STATE OF VERMONT
AGENCY OF HUMAN SERVICES

DCF

Department for Children and Families

BULLETIN NO.: 15-38

FROM: Sean Brown, Deputy Commissioner
Economic Services Division

DATE: December 28, 2015

SUBJECT: 1/1/16 Standards Changes for Health Care and Essential Person Programs

CHANGES ADOPTED EFFECTIVE 1/1/16

INSTRUCTIONS

_X_ **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 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 and Medicaid for Children and Adults (MCA) – also referred to as MAGI-Based 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). Please note that for the year 2016 there is no COLA increase.

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, 2016 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
Substantial Gainful Activity (SGA) limit
Pickle deduction percentage chart

The following **Long-Term Care (LTC) Medicaid standards** change on January 1, 2016**:**

Allocations to community spouse: standard income allocation and shelter standard
Allocation to each dependent family member living with a community spouse
Medicare Copayments for Nursing Home Care

Vertical Lines in the left margin indicate significant changes.

Note: some pages have been reissued only for renumbering purposes and have only minor content changes. Please reference bulletin numbers and dates in the header to determine most recent significant update.

Manual Maintenance

Medicaid Procedures

Remove		**Insert**	
P-2420 A	(15-12)	P-2420A	(15-38)
Nothing		P-2420B	(15-38)
P-2420 B2	(15-12)	P-2420B P2	(15-38)
P-2420 B4	(15-12)	P-2420B P3	(15-38)
P-2420 B6	(15-12)	P-2420B P4	(15-38)
P-2420 D1	(15-30)	P-2420D	(15-30)
P-2420 D3	(15-30)	P-2420D P2	(15-30)
P-2420 D5	(15-12)	P-2420D P3	(15-38)
P-2420 D8	(15-30)	P-2420D P4	(15-38)
P-2420 D9	(15-30)	P-2420D P5	(15-38)

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 1/1/16

			Household Size							
Coverage Groups	Rule	% FPL	1	2	3	4	5	6	7	8
PIL outside Chittenden County	§ 29.14	N/A	1,008	1,008	1,208	1,366	1,541	1,658	1,850	2,016
PIL inside Chittenden County	§ 29.14	N/A	1,083	1,083	1,291	1,450	1,625	1,733	1,933	2,100
Parent/Caretaker Outside Chittenden County	§7.03al	N/A	502	626	754	863	977	1,062	1,193	1,306
Parent/Caretaker Outside Chittenden County + 5%	§28.03c4	N/A	552	693	838	965	1,096	1,198	1,346	1,477
Parent/Caretaker Inside Chittenden County	§7.03al	N/A	524	649	777	885	999	1,084	1,215	1,327
Parent/Caretaker Inside Chittenden County + 5%	§28.03c4	N/A	574	716	861	987	1,118	1,220	1,368	1,498
Basis for 5% disregard	§28.03c4	100%	990	1,335	1,680	2,025	2,370	2,715	3,060	3,405
Medicaid for Adults	§ 28.03d	133%	1,317	1,776	2,235	2,694	3,153	3,611	4,070	4,529
Maximum Income for Medicaid for Adults	§28.03c4	133% +5%	1366.50	1842.75	2,319	2,795.25	3,271.50	3,746.75	4,223	4,699.25
VPharm 1	5441	150%	1,485	2,003	2,520	3,038	3,555	4,073	4,590	5,108
VPharm 2	5441	175%	1,733	2,337	2,940	3,544	4,148	4,752	5,355	5,959
Transitional Medicaid	§ 7.03a7	185%	1,832	2,470	3,108	3,747	4,385	5,023	5,661	6,300
Dr. Dynasaur (pregnant women) No premium regardless of income	§ 7.03a2	208%	N/A	2,777	3,495	4,212	4,930	5,648	6,365	7,083
Maximum Income for Dr Dynasaur _(pregnant women)	§28.03c4	208%+ 5%	NA	2,843.75	3,579	4,313.25	5,048.50	5,783.75	6,518	7253.25
VPharm 3	5441	225%	2,228	3,004	3,780	4,557	5,333	6,109	6,885	7,662
Working people with disabilities (WPWD)	§ 8.05d	250%	2,475	3,338	4,200	5,063	5,925	6,788	7,650	8,513
Dr. Dynasaur (children under 19)	§7.03a3	312%	3,089	4,166	5,242	6,318	7,395	8,471	9,548	10,624
Maximum Income for Dr Dynasaur (children under 19)	§28.03c4	312% +5%	3,138.50	4,232.75	5326	6,419.25	7,513.50	8,606.75	9,701	10,794.25
Healthy Vermonters (any age)	5724	350%	3,465	4,673	5,880	7,088	8,295	9,503	10,710	11,918
Healthy Vermonters (aged, disabled)	5724	400%	3,960	5,340	6,720	8,100	9,480	10,860	12,240	13,620

