

STATE OF VERMONT  
AGENCY OF HUMAN SERVICES

# DCF

## Department for Children and Families

**BULLETIN NO.:** 13- 44

**FROM:** Richard Giddings, Deputy Commissioner  
Economic Services Division

**DATE:** January 13, 2014

**SUBJECT:** 1/1/14 Standards Changes for Health Care  
and Essential Person Programs

**CHANGES ADOPTED EFFECTIVE** 1/1/14

### 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 standards for Medicaid, other health care programs and the Essential Person program based on the protected income levels (PIL) and federal poverty levels (FPL) for Medicaid for the Aged, Blind and Disabled (MABD)- formerly SSI related Medicaid and Medicaid for Children and Adults (MCA) – also referred to as MAGI-Based Medicaid - formerly known as ANFC related Medicaid. This bulletin also includes FPLs for Federal and Vermont advance premium payment of tax credits (APTC/VTPR) and federal and Vermont cost-sharing reductions (CSR), SSI/AABD payment maximums and other standards based on the federal cost-of-living adjustment (COLA).

This bulletin replaces the previous ANFC-related Medicaid expenses (daycare, child support, \$90 per earner, etc.) with the new MCA Magi-Based 5% income disregard at P- 2420 D3. This bulletin also includes a new annual APTC CSR chart. Note: CMS requires using the FPLs in effect on the first day of open enrollment for the APTC CSR benefit year. This means ESD will use 2014 FPLs for Medicaid and other programs and ESD will use annual 2013 FPLs for APTC and CSR determinations.

**Historical Background:** 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 federal PILs and FPLs exceed the department's income maximums, the department will revise its numbers to conform to the federal PILs and FPLs on April 1.

Effective January 1, 2014 the following **health care standards** changed:

- Protected income levels (PILs) for individuals in the community
- Income standards for health care programs, tax credits and cost-sharing reductions
- QMB, SLMB, QI, and QDWI income maximums
- SSI/AABD payment levels and federal SSI payment maximums
- MABD maximum allocation for ineligible child
- Substantial Gainful Activity (SGA) limit
- Pickle deduction percentage chart
- AABD-Essential Person payment maximums

The following **Long-Term Care (LTC) Medicaid standards** change on January 1, 2014:

- Institutional income standard (IIS)
- Community spouse resource allocation maximum (CSRA)
- Substantial Home Equity limit
- Home upkeep deduction
- Allocations to community spouse- maximum, standard income allocation and shelter standard
- Allocation to each dependent family member living with a community spouse
- Community maintenance allowance (CMA) for the home-and-community-based waiver programs
- Medicare Part A co-payment for nursing home care
- Vertical lines in the left margin indicate significant changes.

**Manual Maintenance**

**Medicaid Procedures**

**Remove**

**Insert**

P-2420 A	(12-22)	P-2420 A	(13-44)
P-2420 B3	(12-22)	P-2420 B2	(13-44)
P-2420 B4	(12-22)	P-2420 B4	(13-44)
P-2420 B5	(12-22)	P-2420 B5	(13-44)
P-2420 B6	(12-22)	P-2420 B6	(13-44)
P-2420 C	(12-22)	P-2420 C	(13-44)
P-2420 D1	(13-32)	P-2420 D1	(13-44)
P-2420 D2	(13-32)	P-2420 D2	(13-44)
P-2420 D3	(12-22)	P-2420 D3	(13-44)
P-2420 D4	(13-32)	P-2420 D4	(13-44)
P-2420 D5	(13-32)	P-2420 D5	(13-44)

**AABD Procedures**

P-2740 A	(12-22)	P-2740 A	(13-44)
P-2740 B	(12-22)	P-2740 B	(13-44)

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 Vermont forecast derived from the federal poverty levels (FPLs) and updated January 1 each year. If the Federal FPLs, which are not published until February or March, are higher than Vermont’s forecast, Vermont’s DCF will revise the income standards on April 1.

