

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

DCF

Department for Children and Families



BULLETIN NO.: 10-28

FROM: Pam Dalley, Interim Deputy Commissioner
Economic Services Division

DATE: January 14, 2011

SUBJECT: 1/1/11 Standards Changes for Health Care Programs
and 3SquaresVT (SNAP or Food Stamps)

CHANGES ADOPTED EFFECTIVE 1/1/11

INSTRUCTIONS

MANUAL REFERENCE(S):

P-2420 P-2590

- 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 following health care standards changed on January 1, 2011:

Protected income levels (PILs) for individuals in the community
 Income standards for health care programs based on the federal poverty level
 Eligibility maximums for Medicare Savings Programs (QMB, SLMB, QI, and QDWI)
 Allocations to community spouse for LTC
 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
 Added Home-Based LTC Medicaid \$5,000 disregard to resource limit page P-2420C

NOTE: The desk review will also terminate the \$33.00 per earner per month earned income exclusion to comply with federal law, section 100(c) of the American Recovery and Reinvestment Act of 2009. This means households with earned income will have more countable income which may result in a change in the health care program they qualify for and/or a change in their monthly health care premium.

3SquaresVT (SNAP or Food Stamps) standard changes:

Fuel and utility standard with heat or cooling
 Fuel and utility standard without heat

Vertical lines in the left margin indicate significant changes.

Manual Maintenance

Medicaid Procedures

Remove

Insert

P-2420 A	(08-50)	P-2420 A	(10-28)
P-2420 B3	(09-08)	P-2420 B3	(10-28)
P-2420 B4	(10-18)	P-2420 B4	(10-28)
Nothing		P -2420 B5	(10-28)
Nothing		P -2420 B6	(10-28)
Nothing		P -2420 B7	(10-28)
Nothing		P -2420 B8	(10-28)
Nothing		P -2420 B9	(10-28)
P-2420 C	(08-50)	P-2420 C	(10-28)
P-2420 D4	(10-18)	P-2420 D4	(10-28)
P-2420 D5	(10-18)	P-2420 D5	(10-28)

NOTE: Pages P-2420 B3 and B4 have been expanded by pages P-2420 B5 - P-2420 B9 to provide an explanation of the Premium Assistance programs and instructions to determine CHAP premiums. The CHAP premiums can vary depending on the month the client was granted, their anniversary date, and the current billing month. The premiums can change quarterly and procedures will be updated as needed.

3SquaresVT / Food Stamps Procedures

P- 2590 A1	(10-18)	P- 2590 A1	(10-28)
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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 1/1/11

Coverage Groups	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
PIL outside Chittenden County	4281 4380	N/A	\$925	\$925	\$1,116	\$1,258	\$1,416	\$1,525	\$1,700	\$1,858
PIL inside Chittenden County	4281 4380	N/A	\$1,000	\$1,000	\$1,183	\$1,333	\$1,491	\$1,600	\$1,775	\$1,925
Children age 7 – 18	4380	100%	\$921	\$1,238	\$1,555	\$1,871	\$2,188	\$2,505	\$2,821	\$3,138
VHAP (individual)	5324	150%	\$1,382	\$1,857	\$2,332	\$2,807	\$3,282	\$3,757	\$4,232	\$4,707
VHAP-ESIA	5911									
VHAP – Pharmacy	5524									
VPharm 1	5441									
VScript	5650	175%	\$1,612	\$2,166	\$2,720	\$3,274	\$3,829	\$4,383	\$4,937	\$5,491
VPharm 2	5441									
Transitional Medicaid	4312.1	185%	\$1,704	\$2,290	\$2,876	\$3,462	\$4,047	\$4,633	\$5,219	\$5,805
VHAP	5324									
VHAP-ESIA (parents, caretaker relative)	5911									
Dr. Dynasaur (pregnant women)	4312.7	200%	\$1,842	\$2,475	\$3,109	\$3,742	\$4,375	\$5,009	\$5,642	\$6,275
VScript Expanded	5634	225%	\$2,072	\$2,785	\$3,497	\$4,210	\$4,922	\$5,635	\$6,347	\$7,060
VPharm 3	5441									
Working people with disabilities (WPWD)	4202.4	250%	\$2,303	\$3,094	\$3,886	\$4,678	\$5,469	\$6,261	\$7,053	\$7,844
Dr. Dynasaur (children under 18)	4312.6	300%	\$2,763	\$3,713	\$4,663	\$5,613	\$6,563	\$7,513	\$8,463	\$9,413
ESIA	5324									
CHAP	5911									
Healthy Vermonters (any age)	5724	350%	\$3,223	\$4,332	\$5,440	\$6,548	\$7,657	\$8,765	\$9,873	\$10,982
Healthy Vermonters (aged, disabled)	5724	400%	\$3,684	\$4,950	\$6,217	\$7,484	\$8,750	\$10,017	\$11,284	\$12,550

