



**Manual Maintenance**

**Medicaid Rules**

**Remove**

**Insert**

M302.26  
M302.27

(05-23)  
(05-23)

M302.26  
M302.27

(05-31)  
(05-31)

**VHAP Rules**

4001.91

(05-23)

4001.91

(05-31)

**M302.26 Children Under 18 (Dr. Dynasaur)**

Children under age 18 who would be eligible for ANFC-related Medicaid except that their income or resources exceed the maximums are categorically eligible for Dr. Dynasaur as long as their household income does not exceed 300 percent of the federal poverty level (FPL). There is no resource test under this provision.

Premiums as specified in M150-M150.2 are required for the following individuals within this coverage group. Individuals requesting Dr. Dynasaur with income above 185 percent of the FPL but no more than 225 percent are required to pay a monthly premium of \$30 per household before coverage will begin or continue. Those with incomes above 225 percent but no more than 300 percent of the FPL must pay a \$40 monthly premium if the family has other insurance that includes hospital and physician coverage and a \$80 monthly premium if the family has no insurance besides Dr. Dynasaur.

When a single household includes more than one individual eligible for Dr. Dynasaur coverage, the household must pay the highest applicable Dr. Dynasaur premium.

Children who are members of federally designated American Indian or Alaskan Native tribes, as designated by the federal Bureau of Indian Affairs do not have to pay a premium if their household income is more than 225% but less than or equal to 300% FPL and they have no other insurance. Abenaki is not a federally designated tribe. If other children in the household are beneficiaries but not members of a federally-designated tribe, then the household is still responsible for the premium.

Children qualifying for Medicaid under Dr. Dynasaur and the Disabled Child in Home Care (DCHC/Katie Beckett) coverage group (see M200.23(d)) may select which of the two sets of rules that they wish to have determine their eligibility. An applicant applying under the DCHC coverage group who is eligible under Dr. Dynasaur shall receive Dr. Dynasaur coverage while the application is pending.

To assist applicants in making a decision between the two coverage groups, the department will provide the applicant with the requirements specific to the two groups, including the service delivery systems used, the process for determining eligibility, the time for processing applications, and the cost-sharing requirements of beneficiaries in each group.

DCF updates its income maximums based on the FPL annually on January 1 using a methodology similar to the one employed by the federal government in setting the FPLs. In years when the actual FPL exceeds DCF's income maximum, DCF will issue a second increase on April 1.

3/4/06

Bulletin No. 05-31

M302.27

---

**M302.27 Pregnant Women (Dr. Dynasaur)**

Pregnant women who would be eligible for ANFC-related Medicaid except that their income or resources exceed the maximums are categorically eligible for Dr. Dynasaur as long as their family income does not exceed 200 percent of the federal poverty level (FPL), without regard to any change in their Medicaid group's income during pregnancy and during the 60-day post-pregnancy period, which ends on the last day of the month during which the 60<sup>th</sup> day falls. There is no resource test under this provision.

Although a woman may be granted up to three months retroactive coverage if she was pregnant and met all eligibility criteria, she is not eligible for the 60-day post-pregnancy period if she applies after her pregnancy has ended. However, she may be eligible after her pregnancy ends based on another categorical criterion or coverage provision and a different income test.

Pregnant women with income above 185 percent of the FPL but no more than 200 percent are required to pay a monthly premium of \$30 for coverage.

When a single household includes more than one individual eligible for Dr. Dynasaur coverage, the household must pay the highest applicable Dr. Dynasaur premium.

DCF updates its income maximums based on the FPL annually on January 1 using a methodology similar to the one employed by the federal government in setting the FPLs. In years when the actual FPL exceeds DCF's income maximum, DCF will issue a second increase on April 1.

**M302.28 Other ANFC-Related Categorically Eligible Coverage Groups**

- (a) (Newborns) A child born to a woman eligible for and receiving Medicaid on the date of the child's birth is categorically eligible for ANFC-related Medicaid. The child is deemed eligible for two months after birth. The child remains eligible for up to twelve months if the child remains in the same household as the mother and the mother remains eligible, or would be eligible if pregnant. Children are considered members of their mother's household if they are continuously hospitalized after birth, unless the mother has legally relinquished control or abandoned them.
- (b) (Adoption or Foster Care) Children under the age of 21 living in Vermont for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made (by any state) under title IV-E of the Act are automatically eligible for ANFC-related Medicaid. Committed children in the custody of SRS not IV-E eligible must pass the applicable eligibility tests before their eligibility for Medicaid can be established.

3/4/06

Bulletin No. 05-31

4001.91

4001.9 Cost-Sharing Requirements4001.91 Premium

Individuals meet this requirement when they have paid any required premium as specified in M150 - M150.2. The amount of the premium for each individual increases according to VHAP income maximums (P-2420) based on the federal poverty level (FPL) as shown in the following chart:

<u>Income Maximums</u>	<u>Monthly Premium per Individual</u>
0 - 50% FPL	\$ 0
> 50% but $\leq$ 75% FPL	\$11.00
> 75% but $\leq$ 100% FPL	\$39.00
> 100% but $\leq$ 150% FPL	\$50.00
> 150% but $\leq$ 185% FPL	\$75.00

4001.92 Copayment

There is a copayment requirement of \$25 per medically necessary hospital emergency room visit, as defined in M103.3 (13) and (37).