STATE OF VERMONT
AGENCY OF HUMAN SERVICES

DCF

Department for Children and Families

BULLETIN NO.: 05-05

FROM: Betsy Forrest, Deputy Commissioner
Economic Services Division

DATE: January 1, 2005

SUBJECT: 1/1/05 Standards Changes for Health Care Programs

CHANGES ADOPTED EFFECTIVE January 1, 2005

MANUAL REFERENCE(S)

P-2420
P-2740

INSTRUCTIONS

X **Maintain Manual - See instructions below.**
___ **Proposed Regulation - Retain bulletin and attachments until you receive Manual Maintenance Bulletin: ___**
___ **Information or Instructions - Retain until ___**

This bulletin revises income standards for Medicaid and other health care programs based on the consumer price index (CPI) and federal poverty level (FPL). Because the FPL is not published until February or March, DCF uses a forecast in January to update the DCF income standards based on the FPL. When the FPL is published, if it is higher than DCF's forecast, DCF will revise these income standards in April.

The bulletin also revises SSI/AABD payment maximums and other standards based on the federal cost-of-living adjustment (COLA).

The following standards change on January 1, 2005:

Protected income levels (PILs) for individuals in the community
Income standards for health care programs based on the federal poverty level
Eligibility maximums for QMB, SLMB, QI, and QDWI
SSI/AABD payment levels
Institutional income standard
Community spouse resource allocation maximum for Long-Term Care (LTC)
SSI federal benefit payment rate
Pickle deduction percentage chart
Home upkeep deduction
Allocations to community spouse for LTC (3 changes)
Community maintenance allowance in the home-and-community-based waiver programs
Medicare copayments for nursing home care
SSI/AABD payment maximums
AABD-Essential Person payment maximums

Vertical lines in the left margin indicate significant changes. Dotted lines at the left indicate changes to clarify, rearrange, or correct references, without changing the content of the procedure.

Manual Maintenance

Medicaid Procedures

Remove		Insert	
P-2420 A	(04-02)	P-2420 A	(05-05)
P-2420 B3	(04-02)	P-2420 B3	(05-05)
P-2420 B5	(04-02)	P-2420 B5	(05-05)
P-2420 C	(04-02)	P-2420 C	(05-05)
P-2420 D1	(04-16)	P-2420 D1	(05-05)
P-2420 D3	(04-02)	P-2420 D3	(05-05)
P-2420 D4	(04-16)	P-2420 D4	(05-05)
P-2420 D5	(04-16)	P-2420 D5	(05-05)

AABD/EP Procedures

Remove		Insert	
P-2740 A	(04-02)	P-2740 A	(05-05)
P-2740 B	(04-02)	P-2740 B	(05-05)

P-2420 Eligibility Determination for Medicaid

A. General Introduction

Use the following standards to determine eligibility and fees for health care programs. Income standards for most programs are based on a forecast derived from the federal poverty levels (FPLs) and updated January 1 each year. If the FPLs, which are not published until February or March, are higher than DCF's forecast, DCF will revise these income standards April 1.

B. Monthly Income Standards

1. **Eligibility maximums for Medicaid and waiver programs, effective 1/1/05**

			Household Size							
Coverage Groups	Rule	% FPL	1	2	3	4	5	6	7	8
PIL outside Chittenden County	M243	N/A	800	800	966	1,091	1,233	1,325	1,475	1,608
PIL inside Chittenden County	M243	N/A	866	866	1,033	1,158	1,300	1,383	1,541	1,675
VHAP (individual) VHAP - Pharmacy	4001.84 3301.74	150%	1,190	1,598	2,005	2,413	2,820	3,228	3,635	4,043
VScript	3203	175%	1,389	1,864	2,340	2,815	3,290	3,766	4,241	4,717
Transitional Medicaid VHAP (parents, caretaker relative)	M302.21 4001.84	185%	1,468	1,971	2,473	2,976	3,478	3,981	4,484	4,986
Dr. Dynasaur (pregnant women)	M302.27	200%	1,587	2,130	2,674	3,217	3,760	4,304	4,847	5,390
VScript Expanded	3201.64	225%	1,785	2,397	3,008	3,619	4,230	4,842	5,453	6,064
Working people with disabilities (WPWD)	M200.24	250%	1,984	2,663	3,342	4,021	4,700	5,380	6,059	6,738
Dr. Dynasaur (children under 18) Healthy Vermonters (any age)	M302.26 3401.54	300%	2,380	3,195	4,010	4,825	5,640	6,455	7,270	8,085
Healthy Vermonters (aged, disabled)	3401.54	400%	3,174	4,260	5,347	6,434	7,520	8,607	9,694	10,780

