
Table of Contents

State/Territory Name: Vermont

State Plan Amendment (SPA) #: 14-0006MM7

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages
- 4) Additional Attachments that are part of the state plan

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

July 17, 2014

Douglas A. Racine, Secretary
Agency of Human Services
208 Hurricane Lane, Suite 103
Williston, VT 05495

Dear Secretary Racine:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 14-0006MM7. This SPA was approved on June 18, 2014 with an effective date of January 1, 2014, as requested by your Agency.

This SPA transmits a proposed amendment to your approved Title XIX State plan to indicate that hospitals in the State determine eligibility presumptively under the option at 42 CFR 435.1110, and that the State provides Medicaid coverage for individuals determined presumptively eligible under this provision.

If there are questions, please contact Lynn Wolfsfeld at (410) 999-4004.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc: Mark Larson, Commissioner
Lindsay Parker, Health Program Administrator, Policy Unit

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Vermont

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

VT 14-006

Proposed Effective Date

01/01/2014

(mm/dd/yyyy)

Federal Statute/Regulation Citation

24 CFR 435.1110

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

This amendment seeks to modify the state plan to allow qualified hospitals in the State to determine presumptive eligibility for Vermont Medicaid coverage for certain groups of individuals deemed presumptively eligible under 24 CFR 435.1110. The proposed amendment is effective January 1, 2014.

Governor's Office Review

☐ Governor's office reported no comment

☐ Comments of Governor's office received

Describe:

☐ No reply received within 45 days of submittal

☒ Other, as specified

Describe:

Signature of Secretary of Administration

Signature of State Agency Official

Submitted By:

Lindsay Parker

Last Revision Date:

Jun 16, 2014

Submit Date:

Mar 28, 2014

Plan Approved - One Copy Attached

Date Received: 3/28/14

Date Approved: 6/18/14

Effective Date of Approved Material: 1/1/14

Signature of Regional Official

Typed Name: Richard R. McGreal

Division of Medicaid and Children's
Health Operations,
Boston Regional Office



Medicaid Eligibility

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OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Presumptive Eligibility by Hospitals

S21

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

☒ Yes ☐ No

☒ The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

☒ A qualified hospital is a hospital that:

Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of

☒ its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance

☒ with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

☒ Yes ☐ No

☒ The eligibility groups or populations for which hospitals determine eligibility presumptively are:

☒ Pregnant Women

☒ Infants and Children under Age 19

☒ Parents and Other Caretaker Relatives

☒ Adult Group, if covered by the state

☒ Individuals above 133% FPL under Age 65, if covered by the state

☒ Individuals Eligible for Family Planning Services, if covered by the state

☒ Former Foster Care Children

☒ Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

☐ Other Family/Adult groups:

☐ Eligibility groups for individuals age 65 and over

☐ Eligibility groups for individuals who are blind

☐ Eligibility groups for individuals with disabilities

☐ Other Medicaid state plan eligibility groups

☐ Demonstration populations covered under section 1115

The state establishes standards for qualified hospitals making presumptive eligibility determinations.



Medicaid Eligibility

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☒ Yes ☐ No

Select one or both:

- ☒ The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Description of standards: The state will establish performance standards in this area after establishing baseline data for a period of 12 months. See complete list of performance areas below.

- ☒ The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Description of standards: For the first 12 months, the state will establish baseline data, and will require 100% compliance with data reporting, after which performance standards will be set in the following areas:
1) The number of PE applications submitted
2) The proportion of those individuals approved for PE that complete and submit an application for full ongoing coverage
3) The proportion of those individuals approved for PE and that complete and submit an application for full ongoing coverage who are determined eligible for full ongoing benefits
4) The accuracy of Hospitals' determination that applicants do not have coverage
5) The accuracy of Hospitals' determination that applicants do not have a prior period of PE in the preceding twelve month period

- ☒ The presumptive period begins on the date the determination is made.

- ☒ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

- ☒ Periods of presumptive eligibility are limited as follows:

- ☒ No more than one period within a calendar year.
☐ No more than one period within two calendar years.
☐ No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
☐ Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

☒ Yes ☐ No

- ☐ The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.
☒ The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.



Medicaid Eligibility

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An attachment is submitted.

- ☐ The presumptive eligibility determination is based on the following factors:

The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is

- ☐ being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)

- ☐ Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.

- ☒ State residency

- ☒ Citizenship, status as a national, or satisfactory immigration status

- ☒ The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Application for Presumptive Eligibility for Medicaid

Use this form to find out quickly if you qualify for presumptive eligibility for Medicaid. Presumptive eligibility offers you and your family immediate access to health care while you apply for regular Medicaid or other health coverage.

To find out if you qualify for regular Medicaid or other health coverage, you must complete the Vermont Health Connect Application. While you wait to learn if you qualify for regular Medicaid or other health coverage, you can get your health services through presumptive eligibility for Medicaid.

To apply for regular Medicaid you can apply online at HealthConnect.Vermont.gov, in person with an assistor, over the phone at 1-855-899-9600, or by mailing in an application.

Who can qualify for presumptive eligibility for Medicaid?

You can qualify for presumptive eligibility for Medicaid if you meet all of these rules:

- Your income is below the monthly limit
- You are a U.S. citizen, U.S. national, or eligible immigrant
- You do not already have Medicaid
- You have not had presumptive eligibility for Medicaid in the past calendar year. Or, if you are pregnant, you have not had presumptive eligibility for Medicaid during this pregnancy.
- You are in one of the groups that qualifies for presumptive eligibility for Medicaid:
 - Children under age 19
 - Parents and caretaker relatives
 - Pregnant women
 - Other adults age 19-64
 - People under age 26 who were in foster care at age 18 (no income limit)
 - Individuals in treatment for breast and cervical cancer]

Get help with this application

Ask your hospital representative for assistance

If you need interpretation services...

