

*State of Vermont*  
*Agency of Human Services*

**Global Commitment to Health (11-W-00194/1)**  
**&**  
**Choices for Care (11-W-00191/6)**

**Preliminary ACA Transition Plan**

**Submitted via email on**  
**June 28, 2012**

**State of Vermont: Global Commitment to Health (11-W-00194/1) and Choices for Care (11-W-00191/6)  
Preliminary ACA Transition Plan: June 28, 2012**

## **Introduction**

Since 1996, Vermont and CMS have partnered to reform health care delivery and financing in order to make coverage affordable and accessible for low and middle-income Vermonters. The Global Commitment to Health Section 1115 Demonstration serves as the foundation for Vermont's health reform model, providing the State with the flexibility to improve access to health coverage and care based on an individual's and family's needs. The Demonstration enables Vermont to operate a public managed care model as the vehicle for achieving the following reform objectives:

- Promoting universal access to affordable health coverage
- Developing public health approaches for meeting the needs of individuals and families
- Developing innovative, outcome- and quality-focused payment approaches
- Enhancing coordination of care across providers and service delivery systems
- Controlling program cost growth

In 2005, Vermont collaborated with CMS in development of the Section 1115 long-term care waiver program Choices for Care. One of the primary goals of Choices for Care is to provide participants with equal access to long-term care options in community and institutional settings, while preventing unnecessary use of nursing facility care by elders and adults with disabilities who have functional impairments. In partnership with CMS, the State of Vermont has been a leader in promoting early intervention and prevention, equal access to institutional and community-based services, and person-centered services for individuals in need of long-term care.

Vermont supports the goals of the Affordable Care Act (ACA) to enhance access to affordable coverage, improve service delivery and control program cost growth. Vermont is committed to collaborating with CMS to ensure that state and federal health reform activities are complementary and coordinated. To this end, Vermont has collaborated with CMS to develop the operational model, program policies and infrastructure to meet federal requirements under the ACA and support Vermont's health reform initiatives. Vermont plans to continue collaborating with CMS to implement programs under the ACA and secure the needed authorities to preserve and enhance coverage available under the current Demonstrations.

As state and federal health reforms progress, Vermont is committed to building on the strengths of the current system and ensuring that the transition is seamless and transparent for program participants to the maximum extent possible and does not result in any interruption in coverage.

## **Extension and Consolidation of Section 1115 Demonstration Authority**

Vermont plans to seek federal authority to extend the Global Commitment Demonstration beyond the December 31, 2013 expiration date and plans to request a single Demonstration waiver that consolidates existing programs and authorities, including Vermont's two Section 1115 Demonstrations (Global Commitment to Health and Choices for Care) and the Vermont Children's Health Insurance Program (CHIP).

All Vermonters who are dually eligible for Medicare and Medicaid are currently enrolled in either the Global Commitment or Choices for Care Demonstration for accessing their Medicaid benefits. Vermont

**State of Vermont: Global Commitment to Health (11-W-00194/1) and Choices for Care (11-W-00191/6)**  
**Preliminary ACA Transition Plan: June 28, 2012**

currently is working with CMS to develop a system of care that integrates Medicare and Medicaid benefits. Vermont seeks to include authorities for the integrated Medicare and Medicaid model as part of its single, consolidated Demonstration.

Vermont's position is that a single, consolidated Demonstration will enable Vermont to:

- Build on the successes of the current model
- Advance both federal and state health reform initiatives, including changes contemplated by the ACA
- Streamline program administration related to oversight and reporting
- Manage, under one authority, long term services and supports for people with developmental disabilities, traumatic brain injuries, physical disabilities and individuals who are aging.

### **Transition Plan Organization**

Item #39 of the Global Commitment's Special Terms and Conditions (STCs) and Item #21 of the Choices for Care STCs require Vermont to submit and incrementally revise a transition plan consistent with the provisions of the ACA for individuals enrolled in the Demonstration.

Vermont's Transition Plan includes the following sections:

- **Overview of Current Eligibility Policies and Impact of the ACA** – Summary of current eligibility policies and Vermont's analysis to date of the potential impact of ACA eligibility rules on existing Demonstration participants
- **Eligibility Process Modifications** - Vermont's proposed approach for reforming existing eligibility processes, rules and systems to meet ACA requirements, including Exchange development activities and income determinations based on modified adjusted gross income (MAGI)
- **Streamlined Eligibility Transition Process** - Vermont's proposed approach to facilitate the transition to ACA eligibility standards
- **Comparison of Cost Sharing Obligations Under Current Global Commitment Demonstration to the ACA** – Vermont's preliminary assessment of the potential impact of transitioning from current cost sharing obligations under the Global Commitment Demonstration to cost sharing expectations under the ACA
- **Demonstration Expansion Populations with Coverage Under the ACA** – Options under consideration to preserve access to affordable, cost-effective coverage for individuals with incomes between 133 and 300 percent of the Federal Poverty Level (FPL) who currently enrolled in the Vermont Health Access Plan (VHAP) and Catamount
- **Coverage for Demonstration Expansion Populations without ACA Coverage** - Vermont's proposed continuation of coverage beyond January 1, 2014 for current program participants ineligible under the ACA and authorities requested to continue coverage
- **Access to Care and Provider Payments** – Vermont's approach to evaluate and address the impact of ACA eligibility changes on access to care in relation to provider payments
- **ACA Pilot Programs** – summary of Vermont's current and proposed initiatives that support ACA-defined medical homes, accountable care organizations and person-centered health homes
- **Implementation Milestones** - Vermont's proposed schedule for securing federal authorities and completing key operational activities

## Overview of Current Eligibility Policies and Impact of ACA

### *Current Programs*

Vermont has partnered with the federal government since 1996 to make coverage affordable and accessible to Vermonters. Uninsured and underinsured children with incomes up to 300 percent of the FPL have access to coverage under the Demonstration and Vermont's CHIP.

Uninsured adults with incomes up to 300 percent of the FPL have access to subsidized coverage under the Demonstration. Low-income adults with access to employer-sponsored insurance have direct access to a Medicaid expansion program or program subsidies to make private coverage more affordable. Finally, Vermont operates a number of prescription assistance programs to promote affordable access to prescription drugs. As a result of these efforts to make coverage affordable and accessible, Vermont has one of the lowest uninsured rates in the nation.

Major coverage groups under the Demonstration include the following:

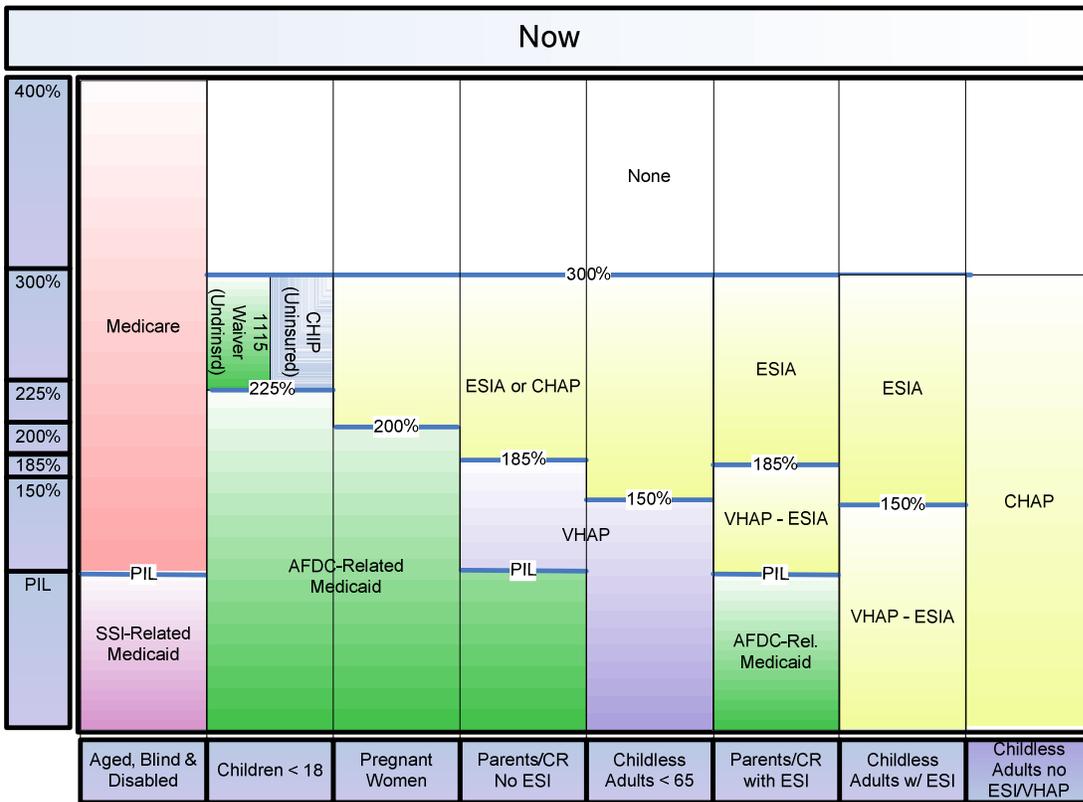
- **Traditional Medicaid** - Medicaid provides coverage for children, young adults under age 21, parents, pregnant women, caretaker relatives, people who are blind or disabled, and people age 65 or older who have income below the "Protected Income Level," or "PIL," and have assets below a specified level, depending on the composition of the household. The PIL (\$958 per month for a family of two and \$1,300 for a family of four) is approximately 100 percent of the FPL. Medicaid beneficiaries receive a comprehensive benefit package, with nominal copayments and no premiums.
- **The Vermont Health Access Plan (VHAP)** - VHAP is an expansion program available to adults age 18 and older who do not meet the eligibility requirements for Medicaid, and who have income that is under 150 percent of the FPL for adults with no children, or 185 percent of the FPL for parents and caretaker relatives who have minor children in the home. There is no asset test but eligible applicants must have been uninsured for 12 months or more, with exceptions for people who recently lost their insurance because of a life change such as a divorce or loss of a job. VHAP provides a comprehensive package of benefits with low copayments and monthly premiums.
- **Dr. Dynasaur** - Dr. Dynasaur provides coverage for children under age 18 whose families have income under 300 percent of the FPL and for pregnant women with income under 200 percent of the FPL. There is no asset test and beneficiaries may have private insurance coverage and still qualify for Dr. Dynasaur.
- **Catamount Health Premium Assistance (CHAP)** - Catamount Health is a private health insurance plan, offered in cooperation with the State, by Blue Cross Blue Shield of Vermont and MVP Health Care. People who have been uninsured for 12 or more months, with some exceptions for loss of insurance due to a life change, and who have income less than 300 percent of the FPL may qualify for premium assistance based on a sliding scale. There is no asset test.
- **Employer-Sponsored Insurance (ESI) Premium Assistance** - People who otherwise meet the eligibility criteria for VHAP or CHAP may receive premium assistance to enroll in their ESI plan if it is more cost-effective for the State than enrolling them in either VHAP or CHAP. Beneficiaries enrolled in ESI premium assistance pay a monthly premium equivalent to that paid by beneficiaries in VHAP or CHAP. Beneficiaries otherwise eligible for VHAP but enrolled in their

