

P-2401	Application Processing
P-2402	Review Processing <ul style="list-style-type: none">A. Mailing of Review Letter (DSW 202RL), DSW 201, and DSW 202B. On Receipt of Review Letter (DSW 202RL) and DSW 202
P-2403	Explanation of Medicaid Benefits
P-2404	Delivery of Benefits <ul style="list-style-type: none">A. I.D.'sB.C.D. Vermont Medicaid Recipient Complaint Form (DSW 287A)E. Recipient Reimbursement - Paid Medical Bills (Gearwar vs. Wilson)<ul style="list-style-type: none">1. Allowable Reimbursements2. Recipient Action3. Worker ActionF. Medicaid Prior Authorizations and Requests for Coverage of Services or ItemsG. Admission to Out-of-State Hospitals
P-2405	Citizenship & Identity - Acceptable Types of Citizenship & Identity Documentation <ul style="list-style-type: none">A. ImmigrantsB. Exempt IndividualsC. Proof of U.S. Citizenship & IdentityD. Proof of U.S. CitizenshipE. Proof of U.S. IdentityF. Alphabetical C&I Code List
P-2410	Eligibility Determination Procedures
P-2439	
P-2411	ANFC Recipients <ul style="list-style-type: none">A. GrantsB. Retroactive EligibilityC. Denials and Closures<ul style="list-style-type: none">1. Denials2. ClosuresD. Transitional Medicaid (TM)<ul style="list-style-type: none">1. Eligibility Criteria2. Eligibility Period3. ANFC Closure Notice(s) with TM Eligibility Information4. Application Process5. Continuing Eligibility Requirements6. Quarterly Reporting Requirements7. Verification

- P-2411 ANFC Recipients (Continued)
- 8. Reinstatements
 - 9. Changes
 - 10. TM Closures
 - 11. Fraud
 - 12. Right to Appeal
 - E. Excess Child Support
- P-2412 Committed Children and Children in Voluntary Placement
- A. Applications
 - B. Reviews
 - C. Change in Status
 - D. Closures
- P-2414 SSI/AABD Recipients
- A. Policy Basis
 - 1. Grants
 - 2. Retroactive Eligibility
 - 3. Closed SSI/AABD Recipients
 - 4. Denied SSI/AABD Applicants
 - 5. 1619 b Status
 - B. The State Data Exchange (SDX) Overview
 - C. SDX Reports
 - D. SDX ACCRETION Processing - Individuals Inactive on DSW Programs
 - E. SDX ACCRETION Processing - Individuals Active on DSW Programs
 - F. SDX Changes
 - G. SDX DELETION Processing
- P-2420 Eligibility Determination for Medicaid
- A. General Introduction
 - B. Monthly Income Standards
 - 1. Eligibility Maximums for Medicaid and Waiver Programs
 - 2. Eligibility Maximums for Medicare Cost-Sharing Programs
 - 3. Ranges for Program Fees
 - 4. SSI/AABD Payment Levels
 - 5. Institutional Income Standard - LTC
 - 6. Personal Needs Allowance - LTC
 - C. Resource Maximums
 - 1. Household Maximums
 - 2. Community Spouse Resource Allocation Maximum-LTC
 - 3. Resource Limit for QMB, QDWI, SLMB, QI-1

P-2420 Eligibility Determination for Medicaid (Continued)

- D. Other Standards
 - 1. SSI Federal Benefit Payment Rate
 - 2. Business Expenses - Providing Room and/or Board
 - 3. Business Expenses - Providing Day Care Meals
 - 4. Dependent Care Expense Maximums - ANFC-Related Medicaid Only
 - 5. Employment Expense Deduction - ANFC-Related Medicaid Only
 - 6. Pickle Deduction Percentage Chart
 - 7. Home Upkeep Deduction
 - 8. Allocation to Community Spouse - LTC
 - 9. Allocation to Each Family Member Living with a Community Spouse - LTC
 - 10. Community Maintenance Allowance in the Home-and-Community-Based Waiver Program
 - 11. Medicare Copayments for Nursing Home Care
 - 12. Standard Deduction for Assistive Community Care Services (ACCS) and Personal Care Services (PCS)
 - 13. Average Monthly Cost to a Private Patient of Nursing Facility Services
- E. Applying the Correct Income Level and Resource Test - ANFC-Related

P-2421 Documentation of SSI/AABD-Related Eligibility Factors

- A. Medical Factors
- B. Income and Resources
 - 1. Income
 - a. Income Test
 - b. Pickle Income Deduction
 - c. Deeming Parental Income to a Blind/Disabled Child
 - 2. Resources
 - a. Bank Accounts
 - b. Life Insurance
 - c. Burial Expenses
 - d. Burial Funds as Excluded Resources
 - 3. Accessibility and Jointly Owned Resources
- C. Determining Eligibility of Disabled Child at Home (Katie Beckett)
- D. Assistive Community Care Services (ACCS) - Personal Care Deduction
 - 1. Eligibility Criteria
- E. Determining Eligibility for Working People with Disabilities

P-2421 Documentation of SSI/AABD-Related Eligibility Factors (Continued)

