

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

DCF

Department for Children and Families



FROM: Sean Brown, Deputy Commissioner
Economic Services Division

BULLETIN NO.: 16-36

DATE: 12/22/16

SUBJECT: 1/1/17 Standards Changes for Health Care and Essential Person Programs

CHANGES ADOPTED EFFECTIVE 1/1/17

INSTRUCTIONS

- 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

P-2740

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).

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, 2017 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, 2017:

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

P-2420B (16-18)
P-2420B p.2 (16-18)
P-2420B p.3 (15-38)
P-2420B p.4 (15-38)
P-2420C (15-12)
P-2420D (16-32)
P-2420D p.3 (15-38)
P-2420D p.4 (16-32)
P-2420D p.5 (16-32)
Nothing
P-2740A (15-12)
P-2740B (15-12)

Insert

P-2420B (16-36)
P-2420B p.2 (16-36)
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P-2420D p.6 (16-36)
P-2740A (16-36)
P-2740B (16-36)

B. Monthly Income Standards

1. Eligibility maximums for Medicaid and waiver programs, effective 1/1/17

Coverage Groups	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
PIL outside Chittenden County	§ 29.14	N/A	1,025	1,025	1,233	1,391	1,566	1,683	1,883	2,050
PIL inside Chittenden County	§ 29.14	N/A	1,108	1,108	1,308	1,475	1,650	1,766	1,966	2,133
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	552.25	693.70	839.10	965.50	1096.95	1199.35	1347.75	1478.20
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	574.25	716.70	862.10	987.50	1,118.95	1,221.35	1,369.75	1,499.20
Basis for 5% disregard	§28.03c4	100%	1,005	1,354	1,702	2,050	2,399	2,747	3,095	3,444
Medicaid for Adults	§ 28.03d	133%	1,337	1,800	2,264	2,727	3,190	3,654	4,117	4,580
Maximum Income for Medicaid for Adults	§28.03c4	133%+5%	1,387.25	1,867.70	2,349.10	2,829.50	3,309.95	3,791.35	4,271.75	4,752.20
VPharm 1	5441	150%	1,508	2,030	2,553	3,075	3,598	4,120	4,643	5,165
VPharm 2	5441	175%	1,759	2,369	2,978	3,588	4,198	4,807	5,417	6,026
Transitional Medicaid	§ 7.03a7	185%	1,860	2,504	3,149	3,793	4,437	5,082	5,726	6,371
Dr. Dynasaur (pregnant women) No premium regardless of income	§ 7.03a2	208%	2,091	2,815	3,540	4,264	4,989	5,714	6,438	7,163
Maximum Income for Dr Dynasaur (pregnant women)	§28.03c4	208%+5%	NA	2,882.70	3,625.10	4,366.50	5,108.95	5,851.35	6,592.75	7,335.20
VPharm 3	5441	225%	2,262	3,045	3,829	4,613	5,397	6,180	6,964	7,748
Working people with disabilities (WPWD)	§ 8.05d	250%	2,513	3,384	4,255	5,125	5,996	6,867	7,738	8,609
Dr. Dynasaur (children under 19)	§7.03a3	312%	3,136	4,223	5,310	6,396	7,483	8,570	9,657	10,744
Maximum Income for Dr Dynasaur (children under 19)	§28.03c4	312%+5%	3,186.25	4,290.70	5,395.10	6,498.50	7,602.95	8,707.35	9,811.75	10,916.20
Healthy Vermonters (any age)	5724	350%	3,518	4,737	5,956	7,175	8,395	9,614	10,833	12,052
Healthy Vermonters (aged, disabled)	5724	400%	4,020	5,414	6,807	8,200	9,594	10,987	12,380	13,774

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P-2420 Eligibility Determination for Medicaid

B. Monthly Income Standards (Continued)

2. Eligibility maximums for Medicare cost-sharing programs, effective 1/1/17

Coverage Groups	Rule	% FPL	Household Size	
			1	2
Qualified Medicare Beneficiaries (QMB)	§ 8.07b1	100%	1,005	1,354
Specified Low-Income Medicare Beneficiaries (SLMB)	§ 8.07b2	120%	1,206	1,624
Qualified Individuals - 1 (QI-1)	§ 8.07b3	135%	1,357	1,827
Qualified Disabled and Working Individuals (QDWI)	§ 8.07b4	200%	2,010	2,707