B. Monthly Income Standards

**1. Eligibility maximums for Medicaid and waiver programs, effective 1/1/14**

Coverage Groups	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
PIL outside Chittenden County	§ 29.14	N/A	\$991	\$991	\$1,191	\$1,341	\$1,516	\$1,625	\$1,816	\$1,983
PIL inside Chittenden County	§ 29.14	N/A	\$1,066	\$1,066	\$1,266	\$1,425	\$1,591	\$1,700	\$1,900	\$2,058
5% disregard	§ 28.03c4	100%	\$973	\$1,311	\$1,650	\$1,988	\$2,326	\$2,665	\$3,003	\$3,341
Medicaid for Adults	§ 28.03d	133%	1,294	1,744	2,194	2,644	3,094	3,544	3,994	4,444
VHAP (individual)	5324	150%	\$1,459	\$1,967	\$2,474	\$2,982	\$3,489	\$3,997	\$4,504	\$5,012
VHAP-ESIA	5911									
VHAP – Pharmacy	5524									
VPharm 1	5441									
VScript	5650	175%	\$1,702	\$2,294	\$2,887	\$3,479	\$4,071	\$4,663	\$5,255	\$5,847
VPharm 2	5441									
Transitional Medicaid	§ 7.03a7	185%	\$1,800	\$2,426	\$3,051	\$3,677	\$4,303	\$4,929	\$5,555	\$6,181
VHAP (parents, caretaker relative)	5324									
VHAP-ESIA	5911									
Dr. Dynasaur (pregnant women) No premium regardless of income	§ 7.03a2	208%	N/A	\$2,727	\$3,431	\$4,134	\$4,838	\$5,542	\$6,246	\$6,949
VScript Expanded	5634	225%	\$2,189	\$2,950	\$3,711	\$4,472	\$5,234	\$5,995	\$6,756	\$7,517
VPharm 3	5441									
Working people with disabilities (WPWD)	§ 8.05d	250%	\$2,432	\$3,278	\$4,123	\$4,969	\$5,815	\$6,661	\$7,507	\$8,353
ESIA/CHAP	§ 12.06	300%	2,918	3,933	4,948	5,963	6,978	7,993	9,008	10,023
VT Premium Reduction and VT CSR										
Dr. Dynasaur (children under 19)	§ 7.03a3	312%	\$3,035	\$4,090	\$5,146	\$6,201	\$7,257	\$8,313	\$9,368	\$10,424
Healthy Vermonters (any age)	5724	350%	\$3,404	\$4,588	\$5,773	\$6,957	\$8,141	\$9,325	\$10,509	\$11,693
Healthy Vermonters (aged, disabled)	5724	400%	\$3,890	\$5,244	\$6,597	\$7,950	\$9,304	\$10,657	\$12,010	\$13,364

P-2420 Eligibility Determination for Medicaid

B. Monthly Income Standards (Continued)

**2. Eligibility maximums for Medicare cost-sharing programs, effective 1/1/14**

Coverage Groups	Rule	% FPL	Household Size	
			1	2
Qualified Medicare Beneficiaries (QMB)	§ 8.07b1	100%	973	1,311
Specified Low-Income Medicare Beneficiaries (SLMB)	§ 8.07b2	120%	1,167	1,573
Qualified Individuals - 1 (QI-1)	§ 8.07b3	135%	1,313	1,770
Qualified Disabled and Working Individuals (QDWI)	§ 8.07b4	200%	1,945	2,622

