

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

DCF

Department for Children and Families

BULLETIN NO.: 05-26

FROM: Betsy Forrest, Deputy Commissioner
Economic Services Division

DATE: June 30, 2005

SUBJECT: Changes to Dr. Dynasaur and VHAP premiums

CHANGES ADOPTED EFFECTIVE: 7/1/05

INSTRUCTIONS

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

SECTION REFERENCE(S):

P-2420 B3

This bulletin adds health care category codes and updates health care premium procedures based on the federal poverty level (FPL). The premium changes are effective on July 1, 2005 as authorized by the Budget Act of 2006 (an act making appropriations for the support of government).

Manual Maintenance

VHAP Procedures

Remove

Insert

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(05-12)

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(05-26)

7/1/05

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P-2420 Eligibility Determination for MedicaidB. Monthly Income Standards (Continued)**3. Ranges for Premiums effective 7/1/05**

Coverage Groups	Rule	% FPL	1	2	3	4	5	6	7	8
VHAP - no fee UA, U1, UB, U2	4001.91	> 0 ≤ 50%	399	535	671	807	943	1,078	1,214	1,350
VHAP - \$11/person/month UC, U3	4001.91	> 50 ≤ 75%	599	802	1,006	1,210	1,414	1,617	1,821	2,025
VHAP - \$39/person/month UC, U3	4001.91	> 75 ≤ 100%	798	1,070	1,341	1,613	1,885	2,156	2,428	2,700
VHAP - \$50/person/month UD, U4, UE, U5	4001.91	> 100 ≤ 150%	1,197	1,604	2,012	2,419	2,827	3,234	3,642	4,049
VHAP - \$75/person/month UF, U6	4001.91	> 150 ≤ 185%	1,476	1,978	2,481	2,984	3,486	3,989	4,491	4,994
VHAP - Pharmacy-\$13/person/mo. V1, V2, V3, V4, V5, V6	3303.1	> 0 ≤ 150%	1,197	1,604	2,012	2,419	2,827	3,234	3,642	4,049
VScript - \$17/person/month VA, VS, V7, V8	3203	> 150 ≤ 175%	1,396	1,872	2,347	2,822	3,298	3,773	4,249	4,724
VScript Expande - \$35/person/mo. VB, VC, VT, VU	3203	> 175 ≤ 225%	1,795	2,406	3,017	3,629	4,240	4,851	5,462	6,074
Dr. D. - no fee C0, C4	302.26,27	> 0 ≤ 185%	1,476	1,978	2,481	2,984	3,486	3,989	4,491	4,994
Dr. Dynasaur (pregnant women) \$30/family/month P1, P2	M302.27	> 185 ≤ 200%	1,595	2,139	2,682	3,225	3,769	4,312	4,855	5,399
Dr. D. (under 18)-\$30/family/mo. C0, C4	M302.26	> 185 ≤ 225%	1,795	2,406	3,017	3,629	4,240	4,851	5,462	6,074
Dr. D. (under 18) - \$40/with other ins. C3, C9 or \$80/uninsured/family/month for uninsured family - C2, C6	M302.26	> 225 ≤ 300%	2,393	3,208	4,023	4,838	5,653	6,468	7,283	8,098

4. SSI/AABD payment levels (2700)

Living Arrangement		Effective 1/1/05	<u>1/1/04 – 12/31/04</u>
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