2. Eligibility maximums for Medicare cost-sharing programs, effective 1/1/11

Coverage Groups	Rule	% FPL	Household Size	
			1	2
Qualified Medicare Beneficiaries (QMB)	4204.1	100%	\$921	\$1,238
Specified Low-Income Medicare Beneficiaries (SLMB)	4204.3	120%	\$1,105	\$1,485
Qualified Individuals - 1 (QI-1)	4204.4	135%	\$1,244	\$1,671
Qualified Disabled and Working Individuals (QDWI)	4204.2	200%	\$1,842	\$2,475

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P-2420 Eligibility Determination for Medicaid

B. Monthly Income Standards (Continued)

3. Ranges for premiums, effective 1/1/11

Coverage Groups	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
VHAP - UA, UI, UB, U2 No fee	5331	> 0 ≤ 50%	461	619	778	936	1,094	1,253	1,411	1,569
VHAP - UC, U3 \$7/person/month	5331	> 50 ≤ 75%	691	929	1,166	1,404	1,641	1,879	2,116	2,354
VHAP - UC, U3 \$25/person/month	5331	> 75 ≤ 100%	921	1,238	1,555	1,871	2,188	2,505	2,821	3,138
VHAP - UD, U4, UE, U5 \$33/person/month	5331	> 100 ≤ 150%	1,382	1,857	2,332	2,807	3,282	3,757	4,232	4,707
VHAP - UF, U6 \$49/person/month	5331	> 150 ≤ 185%	1,704	2,290	2,876	3,462	4,047	4,633	5,219	5,805
VHAP-Pharmacy - V1,V2,V3 VPharm 1 - VD, VG, VJ, VM \$17/person/month	5550 5441	> 0 ≤ 150%	1,382	1,857	2,332	2,807	3,282	3,757	4,232	4,707
VScript - VA, VS VPharm 2 - VE, VH, VK, VN \$23/person/month	5650 5441	> 150 ≤ 175%	1,612	2,166	2,720	3,274	3,829	4,383	4,937	5,491
VScript Expanded - VB, VC, VT, VU VPharm 3 - VF, VI, VL, VO \$50/person/month	5650 5441	> 175 ≤ 225%	2,072	2,785	3,497	4,210	4,922	5,635	6,347	7,060
Dr. Dynasaur - C0, C4 No fee	4312.6 4312.7	> 0 ≤ 185%	1,704	2,290	2,876	3,462	4,047	4,633	5,219	5,805
Dr. Dynasaur (pregnant) - P1, P2 \$15/family/month	4312.7	> 185 ≤ 200%	1,842	2,475	3,109	3,742	4,375	5,009	5,642	6,275
Dr. Dynasaur (under 18) - C0, C4 \$15/family/month	4312.6 4312.7	> 185 ≤ 225%	2,072	2,785	3,497	4,210	4,922	5,635	6,347	7,060
Dr. Dynasaur (under 18) w/ins. C3, C9 \$20/family/month Dr. Dynasaur (under 18) w/o ins. C2, C6 \$60/family/month	4312.6	> 225 ≤ 300%	2,763	3,713	4,663	5,613	6,563	7,513	8,463	9,413

P-2420 Eligibility Determination for Medicaid

B. Monthly Income Standards (Continued)

VHAP-ESIA and ESIA

Client's share of cost (premium balance)

VHAP-ESIA and ESIA provide premium assistance to the employee through a monthly benefit amount paid to the household. Below reflects the premium balance amount (the amount the client is responsible for). This amount is taken out of the benefit amount.

