

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

DCF

Department for Children and Families

BULLETIN NO.: 11-24P

FROM: Richard Giddings, Deputy Commissioner
Economic Services Division

DATE: November 1, 2011

SUBJECT: Birth Control Plus Option Eligibility Rules

GES ADOPTED EFFECTIVE 4/1/2012

INSTRUCTIONS

- Maintain Manual - See instructions below.
 Proposed Regulation - Retain bulletin
and attachments until you receive
Manual Maintenance _____
 Information or Instructions - Retain
until _____

MANUAL REFERENCE(S):

4500

This rule is being implemented pursuant to Section 2303 of the Affordable Care Act, 42 U.S.C. 1396a(a)(10)(A)(ii); Section E. 309.2 of Act 63 of the 2011-2012 Legislative Session (The Big Bill).

Sec. 2303 of the AFFORDABLE CARE ACT (ACA):

State eligibility option for family planning services establishes a new optional Medicaid (categorically needy) eligibility group for states to provide medical assistance for family planning services and supplies to individuals (men and women) who were previously ineligible for Medicaid.

Sec. E.309.2 FAMILY PLANNING OPTION

(a) Beginning April 1, 2012, the commissioner of Vermont health access shall modify necessary rules and procedures related to eligibility and services to implement the family planning option of section 2303 of the Affordable Care Act of 2010, Public Law 111-148.

Specific Changes to Rule Sections

Section	Description of Change
4500	New Rule

Description of New Rule

The rule establishes a new Medicaid optional eligibility group in order to provide medical assistance that includes family planning services and supplies to individuals (men and non pregnant women) at or below 200% of federal poverty level who are not otherwise eligible for Medicaid and who request this coverage.

Rule Making Process

A. Informal Public Input Process

1. The proposed rule is expected to be filed with the Interagency Committee on Administrative Rules (ICAR) on November 4, 2011 and presented at its meeting on November 14, 2011.
2. The proposed rule is expected to be filed with the Secretary of State's Office and the Legislative Committee on Administrative Rules (LCAR) on November 18, 2011.
3. The Secretary of State will publish notice of rulemaking on their website on December 1, 2011.
4. The department will post the proposed rule on its website <http://dcf.vermont.gov/esd/rules> and notify advocates, providers, subscribers, and members of the public of the proposed rule.

B. Formal Notice and Comment Period

1. A public hearing is to be held on December 30, 2011 from 10:00am - 12:00 noon in the Department of Vermont Health Access (DVHA) Large Conference Room, 312 Hurricane Lane, Suite 201, Williston, Vermont.
2. Written comments may be submitted no later than 4:30 p.m. on January 6, 2012 to Stephen Sease, Economic Services Division, DCF; 103 South Main Street, Waterbury, Vermont 05671-1201, steve.sease@ahs.state.vt.us. Fax: (802) 476-1654.
3. On or before Friday, January 20, 2012 copies of the final proposed rule are expected to be filed with the Secretary of State and the Legislative Committee on Administrative Rules (LCAR).
4. The department expects to present the rule to LCAR at its meeting in February 2012.
5. The department expects to file the final rule no later than Friday, February 10, 2012.
6. The rule is expected to be effective on February 27, 2012.

To get more information about the Administrative Procedures Act and the rules applicable to state rulemaking go to the website of the Office of the Vermont Secretary of State at: <http://vermont-archives.org/aparules/> or call Louise Corliss at 828-2863

For information on upcoming hearings before the Legislative Committee on Administrative Rules go to the website of the Vermont Legislature at: <http://www.leg.state.vt.us/schedule/schedule2.cfm> or call 828-5760.

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Vertical lines in the left margin indicate changes.

Vermont Medicaid Family Planning Group

Recommendation: New rule series, as this establishes a new Medicaid Eligibility Group

4500 Vermont Medicaid Family Planning Group

a. Description

Individuals of any age or gender who are not pregnant and are not otherwise eligible for Medicaid are categorically eligible for Medicaid-Family Planning provided they meet financial and nonfinancial requirements for this group.

b. Authority

This rule is based on section 2303 of the Affordable Care Act (ACA), codified at section 1902(a)(10)(A)(ii)(XXI) of the Social Security Act, and section E.309.2 of Act 63, the Big Bill of Fiscal Year 2012.

Non Financial Requirements

4501 Non Financial Requirements

All rules applicable under the Medicaid program in general apply to the Medicaid Family Planning Group, including cost sharing, citizenship, immigration and third party liability.

Financial Requirements

4502 Financial Requirements

- a. Income level. The income level for the Medicaid Family Eligibility Group may not exceed the highest income level for pregnant women under the State Medicaid or CHIP plan.
- b. Individual income. The state will consider only the income of the applicant or recipient.
- c. Household size. In order to determine income eligibility, the state will consider the applicant to be a household of two.
- d. Resources. There is no resource test for this group.

Application

4503 Application

- a. Application process. The provisions of Rule 4120 apply to applications for the Medicaid Family Eligibility Group.
- b. Voluntary participation. Participation in the Medicaid Family Eligibility Group is voluntary and must be acknowledged by the individual.