**State of Vermont: Global Commitment to Health (11-W-00194/1) and Choices for Care (11-W-00191/6)  
Preliminary ACA Transition Plan: June 28, 2012**

ESI plan receive wrap-around coverage for cost-sharing required by their ESI plan. Beneficiaries otherwise eligible for CHAP but enrolled in their ESI plan receive wrap-around coverage for the prevention and maintenance of certain chronic conditions.

- **Prescription Assistance** - Vermont has several Prescription Assistance programs to help uninsured Vermonters and those enrolled in Medicare pay for prescription drugs based on income, disability status and age. These programs include:
  - **VPharm** assists Vermonters who are enrolled in Medicare Part D with paying for prescription drugs. This includes people age 65 and older as well as people of all ages with disabilities.
  - **VHAP-Pharmacy** helps Vermonters age 65 and older and people with disabilities who are not enrolled in Medicare pay for eye exams and prescription drugs for short-term and long-term medical problems.
  - **VScript** helps Vermonters age 65 and older and people of all ages with disabilities who are not enrolled in Medicare pay for prescription drugs for long-term medical problems.

The table below presents a graphic representation of Vermont’s current programs.



**Impact of the ACA**

The ACA extends and simplifies Medicaid eligibility. Starting January 1, 2014, it consolidates some of the complex categorical groupings. It also extends Medicaid eligibility to all individuals under age 65 with

**State of Vermont: Global Commitment to Health (11-W-00194/1) and Choices for Care (11-W-00191/6)**  
**Preliminary ACA Transition Plan: June 28, 2012**

income at or below 133 percent of the FPL and who meet certain non-financial eligibility criteria, such as citizenship or satisfactory immigration status.

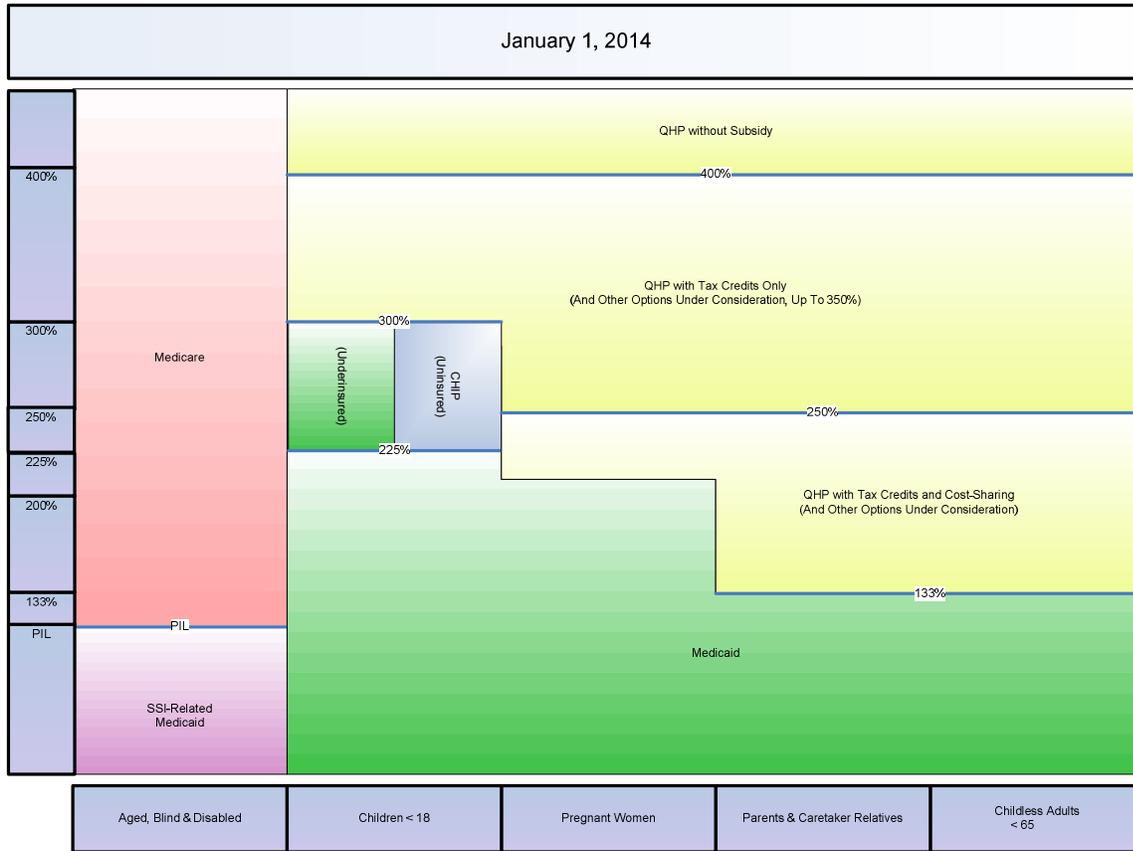
The ACA will impact current eligibility groups as follows:

- Programs for children (Dr. Dynasaur) would remain unchanged until 2019 due to a Maintenance of Eligibility requirement in the ACA
- Adults in VHAP with incomes at or below 133 percent of the FPL would transition to Medicaid
- Adults in VHAP with incomes above 133 percent of the FPL would be eligible for tax credits and cost-sharing subsidies for private plans offered through the Exchange (Vermont plans to collaborate with CMS to explore options to ensure that current coverage is affordable and accessible)
- Adults in VHAP-ESIA with income at or below 133 percent of the FPL would transition to Medicaid
- Adults in VHAP-ESIA with income above 133 percent of the FPL will not be eligible for a premium tax and cost-sharing subsidies under the ACA; individuals employed by small employers may be able to buy through the Exchange (Vermont plans to collaborate with CMS to explore options to ensure that current coverage is affordable and accessible)
- Adults in Catamount Health premium assistance (CHAP) with income under 133 percent of the FPL would transition to Medicaid
- Adults in CHAP with income above 133 percent of the FPL would be eligible for tax credits and cost-sharing subsidies for private plans offered through the Exchange, as long as they do not have access to an ESI plan. (Vermont plans to collaborate with CMS to explore options to ensure that current coverage is affordable and accessible)

In general, people enrolled in programs other than those described above would not experience any eligibility changes in 2014. This includes individuals currently participating in the Choices for Care Demonstration; individuals with Medicare coverage; individuals with both Medicare and Medicaid (“dual eligible”) coverage; and individuals enrolled in other eligibility categories where existing Title XIX authority continues.

The table on the following page provides a graphic representation of the program eligibility categories under the ACA.

**State of Vermont: Global Commitment to Health (11-W-00194/1) and Choices for Care (11-W-00191/6)  
Preliminary ACA Transition Plan: June 28, 2012**



**Mapping of Current Eligibility Categories to ACA Eligibility Categories**

Vermont has performed a preliminary analysis of the relationship between current Medicaid and Demonstration eligibility groups and the ACA eligibility categories; the table below provides a high-level crosswalk. A more detailed, preliminary crosswalk of ACA eligibility categories and current coverage groups is provided in Attachment A.

