

STATE OF VERMONT  
AGENCY OF HUMAN SERVICES

**DCF**

**Department for Children and Families**

**BULLETIN NO.:** 05-30

**FROM:** Betsy Forrest, Deputy Commissioner  
Economic Services Division

**DATE:** September 1, 2005

**SUBJECT:** 10/1/05 Standards for Reach Up, Food Stamps, and Medicaid  
and Agreement to Report Change Form

**CHANGES ADOPTED EFFECTIVE** 10/01/05

**INSTRUCTIONS**

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

**MANUAL REFERENCE(S):**

P-2210	P-2590
P-2420	Forms Manual

The following standards are updated effective October 1, 2005.

All programs

- Business expenses for providing day care meals and snacks
- Business expenses for providing room and board

Medicaid long-term care

- Fuel and utility standard
- Base housing cost
- Maximum allocation if family member has no income
- Average monthly cost to a private patient of nursing facility services

Food Stamps

- Standard deductions
- Shelter cost maximum deduction
- Fuel and utility standard with heat, and without heat
- Maximum allotment levels (Thrifty Food Plan amounts and allotment tables)
- Maximum net monthly income levels
- Maximum gross income levels
- Formula for households of more than 10 people

**Agreement to Report Change, ESD 201A**

Beginning October 1, 2005, Food Stamp gross income standards will be included on the reverse side of the Agreement to Report Change (ESD 201A) form, which will now be updated annually. Please recycle all PATH 201A forms dated prior to October 1, 2005.

Significant changes are indicated by vertical lines in the margin. Changes to clarify, rearrange or correct references without changing the procedure are dotted.

**Manual Maintenance**

**Reach Up Procedures**

**Remove**

**Insert**

P-2210 C22	(04-16)	P-2210 C22	(05-30)
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**Medicaid Procedures**

P-2420 D1	(05-05)	P-2420 D1	(05-30)
P-2420 D2	(04-16)	P-2420 D2	(05-30)
P-2420 D4	(05-12)	P-2420 D4	(05-30)
P-2420 D5	(05-05)	P-2420 D5	(05-30)

**Food Stamps Procedures**

P- 2590 A1	(04-16)	P- 2590 A1	(05-30)
P- 2590 A2	(04-16)	P- 2590 A2	(05-30)
P- 2590 B-C1	(04-16)	P- 2590 B-C1	(05-30)
P-2590 D1-D43	(04-16)	P-2590 D1-D34	(05-30)
(43 pages)		(34 pages)	

**Forms Manual**

PATH 201A	(R 07/03)	ESD 201A	(R 10/05)
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P-2210 C22

P-2210 Determination and Documentation Eligibility Factors

C. Financial Eligibility Computation (Continued)

- Business Expenses - Providing Day Care Meals and Snacks (effective 10/1/05)

A recipient providing day care for other children in her own home is entitled to deduct, as a business expense from earned income, the cost of meals and snacks provided to those children. Use the following standard deductions or actual documented expenses, if higher.

Breakfast	\$1.06 per day
Lunch only	\$1.96 per day
Dinner only	\$1.96 per day
Snack	\$ .58 per day

In cases that have documented non-meal related expenses, do the following:

- Manually figure the total monthly meal expense using either the standard deduction table or the actual verified expenses (whichever is higher).
- Figure the monthly total for non-meal related expenses.
- Add a) to b) and enter the total in the ACTUALS field on the DCIN panel. For these cases the entries in the meals fields will be disregarded and the amount in the ACTUALS field used.

- Business Expenses - Providing Room and/or Board (effective 10/1/05)

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

ACCESS		Group Size						
A.	Code	Type	1	2	3	4	5	6+
	1	Room Only	122	223	320	406	482	580
	2	2/3 Board	101	185	266	337	401	481
	3	Board Only	152	278	399	506	601	722
	4	Room and 2/3 Board	223	408	586	743	883	1061
	5	Room and Board	274	501	719	912	1083	1302

- 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

**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.

	<u>Effective 1/1/05</u>	<u>1/1/04- 12/31/04</u>
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 10/1/05

ACCESS Code	Type	Group Size					
		1	2	3	4	5	6+
1	Room Only	122	223	320	406	482	580
2	2/3 Board	101	185	266	337	401	481
3	Board Only	152	278	399	506	601	722
4	Room and 2/3 Board	223	408	586	743	883	1061
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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.