2. **Eligibility maximums for Medicare cost-sharing programs, effective 1/1/05**

			Household Size	
Coverage Groups	Rule	% FPL	1	2
Qualified Medicare Beneficiaries (QMB)	M200.41	100%	794	1,065
Specified Low-Income Medicare Beneficiaries (SLMB)	M200.43	120%	952	1,278
Qualified Individuals - 1 (QI-1)	M200.44	135%	1,071	1,438
Qualified Disabled and Working Individuals (QDWI)	M200.42	200%	1,587	2,130

P-2420 Eligibility Determination for Medicaid

B. Monthly Income Standards (Continued)

3. Ranges for program fees, effective 1/1/05

Coverage Groups	Rule	% FPL	1	2	3	4	5	6	7	8
VHAP - no fee	4001.91	> 0 ≤ 50%	397	533	669	805	940	1,076	1,212	1,348
VHAP - $10/person/month	4001.91	> 50 ≤ 75%	595	799	1,003	1,207	1,410	1,614	1,818	2,022
VHAP - $35/person/month	4001.91	> 75 ≤ 100%	794	1,065	1,337	1,609	1,880	2,152	2,424	2,695
VHAP - $45/person/month	4001.91	> 100 ≤ 150%	1,190	1,598	2,005	2,413	2,820	3,228	3,635	4,043
VHAP - $65/person/month	4001.91	> 150 ≤ 185%	1,468	1,971	2,473	2,976	3,478	3,981	4,484	4,986
VHAP - Pharmacy - $13/person/mo.	3303.1	> 0 ≤ 150%	1,190	1,598	2,005	2,413	2,820	3,228	3,635	4,043
VScript - $17/person/month	3203	> 150 ≤ 175%	1,389	1,864	2,340	2,815	3,290	3,766	4,241	4,717
VScript Expanded - $35/person/mo.	3203	> 175 ≤ 225%	1,785	2,397	3,008	3,619	4,230	4,842	5,453	6,064
Dr. D. - no fee	M302.26,27	> 0 ≤ 185%	1,468	1,971	2,473	2,976	3,478	3,981	4,484	4,986
Dr. Dynasaur (pregnant women) – $25/family/month	M302.27	> 185 ≤ 200%	1,587	2,130	2,674	3,217	3,760	4,304	4,847	5,390
Dr. D. (under 18) - $25/family/mo.	M302.26	> 185 ≤ 225%	1,785	2,397	3,008	3,619	4,230	4,842	5,453	6,064
Dr. D. (under 18) - $35/with other ins.	M302.26	> 225 ≤ 300%	2,380	3,195	4,010	4,825	5,640	6,455	7,270	8,085

4. SSI/AABD payment levels (2700)

Living Arrangement		Effective 1/1/05	1/1/04 – 12/31/04
Independent Living	Individual	$ 631.04	$ 616.04
	Couple	967.88	944.88
Another's Household	Individual	425.30	415.30
	Couple	627.64	612.31
Residential Care Home w/ Assistive Community Care Level III	Individual	627.38	612.38
	Couple	965.77	942.77
Res. Care Home w/ Limited Nursing Care Level III	Individual	846.13	831.13
	Couple	1,472.69	1,449.69
Residential Care Home Level IV	Individual	802.94	787.94
	Couple	1,431.06	1,408.06
Custodial Care Family Home	Individual	677.69	662.69
	Couple	1,201.82	1,178.82
Long-term Care	Individual	47.66	47.66
	Couple	95.33	95.33

P-2420 Eligibility Determination for Medicaid

B. Monthly Income Standards (Continued)

5. Institutional income standard for long-term care (M243.5)

Effective 1/1/05		1/1/04 – 12/31/04	
Individual	$1,737.00	Individual	$1,692.00
Couple	$3,474.00	Couple	$3,384.00

6. Personal needs allowance for long-term care (M432.1)

Individual	$47.66
Couple	$95.33

P-2420 Eligibility Determination for Medicaid

C. Resource Maximums M230 (SSI-related)
M340 (ANFC-related)

1. Household Maximums

Group Size

1	$2000
2	3000
3	3150
4	3300
5	3450
6	3600
7	3750
8	3900

NOTE: There is no resource test for pregnant women or children under age 18 if income is below the applicable poverty line income test. (see P-2420 A). If income is above, the resource test applies.

