



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr. P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

ADMINISTRATIVE DIRECTIVE

TRANSMITTAL: 02 OMM/ADM-1

TO: **Commissioners of
Social Services**

DIVISION: Office of Medicaid
Management

DATE: March 1, 2002

SUBJECT: Medicaid Income Eligibility Standard of 200% FPL for Pregnant
Women and Infants under the Age of One Year

SUGGESTED DISTRIBUTION:	Medicaid Staff Fair Hearing Staff Public Assistance Staff Staff Development Coordinators
CONTACT PERSON:	Medicaid County Liaison at (518) 474-8216 New York City Representative at (212) 268-6855
ATTACHMENTS:	None

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
01 OMM/ADM-6		360-3.7(d)	SSL 366(n) &		GIS 00
99 OMM/ADM-3		360-4.7	(o)		MA/024
95 ADM-21		360-4.8	Part D of		MBL Trans-
91 ADM-50			Chapter 57,		mittal 00-3
90 ADM-42			Laws of		WMS/CNS
90 ADM-9			2000		Coor.Ltr.of
89 ADM-21					11/2/00

I. Purpose

The purpose of this Administrative Directive (ADM) is to advise social services districts of amendments to the New York State Social Services and Public Health Laws to provide expanded Medicaid eligibility for pregnant women and infants less than one year of age when family incomes are at or below 200% of the federal income official poverty line (as defined and annually reported by the federal Office of Management and Budget). This Directive also provides districts with instructions to implement the changes resulting from the increased income eligibility standard to 200% of the federal poverty line (FPL) for presumptive and ongoing eligibility for Medicaid for pregnant women and children less than one (1) year of age.

II. Background

Previously, Social Security Act section 1902 (a)(10)(A)(i)(IV), as added by Section 302 of the Medicare Catastrophic Coverage Act (MCCA), Public Law 100-360, required states to expand Medicaid coverage to pregnant women and infants less than one (1) year of age with income up to 133% FPL. The law also gave states the option to extend Medicaid coverage to pregnant women and infants less than one (1) year of age whose family income did not exceed 185% FPL.

The statute which raises the Medicaid standard to 200% FPL for pregnant women and infants under age one is Part D of Chapter 57 of the Laws of 2000. A revision to Social Services Law 366.4(n) and (o) now provides that pregnant women and infants less than one year of age who are not otherwise eligible for Medicaid are eligible for services if the income of the family that includes the pregnant woman or infant does not exceed 200% FPL for families of the same size.

III. Program Implications

Medicaid eligibility for pregnant women and infants under age one has been expanded to 200% FPL. Also, pregnant women are now presumptively eligible for Medicaid from the date a qualified provider determines that the income of the family including the pregnant woman does not exceed 200% FPL until the date that eligibility is determined, if the pregnant woman completes the application process by the last day of the month following the month in which she applied. If the pregnant woman fails to complete the process, the presumptive period ends on the last day of the month following the month she applied. Presumptive cases are exempt from federal quality control errors. Only one period of presumptive eligibility per pregnancy can be determined for pregnant women who are applying on behalf of themselves.

As explained in 90 ADM-9, presumptive Medicaid eligibility begins on the date the qualified provider determines eligibility. This will usually be the date of the first visit to the qualified provider or the date services were first rendered to the pregnant woman. This is also the date of application for ongoing Medicaid.

A pregnant woman who has been presumptively eligible for Medicaid, must complete the application process in full (i.e., submit requested documentation) to be determined eligible for ongoing Medicaid. If a pregnant woman is presumptively eligible and subsequently determined ineligible for Medicaid, she is entitled to a Fair Hearing on her Medicaid application, but she is not entitled to extended presumptive eligibility.

A pregnant woman applying for health insurance is not eligible for Family Health Plus (FHPlus) and must receive coverage through Medicaid. A woman who becomes pregnant after enrollment in FHPlus must be counseled on her options of either remaining in FHPlus until the end of her year of eligibility or switching to full Medicaid coverage. The counseling should include the provision of information on the services available under Medicaid compared to FHPlus, and assisting the woman in determining if her current providers also participate in Medicaid fee-for service or managed care. There are no limitations in the benefit package for pregnant women enrolled in Medicaid managed care. Refer to 01 OMM/ADM-6 for additional information.

IV. Required Action

Social services districts are instructed to implement presumptive and ongoing Medicaid eligibility for pregnant women and infants less than one year of age based upon the revised 200% FPL. The 200% expansion applies regardless of whether presumptive eligibility has been determined first with a presumptive eligibility provider/PCAP. For example, if a pregnant woman initially applies for Medicaid at a local district, or an outreach site, and chooses not to apply for presumptive eligibility, her income must be compared to 200% FPL. Districts must determine the net available monthly income of the household in accordance with the Aid to Dependent Children (ADC) budgeting methodology, including all appropriate ADC-related exemptions and disregards of income. Districts have received a separate mailing of identified cases which needed to be rebudgeted due to the changes in the income standard.

The following income standards became effective November 1, 2000 when determining presumptive eligibility for pregnant women and infants under one year of age:

200% of Federal Poverty Level

Effective November 1, 2000 - December 31, 2000

<u>Household Size</u>	<u>Annual</u>	<u>Monthly</u>
1	\$16,700	\$1,392
2	\$22,500	\$1,875
3	\$28,300	\$2,359
4	\$34,100	\$2,842
5	\$39,900	\$3,325
6	\$45,700	\$3,809
7	\$51,500	\$4,292
8	\$57,300	\$4,775

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For each additional person in excess of eight in the household, add \$5,800 annually or \$484 monthly.

Effective January 1, 2001-December 31, 2001

<u>Household Size</u>	<u>Annual</u>	<u>Monthly</u>
1	\$17,180	\$1,432
2	\$23,220	\$1,935
3	\$29,260	\$2,439
4	\$35,300	\$2,942
5	\$41,340	\$3,445
6	\$47,380	\$3,949
7	\$53,420	\$4,452
8	\$59,460	\$4,955

For each additional person in excess of eight in the household, add \$6,040 annually or \$504 monthly.

A "Dear Commissioner Letter" was sent to districts on November 16, 2000 with instructions, notice language and a list of cases affected.

Revisions to the federal poverty level on and after January 1, 2002 will also apply.

V. Systems Implications

A. WMS

There are no systems edit changes; however, the definitions of Individual Categorical Codes 45, 54 and 55 have been changed to reflect the new level. The following are the revised definitions:

- 45 Expanded Infant 0 up to 1: 100-**200%** FPL
- 54 Continuous Coverage--All Expanded Children Except
Infants 0 up to 1
- 55 Continuous Coverage--Expanded Infant 0 to 1--
(100% to **200%** FPL)

B. MBL

1. Upstate

MBL was programmed to support the 200% FPL when an EFFECTIVE FROM DATE of 11/01/00, or later, is entered. These changes were reflected on MBL effective November 27, 2000. These changes were described in the WMS/CNS Coordinator Letter dated November 2, 2000. New Federal Poverty Level changes effective January 1, 2001 were described in MBL Transmittal 00-3.

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2. New York City

MBL was programmed to support the 200% FPL when an EFFECTIVE FROM DATE of 11/01/00, or later, is entered.

VI. Effective Date

The provisions of this ADM are effective immediately, retroactive to November 1, 2000.

Kathryn Kuhmerker
Deputy Commissioner
Office of Medicaid Management