2020 Standards Change for Healthcare

Effective January 1, 2020 the following **healthcare standards** change:

* Protected income levels (PILs) for Medicaid for the Aged, Blind, and Disabled
* 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

The following **Long-Term Care (LTC)** **Medicaid standards** change on January 1, 2020**:**

* 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

**Eligibility maximums for Medicaid for the Aged, Blind and Disabled (MABD) and waiver programs, effective 1/1/20**

|  |
| --- |
|  **Household Size** |
| **Coverage Groups** | **Rule** | **FPL %**  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| PIL outside Chittenden County | § 29.14 | N/A | 1,091 | 1,091 | N/A | N/A | N/A | N/A | N/A | N/A |
| PIL inside Chittenden County | § 29.14 | N/A | 1,175 | 1,175 | N/A | N/A | N/A | N/A | N/A | N/A |
| VPharm 1 | § 5441 | 150% | 1,595 | 2,155 | 2,715 | 3,275 | 3,835 | 4,395 | 4,955 | 5,515 |
| VPharm 2 | § 5441 | 175% | 1,861 | 2,515 | 3,168 | 3,821 | 4,475 | 5,128 | 5,781 | 6,435 |
| VPharm 3 | § 5441 | 225% | 2,393 | 3,233 | 4,073 | 4,913 | 5,753 | 6,593 | 7,433 | 8,273 |
| Medicaid for working people with disabilities (MWPD) | § 8.05d | 250% | 2,659 | 3,592 | 4,525 | 5,459 | 6,392 | 7,325 | 8,259 | 9,192 |
| Healthy Vermonters (aged, disabled) | § 5724 | 400% | 4,254 | 5,747 | 7,240 | 8,734 | 10,227 | 11,720 | 13,214 | 14,707 |

**VPharm Ranges for premiums, effective 1/1/20**

|  |  |
| --- | --- |
|  | **Household Size** |
|  **Coverage Groups** | **Rule** | **% FPL** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **VPharm 1 -** VD, VG, VJ, VM$15/person/month | § 5550 -5441 | > 0< 150% | 1,595 | 2,155 | 2,715 | 3,275 | 3,835 | 4,395 | 4,955 | 5,515 |
| **VPharm 2 -** VE, VH, VK, VN$20/person/month | § 5650 -5441 | > 150< 175% | 1,861 | 2,515 | 3,168 | 3,821 | 4,475 | 5,128 | 5,781 | 6,435 |
| **VPharm 3 -** VF, VI, VL, VO$50/person/month | § 5650 -5441 | > 175< 225% | 2,393 | 3,233 | 4,073 | 4,913 | 5,753 | 6,593 | 7,433 | 8,273 |

**Eligibility maximums for** **Medicare cost-sharing programs, effective 1/1/20**

|  |  |
| --- | --- |
|  | **Household Size** |
|  Coverage Groups | **Rule** | **% FPL** | **1** | **2** |
| Qualified Medicare Beneficiaries (QMB) | § 8.07b1 | 100% | 1,064 | 1,437 |
| Specified Low-Income Medicare Beneficiaries (SLMB) | § 8.07b2 | 120% | 1,276 | 1,724 |
| Qualified Individuals - 1 (QI-1) | § 8.07b3 | 135% | 1,436 | 1,940 |
| Qualified Disabled and Working Individuals (QDWI) | § 8.07b4 | 200% | 2,127 | 2,874 |

**SSI/AABD payment levels**

|  |  |  |  |
| --- | --- | --- | --- |
| **Living Arrangement** |  | **Effective 1/1/20** | **Effective 1/1/19 – 12/31/19** |
| Independent Living | IndividualCouple | 835.041,273.88 | 823.041,255.88 |
| Another’s Household | IndividualCouple | 561.30831.65 | 553.30819.65 |
| Residential Care Home w/ Assistive Community Care Level III | IndividualCouple | 831.381,271.77 | 819.381,253.77 |
| Res. Care Home w/ Limited Nursing Care Level III | IndividualCouple | 1,050.131,778.69 | 1,038.131,760.69 |
| Residential Care Home Level IV | IndividualCouple | 1,006.941,737.06 | 994.941,719.06 |
| Custodial Care Family Home | IndividualCouple | 881.691,507.82 | 869.691,489.82 |
| Long-term Care | IndividualCouple | 72.66145.33 | 47.6695.33 |

