

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

DCF

Department for Children and Families

BULLETIN NO.: 12-22

FROM: Richard Giddings, Deputy Commissioner
Economic Services Division

DATE: December 5, 2012

SUBJECT: 1/1/13 Standards Changes for Health Care
and Essential Person Programs

CHANGES ADOPTED EFFECTIVE 1/1/13

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 Medicaid standards and income standards for Medicaid, other health care programs and the Essential Person program based on the protected income levels (PIL) and federal poverty levels (FPL). It also revises SSI/AABD payment maximums and other standards based on the federal cost-of-living adjustment (COLA).

Bulletin 01-07F dated 7/1/01 authorized the department to estimate the PILs and FPLs for the coming year before the federal government publishes its numbers and to update program standards for Medicaid and other health care programs on January 1 based on this estimate. Increasing these standards in January allows individuals whose income increases as a result of the COLA to remain eligible for health care programs by allowing changes in income standards for all health care programs to occur at the same time. If the actual PILs and FPLs exceed the department's income maximums, the department will revise its numbers to conform to the actual PILs and FPLs on April 1.

The following **health care standards** change on January 1, 2013:

Protected income levels (PILs) for individuals in the community
 Income standards for health care programs based on the federal poverty level
 Medicare Part A and B premium changes
 QMB, SLMB, QI, and QDWI income maximums
 SSI/AABD payment levels and federal SSI payment maximums
 SSI related Medicaid maximum allocation for ineligible child
 Substantial Gainful Activity (SGA) limit
 Pickle deduction percentage chart
 CHAP surcharge is \$00.00 as of 1/1/13

The following **Long-Term Care (LTC) Medicaid standards** change on January 1, 2013:

Institutional income standard
Community spouse resource allocation maximum
Substantial Home Equity limit
Home upkeep deduction
Allocations to community spouse- maximum and standard income allocations and shelter standard
Allocation to each family member living with a community spouse
Community maintenance allowance in the home-and-community-based waiver programs
Medicare copayments for nursing home care

AABD-**Essential Person** payment maximums change on January 1, 2013.

Vertical lines in the left margin indicate significant changes.

Manual Maintenance

Medicaid Procedures

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AABD Procedures

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P-2420 A

P-2420 Eligibility Determination for MedicaidA. 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 1/1/13**

Coverage Groups	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
PIL outside Chittenden County	4281 4380	N/A	975	975	1,175	1,333	1,500	1,608	1,800	1,958
PIL inside Chittenden County	4281 4380	N/A	1,058	1,058	1,250	1,408	1,583	1,691	1,875	2,041
Children age 7 – 18	4380	100%	958	1,293	1,628	1,963	2,298	2,633	2,968	3,303
VHAP (individual)	5324	150%	1,437	1,939	2,442	2,944	3,447	3,949	4,452	4,954
VHAP-ESIA	5911									
VHAP – Pharmacy	5524									
VPharm 1	5441									
VScript	5650	175%	1,676	2,262	2,849	3,435	4,021	4,607	5,194	5,780
VPharm 2	5441									
Transitional Medicaid	4312.1	185%	1,772	2,392	3,011	3,631	4,251	4,871	5,490	6,110
VHAP	5324									
VHAP-ESIA (parents, caretaker relative)	5911									
Dr. Dynasaur (pregnant women)	4312.7	200%	1,915	2,585	3,255	3,925	4,595	5,265	5,935	6,605
VScript Expanded	5634	225%	2,155	2,909	3,662	4,416	5,170	5,924	6,677	7,431
VPharm 3	5441									
Working people with disabilities (WPWD)	4202.4	250%	2,394	3,232	4,069	4,907	5,744	6,582	7,419	8,257
Dr. Dynasaur (children under 18)	4312.6	300%	2,873	3,878	4,883	5,888	6,893	7,898	8,903	9,908
ESIA	4312.6									
CHAP										
Healthy Vermonters (any age)	5724	350%	3,352	4,524	5,697	6,869	8,042	9,214	10,387	11,559
Healthy Vermonters (aged, disabled)	5724	400%	3,830	5,170	6,510	7,850	9,190	10,530	11,870	13,210

2. Eligibility maximums for Medicare cost-sharing programs, effective 1/1/13

Coverage Groups	Rule	% FPL	Household Size	
			1	2
Qualified Medicare Beneficiaries (QMB)	4204.1	100%	958	1,293
Specified Low-Income Medicare Beneficiaries (SLMB)	4204.3	120%	1,149	1,551
Qualified Individuals - 1 (QI-1)	4204.4	135%	1,293	1,745
Qualified Disabled and Working Individuals (QDWI)	4204.2	200%	1,915	2,585

