

**STATE OF VERMONT
AGENCY OF HUMAN SERVICES**

DCF

Department for Children and Families

FROM: Betsy Forrest, Deputy Commissioner
Economic Services Division

BULLETIN NO.: 06-10

DATE: December 29, 2005

SUBJECT: 1/1/06 Standards Changes for Health Care Programs

CHANGES ADOPTED EFFECTIVE January 1, 2006

INSTRUCTIONS

MANUAL REFERENCE(S)

P-2420
P-2740

 X **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).

The following standards change on January 1, 2006:

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
Community spouse resource allocation maximum for Long-Term Care (LTC)
Resource limits for QMB, SLBM, and QI-1
SSI federal benefit payment rate
Pickle deduction percentage chart
Home upkeep deduction
Allocations to community spouse for LTC (4 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	(05-12)	P-2420 A	(06-10)
P-2420 B3	(05-26)	P-2420 B3	(06-10)
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P-2420 C	(05-05)	P-2420 C	(06-10)
P-2420 D1	(05-30)	P-2420 D1	(06-10)
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P-2420 D4	(05-30)	P-2420 D4	(06-10)
P-2420 D5	(05-30)	P-2420 D5	(06-10)

AABD Procedures

Remove

Insert

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

B. Monthly Income Standards

1. **Eligibility maximums for Medicaid and waiver programs, effective 1/1/06**

Coverage Groups	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
PIL outside Chittenden County	M243 M350	N/A	841	841	1,008	1,141	1,291	1,383	1,550	1,683
PIL inside Chittenden County	M243 M350	N/A	908	908	1,075	1,208	1,358	1,450	1,616	1,750
VHAP (individual)	4001.84									
VHAP – Pharmacy	3301.74	150%	1,232	1,657	2,082	2,507	2,932	3,357	3,782	4,207
VPharm 1	3505.1									
VScript	3203									
VPharm 2	3505.1	175%	1,437	1,933	2,429	2,924	3,420	3,916	4,412	4,908
Transitional Medicaid	M302.21									
VHAP (parents, caretaker relative)	4001.84	185%	1,519	2,043	2,567	3,092	3,616	4,140	4,664	5,188
Dr. Dynasaur (pregnant women)	M302.27	200%	1,642	2,209	2,775	3,342	3,909	4,475	5,042	5,609
VScript Expanded	3201.64									
VPharm 3	3505.1	225%	1,847	2,485	3,122	3,760	4,397	5,035	5,672	6,310
Working people with disabilities (WPWD)	M200.24b	250%	2,053	2,761	3,469	4,178	4,886	5,594	6,303	7,011
Dr. Dynasaur (children under 18)	M302.26									
Healthy Vermonters (any age)	3401.54	300%	2,463	3,313	4,163	5,013	5,863	6,713	7,563	8,413
Healthy Vermonters (aged, disabled)	3401.54	400%	3,284	4,417	5,550	6,684	7,817	8,950	10,084	11,217

2. **Eligibility maximums for Medicare cost-sharing programs, effective 1/1/06**

Coverage Groups	Rule	% FPL	Household Size	
			1	2
Qualified Medicare Beneficiaries (QMB)	M200.41	100%	821	1,105
Specified Low-Income Medicare Beneficiaries (SLMB)	M200.43	120%	985	1,325
Qualified Individuals - 1 (QI-1)	M200.44	135%	1,109	1,491
Qualified Disabled and Working Individuals (QDWI)	M200.42	200%	1,642	2,209

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B. Monthly Income Standards (Continued)

