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STATE OF VERMONT
AGENCY OF HUMAN SERVICES

DCF

Department for Children and Families

BULLETIN NO.: 16-08

FROM: Sean Brown, Deputy Commissioner
Economic Services Division

DATE: March 9, 2016

SUBJECT: 4/1/16 Standards Changes for Health Care and Essential Person

CHANGES ADOPTED EFFECTIVE 4/1/16

INSTRUCTIONS

_X_ **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-2420B

This bulletin is being issued to update the FPLs for households of seven or more members. Based on the U.S. Federal Poverty Guidelines published January 25, 2016, the department is revising its numbers effective April 1, 2016 to conform to the federal FPLs.

Manual Maintenance

Medicaid Procedures

Remove		Insert	
P-2420B	(15-38)	P-2420B	(16-08)
P-2420B P2	(15-38)	P-2420B P2	(16-08)

B. Monthly Income Standards

1. Eligibility maximums for Medicaid and waiver programs, effective 4/1/16

Coverage Groups	Rule	% FPL	Household Size 1	2	3	4	5	6	7	8
PIL outside Chittenden County	§ 29.14	N/A	1,008	1,008	1,208	1,366	1,541	1,658	1,850	2,008
PIL inside Chittenden County	§ 29.14	N/A	1,083	1,083	1,291	1,450	1,625	1,733	1,925	2,091
Parent/Caretaker Outside Chittenden County	§7.03al	N/A	502	626	754	863	977	1,062	1,193	1,306
Parent/Caretaker Outside Chittenden County + 5%	§28.03c4	N/A	551.50	692.75	838	964.25	1,095.50	1,197.75	1,346.05	1,476.40
Parent/Caretaker Inside Chittenden County	§7.03al	N/A	524	649	777	885	999	1,084	1,215	1,327
Parent/Caretaker Inside Chittenden County + 5%	§28.03c4	N/A	573.50	715.75	861	986.25	1,117.50	1,219.75	1,368.05	1,497.40
Basis for 5% disregard	§28.03c4	100%	990	1,335	1,680	2,025	2,370	2,715	3,061	3,408
Medicaid for Adults	§ 28.03d	133%	1,317	1,776	2,235	2,694	3,153	3,611	4,071	4,532
Maximum Income for Medicaid for Adults	§28.03c4	133% +5%	1366.50	1842.75	2,319	2,795.25	3,271.50	3,746.75	4,224.05	4,702.40
VPharm 1	5441	150%	1,485	2,003	2,520	3,038	3,555	4,073	4,592	5,112
VPharm 2	5441	175%	1,733	2,337	2,940	3,544	4,148	4,752	5,357	5,964
Transitional Medicaid	§ 7.03a7	185%	1,832	2,470	3,108	3,747	4,385	5,023	5,663	6,304
Dr. Dynasaur (pregnant women) No premium regardless of income	§ 7.03a2	208%	N/A	2,777	3,495	4,212	4,930	5,648	6,367	7,088
Maximum Income for Dr Dynasaur (pregnant women)	§28.03c4	208%+ 5%	NA	2,843.75	3,579	4,313.25	5,048.50	5,783.75	6,520.05	7,258.40
VPharm 3	5441	225%	2,228	3,004	3,780	4,557	5,333	6,109	6,887	7,667
Working people with disabilities (WPWD)	§ 8.05d	250%	2,475	3,338	4,200	5,063	5,925	6,788	7,653	8,519
Dr. Dynasaur (children under 19)	§7.03a3	312%	3,089	4,166	5,242	6,318	7,395	8,471	9,550	10,632
Maximum Income for Dr Dynasaur (children under 19)	§28.03c4	312% +5%	3,138.50	4,232.75	5326	6,419.25	7,513.50	8,606.75	9,703.05	10,802.40
Healthy Vermonters (any age)	5724	350%	3,465	4,673	5,880	7,088	8,295	9,503	10,713	11,927
Healthy Vermonters (aged, disabled)	5724	400%	3,960	5,340	6,720	8,100	9,480	10,860	12,244	13,630

P-2420 Eligibility Determination for Medicaid

B. Monthly Income Standards (Continued)

2. Eligibility maximums for Medicare cost-sharing programs, effective 4/1/16

Coverage Groups	Rule	% FPL	Household Size 1	2
Qualified Medicare Beneficiaries (QMB)	§ 8.07b1	100%	990	1,335
Specified Low-Income Medicare Beneficiaries (SLMB)	§ 8.07b2	120%	1,188	1,602
Qualified Individuals - 1 (QI-1)	§ 8.07b3	135%	1,337	1,803
Qualified Disabled and Working Individuals (QDWI)	§ 8.07b4	200%	1,980	2,670

3. Ranges for premiums, effective 1/1/16 – Pregnant women no longer have a premium regardless of income.

			Household Size							
			1	2	3	4	5	6	7	8
VPharm 1 - VD, VG, VJ, VM $15/person/month	5550 5441	> 0 ≤ 150%	1,485	2,003	2,520	3,038	3,555	4,073	4,592	5,112
VPharm 2 - VE, VH, VK, VN $20/person/month	5650 5441	> 150 ≤ 175%	1,733	2,337	2,940	3,544	4,148	4,752	5,357	5,964
VPharm 3 - VF, VI, VL, VO $50/person/month	5650 5441	> 175 ≤ 225%	2,228	3,004	3,780	4,557	5,333	6,109	6,887	7,667
Dr. Dynasaur children under 19 - C0, C4 No premium	§ 64.00	> 0 ≤ 195%	1,931	2,604	3,276	3,949	4,622	5,295	5,969	6,645
Dr. Dynasaur children under 19 - C0, C4 $15/family/month	§ 64.00	> 195 ≤ 237%	2,347	3,164	3,982	4,800	5,617	6,435	7,255	8,076
Dr. Dynasaur children under 19 - C0, C4 $20/family/month w. other insurance, $60/family/month uninsured.	§ 64.00	> 237% ≤ 312%	3,089	4,166	5,242	6,318	7,395	8,471	9,550	10,632