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P-2420 D2

P-2420 Eligibility Determination for MedicaidD. Other Standards (Continued)**3. Business Expenses - Providing Day Care Meals**

A recipient providing day care within his/her own home for children (other than in his/her household) is entitled to deduct as a business expense from earned income, the cost of meals and snacks provided to these children. The following standard deductions shall apply per meal unless documentation of higher expenses is provided and it does not exceed the amount paid for the day care:

Effective 10/1/05

Breakfast only	\$ 1.06 per day
Lunch only	\$ 1.96 per day
Dinner only	\$ 1.96 per day
Snacks	\$ .58 per day

In cases that have documented non-meal related expenses, do the following:

- Manually figure the total monthly meal expense using either the standard deduction table or the actual verified expenses (whichever is higher).
- Figure the monthly total for non-meal related expenses.
- Add a) to b) and enter the total in the ACTUALS field on the DCIN panel. For these cases the entries in the meals fields will be disregarded and the amount in the ACTUALS field used.

**4. Dependent Care Expense Maximums - ANFC-Related Medicaid Only (M352.4)**

Effective 10/1/05

\$175.00 per month per person for children two years of age or older and for incapacitated adults.

\$200.00 per month per child for children under two years of age.

Transportation: \$0.405 per mile.

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P-2420 D4

P-2420 Eligibility Determination for MedicaidD. 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.

<u>Effective 1/1/05</u>	<u>(1/1/04 – 12/31/04)</u>
\$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.

<u>Effective 4/1/05</u>	<u>(1/1/05 – 3/31/05)</u>
\$1,604.00	\$1,598.00

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

<u>Effective 4/1/05</u>	<u>(1/1/05 - 3/31/05)</u>
\$ 482.00	\$ 480.00

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

<u>Effective 10/1/05</u>
\$ 473.00

2. Base housing cost

<u>Effective 10/1/05</u>	<u>(1/1/05 - 9/30/05)</u>
\$ 9.00	\$ 62.00

**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.

<u>Effective 1/1/05</u>	<u>10/1/02 - 12/31/04</u>
\$ 533.00	\$ 521.00

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P-2420 D5

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)**

<u>Effective 1/1/05</u>	<u>1/1/03 – 12/31/03</u>
\$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:

<u>Effective 1/1/05</u>	<u>1/1/04 - 12/31/04</u>
\$ 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)**

	<u>Effective 1/1/03</u>	<u>10/1/00 - 12/31/02</u>
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.

<u>Effective 10/1/05</u>
\$ 5,921 per month
\$ 198 per day

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P-2590 A1

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P-2590 Reference MaterialsA. Calculating Net Income1. Standard Deduction (Effective 10/1/05)

The standard deduction varies by household size:

\$134 for households of 1 to 4 members

\$157 for households of 5 members

\$179 for households of 6 or more members

2. Basic Medical Liability (Effective 1/1/81)

The base amount for medical liability is \$35. Refer to section 273.9(d)(3) of the food stamp manual.

3. Dependent Care Maximum Deduction (Effective 9/1/94)

The maximum deduction is \$200 per month per child under age two and \$175 per month for all other dependents. Refer to section 273.9(d)(4) of the food stamp manual.

4. Shelter Cost Maximum Deduction (Effective 10/1/05)

The maximum deduction for households without elderly or disabled members is \$400.

5. Fuel and Utility Standards (Effective 10/1/05)

With heat      \$473.00

Without heat   \$170.00

Phone only     \$ 34.12

See P-2510 E on selecting the correct standard and ACCESS manual - STAT 5.14 (UTIL Panel) and STAT 5.17 (PHON Panel) for ACCESS-related information.

P-2590      Reference Materials

A.      Calculating Net Income (Continued)

7.      Business Expenses - Providing Day Care Meals (Effective 10/1/05)

Recipients providing day care for other children in their own home are entitled to deduct, as a business expense from earned income, the cost of meals and snacks provided to those children. Use the following standard deductions. Inform recipients that if they feel expenses are higher than these standards, the higher amount will be allowed when verified.

Breakfast	\$ 1.06 per day	Dinner only	\$1.96 per day
Lunch only	\$ 1.96 per day	Snacks	\$ .58 per day

In cases that have documented non-meal related expenses, do the following:

- a)      Manually figure the total monthly meal expense using the higher of the standard deduction table or the actual verified expenses. Convert weekly (bi-weekly) expenses to a monthly figure.
- b)      Figure the monthly total for non-meal related expenses.
- c)      Add a) to b) and enter the total in the ACTUALS field on the DCIN panel. For these cases the entries in the meals fields will be disregarded and the amount in the ACTUALS field used.

