

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

DCF

Department for Children and Families

B U L L E T I N N O.: 08-50

FROM: Joseph Patrissi, Deputy Commissioner
Economic Services Division

DATE: December 8, 2008

SUBJECT: 1/1/09 Standards Changes for Health Care Programs

CHANGES ADOPTED EFFECTIVE 1/1/09

INSTRUCTIONS

MANUAL REFERENCE(S):

P-2420
P-2740

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, 2009:

- 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
- Substantial Gainful Activity (SGA) limit
- Community spouse resource allocation maximum for Long-Term Care (LTC)
- SSI federal benefit payment rate
- Pickle deduction percentage chart
- Home upkeep deduction
- Allocations to community spouse for LTC (3 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.

Manual Maintenance

Medicaid Procedures

Remove

Insert

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AABD Procedures

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P-2420 Eligibility Determination for Medicaid

A. 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 Standards

1. Eligibility maximums for Medicaid and waiver programs, effective 1/1/09

Coverage Groups	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
PIL outside Chittenden County	M243 M350	N/A	\$916	\$916	\$1,100	\$1,250	\$1,408	\$1,508	\$1,683	\$1,833
PIL inside Chittenden County	M243 M350	N/A	\$991	\$991	\$1,175	\$1,316	\$1,483	\$1,583	\$1,758	\$1,908
Children age 7 - 18	M350	100%	\$906	\$1,220	\$1,533	\$1,846	\$2,160	\$2,473	\$2,786	\$3,100
VHAP VHAP-ESIA VHAP – Pharmacy VPharm 1	4001.84 4102.1 3301.74 3505.1	150%	\$1,359	\$1,829	\$2,299	\$2,769	\$3,239	\$3,709	\$4,179	\$4,649
VScript VPharm 2	3203 3505.1	175%	\$1,586	\$2,134	\$2,682	\$3,231	\$3,779	\$4,327	\$4,876	\$5,424
Transitional Medicaid VHAP VHAP-ESIA (parents, caretaker relative)	M302.21 4001.84 4102.1	185%	\$1,676	\$2,256	\$2,836	\$3,415	\$3,995	\$4,575	\$5,154	\$5,734
Dr. Dynasaur (pregnant women)	M302.27	200%	\$1,812	\$2,439	\$3,065	\$3,692	\$4,319	\$4,945	\$5,572	\$6,199
VScript Expanded VPharm 3	3201.64 3505.1	225%	\$2,039	\$2,744	\$3,449	\$4,154	\$4,859	\$5,564	\$6,269	\$6,974
Working people with disabilities (WPWD)	M200.24b	250%	\$2,265	\$3,048	\$3,832	\$4,615	\$5,398	\$6,182	\$6,965	\$7,748
Dr. Dynasaur (children under 18) ESIA CHAP	M302.26 4102.3 4102.4	300%	\$2,718	\$3,658	\$4,598	\$5,538	\$6,478	\$7,418	\$8,358	\$9,298
Healthy Vermonters (any age)	3401.54	350%	\$3,171	\$4,268	\$5,364	\$6,461	\$7,558	\$8,654	\$9,751	\$10,848
Healthy Vermonters (aged, disabled)	3401.54	400%	\$3,624	\$4,877	\$6,130	\$7,384	\$8,637	\$9,890	\$11,144	\$12,397

2. Eligibility maximums for Medicare cost-sharing programs, effective 1/1/09

Coverage Groups	Rule	% FPL	Household Size	
			1	2
Qualified Medicare Beneficiaries (QMB)	M200.41	100%	906	1,220
Specified Low-Income Medicare Beneficiaries (SLMB)	M200.43	120%	1,087	1,463
Qualified Individuals - 1 (QI-1)	M200.44	135%	1,223	1,646
Qualified Disabled and Working Individuals (QDWI)	M200.42	200%	1,812	2,439