ACA Category	Current Eligibility Groups
Infants and Children	Cash and Non-Cash
	Transitional Medicaid
	Dr. Dynasaur
	Medically Needy
	VHAP Age 18
	Catamount 18 and Younger
	Underinsured Child (225-300%)
New Adult Group	Cash and Non-Cash

**State of Vermont: Global Commitment to Health (11-W-00194/1) and Choices for Care (11-W-00191/6)  
Preliminary ACA Transition Plan: June 28, 2012**

	Transitional Medicaid
	Medically Needy
	VHAP < 133%
CHIP	Uninsured 225-300%
Pregnant Women	Cash and Non-Cash
	Pregnant Women
	Medically Needy
Parents and Caretaker Relatives	Cash and Non-Cash
Foster Care	Committed Child - IV-E and Not IV-E

Vermont anticipates that health care coverage will continue for existing programs with other federal authorities, including the Refugee Resettlement program, assistance for individuals with HIV, and Ladies First.

Vermont identified a number of existing eligibility groups that will require further evaluation and guidance from CMS. Vermont is committed to ensuring that the transition to the ACA does not reduce access to coverage and plans to work with CMS over the coming months as additional guidance becomes available. Vermont classified these eligibility groups into three categories:

1. *Existing Title XIX Authority* - Eligibility groups that appear to be “unchanged” under the ACA and therefore would continue under existing Title XIX authority.
2. *Global Commitment Authority* - Eligibility groups established under the Secretary’s Section 1115 waiver authority
3. *Choices for Care Authority* – Eligibility groups established under Secretary’s Section 1115 waiver authority

These eligibility groups are presented in the table below.

Coverage Authority	Current Eligibility Groups
Existing Title XIX Authority	Medicaid Working Disabled
	Cash and Non-Cash 65+
	Medically Needy 65+
	SSI/AABD and SSI-Related
	Katie Beckett

**State of Vermont: Global Commitment to Health (11-W-00194/1) and Choices for Care (11-W-00191/6)  
Preliminary ACA Transition Plan: June 28, 2012**

	Breast and Cervical Cancer
	Medicare Savings Programs (QMB, SLMB, QI)
Global Commitment Authority	VHAP 133% +
	VHAP ESIA
	Catamount
	Catamount ESIA
	Home and Community Based Programs <ul style="list-style-type: none"> <li>• Traumatic Brain Injury (TBI)</li> <li>• Development Services (DS)</li> <li>• Community Rehabilitation and Treatment (CRT) [serving individuals with serious mental illnesses]</li> <li>• Serious Emotional Disturbances (SED)</li> </ul>
	Pharmacy Assistance Programs
Choices for Care Authority	Highest, High and Moderate Needs Groups

***Impact of ACA on Income Determination***

Beginning on January 1, 2014, eligibility for Medicaid for most individuals, as well as for the Children’s Health Insurance Program (CHIP), will be determined using methodologies that are based on modified adjusted gross income (MAGI), as defined in the Internal Revenue Code of 1986 (IRC). The ACA also eliminates the current resource test for individuals whose income eligibility is based on MAGI. Current income and resource standards will remain unchanged for many individuals, including those who are disabled or age 65 or older.

Vermont currently employs an array of income disregards. For example, parents with children are permitted to disregard a portion of their earned income and all of their child care expenses up to a maximum allowable deduction when income eligibility for Medicaid is determined.

Under the ACA, current income disregards will no longer be applicable in determining eligibility for individuals whose eligibility is based on MAGI (except for an across-the-board, five percent income disregard). Vermont is waiting for federal guidance related to income determination rules under the MAGI methodology.

***Eligibility Reform***

A basic tenet of the ACA is that consumers should have a streamlined, first-class, 21<sup>st</sup>-century customer experience when they enter Exchanges. In 2014, the ACA contemplates that consumers will have the same enrollment experience whether they enter through the Exchange, Medicaid, or CHIP. Federal guidance calls for a highly-responsive level of consumer service, modeled on retail, banking, airline, and other industries.

**State of Vermont: Global Commitment to Health (11-W-00194/1) and Choices for Care (11-W-00191/6)**  
**Preliminary ACA Transition Plan: June 28, 2012**

Among other things, the federal government requires states to develop a transparent, easy-to-use, online process for consumers to make choices, apply, recertify, modify and manage eligibility and benefits in the Exchange. Federal guidance details consumer usability and articulates a consumer-mediated approach in which consumers own their data and make decisions about how, when, and with whom it is shared. Exchange systems must support a range of languages and user capabilities. In addition to web-based applications, the proposed regulations require states to establish procedures to permit application by telephone, mail, or in-person.

According to federal guidance, consumers can expect real-time transactions, electronic verification of eligibility from federal and state databases, and third-party assistance in enrolling in and maintaining coverage. Consumers will enter a minimal amount of personal information, and Exchange systems must provide real-time notification of eligibility and enrollment and seamless integration among all qualified health insurance options. Systems also need to facilitate timely resolution of discrepancies that cannot be handled in real-time.

The proposed federal regulations contain a number of provisions aimed at the administration of the health-benefits eligibility-determination process. In addition to ensuring a consumer-friendly enrollment experience, these provisions are intended to promote administratively-efficient, streamlined and coordinated eligibility business processes.

Under the proposed paradigm, consumers will be evaluated and enrolled in the appropriate program regardless of where the application originates. A consumer who applies for Medicaid and is found to be ineligible will be immediately assessed for eligibility for advance payment of the health insurance premium tax credit and coverage through the Exchange.

Vermont supports the ACA vision for a person-centered enrollment experience and is working with CMS to develop the necessary systems. Vermont is in the process of developing and implementing a new eligibility system, known as Vermont's Integrated Eligibility Workflow System (VIEWS). Vermont expects the VIEWS system to be operational in advance of the January 1, 2014 transition, but may stage implementation of VIEWS. Vermont is pursuing a fully-integrated, automated eligibility system that will determine eligibility for all of Vermont's health care programs. Further, it will employ common income methodologies and aligned rules to evaluate eligibility for most consumers for Medicaid, CHIP and the Exchange. Attachment B provides a graphical overview of Vermont's IT infrastructure to support its health system.

### ***HIX/Integrated Eligibility IT Project Overview***

The Department of Vermont Health Access (DVHA) Exchange and Health Care Reform Divisions are working closely with the Department for Children and Families and the Agency of Human Services IT Division to drive initial planning and requirements for two key projects: 1) the Health Benefits Exchange (HIX), and 2) the Integrated Eligibility VIEWS System (IE).

The HIX project scope and scheduling is being driven primarily by federal timelines and the Health Benefits Exchange Blueprint recently published by CCIIO. Vermont has designed a conceptual solution that requires the IE VIEWS system to support the HIX eligibility processing to accurately engage consumers and small businesses to shop for and enroll in coverage through the HIX. This dependency of

**State of Vermont: Global Commitment to Health (11-W-00194/1) and Choices for Care (11-W-00191/6)**  
**Preliminary ACA Transition Plan: June 28, 2012**

HIX on VIEWS implies that health-related eligibility processing performed by VIEWS must be tested and in production at the same time that the HIX solution goes live.

### **Streamlined Eligibility Transition Process**

Vermont is committed to making the transition for current members as seamless as possible. Vermont is diligently working on development and implementation of a new Enterprise Eligibility system to support the streamlined, data-driven eligibility process envisioned by the ACA. In addition, Vermont currently is evaluating systems capabilities, staff training requirements and staff resources needed to effectively support the transition to ACA eligibility rules. As part of this evaluation process, Vermont is reviewing stored eligibility data to determine the extent to which the transition to MAGI income standards can be accomplished without seeking additional information from current program participants.

As Vermont moves forward with its implementation efforts, Vermont shares CMS' concerns regarding the potential adverse impacts on program participants due to the breadth and complexity of forthcoming systems, policy and operational changes and the relatively aggressive timeline. Vermont intends to partner with CMS to ensure that prior to transition to the ACA rules, systems are fully operational and tested, program policies adhere to federal law and guidance, and operational resources are sufficient to support the transition. Although Vermont is working toward implementation in accordance with the ACA timelines, Vermont seeks authority to extend current coverage policies, as necessary, through a transition period to ensure that:

- Coverage is seamless and there is no disruption in coverage for current program participants
- No additional burden is placed on current program participants due to ACA changes
- Adequate resources are available to enroll new program participants

Vermont plans to work with CMS to develop a flexible, phased approach that meets the above-stated principles. As an example, Vermont is evaluating a "safe harbor" approach that would enable the majority of current program participants to continue coverage during the transition period, without the need to submit additional information. Under this approach, Vermont would work with CMS to identify program eligibility groups whose current coverage meets or exceeds coverage available under ACA. Coverage for individuals identified through this process would continue until their scheduled recertification date. Eligibility would be determined in accordance with MAGI income policies for recertifications occurring on or after April 1, 2014. Effective January 1, 2014, eligibility for any new applicants would be determined in accordance with the MAGI income standards.

Vermont will engage in a multi-faceted outreach campaign in the months leading up to the ACA transition. Outreach efforts will ensure that current program participants are aware of the program changes and individuals who are currently uninsured are aware of opportunities to access affordable coverage. The outreach effort will include: notifications to current programs participants, to be mailed in the Fall of 2013; distribution of press releases; distribution of brochures and posters; and posting of banners on State web pages.