P-2420 Eligibility Determination for Medicaid

B. Monthly Income Standards (Continued)

3. Ranges for premiums, effective 1/1/13

Coverage Groups	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
VHAP - UA, U1, UB, U2 No fee	5331	> 0 ≤ 50%	479	647	814	982	1,149	1,317	1,484	1,652
VHAP - UC, U3 \$7/person/month	5331	> 50 ≤ 75%	719	970	1,221	1,472	1,724	1,975	2,226	2,477
VHAP - UC, U3 \$25/person/month	5331	> 75 ≤ 100%	958	1,293	1,628	1,963	2,298	2,633	2,968	3,303
VHAP - UD, U4, UE, U5 \$33/person/month	5331	> 100 ≤ 150%	1,437	1,939	2,442	2,944	3,447	3,949	4,452	4,954
VHAP - UF, U6 \$49/person/month	5331	> 150 ≤ 185%	1,772	2,392	3,011	3,631	4,251	4,871	5,490	6,110
VHAP-Pharmacy - V1,V2,V3 VPharm 1 - VD, VG, VJ, VM \$17/person/month	5550 5441	> 0 ≤ 150%	1,437	1,939	2,442	2,944	3,447	3,949	4,452	4,954
VScript - VA, VS VPharm 2 - VE, VH, VK, VN \$23/person/month	5650 5441	> 150 ≤ 175%	1,676	2,262	2,849	3,435	4,021	4,607	5,194	5,780
VScript Expanded - VB, VC, VT, VU VPharm 3 - VF, VI, VL, VO \$50/person/month	5650 5441	> 175 ≤ 225%	2,155	2,909	3,662	4,416	5,170	5,924	6,677	7,431
Dr. Dynasaur - C0, C4 No fee	4312.6 4312.7	> 0 ≤ 185%	1,772	2,392	3,011	3,631	4,251	4,871	5,490	6,110
Dr. Dynasaur (pregnant) - P1, P2 \$15/family/month	4312.7	> 185 ≤ 200%	1,915	2,585	3,255	3,925	4,595	5,265	5,935	6,605
Dr. Dynasaur (under 18) - C0, C4 \$15/family/month	4312.6 4312.7	> 185 ≤ 225%	2,155	2,909	3,662	4,416	5,170	5,924	6,677	7,431
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%	2,873	3,878	4,883	5,888	6,893	7,898	8,903	9,908

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P-2420 Eligibility Determination for MedicaidB. 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 1/1/13

VHAP-ESIA	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
VHAP-ESIA - ZA \$0	5331	> 0 ≤ 50%	479	647	814	982	1,149	1,317	1,484	1,652
VHAP-ESIA - ZA \$7/person/month	5331	> 50 ≤ 75%	719	970	1,221	1,472	1,724	1,975	2,226	2,477
VHAP-ESIA - ZA \$25/person/month	5331	> 75 ≤ 100%	958	1,293	1,628	1,963	2,298	2,633	2,968	3,303
VHAP-ESIA - ZA \$33/person/month	5331	> 100 ≤ 150%	1,437	1,939	2,442	2,944	3,447	3,949	4,452	4,954
VHAP-ESIA - ZA \$49/person/month	5331	> 150 ≤ 185%	1,772	2,392	3,011	3,631	4,251	4,871	5,490	6,110

ESIA premium balances, effective 1/1/13

ESIA	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
ESIA - ZB \$60/person	5961 5963	> 0 ≤ 200%	1,915	2,585	3,255	3,925	4,595	5,265	5,935	6,605
ESIA - ZB \$122/person	5961 5963	> 200 ≤ 225%	2,155	2,909	3,662	4,416	5,170	5,924	6,677	7,431
ESIA - ZB \$149/person	5961 5963	> 225 ≤ 250%	2,394	3,232	4,069	4,907	5,744	6,582	7,419	8,257
ESIA - ZB \$177/person	5961 5963	> 250 ≤ 275%	2,634	3,555	4,476	5,397	6,319	7,240	8,161	9,082
ESIA - ZB \$205/person	5961 5963	> 275 ≤ 300%	2,873	3,878	4,883	5,888	6,893	7,898	8,903	9,908

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P-2420 Eligibility Determination for MedicaidB. Monthly Income Standards

CHAP: 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.