P-2420 Eligibility Determination for Medicaid

B. Monthly Income Standards (Continued)

3. Ranges for premiums, effective 1/1/09

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%	\$453	\$610	\$767	\$923	\$1,080	\$1,237	\$1,393	\$1,550
VHAP/VHAP-ESIA - UC, U3/ZA \$7/person/month	4001.91	> 50 ≤ 75%	\$680	\$915	\$1,150	\$1,385	\$1,620	\$1,855	\$2,090	\$2,325
VHAP/VHAP-ESIA - UC, U3/ZA \$25/person/month	4001.91	> 75 ≤ 100%	\$906	\$1,220	\$1,533	\$1,846	\$2,160	\$2,473	\$2,786	\$3,100
VHAP/VHAP-ESIA-UD, U4, UE, U5/ZA \$33/person/month	4001.91	> 100 ≤ 150%	\$1,359	\$1,829	\$2,299	\$2,769	\$3,239	\$3,709	\$4,179	\$4,649
VHAP/VHAP-ESIA - UF, U6/ZA \$49/person/month	4001.91	> 150 ≤ 185%	\$1,676	\$2,256	\$2,836	\$3,415	\$3,995	\$4,575	\$5,154	\$5,734
VHAP-Pharmacy - V1,V2,V3 VPharm 1 - VD, VG, VJ, VM \$17/person/month	3303.1 3505.1	> 0 ≤ 150%	\$1,359	\$1,829	\$2,299	\$2,769	\$3,239	\$3,709	\$4,179	\$4,649
VScript - VA, VS VPharm 2 - VE, VH, VK, VN \$23/person/month	3203 3505.1	> 150 ≤ 175%	\$1,586	\$2,134	\$2,682	\$3,231	\$3,779	\$4,327	\$4,876	\$5,424
VScript Expanded - VB, VC, VT, VU VPharm 3 - VF, VI, VL, VO \$50/person/month	3203 3505.1	> 175 ≤ 225%	\$2,039	\$2,744	\$3,449	\$4,154	\$4,859	\$5,564	\$6,269	\$6,974
Dr. Dinosaur - C0, C4 No fee	M302.26 M302.27	> 0 ≤ 185%	\$1,676	\$2,256	\$2,836	\$3,415	\$3,995	\$4,575	\$5,154	\$5,734
Dr. Dinosaur (pregnant) - P1, P2 \$15/family/month	M302.27	> 185 ≤ 200%	\$1,812	\$2,439	\$3,065	\$3,692	\$4,319	\$4,945	\$5,572	\$6,199
Dr. Dinosaur (under 18) - C0, C4 \$15/family/month	M302.26 M302.27	> 185 ≤ 225%	\$2,039	\$2,744	\$3,449	\$4,154	\$4,859	\$5,564	\$6,269	\$6,974
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%	\$2,718	\$3,658	\$4,598	\$5,538	\$6,478	\$7,418	\$8,358	\$9,298
ESIA/CHAP – ZB/ZC \$60/person or \$120/couple	4106.1 4107.1	> 0 ≤ 175%	\$1,586	\$2,134	\$2,682	\$3,231	\$3,779	\$4,327	\$4,876	\$5,424
ESIA/CHAP – ZB/ZC \$65/person or \$130/couple	4106.1 4107.1	> 175 ≤ 200%	\$1,812	\$2,439	\$3,065	\$3,692	\$4,319	\$4,945	\$5,572	\$6,199
ESIA/CHAP – ZB/ZC \$110 /person or \$220/couple	4106.1 4107.1	> 200 ≤ 225%	\$2,039	\$2,744	\$3,449	\$4,154	\$4,859	\$5,564	\$6,269	\$6,974
ESIA/CHAP – ZB/ZC \$135/person or \$270/couple	4106.1 4107.1	> 225 ≤ 250%	\$2,265	\$3,048	\$3,832	\$4,615	\$5,398	\$6,182	\$6,965	\$7,748
ESIA/CHAP – ZB/ZC \$160/person or \$320/couple	4106.1 4107.1	> 250 ≤ 275%	\$2,492	\$3,353	\$4,215	\$5,077	\$5,938	\$6,800	\$7,662	\$8,523
ESIA/CHAP – ZB/ZC \$185/person or \$370/couple	4106.1 4107.1	> 275 ≤ 300%	\$2,718	\$3,658	\$4,598	\$5,538	\$6,478	\$7,418	\$8,358	\$9,298