إذا تـأـ بـغـرت تـامـدـخ مـجـر تـلا قـيـر و فـلا لـصـتـا مـقـرب 1-855-899-9600 (Arabic)

Ako su Vam potrebne usluge tumačenja, pozovite 1-855-899-9600. (Bosnian)

pum;jyef 0efaqmifr_vkyfief;udktvdk±Sdygu 1-855-899-9600 odk<zkef;qufac:yg? (Burmese)

Si vous avez besoin de services d'interprétation, appelez le 1-855-899-9600. (French)

Mugihe woba ushaka impfashanyo yo gusigurirwa, hamagara uyu murongo 1-855-899-9600. (Kirundi)

यिद तपाईंलाई दोभाषे सेवाको जरूरत परेमा, 1-855-899-9600 मा कल गर्नुहोस्। (Nepali)

Haddii aad u baahan tahay adeegyo turjumaan, wac 1-855-899-9600. (Somali)

Si usted necesita servicios de interpretación, llame al 1-855-899-9600. (Spanish)

Ikiwa unahitaji huduma za ukalimani, piga simu 1-855-899-9600. (Swahili)

Nếu quý vị cần dịch vụ thông ngôn, hãy gọi 1-855-899-9600. (Vietnamese)



1

Tell us about yourself

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We ask for this information so that we can contact you about this application.

Name (first, middle, last)

Home address (leave blank if you don't have one)

City

State

ZIP code

Mailing address (if different from home address)

Phone number (if you have one)

Email address (if you have one)

2

Tell us about your family

List yourself and the members of your immediate family who live with you. Include your spouse and your children under age 19, or if a full time student under age 21. Do not list other relatives or friends even if they live with you.

Name (first, middle, last)	Date of birth (XX/XX/XXXX)	Relationship to you	Applying for presumptive eligibility for Medicaid? (Yes or No)	Already has Medicaid? (Yes or No)	State policy: U.S. Citizen, U.S. National, or eligible immigrant? (Yes or No)	State policy: Resident of State? (Yes or No)
(Same as above)		(Self)				



Questions? Ask your hospital representative or call us at 1-855-899-9600. The call is free.
(TTY: 1-888-834-7898). Or visit **HealthConnect.Vermont.gov**.

3

Other questions

Answer these questions for yourself and your family members listed in Section 2. Your answers will make it easier to find out if you and any family members qualify.

Is anyone pregnant, even if she is **not applying for presumptive eligibility for Medicaid**?

☐ Yes ☐ No

If yes, who? How many babies does she expect?

Is anyone who is **applying for presumptive eligibility for Medicaid** receiving Medicare?

☐ Yes ☐ No

If yes, who?

Is anyone who is **applying for presumptive eligibility for Medicaid** a parent or caretaker relative?

☐ Yes ☐ No

For example, a grandparent who is the main person taking care of a child.

If yes, who?

Was anyone who is **applying for presumptive eligibility for Medicaid** in foster care at age 18?

☐ Yes ☐ No

If yes, who?

Is anyone who is applying for **presumptive eligibility for Medicaid** being treated for breast or cervical cancer?

☐ Yes ☐ No

If yes, who?

4

Tell us about your family's income

Write the total income before taxes are taken out for all family members listed in Section 2.

▼ **Job income** *For example, wages, salaries, and self-employment income.*

Amount \$.....

How often? (check one) ☐ Weekly

☐ Biweekly

☐ Monthly

☐ Yearly

▼ **Other income** *For example, unemployment checks, alimony, or disability payments from the Social Security Administration ("SSDI"). Do **not** include Supplemental Security Income ("SSI payments") or any child support you receive.*

Amount \$.....

How often? (check one) ☐ Weekly

☐ Biweekly

☐ Monthly

☐ Yearly

5

Sign this form here

By signing, you are swearing that everything you wrote on this form is true as far as you know. We will keep your information secure and private.

Your signature:

Date:



Questions? Ask your hospital representative or call us at 1-855-899-9600. The call is free. (TTY: 1-888-834-7898). Or visit **HealthConnect.Vermont.gov**.

6

If you qualify for presumptive eligibility for Medicaid, what happens next?

- You will get a notice from the hospital saying you were approved.
- **You can start using your presumptive eligibility for Medicaid coverage right away** for Medicaid covered services such as doctor visits, hospital care, and some prescription drugs. You can go to any health care provider who accepts Medicaid, starting the day you are approved.
 - To start using your presumptive eligibility for Medicaid, the hospital will give you a notice saying you are approved. Use the notice to get services until you get a card in the mail. If you lose the notice, you can call 1-855-899-9600.
 - If the notice says you qualify for presumptive eligibility for Medicaid because you are pregnant, you can get care at outpatient clinics or other places in the community. Presumptive eligibility for Medicaid will not cover the cost if you are admitted to a hospital.
- If you do not complete a Vermont Health Connect application to see if you qualify for regular Medicaid or other health coverage, your presumptive eligibility for Medicaid coverage will end on the last day of the month after the month you are approved.
 - ➔ For example, if you qualified for presumptive eligibility for Medicaid in January, it will end on the last day of February.
- **To see if you qualify for regular Medicaid or other health coverage**, you can apply online, in person with an assister, over the phone, or by mailing in an application. The hospital will provide you with an application.

7

If you do not qualify for presumptive eligibility for Medicaid, what happens next?

You will get a notice from the hospital saying you were not approved. You cannot appeal the hospital's decision. BUT, you can still apply for regular Medicaid or other health coverage using the Vermont Health Connect application.