3. Ranges for program fees, effective 1/1/06

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%	\$411	\$553	\$694	\$836	\$978	\$1,119	\$1,261	\$1,403
VHAP - UC, U3 \$11/person/month	4001.91	> 50 ≤ 75%	\$616	\$829	\$1,041	\$1,254	\$1,466	\$1,679	\$1,891	\$2,104
VHAP - UC, U3 \$39/person/month	4001.91	> 75 ≤ 100%	\$821	\$1,105	\$1,388	\$1,671	\$1,955	\$2,238	\$2,521	\$2,805
VHAP - UD, U4, UE, U5 \$50/person/month	4001.91	> 100 ≤ 150%	\$1,232	\$1,657	\$2,082	\$2,507	\$2,932	\$3,357	\$3,782	\$4,207
VHAP - UF, U6 \$75/person/month	4001.91	> 150 ≤ 185%	\$1,519	\$2,043	\$2,567	\$3,092	\$3,616	\$4,140	\$4,664	\$5,188
VHAP-Pharmacy - V1,V2,V3,V4,V5,V6 VPharm 1 - VD, VG, VJ, VM \$13/person/month	3303.1 3505.1	> 0 ≤ 150%	\$1,232	\$1,657	\$2,082	\$2,507	\$2,932	\$3,357	\$3,782	\$4,207
VScript - VA, VS, V7, V8 VPharm 2 - VE, VH, VK, VN \$17/person/month	3203 3505.1	> 150 ≤ 175%	\$1,437	\$1,933	\$2,429	\$2,924	\$3,420	\$3,916	\$4,412	\$4,908
VScript Expanded - VB, VC, VT, VU VPharm 3 - VF, VI, VL, VO \$35/person/month	3203 3505.1	> 175 ≤ 225%	\$1,847	\$2,485	\$3,122	\$3,760	\$4,397	\$5,035	\$5,672	\$6,310
Dr. Dynasaur - C0, C4 no fee	M302.26 M302.27	> 0 ≤ 185%	\$1,519	\$2,043	\$2,567	\$3,092	\$3,616	\$4,140	\$4,664	\$5,188
Dr. Dynasaur (pregnant) - P1, P2 \$30/family/month	M302.27	> 185 ≤ 200%	\$1,642	\$2,209	\$2,775	\$3,342	\$3,909	\$4,475	\$5,042	\$5,609
Dr. Dynasaur (under 18) - C0, C4 \$30/family/month	M302.26	> 185 ≤ 225%	\$1,847	\$2,485	\$3,122	\$3,760	\$4,397	\$5,035	\$5,672	\$6,310
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%	\$2,463	\$3,313	\$4,163	\$5,013	\$5,863	\$6,713	\$7,563	\$8,413

P-2420 Eligibility Determination for Medicaid

B. Monthly Income Standards (Continued)

4. SSI/AABD payment levels (2700)

Living Arrangement

		<u>Effective 1/1/06</u>	<u>1/1/05 – 12/31/05</u>
Independent Living	Individual	\$ 655.04	\$ 631.04
	Couple	1,002.88	967.88
Another's Household	Individual	441.30	425.30
	Couple	650.98	627.64
Residential Care Home w/ Assistive Community Care Level III	Individual	651.38	627.38
	Couple	1,000.77	965.77
Res. Care Home w/ Limited Nursing Care Level III	Individual	870.13	846.13
	Couple	1,507.69	1,472.69
Residential Care Home Level IV	Individual	826.94	802.94
	Couple	1,466.06	1,431.06
Custodial Care Family Home	Individual	701.69	677.69
	Couple	1,236.82	1,201.82
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 1/1/06</u>		<u>1/1/05 – 12/31/05</u>	
Individual	\$1,809.00	Individual	\$1,737.00
Couple	\$3,618.00	Couple	\$3,474.00

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

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. (see P-2420 A). If income is above, the resource test applies.

2. Community Spouse Resource Allocation Maximum, Long-Term Care (M432.31)

<u>Effective 1/1/06</u>	<u>1/1/05 - 12/31/05</u>
\$99,540	\$95,100

3. Resource Limit for QDWI (M200.42)

Effective 7/1/90

Individual	\$4000
Couple	\$6000

4. Resource Limit for QMB, SLMB, QI-1 (M200.41, M200.43, M200.44)

	<u>Effective 12/1/05</u>	<u>7/1/90-11/30/05</u>
Individual	\$0	\$4000
Couple	\$0	\$6000

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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 1/1/06</u>	<u>1/1/05- 12/31/05</u>
Individual	\$603 per month	\$579 per month
Couple	\$904 per month	\$869 per month
Ineligible child	\$301 per month	\$290 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 10/1/05

ACCESS Code	Type	Group Size					
		1	2	3	4	5	6+
1	Room Only	122	223	320	406	482	580
2	2/3 Board	101	185	266	337	401	481
3	Board Only	152	278	399	506	601	722
4	Room and 2/3 Board	223	408	586	743	883	1061
5	Room and Board	274	501	719	912	1083	1302

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.