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P-2420 B4

P-2420 Eligibility Determination for MedicaidB. Monthly Income Standards (Continued)**4. SSI/AABD payment levels (2700)**

<u>Living Arrangement</u>		<u>Effective 1/1/09</u>	<u>1/1/08 – 12/31/08</u>
Independent Living	Individual	\$ 726.04	\$ 689.04
	Couple	1,109.88	1,054.88
Another's Household	Individual	488.63	463.97
	Couple	722.31	685.65
Residential Care Home w/ Assistive Community Care Level III	Individual	722.38	685.38
	Couple	1,107.77	1,052.77
Res. Care Home w/ Limited Nursing Care Level III	Individual	941.13	904.13
	Couple	1,614.69	1,559.69
Residential Care Home Level IV	Individual	897.94	860.94
	Couple	1,573.06	1,518.06
Custodial Care Family Home	Individual	772.69	735.69
	Couple	1,343.82	1,288.82
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 1/1/09</u>		<u>1/1/08 – 12/31/08</u>	
Individual	\$2,022.00	Individual	\$1,911.00
Couple	\$4,044.00	Couple	\$3,822.00

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

Individual	\$47.66
Couple	\$95.33

7. Substantial Gainful Activity (SGA) income limit (M211.21)

<u>Effective 1/1/09</u>	
Blind	\$1,640
Disabled	\$ 980

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P-2420 C

P-2420 Eligibility Determination for Medicaid

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

1. Household MaximumsGroup 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 1/1/09</u>	<u>1/1/08 - 12/31/08</u>
\$109,560	\$104,400

3. Resource Limit for Qualified Disabled Working Individual (M200.42)Effective 7/1/90

Individual	\$4000
Couple	\$6000

4. Resource Limit for Working People With Disabilities (M200.24)Effective 10/7/05

Individual	\$5000
Couple	\$6000

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P-2420 Eligibility Determination for Medicaid

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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 1/1/09</u>	<u>1/1/08- 12/31/08</u>
Individual	\$674 per month	\$637 per month
Couple	\$1,011 per month	\$956 per month
Maximum allocation for Ineligible child	\$337 per month	\$319 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 10/1/08

ACCESS Code	Type	Group Size					
		1	2	3	4	5	6+
1	Room Only	137	251	360	458	543	652
2	2/3 Board	117	215	309	392	465	559
3	Board Only	176	323	463	588	698	838
4	Room and 2/3 Board	254	466	669	850	1008	1211
5	Room and Board	313	574	823	1046	1241	1490

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 1/1/09 to 12/31/09

4/77-6/77	0.7331	1/85-12/85	0.5163	1/93-12/93	0.3548	1/01-12/01	0.2124
7/77-6/78	0.7174	1/86-12/86	0.5013	1/94-12/94	0.3380	1/02-12/02	0.1919
7/78-6/79	0.6990	1/87-12/87	0.4948	1/95-12/95	0.3194	1/03-12/03	0.1806
7/79-6/80	0.6692	1/88-12/88	0.4736	1/96-12/96	0.3017	1/04-12/04	0.1634
7/80-6/81	0.6219	1/89-12/89	0.4526	1/97-12/97	0.2815	1/05-12/05	0.1408
7/81-6/82	0.5796	1/90-12/90	0.4268	1/98-12/98	0.2664	1/06-12/06	0.1056
7/82-12/83	0.5485	1/91-12/91	0.3959	1/99-12/99	0.2569	1/07-12/07	0.0761
1/84-12/84	0.5327	1/92-12/92	0.3735	1/00-12/00	0.2390	1/08-12/08	0.0548

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

<u>Effective 1/1/09</u>	<u>1/1/08 – 12/31/08</u>
\$544.53	\$516.78

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P-2420 D4

P-2420 Eligibility Determination for MedicaidD. 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.