**3. Ranges for premiums, effective 1/1/14 – Pregnant women no longer have a premium regardless of income.**

Coverage Groups	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
<b>VHAP - UA, U1, UB, U2</b> No fee	5331	> 0 ≤ 50%	\$487	\$656	\$825	\$994	\$1,163	\$1,333	\$1,502	\$1,671
<b>VHAP - UC, U3</b> \$7/person/month	5331	> 50 ≤ 75%	\$730	\$984	\$1,237	\$1,491	\$1,745	\$1,999	\$2,252	\$2,506
<b>VHAP - UC, U3</b> \$25/person/month	5331	> 75 ≤ 100%	\$973	\$1,311	\$1,650	\$1,988	\$2,326	\$2,665	\$3,003	\$3,341
<b>VHAP - UD, U4, UE, U5</b> \$33/person/month	5331	> 100 ≤ 150%	\$1,459	\$1,967	\$2,474	\$2,982	\$3,489	\$3,997	\$4,504	\$5,012
<b>VHAP - UF, U6</b> \$49/person/month	5331	> 150 ≤ 185%	\$1,800	\$2,426	\$3,051	\$3,677	\$4,303	\$4,929	\$5,555	\$6,181
<b>VHAP-Pharmacy - V1,V2,V3</b> <b>VPharm 1 - VD, VG, VJ, VM</b> \$15/person/month	5550 5441	> 0 ≤ 150%	\$1,459	\$1,967	\$2,474	\$2,982	\$3,489	\$3,997	\$4,504	\$5,012
<b>VScript - VA, VS</b> <b>VPharm 2 - VE, VH, VK, VN</b> \$20/person/month	5650 5441	> 150 ≤ 175%	\$1,702	\$2,294	\$2,887	\$3,479	\$4,071	\$4,663	\$5,255	\$5,847
<b>VScript Expanded - VB, VC, VT, VU</b> <b>VPharm 3 - VF, VI, VL, VO</b> \$50/person/month	5650 5441	> 175 ≤ 225%	\$2,189	\$2,950	\$3,711	\$4,472	\$5,234	\$5,995	\$6,756	\$7,517
<b>Dr. Dynasaur children under 19 - C0, C4</b> No premium	§ 64.00	> 0 ≤ 195%	\$1,897	\$2,557	\$3,216	\$3,876	\$4,536	\$5,196	\$5,855	\$6,515
<b>Dr. Dynasaur children under 19 - C0, C4</b> \$15/family/month	§ 64.00	> 195 ≤ 237%	\$2,305	\$3,107	\$3,909	\$4,711	\$5,513	\$6,315	\$7,116	\$7,918
<b>Dr. Dynasaur children under 19 - C0, C4</b> \$20/family/month w. other insurance, \$60/family/month uninsured.	§ 64.00	> 237% ≤ 312%	\$3,035	\$4,090	\$5,146	\$6,201	\$7,257	\$8,313	\$9,368	\$10,424

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P-2420 Eligibility Determination for MedicaidB. Monthly Income Standards (Continued)**4. 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 1/1/14**

VHAP-ESIA	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
<b>VHAP-ESIA - ZA</b> \$0	5331	> 0 ≤ 50%	\$487	\$656	\$825	\$994	\$1,163	\$1,333	\$1,502	\$1,671
<b>VHAP-ESIA - ZA</b> \$7/person/month	5331	> 50 ≤ 75%	\$730	\$984	\$1,237	\$1,491	\$1,745	\$1,999	\$2,252	\$2,506
<b>VHAP-ESIA - ZA</b> \$25/person/month	5331	> 75 ≤ 100%	\$973	\$1,311	\$1,650	\$1,988	\$2,326	\$2,665	\$3,003	\$3,341
<b>VHAP-ESIA - ZA</b> \$33/person/month	5331	> 100 ≤ 150%	\$1,459	\$1,967	\$2,474	\$2,982	\$3,489	\$3,997	\$4,504	\$5,012
<b>VHAP-ESIA - ZA</b> \$49/person/month	5331	> 150 ≤ 185%	\$1,800	\$2,426	\$3,051	\$3,677	\$4,303	\$4,929	\$5,555	\$6,181

**ESIA premium balances, effective 1/1/14**

ESIA	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
<b>ESIA – ZB</b> \$60/person	5961 5963	> 0 ≤ 200%	\$1,945	\$2,622	\$3,299	\$3,975	\$4,652	\$5,329	\$6,005	\$6,682
<b>ESIA – ZB</b> \$122/person	5961 5963	> 200 ≤ 225%	\$2,189	\$2,950	\$3,711	\$4,472	\$5,234	\$5,995	\$6,756	\$7,517
<b>ESIA – ZB</b> \$149/person	5961 5963	> 225 ≤ 250%	\$2,432	\$3,278	\$4,123	\$4,969	\$5,815	\$6,661	\$7,507	\$8,353
<b>ESIA – ZB</b> \$177/person	5961 5963	> 250 ≤ 275%	\$2,675	\$3,605	\$4,536	\$5,466	\$6,397	\$7,327	\$8,257	\$9,188
<b>ESIA – ZB</b> \$205/person	5961 5963	> 275 ≤ 300%	\$2,918	\$3,933	\$4,948	\$5,963	\$6,978	\$7,993	\$9,008	\$10,023