To apply for Medicaid you can apply online at HealthConnect.Vermont.gov, in person with an assister, over the phone at 1-855-899-9600, or by mailing in an application.



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Presumptive Eligibility for Hospitals



VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT FOR CHILDREN & FAMILIES

Contents

- Affordable Care Act 101
- What is Presumptive Eligibility (PE)?
- How to Apply as a Qualified Hospital (QH)
- How to Determine Presumptive Eligibility
- Review
- Resources and References

Learning Objectives

As a result of this training, participants will be able to:

- Define Presumptive Eligibility
- Understand how PE can benefit you and the client
- Conduct a preliminary determination of eligibility for reimbursement

Acronyms

- PE – Presumptive Eligibility
- QH – Qualified Hospital
- ACA – Affordable Care Act
- MA – Medical Assistance
- FPL – Federal Poverty Level
- HAEU – Health Access Eligibility Unit

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AFFORDABLE CARE ACT 101



ACA Background

- Signed into law March of 2010
- Major changes to health coverage
 - Medicaid expansion and improvements
 - Marketplace for individuals and small businesses
 - Private insurance reform

New Vision for Medicaid

- Medicaid Coverage Expansion
- Single, Streamlined Application
- Simplified Eligibility and Enrollment Rules
- Modernized Eligibility Systems
- Children's Coverage Improvements
- Hospital Presumptive Eligibility

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WHAT IS PRESUMPTIVE ELIGIBILITY (PE)?



Presumptive Eligibility

- Provides temporary Medicaid coverage for individuals who are eligible, based on preliminary information
- Preliminary information includes income and household size
- Qualified Hospitals (QH) can make these determinations as of January 2014
- Access to coverage is immediate

What is Covered?

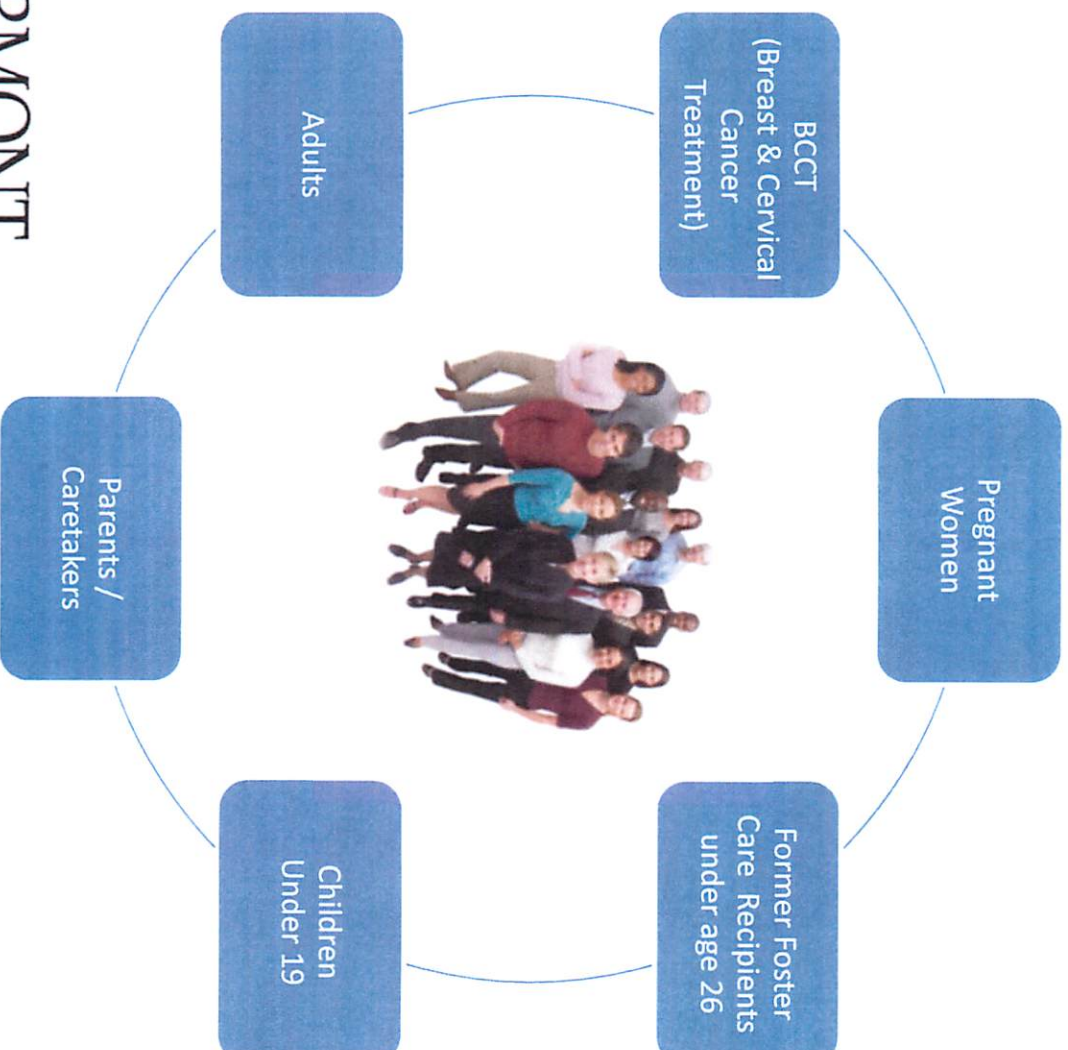
- Same benefits as those determined under their Medicaid eligibility levels
- Pregnant women have benefits limited to ambulatory prenatal care (birth expenses are not covered)



Coverage Limits

- PE starts on the date of determination
- PE ends the last day of the month following the determination or the day a full Medicaid determination has been made
- If an application is filed before the last day of the following month, PE wouldn't end until the eligibility decision
- One PE period is allowed per calendar year or per pregnancy
- The person cannot appeal the PE decision

Which Groups Qualify for PE?