2. Community Spouse Resource Allocation Maximum, Long-Term Care (M432.31)

Effective 1/1/05	1/1/04 - 12/31/04
$95,100	$92,760

3. Resource Limit for QMB, QDWI, SLMB, QI-1 (M200.41, M200.42, M200.43, M200.44)

Effective 7/1/90

Individual	$4000
Couple	$6000

P-2420 Eligibility Determination for Medicaid

D. Other Standards

1. SSI Federal Benefit Payment Rate (M222, M243.1, M243.2)

These are used when determining the eligibility of SSI-related adults, allocations to ineligible children and parents, and the amount of income deemed to SSI-related child applicants.

	Effective 1/1/05	1/1/04- 12/31/04
Individual	$579 per month	$564 per month
Couple	$869 per month	$846 per month
Ineligible child	$290 per month	$282 per month

2. Business Expenses - Providing Room and/or Board

Use either A or B below, whichever is the higher amount, for the business expense deduction:

A. Standard monthly deduction, as follows:

Room - Scaled according to the size of the group.
Board - Equal to the thrifty food plan allowance for the group size.

Effective 10/1/04

ACCESS Code	Type	Group Size 1	2	3	4	5	6+
1	Room Only	119	219	314	399	473	568
2	2/3 Board	99	183	262	333	395	474
3	Board Only	149	274	393	499	592	711
4	Room and 2/3 Board	218	402	576	732	868	1042
5	Room and Board	268	493	707	898	1065	1279

B. The actual documented amount of business expenses for room and/or board providing the amount does not exceed the income received from the roomers and boarders.

P-2420 Eligibility Determination for Medicaid

D. Other Standards (Continued)

5. Employment Expense Deduction, ANFC-related Medicaid only (M352.3)

Effective 10/1/89
$90 per person per month

6. Pickle Deduction Percentage Chart
See procedures at P-2421 B #1b for determining entitlement to the Pickle deductions.

Effective 1/1/05 to 12/31/05

4/77-6/77	**0.6894**	1/85-12/85	**0.4371**	1/93-12/93	**0.249**	1/01-12/01	**0.0833**
7/77-6/78	**0.6711**	1/86-12/86	**0.4196**	1/94-12/94	**0.2295**	1/02-12/02	**0.0595**
7/78-6/79	**0.6497**	1/87-12/87	**0.4121**	1/95-12/95	**0.2079**	1/03-12/03	**0.0463**
7/79-6/80	**0.615**	1/88-12/88	**0.3874**	1/96-12/96	**0.1873**	1/04-12/04	**0.0263**
7/80-6/81	**0.56**	1/89-12/89	**0.3629**	1/97-12/97	**0.1637**		
7/81-6/82	**0.5107**	1/90-12/90	**0.3329**	1/98-12/98	**0.1462**		
7/82-12/83	**0.4745**	1/91-12/91	**0.2969**	1/99-12/99	**0.1351**		
1/84-12/84	**0.4561**	1/92-12/92	**0.2709**	1/00-12/00	**0.1143**		

7. Home Upkeep Deduction, Long-Term Care (M432.2 and P-2430 E)

Effective 1/1/05	1/1/04 – 12/31/04
$473.28	$462.03

P-2420 Eligibility Determination for Medicaid

D. Other Standards (Continued)

8. Allocation to Community Spouse - Long-Term Care (M432.31 and P-2430 E)

a. Maximum income allocation. If actual verified housing costs excluding fuel and utilities are greater than the base housing cost, allow up to the maximum allocation.

Effective 1/1/05	(1/1/04 – 12/31/04)
$2,377.50	$2,319.00

b. Standard income allocation. (Maintenance income standard) This is based on 150 percent of the current poverty level for 2 people.

Effective 1/1/05	(7/1/04 – 12/31/04)
$1,598.00	$1,562.00

c. Shelter standard This is 30 percent of the maintenance income standard in paragraph b, above.

Effective 1/1/05	(7/1/04 - 12/31/04)
$ 480.00	$ 469.00

1. Fuel and utility standard. Current food stamp fuel and utility standard is on page P-2590 A1.

Effective 10/1/04
$ 407.00

2. Base housing cost

Effective 10/1/04	(10/1/03 - 9/30/04)
$ 62.00	$ 71.00

9. Allocation to Each Family Member Living with a Community Spouse - Long-Term Care (M432.3) This is the maximum allocation if family member has no income.

