

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

DCF

Department for Children and Families

BULLETIN NO.: 06-62

FROM: Joe Patrissi, Deputy Commissioner
Economic Services Division

DATE: December 22, 2006

SUBJECT: 1/1/07 Standards Changes for Health Care Programs

CHANGES ADOPTED EFFECTIVE January 1, 2007

INSTRUCTIONS

MANUAL REFERENCE(S)

P-2420

P-2740

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). Medicare cost sharing programs resource limits are removed.

The following standards change on January 1, 2007:

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
 Substantial Gainful Activity (SGA) limit
 Community spouse resource allocation maximum for Long-Term Care (LTC)
 Resource limits for WPWD
 SSI federal benefit payment rate
 Pickle deduction percentage chart
 Home upkeep deduction
 Allocations to community spouse for LTC (3 changes)
 Allocation to each family member living with a Community Spouse for LTC
 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 | (06-10) | P-2420 A | (06-62) |
| P-2420 B3 | (06-10) | P-2420 B3 | (06-62) |
| P-2420 B5 | (06-10) | P-2420 B4 | (06-62) |
| P-2420 C | (06-10) | P-2420 C | (06-62) |
| P-2420 D1 | (06-36) | P-2420 D1 | (06-62) |
| P-2420 D3 | (06-10) | P-2420 D3 | (06-62) |
| P-2420 D4 | (06-36) | P-2420 D4 | (06-62) |
| P-2420 D5 | (06-36) | P-2420 D5 | (06-62) |

AABD Procedures

Remove

Insert

| | | | |
|----------|---------|----------|---------|
| P-2740 A | (06-10) | P-2740 A | (06-62) |
| P-2740 B | (06-10) | P-2740 B | (06-62) |

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 1/1/07

| Coverage Groups | Rule | % FPL | Household Size | | | | | | | |
|---|--------------|-------|----------------|-------|-------|-------|-------|-------|--------|--------|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| PIL outside Chittenden County | M243 M350 | N/A | 858 | 858 | 1,033 | 1,166 | 1,316 | 1,416 | 1,575 | 1,716 |
| PIL inside Chittenden County | M243 M350 | N/A | 925 | 925 | 1,100 | 1,233 | 1,383 | 1,483 | 1,650 | 1,791 |
| VHAP (individual) | 4001.84 | | | | | | | | | |
| VHAP – Pharmacy | 3301.74 | 150% | 1,277 | 1,712 | 2,147 | 2,582 | 3,017 | 3,452 | 3,887 | 4,322 |
| VPharm 1 | 3505.1 | | | | | | | | | |
| VScript | 3203 | | | | | | | | | |
| VPharm 2 | 3505.1 | 175% | 1,489 | 1,997 | 2,504 | 3,012 | 3,519 | 4,027 | 4,534 | 5,042 |
| Transitional Medicaid | M302.21 | | | | | | | | | |
| VHAP (parents, caretaker relative) | 4001.84 | 185% | 1,575 | 2,111 | 2,648 | 3,184 | 3,721 | 4,257 | 4,794 | 5,330 |
| Dr. Dynasaur (pregnant women) | M302.27 | 200% | 1,702 | 2,282 | 2,862 | 3,442 | 4,022 | 4,602 | 5,182 | 5,762 |
| VScript Expanded | 3201.64 | | | | | | | | | |
| VPharm 3 | 3505.1 | 225% | 1,915 | 2,567 | 3,220 | 3,872 | 4,525 | 5,177 | 5,830 | 6,482 |
| Working people with disabilities (WPWD) | M200.24b | 250% | 2,128 | 2,853 | 3,578 | 4,303 | 5,028 | 5,753 | 6,478 | 7,203 |
| Dr. Dynasaur (children under 18) | M302.26 | | | | | | | | | |
| Healthy Vermonters (any age) | 3401.54 | 300% | 2,553 | 3,423 | 4,293 | 5,163 | 6,033 | 6,903 | 7,773 | 8,643 |
| Healthy Vermonters (aged, disabled) | 3401.54 | 400% | 3,404 | 4,564 | 5,724 | 6,884 | 8,044 | 9,204 | 10,364 | 11,524 |

2. Eligibility maximums for Medicare cost-sharing programs, effective 1/1/07

| Coverage Groups | Rule | % FPL | Household Size | |
|--|---------|-------|----------------|-------|
| | | | 1 | 2 |
| Qualified Medicare Beneficiaries (QMB) | M200.41 | 100% | 851 | 1,141 |
| Specified Low-Income Medicare Beneficiaries (SLMB) | M200.43 | 120% | 1,021 | 1,369 |
| Qualified Individuals - 1 (QI-1) | M200.44 | 135% | 1,149 | 1,541 |
| Qualified Disabled and Working Individuals (QDWI) | M200.42 | 200% | 1,702 | 2,282 |