Who Benefits from PE?

Recipients

- Immediate Access to Medicaid
- Self-Attestation of Eligibility Criteria

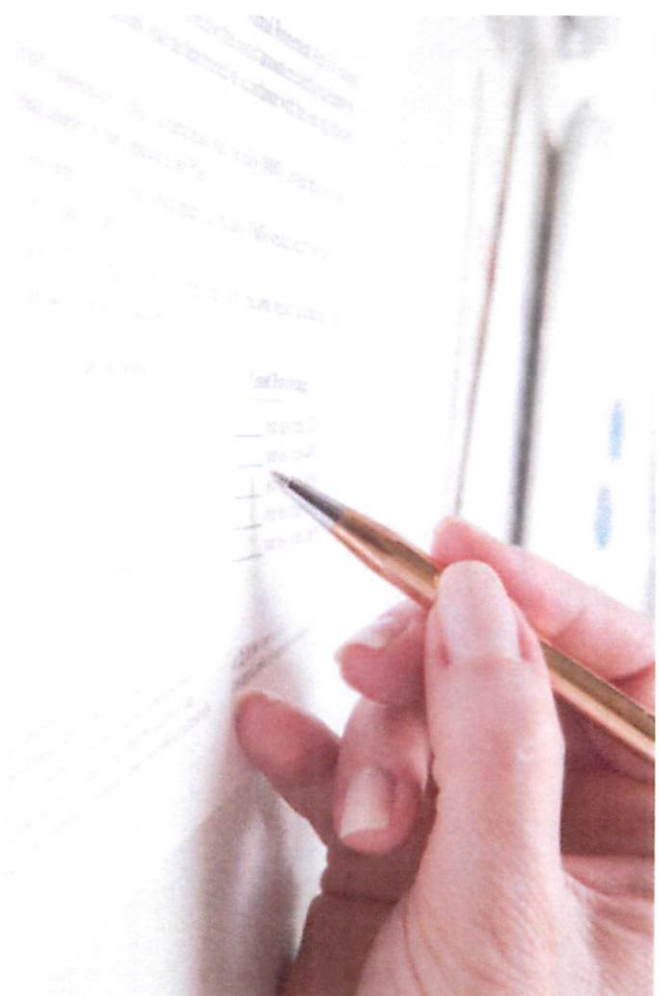
Hospitals

- Convenient
- Reimbursement for Services

State of Vermont

- Reduce Fraud, Waste and Abuse
- Provide Easy Access to Healthcare Coverage

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HOW TO APPLY AS A QUALIFIED HOSPITAL (QH)



Application Requirements

- Hospital participation in PE is **optional**, but states **must provide** mechanisms for hospitals to become qualified to conduct PE
- To apply, a hospital must:
 - Participate in Medicaid
 - Notify the state through the “Letter of Interest”
 - Agree with the policies and procedures of the state, on the “Agreement and Attestation” form

Letter of Interest

Presumptive Eligibility Statement of Interest

Please indicate if your organization is interested in becoming a hospital presumptive eligibility determination site for the State of Vermont Hospital Presumptive Eligibility Program. Indicating your interest does not obligate you to, preclude you from, or guarantee participation in the Hospital Presumptive Eligibility Program.

Hospital Name: _____

Contact Name: _____

Phone: _____ Email: _____

☐ Yes, we are interested in becoming a Hospital Presumptive Eligibility Determination Site.

☐ No, we are not interested in becoming a Hospital Presumptive Eligibility Determination Site.

Please complete this form and return to the Agency of Human Services by _____.

Fax: TBD

Mailing Address: TBD

Please contact (Contact Name – TBD) with any questions.

Email: TBD

Phone: TBD

Comments or Questions:

Agreement and Attestation Form

Agreement and Attestation Form

Hospital Presumptive Eligibility Qualified Entity Agreement and Attestation

Hospital Name: _____

Hospital Agrees:

1. To determine presumptive eligibility in accordance with Vermont's Medicaid regulations and guidelines as promulgated by the Agency of Human Services.
2. To participate in random quality assurance reviews conducted by the Agency of Human Services and to take any corrective action necessary as a result of the review.

Failure to meet any of the above conditions may be cause for termination of this agreement and may result in the hospital's disqualification from the hospital presumptive eligibility program.

Date Signature of Authorized Agent

Authorized Agent Name and Title



Who is Qualified to Determine PE?

- Any Qualified Hospital (QH) employee...
 - Who is properly trained and certified
 - Includes hospital-owned physician practices or clinics ,including off-site
- Vendors can help hospital staff in completing applications for PE, but they cannot make determinations

Training and Certification

- Registration and coursework through the online Learning Management System
- In person class for practical application income and eligibility determination
- Periodic training updates and refresher trainings (as needed or requested)
- Successful completion of coursework

Performance Standards

- Quality control measures will be applied to a sample of new PE applications monthly
- The state has the authority to take corrective action against hospitals, including termination of QH status, if the hospital does not follow policies or established standards

Performance Standards

Vermont will establish baseline performance in these areas over the first 12 months of operating the program:

- 1) The number of PE applications submitted
- 2) The proportion of those individuals approved for PE that complete and submit an application for full ongoing coverage
- 3) The proportion of those individuals approved for PE and that complete and submit an application for full ongoing coverage who are determined eligible for full ongoing benefits
- 4) The accuracy of Hospitals' determination that applicants do not have coverage
- 5) The accuracy of Hospitals' determination that applicants do not have a prior period of PE in the preceding twelve month period