Effective 10/1/04	10/1/02 - 9/30/03
$ 521.00	$ 505.00

P-2420 Eligibility Determination for Medicaid

D. Other Standards (Continued)

Allocation if family member has income:
Maintenance income standard (P-2420 D#8)
- Gross income of family member
Remainder

Remainder ÷ by 3 = Allocation

10. Community Maintenance Allowance in the Home-and-Community-Based Waiver Program (P-2430 H)

Effective 1/1/05	1/1/04 – 12/31/04
$866.00	$850.00

11. Medicare Copayments for Nursing Home Care (P-2430 E)
For the 21st through 100th day that a Medicare eligible person is in a nursing home, Medicare will pay the daily costs in excess of the following patient co-payment:

Effective 1/1/05	1/1/04 - 12/31/04
$ 114.00	$ 109.50

12. Standard Deductions for Assistive Community Care Services (ACCS) and Personal Care Services (PCS) (M421.23) (M421.24) (P-2421 D)

	Effective 1/1/03	10/1/00 - 12/31/02
ACCS	$ 27.00 per day; $ 810.00 per month	$ 600.00 per month
PCS	$ 17.83 per day; $ 535.00 per month	$ 396.00 per month

13. Average Cost to a Private Patient of Nursing Facility Services (M440.42)
This amount is used to calculate a penalty period for an individual in a nursing home or in the home-and-community-based waiver program.

Effective 10/1/04
$ 5,580 per month
$ 186 per day

P-2740 Payment Maximums

A. SSI/AABD Payment Maximums (2700)

		Effective 1/1/05			1/1/04 - 12/31/04		
Living Arrangement		***SSI Share***	***AABD Share***	***Total***	*SSI Share*	*AABD Share*	*Total*
Independent Living	Individual	$ 579.00	$52.04	$ 631.04	$ 564.00	$52.04	$ 616.04
	Couple	$ 869.00	$98.88	$ 967.88	$ 846.00	$98.88	$ 944.88
Another's Household	Individual	$ 386.00	$39.30	$ 425.30	$ 376.00	$39.30	$ 415.30
	Couple	$ 579.33	$48.31	$ 627.64	$ 564.00	$48.31	$ 612.31
Residential Care Home w/ Assistive Community Care Level III	Individual	$ 579.00	$48.38	$ 627.38	$ 564.00	$48.38	$ 612.38
	Couple	$ 869.00	$96.77	$ 965.77	$ 846.00	$96.77	$ 942.77
Residential Care Home w/ Limited Nursing Care Level III	Individual	$ 579.00	$267.13	$ 846.13	$ 564.00	$267.13	$ 831.13
	Couple	$ 869.00	$603.69	$1,472.69	$ 846.00	$603.69	$1,449.69
Residential Care Home Level IV	Individual	$ 579.00	$223.94	$ 802.94	$ 564.00	$223.94	$ 787.94
	Couple	$ 869.00	$562.06	$1,431.06	$ 846.00	$562.06	$1,408.06
Custodial Care Family Home	Individual	$ 579.00	$ 98.69	$ 677.69	$ 564.00	$ 98.69	$ 662.69
	Couple	$ 869.00	$332.82	$1,201.82	$ 846.00	$332.82	$1,178.82
Long-term Care	Individual	$ 30.00	$ 17.66	$ 47.66	$ 30.00	$ 17.66	$ 47.66
	Couple	$ 60.00	$ 35.33	$ 95.33	$ 60.00	$ 35.33	$ 95.33

P-2740 Payment Maximums (Continued)

B. AABD-EP Payment Maximums (Rule 2754)

100 Percent Payment Maximum

Independent living with essential person	Effective 1/1/05	1/1/04- 12/31/04
Individual	$ 967.88	$ 944.88
Couple	$1,133.69	$1,116.69
Living in another's household with ineligible spouse	$ 631.04	$ 616.04

67 Percent Payment Maximum

Independent living with essential person	Effective 1/1/05	1/1/04 – 12/31/04
Individual	$ 856.72	$ 836.36
Couple	$1,078.97	$ 1,059.99
Living in another's household with ineligible spouse	$ 563.15	$ 549.80

34 Percent Payment Maximum

Independent living with essential person	Effective 1/1/05	1/1/04 – 12/31/04
Individual	$ 745.57	$ 727.85
Couple	$1,024.26	$1,003.30
Living in another's household with ineligible spouse	$ 495.25	$ 483.55