CHAP	Rule	FPL	Household Size							
			1	2	3	4	5	6	7	8
CHAP – ZC \$60/person	5961 5963	> 0 ≤ 200%	1,915	2,585	3,255	3,925	4,595	5,265	5,935	6,605
CHAP – ZC \$124/person	5961 5963	> 200 < 225%	2,155	2,909	3,662	4,416	5,170	5,924	6,677	7,431
CHAP – ZC \$152/person	5961 5963	> 225 < 250%	2,394	3,232	4,069	4,907	5,744	6,582	7,419	8,257
CHAP – ZC \$180/person	5961 5963	> 250 < 275%	2,634	3,555	4,476	5,397	6,319	7,240	8,161	9,082
CHAP – ZC \$208/person	5961 5963	> 275 < 300%	2,873	3,878	4,883	5,888	6,893	7,898	8,903	9,908

Surcharges

In addition to the premium amount owed on the above table, an individual may also be responsible to pay a surcharge. BC/BS decides how much they will charge for its 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 the additional amount. Effective 1/1/2013, the surcharge amount is \$0.00.

P-2420 Eligibility Determination for Medicaid

B. Monthly Income Standards (Continued)

4. SSI/AABD payment levels (2700)

<u>Living Arrangement</u>		<u>Effective 1/1/13</u>	<u>Effective 1/1/12 – 12/31/12</u>
Independent Living	Individual	762.04	750.04
	Couple	1,164.88	1,146.88
Another's Household	Individual	512.63	504.63
	Couple	758.98	746.98
Residential Care Home w/ Assistive Community Care Level III	Individual	758.38	746.38
	Couple	1,162.77	1,144.77
Res. Care Home w/ Limited Nursing Care Level III	Individual	977.13	965.13
	Couple	1,669.69	1,651.69
Residential Care Home Level IV	Individual	933.94	921.94
	Couple	1,628.06	1,610.06
Custodial Care Family Home	Individual	808.69	796.69
	Couple	1,398.82	1,380.82
Long-term Care	Individual	47.66	47.66
	Couple	95.33	95.33

5. Institutional income standard for long-term care (4281.5)

<u>Effective 1/1/13</u>		<u>Effective 1/1/12 – 12/31/12</u>	
Individual	\$2,130.00	Individual	\$2,094.00
Couple	\$4,260.00	Couple	\$4,188.00

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)

<u>Effective 1/1/13</u>		<u>Effective 1/1/12 – 12/31/12</u>	
Blind	\$1,740	Blind	\$1,690
Disabled	\$1,040	Disabled	\$1,010

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P-2420 C

P-2420 Eligibility Determination for Medicaid

- C. Resource Maximums 4230 (SSI-related)
 4370 (ANFC-related)

- 1. Household Maximums

- Group Size

1	\$2000	5	3450
2	3000	6	3600
3	3150	7	3750
4	3300	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. Home-Based Long Term Care Disregard (4249.9)

NOTE: See rule 4249.9 for criteria that must be met in order to allow the home-based LTC disregard.

Effective 10/7/05
\$5,000

- 3. Community Spouse Resource Allocation Maximum, Long-Term Care (4462.4)

<u>Effective 1/1/13</u>	<u>Effective 1/1/12 – 12/31/12</u>
\$115,920	\$113,640

- 4. Substantial Home Equity Limit, Long-Term Care (4252.6, 4241.1)

<u>1/1/13</u>	<u>1/1/12 – 12/31/12</u>
\$536,000	\$525,000

- 5. Resource Limit for Qualified Disabled Working Individual (4204.2)

Effective 7/1/90

Individual	\$4000
Couple	\$6000

- 6. Resource Limit for Working People With Disabilities (4204.2)

Effective 10/7/05

Individual	\$5000
Couple	\$6000

P-2420 Eligibility Determination for Medicaid

D. Other Standards

1. SSI Federal Benefit Payment Rate (4222, 4281.1, 4281.2)

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 1/1/13</u>		<u>Effective 1/1/12 – 12/31/12</u>
Individual	\$ 710 per month		\$ 698 per month
Couple	\$1066 per month		\$1,048 per month
Maximum allocation for	<u>Effective 1/1/13</u>		<u>Effective 1/1/12 – 12/31/12</u>
Ineligible child	\$356 per month		\$350 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 10/1/12

ACCESS Code	Type	Group Size					
		1	2	3	4	5	6+
1	Room Only	151	277	397	504	599	719
2	2/3 Board	133	245	351	445	529	635
3	Board Only	200	367	526	668	793	952
4	Room and 2/3 Board	284	522	738	936	1112	1335
5	Room and Board	351	644	923	1172	1392	1671

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 (4382.3)