### **Comparison of Cost Sharing Under Current Global Commitment Demonstration and the ACA**

Vermont has performed a preliminary analysis of current cost sharing obligations and cost sharing requirements under the ACA. While a side-by-side comparison of cost sharing requirements is difficult before the Exchange plan designs are finalized, Vermont found that ACA cost sharing requirements in some instances are substantially higher than current obligations. Act 48 of 2010 and Act 171 of 2011 require the Vermont Health Benefit Exchange to ensure a range of plan designs, including high-deductible plans. Vermont is concerned that the qualified health plans offered will include relatively high deductibles compared to current programs, and the out-of-pocket maximum under ACA will create a serious financial challenge for many families. For instance, Vermonters over 185 percent FPL will have to pay higher premiums under the ACA than what is currently charged for Catamount Health. The ACA out-of-pocket maximum is almost two to three times higher than Vermont's current out-of-pocket maximum for Vermonters under 250 percent FPL. Vermonters above 250 percent of the FPL will go from an out-of-pocket maximum of \$1,050 for an individual to significantly higher out-of-pocket maximums under the ACA of \$6,250 for individuals and \$12,500 for families. As a result, implementation of the ACA alone may pose a serious financial challenge for those who can currently afford health care through VHAP and Catamount Health. Vermont is concerned that this will result in a decrease in the percentage of Vermonters who have health coverage.

Vermont and CMS have made significant progress in developing programs to make coverage affordable and accessible to low and middle-income Vermonters. Where feasible, Vermont seeks CMS's assistance to evaluate options that preserve this commitment. The table on the following page presents a comparison of premiums and out-of-pocket annual maximum amounts under the ACA and Vermont's current programs.

**State of Vermont: Global Commitment to Health (11-W-00194/1) and Choices for Care (11-W-00191/6)  
Preliminary ACA Transition Plan: June 28, 2012**

FPL Range	ACA Required Premium	Current Premium Levels in VHAP & CHAP	ACA Out-of-Pocket Annual Maximum	Current VHAP/CHAP Annual Out-of-Pocket Maximum
0-50%	\$0	\$0	N/A	N/A <sup>1</sup>
50-75%	\$0	\$7	N/A	N/A
75-100%	\$0	\$25	N/A	N/A
100-133%	\$18-25	\$33	N/A	N/A
133-150%	\$37-\$55	\$33	\$2,083 <sup>2</sup>	N/A
150-185%	\$55-116	\$49	\$2,083	\$1,050 <sup>3</sup>
185-200%	\$116-131	\$60	\$2,083	\$1,050
200-225%	\$131-145	\$124	\$3,125	\$1,050
225-250%	\$187-205	\$152	\$3,125	\$1,050
250-275%	\$205-224	\$180	\$6,250	\$1,050
275-300%	\$263-306	\$208	\$6,250	\$1,050

<sup>1</sup> People enrolled in VHAP have minimal cost-sharing: \$1 and \$2 pharmacy co-pays and a \$25 co-pay for emergency room visits

<sup>2</sup> Updated to 2013

<sup>3</sup> Parents of minor children are eligible for VHAP if their income is <185% FPL, so they would have VHAP-level cost-sharing only

**Demonstration Expansion Populations with Coverage Under the ACA**

As previously described, the Vermont Global Commitment Demonstration extends coverage through VHAP and Catamount Health for uninsured adults with incomes up to 300 percent of the FPL. Vermont seeks to continue its commitment to ensuring access to affordable, comprehensive coverage.

Vermont is seeking federal guidance to identify feasible options that build on the successes of the current program and meet the policy objectives of the ACA. In order to uphold the ACA’s standard of seamless transition and avoid health care coverage that is less affordable than current coverage, Vermont would like to build on the success of VHAP and Catamount Health while transitioning to the ACA. Vermont is seeking federal guidance on supplementing the federal subsidies under the ACA for premiums and cost-sharing to an affordable level. Possible options could include:

1. Subsidize monthly premiums for individuals to ensure affordability for low and middle-income Vermonters.
2. Subsidize cost sharing to bring the actuarial value of the silver plan up from 70% to some acceptable level, such as the Catamount Health actuarial value of 85%. This option would

**State of Vermont: Global Commitment to Health (11-W-00194/1) and Choices for Care (11-W-00191/6)  
Preliminary ACA Transition Plan: June 28, 2012**

provide coverage between the gold and platinum levels, which is similar to current coverage for these individuals.

3. Maintain the qualified health plans cost-sharing design, but subsidize a silver plan to create an out-of-pocket maximum that is at an acceptable level, such as the Catamount Health level. This option would make cost sharing more affordable and limit liability for Vermonters.

Currently, the VHAP and Catamount programs offer assistance to families with incomes up to 300 percent of the FPL. Legislation requires Vermont to look at assisting Vermonters up to 350 percent of the FPL. In order to satisfy legislative requirements while aligning with the ACA model, Vermont will evaluate options to extend assistance to Vermonters with incomes up to 400 percent FPL to align with the ACA. Exploring options that apply Vermont's current affordability standards to the ACA subsidized population will help Vermont develop a more streamlined transition for Vermonters.

### **Coverage for Demonstration Expansion Populations without ACA Coverage**

Vermont plans to seek federal authority to continue coverage under the Demonstration for the following programs (described previously):

- Prescription Assistance
- Premium Assistance to Employer-Sponsored Insurance (ESI) Programs

In addition, the current Demonstration extends coverage to individuals with serious mental illness to access Community Rehabilitation and Treatment (CRT) services. Coverage is available to individuals who are uninsured or have inadequate coverage for these types of intensive mental health services. Vermont will work with CMS to preserve the authority to make such services affordable and accessible for low-income Vermonters.

### **Access to Care and Provider Payments**

Vermont has achieved significant success in making affordable coverage accessible to low-income Vermonters, as evidenced by the low rate of uninsured. As a result of Vermont's previous efforts to make coverage accessible and Vermont's low uninsured rate, the ACA's changes to program eligibility will have less of an impact on program enrollment in Vermont relative to other states. Nevertheless, Vermont has initiated an evaluation of the potential impact of ACA changes on the Vermont service delivery system.

Under the Global Commitment public managed care model, Vermont is responsible for monitoring access to care. Vermont is in the process of evaluating the impact of increased coverage on access to care. As is the case in most other states, access to dental care has been a challenge. The current VHAP eligibility group does not have access to dental benefits but will have dental coverage under the ACA Medicaid expansion. Options to improve access to dental care for all program beneficiaries is one area of focus.

Vermont's Green Mountain Care Board is responsible for statewide payment reform (discussed in more detail, below) and will be engaged to ensure that payment rates are adequate to support the provider delivery system and that payment methodologies encourage appropriate, high-quality care.

### **ACA Pilot Programs**

**State of Vermont: Global Commitment to Health (11-W-00194/1) and Choices for Care (11-W-00191/6)**  
**Preliminary ACA Transition Plan: June 28, 2012**

Vermont has developed (or is in the process of developing) the following initiatives:

- Blueprint for Health Care and Prevention Model
- Statewide Payment Reforms
- Development of an Accountable Care Organization (ACO)
- Health Home Initiative (Hub and Spokes)
- Money Follows the Person

*The Blueprint for Health Care and Prevention Model*

Vermont's Blueprint for Health is a statewide initiative to provide Vermonters who have chronic conditions with the information, tools and support they need to successfully manage their health. With an emphasis on prevention and wellness, the Blueprint is dedicated to achieving well-coordinated and seamless health services in conjunction with a broad range of stakeholders to implement a health services model designed to:

- Improve the health of the population
- Enhance the patient experience of care (including quality, access, and reliability)
- Reduce, or at least control, the per capita cost of care.

The cornerstone of Vermont's Blueprint for Health initiative is the Chronic Care Model (CCM) which encourages patients to take an informed and active role in the management of their health. A specified plan of care is implemented by a variety of service providers and programs under the direction of designated professionals (i.e., Care Coordination teams) employed by DVHA. Care Coordination teams assigned by the respective counties collaborate with local hospital emergency departments, primary care providers and community agencies to facilitate the care plan process.

Vermont's Blueprint for Health also supports communities to become healthier places to live, work, learn and play through statewide physical activity grants. The healthy interactions among the patient, healthcare professionals and the community lead to improved functional and clinical health outcomes. Other Blueprint for Health programs complementing this approach are the:

- Vermont Chronic Care Initiative (VCCI) - This program utilizes DVHA Care Coordination teams who act as case managers for high-risk patients with specific chronic conditions.
- Support and Services at Home (SASH) – The SASH program provides support and services to Medicare beneficiaries, so that individuals can live and age safely in their own homes
- Wellness Recovery Action Plan (WRAP). WRAP is a standardized group intervention for adults with mental illness using a set curriculum and implementation model.

### *Statewide Payment Reforms*

Act 48 of 2011 provides authority for Vermont to create a health care system in which all Vermonters receive coverage through a unified health care system, with all coverage offered equitably and health care costs contained. One of the cost containment strategies mandated under the law is systemic change in the way providers of care are compensated for their services.