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

**Effective 1/1/20** **Effective 1/1/19 – 12/31/19**

Individual $2,349.00 Individual $2,313.00

Couple $4,698.00 Couple $4,626.00

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

Individual $72.66 Individual $47.66

Couple $145.33 Couple $95.33

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

**Effective 1/1/20**  **Effective 1/1/19 – 12/31/19**

Blind $2,110 Blind $2,040

 Disabled $1,260 Disabled $1,220

Resource Maximums **MABD-related (§ 29.07)**

Household Maximums

Group Size

 1 $2,000

 2 $3,000

**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

**Community Spouse Resource Allocation Maximum, Long-Term Care** (§ 29.10(e))

Effective 1/1/20 Effective 1/1/19 – 12/31/19

 $128,640 $126,420

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

 Effective 1/1/20 Effective 1/1/19 – 12/31/19

 $595,000 $585,000

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

Effective 1/1/18

 Individual $4,000

 Couple $6,000

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

Effective 1/1/18

Individual $10,000

Couple $15,000

**Other Standards**

**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 1/1/20 Effective 1/1/19 – 12/31/19

Individual $783 per month $771 per month

Couple $1,175 per month $1,157 per month

Maximum allocation for Effective 1/1/20 Effective 1/1/19 – 12/31/19

 Ineligible child $392 per month $386 per month

**Business Expenses - Providing Room and/or Board**

Use either A or B below, whichever is the higher amount, for the business expense deduction:

1. 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 10/1/19

|  |  |
| --- | --- |
| **ACCESS Code** | **Group Size** |
| **Type** | **1** | **2** | **3** | **4** | **5** | **6+** |
| 1 | Room Only | $193 | $353 | $506 | $643 | $764 | $916 |
| 2 | 2/3 Board | $129 | $237 | $339 | $431 | $512 | $614 |
| 3 | Board Only | $194 | $355 | $509 | $646 | $768 | $921 |
| 4 | Room and 2/3 Board | $322 | $590 | $845 | $1074 | $1276 | $1530 |
| 5 | Room and Board | $387 | $708 | $1105 | $1289 | $1532 | $1837 |

1. 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.

**Pickle Deduction Percentage Chart**

 Effective 1/1/19 to 12/31/19

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4/77-6/77 | **0.7424** | 1/87-12/87 | **0.5124** | 1/97-12/97 | **0.3065** | 1/07-12/07 | **0.1082** | 1/17-12/17 | **0.0225** |
| 7/77-6/78 | **0.7272** | 1/88-12/88 | **0.4919** | 1/98-12/98 | **0.2919** | 1/08-12/08 | **0.0877** | 1/18-12/18 | **0.0463** |
| 7/78-6/79 | **0.7095** | 1/89-12/89 | **0.4716** | 1/99-12/99 | **0.2827** | 1/09-12/09 | **0.0347** | 1/19-12/19 | **0.0426** |
| 7/79-6/80 | **0.6807** | 1/90-12/90 | **0.4468** | 1/00-12/00 | **0.2655** | 1/10-12/10 | **0.0347** |
| 7/80-6/81 | **0.6351** | 1/91-12/91 | **0.4169** | 1/01-12/01 | **0.2398** | 1/11-12/11 | **0.0347** |
| 7/81-6/82 | **0.5942** | 1/92-12/92 | **0.3953** | 1/02-12/02 | **0.2200** | 1/12-12/12 | **0.0167** |
| 7/82-12/83 | **0.5642** | 1/93-12/93 | **0.3772** | 1/03-12/03 | **0.2091** | 1/13-12/13 | **0.0148** |
| 1/84-12/84 | **0.5489** | 1/94-12/94 | **0.3610** | 1/04-12/04 | **0.1925** | 1/14-12/14 | **0.0167** |
| 1/85-12/85 | **0.5331** | 1/95-12/95 | **0.3431** | 1/05-12/05 | **0.1807** | 1/15-12-15 | **0.0000** |
| 1/86-12/86 | **0.5187** | 1/96-12/96 | **0.3260** | 1/06-12/06 | **0.1367** | 1/16-12-16 | **0.0030** |