Business Expenses - Providing Room and Board (Effective 10/1/05)

The following table outlines the monthly business expenses allowance for room and board. If the client provides documentation of separate identifiable costs of providing room and/or board that exceed the applicable table amount, allow the higher amount. In no case, however, may the business expense allowed exceed the amount of gross income received from the roomer and boarder.

ACCESS Code	Type	Group Size					
		1	2	3	4	5	6+
1	Room Only	122	223	320	406	482	580
2	2/3 Board	101	185	266	337	401	481
3	Board Only	152	278	399	506	601	722
4	Room and 2/3 Board	223	408	586	743	883	1061
5	Room and Board	274	501	719	912	1083	1302

If five or more roomer/boarders are in one payment group, the case should be handled FIAT. The RBIN panel allows only four roomer/boarders per panel. Splitting one payment onto two RBIN panels results in an incorrect business expense deduction.

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P-2590 Reference Materials

B. Maximum Resources Allowed

Effective October 1, 2002, the maximum resource level will be:

\$2000 for all households, except  
 \$3000 for households if at least one member is disabled or age 60 or older.

Refer to section 273.8b of the food stamp manual.

C. Maximum Income, Maximum and Minimum Allotments

Maximum allotment levels (thrifty food plan) are effective October 1, 2005.  
 Maximum net monthly income levels are effective October 1, 2005.  
 Maximum gross income levels are effective October 1, 2005.

Household Size	Maximum Gross Monthly Income To Enable Elderly/Disabled Member To Be A Separate Household 165% of the Poverty Level	Maximum Gross Monthly Income 130% of the Poverty Level	Maximum Net Monthly Income 100% of the Poverty Level	Thrifty Food Plan
1	\$1,316	\$1,037	\$ 798	\$ 152
2	1,765	1,390	1,070	278
3	2,213	1,744	1,341	399
4	2,661	2,097	1,613	506
5	3,109	2,450	1,885	601
6	3,558	2,803	2,156	722
7	4,006	3,156	2,428	798
8	4,454	3,509	2,700	912
9	4,903	3,863	2,972	1,026
10	5,352	4,217	3,244	1,140
Each Additional Member	+ \$449	+ \$354	+ \$272	+ \$114

NOTE: Food stamp households in which all members are eligible for Reach Up, SSI/AABD, Vermont Earned Income Tax Credit (EITC), or Postsecondary Education Program for Low-income Vermonters (PSE) are categorically eligible and do not have to pass the gross income, net income, or resource tests to be determined eligible for food stamps. All other tests, such as residency, apply.

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P-2590 D1

P-2590 Reference MaterialsD. Food Stamp Allotment Tables1. Current Tables

Monthly allotments for households of up to 10 members are contained in the following tables. Locate the net income (not rounded) on the table for the correct household size. Categorically eligible households of one or two members are eligible for benefits of at least \$10, even if the tables do not show a benefit amount at their net income levels.

NOTE: Benefits can be figured manually for these households as follows:

$$\begin{array}{r} \text{thrifty food plan of household size} \\ - \text{net income x 30\% (rounded up)} \\ = \text{allotment} \end{array}$$

2. Formula for Households of More Than 10 People

To determine the issuance to households of 11 or more members use the following method, illustrated here for a household of 11 with a net monthly income of \$1,282.63:

- a. Multiply the household's net monthly income by 30%:

$$\begin{array}{r} \$1,282.63 \\ \times \quad 30\% \\ \hline \$ 384.79 \\ \$ 385.00 \text{ Round up to the whole dollar.} \end{array}$$

- b. For each member in excess of 10 people, add \$114 to the maximum allotment (thrifty food plan) for 10 people:

$$1 \text{ person} \times \$114 = \$114 + \$1,236 = \$1,350$$

This is the maximum allotment for the larger household (11 people).

- c. Subtract the rounded 30% net income figure (a.) from the new maximum allotment (b.) to get correct allotment.
- $$\begin{array}{r} \$ 1,350 \text{ max. allot.} \\ - \quad 385 \text{ net income} \\ \hline \$ 965 \text{ allotment} \end{array}$$

3. Percentage Reduction

When demand for benefits exceeds the supply of funds, almost all households will have their allotments reduced by a certain percentage in order to stretch available benefit dollars. Currently no percentage reduction has been ordered.

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P-2590 Reference Materials

D. Food Stamp Allotment Tables (Continued)

[Click here to see the Food Stamp Allotment Table for 1 through 10 persons](#)

[Click here to see the Food Stamp Allotment Table for 11 through 20 persons](#)