VHAP-ESIA premium balances, effective 1/1/11

VHAP-ESIA	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
VHAP-ESIA - ZA \$0	5331	> 0 ≤ 50%	461	619	778	936	1,094	1,253	1,411	1,569
VHAP-ESIA - ZA \$7/person/month	5331	> 50 ≤ 75%	691	929	1,166	1,404	1,641	1,879	2,116	2,354
VHAP-ESIA - ZA \$25/person/month	5331	> 75 ≤ 100%	921	1,238	1,555	1,871	2,188	2,505	2,821	3,138
VHAP-ESIA - ZA \$33/person/month	5331	> 100 ≤ 150%	1,382	1,857	2,332	2,807	3,282	3,757	4,232	4,707
VHAP-ESIA - ZA \$49/person/month	5331	> 150 ≤ 185%	1,704	2,290	2,876	3,462	4,047	4,633	5,219	5,805

ESIA premium balances, effective 1/1/11

ESIA	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
ESIA - ZB \$60/person	5961 5963	> 0 ≤ 200%	1,842	2,475	3,109	3,742	4,375	5,009	5,642	6,275
ESIA - ZB \$122/person	5961 5963	> 200 ≤ 225%	2,072	2,785	3,497	4,210	4,922	5,635	6,347	7,060
ESIA - ZB \$149/person	5961 5963	> 225 ≤ 250%	2,303	3,094	3,886	4,678	5,469	6,261	7,053	7,844
ESIA - ZB \$177/person	5961 5963	> 250 ≤ 275%	2,533	3,404	4,274	5,145	6,016	6,887	7,758	8,629
ESIA - ZB \$205/person	5961 5963	> 275 ≤ 300%	2,763	3,713	4,663	5,613	6,563	7,513	8,463	9,413

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P-2420 Eligibility Determination for Medicaid**B.** Monthly Income Standards

CHAP - provides premium assistance to an individual's Catamount Health plan. The individual pays the premium balance (the amount the client is responsible for) to the state and the full premium is then sent to the carrier. Below reflects the premium balance amount.

- Catamount Health carriers, BC/BS and MVP, have the option of changing their premium rates on a quarterly basis.
- When individuals are granted CHAP their premium rate is locked in for one year.
- Their premium rate can change on their anniversary month each year.
- Anniversary months are displayed in CAMA/D in ACCESS (under the field "Ann").

How CHAP premiums are determined:

- Individuals who close and have a break in coverage are assigned a new anniversary month. Their premium will be based on the premium amount for their new anniversary month.
- Individuals who have not yet signed up for a plan do not have an anniversary month. Premiums for those individuals will be based on the current premium table.
- Individuals who have a break in CHAP are treated as NEW applicants. If clients repeatedly close and have a break in coverage their premium rates may increase up to four times per year.

★ (Billing Period = the month and year of the premium you are trying to determine. For example, "what is the premium for July 2010?". The billing period is July 2010).

To determine a client's correct CHAP premium, identify their anniversary month and the billing period (month and year). Follow instructions below:

1. What is the billing period (month and year)?
2. What is the anniversary month and billing year?
3. Compare the two dates:
 - If the anniversary month and billing year (#2) is earlier than or equal to, the billing period (month and year, # 1), look for the table that contains the anniversary month and billing year (# 2) date for the appropriate premium.
 - If the anniversary month and billing year (# 2) is later than the billing period (month and year, # 1), subtract 1 year from the anniversary month and billing year (# 2) and look for the table that contains that date for the appropriate premium.

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B. Monthly Income Standards

How CHAP premiums are determined: (Continued)

Example 1:

What is the January 2011 bill for someone who has an anniversary month of November?

1. Billing month and year is January 2011
2. Anniversary month and billing year is November 2011
3. November 2011 is later than January 2011 so we would subtract one year from 2011. We would then look at the table that contains November 2010.

Example 2:

What is the August 2010 bill for someone with a May anniversary?

1. Billing month and year is August 2010
2. Anniversary month and billing year is May 2010
3. May 2010 is earlier than August 2010 so we would look at the table that contains May 2010.

Example 3:

What is the June 2010 bill for someone with a June anniversary?

1. Billing month and year is June 2010
2. Anniversary month and billing year is June 2010
3. Anniversary month and billing month are the same, so we would look at the table that contains June 2010.