P-2420 Eligibility Determination for Medicaid

B. Monthly Income Standards (Continued)

3. Ranges for program fees, effective 1/1/07

| Coverage Groups | Rule | % FPL | Household Size | | | | | | | |
|--|--------------------|-----------------|----------------|---------|---------|---------|---------|---------|---------|---------|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| VHAP - UA, U1, UB, U2 No fee | 4001.91 | > 0 ≤ 50% | \$426 | \$571 | \$716 | \$861 | \$1,006 | \$1,151 | \$1,296 | \$1,441 |
| VHAP - UC, U3 \$11/person/month | 4001.91 | > 50 ≤ 75% | \$639 | \$856 | \$1,074 | \$1,291 | \$1,509 | \$1,726 | \$1,944 | \$2,161 |
| VHAP - UC, U3 \$39/person/month | 4001.91 | > 75 ≤ 100% | \$851 | \$1,141 | \$1,431 | \$1,721 | \$2,011 | \$2,301 | \$2,591 | \$2,881 |
| VHAP - UD, U4, UE, U5 \$50/person/month | 4001.91 | > 100 ≤ 150% | \$1,277 | \$1,712 | \$2,147 | \$2,582 | \$3,017 | \$3,452 | \$3,887 | \$4,322 |
| VHAP - UF, U6 \$75/person/month | 4001.91 | > 150 ≤ 185% | \$1,575 | \$2,111 | \$2,648 | \$3,184 | \$3,721 | \$4,257 | \$4,794 | \$5,330 |
| VHAP-Pharmacy - V1,V2,V3 VPharm 1 - VD, VG, VJ, VM \$15/person/month | 3303.1 3505.1 | > 0 ≤ 150% | \$1,277 | \$1,712 | \$2,147 | \$2,582 | \$3,017 | \$3,452 | \$3,887 | \$4,322 |
| VScript - VA, VS VPharm 2 - VE, VH, VK, VN \$20/person/month | 3203 3505.1 | > 150 ≤ 175% | \$1,489 | \$1,997 | \$2,504 | \$3,012 | \$3,519 | \$4,027 | \$4,534 | \$5,042 |
| VScript Expanded - VB, VC, VT, VU VPharm 3 - VF, VI, VL, VO \$42/person/month | 3203 3505.1 | > 175 ≤ 225% | \$1,915 | \$2,567 | \$3,220 | \$3,872 | \$4,525 | \$5,177 | \$5,830 | \$6,482 |
| Dr. Dynasaur - C0, C4 No fee | M302.26 M302.27 | > 0 ≤ 185% | \$1,575 | \$2,111 | \$2,648 | \$3,184 | \$3,721 | \$4,257 | \$4,794 | \$5,330 |
| Dr. Dynasaur (pregnant) - P1, P2 \$30/family/month | M302.27 | > 185 ≤ 200% | \$1,702 | \$2,282 | \$2,862 | \$3,442 | \$4,022 | \$4,602 | \$5,182 | \$5,762 |
| Dr. Dynasaur (under 18) - C0, C4 \$30/family/month | M302.26 M302.27 | > 185 ≤ 225% | \$1,915 | \$2,567 | \$3,220 | \$3,872 | \$4,525 | \$5,177 | \$5,830 | \$6,482 |
| Dr. Dynasaur (under 18) w/ins. C3, C9 \$40/family/month Dr. Dynasaur (under 18) w/o ins. C2, C6 \$80/family/month | M302.26 | > 225 ≤ 300% | \$2,553 | \$3,423 | \$4,293 | \$5,163 | \$6,033 | \$6,903 | \$7,773 | \$8,643 |

P-2420 Eligibility Determination for Medicaid

B. Monthly Income Standards (Continued)

4. SSI/AABD payment levels (2700)

Living Arrangement

| | | <u>Effective 1/1/07</u> | <u>1/1/06 – 12/31/06</u> |
|--|------------|-------------------------|--------------------------|
| Independent Living | Individual | \$ 675.04 | \$ 655.04 |
| | Couple | 1,032.88 | 1,002.88 |
| Another's Household | Individual | 454.64 | 441.30 |
| | Couple | 670.98 | 650.98 |
| Residential Care Home w/ Assistive Community Care Level III | Individual | 671.38 | 651.38 |
| | Couple | 1,030.77 | 1,000.77 |
| Res. Care Home w/ Limited Nursing Care Level III | Individual | 890.13 | 870.13 |
| | Couple | 1,537.69 | 1,507.69 |
| Residential Care Home Level IV | Individual | 846.94 | 826.94 |
| | Couple | 1,496.06 | 1,466.06 |
| Custodial Care Family Home | Individual | 721.69 | 701.69 |
| | Couple | 1,266.82 | 1,236.82 |
| Long-term Care | Individual | 47.66 | 47.66 |
| | Couple | 95.33 | 95.33 |

