

STATE OF VERMONT  
AGENCY OF HUMAN SERVICES

**DCF**

**Department for Children and Families**

**BULLETIN NO.:** 07-38

**FROM:** Joe Patrissi, Deputy Commissioner  
Economic Services Division

**DATE:** June 25, 2007

**SUBJECT:** 7/1/07 Legislated Standards Changes for Health Care Programs

**CHANGES ADOPTED EFFECTIVE** July 1, 2007

**INSTRUCTIONS**

**MANUAL REFERENCE(S)**

P-2420

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

This bulletin decreases premium amounts for the VHAP and Dr. Dynasaur programs, as required by Act 191 of 2006, and increases the income limit in the Healthy Vermonters program from 300% to 350% for people under 65 and not disabled, as required by Act 80 of 2007.

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	(06-62)	P-2420 A	(07-38)
P-2420 B3	(06-62)	P-2420 B3	(07-38)

7/1/07

Bulletin No. 07-38

P-2420 A

P-2420 Eligibility Determination for MedicaidA. General Introduction

Use the following standards to determine eligibility and premiums 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 Standards1. **Eligibility maximums for Medicaid and waiver programs, effective 7/1/07**

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	N/A	N/A	N/A	N/A	N/A	N/A
Dr. Dynasaur (children under 18)	M302.26	300%	2,553	3,423	4,293	5,163	6,033	6,903	7,773	8,643
Healthy Vermonters (any age)	3401.54	350%	2,978	3,993	5,008	6,023	7,038	8,053	9,068	10,083
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 premiums, effective 7/1/07**

Coverage Groups	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
<b>VHAP - UA, U1, UB, U2</b> No fee	4001.91	> 0 ≤ 50%	\$426	\$571	\$716	\$861	\$1,006	\$1,151	\$1,296	\$1,441
<b>VHAP - UC, U3</b> \$7/person/month	4001.91	> 50 ≤ 75%	\$639	\$856	\$1,074	\$1,291	\$1,509	\$1,726	\$1,944	\$2,161
<b>VHAP - UC, U3</b> \$25/person/month	4001.91	> 75 ≤ 100%	\$851	\$1,141	\$1,431	\$1,721	\$2,011	\$2,301	\$2,591	\$2,881
<b>VHAP - UD, U4, UE, U5</b> \$33/person/month	4001.91	> 100 ≤ 150%	\$1,277	\$1,712	\$2,147	\$2,582	\$3,017	\$3,452	\$3,887	\$4,322
<b>VHAP - UF, U6</b> \$49/person/month	4001.91	> 150 ≤ 185%	\$1,575	\$2,111	\$2,648	\$3,184	\$3,721	\$4,257	\$4,794	\$5,330
<b>VHAP-Pharmacy - V1,V2,V3</b> <b>VPharm 1 - VD, VG, VJ, VM</b> \$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
<b>VScript - VA, VS</b> <b>VPharm 2 - VE, VH, VK, VN</b> \$20/person/month	3203 3505.1	> 150 ≤ 175%	\$1,489	\$1,997	\$2,504	\$3,012	\$3,519	\$4,027	\$4,534	\$5,042
<b>VScript Expanded - VB, VC, VT, VU</b> <b>VPharm 3 - VF, VI, VL, VO</b> \$42/person/month	3203 3505.1	> 175 ≤ 225%	\$1,915	\$2,567	\$3,220	\$3,872	\$4,525	\$5,177	\$5,830	\$6,482
<b>Dr. Dinosaur - C0, C4</b> No fee	M302.26 M302.27	> 0 ≤ 185%	\$1,575	\$2,111	\$2,648	\$3,184	\$3,721	\$4,257	\$4,794	\$5,330
<b>Dr. Dinosaur (pregnant) - P1, P2</b> \$15/family/month	M302.27	> 185 ≤ 200%	\$1,702	\$2,282	\$2,862	\$3,442	\$4,022	\$4,602	\$5,182	\$5,762
<b>Dr. Dinosaur (under 18) - C0, C4</b> \$15/family/month	M302.26 M302.27	> 185 ≤ 225%	\$1,915	\$2,567	\$3,220	\$3,872	\$4,525	\$5,177	\$5,830	\$6,482
<b>Dr. Dinosaur (under 18) w/ins. - C3, C9</b> \$20/family/month <b>Dr. Dinosaur (under 18) w/o ins. - C2, C6</b> \$40/family/month	M302.26	> 225 ≤ 300%	\$2,553	\$3,423	\$4,293	\$5,163	\$6,033	\$6,903	\$7,773	\$8,643