



Children and Adults Health Programs Group

August 31, 2023

Adaline Strumolo
Deputy Commissioner
Department of Vermont Health Access
280 State Drive, NOB 1 South
Waterbury, VT 05671-1010

Dear Deputy Commissioner Strumolo:

This letter is in response to Vermont’s request, dated July 31, 2023, for a waiver under section 1902(e)(14)(A) of the Social Security Act (the Act), that will protect beneficiaries in addressing the challenges the state faces as part of a transition to routine operations upon the expiration of the Medicaid continuous enrollment condition. Section 1902(e)(14)(A) allows for waivers “as are necessary to ensure that states establish income and eligibility determination systems that protect beneficiaries.” Such waivers are time-limited and are meant to promote enrollment and retention of eligible individuals by easing the administrative burden states may experience in light of systems limitations and challenges.

Vermont has requested that the Centers for Medicare & Medicaid Services (CMS) provide authority under section 1902(e)(14)(A) of the Act to temporarily waive the beneficiary asset test for renewals or if the state receives asset information indicating potential ineligibility after a beneficiary has received notice that their coverage has been renewed for certain non-MAGI eligibility groups subject to an asset test, as further outlined below. The state has expressed the need for this authority in order to address systems and operational issues related to the extraordinarily high volume of renewals and other eligibility and enrollment actions that need to be conducted during the unwinding period. Specifically, the state is concerned that the additional requests for information from beneficiaries that would otherwise be required would delay renewal processing, create unmanageable workload given limited staff capacity, and lead to an increase in procedural closures. Adopting this strategy will help the state increase renewal rates and reduce gaps in coverage.

Under Section 1902(e)(14)(A) of the Act, your request to temporarily waive the beneficiary asset test for renewals for certain non-MAGI eligibility groups subject to an asset test, is approved, as described and subject to the conditions below.

Renew and Maintain Eligibility Without Regard to the Asset Test for Non-MAGI Beneficiaries Subject to an Asset Test (Waiving Asset Test):

The authority provided in accordance with this letter will enable the state, during the period of time specified below, to temporarily waive the beneficiary asset test for renewals or if the state receives asset information indicating potential ineligibility after a beneficiary has received notice that their coverage has been renewed. This authority applies to non-MAGI eligibility groups subject to an asset test except for beneficiaries under the state’s optional medically needy eligibility group that are subject to a spenddown and beneficiaries receiving long-term services and supports through long-

term care in an institution or home- and community-based services (HCBS) through the following programs: Choices for Care, Brain Injury Program, Developmental Disabilities, and Intensive HCBS, as otherwise required per 42 C.F.R. § 435.916(a)(2), incorporated by cross reference in 42 C.F.R. § 435.916(b). The state must take appropriate steps to review income and 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, 435.948, and 435.956 or through a renewal strategy authorized under section 1902(e)(14)(A) of the Act or other alternative processes and procedures approved by the Secretary of Health and Human Services. If the state receives asset information indicating potential ineligibility after a beneficiary has received notice that their coverage has been renewed, the state will not treat such information as a change in circumstances that may affect eligibility.

The authority provided in this letter is effective October 1, 2023 and will remain effective for renewals initiated through the end of the state's 12-month unwinding period, as defined in the March 3, 2022 CMS State Health Official (SHO) letter #22-001.

The authority provided in this letter is subject to CMS receiving your written acknowledgement of this approval and acceptance of this new authority and the terms described herein within 30 days of the date of this letter.

We look forward to our continuing work together as part of a transition to routine operations. If you have questions regarding this award, please contact Joe Weissfeld and Jessika Douglas in the Division of Enrollment Policy and Operations, at josef.weissfeld@cms.hhs.gov and jessika.douglas@cms.hhs.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Sarah deLone".

Sarah deLone, Director,
Children and Adults Health Programs Group