Act 48 created the Green Mountain Care Board (GMCB) to oversee cost-containment and oversee the benefit design of Green Mountain Care, a comprehensive health care program to serve the health care needs of Vermonters. Members of the GMCB are responsible for controlling the rate of growth in health care costs and improving the health of residents through a variety of regulatory and planning tools. In addition, the GMCB is tasked with expanding the State's health care payment and delivery system reforms by building on the Blueprint and implementing policies that move away from a fee-for-service payment system to one that is based on quality and value. This new payment system would include all payers in payment reform and reduce (or eliminate) cost-shifting between the public and private sectors.

During its first months of operation, the GMCB has been focused on advancing payment reform and other methods of health care cost containment. The GMCB is modeling and testing a range of payment reform options, including:

- Population-based payments to integrated health care delivery systems
- Global physician/hospital budgets
- Bundled payments for specific diagnoses and procedures

The three basic payment models provide clear steps toward development of a mixed model of payment that would balance incentives for reduced utilization, high quality care and improved access to care and satisfaction, while supporting adherence to an overall state health care budget. These models are anticipated to be implemented on an all-payer basis, where possible, to advance the goal of better integrating physical and mental health care. The GMCB is working actively with health care providers in the state to identify and define pilot sites related to the three models. The GMCB also is working with state Medicaid staff to determine the applicability and impact of these models for Medicaid and how they interface with current payment streams and methodologies. In addition, the GMCB anticipates seeking CMS demonstration authority to include Medicare in Vermont's payment reforms.

The GMCB also has the authority to implement all-payer fee-for-service rates and payment methodologies. We are researching current variation in rates across providers and payers, in preparation for developing a plan for reducing that variation.

### *ACO Development*

The third of the three payment reform models described above, the population-based model, is consistent with the CMS Accountable Care Organization (ACO) model. The two academic medical centers that serve Vermont – Fletcher Allen Health Care (FAHC) and Dartmouth-Hitchcock Medical Center (DHMC) – both are interested in moving to this model of payment for a broader population (both accept full capitation for a portion of their served populations at present). DHMC has been granted Pioneer ACO status and FAHC plans to apply for ACO status in August. In addition, a coalition of

**State of Vermont: Global Commitment to Health (11-W-00194/1) and Choices for Care (11-W-00191/6)**  
**Preliminary ACA Transition Plan: June 28, 2012**

Vermont federally qualified health centers intends to apply for ACO status. The details of each of these arrangements and their interface with each other are still under development, with active involvement from GMCB staff.

*Health Home Initiative for Individuals with Opiate Addictions*

Vermont's Agency of Human Services (AHS) is collaborating with community providers to create a coordinated, systemic response to the complex issues of opiate and other addictions. Medication Assisted Therapy (MAT) is the use of medications (such as methadone and/or buprenorphine), in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Currently, the majority of MAT patients receive buprenorphine as prescribed by a physician in a medical office setting. Methadone is a highly regulated treatment provided in specialty clinics. Waiting lists for methadone indicate insufficient treatment capacity, and few providers are willing to prescribe buprenorphine for new patients.

Currently, not all patients receiving MAT have access to a patient-centered medical home. Vermont seeks to build upon and enhance medical homes through implementation of a "Hub and Spoke" system to provide appropriate care. Under the *Hub* and *Spoke* approach, each patient undergoing MAT will have an established physician-led medical home, a single MAT prescriber, a pharmacy home, access to existing Community Health Teams (CHTs), and access to *Hub* or *Spoke* nurses and clinicians. Providers of opiate addiction treatment will have access to resources and support to effectively care for current patients as well as allow for additional care of new patients.

Depending on the initial determination of complexity and/or appropriate treatment method, patients will be referred to either a *Hub* or *Spoke*.

- *Hubs* – *Hubs* are specialty treatment centers responsible for coordinating the care of individuals with complex addictions and co-occurring substance abuse and mental health conditions across the health and substance abuse treatment system of care. In addition to providing methadone treatment and supports, entities designated as a *Hub* provide comprehensive assessments and treatment protocols; induce buprenorphine treatment and offer care for the initial stabilization period for clinically complex patients; coordinate referral to ongoing care; provide specialty addictions consultation and support to ongoing care; and provide ongoing coordination of care for clinically complex patients.
- *Spokes* – *Spokes* serve as the ongoing care system for patients and are comprised of a prescribing physician and collaborating health and additional professionals who monitor adherence to treatment, coordinate access to recovery supports, and provide counseling, contingency management, and case management services. Entities serving as *Spokes* include *Blueprint* Advance Practice Medical Homes; outpatient substance abuse treatment providers; primary care providers; federally qualified health centers (FQHCs); and independent psychiatrists.

*Hub* and *Spoke* entities support and work directly with designated providers to create a comprehensive system of care for patients. In some cases, designated providers also will serve in a *Hub* or *Spoke* capacity.

**State of Vermont: Global Commitment to Health (11-W-00194/1) and Choices for Care (11-W-00191/6)**  
**Preliminary ACA Transition Plan: June 28, 2012**

*Money Follows the Person*

The Money Follows the Person (MFP) demonstration grant program provides states with enhanced federal matching funds for twelve months for each Medicaid beneficiary transitioned from an institutional setting to a community-based setting. Qualified community settings include a home, apartment, or group home with less than four non-related individuals residing in it. The enhanced federal support is designed to encourage state efforts to reduce reliance on institutional care for individuals needing long-term services and supports and expands options for individuals with disabilities and the elderly who wish to receive services in the community. Vermont is one of 13 states to receive the MFP grant in 2011. Vermont's MFP funding extends through May 31, 2016, which is beyond the start date of the ACA.

Vermont's progress over the past several years has positioned the State to focus on one of the most challenging groups within Choices for Care: longer stay nursing facility residents who desire to return home or to another community alternative. Although many former nursing facility residents have returned to the community under Choices for Care, there are longer stay residents throughout the State who face barriers to discharge related to lack of initial transition supports and other services necessary to address their complex needs. The State's MFP demonstration is targeted at removing these barriers.

Vermont has embarked on a variety of new rebalancing initiatives intended to complement Choices for Care, and ultimately expand service and placement options for all waiver-eligible persons. The following resources are available to facilitate and provide support to individuals:

- **Transition Coordinators** are responsible for making visits to nursing facilities to screen and identify individuals eligible for the MFP demonstration; responding to MFP referrals from nursing facilities, residents (self-referrals), families, guardians and others; undertaking comprehensive transition planning prior to discharge; performing transition assessments (including a comprehensive risk assessment); developing individualized plans of care in collaboration with the participant and the participant's assigned case manager; collaborating with the participant's case manager and Community Development Specialist to arrange and coordinate services pre-transition; performing discharge planning functions in coordination with the nursing facility; and carrying out post-transition follow-up calls and visits as necessary to ensure implementation of the plan-of-care and to identify any unmet needs that could pose a risk of re-institutionalization.
- **Organizations with special expertise** in addressing the needs of transitioning members also are serving as consultants to the transition teams.
- **Community Development Specialists** are responsible for identifying appropriate housing alternatives and linking participants to other community support services, such as transportation; work to increase total alternative housing capacity; and conduct extensive marketing and outreach activities and provide training on program eligibility requirements and policies and procedures to MFP staff, HCBS providers and nursing facilities.
- **One-time set-up payment of up to \$2500** is provided to assist individuals in defraying transition costs not covered through other waiver services. Transition payments are furnished only to the extent that the person is unable to meet such expense or when the support cannot be obtained from other sources and will be used to pay for a variety of items and services, including but not limited to: security deposits, home access modifications, utility deposits, pest eradication, household goods, household setup and food stocking.

**State of Vermont: Global Commitment to Health (11-W-00194/1) and Choices for Care (11-W-00191/6)  
Preliminary ACA Transition Plan: June 28, 2012**

- **Adult Family Care** consists of an adult home established and operated for the purpose of providing long-term residential care (room, board, housekeeping, personal care, and supervision) in an environment that is safe, family oriented, and designed to maintain a high level of independence and dignity for the resident. Adult Family Care is part of Vermont's current menu of Qualified HCBS available under Choices for Care. Adult Family Care resolves a barrier to transition that currently exists by enabling more participants who require 24-hour supervision to move to a community setting.

### **Implementation Schedule**

Vermont is actively engaged in developing eligibility systems and the Exchange to meet federal timelines. Vermont's ability to meet federal timelines is dependent on close collaboration between Vermont and CMS to develop a model that best serves program participants and receiving timely federal guidance on policies and available options. Examples of areas for which Vermont will require timely guidance include the following:

- Determination of income under MAGI standards and interfacing with IRS data systems
- Options and authorities to ensure coverage is affordable for individuals enrolled under the Exchange
- Options and authorities for ensuring a seamless transition that take systems and staffing resources into consideration
- Options, authorities and financing mechanisms for offering coverage under Vermont's public managed care model for individuals with incomes above 133 percent of the FPL

The preliminary timeline on the following page presents an overview of key milestones. Additional, detailed timelines have been developed or in the process of being developed, as Vermont and CMS are actively engaged in developing the IT infrastructure to support ACA programmatic changes.