P-2420 Eligibility Determination for Medicaid

B. Monthly Income Standards (Continued)

2. Eligibility maximums for Medicare cost-sharing programs, effective 1/1/16

Coverage Groups	Rule	% FPL	Household Size 1	2
Qualified Medicare Beneficiaries (QMB)	§ 8.07b1	100%	990	1,335
Specified Low-Income Medicare Beneficiaries (SLMB)	§ 8.07b2	120%	1,188	1,602
Qualified Individuals - 1 (QI-1)	§ 8.07b3	135%	1,337	1,803
Qualified Disabled and Working Individuals (QDWI)	§ 8.07b4	200%	1,980	2,670

3. Ranges for premiums, effective 1/1/16 – Pregnant women no longer have a premium regardless of income.

			Household Size							
			1	2	3	4	5	6	7	8
VPharm 1 - VD, VG, VJ, VM $15/person/month	5550 5441	> 0 ≤ 150%	1,485	2,003	2,520	3,038	3,555	4,073	4,590	5,108
VPharm 2 - VE, VH, VK, VN $20/person/month	5650 5441	> 150 ≤ 175%	1,733	2,337	2,940	3,544	4,148	4,752	5,355	5,959
VPharm 3 - VF, VI, VL, VO $50/person/month	5650 5441	> 175 ≤ 225%	2,228	3,004	3,780	4,557	5,333	6,109	6,885	7,662
Dr. Dynasaur children under 19 - C0, C4 No premium	§ 64.00	> 0 ≤ 195%	1,931	2,604	3,276	3,949	4,622	5,295	5,967	6,640
Dr. Dynasaur children under 19 - C0, C4 $15/family/month	§ 64.00	> 195 ≤ 237%	2,347	3,164	3,982	4,800	5,617	6,435	7,253	8,070
Dr. Dynasaur children under 19 w/ins C3, C9 $20/family/month **Dr. Dynasaur children under 19 w/o ins** C2, C6 $60/family/month.	§ 64.00	> 237% ≤ 312%	3,089	4,166	5,242	6,318	7,395	8,471	9,548	10,624

P-2420 Eligibility Determination for Medicaid

B. Monthly Income Standards (Continued)

4. 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 2015 FPLs listed below to determine APTC/CSR for benefit year 2016.

	Annual 2015 % FPL	Household Size 1	2	3	4	5	6	7	8
Federal APTC	100%	11,770	15,930	20,090	24,250	28,410	32,570	36,730	40,890
Federal CSR	250%	29,425	39,825	50,225	60,625	71,025	81,425	91,825	102,225
VT Premium Reduction and CSR	300%	35,310	47,790	60,270	72,750	85,230	97,710	110,190	122,670
Federal APTC	400%	47,080	63,720	80,360	97,000	113,640	130,280	146,920	163,560

5 . SSI/AABD payment levels (2700)

Living Arrangement		Effective 1/1/15	Effective 1/1/14 – 12/31/14
Independent Living	Individual	785.04	773.04
	Couple	1,198.88	1,180.88
Another's Household	Individual	527.97	519.97
	Couple	781.65	769.65
Residential Care Home w/ Assistive Community Care Level III	Individual	781.38	769.38
	Couple	1,196.77	1,178.77
Res. Care Home w/ Limited Nursing Care Level III	Individual	1,000.13	988.13
	Couple	1,703.69	1,685.69
Residential Care Home Level IV	Individual	956.94	944.94
	Couple	1,662.06	1,644.06
Custodial Care Family Home	Individual	831.69	819.69
	Couple	1,432.82	1,414.82
Long-term Care	Individual	47.66	47.66
	Couple	95.33	95.33

P-2420 Eligibility Determination for Medicaid

B. Monthly Income Standards (Continued)

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

Effective 1/1/15		Effective 1/1/14 – 12/31/14	
Individual	$2,199.00	Individual	$2,163.00
Couple	$4,398.00	Couple	$4,326.00

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

Individual	$47.66
Couple	$95.33

8. Substantial Gainful Activity (SGA) income limit (§ 3.00)

Effective 1/1/16		Effective 1/1/15 – 12/31/15	
Blind	$1,820	Blind	$1,820
Disabled	$1,130	Disabled	$1,090

P-2420 Eligibility Determination for Medicaid

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.