3. Ranges for premiums, effective 1/1/17 – Pregnant women no longer have a premium regardless of income.

Coverage Groups	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
VPharm 1 - VD, VG, VJ, VM \$15/person/month	5550 5441	> 0 ≤ 150%	1,508	2,030	2,553	3,075	3,598	4,120	4,643	5,165
VPharm 2 - VE, VH, VK, VN \$20/person/month	5650 5441	> 150 ≤ 175%	1,759	2,369	2,978	3,588	4,198	4,807	5,417	6,026
VPharm 3 - VF, VI, VL, VO \$50/person/month	5650 5441	> 175 ≤ 225%	2,262	3,045	3,829	4,613	5,397	6,180	6,964	7,748
Dr. Dynasaur children under 19 - C0, C4 No premium	§ 64.00	> 0 ≤ 195%	1,960	2,639	3,319	3,998	4,677	5,356	6,036	6,715
Dr. Dynasaur children under 19 - C0, C4 \$15/family/month	§ 64.00	> 195 ≤ 237%	2,382	3,208	4,033	4,859	5,685	6,510	7,336	8,161
Dr. Dynasaur children under 19 - C0, C4 \$20/family/month w. other insurance, \$60/family/month uninsured.	§ 64.00	> 237% ≤ 312%	3,136	4,223	5,310	6,396	7,483	8,570	9,657	10,744

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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 2016 FPLs listed below to determine APTC/CSR for benefit year 2017.

	Annual 2016% FPL	Household Size							
		1	2	3	4	5	6	7	8
Federal APTC	100%	11,880	16,020	20,160	24,300	28,440	32,580	36,730	40,890
Federal CSR	250%	29,700	40,050	50,400	60,750	71,100	81,450	91,825	102,225
VT Premium Reduction and CSR	300%	35,640	48,060	60,480	72,900	85,320	97,740	110,190	122,670
Federal APTC	400%	47,520	64,080	80,640	97,200	113,760	130,320	146,920	463,560

5. SSI/AABD payment levels (2700)

<u>Living Arrangement</u>		<u>Effective 1/1/17</u>	<u>Effective 1/1/15 – 12/31/16</u>
Independent Living	Individual	787.04	785.04
	Couple	1,201.88	1,198.88
Another's Household	Individual	529.30	527.97
	Couple	783.65	781.65
Residential Care Home w/ Assistive Community Care Level III	Individual	783.38	781.38
	Couple	1,199.77	1,196.77
Res. Care Home w/ Limited Nursing Care Level III	Individual	1,002.13	1,000.13
	Couple	1,706.69	1,703.69
Residential Care Home Level IV	Individual	958.94	956.94
	Couple	1,665.06	1,662.06
Custodial Care Family Home	Individual	833.69	831.69
	Couple	1,435.82	1,432.82
Long-term Care	Individual	47.66	47.66
	Couple	95.33	95.33

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P-2420 Eligibility Determination for Medicaid

B. Monthly Income Standards (Continued)

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

<u>Effective 1/1/17</u>		<u>Effective 1/1/15 – 12/31/16</u>	
Individual	\$2,205.00	Individual	\$2,199.00
Couple	\$4,410.00	Couple	\$4,398.00

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)

<u>Effective 1/1/17</u>		<u>Effective 1/1/15 – 12/31/16</u>	
Blind	\$1,950	Blind	\$1,820
Disabled	\$1,170	Disabled	\$1,130

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P-2420 Eligibility Determination for Medicaid

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 1/1/17
\$120,900

Effective 1/1/16 – 12/31/16
\$119,220

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

Effective 1/1/17
\$560,000

Effective 1/1/15 – 12/31/16
\$552,000

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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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.

	<u>Effective 1/1/17</u>	<u>Effective 1/1/15 – 12/31/16</u>
Individual	\$ 735 per month	\$ 733 per month
Couple	\$1,103 per month	\$1,100 per month
Maximum allocation for Ineligible child	<u>Effective 1/1/17</u> \$368 per month	<u>Effective 1/1/15 – 12/31/16</u> \$367 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 10/1/16

ACCESS Code	Type	Group Size					
		1	2	3	4	5	6+
1	Room Only	173	318	456	579	688	825
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	302	556	797	1012	1202	1442
5	Room and Board	356	675	967	1228	1459	1750

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. 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.