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

| <u>Effective 1/1/07</u> | | <u>1/1/06 – 12/31/06</u> | |
|-------------------------|------------|--------------------------|------------|
| Individual | \$1,869.00 | Individual | \$1,809.00 |
| Couple | \$3,738.00 | Couple | \$3,618.00 |

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

| | |
|------------|---------|
| Individual | \$47.66 |
| Couple | \$95.33 |

7. Substantial Gainful Activity (SGA) income limit (M211.21)

| <u>Effective 1/1/07</u> | |
|-------------------------|---------|
| Blind | \$1,500 |
| Disabled | \$ 900 |

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 1/1/07</u> | <u>1/1/06- 12/31/06</u> |
|------------------|-------------------------|-------------------------|
| Individual | \$623 per month | \$603 per month |
| Couple | \$934 per month | \$904 per month |
| Ineligible child | \$311 per month | \$301 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 10/1/06

| ACCESS Code | Type | Group Size | | | | | |
|----------------|--------------------|------------|-----|-----|-----|------|------|
| | | 1 | 2 | 3 | 4 | 5 | 6+ |
| 1 | Room Only | 126 | 231 | 332 | 421 | 500 | 600 |
| 2 | 2/3 Board | 103 | 189 | 272 | 345 | 410 | 492 |
| 3 | Board Only | 155 | 284 | 408 | 518 | 615 | 738 |
| 4 | Room and 2/3 Board | 229 | 420 | 604 | 766 | 910 | 1092 |
| 5 | Room and Board | 281 | 515 | 740 | 939 | 1115 | 1338 |

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 earner per month

6. Pickle Deduction Percentage Chart

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

Effective 1/1/07 to 12/31/07

| | | | | | | | |
|------------|---------------|------------|---------------|------------|---------------|------------|---------------|
| 4/77-6/77 | 0.7112 | 1/85-12/85 | 0.4765 | 1/93-12/93 | 0.3016 | 1/01-12/01 | 0.1476 |
| 7/77-6/78 | 0.6941 | 1/86-12/86 | 0.4603 | 1/94-12/94 | 0.2835 | 1/02-12/02 | 0.1254 |
| 7/78-6/79 | 0.6743 | 1/87-12/87 | 0.4533 | 1/95-12/95 | 0.2634 | 1/03-12/03 | 0.1131 |
| 7/79-6/80 | 0.6420 | 1/88-12/88 | 0.4303 | 1/96-12/96 | 0.2443 | 1/04-12/04 | 0.0945 |
| 7/80-6/81 | 0.5908 | 1/89-12/89 | 0.4075 | 1/97-12/97 | 0.2223 | 1/05-12/05 | 0.0701 |
| 7/81-6/82 | 0.5450 | 1/90-12/90 | 0.3797 | 1/98-12/98 | 0.2060 | 1/06-12/06 | 0.0319 |
| 7/82-12/83 | 0.5113 | 1/91-12/91 | 0.3462 | 1/99-12/99 | 0.1957 | | |
| 1/84-12/84 | 0.4942 | 1/92-12/92 | 0.3220 | 1/00-12/00 | 0.1764 | | |

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

| | |
|-------------------------|--------------------------|
| <u>Effective 1/1/07</u> | <u>1/1/06 – 12/31/06</u> |
| \$506.28 | \$491.28 |

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.

| | |
|-------------------------|---------------------------|
| <u>Effective 1/1/07</u> | <u>10/1/06 – 12/31/06</u> |
| \$2,541.00 | \$2,489.00 |

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

| | |
|-------------------------|---------------------------|
| <u>Effective 1/1/07</u> | <u>10/1/06 – 12/31/06</u> |
| \$1,712.00 | \$1,657.00 |

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

| | |
|-------------------------|---------------------------|
| <u>Effective 1/1/07</u> | <u>10/1/06 – 12/31/06</u> |
| \$ 514.00 | \$ 498.00 |

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

| | |
|--------------------------|---------------------------|
| <u>Effective 10/1/06</u> | <u>(1/1/06 – 9/30/06)</u> |
| \$ 557.00 | \$ 513.00 |

