

## **SECTION II. Eligibility**

### **I. General Eligibility**

A. To be eligible for the “Choices for Care”, VT Long-Term Care Medicaid, Moderate Needs Group an individual must:

1. Be a Vermont resident aged 18 or older who meets both clinical and financial eligibility criteria;
2. Have a functional limitation resulting from a physical condition (including stroke, dementia, traumatic brain injury, and similar conditions) or associated with aging.

B. Individuals NOT eligible for the “Choices for Care”, VT Long-Term Care Medicaid program are individuals who:

1. Do not meet all of the above criteria, or
2. Have a need for Moderate Needs services that can be effectively met with existing Medicare, Medicaid, VHAP, VA or private insurance covered services. (e.g. Home Health Agency services, Day Health & Rehab, CRT, TBI waiver, DD waiver, ASP, etc.)

### **II. Clinical Eligibility**

A. Individuals shall receive eligibility screening by a case manager as the initial step in eligibility determination for the Moderate Needs Group. Individuals who meet any of the following clinical eligibility criteria, as determined by the Department, shall be clinically eligible for the Moderate Needs Group:

1. Individuals who require supervision or any physical assistance three (3) or more times in seven (7) days with any single ADL or IADL, or any combination of ADLs and IADLs.
2. Individuals who have impaired judgment or decision-making skills that require general supervision on a daily basis.
3. Individuals who require at least monthly monitoring for a chronic health condition.
4. Individuals whose health condition shall worsen if services are not provided or if services are discontinued.

### **III. Financial Eligibility**

#### **A. Eligibility**

The Department for Disabilities, Aging and Independent Living (the Department) shall find individuals financially eligible for the Moderate Needs group if they meet the criteria below. Post –eligibility rules related to transfer of assets and patient share shall not apply to individuals enrolled in the Moderate Needs Group.

## **1. Income**

- i. Countable Income is all sources of income, including Social Security, SSI, retirement, pension, interest, VA benefits, wages, salaries, earnings and rental income, whether earned, unearned.
- ii. Income Eligibility Standard: The income standard for the Moderate Needs group is met if the adjusted monthly income of the individual (and spouse, if any) is less than 300% of the supplemental security income (SSI) payment standard for one person (or couple) in the community after deducting recurring monthly medical expenses (including but not limited to prescriptions, medications, physician bills, hospital bills, health insurance premiums, health insurance co-pays, medical equipment and supplies, and other out of pocket medical expenses.).

## **2. Resources**

- i. Countable Resources: Countable resources includes cash, savings, checking, certificates of deposit, money markets, stocks, bonds, trusts or other liquid assets, excluding primary residence or one car, that an individual (or couple) owns and could easily convert to cash to be used for his or her support and maintenance, even if the conversion results in the resource having a discounted value.
- ii. A \$10,000 disregard is applied as an adjustment to resource limits.

## **3. SSI Eligibility Rules**

If there is a question about whether or not resources or income are countable under this section, the Department shall apply the SSI-related community Medicaid financial eligibility rules.

## **B. Coverage**

When an individual is found eligible for Moderate Needs services, Choices for Care pays for Moderate Needs services only. Individuals do not automatically become eligible for other Vermont Medicaid health benefits. Individual must apply and be found eligible to receive other Vermont Medicaid benefits.

Individuals who meet the financial and clinical eligibility requirements shall be enrolled in the Moderate Needs group according to the enrollment process specified in this manual.

**NOTE: Contact the local DCF office for more information regarding Community Medicaid health benefits eligibility and coverage.**