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 1/1/13 to 12/31/13

4/77-6/77	0.7424	1/86-12/86	0.5187	1/95-12/95	0.3431	1/04-12/04	0.1925
7/77-6/78	0.7272	1/87-12/87	0.5124	1/96-12/96	0.326	1/05-12/05	0.1707
7/78-6/79	0.7095	1/88-12/88	0.4919	1/97-12/97	0.3065	1/06-12/06	0.1367
7/79-6/80	0.6807	1/89-12/89	0.4716	1/98-12/98	0.2919	1/07-12/07	0.1082
7/80-6/81	0.6351	1/90-12/90	0.4468	1/99-12/99	0.2827	1/08-12/08	0.0877
7/81-6/82	0.5942	1/91-12/91	0.4169	1/00-12/00	0.2655	1/09-12/09	0.0347
7/82-12/83	0.5642	1/92-12/92	0.3953	1/01-12/01	0.2398	1/10-12/10	0.0347
1/84-12/84	0.5489	1/93-12/93	0.3772	1/02-12/02	0.22	1/11-12/11	0.0347
1/85-12/85	0.5331	1/94-12/94	0.361	1/03-12/03	0.2091	1/12-12/12	0.0167

7. **Home Upkeep Deduction, Long-Term Care (4462.2 and P-2430 E)**

<u>Effective 1/1/13</u>	<u>1/1/12 – 12/31/12</u>
\$571.53	\$562.53

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P-2420 D4

P-2420 Eligibility Determination for MedicaidD. 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.

<u>Effective 1/1/13</u>	<u>Effective 1/1/12 – 12/31/12</u>
\$2,898	\$2,841

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

<u>Effective 1/1/13</u>	<u>Effective 1/1/12 – 12/31/12</u>
\$1,939	\$1,892

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

<u>Effective 1/1/13</u>	<u>Effective 1/1/12 – 12/31/12</u>
\$582	\$568

1. Fuel and utility standard. See P-2590 A1 for current 3SqVt fuel and utility standard.

<u>Effective 10/1/12</u>	<u>Effective 10/1/11 – 9/30/12</u>
\$741	\$757

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 (4462.3).** This is the maximum allocation if family member has no income.

<u>Effective 1/1/13</u>	<u>Effective 1/1/12 – 12/31/12</u>
\$646.33	\$630.67

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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 (4462.1, P-2430 H)

<u>Effective 1/1/13</u>	<u>Effective 1/1/12 - 12/31/12</u>
\$1058	\$1033

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 1/1/13</u>	<u>Effective 1/1/12 – 12/31/12</u>
\$148.00	\$144.50

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

	<u>Effective 1/1/12</u>	<u>Effective 1/1/09 – 12/31/11</u>
ACCS	\$ 42 per day \$ 1,260 per month	\$ 37 per day \$ 1,110 per month
PCS	<u>Effective 1/1/03</u> \$ 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 10/1/12</u>	<u>10/1/11 – 9/30/12</u>
\$ 8091.62 per month	\$7699.77 per month
\$ 269.72 per day	\$ 256.66 per day

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P-2740 A

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

Living Arrangement		<u>Effective 1/1/13</u>			<u>Effective 1/1/12 – 12/31/12</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	710.00	52.04	762.04	698.00	52.04	750.04
	Couple	1,066.00	98.88	1,164.88	1,048.00	98.88	1,146.88
Another's Household	Individual	473.33	39.30	512.63	465.33	39.30	504.63
	Couple	710.67	48.31	758.98	698.67	48.31	746.98
Residential Care Home w/ Assistive Community Care Level III	Individual	710.00	48.38	758.38	698.00	48.38	746.38
	Couple	1,066.00	96.77	1,162.77	1,048.00	96.77	1,144.77
Residential Care Home w/ Limited Nursing Care Level III	Individual	710.00	267.13	977.13	698.00	267.13	965.13
	Couple	1,066.00	603.69	1,669.69	1,048.00	603.69	1,651.69
Residential Care Home Level IV	Individual	710.00	\$223.94	933.94	698.00	223.94	921.94
	Couple	1,066.00	\$562.06	1,628.06	1,048.00	562.06	1,610.06
Custodial Care Family Home	Individual	710.00	98.69	808.69	698.00	98.69	796.69
	Couple	1,066.00	332.82	1,398.82	1,048.00	332.82	1,380.82
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 1/1/13</u>	<u>Effective 1/1/12 – 12/31/12</u>
Independent living with essential person		
Individual	1,164.88	1,146.88
Couple	1,336.69	1,318.69
Living in another's household with ineligible spouse	762.04	750.04

67 Percent Payment Maximum

	<u>Effective 1/1/13</u>	<u>Effective 1/1/12 – 12/31/12</u>
Independent living with essential person		
Individual	1,031.94	1,015.92
Couple	1,279.99	1,261.99
Living in another's household with ineligible spouse	679.74	669.06

4 Percent Payment Maximum

	<u>Effective 1/1/13</u>	<u>Effective 1/1/12 – 12/31/12</u>
Independent living with essential person		
Individual	899.01	884.97
Couple	1,223.30	1,205.30
Living in another's household with ineligible spouse	597.43	588.07