

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

DCF

Department for Children and Families

BULLETIN NO.: 08-32

FROM: Joseph Patrissi, Deputy Commissioner
Economic Services Division

DATE: June 26, 2008

SUBJECT: 7/01/08 Premium/Premium Balance Changes for Health Care Programs
3/19/08 Mileage Reimbursement Rate Change

CHANGES ADOPTED EFFECTIVE July 1, 2008

INSTRUCTIONS

- 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-2420

This bulletin increases premium amounts for the Dr. Dynasaur (without other insurance and with income above 225 percent but no more than 300 percent of the FPL), VScript, VScript Expanded, VHAP Pharmacy, VPharm, and Catamount Health Premium Assistance programs. The premium balance amounts increase for the Employer Sponsored Insurance Assistance program. A new premium/premium balance level is established for the Catamount Health Premium Assistance and Employer Sponsored Insurance Assistance programs. These changes are in accordance with the legislative directives in H.891 – the fiscal year 2009 budget act.

This bulletin also increases the mileage reimbursement rate used to calculate transportation costs.

Manual Maintenance

Medicaid Procedures

Remove

Insert

P-2420 B3 (07-50)
P-2420 D2 (07-40)

P-2420 B3 (08-32)
P-2420 D2 (08-32)

P-2420 Eligibility Determination for Medicaid

B. Monthly Income Standards (Continued)

3. Ranges for premiums, effective 7/1/08

Coverage Groups	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
VHAP/VHAP-ESIA-UA, U1, UB, U2/ZA No fee	4001.91	> 0 ≤ 50%	\$436	\$586	\$736	\$886	\$1,036	\$1,186	\$1,336	\$1,486
VHAP/VHAP-ESIA - UC, U3/ZA \$7/person/month	4001.91	> 50 ≤ 75%	\$654	\$879	\$1,104	\$1,329	\$1,554	\$1,779	\$2,004	\$2,229
VHAP/VHAP-ESIA - UC, U3/ZA \$25/person/month	4001.91	> 75 ≤ 100%	\$871	\$1,171	\$1,471	\$1,771	\$2,071	\$2,371	\$2,671	\$2,971
VHAP/VHAP-ESIA-UD, U4, UE, U5/ZA \$33/person/month	4001.91	> 100 ≤ 150%	\$1,307	\$1,757	\$2,207	\$2,657	\$3,107	\$3,557	\$4,007	\$4,457
VHAP/VHAP-ESIA - UF, U6/ZA \$49/person/month	4001.91	> 150 ≤ 185%	\$1,612	\$2,167	\$2,722	\$3,277	\$3,832	\$4,387	\$4,942	\$5,497
VHAP-Pharmacy - V1,V2,V3 VPharm 1 - VD, VG, VJ, VM \$17/person/month	3303.1 3505.1	> 0 ≤ 150%	\$1,307	\$1,757	\$2,207	\$2,657	\$3,107	\$3,557	\$4,007	\$4,457
VScript - VA, VS VPharm 2 - VE, VH, VK, VN \$23/person/month	3203 3505.1	> 150 ≤ 175%	\$1,524	\$2,049	\$2,574	\$3,099	\$3,624	\$4,149	\$4,674	\$5,199
VScript Expanded - VB, VC, VT, VU VPharm 3 - VF, VI, VL, VO \$50/person/month	3203 3505.1	> 175 ≤ 225%	\$1,960	\$2,635	\$3,310	\$3,985	\$4,660	\$5,335	\$6,010	\$6,685
Dr. Dinosaur - C0, C4 No fee	M302.26 M302.27	> 0 ≤ 185%	\$1,612	\$2,167	\$2,722	\$3,277	\$3,832	\$4,387	\$4,942	\$5,497
Dr. Dinosaur (pregnant) - P1, P2 \$15/family/month	M302.27	> 185 ≤ 200%	\$1,742	\$2,342	\$2,942	\$3,542	\$4,142	\$4,742	\$5,342	\$5,942
Dr. Dinosaur (under 18) - C0, C4 \$15/family/month	M302.26 M302.27	> 185 ≤ 225%	\$1,960	\$2,635	\$3,310	\$3,985	\$4,660	\$5,335	\$6,010	\$6,685
Dr. Dinosaur (under 18) w/ins. - C3, C9 \$20/family/month Dr. Dinosaur (under 18) w/o ins. - C2, C6 \$60/family/month	M302.26	> 225 ≤ 300%	\$2,613	\$3,513	\$4,413	\$5,313	\$6,213	\$7,113	\$8,013	\$8,913
ESIA/CHAP – ZB/ZC \$60/person or \$120/couple	4106.1 4107.1	> 0 ≤ 175%	\$1,524	\$2,049	\$2,574	\$3,099	\$3,624	\$4,149	\$4,674	\$5,199
ESIA/CHAP – ZB/ZC \$65/person or \$130/couple	4106.1 4107.1	> 175 ≤ 200%	\$1,742	\$2,342	\$2,942	\$3,542	\$4,142	\$4,742	\$5,342	\$5,942
ESIA/CHAP – ZB/ZC \$110 /person or \$220/couple	4106.1 4107.1	> 200 ≤ 225%	\$1,960	\$2,635	\$3,310	\$3,985	\$4,660	\$5,335	\$6,010	\$6,685
ESIA/CHAP – ZB/ZC \$135/person or \$270/couple	4106.1 4107.1	> 225 ≤ 250%	\$2,178	\$2,928	\$3,678	\$4,428	\$5,178	\$5,928	\$6,678	\$7,428
ESIA/CHAP – ZB/ZC \$160/person or \$320/couple	4106.1 4107.1	> 250 ≤ 275%	\$2,395	\$3,220	\$4,045	\$4,870	\$5,695	\$6,520	\$7,345	\$8,170
ESIA/CHAP – ZB/ZC \$185/person or \$370/couple	4106.1 4107.1	> 275 ≤ 300%	\$2,613	\$3,513	\$4,413	\$5,313	\$6,213	\$7,113	\$8,013	\$8,913

3/19/08

Bulletin No. 08-32

P-2420 D2

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 10/1/07

Breakfast only	\$ 1.11 per day
Lunch only	\$ 2.06 per day
Dinner only	\$ 2.06 per day
Snacks	\$.61 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 10/1/07

\$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.

Effective 3/19/08

Transportation: 50.5 cents per mile.