

PATH

Department of Prevention, Assistance, Transition, and Health Access

FROM Eileen I. Elliott, Commissioner
for the Secretary

BULLETIN NO. 02-42

DATE December 4, 2002

SUBJECTS 1/1/03 Standards Changes for
Health Care Programs

CHANGES ADOPTED EFFECTIVE January 1, 2003

INSTRUCTIONS

MANUAL REFERENCE(S)

Table of Contents (2400)
P-2420

- Maintain Manual - See instructions below.**
- Proposed Regulation - Retain bulletin and attachments until you receive Manual Maintenance Bulletin: 02-42F**
- 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, PATH uses a forecast in January to update PATH income standards based on the FPL. When the FPL is published, if it is higher than PATH's forecast, PATH will revise these income standards in April.

The bulletin makes four additional changes. It revises SSI/AABD payment maximums and other standards based on the federal cost-of-living adjustment (COLA). It deletes references to the federal Qualified Individuals-2 (QI-2) program because Congress allowed coverage for this group to sunset on December 31, 2002. It increases the standard deductions for assistive community care services (ACCS) and personal care services (PCS), and adds the daily rate to the average monthly cost to a private patient of nursing facility services.

The bulletin also revises the index to the section to better reflect the contents, and makes minor changes in formatting for consistency.

The following standards change on January 1, 2003:

Protected income levels (PILs) for individuals in the community
Income standards for health care programs based on the federal poverty level
SSI/AABD payment levels
Institutional income standard
Community spouse resource allocation maximum for Long-Term Care (LTC)

SSI federal benefit payment rate
Pickle deduction percentage chart
Maximum income allocation to community spouse for LTC
Community maintenance allowance in the home-and-community-based waiver programs
Medicare copayments for nursing home care
Standard deductions for assistive community care services (ACCS) and personal care services (PCS)

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

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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 PATH's forecast, PATH will revise these income standards April 1.

B. Monthly Income Standards

1. Eligibility maximums for Medicaid and waiver programs, effective 1/1/03

Coverage Groups	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
PIL outside Chittenden County	M240	N/A	\$766	\$766	\$925	\$1,041	\$1,175	\$1,258	\$1,408	\$1,533
PIL inside Chittenden County	M240	N/A	825	825	983	1,100	1,233	1,325	1,466	1,600
VHAP (individual) VHAP Pharmacy	4001.84 3301.74	150%	1,123	1,515	1,908	2,300	2,693	3,085	3,478	3,870
VScript	3203	175%	1,310	1,768	2,226	2,684	3,142	3,600	4,058	4,515
Transitional Medicaid VHAP (parents, caretaker relative)	M302.2 4001.84	185%	1,385	1,869	2,353	2,837	3,321	3,805	4,289	4,773
Dr. Dynasaur (pregnant women)	M302.27	200%	1,497	2,020	2,544	3,067	3,590	4,114	4,637	5,160
VScript Expanded	3203	225%	1,684	2,273	2,862	3,450	4,039	4,628	5,217	5,805
Working people with disabilities (WPWD)	M200 P. 5	250%	1,871	2,525	3,180	3,834	4,488	5,142	5,796	6,450
Dr. Dynasaur (children under 18) Healthy Vermonters (any age)	M302.26 3401.54	300%	2,245	3,030	3,815	4,600	5,385	6,170	6,955	7,740
Healthy Vermonters (aged, disabled)	3401.54	400%	2,994	4,040	5,087	6,134	7,180	8,227	9,274	10,320

2. Eligibility maximums for Medicare cost-sharing programs, effective 1/1/03

Coverage Groups	Rule	% FPL	Household Size	
			1	2
Qualified Medicare Beneficiaries (QMB)	M200 P.7	100%	\$749	\$1,010
Specified Low-Income Medicare Beneficiaries (SLMB)	M200 P.9	120%	898	1,212
Qualified Individuals - 1 (QI-1)	PP&D, M200 P.6	135%	1,011	1,364
Qualified Disabled and Working Individuals (QDWI)	M200 P.8	200%	1,497	2,020