	Effective 1/1/15	Effective 1/1/14 – 12/31/14
Individual	$ 733 per month	$ 721 per month
Couple	$1,100 per month	$1,082 per month

Maximum allocation for	Effective 1/1/15	Effective 1/1/14 – 12/31/14
Ineligible child	$367 per month	$361 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 10/1/15

ACCESS Code	Type	Group Size 1	2	3	4	5	6+
1	Room Only	166	305	437	556	660	791
2	2/3 Board	129	238	341	433	514	617
3	Board Only	194	357	511	649	771	925
4	Room and 2/3 Board	295	543	778	988	1,174	1,408
5	Room and Board	360	662	948	1,204	1,431	1,716

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.

P-2420 Eligibility Determination for Medicaid

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 10/1/15

Breakfast	$1.32 per day
Lunch only	$2.48 per day
Dinner only	$2.48 per day
Snack	$ .74 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

For VPharm, and HVP – (Rule, 5414 and 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

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

P-2420 Eligibility Determination for Medicaid

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 1/1/16 to 12/31/16

4/77-6/77	**0.7424**	1/85-12/85	**0.5331**	1/93-12/93	**0.3772**	1/01-12/01	**0.2398**	1/09-12/09	**0.0347**
7/77-6/78	**0.7272**	1/86-12/86	**0.5187**	1/94-12/94	**0.3610**	1/02-12/02	**0.2200**	1/10-12/10	**0.0347**
7/78-6/79	**0.7095**	1/87-12/87	**0.5124**	1/95-12/95	**0.3431**	1/03-12/03	**0.2091**	01/11-12/11	**0.0347**
7/79-6/80	**0.6807**	1/88-12/88	**0.4919**	1/96-12/96	**0.3260**	1/04-12/04	**0.1925**	1/12-12/12	**0.0167**
7/80-6/81	**0.6351**	1/89-12/89	**0.4716**	1/97-12/97	**0.3065**	1/05-12/05	**0.1707**	1/13-12/13	**0.0148**
7/81-6/82	**0.5942**	1/90-12/90	**0.4468**	1/98-12/98	**0.2919**	1/06-12/06	**0.1367**	1/14-12/14	**0.0167**
7/82-12/83	**0.5642**	1/91-12/91	**0.4169**	1/99-12/99	**0.2827**	1/07-12/07	**0.1082**	1/15-12/15	**0.0000**
1/84-12/84	**0.5489**	1/92-12/92	**0.3953**	1/00-12/00	**0.2655**	1/08-12/08	**0.0877**		

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

Effective 1/1/15	1/1/14 – 12/31/14
$588.78	$579.78

P-2420 Eligibility Determination for Medicaid

D. 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.

Effective 1/1/15	Effective 1/1/14 – 12/31/14
$2,980.50	$2,931

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

Effective 1/1/16	Effective 1/1/15 – 12/31/15
$2,003	$1,992

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

Effective 1/1/16	Effective 1/1/15 – 12/31/15
$601	$598

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

Effective 10/1/15	Effective 10/1/13 – 9/30/14
$787	$805

2. Base housing cost

Effective 1/1/06	(10/1/05 – 12/31/05)
$ 0.00	$ 9.00

P-2420 Eligibility Determination for Medicaid

D. Other Standards (Continued)

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.

Effective 1/1/16	Effective 1/1/15 – 12/31/15
$667.67	$664.00

Allocation if family member has income:

Maintenance income standard (P-2420D P4 #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 1/1/15	Effective 1/1/14 - 12/31/14
$1,083	$1,066

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 1/1/16	Effective 1/1/15 – 12/31/15
$161.00	$157.50

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).

	Effective 1/1/12	Effective 1/1/09 – 12/31/11
ACCS	$ 42 per day	$ 37 per day
	$ 1,260 per month	$ 1,110 per month

	Effective 1/1/03
PCS	$ 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 10/1/15	10/1/14 – 9/30/15
$ 9,232.99 per month	$8,944.04 per month
$ 307.77 per day	$ 298.13 per day