October – December 2010

CHAP	Rule	FPL	Household Size							
			1	2	3	4	5	6	7	8
CHAP – ZC \$60/person	5961	> 0	1,842	2,475	3,109	3,742	4,375	5,009	5,642	6,275
	5963	≤ 200%								
CHAP – ZC \$124/person	5961	> 200	2,072	2,785	3,497	4,210	4,922	5,635	6,347	7,060
	5963	< 225%								
CHAP – ZC \$152/person	5961	> 225	2,303	3,094	3,886	4,678	5,469	6,261	7,053	7,844
	5963	< 250%								
CHAP – ZC \$180/person	5961	> 250	2,533	3,404	4,274	5,145	6,016	6,887	7,758	8,629
	5963	< 275%								
CHAP – ZC \$208/person	5961	> 275	2,763	3,713	4,663	5,613	6,563	7,513	8,463	9,413
	5963	< 300%								

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B Monthly Income Standards

How CHAP premiums are determined: (Continued)

July – September 2010

CHAP	Rule	FPL	Household Size								
			1	2	3	4	5	6	7	8	
CHAP – ZC \$60/person	5961	> 0									
	5963	≤ 200%	1,842	2,475	3,109	3,742	4,375	5,009	5,642	6,275	
CHAP – ZC \$124/person	5961	> 200									
	5963	< 225%	2,072	2,785	3,497	4,210	4,922	5,635	6,347	7,060	
CHAP – ZC \$152/person	5961	> 225									
	5963	< 250%	2,303	3,094	3,886	4,678	5,469	6,261	7,053	7,844	
CHAP – ZC \$180/person	5961	> 250									
	5963	< 275%	2,533	3,404	4,274	5,145	6,016	6,887	7,758	8,629	
CHAP – ZC \$208/person	5961	> 275									
	5963	< 300%	2,763	3,713	4,663	5,613	6,563	7,513	8,463	9,413	

April – June 2010

CHAP	Rule	FPL	Household Size								
			1	2	3	4	5	6	7	8	
CHAP – ZC \$60/person	5961	> 0									
	5963	≤ 200%	1,842	2,475	3,109	3,742	4,375	5,009	5,642	6,275	
CHAP – ZC \$124/person	5961	> 200									
	5963	< 225%	2,072	2,785	3,497	4,210	4,922	5,635	6,347	7,060	
CHAP – ZC \$152/person	5961	> 225									
	5963	< 250%	2,303	3,094	3,886	4,678	5,469	6,261	7,053	7,844	
CHAP – ZC \$180/person	5961	> 250									
	5963	< 275%	2,533	3,404	4,274	5,145	6,016	6,887	7,758	8,629	
CHAP – ZC \$208/person	5961	> 275									
	5963	< 300%	2,763	3,713	4,663	5,613	6,563	7,513	8,463	9,413	

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P-2420 Eligibility Determination for MedicaidB Monthly Income Standards

How CHAP premiums are determined: (Continued)

January – March 2010

CHAP	Rule	FPL	Household Size							
			1	2	3	4	5	6	7	8
CHAP – ZC \$60/person	5961 5963	> 0 ≤ 200%	1,842	2,475	3,109	3,742	4,375	5,009	5,642	6,275
CHAP – ZC \$122/person	5961 5963	> 200 < 225%	2,072	2,785	3,497	4,210	4,922	5,635	6,347	7,060
CHAP – ZC \$149/person	5961 5963	> 225 < 250%	2,303	3,094	3,886	4,678	5,469	6,261	7,053	7,844
CHAP – ZC \$177/person	5961 5963	> 250 < 275%	2,533	3,404	4,274	5,145	6,016	6,887	7,758	8,629
CHAP – ZC \$205/person	5961 5963	> 275 < 300%	2,763	3,713	4,663	5,613	6,563	7,513	8,463	9,413

Surcharges

In addition to the premium amount owed on the above tables, an individual may also be responsible to pay a surcharge.

BC/BS and MVP decide how much they will charge for their Catamount Health policies. If individuals choose a carrier that charges more for their policies than the other carrier, the client will be responsible for paying for the additional amount.

Example: BC/BS sets their rates at 8.2% and MVP sets their rates at 10.3 %. If individuals choose the MVP policy they will have to pay the additional 2.1% ($10.3 - 8.2 = 2.1$).

OR

Example: MVP sets their rates at \$452.08 and BC/BS sets their rates at \$442.25. If individuals choose the MVP policy, they will have to pay the additional \$9.83.