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B. Monthly Income Standards

**5. 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
<b>CHAP – ZC</b> \$60/person	5961	> 0	\$1,945	\$2,622	\$3,299	\$3,975	\$4,652	\$5,329	\$6,005	\$6,682
	5963	≤ 200%								
<b>CHAP – ZC</b> \$124/person	5961	> 200	\$2,189	\$2,950	\$3,711	\$4,472	\$5,234	\$5,995	\$6,756	\$7,517
	5963	< 225%								
<b>CHAP – ZC</b> \$152/person	5961	> 225	\$2,432	\$3,278	\$4,123	\$4,969	\$5,815	\$6,661	\$7,507	\$8,353
	5963	< 250%								
<b>CHAP – ZC</b> \$180/person	5961	> 250	\$2,675	\$3,605	\$4,536	\$5,466	\$6,397	\$7,327	\$8,257	\$9,188
	5963	< 275%								
<b>CHAP – ZC</b> \$208/person	5961	> 275	\$2,918	\$3,933	\$4,948	\$5,963	\$6,978	\$7,993	\$9,008	\$10,023
	5963	< 300%								

**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.

**6. Advance Payments of Premium Credits (APTC § 12.00 and Cost-Sharing Reductions (CSR § 13.00)**  
CMS requires using the annual FPL in effect as of the first day of open enrollment for the benefit year. Use the annual 2013 FPLs listed below to determine APTC/CSR for benefit year 2014.

	Annual	Household Size							
	2013 % FPL	1	2	3	4	5	6	7	8
Federal APTC	100%	11,490	15,510	19,530	23,550	27,570	31,590	35,610	39,630
Federal CSR	250%	28,725	38,775	48,825	58,875	68,925	78,975	89,025	99,075
VT Premium Reduction and CSR	300%	34,470	46,530	58,590	70,650	82,710	94,770	106,830	118,890
Federal APTC	400%	45,960	62,040	78,120	94,200	110,280	126,360	142,440	158,520

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

<u>Living Arrangement</u>		<u>Effective 1/1/14</u>	<u>Effective 1/1/13 – 12/31/13</u>
Independent Living	Individual	773.04	762.04
	Couple	1,180.88	1,164.88
Another's Household	Individual	519.97	512.63
	Couple	769.65	758.98
Residential Care Home w/ Assistive Community Care Level III	Individual	769.38	758.38
	Couple	1,178.77	1,162.77
Res. Care Home w/ Limited Nursing Care Level III	Individual	988.13	977.13
	Couple	1,685.69	1,669.69
Residential Care Home Level IV	Individual	944.94	933.94
	Couple	1,644.06	1,628.06
Custodial Care Family Home	Individual	819.69	808.69
	Couple	1,414.82	1,398.82
Long-term Care	Individual	47.66	47.66
	Couple	95.33	95.33

**5. Institutional income standard for long-term care (§ 29.14)**

<u>Effective 1/1/14</u>		<u>Effective 1/1/13 – 12/31/13</u>	
Individual	\$2,163.00	Individual	\$2,130.00
Couple	\$4,326.00	Couple	\$4,260.00

**6. Personal needs allowance for long-term care (§ 24.02(c))**

Individual	\$47.66
Couple	\$95.33

**7. Substantial Gainful Activity (SGA) income limit (§ 3.00)**

<u>Effective 1/1/14</u>		<u>Effective 1/1/13 – 12/31/13</u>	
Blind	\$1,800	Blind	\$1,740
Disabled	\$1,070	Disabled	\$1,040

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C. Resource Maximums **§ 29.07 MABD-related**  
**§ 7.03(b), 28.03(f) MCA – no resource test eff. 1/1/14**

1. Household Maximums

Group Size

1	\$2000	5	3450
2	3000	6	3600
3	3150	7	3750
4	3300	8	3900

2. Home-Based Long Term Care Disregard (**§ 29.08(i)(12)**)

NOTE: See **§ 29.08(i)(12)** 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 (**§ 29.10(e)**)

Effective 1/1/14  
\$117,240

Effective 1/1/13 – 12/31/13  
\$115,920

4. Substantial Home Equity Limit, Long-Term Care (**§ 29.09(d), § 29.08(a)(1)**)

1/1/14  
\$543,000

1/1/13 – 12/31/13  
\$536,000

5. Resource Limit for Qualified Disabled Working Individual (**§ 8.07(b)(4)**)

Effective 7/1/90

Individual	\$4000
Couple	\$6000

6. Resource Limit for Working People With Disabilities ((**§ 8.07(b)(4)**))

Effective 10/7/05

Individual	\$5000
Couple	\$6000



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D. Other Standards

**1. SSI Federal Benefit Payment Rate (§ 29.04, 29.14(b), 29.14(c))**

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 1/1/14</u>		<u>Effective 1/1/13 – 12/31/13</u>
Individual	\$ 721 per month		\$ 710 per month
Couple	\$1082 per month		\$1,066 per month
Maximum allocation for	<u>Effective 1/1/14</u>		<u>Effective 1/1/13 – 12/31/13</u>
Ineligible child	\$361 per month		\$356 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 10/1/13