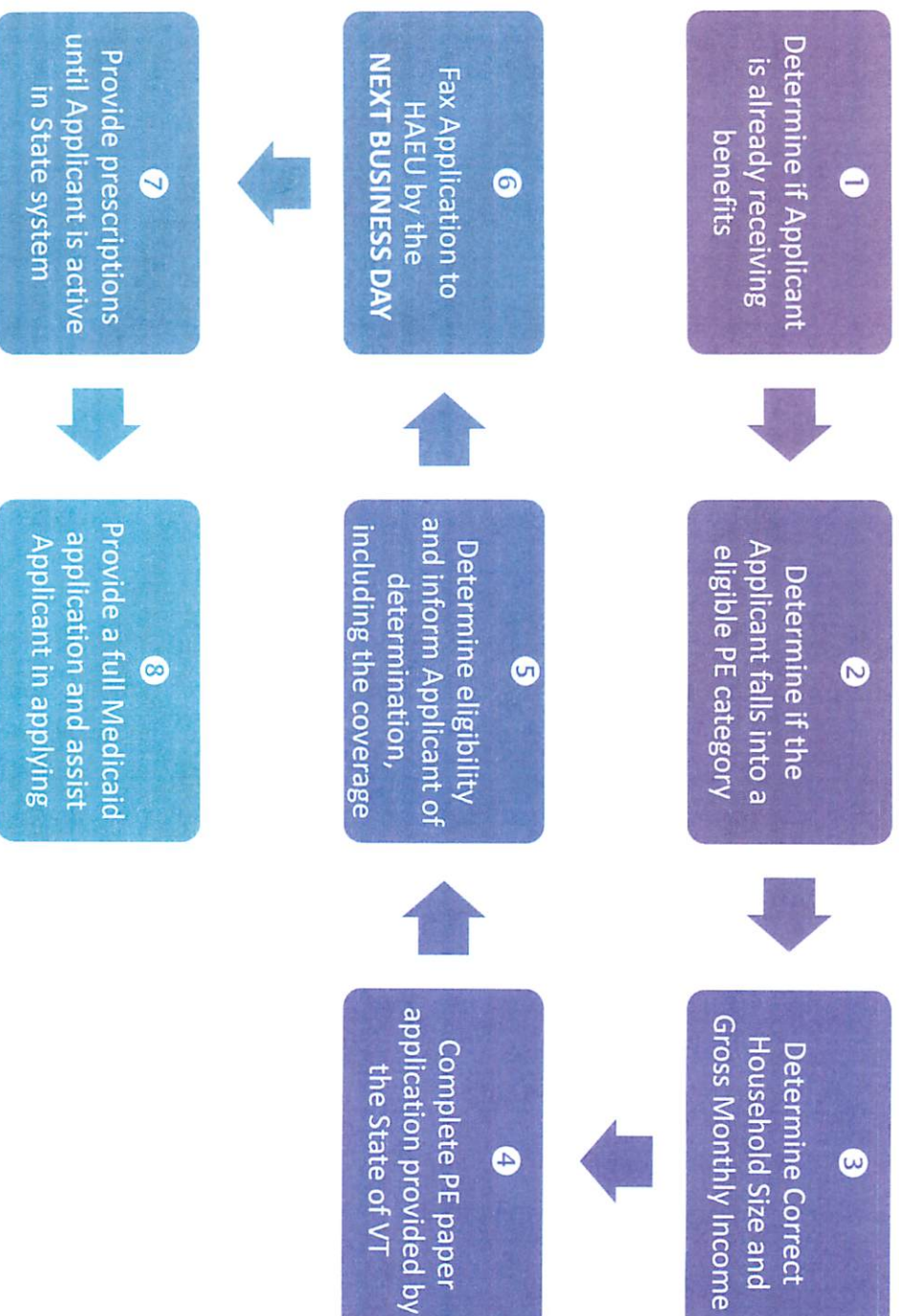
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HOW TO DETERMINE PRESUMPTIVE ELIGIBILITY



How to Determine Eligibility



First....

1

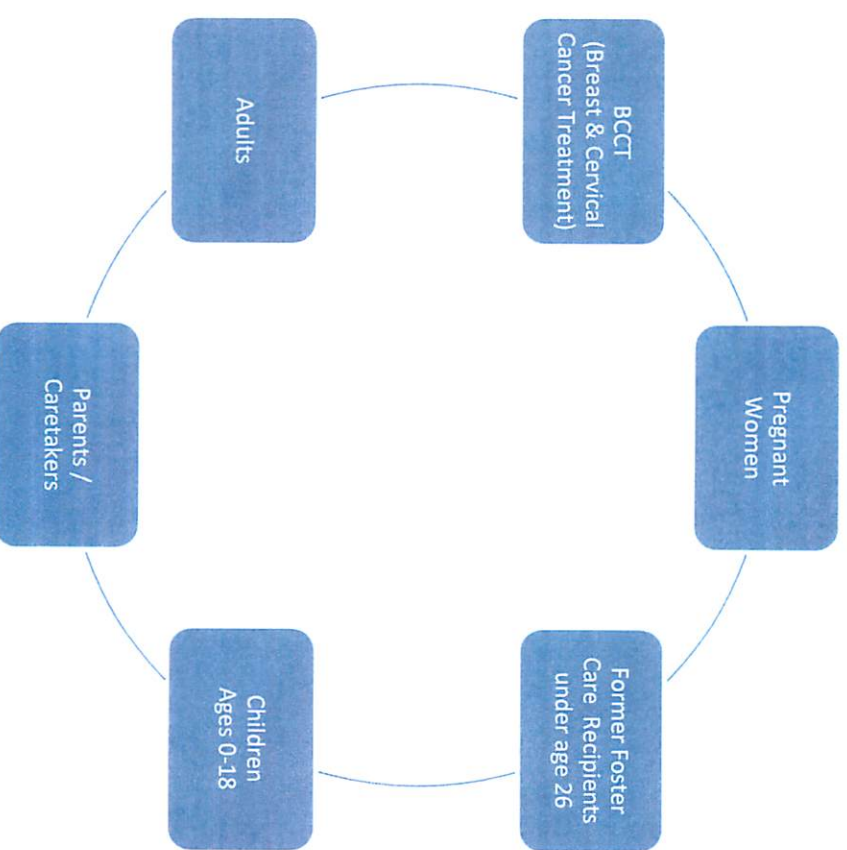
Determine if Applicant
is already receiving
benefits