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B. Monthly Income Standards (Continued)

3. Ranges for program fees, effective 1/1/03

Coverage Groups	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
VHAP – no fee	4001.91	≥ 0 $< 50\%$	\$375	\$505	\$636	\$767	\$898	\$1,029	\$1,160	\$1,290
VHAP - \$10/person/6 months	4001.91	≥ 50 $< 75\%$	562	758	954	1,150	1,347	1,543	1,739	1,935
VHAP - \$15/person/6 months	4001.91	≥ 75 $< 100\%$	749	1,010	1,272	1,534	1,795	2,057	2,319	2,580
VHAP - \$40/person/6 months	4001.91	≥ 100 $< 150\%$	1,123	1,515	1,908	2,300	2,693	3,085	3,478	3,870
VHAP - \$50/person/6 months	4001.91	≥ 150 $< 185\%$	1,385	1,869	2,353	2,837	3,321	3,805	4,289	4,773
Dr. D. and WPWD – no fee	M102.1	≥ 0 ≤ 185	1,385	1,869	2,353	2,837	3,321	3,805	4,289	4,773
Dr. D. and WPWD – \$60/family/3 mos.	M102.1	> 185 $\leq 225\%$	1,684	2,273	2,862	3,450	4,039	4,628	5,217	5,805
WPWD - \$72/with other ins. or \$150/ uninsured /family /3mos.	M102.1	> 225 $\leq 250\%$	1,871	2,525	3,180	3,834	4,488	5,142	5,796	6,450
Dr. D. (under 18) - \$72/with other ins. or \$150/ uninsured /family /3mos.	M102.1	> 250 $\leq 300\%$	2,245	3,030	3,815	4,600	5,385	6,170	6,955	7,740

4. SSI/AABD payment levels (2700)

Living Arrangement		<u>Effective 1/1/03</u>	<u>1/1/02 – 12/31/02</u>
Independent Living	Individual	\$ 604.04	\$ 604.04
	Couple	927.88	927.88
Another’s Household	Individual	407.30	402.64
	Couple	600.98	592.98
Residential Care Home w/ Assistive Community Care Level III	Individual	600.38	593.38
	Couple	925.77	913.77
Res. Care Home w/ Limited Nursing Care Level III	Individual	819.13	812.13
	Couple	1432.69	1,420.69
Residential Care Home Level IV	Individual	775.94	768.94
	Couple	1391.06	1,379.06
Custodial Care Family Home	Individual	650.69	643.69
	Couple	1161.82	1,149.82
Long-term Care	Individual	47.66	47.66
	Couple	95.33	95.33

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B. Monthly Income Standards (Continued)

5. Institutional income standard for long-term care (M414)

<u>Effective 1/1/03</u>		<u>1/1/02 – 12/31/02</u>	
Individual	\$1,656.00	Individual	\$1,635.00
Couple	\$3,312.00	Couple	\$3,270.00

6. Personal needs allowance for long-term care (M413)

Individual	\$47.66
Couple	\$95.33

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P-2420 Eligibility Determination for Medicaid

- C. Resource Maximums M230 (SSI-related)
M340 (ANFC-related)

1. Household Maximums

Group Size

1	\$2000
2	3000
3	3150
4	3300
5	3450
6	3600
7	3750
8	3900

NOTE: There is no resource test for pregnant women or children under age 18 if income is below the applicable poverty line income test. (#5 or 6 in P-2420 B). If income is above, the resource test applies.