**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
<b>Mandatory Coverage - Categorically Needy and Other Required Special Groups</b>													
<b>Children and Families</b>													
A.1.	1	1931 low-income families with children	1902(a)(10)(A)(i)(I) 1931	§ 435.110	Yes	AC - Child AR - P/CR SP preg ≤ 185% <b>BR noncash P/CR</b>	A5 - Child A8 - P/CR S7 preg ≤ 185% <b>B8 noncash P/CR</b>	4310	TANF  Att 2.6-A, p 7 Supp 8a Supp 12, p 2	N/A	P/CR 435.110 PW 435.116 Ch < 19 435.118	Simplified to P/CR category described at 435.110  New income standard: MAGI-equivalent of 1996 AFDC, increased by CPI increases	Yes (for new groups)
A.2.a	1	Individuals denied IV-A payment solely because the amount would be less than \$10	1902(a)(10)(A)(i)(I)	§ 435.115(b)	Yes				AFDC  Att 2.6-A Supp 1, p 1 Supp 8a Supp 12, p 2	N/A	P/CR 435.110 PW 435.116 Ch < 19 435.118	No	N/A
A.2.b	2	Individuals participating in a work supplementati on program who would otherwise be eligible under 1931.	1902(a)(10)(A)(i)(I)	§ 435.115(c)	Yes				AFDC  Att 2.6-A, p 7 Supp 1, p 1 Supp 8a Supp 12, p 2	N/A	P/CR 435.110 PW 435.116 Ch < 19 435.118	No	N/A

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
A.2.c	2	Individuals whose AFDC payments are reduced to zero due to recovery of overpayment of AFDC funds.	1902(a)(10)(A)(i)(I)	§ 435.115(d)	Yes				AFDC Att 2.6-A, p 7 Supp 1, p 1 Supp 8a Supp 12, p 2	N/A	P/CR 435.110 PW 435.116 Ch < 19 435.118	No	N/A
A.2.d	2	Individuals who lose eligibility under 1931 because of child or spousal support.	1902(a)(10)(A)(i)(I)408(a)(11)(B)1 931(c)(1)	§ 435.115(f)	Yes	DC - TM CS ChDR - TM CS P/CRIC TM, non ANFC; childIR TM, non ANFC; P/CR	D5 - TM CS ChD8 - TM CS P/CR15 TM, non ANFC; child18 TM, non ANFC; P/CR	4312. 2	AFDCAtt 2.6-A, p 7Supp 1, p 1Supp 8aSupp 12, p 2	N/A	435.115	Yes (spousal support only; child support will no longer be counted under MAGI)	N/A

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
A.2.e	2	Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E.	1902(a)(1)(A)(i)(I) 473(b)(3)	§ 435.115(e) 435.145	Yes	CC - Committed Child - IV-E Eligible  CP Committed; child placement agency  CR Committed child; ref resettlement  F5 - Committed Child - Non-IV-E Eligible	C5 - Committed Child - IV-E Eligible  C7 Committed; child placement agency  C8 Committed child; ref resettlement  F5 - Committed Child - Non-IV-E Eligible	4312.8B	Auto-eligible based on Title IV-E eligibility	N/A	435.145	Yes	N/A
A.3.	2a	Qualified Family Members	1902(a)(10)(A)(i)(V) 1905(m)(1)	435.119	No	N/A	N/A	N/A	N/A	N/A	N/A	Expired 9/30/1998	N/A

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
A.4.	2a	Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards, entitled to up to 12 months of extended benefits.	1902(a)(52)1902(e)(1)(B)1931(c)(2)1925	None	Yes	GC - TM non-ANFC Earnings CHGR - TM non-ANFC Earnings P/CRTC - TM ANFC Earnings CHTR - TM ANFC Earnings P/CR	G5 - TM non-ANFC Earnings CHG8 - TM non-ANFC Earnings P/CRT5 - TM ANFC Earnings CHT8 - TM ANFC Earnings P/CR	4312.1		N/A	CFR TBD	Yes (except for loss of disregards ) if it doesn't sunset then 435.112 would apply for 4-month extension	N/A

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
A.5.	3	Individuals ineligible for AFDC because of requirements that do not apply to Medicaid	1902(a)(1)(A)(i)(I)	§ 435.113	Yes				AFDC Att 2.6-A Supp 1, p 1 Supp 12, p 3	N/A	P/CR 435.110 PW 435.116 Ch < 19 435.118	Obsolete	N/A
A.6.	3a	Individuals who would be eligible for AFDC except for increased OASDI benefits under Pub. L. 92-336 (July 1, 1972).	1902(a)(1)(A)(i)(I)	§ 435.114	Yes			4312.4	AFDCAtt 2.6-ASupp 1, p 1 Supp 12, p 3	N/A	P/CR 435.110P W 435.116C h < 19 435.118N ew Adult 435.119?	Obsolete	N/A

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
A.7.a	3a	Qualified pregnant women.	1902(a)(10)(A)(i)(III) 1905(n)(1)	§ 435.116	Yes	BP Non cash, preg	B7 Non cash, preg		AFDC Att 2.6-A Supp 1, p 1	N/A	PW 435.116	Consolidated under new PW 435.116	Yes (for new groups)
A.7.b	4	Qualified children.	1902(a)(10)(A)(i)(III) 1905(n)(2)	435.116	Yes	BC noncash child  C0 MC/DD child  YC younger child ≤ 133%	B5 noncash child  C4 MC/DD child  Y5 younger child ≤ 133%		AFDC Att 2.6-A Supp 1, p 1 Supp 8a, p 2  (225% with disregard of difference between AFDC and 225%)	N/A	Ch < 19 435.118	Consolidated under new Ch < 19 435.118	Yes (for new groups)
A.8.	4a	Poverty level pregnant women.	1902(a)(10)(A)(i)(IV) 1902(l)(1)(A)	None	Yes	SP preg ≤ 185%	SP preg ≤ 185%		≤ 185% Att 2.6-A Supp 1, p 1	N/A	PW 435.116	Consolidated under new PW 435.116	Yes (for new group)

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
A.8.	4a	Poverty level infants.	1902(a)(10)(A)(i)(IV) 1902(l)(1)(B)	None	Yes	SC Infants ≤ 185%	S5 Infants ≤ 185%		≤ 185%  Att 2.6-A Supp 1, p 1	N/A	Ch < 19 435.118	Consolidated under new Ch < 19 435.118	Yes (for new group)
A.9.a	4a	Poverty level children under age 6.	1902(a)(10)(A)(i)(VI)1902(l)(1)(C)	None	Yes	YC younger child ≤ 133%	Y5 younger child ≤ 133%		≤ 133%Att 2.6-A, p 11a(225% w/ 92% disregard) Att 2.6-A Supp 8a, p 2	N/A	Ch < 19 435.118	Consolidated under new Ch < 19 435.118	Yes (for new group)
A.9.b	4a	Poverty level children under age 19.	1902(a)(10)(A)(i)(VII) 1902(l)(1)(D)	None	Yes	OC older child ≤ 100%	O5 older child ≤ 100%		≤ 100%  Att 2.6-A, p 11a  (225% w/ 125% disregard)  Att 2.6-a Supp 8a, p 2	N/A	Ch < 19 435.118	Consolidated under new Ch < 19 435.118	Yes (for new group)

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
A.10.	5	Qualified family members.	1902(a)(10)(A)(i)(V)	§ 435.119	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A.11. a.	5	Extended eligibility for pregnant women	1902(e)(5)	435.170	Yes				Woman was eligible for Medicaid on day pregnancy ended	N/A	All groups	Yes	N/A
A.11. b.	5	Continuous eligibility for pregnant women	1902(e)(6)	435.170	Yes				Woman who would otherwise lose elig b/c of increased income during pregnancy or post-partum	N/A	All groups	Yes	N/A

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
A.12.	6	Deemed Newborns	1902(e)(4)	§ 435.117	Yes			4312.8A	Auto-eligible: Child deemed eligible for one year if born to a woman who has applied for, has been determined eligible and is receiving Medicaid on the date of the child's birth.	N/A	435.117	Yes	N/A

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
<b>SSI-Related</b>													
A.13. a.	6	Aged, blind and disabled individuals receiving SSI cash benefits, Including:  <ul style="list-style-type: none"> <li>•Disabled individual whose earnings exceed SSI substantial gainful activity level. (1619(a)).</li> <li>•Disabled individual whose earnings are too high to receive SSI cash benefit. (1619(b)).</li> </ul>	1902(a)(10)(A)(i)(I) 1619(a) 1619(b)	§ 435.120	Yes	AA - Aged AB - Blind AD - Disabled Adult AZ - Blind/Disabled Child	A3 - Aged A4 - Blind A6 - Disabled Adult A9 - Blind/Disabled Child		SSI  Att 2.6-A Supp 8a, p 1	SSI  Att 2.6-A Supp 8b, p 1 Supp 8b, p 2	N/A	Yes	No
A.13. b.	6a	Individuals who meet more restrictive requirements for Medicaid than the SSI requirements	1619(b)(1)	§ 435.121									
?	?	Disabled children no longer eligible for SSI because of a change in the definition of disability.	1902(a)(10)(A)(i)(II)(aa)										