ACCESS Code	Type	Group Size					
		1	2	3	4	5	6+
1	Room Only	155	284	408	518	615	738
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	288	529	759	963	1144	1373
5	Room and Board	355	651	934	1186	1408	1690

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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D. Other Standards (Continued)

**3. Business Expenses - Providing Day Care Meals**

A recipient providing day care for other children in his or her own home is entitled to deduct, as a business expense from earned income, the cost of meals and snacks provided to those children. Use the following standard deductions or actual documented expenses, if higher.

Effective 10/1/13

Breakfast	\$1.28 per day
Lunch only	\$2.40 per day
Dinner only	\$2.40 per day
Snack	\$ .71 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 - eliminated 12/31/13.**

Effective January 1, 2014, the only income disregard for Medicaid for Children and Adults will be the new 5% disregard that replaces all previous disregards (dependent care, \$90 per earner, child support, etc.). See P-2420 D3 #5 regarding the 5% disregard.

VHAP, VPharm, VHAP- RX, VScript, HVP – (Rule 5321, 5414, 5521, 5631, 5721, 5916)

\$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.

Mileage reimbursement rates are the rates established by the U.S. General Services Administration. The rates fluctuate periodically. It is important to refer to the federal website in order to determine the current rate. The website is: [www.gsa.gov/mileage](http://www.gsa.gov/mileage)

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D. Other Standards (Continued)

5. **MAGI-Based Medicaid Disregard - (§28.03(c)(4))** - The \$90 per earner per month earned income disregard in effect 10/1/89 was eliminated 12/31/13.

Effective January 1, 2014, an amount equivalent to 5% of the 100% FPL for the applicable family size is added to the highest applicable FPL for the family size for which the individual may be determined eligible using MCA MAGI-based income methodologies. If the individual's income is at or below the revised amount they are eligible for Medicaid for Children and Adults.

Example: A single adult's highest FPL is 133%. If their income exceeds the 133% test, add 5% of the 100% FPL for (1) to the 133% limit for (1).

\$973 (100% FPL for 1) x .05 = \$48.65 + \$1294 (133% limit for 1) = \$1342.65. If the income is at or below \$1342.65, the individual is eligible for Medicaid for Adults.

6. **Pickle Deduction Percentage Chart**

See procedures at P-2421 B #1b for determining entitlement to the Pickle deductions.  
Effective 1/1/14 to 12/31/14

4/77-6/77	<b>0.7424</b>	1/86-12/86	<b>0.5187</b>	1/95-12/95	<b>0.3431</b>	1/04-12/04	<b>0.1925</b>
7/77-6/78	<b>0.7272</b>	1/87-12/87	<b>0.5124</b>	1/96-12/96	<b>0.326</b>	1/05-12/05	<b>0.1707</b>
7/78-6/79	<b>0.7095</b>	1/88-12/88	<b>0.4919</b>	1/97-12/97	<b>0.3065</b>	1/06-12/06	<b>0.1367</b>
7/79-6/80	<b>0.6807</b>	1/89-12/89	<b>0.4716</b>	1/98-12/98	<b>0.2919</b>	1/07-12/07	<b>0.1082</b>
7/80-6/81	<b>0.6351</b>	1/90-12/90	<b>0.4468</b>	1/99-12/99	<b>0.2827</b>	1/08-12/08	<b>0.0877</b>
7/81-6/82	<b>0.5942</b>	1/91-12/91	<b>0.4169</b>	1/00-12/00	<b>0.2655</b>	1/09-12/09	<b>0.0347</b>
7/82-12/83	<b>0.5642</b>	1/92-12/92	<b>0.3953</b>	1/01-12/01	<b>0.2398</b>	1/10-12/10	<b>0.0347</b>
1/84-12/84	<b>0.5489</b>	1/93-12/93	<b>0.3772</b>	1/02-12/02	<b>0.22</b>	1/11-12/11	<b>0.0347</b>
1/85-12/85	<b>0.5331</b>	1/94-12/94	<b>0.361</b>	1/03-12/03	<b>0.2091</b>	1/12-12/12	<b>0.0167</b>
						1/13-12/13	0.0148