2. Community Spouse Resource Allocation Maximum, Long-Term Care (M270.2)

<u>Effective 1/1/03</u>	<u>1/1/02 - 12/31/02</u>
\$90,660	\$89,280

3. Resource Limit for QMB, QDWI, SLMB, QI-1 (M200 P.6, P.7, P.8)

Effective 7/1/90

Individual	\$4000
Couple	\$6000

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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 1/1/03</u>	<u>1/1/02 - 12/31/02</u>
Individual	\$552 per month	\$545 per month
Couple	\$829 per month	\$817 per month
Ineligible child	\$277 per month	\$272 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 10/1/02

ACCESS Code	Type	Group Size					
		1	2	3	4	5	6+
1	Room Only	141	260	371	472	561	673
2	2/3 Board	93	171	244	310	369	442
3	Board Only	139	256	366	465	553	663
4	Room and 2/3 Board	234	431	615	782	930	1115
5	Room and Board	280	516	737	937	1114	1336

B. The actual documented amount of business expenses for room and/or board.

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 10/1/02

Breakfast only	\$.98 per day
Lunch only	\$ 1.80 per day
Dinner only	\$ 1.80 per day
Snacks	\$.53 per day

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

- a) Manually figure the total monthly meal expense using either the standard deduction table or the actual verified expenses (whichever is higher).
- 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.

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

Effective 10/1/89

\$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: \$.20 per mile.

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D. Other Standards (Continued)

5. Employment Expense Deduction, ANFC-related Medicaid only (M352.3)

Effective 10/1/89
\$90 per person per month

6. Pickle Deduction Percentage Chart

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

Effective 1/1/03 to 12/31/03

4/77-6/77	0.6743	1/85-12/85	0.4097	1/93-12/93	0.2125	1/01-12/01	0.0388
7/77-6/78	0.6551	1/86-12/86	0.3914	1/94-12/94	0.1921	1/02-12/02	0.0138
7/78-6/79	0.6327	1/87-12/87	0.3835	1/95-12/95	0.1694	1/03	NA
7/79-6/80	0.5963	1/88-12/88	0.3576	1/96-12/96	0.1478		
7/80-6/81	0.5386	1/89-12/89	0.3319	1/97-12/97	0.1231		
7/81-6/82	0.4869	1/90-12/90	0.3005	1/98-12/98	0.1047		
7/82-12/83	0.4490	1/91-12/91	0.2627	1/99-12/99	0.0931		
1/84-12/84	0.4297	1/92-12/92	0.2355	1/00-12/00	0.0713		

7. Home Upkeep Deduction, Long-Term Care (M413.1 and P-2430 E)

<u>Effective 1/1/02</u>	<u>10/1/01 – 12/31/01</u>
\$453.03	\$441.78

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P-2420 Eligibility Determination for Medicaid

D. Other Standards (Continued)

8. Allocation to Community Spouse - Long-Term Care (M413.21 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 1/1/03</u>	<u>(1/1/02 – 12/31/02)</u>
\$2,266.50	\$2,232.00

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

<u>Effective 7/1/02</u>	<u>(10/1/01 – 6/30/02)</u>
\$1,493.00	\$1,452.00

- c. Shelter standard This is 30 percent of the maintenance income standard in paragraph 2, above.

<u>Effective 7/1/02</u>	<u>(10/1/01 - 6/30/02)</u>
\$ 448.00	\$ 436.00

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

<u>Effective 10/1/02</u>
\$ 366.00

2. Base housing cost

<u>Effective 10/1/02</u>	<u>(10/1/01 - 9/30/02)</u>
\$ 82.00	\$ 73.00

- 9. Allocation to Each Family Member Living with a Community Spouse - Long-Term Care (M413.22)** This is the maximum allocation if family member has no income.

<u>Effective 10/1/02</u>	<u>10/1/01 - 9/30/02</u>
\$ 498.00	\$ 484.00

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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)

Effective 1/1/03
\$825.00

1/1/02 – 12/31/02
\$816.00

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:

Effective 1/1/03
\$ 105.00

1/1/01 - 12/31/01
\$ 101.50

12. Standard Deductions for Assistive Community Care Services (ACCS) and Personal Care Services (PCS) (M432) (M433) (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 (M416.23)

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.

Effective 10/1/02
\$ 4,927.00 per month
\$ 164.00 per day