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
A.14.	6b	Qualified severely impaired blind and disabled individuals under 65 whose earnings are too high to receive SSI cash benefit.	1902(a)(10)(A)(i)(II)(bb) 1905(q)	None	Yes				SSI	SSI	??	Yes	No
A.15.	6e	Disabled adult children who lose SSI eligibility because they become entitled to OASDI child's benefits or receive and increase in those benefits.	1634(c)1935	None	Yes				SSI	SSI	??	Yes	No

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
A.16.	6e	Individuals who are ineligible for SSI or optional state supplements because of requirements that do not apply to Medicaid.		§ 435.122	Yes				SSI	SSI	N/A	Yes	No
A.17.	6e	Individuals receiving mandatory state supplements.		§ 435.130	Yes				SSI	SSI	N/A	Yes	No
A.18.	6f	Individuals eligible as essential spouses in December, 1973		§ 435.131	Yes				SSI	SSI	N/A	Yes	No
A.19.	6g	Institutionalized individuals who were eligible in December, 1973		§ 435.132	Yes				SSI	SSI	N/A	Yes	No
A.20.	6g	Blind and disabled individuals eligible in December, 1973		§ 435.133	Yes				SSI	SSI	N/A	Yes	No
A.21.	7	Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under PL 92-336		§ 435.134	Yes				SSI	SSI	N/A	Yes	No

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
A.22.	8	Pickle: Individuals who become eligible for cash assistance as a result of OASDI cost-of-living increases received after April 1977	Section 503 of P.L. 94-566	§ 435.135	Yes	BB	B4		SSI	SSI	N/A	Yes	No
A.23.	9	Disabled widows/widowers.	1634(b) 1935		Yes				SSI	SSI	N/A	Yes	No
A.24	9a	Early widows/widowers.	1634(d)1935		Yes				SSI	SSI	N/A	Yes	No
A.25.	9b	Qualified Medicare Beneficiaries (QMBs).	1902(a)(10)(E)(i) 1905(p)(1)		Yes	PQ - Pure QMB - Medicare premiums, deductibles & copay  QA MC Aged  QD MC Disabled	N/A  Q3 Q6		SSI  100% Att 2.6-A, p 12 Supp 1, p 6	None  Att 2.6-A Supp 8b, p 3	N/A	Yes	No

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
A.26.	9b	Qualified Disabled and Working Individuals.	1902(a)(10)(E)(ii) 1905(s)		Yes	QW - Part A only - ACCESS only	N/A		SSI  200% [Can't find SP reference]	\$4,000/\$6,000 [Can't find SP reference]	N/A	Yes	No
A.27.	9b1	Specified Low Income Medicare Beneficiaries (SLMBs)	1902(a)(10)(E)(iii) 1905(p)(3)(A)(ii)		Yes	IA MC SLMB; Aged  ID MC SLMB; Disabled  PS - Pure SLMB Part B premiums	N/A  N/A		SSI  120%] [Can't find SP reference	None  Att 2.6-A Supp 8b, p 3	N/A	Yes	No
A.28	9b1	Qualified Individuals -I.	1902(a)(10)(E)(iv)(I)		Yes	Q1 - Part B only	N/A		SSI  135% [Can't find SP reference]	None  Att 2.6-A Supp 8b, p 3	N/A	Yes	No
		Qualified Individuals -II.	1902(a)(10)(E)(iv)(II)	None	N/A	Q2 - ACCESS only	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
??	??	209(b) States -State uses more restrictive criteria to determine eligibility than are used by the SSI program.	1902(f)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
<b>Optional Groups Other Than the Medically Needy</b>													
<b>Children and Families</b>													
B.1.	9c	Individuals who are eligible for but not receiving IV-A, SSI, or State supplement cash assistance (435.230).	1902(a)(10)(A)(ii)(I) 1905(a)	§ 435.210	Yes	XA Aged XB Blind XC Child XD Disabled Adult XR P/CR	X3 Aged X4 Blind X5 Child X6 Disabled Adult X8 P/CR		AFDC/SSI	SSI for ABD	P/CR 435.110 PW 435.116 Ch < 19 435.118  Anyone else now in this category who becomes eligible under New Adult 435.119 must move to New Adult group.	Only for SSI/State Supplement	Yes (for new groups). No for ABD

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
B.2.	9c	Would be eligible for cash assistance (AFDC or SSI) or an optional state supplement (435.230) if they were not in a medical institution.	1905(a)(10)(A)(ii)(IV) 1905(a)	§ 435.211	Yes			4312.3	AFDC/SSI	SSI for ABD	P/CR 435.110 PW 435.116 Ch < 19 435.118  Anyone now in this category who becomes eligible under New Adult 435.119 must move to New Adult group.	Only for SSI/State Supplement	Yes (for new groups). No for ABD
B.3.	10	Individuals state deems eligible because they became ineligible for Medicaid while enrolled in a qualified HMO or other entity.	1902(e)(2) P.L. 99-272 (§ 9517) P.L. 101-508 (§ 4732)	§ 435.212	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B.6.	12	Individuals who would be eligible for IV-A cash assistance if state did not subsidize child care.	1902(a)(10)(A)(ii)(I) 1905(a)	§ 435.220	Yes			4312.5	AFDC	N/A	P/CR 435.110 PW 435.116 Ch < 19 435.118	No	N/A

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
B.7.	12-13a	Individuals under age 21 or at state option 20, 19, or 18 (or reasonable classifications ) who would not be covered under mandatory medically needy group but who meet AFDC income and resource requirements.	1902(a)(10)(A)(ii)1905(a)(i)	§ 435.222	Yes	C0 MC/DD child > 225% but ≤300%YC younger child ≤ 133%	C4 MC/DD child > 225% but ≤300%Y5 younger child ≤ 133%		AFDC	N/A	Ch < 19 435.118N ew Adult 435.119	No	Yes (for new groups)
B.8.	14	Individuals under 21 (or at state option, 20, 19, or 18) who are under state adoption agreements.	1902(a)(10)(A)(ii)(VIII)	435.227	Yes	KZ Special needs adoption	K5 Special needs adoption	4312.8C	N/A	N/A	Ch < 19 435.118 New Adult 435.119	No	No 435.603(i)(1)
B.9.	14a	Individuals who would be eligible for Title IV-A if state AFDC plan were as broad as allowed.	1902(a)(10)(A)(ii) 1905(a)	§ 435.223	Yes				AFDC	N/A	P/CR 435.110 PW 435.116 Ch < 19 435.118	No	N/A
B.14.	20	Poverty-related pregnant women and infants who are not mandatory eligibles.	1902(a)(10)(A)(ii)(IX) 1902(l)(1)(a) & (B)	None	Yes	BP Non cash, preg SP preg ≤ 185%	B7 Non cash, preg SP preg ≤ 185%		≤ 185% (200% w/ 15% disregard) Att 2.6-A, p 11a Supp 1, p 3 Supp 8a, p 2	None Att 2.6-A, p 21	PW 435.116 Ch < 19 435.118	PW consolidated under 435.116 Ch < 19 consolidated under 435.118	Yes (for new groups)

**Attachment A**

**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
B.15.	21	Poverty-related children under 6 who are not mandatory eligibles.	1902(a)(10)(A)(ii)(IX) 1902(l)(1)(C)	None	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B.15 a.	21	Poverty-related children under 19, who were born after September 30, 1983, and who are not mandatory eligibles.	1902(a)(10)(A)(ii)(IX) 1902(l)(1)(D)	None	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B.17.	23	Presumptive eligibility for pregnant women: Pregnant women who are determined by a "qualified provider" to meet the highest applicable income criteria specified in the plan.	1902(a)(47)	None	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		B.20-23. missing from SP											

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
B.24.	23b	Uninsured women, under 65, who are screened for breast or cervical cancer under CDC program	1902(a)(10)(A)(ii)(XVIII)	None	Yes	BG	BH	4202.4 4312.8E	N/A	N/A	Anyone now in this category who becomes eligible under New Adult 435.119 must move to New Adult group.	Yes	N/A
B.25.	23b	Presumptive eligibility for women screened by a "qualified entity" for breast or cervical cancer under CDC program	1920B	None	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Independent foster care adolescents: Children under age 21 who were in foster care on 18th birthday.	1902(a)(10)(A)(ii)(XVII)	None	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Targeted low income children.	1902(a)(10)(A)(ii)(XIV)	None	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
<b>SSI-Related</b>													
B.4.	11	Individuals receiving HCBS who would only be eligible for Medicaid under the SP if they were in a medical institution; individuals who were previously covered under a separate 1915(c) demonstration <ul style="list-style-type: none"> <li>•TBI</li> <li>•MI under 22 (children's MH)</li> <li>•MR/DD</li> </ul>	1902(a)(10)(A)(ii)(VI)	§ 435.217	Yes						Anyone now in this category who becomes eligible under New Adult 435.119 must move to New Adult group.	Yes	No

