the requirements apply. The level of income and resources, expressed in total dollar amounts, that are used as a basis for establishing eligibility under the plan are described in ATTACHMENT 2.6-A.

Not applicable. The medically needy are not included in the plan.

1902 (a)(10)(E) and
1905(p) of the Act,
P.L. 99-509 (section
9403), P.L. 100-360,
(section 301), P.L.
101-508 (section
4501)

(c) Qualified Medicare Beneficiaries

All requirements of section 1905(p) of the Act are met with respect to Qualified Medicare Beneficiaries. The level of income and resources, expressed in total dollar amounts, that are used as a basis for establishing eligibility under the plan are described in ATTACHMENT 2.6-A.

1902(a)(10)(E) and
1905(s) of the Act,
P.L. 101-239(section
6408(d))

(d) Qualified Disabled and Working Individuals

All requirements of section 1905(s) of the Act are met with respect to Qualified Disabled and Working Individuals. The level of income and resources, expressed in total dollar amounts, that are used as a basis for establishing eligibility under the plan are described in ATTACHMENT 2.6-A.

TN No. 91-2
Supersedes
TN No. 87-9

Approval
Date: 03/04/92

Effective
Date: 07/01/90

Revision: HCFA-PM-86-20
SEPTEMBER 1986

(BERC)

OMB No.: 0938-0193

State/Territory: VERMONT

Citation

2.7 Medicaid Furnished Out of State

431.52 and 1902(b) of
the Act, P.L. 99-272
(Section 9529)

Medicaid is furnished under the conditions specified in 42
CFR 431.52 to an eligible individual who is a resident of
the State while the individual is in another State, to the
same extent that Medicaid is furnished to residents in the
State.

TN No. 86-14
Supersedes
TN No. 82-15

Approval Date: 02/25/87

Effective Date: 10/01/86

HCFA ID: 0053C/0061E