- 2. Base housing cost

| | |
|-------------------------|-----------------------------|
| <u>Effective 1/1/06</u> | <u>(10/1/05 – 12/31/05)</u> |
| \$ 0.00 | \$ 9.00 |

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 01/1/07</u> | <u>1/1/06 – 12/31/06</u> |
| \$ 570.67 | \$ 552.33 |

P-2420 Eligibility Determination for Medicaid

D. Other Standards (Continued)

Allocation if family member has income:

- Maintenance income standard (P-2420 D#8b)
- 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 1/1/07</u> | <u>1/1/06 – 12/31/06</u> |
| \$ 925.00 | \$ 908.00 |

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 1/1/07</u> | <u>1/1/06 - 12/31/06</u> |
| \$ 124.00 | \$ 119.00 |

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 10/1/06</u> |
| \$ 6,188 per month |
| \$ 207 per day |

P-2740 Payment Maximums

A. SSI/AABD Payment Maximums (2700)

| Living Arrangement | | <u>Effective 1/1/07</u> | | | <u>1/1/06 - 12/31/06</u> | | |
|---|------------|-------------------------|-------------------|--------------|--------------------------|-------------------|--------------|
| | | <i>SSI Share</i> | <i>AABD Share</i> | <i>Total</i> | <i>SSI Share</i> | <i>AABD Share</i> | <i>Total</i> |
| Independent Living | Individual | \$ 623.00 | \$52.04 | \$ 675.04 | \$ 603.00 | \$52.04 | \$ 655.04 |
| | Couple | \$ 934.00 | \$98.88 | \$1,032.88 | \$ 904.00 | \$98.88 | \$1,002.88 |
| Another's Household | Individual | \$ 415.34 | \$39.30 | \$ 454.64 | \$ 402.00 | \$39.30 | \$ 441.30 |
| | Couple | \$ 622.67 | \$48.31 | \$ 670.98 | \$ 602.67 | \$48.31 | \$ 650.98 |
| Residential Care Home w/ Assistive Community Care Level III | Individual | \$ 623.00 | \$48.38 | \$ 671.38 | \$ 603.00 | \$48.38 | \$ 651.38 |
| | Couple | \$ 934.00 | \$96.77 | \$1,030.77 | \$ 904.00 | \$96.77 | \$1,000.77 |
| Residential Care Home w/ Limited Nursing Care Level III | Individual | \$ 623.00 | \$267.13 | \$ 890.13 | \$ 603.00 | \$267.13 | \$ 870.13 |
| | Couple | \$ 934.00 | \$603.69 | \$1,537.69 | \$ 904.00 | \$603.69 | \$1,507.69 |
| Residential Care Home Level IV | Individual | \$ 623.00 | \$223.94 | \$ 846.94 | \$ 603.00 | \$223.94 | \$ 826.94 |
| | Couple | \$ 934.00 | \$562.06 | \$1,496.06 | \$ 904.00 | \$562.06 | \$1,466.06 |
| Custodial Care Family Home | Individual | \$ 623.00 | \$ 98.69 | \$ 721.69 | \$ 603.00 | \$ 98.69 | \$ 701.69 |
| | Couple | \$ 934.00 | \$332.82 | \$1,266.82 | \$ 904.00 | \$332.82 | \$1,236.82 |
| 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 |

1/1/07

Bulletin No. 06-62

P-2740 B

P-2740 Payment Maximums (Continued)B. AABD-EP Payment Maximums (2754)100 Percent Payment Maximum

| | <u>Effective 1/1/07</u> | <u>1/1/06- 12/31/06</u> |
|--|-------------------------|-------------------------|
| Independent living with essential person | | |
| Individual | \$1,032.88 | \$ 1,002.88 |
| Couple | \$1,204.69 | \$ 1,174.69 |
| Living in another's household with ineligible spouse | \$ 675.04 | \$ 655.04 |

67 Percent Payment Maximum

| | <u>Effective 1/1/07</u> | <u>1/1/06- 12/31/06</u> |
|--|-------------------------|-------------------------|
| Independent living with essential person | | |
| Individual | \$ 914.79 | \$ 888.09 |
| Couple | \$1,147.99 | \$1,117.99 |
| Living in another's household with ineligible spouse | \$ 602.31 | \$ 584.51 |

34 Percent Payment Maximum

| | <u>Effective 1/1/07</u> | <u>1/1/06- 12/31/06</u> |
|--|-------------------------|-------------------------|
| Independent living with essential person | | |
| Individual | \$ 796.71 | \$ 773.31 |
| Couple | \$1,091.30 | \$1,061.30 |
| Living in another's household with ineligible spouse | \$ 529.57 | \$ 513.97 |