

State of Vermont
Department of Vermont Health Access
280 State Drive, NOB 1 South
Waterbury, VT 05671-1010
<http://dvha.vermont.gov>

[Phone] 802-879-5900

Agency of Human Services

March 10, 2023

Sarah deLone, Director
Children and Adults Health Programs Group
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

RE: 1902(e)(14)(A) Waiver Authority for Unwind

Dear Ms. deLone:

During its unwinding period, Vermont will have a large volume of eligibility and enrollment actions to complete. Vermont anticipates severe operational and systems challenges in the timely completion of these eligibility and enrollment actions in large part due to an unprecedented caseload of renewals that the state will need to process, coupled with significant staffing shortages that the state currently faces .

The March 3, 2022 Centers for Medicare & Medicaid Services (CMS) State Health Official (SHO) letter #22-001, “*Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children’s Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency,*” describes strategies states may request to assist in addressing the challenges states may face as part of a transition to routine operations. CMS can authorize these strategies under Section 1902(e)(14)(A) of the Social Security Act.

During this transition period, Vermont is requesting that CMS approve the 1902(e)(14)(A) strategy outlined below to protect beneficiaries from inappropriate terminations and reduce state administrative burden:

Ex Parte Renewal for Individuals with Income at or below 100% of the Federal Poverty Level (FPL) and No Data Returned

Vermont requests to temporarily complete the income determination for *ex parte* renewals without requesting additional income information or documentation if: (1) an attestation of income at or below 100% of the FPL was verified within twelve months prior to the start of the Public Health Emergency, at the initial application or the previous renewal; and (2) the state has



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checked financial data sources in accordance with its verification plan and no information is received. This authority is needed to help address the extraordinarily high volume of renewals and other eligibility and enrollment actions that Vermont will need to conduct during the unwinding period. It will efficiently facilitate the renewal process by limiting the need for requests for additional information from Vermont's Medicaid beneficiaries thereby promoting continuity of coverage, minimizing burden and reducing workload for Vermont's eligibility staff during a time that the state is facing significant strains on its workforce, including staff shortages.

Vermont will continue to take appropriate steps to complete an *ex parte* determination of the non-financial components of eligibility consistent with the state's existing policies and procedures, outlined in the state's verification plan implementing 42 C.F.R. §§ 435.916 and 435.956.

Vermont requests that this authority be effective as of the start of its unwinding period and remain effective for renewals initiated through the end of the unwinding period, as defined in SHO #22-001.

Vermont looks forward to your review and approval of this request. If you have any questions or concerns, please contact Danielle Fuoco, Policy Analyst, (802) 585-4265, Danielle.Fuoco@vermont.gov

Sincerely,



Adaline Strumolo
Deputy Commissioner
Department of Vermont Health Access