- Using the Vermont Medicaid Portal at <http://www.vtmedicaid.com/index.html>, check to see if the applicant is already receiving benefits through the State
- If not, continue with the application process

Second....

2
Determine if the
Applicant falls into a
eligible PE category

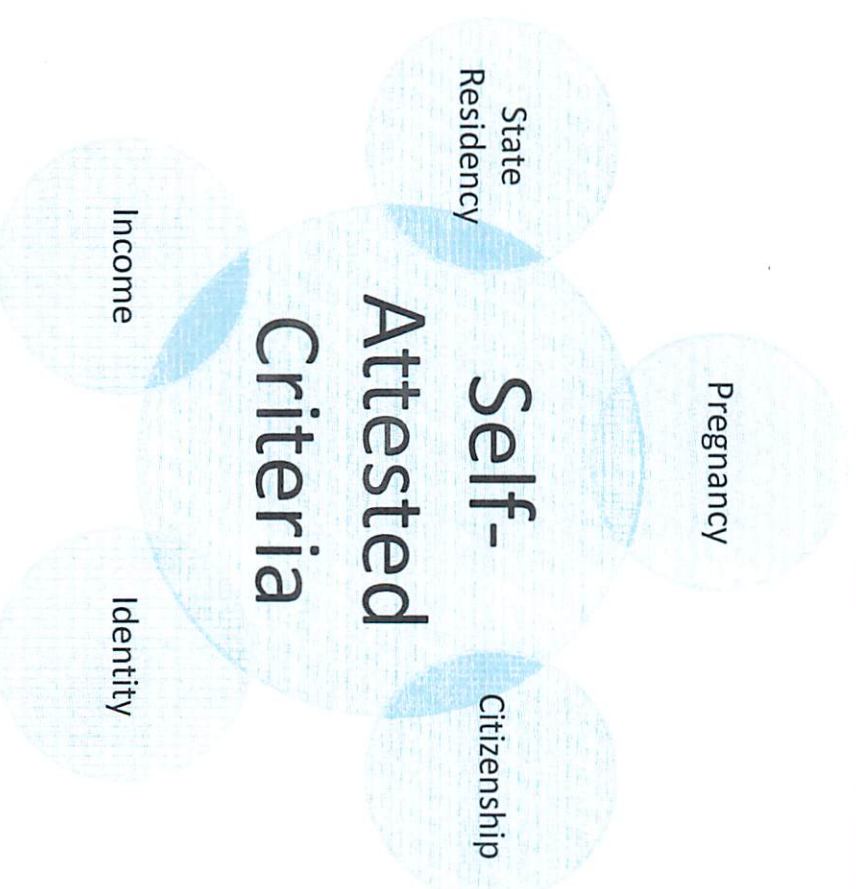
- Determine if the applicant is eligible for Presumptive Eligibility
- Does the applicant fall into one of these categories?



Eligibility Criteria

2
Determine if the
Applicant falls into a
eligible PE category

- The applicant cannot be required to provide proof or documentation of PE eligibility criteria
- The QH and the state must accept self-attestation of the categories to the right



Eligibility Requirements

2

Determine if the Applicant falls into a eligible PE category

Individuals MUST be:

- A US citizen or qualified noncitizen
- Residents of VT
- The required household size and income
- One of the following, from 66.02(c) :
 - Children under § 7.03(a)(3);
 - Pregnant women under § 7.03(a)(2);
 - Parents and caretaker relatives under § 7.03(a)(1);
 - Adults under § 7.03(a)(5);
 - Former foster children under § 9.03(e);
 - Individuals receiving breast and cervical cancer treatment

Individuals MUST NOT be:

- Currently enrolled in Medicaid
- Enrolled in PE in the past calendar year*
- An inmate of any public institution
- Enrolled in Medicaid in another state

* Except pregnant women who are allowed one PE per pregnancy

The Next Step

3

Determine Correct
Household Size and
Gross Monthly Income

The next step is to determine if the applicant's Household Size and Gross Monthly Income from applicable household members



Presumptive Eligibility Household Composition

3

Determine Correct
Household Size and
Gross Monthly Income

For PE, an applicants household includes the applicant and the following individuals, ***if living with the applicant:***

- Their Spouse
- Their Children under age 19 (*or under 21 if a FT student*)
- If the applicant is under age 19 (or under 21 if a FT student) their parents and their siblings under age 19 (or under 21 if a FT student)

PE Income Eligibility Chart

3

Determine Correct
Household Size and
Gross Monthly Income

Frequency	Monthly Medicaid Method
Hourly	Hourly wage x hours worked per week \div (7) days per week x (#) of days in the current month.
Daily	Daily amount x (#) of days worked per week \div (7) days per week x the (#) of days in the current month.
Weekly	Amount received \div (7) days per a week x (#) of days in the current month.
Monthly	Keep the amount received as is.
Every two weeks	Amount received \div (14) days per two week period x (#) of days in the current month.
Twice monthly	Amount received x (2) per month.
Quarterly	Amount received \div (91.25) per quarter x (#) of days in the current month.
Yearly	Amount received \div (12) months.