7. **Home Upkeep Deduction, Long-Term Care (§ 24.04(d) and P-2430 E)**

Effective 1/1/14  
 \$579.78

1/1/13 – 12/31/13  
 \$571.53

1/1/14

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P-2420 D4

P-2420 Eligibility Determination for MedicaidD. Other Standards (Continued)**8. Allocation to Community Spouse - Long-Term Care (§ 24.04(e)(1)(i) 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 1/1/14</u>	<u>Effective 1/1/13 – 12/31/13</u>
\$2,931	\$2,898

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

<u>Effective 1/1/14</u>	<u>Effective 1/1/13 – 12/31/13</u>
\$1,967	\$1,939

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

<u>Effective 1/1/14</u>	<u>Effective 1/1/13 – 12/31/13</u>
\$591	\$582

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

<u>Effective 10/1/13</u>	<u>Effective 10/1/12 – 9/30/13</u>
\$771	\$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 (§ 24.04(e)(1)(ii)).** This is the maximum allocation if family member has no income.

<u>Effective 1/1/14</u>	<u>Effective 1/1/13 – 12/31/13</u>
\$655.67	\$646.33

1/1/14

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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 (§ 24.04(c), P-2430 H)**Effective 1/1/14Effective 1/1/13 - 12/31/13

\$1066

\$1058

**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:

Effective 1/1/14Effective 1/1/13 – 12/31/13

\$152.00

\$148.00

**12. Standard Deductions for Assistive Community Care Services (ACCS) (§ 30.06(c)(4)) and Personal Care Services (PCS) (§ 30.06(c)(3)) (P-2421 D).**

	<u>Effective 1/1/12</u>	<u>Effective 1/1/09 – 12/31/11</u>
ACCS	\$ 42 per day	\$ 37 per day
	\$ 1,260 per month	\$ 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 (§ 25.04(d))**

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 10/1/1310/1/12 – 9/30/13

\$ 8399.28 per month

\$8091.62 per month

\$ 279.98 per day

\$ 269.72 per day

1/1/14

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P-2740 A

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

<b>Living Arrangement</b>		<b><u>Effective 1/1/14</u></b>			<b><u>Effective 1/1/13 – 12/31/13</u></b>		
		<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	721.00	52.04	773.04	710.00	52.04	762.04
	Couple	1,082.00	98.88	1,180.88	1,066.00	98.88	1,164.88
Another's Household	Individual	480.67	39.30	519.97	473.33	39.30	512.63
	Couple	721.34	48.31	769.65	710.67	48.31	758.98
Residential Care Home w/ Assistive Community Care Level III	Individual	721.00	48.38	769.38	710.00	48.38	758.38
	Couple	1,082.00	96.77	1,178.77	1,066.00	96.77	1,162.77
Residential Care Home w/ Limited Nursing Care Level III	Individual	721.00	267.13	988.13	710.00	267.13	977.13
	Couple	1,082.00	603.69	1,685.69	1,066.00	603.69	1,669.69
Residential Care Home Level IV	Individual	721.00	\$223.94	944.94	710.00	\$223.94	933.94
	Couple	1,082.00	\$562.06	1,644.06	1,066.00	\$562.06	1,628.06
Custodial Care Family Home	Individual	721.00	98.69	819.69	710.00	98.69	808.69
	Couple	1,082.00	332.82	1,414.82	1,066.00	332.82	1,398.82
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

1/1/14

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P-2740 B

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

	<u>Effective 1/1/14</u>	<u>Effective 1/1/13 – 12/31/13</u>
Independent living with essential person		
Individual	1,180.88	1,164.88
Couple	1,352.69	1,336.69
Living in another's household with ineligible spouse	773.04	762.04

67 Percent Payment Maximum

	<u>Effective 1/1/14</u>	<u>Effective 1/1/13 – 12/31/13</u>
Independent living with essential person		
Individual	1,046.29	1,031.94
Couple	1,295.99	1,279.99
Living in another's household with ineligible spouse	689.53	679.74

4 Percent Payment Maximum

	<u>Effective 1/1/14</u>	<u>Effective 1/1/13 – 12/31/13</u>
Independent living with essential person		
Individual	911.71	899.01
Couple	1,239.30	1,223.30
Living in another's household with ineligible spouse	606.01	597.43