- F. Eligibility for Breast and Cervical Cancer Treatment (BCCT) Program
 - 1. BCCT Eligibility Screening
 - 2. Medicaid Eligibility Screening
 - a. Traditional Medicaid Screening
 - b. Retroactive Eligibility
 - c. Eligibility for Other Household Members
 - d. Active District Office Cases
 - e. BCCT Review
 - 3. Changes
 - a. Address, Phone Number, Treatment Providers, etc.
 - b. Age Change – Turning 65
 - c. BCCT Individual Moves to VT
 - 4. Other Health Insurance
 - 5. BCCT Flow Chart

P-2422 Documentation of ANFC-Related Medicaid Eligibility Factors

- A. Medical Factors
 - 1. Incapacity Application
 - 2. Provisional Incapacity
 - 3. Incapacity Review
 - 4. Pregnancy
- B. Deprivation Factors
 - 1. Death of Parent
 - 2. Incapacity of Parent
 - 3. Unemployment of Parent
 - 4. Absence
 - a. Imprisonment
 - b. Divorce or Legal Separation
 - c. Desertion or Separation
 - d. Born Out-of-Wedlock
- C. Employment Expense for Dependent Care
- D. Computation of Income
- E. Basic Financial Eligibility
- F. Changes in Financial Eligibility
 - 1. Applicant with Income Change
 - 2. Retroactive Medicaid
 - 3. Spend-Down Changes
 - 4. Household Size

P-2422 Documentation of ANFC-Related Medicaid Eligibility Factors

- G. Resources
 - 1. Resource Determination
 - a. Vehicles
 - b. Real Property
 - c. Household Items and Personal Possessions
 - d. Life Insurance
 - 2. Accessibility and Jointly Owned Resources
 - 3. Individual Eligibility
- H. Lump Sums

P-2423 Processing Eligibility Decisions

- A. Grants
- B. Denials
- C. Closures
- D. Death of Recipient
- E. Reviews
- F. Change of Circumstance Adjustment
- G. Notice of Decision (Long-Term Care)
- H. Illegal Aliens
- I. Changes Related to Managed Care
- J. Pursuing other Types of Income

P-2424 Spend-Down

- A. Computation of Spend-Down Amount
 - 1. Initial Determination
 - 2. Changes
 - Examples
- B. Meeting the Spend-Down
 - Examples

P-2430

Long-Term Care Medicaid (LTC)

- A. Long-Term Care Medicaid Definitions
- B. Application Acceptance, Handling, and Processing
 - 1. Requirements
 - 2. Referral for Guardianship
 - 3. Processing the Application
 - 4. Initial Admission to Long-Term Care
 - a. All Admissions
 - b. SSI/AABD Recipient
 - c. ANFC Recipients
 - d. Medicaid-only Recipients
 - e. Medicaid Applicants
- C. Documentation of Eligibility Factors
- D. Resources
 - 1. Resource Test
 - 2. Resource Test Examples of LTC Individuals with a Community Spouse
 - 3. Excess Resources Potential
 - 4. Resource Transfer(s)
 - 5. Resource Transfer(s) and Penalty Period Examples
 - 6. Resource Spend-down and Date of Eligibility
 - a. Applicant Requests Retroactive Coverage
 - b. Applicant Requests Medicaid Coverage for Month of Application and Future Months
 - c. Applicant Reports the Excess Resource Amount as Spent or Transferred in any Month Following the Month of Application
 - 7. Verification
- E. Determining Income Eligibility and Patient Share Amount
 - (a) Month of Admission
 - Step 1 - Income Eligibility Determination
 - Step 2 - Patient Share Amount Determination
 - (b) Following Month(s)
 - Step 1 - Income Eligibility Determination
 - Step 2 - Patient Share Amount Determination
 - Step 3 - ACCESS and Notices
 - 1. Personal Needs Allowance (PNA)
 - 2. Home Upkeep Deduction
 - 3. Allocation to Community Spouse
 - 4. Allocation to Other Family Members

P-2430 Long-Term Care Medicaid (LTC) (Continued)

- F. Examples Illustrating How to Determine Income Eligibility and Patient Share Amount
 1. Income under the PIL
 2. Income under the IIS; Level I Care
 3. Income under the IIS; Level II Care
 4. Income under the IIS; Spousal Allocation Used
 5. Income over the PIL and under the IIS; Family Member Allocation Used, Old Medical Bill Applied
 6. Income over the IIS; Home Upkeep Deduction Used, Covered Medical Expenses Prior to Date of Admission
 7. Application for LTC Coverage Made After Month of Admission
 8. Income over the IIS; Ineligible Month of Admission and After
 9. Income over the IIS; Eligible Month of Admission Due to Meeting Spend-down Requirement
 10. Income over the IIS; LTC Insurance
- G. Non-Covered Expenses
- H. Home and Community-Based Waiver Program
 - Steps I-VII
 - Examples
- I. Discharge:
 1. Death
 2. Transfer to Another Long-Term Care Arrangement
 3. Discharge to Hospital
 4. Discharge to Community Living Arrangement
 5. Discharge to Department of Mental Health
- J. Eligibility Review
 1. Income Eligibility - Step 1
 2. Patient Share Amount - Step 2
 3. Certification Review (Nursing Facilities (NFs) and Home & Community-Based Waiver)