Examples Using a 30 Day Month

3

Determine Correct Household Size and Gross Monthly Income

	MAGI Medicaid/Dr. Dynasaur Monthly
Frequency	Monthly Medicaid Method
Hourly	$(\$10.00) \text{ per hour} \times (40) \text{ hrs. per week} = \$400 \div (7) \text{ days} = \$57.15 \times (30) \text{ days} = \$1714.50 \text{ per month.}$
Daily	$(\$80.00) \text{ per day} \times (5) \text{ days per week} = \$400 \div (7) = \$57.15 \times (30) \text{ days} = \$1714.50 \text{ per month.}$
Weekly	$(\$400.00) \text{ per week} \div (7) = \$57.15 \times (30) \text{ days per year} = \$1714.50 \text{ per month.}$
Monthly	\$1600 per month.
Every two weeks	$(\$800) \text{ bi-weekly} \div (14) = \$57.15 \times (30) \text{ days} = \$1714.50 \text{ per month.}$
Twice monthly	$(\$800.00) \text{ twice a month} \times (2) = \1600 per month.
Quarterly	$(\$4800.00) \text{ per quarter} \div (91.25) = \$52.60 \text{ per day} \times (30) = \1578 per month.
Yearly	$\$19,200.00 \text{ per year} \div (12) \text{ months} = \$1600.00 \text{ per month.}$

Determine Correct
Household Size and
Gross Monthly Income

FPL Chart for MCA and BCCT

MCA HH Size Use HH comp desk aid § 28.03(e)	Maximum Income Allowed to Qualify for Medicaid for Adults § 7.03(a)(5)	Maximum Income Allowed to Qualify for Dr. Dynasaur for Pregnant Women § 7.03(a)(2)	Maximum Income Allowed to Qualify for Dr. Dynasaur for Children § 7.03(a)(3)	MCA HH Size Use HH comp desk aid § 28.03(e)
HH SIZE	133% + 5% Disregard	208% + 5% Disregard	312% + 5% Disregard	HH SIZE
1	1342.65	N/A	3083.65	1
2	1809.55	2792.55	4155.55	2
3	2276.50	3513.50	5228.50	3
4	2743.40	4233.40	6300.40	4
5	3210.30	4954.30	7373.30	5
6	3677.25	5675.25	8446.25	6
7	4144.15	6396.15	9518.15	7
8	4611.05	7116.05	10591.05	8
9	5078.00	7837.00	11663.00	9
10	5544.90	8557.90	12735.90	10
11	6011.80	9278.80	13808.80	11
12	6478.75	9998.75	14880.75	12
13	6945.65	10719.65	15953.65	13
14	7412.55	11440.55	17025.55	14
15	7879.50	12161.50	18098.50	15

Worksheet

4

Complete PE paper
application provided by
the State of VT

Hospitals will fill out
the PE worksheet and
application provided by
the State of Vermont to
determine PE eligibility

Approval and Denial Notices

5

Determine eligibility
and inform Applicant of
determination

QH must provide a written PE determination notice to the Applicant

- Approval letter, stating the start and end of PE period, including coverage
- Denial letter, including the reason and the option to submit a regular Medicaid application



Approval/Denial Notice

6
Fax Application to
HAEU by the
NEXT BUSINESS DAY

- The Completed PE Application **MUST BE FAXED** to the Health Access Eligibility Unit (HAEU) by the Next Business Day!
 - Fax it to
-

Prescriptions

7
Provide prescriptions
until Applicant is active
in State system

QHs must provide
prescriptions to
Applicants until they
are active in the
State System.



Connect Participants to Full Medicaid

8

Provide a full Medicaid
application and assist
Applicant in applying

- Assist customer in applying to Medicaid
- Online at www.healthconnect.vermont.gov
- If assistance is needed, call Customer Support Center at 855-899-9600
- In person with an Assister, call 855-899-9600 to locate someone in your area
- Mail a paper application to Vermont Health Connect, 103 South Main St, Waterbury, VT 05671