See chart at P-2420B #1 for current figures.

6. Pickle Deduction Percentage Chart

See procedures at P-2421 B #1b for determining entitlement to the Pickle deductions.

Effective 1/1/17 to 12/31/17

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	1/16-12-16	0.0030

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

Effective 1/1/17
\$590.28

1/1/15 – 12/31/16
\$588.78

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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 1/1/17
\$3022.50

Effective 1/1/15 – 12/31/16
\$2,980.50

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

Effective 1/1/17
\$2,030

Effective 1/1/16 – 12/31/16
\$2,003

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

Effective 1/1/17
\$609

Effective 1/1/16 – 12/31/16
\$601

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

Effective 10/1/16
\$776

Effective 10/1/15 – 9/30/16
\$787

2. Base housing cost

Effective 1/1/06
\$ 0.00

(10/1/05 – 12/31/05)
\$ 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.

<u>Effective 1/1/17</u>	<u>Effective 1/1/16 – 12/31/16</u>
\$676.67	\$667.67

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)

<u>Effective 1/1/17</u>	<u>Effective 1/1/15 - 12/31/16</u>
\$1,108	\$1,083

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 1/1/17</u>	<u>Effective 1/1/16 – 12/31/16</u>
\$164.50	\$161.00

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	

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P-2420 Eligibility Determination for Medicaid

D. Other Standards (Continued)

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 10/1/16

\$ 10,261.25 per month

\$ 342.04 per day

10/1/15 – 9/30/16

\$9,232.99 per month

\$ 307.77 per day

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P-2740A

P-2740 Payment Maximums

A. SSI/AABD Payment Maximums (2700)

Living Arrangement		<u>Effective 1/1/17</u>			<u>Effective 1/1/15 – 12/31/16</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	735.00	52.04	787.04	733.00	52.04	785.04
	Couple	1,103.00	98.88	1,201.88	1,100.00	98.88	1,198.88
Another's Household	Individual	490.00	39.30	529.30	488.67	39.30	527.97
	Couple	735.34	48.31	783.65	733.34	48.31	781.65
Residential Care Home w/ Assistive Community Care Level III	Individual	735.00	48.38	783.38	733.00	48.38	781.38
	Couple	1,103.00	96.77	1,199.77	1,100.00	96.77	1,196.77
Residential Care Home w/ Limited Nursing Care Level III	Individual	735.00	267.13	1,002.13	733.00	267.13	1,000.13
	Couple	1,103.00	603.69	1,706.69	1,100.00	603.69	1,703.69
Residential Care Home Level IV	Individual	735.00	223.94	958.94	733.00	223.94	956.94
	Couple	1,103.00	562.06	1,665.06	1,100.00	562.06	1,662.06
Custodial Care Family Home	Individual	735.00	98.69	833.69	733.00	98.69	831.69
	Couple	1,100.00	332.82	1,432.82	1,100.00	332.82	1,432.82
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-2740B

P-2740 Payment Maximums (Continued)

B. AABD-EP Payment Maximums (2754)

100 Percent Payment Maximum

	<u>Effective 1/1/17</u>	<u>Effective 1/1/15 – 12/31/16</u>
Independent living with essential person		
Individual	1,201.88	1,198.88
Couple	1,373.69	1,370.69
Living in another's household with ineligible spouse	787.04	785.04

67 Percent Payment Maximum

	<u>Effective 1/1/17</u>	<u>Effective 1/1/15 – 12/31/16</u>
Independent living with essential person		
Individual	1,064.98	1,062.31
Couple	1,316.99	1,313.99
Living in another's household with ineligible spouse	701.99	700.21

34 Percent Payment Maximum

	<u>Effective 1/1/17</u>	<u>Effective 1/1/15 – 12/31/16</u>
Independent living with essential person		
Individual	928.09	925.75
Couple	1,260.30	1,257.30
Living in another's household with ineligible spouse	616.93	615.37