**Home Upkeep Deduction, Long-Term Care** (§ 24.04(d))

 Effective 1/1/20 1/1/19 – 12/31/19

 $626.28 $617.28

**Allocation to Community Spouse - Long-Term Care** (§ 24.04(e)(1)(i))

1. 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 1/1/20 Effective 1/1/19 – 12/31/19

 3,216.00 $3160.50

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

 Effective 1/1/20 Effective 1/1/18 – 12/31/19

 $2,155 $2,114

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

 Effective 1/1/20 Effective 1/1/19 – 12/31/19

 $647 $635

1. Fuel and utility standard.

 Effective 10/1/18 Effective 10/1/17 – 9/30/18

 $822 $808

2. Base housing cost

 Effective 1/1/06 (10/1/05 – 12/31/05)

 $ 0.00 $ 9.00

**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 1/1/20 Effective 1/1/18 – 12/31/19

 $718.33 $704.67

Allocation if family member **has income**:

Maintenance income standard

 - Gross income of family member

 Remainder

 Remainder ÷ by 3 = Allocation

**Community Maintenance Allowance in the Home-and-Community-Based Waiver Program** (§ 24.04(c))

 Effective 1/1/20 Effective 1/1/19 - 12/31/19

 $1,175 $1,158

**Medicare Copayments for Nursing Home Care**

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 1/1/20 Effective 1/1/19 – 12/31/19

 $176.00 $170.50

**Standard Deductions for Assistive Community Care Services (ACCS)** (§ 30.06(c)(4)) and **Personal Care Services (PCS)** (§ 30.06(c)(3))

 Effective 1/1/20 Effective 1/1/19 – 12/31/19

 ACCS $44 per day $43 per day

 $1,320 per month $1,290 per month

 PCS Effective 1/1/03

 $17.83 per day

 $535.00 per month

**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 10/1/19 10/1/18 – 9/30/19

 $9,595.61 per month $9,696.31 per month

 $319.85 per day $323.21 per day

**SSI/AABD Payment Maximums** (2700)

|  |  |  |
| --- | --- | --- |
|   | **Effective 1/1/20** | **Effective 1/1/19 – 12/31/19** |
| **Living Arrangement** |  | ***SSI Share*** | ***AABD*** ***Share*** | ***Total*** | ***SSI Share*** | ***AABD*** ***Share*** | ***Total*** |
| Independent Living | IndividualCouple | 783.001,175.00 | 52.0498.88 | 835.041,273.88 | 771.001,157.00 | 52.0498.88 | 823.041,255.88 |
| Another’s Household | IndividualCouple | 522.00783.34 | 39.3048.31 | 561.30831.65 | 514.00771.34 | 39.3048.31 | 553.30819.65 |
| Residential Care Home w/ Assistive Community CareLevel III | IndividualCouple | 783.001,175.00 | 48.3896.77 | 831.381,271.77 | 771.001,157.00 | 48.3896.77 | 819.381,253.77 |
| Residential Care Home w/ Limited Nursing CareLevel III | IndividualCouple | 783.001,175.00 | 267.13603.69 | 1,050.131,778.69 | 771.001,125.00 | 267.13603.69 | 1,038.131,760.69 |
| Residential Care Home Level IV | IndividualCouple | 783.001,175.00 | 223.94562.06 | 1006.941,737.06 | 771.001,157.00 | 223.94562.06 | 994.941,719.06 |
| Custodial Care Family Home | IndividualCouple | 783.001,175.00 | 98.69332.82 | 881.691,507.82 | 771.001,157.00 | 98.69332.82 | 869.691,489.82 |
| Long-term Care | IndividualCouple | 30.0060.00 | 42.6685.33 | 72.66145.33 | 30.0060.00 | 17.6635.33 | 47.6695.33 |