

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

DCF

Department for Children and Families



BULLETIN NO.: B17-14

FROM: Lori Collins, Deputy Commissioner
Department of Vermont Health Access

DATE: 6/21/17

SUBJECT: 1/1/17 Income Standards for Medicaid for Aged, Blind and Disabled (MABD)
4/1/17 Income Standards for Medicaid for Children and Adults (MCA)

CHANGES ADOPTED EFFECTIVE 4/1/17

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):

Manual Maintenance

Medicaid Procedures

Remove

P-2420B (16-36)

P-2420B P. 2 (16-36)

Insert

P-2420B (17-14)

P-2420B P. 2 (17-14)

Modification made because income guidelines for MCA are not in effect until 4/1/17.

B. Monthly Income Standards

1. Eligibility maximums for Medicaid for the Aged, Blind and Disabled (MABD) 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
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
VPharm 3	5441	225%	2,262	3,045	3,829	4,613	5,397	6,180	6,964	7,748
Medicaid for working people with disabilities (MWPDP)	§ 8.05d	250%	2,513	3,384	4,255	5,125	5,996	6,867	7,738	8,609
Healthy Vermonters (aged, disabled)	5724	400%	4,020	5,414	6,807	8,200	9,594	10,987	12,380	13,774

2. Ranges for premiums, effective 1/1/17

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

3. 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

4. Eligibility maximums for Medicaid for Children and Adults (MCA) programs, effective 4/1/2017

Coverage Groups	Rule	FPL %	Household Size							
			1	2	3	4	5	6	7	8
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
Transitional Medicaid	§ 7.03a7	185%	1,860	2,504	3,149	3,793	4,437	5,082	5,726	6,371
Dr. Dynasaur Premium Threshold (children under 19)	§ 64.00	195%	1,960	2,639	3,319	3,998	4,677	5,356	6,036	6,715
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
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

5. Ranges for premiums, effective 4/1/17 – Pregnant women no longer have a premium regardless of income

Coverage Groups	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
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