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P-2420 B9

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

<u>Living Arrangement</u>		<u>Effective 1/1/10</u>	<u>1/1/09 – 12/31/09</u>
Independent Living	Individual	\$ 726.04	\$ 726.04
	Couple	1,109.88	1,109.88
Another's Household	Individual	488.64	488.64
	Couple	722.31	722.31
Residential Care Home w/ Assistive Community Care Level III	Individual	722.38	722.38
	Couple	1,107.77	1,107.77
Res. Care Home w/ Limited Nursing Care Level III	Individual	941.13	941.13
	Couple	1,614.69	1,614.69
Residential Care Home Level IV	Individual	897.94	897.94
	Couple	1,573.06	1,573.06
Custodial Care Family Home	Individual	772.69	772.69
	Couple	1,343.82	1,343.82
Long-term Care	Individual	47.66	47.66
	Couple	95.33	95.33

5. **Institutional income standard for long-term care (4281.5)**Effective 1/1/09

Individual	\$2,022.00
Couple	\$4,044.00

6. **Personal needs allowance for long-term care (4462.1)**

Individual	\$47.66
Couple	\$95.33

7. **Substantial Gainful Activity (SGA) income limit (4213.1)**Effective 1/1/10

Blind	\$1,640
Disabled	\$1,000

P-2420 Eligibility Determination for Medicaid

D. Other Standards (Continued)

8. **Allocation to Community Spouse - Long-Term Care (4462.4 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 1/1/09
\$2,739.00

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

<u>Effective 1/1/11</u> \$1,857	<u>Effective 1/1/09</u> \$1,829.00
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- c. Shelter standard This is 30 percent of the maintenance income standard in paragraph b, above.

<u>Effective 1/1/11</u> \$558.00	<u>Effective 1/1/09</u> \$549.00
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- 1. Fuel and utility standard. Current food stamp fuel and utility standard is on page P-2590 A1.

<u>Effective 10/1/10*</u> \$614.00	<u>Effective 10/1/08 – 9/30/10</u> \$744.00
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*FNS delayed implementation of the \$614 until April 2011 – continue to use \$744 until further notice.

- 2. Base housing cost

<u>Effective 1/1/06</u> \$ 0.00	<u>(10/1/05 – 12/31/05)</u> \$ 9.00
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- 9. **Allocation to Each Family Member Living with a Community Spouse - Long-Term Care (4462.3)** This is the maximum allocation if family member has no income.

<u>Effective 1/1/11</u> \$619.00	<u>Effective 1/1/09</u> \$609.67
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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 (4462.1, P-2430 H)**

<u>Effective 1/1/11</u>	<u>Effective 1/1/09</u>
\$1000.00	\$ 991.00

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 1/1/11</u>	<u>Effective 1/1/10</u>
\$141.50	\$ 137.50

12. **Standard Deductions for Assistive Community Care Services (ACCS) (4452.4) and Personal Care Services (PCS) (4452.3) (P-2421 D)**

	<u>Effective 1/1/09</u>
ACCS	\$ 37.00 per day \$ 1,110.00 per month
	<u>Effective 1/1/03</u>
PCS	\$ 17.83 per day \$ 535.00 per month

13. **Average Cost to a Private Patient of Nursing Facility Services (4474.2)**

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 10/1/10</u>	<u>10/1/09 – 9/30/10</u>
\$ 7477.20 per month	\$7185.52 per month
\$ 249.24 per day	\$ 239.52 per day

P-2590 Reference Materials

A. Calculating Net Income

1. Standard Deduction (Effective 10/1/10)

The standard deduction varies by household size:

- \$142 for households of 1 to 3 members
- \$153 for households of 4 members
- \$179 for households of 5 members
- \$205 for households of 6 or more members

2. Basic Medical Liability (Effective 1/1/81)

The base amount for medical liability is \$35. Refer to section 273.9(d)(3) of the 3SquaresVT/food stamp manual.

3. Dependent Care Maximum Deduction (Effective 10/1/09)

There is no cap on the dependent care deduction for 3SquaresVT/food stamps.

4. Shelter Cost Maximum Deduction (Effective 10/1/10)

The maximum deduction for households without elderly or disabled members is \$458.

5. Fuel and Utility Standards

	<u>Effective 10/1/10 - 3/31/2011</u>	<u>10/1/09 – 9/30/10</u>
With heat or cooling	\$744.00	\$744.00
Without heat	\$212.00	\$215.00
Phone only	\$ 36.00	\$ 36.00

See P-2510 E on selecting the correct standard and ACCESS manual - STAT 5.14 (UTIL Panel) and STAT 5.17 (PHON Panel) for ACCESS-related information.