<u>Effective 1/1/09</u>	<u>(10/1/08 – 12/31/08)</u>
\$2,739.00	\$2,610.00

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

<u>Effective 1/1/09</u>	<u>(10/1/08 – 12/31/08)</u>
\$1,829.00	\$1,757.00

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

<u>Effective 1/1/09</u>	<u>(10/1/08 – 12/31/08)</u>
\$ 549.00	\$ 528.00

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

<u>Effective 10/1/08</u>	<u>(10/1/07 – 9/30/08)</u>
\$ 744.00	\$ 572.00

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 1/1/09</u>	<u>(1/1/08 – 12/31/08)</u>
\$ 609.67	\$ 585.67

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P-2420 D5

P-2420 Eligibility Determination for MedicaidD. 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 1/1/09</u>	<u>(1/1/08 – 12/31/08)</u>
\$ 991.00	\$ 950.00

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 1/1/09</u>	<u>(1/1/08 – 12/31/08)</u>
\$ 133.50	\$ 128.00

12. Standard Deductions for Assistive Community Care Services (ACCS) and Personal Care Services (PCS) (M421.23) (M421.24) (P-2421 D)

	<u>Effective 1/1/09</u>	<u>1/1/03 - 12/31/08</u>
ACCS	\$37.00 per day	\$27.00 per day
	\$ 1,110.00 per month	\$ 810.00 per month
	<u>Effective 1/1/03</u>	<u>10/1/00 - 12/31/02</u>
PCS	\$ 17.83 per day	\$ 13.20 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.

<u>Effective 10/1/08</u>
\$ 6541.77 per month
\$ 218.06 per day

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P-2740 A

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

Living Arrangement		<u>Effective 1/1/09</u>			<u>1/1/08 - 12/31/08</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	\$ 674.00	\$52.04	\$ 726.04	\$ 637.00	\$52.04	\$ 689.04
	Couple	\$ 1,011.00	\$98.88	\$1,109.88	\$ 956.00	\$98.88	\$1,054.88
Another's Household	Individual	\$ 449.33	\$39.30	\$ 488.63	\$ 424.67	\$39.30	\$ 463.97
	Couple	\$ 674.00	\$48.31	\$ 722.31	\$ 637.34	\$48.31	\$ 685.65
Residential Care Home w/ Assistive Community Care Level III	Individual	\$ 674.00	\$48.38	\$ 722.38	\$ 637.00	\$48.38	\$ 685.38
	Couple	\$ 1,011.00	\$96.77	\$1,107.77	\$ 956.00	\$96.77	\$1,052.77
Residential Care Home w/ Limited Nursing Care Level III	Individual	\$ 674.00	\$267.13	\$ 941.13	\$ 637.00	\$267.13	\$ 904.13
	Couple	\$1,011.00	\$603.69	\$1,614.69	\$ 956.00	\$603.69	\$1,559.69
Residential Care Home Level IV	Individual	\$ 674.00	\$223.94	\$ 897.94	\$ 637.00	\$223.94	\$ 860.94
	Couple	\$1,011.00	\$562.06	\$1,573.06	\$ 956.00	\$562.06	\$1,518.06
Custodial Care Family Home	Individual	\$ 674.00	\$ 98.69	\$ 772.69	\$ 637.00	\$ 98.69	\$ 735.69
	Couple	\$1,011.00	\$332.82	\$1,343.82	\$ 956.00	\$332.82	\$1,288.82
Long-term Care	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 1/1/09</u>	<u>1/1/08- 12/31/08</u>
Independent living with essential person		
Individual	\$1,109.88	\$ 1,054.88
Couple	\$1,281.69	\$1,226.69
Living in another's household with ineligible spouse	\$ 726.04	\$ 689.04

67 Percent Payment Maximum

	<u>Effective 1/1/09</u>	<u>1/1/07- 12/31/07</u>
Independent living with essential person		
Individual	\$ 983.21	\$ 934.15
Couple	\$1,224.99	\$1,169.99
Living in another's household with ineligible spouse	\$ 647.70	\$ 614.77

34 Percent Payment Maximum

	<u>Effective 1/1/09</u>	<u>1/1/08- 12/31/08</u>
Independent living with essential person		
Individual	\$ 856.55	\$ 813.43
Couple	\$1,168.30	\$1,113.30
Living in another's household with ineligible spouse	\$ 569.35	\$ 540.49