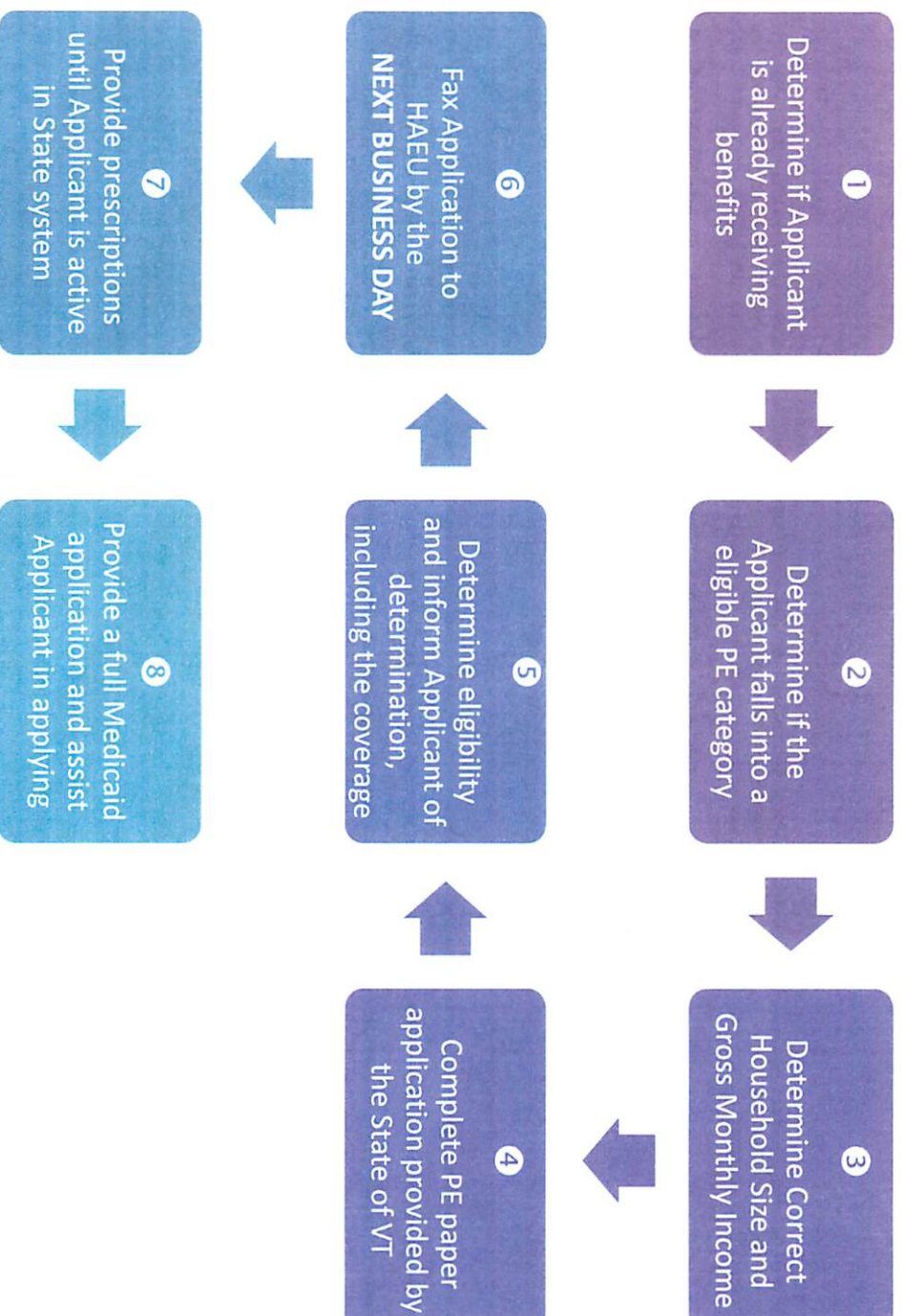
**Help is available to complete the single streamlined application at the Health Connect website above*

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NOW.....TO PUT IT ALL TOGETHER



How to Determine Eligibility



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**NOW LET'S REVIEW WHAT YOU
HAVE LEARNED....**



Scenario 1

Mary, 33 years old, is a single mother of two children. Her gross monthly income is \$200. She does not currently have insurance and has just been diagnosed with stage 4 breast cancer. Based on this information, would this patient be determined eligible for Presumptive Eligibility?



Scenario 1 - Answer

Yes, Mary is eligible for PE benefits because she is a parent/caretaker and her household income is below the \$2,276.50 FPL for a parent/caretaker in a 3 person household.

Scenario 2

Joan, 28 years old, is pregnant. Her gross monthly income is \$6,000. She has a 3 year old daughter, Sally, who is also in need of medical attention. She has a total of 6 people in her household. Based on this information, would the patient be determined eligible for Presumptive Eligibility?



Scenario 2 - Answer

No, Joan is **not** eligible for PE benefits because her household income is above the \$_____ FPL for a pregnant woman in a 6 person household. Her daughter, Sally, is eligible since their income falls below the household income of \$8446.25 FPL.

Scenario 3

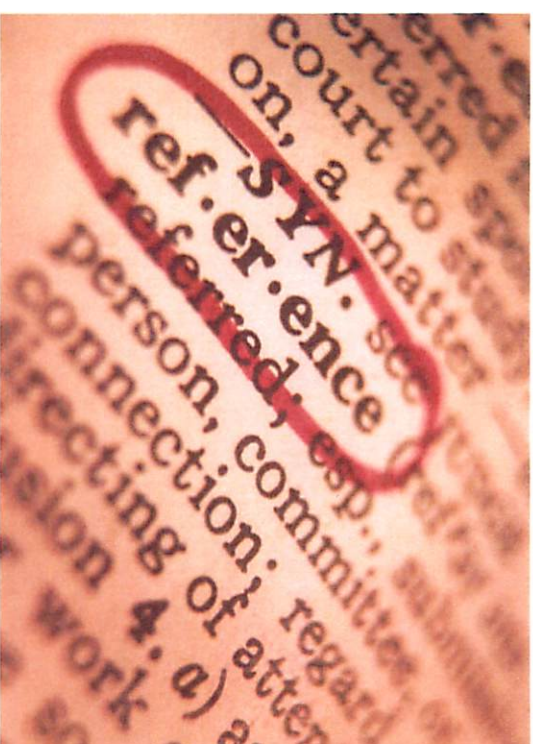
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Moe is under 18 and a former foster youth. He is a household of one and his gross monthly income is \$725.



Scenario 3 - Answer

Yes, Moe is eligible for PE benefits because he is under 19 and a former foster youth. Also, his household income is below the \$1,342.65 FPL for a household of one.



RESOURCES & REFERENCES

Contact Us

For Questions pertaining to: <ul style="list-style-type: none">• Provider Enrollment• Provider Compliance	
For Questions related to PE or MA Applications	
Policy and Procedures	
System Issues and Questions	
Payment Questions	

Resources

The State of Vermont does not sponsor or endorse any of the companies listed here.

- Toolkits for Hospitals
<http://www.enrollamerica.org/toolkits/pe/new-opportunity.html>
- Consumer Assistance Resource Guides
<http://www.statenetwork.org/resource/series-consumer-assistance-resource-guides/>