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
B.5.	11a	Individuals who are terminally ill, would be eligible if they were in a medical institution, and will receive hospice care.	1902(a)(10)(A)(ii)(VII)	None	Yes	HA Aged HB Blind HC Child HD Disabled Adult HR P/CR HZ Blind/disabled child	H3 Aged H4 Blind H5 Child H6 Disabled Adult H8 P/CR H9 Blind/disabled child	4312.8D	SSI	SSI	Anyone now in this category who becomes eligible under New Adult 435.119 must move to New Adult group.  P/CR 435.110 Ch < 19 435.118 New Adult 435.119	Yes	No
B.10.	15	Individuals receiving only an optional state supplement payment more restrictive than the criteria for an optional state supplement under title XVI	1902(a)(10)(A)(ii)(IX)	§ 435.230	Yes						Anyone now in this category who becomes eligible under New Adult 435.119 must move to New Adult group.	Yes	No

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
B.11.	17	Section 1902(f) states and SSI criteria states without agreements under section 1616 or 1634 of the act.	1902(a)(10)(A)(ii)(IX)	§ 435.230 § 435.121	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B.12.	19	<i>Special income level group:</i> Individuals who are in a medical institution for at least 30 consecutive days with gross income that does not exceed 300% of the SSI income standard, or state specified standard that does not exceed 300% FPL.	1902(a)(10)(A)(ii)(V)	§ 435.231	Yes				SSI	SSI	Anyone now in this category who becomes eligible under New Adult 435.119 must move to New Adult group.	Yes	No

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
B.13.	20	Katie Beckett: disabled individuals 18 or under who require an institutional level of care; care can be provided outside institution; estimated amount for home care can be no more than estimated amount for institutional care.	1902(e)(3)	None	Yes	KC	K5		SSI	SSI	N/A	Yes	No
B.16.	22	Aged or disabled individuals whose SSI income does not exceed 100% FPL	1902(a)(10)(A)(ii)(X) 1902(m)(1)	None	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B.18	23a	Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of 0 months.	1906	None	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
B.19.	23a	Individuals entitled to elect COBRA continuation coverage and whose income is no more than 100% FPL, whose resources are no more than twice the SSI resource limit and for whom the cost of COBRA premiums is likely to be less than the Medicaid expenditures for equivalent services.	1902(a)(10)(F)1902(u)(1)		No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B.23.	23d	Working disabled individuals (whose net family income is below 250%) and who, but for earned income, meet all criteria for receiving benefits under SSI. (BBA working disabled group).	1902(a)(10)(A)(ii)(XIII)	None	Yes	BD	B6		SSI	SSI	Anyone now in this category who becomes eligible under New Adult 435.119 must move to New Adult group.	Yes	No

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
B.24.	23d	TWWIIA Basic Insurance Group: Individuals at least 16 but no more than 65, whose income and resources do not exceed a standard established by the state, who buy into Medicaid.	1902(a)(10)(A)(ii)(XV)	None	No	N/A	N/A	N/A	N/A	N/A	Anyone now in this category who becomes eligible under New Adult 435.119 must move to New Adult group.	N/A	N/A
B.25.	23d	TWWIIA Medical Improvement Group: Employed individuals with a disability who are at least 16 but less than 65 with a medically improved disability, whose income and resources do not exceed a standard established by the state.	1902(a)(10)(A)(ii)(XVI)	None	No	N/A	N/A	N/A	N/A	N/A	Anyone now in this category who becomes eligible under New Adult 435.119 must move to New Adult group.	N/A	N/A

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
		TB-infected individuals.	1902(a)(10)(A)(ii)(XII) 1902(z)(1)	None	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
<b>Optional Coverage of Medically Needy</b>													
<b>Children and Families</b>													
C.1.	24	Pregnant women who would be categorically eligible except for income or resources.	1902(a)(10)(C)(ii)(II)	435.301	Yes	N/A  MP >AFDC < PIL  NP preg spend down met w/ HI prem or noncovered expenses  PP preg MN spend down	J7 MN Sel VHAP MC instead of Spend down  M7 >AFDC < PIL  N/A  P7 preg MN spend down	4320	MNIL	Att 2.6-A Supp 2, p 7	435.301	Yes	No

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
C.2.	24	Women who, while pregnant, lose eligibility and coverage as medically needy continue to be eligible as though they were pregnant, for all pregnancy-related and postpartum services for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.	1902(a)(10)(C) 1905(e)(5) 1905(e)(6)	435.170	Yes				N/A	N/A	435.170	Yes	N/A
C.3.	24	Individuals under 18 who would be categorically eligible except for income or resources.	1902(a)(10)(C)(ii)(I)	435.301	Yes	MC Child < PILNC child spend down met w/ HI prem or noncovered expensesPC child MN spend down	M5 Child < PILN/AP5 child MN spend down	4320	MNIL	Att 2.6-ASupp 2, p 7	Yes	Yes	No

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
C.4.	25	Newborns, born on or after Oct. 1, 1984, to a woman who is eligible for and receiving Medicaid as medically needy on the date of the child's birth. The child is deemed to have applied and been found eligible on the date of birth and remains eligible for one year.	1902(e)(4)	435.301	Yes				Child deemed eligible for one year if born to a woman who has applied for, has been determined eligible and is receiving Medicaid on the date of the child's birth.	Child deemed eligible for one year if born to a woman who has applied for, has been determined eligible and is receiving Medicaid on the date of the child's birth.	Obsolete 4/1/2009 per CHIPRA	No	N/A
C.5.a .	25-25a	Individuals under 21 (or at state option, 20, 19, or 18 or reasonable classifications ) who would be categorically eligible except for income or resources. Ribicoff??	1902(a)(10)(C) 1905(a)(i)	435.308	Yes			4320	MNIL	Att 2.6-A Supp 2, p 7	435.308	Yes	No

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
C.6.	26	Caretaker relatives who are ineligible as categorically needy.	1902(a)(10)(C)1905(a)(ii)	435.310	Yes	MR P/CR < PILNR P/CR spend down met w/ HI prem or noncovered expensesPR P/CR MN spend down	M8 P/CR < PILN/AP8 P/CR MN spend down	4320	MNIL	Att 2.6-ASupp 2, p 7	435.310	Yes	No

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
<b>SSI-Related</b>													
C.7.	26	Aged individuals who are ineligible as categorically needy.		§ 435.301(b)(2)(iii) § 435.320 § 435.330	Yes	MA Aged, < PIL  NA Aged spend down met w/ HI prem or noncovered expenses  PA aged MN spend down	M3 Aged < PIL  N/A  P3 Aged MN spend down	4320	MNIL	Att 2.6-A Supp 2, p 7	N/A	Yes	No
C.8.	26	Blind individuals who are ineligible as categorically needy.		§ 435.301(b)(2)(iv) § 435.324 § 435.330	Yes	MB Blind, < PIL  NB Blind spend down met w/ HI prem or noncovered expenses  PB Blind MN spend down	M4 Blind < PIL  N/A  P4 Blind MN spend down	4320	MNIL	Att 2.6-A Supp 2, p 7	N/A	Yes	No

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
C.9.	26	Disabled individuals who are ineligible as categorically needy.	1902(a)(10)(C)	§ 435.326	Yes	MD Disabled Adult < PILND Disabled spend down met w/ HI prem or noncovered expenses D Disabled MN spend down	MD Disabled Adult < PILN/AP7 preg MN spend down	4320	MNIL	Att 2.6-ASupp 2, p 7	N/A	Yes	No
C.10.	26	Individuals who would have been ineligible if they were not enrolled in an MCO.	1902(a)(10)(C) 1902(e)(2)		No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
C.11.	26	Blind and disabled individuals who meet eligibility requirements except for blindness and disability, who were eligible as medically needy in Dec., 1973 as blind or disabled, and for each consecutive month after Dec., 1973, continue to meet the Dec., 1973 eligibility criteria.		§ 435.340	Yes				MNIL	Att 2.6-A Supp 2, p 7	N/A	Yes	No
C.12.	26a	Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of <u>0</u> months.	1906										

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
<b>Children's Health Insurance Program</b>													
		CHIP			Yes	C2 CG - Nat. American	C6 CH - Nat. American		>225% but ≤ 300%	None	CHIP	Yes	Yes
<b>Waiver Expansion Programs</b>													
		VHAP - Single Individual			Yes	UA - 0% but ≤ 25% UB - > 25% but ≤ 50% UC - > 50% but ≤ 100% UD - > 100% but ≤ 125% UE - > 125% but ≤ 150% ZA - VHAP w/ ESIA	U1 U2 U3 U4 U5 N/A		0% but ≤ 150%	None	New Adult 435.119	??	Yes
		VHAP - Parent/Caretaker Relative			Yes	UF - > 150% but ≤ 185%	U6		150% but ≤ 185%	None	??	??	??

**Attachment A**  
**Detailed Eligibility Crosswalk (Preliminary)**

Att 2.2-A ¶	Att 2.2-A Pg No	Group Description	SSA Citation	CFR Citation	VT Cat ?	VT Elig Code FFS	VT Elig Code MC	VT Rule Cite	VT Income Standard	VT Resource Standard	Groups After ACA	Does Category Survive ACA?	MAGI?
		CHAP			Yes	ZC	N/A		150/185% but ≤ 300%	None	??	??	??
		ESIA			Yes	ZB	N/A		0% but ≤ 300%	None	??	??	??

# Attachment B Vermont IT Structure