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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 1/1/06 to 12/31/06

4/77-6/77	0.7016	1/85-12/85	0.4592	1/93-12/93	0.2786	1/01-12/01	0.1194
7/77-6/78	0.6840	1/86-12/86	0.4425	1/94-12/94	0.2598	1/02-12/02	0.0965
7/78-6/79	0.6635	1/87-12/87	0.4352	1/95-12/95	0.2391	1/03-12/03	0.0839
7/79-6/80	0.6302	1/88-12/88	0.4115	1/96-12/96	0.2193	1/04-12/04	0.0646
7/80-6/81	0.5773	1/89-12/89	0.3880	1/97-12/97	0.1967		
7/81-6/82	0.5300	1/90-12/90	0.3592	1/98-12/98	0.1798		
7/82-12/83	0.4952	1/91-12/91	0.3246	1/99-12/99	0.1691		
1/84-12/84	0.4775	1/92-12/92	0.2996	1/00-12/00	0.1492		

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

<u>Effective 1/1/06</u>	<u>1/1/05 – 12/31/05</u>
\$491.28	\$473.28

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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.

Effective 1/1/05
\$2,378.00

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

<u>Effective 1/1/06</u>	<u>(4/1/05 – 12/31/05)</u>
\$1,657.00	\$1,604.00

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

<u>Effective 1/1/06</u>	<u>(4/1/05 - 12/31/05)</u>
\$ 498.00	\$ 482.00

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

<u>Effective 1/1/06</u>	<u>(10/1/05 – 12/31/05)</u>
\$ 513.00	\$ 473.00

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 01/1/06</u>	<u>1/1/05 – 12/31/05</u>
\$ 552.00	\$ 533.00

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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 1/1/06</u>	<u>1/1/05 – 12/31/05</u>
\$ 908.00	\$ 866.00

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 1/1/06</u>	<u>1/1/05 - 12/31/05</u>
\$ 119.00	\$ 114.00

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.

Effective 10/1/05
\$ 5,921 per month
\$ 198 per day

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P-2740 A

P-2740 Payment MaximumsA. SSI/AABD Payment Maximums (2700)

Living Arrangement		<u>Effective 1/1/06</u>			<u>1/1/05 - 12/31/05</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	\$ 603.00	\$52.04	\$ 655.04	\$ 579.00	\$52.04	\$ 631.04
	Couple	\$ 904.00	\$98.88	\$1,002.88	\$ 869.00	\$98.88	\$ 967.88
Another's Household	Individual	\$ 402.00	\$39.30	\$ 441.30	\$ 386.00	\$39.30	\$ 425.30
Residential Care	Couple	\$ 602.67	\$48.31	\$ 650.98	\$ 579.33	\$48.31	\$ 627.64
Home w/ Assistive Community Care Level III	Individual	\$ 603.00	\$48.38	\$ 651.38	\$ 579.00	\$48.38	\$ 627.38
	Couple	\$ 904.00	\$96.77	\$1,000.77	\$ 869.00	\$96.77	\$ 965.77
Residential Care Home w/ Limited Nursing Care Level III	Individual	\$ 603.00	\$267.13	\$ 870.13	\$ 579.00	\$267.13	\$ 846.13
	Couple	\$ 904.00	\$603.69	\$1,507.69	\$ 869.00	\$603.69	\$1,472.69
Residential Care Home Level IV	Individual	\$ 603.00	\$223.94	\$ 826.94	\$ 579.00	\$223.94	\$ 802.94
	Couple	\$ 904.00	\$562.06	\$1,466.06	\$ 869.00	\$562.06	\$1,431.06
Custodial Care Family Home	Individual	\$ 603.00	\$ 98.69	\$ 701.69	\$ 579.00	\$ 98.69	\$ 677.69
Long-term Care	Couple	\$ 904.00	\$332.82	\$1,236.82	\$ 869.00	\$332.82	\$1,201.82
	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

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P-2740 B

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

	<u>Effective 1/1/06</u>	<u>1/1/05- 12/31/05</u>
Independent living with essential person		
Individual	\$1,002.88	\$ 967.88
Couple	\$1,174.69	\$1,133.69
Living in another's household with ineligible spouse	\$ 655.04	\$ 631.04

67 Percent Payment Maximum

	<u>Effective 1/1/06</u>	<u>1/1/05 – 12/31/05</u>
Independent living with essential person		
Individual	\$ 888.09	\$ 856.72
Couple	\$1,117.99	\$1,078.97
Living in another's household with ineligible spouse	\$ 584.51	\$ 563.15

34 Percent Payment Maximum

	<u>Effective 1/1/06</u>	<u>1/1/05 – 12/31/05</u>
Independent living with essential person		
Individual	\$ 773.31	\$ 745.57
Couple	\$1,061.30	\$1,024.26
Living in another's household with ineligible spouse	\$ 513.97	\$ 495.25