

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

July 7, 2022

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 Unwinding the COVID-19 Public Health Emergency and Returning to Routine Operations

Dear Ms. deLone:

Upon the end of the Public Health Emergency, 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 (“1902(e)(14)(A) strategies”).

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

1. *Renewal for Individuals Based on SNAP Eligibility*

Vermont requests to temporarily renew Medicaid eligibility for individuals under 65 years of age who are receiving benefits under the Supplemental Nutritional Assistance Program (SNAP), despite the differences in household composition and income-counting rules. Under this authority, Vermont seeks to renew Medicaid eligibility for SNAP participants whose



gross income as determined by SNAP is under the applicable MAGI threshold for Medicaid eligibility without conducting a separate MAGI-based income redetermination. 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 requests that this authority be effective as of the start date of its unwinding period and remain effective for renewals initiated through the end of the unwinding period, as defined in SHO #22-001.

2. **Ex Parte Renewal for Individuals with No Income 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 zero-dollar income 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 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 apply to both Medicaid and CHIP populations.

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].

3. **Facilitating Renewal for Individuals with no Asset Verification System (AVS) Data Returned within a Reasonable Timeframe**



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

Vermont requests that CMS grant time-limited authority to assume there has been no change in resources that are verified through the AVS when no information is returned through the AVS or when the AVS call is not returned within a reasonable timeframe, and to complete an *ex parte* renewal process without any further verification of assets. 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 aged, blind and disabled Medicaid beneficiaries thereby promoting continuity of coverage, minimizing burden and delay and reducing workload for Vermont's eligibility staff during a time that the state is facing significant strains on its workforce, including staff shortages.

If the state receives information from the AVS indicating potential ineligibility after a beneficiary has received notice that their coverage has been renewed, the state will treat such information as a change in circumstances that may affect eligibility and redetermine the beneficiary's eligibility in accordance with 42 C.F.R. § 435.916(d). The state also assures that it will notify individuals whose eligibility is renewed using this authority that they must inform the agency if any of the information relied upon by the state is inaccurate, consistent with 42 C.F.R. § 435.916(a)(2)(ii), and that it will redetermine the beneficiary's eligibility in accordance with 42 C.F.R. § 435.916(d) if the individual informs the agency of any such inaccuracies that may impact eligibility.

Vermont requests that this authority be effective as of the start date 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 Dani Fuoco, Policy Analyst, (802) 585-4265, Danielle.Fuoco@vermont.gov.

Sincerely,



Adaline Strumolo
Deputy Commissioner
Department of Vermont Health Access

