

**GENERAL INFORMATION SYSTEM**

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**DIVISION:** Office of Medicaid Management

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**TO:** Local District Commissioners, Medicaid Directors

**FROM:** Brian Wing, Deputy Commissioner  
Office of Medicaid Management

**SUBJECT:** Revised Federal Poverty Levels for January 1, 2006

**EFFECTIVE DATE:** January 1, 2006

**CONTACT PERSON:** Local District Liaison:  
Upstate: (518)474-8887      New York City: (212)417-4500

This is to inform social services districts of revised federal poverty levels (FPLs) effective immediately. The estimated FPLs were effective January 1, 2006, pending the actual poverty levels published in the Federal Register. The Department implements the estimated levels to ensure more stable periods of eligibility. The actual annual FPLs have been announced. The actual FPLs are different from the estimated levels. The actual levels differ by \$3,400 annually as household size changes. The estimated levels differed by \$3,300 annually as household size changed. The actual FPLs are effective for all new applications and renewals immediately.

The new FPLs are effective with budget From Dates of January 1, 2006 or later. The revised figures will be available on MBL effective February 13, 2006. For all new and pending applications, income must be compared to the revised FPLs. A chart with the new FPLs is attached to this GIS.

All spousal impoverishment cases involving a family member entitled to the family member allowance, which were active on or after January 1, 2006, and which were budgeted using the estimated family member allowance, must be rebudgeted using the new family member allowance. In addition, the increased family member allowance must be used effective January 1, 2006, in determining any requested contribution of income from a community spouse or from a spouse living apart from an SSI-related applicant/recipient.

For households of one (1) through three (3), the estimated FPL was higher than the actual FPL. Cases already determined eligible under the estimated levels must have eligibility redetermined at next renewal or contact, whichever occurs first.

For household sizes of four (4) and up, the actual FPL standard has increased. When districts are aware of cases that may have been negatively affected, or if cases are brought to the districts' attention, such cases should be rebudgeted using the revised FPLs. If eligible, covered medical expenses paid by an individual as a result of the improper calculations must be reimbursed under the provisions of Seittelman v. Sabol.

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Those individuals whose eligibility may be affected are:

- Children under 19
- Medicaid Buy-In for Working People with Disabilities
- Pregnant Women/Infants
- Qualified COBRA
- Continuation Beneficiaries
- Family Health Plus applicants
- AIDS Health Insurance Program (AHIP)
- Medicare Savings Programs:  
(QMB), (SLIMB), (QI-1), (QDWI)

Social services districts must revise the notice "Notice to Potential Qualifying COBRA Continuation Beneficiaries" for one and two person households to reflect the January 1, 2006 change in the federal poverty level to \$817 for an individual and \$1,100 for a couple. This notice can be found in 91 ADM 53. For other notices, usual procedures apply.

Effective immediately, in calculating a family member allowance for spousal impoverishment cases, social services districts must use \$1,650 (150% of the federal poverty level for a family of two, divided by twelve) instead of \$1,669 as previously directed in GIS 04 MA/032. If the family member has no otherwise available income, the family member allowance is \$550. Budget adjustments should be made at next contact or renewal.

An ADM is forthcoming on the 2006 Medicaid income and resource guidelines and federal poverty levels. Please direct any questions to your local district liaison.

**NEW YORK STATE INCOME AND RESOURCE STANDARDS  
AND FEDERAL POVERTY LINES EFFECTIVE JANUARY 1, 2006**

HOUSE HOLD SIZE	MEDICAID INCOME LEVEL		100% FPL		120% FPL		133% FPL		135% FPL		150% FPL		185% FPL		200% FPL		250% FPL		RESOURCES		
	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONYHLY	Medicaid	FHPlus	
<b>ONE</b>	8,300	692	9,800	817	11,760	980	13,034	1,087	13,230	1,103	14,700	1,225	18,130	1,511	19,600	1,634	24,500	2,042	4,150	12,450	1
<b>TWO</b>	10,800	900	13,200	1,100	15,840	1,320	17,556	1,463	17,820	1,485	19,800	1,650	24,420	2,035	26,400	2,200	33,000	2,750	5,400	16,200	2
<b>THREE</b>	12,200	1,017	16,600	1,384			22,078	1,840			24,900	2,075	30,710	2,560	33,200	2,767	41,500	3,459	6,100	18,300	3
<b>FOUR</b>	12,300	1,025	20,000	1,667			26,600	2,217			30,000	2,500	37,000	3,084	40,000	3,334	50,000	4,167	6,150	18,450	4
<b>FIVE</b>	12,400	1,034	23,400	1,950			31,122	2,594			35,100	2,925	43,290	3,608	46,800	3,900	58,500	4,875	6,200	18,600	5
<b>SIX</b>	13,600	1,134	26,800	2,234			35,644	2,971			40,200	3,350	49,580	4,132	53,600	4,467	67,000	5,584	6,800	20,400	6
<b>SEVEN</b>	15,300	1,275	30,200	2,517			40,166	3,348			45,300	3,775	55,870	4,656	60,400	5,034	75,500	6,292	7,650	22,950	7
<b>EIGHT</b>	17,000	1,417	33,600	2,800			44,688	3,724			50,400	4,200	62,160	5,180	67,200	5,600	84,000	7,000	8,500	25,500	8
<b>EACH ADD'L PERSON</b>	1,700	142	3,400	284			4,522	377			5,100	425	6,290	525	6,800	567	8,500	709	850	2,550	+

SPOUSAL IMPOVERISHMENT	INCOME	RESOURCES
Community Spouse	2,489	99,540*
Institutionalized Spouse	50	4,150
Family Member Allowance	1650 is used in the FMA formula the maximum allowance is 550	N/A

\*In determining the community resource allowance on and after January 1, 2006, the community spouse is permitted to retain resources in an amount equal to the greater of the following \$74,820 or the amount of the spousal share up to \$99,540. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the beginning of the most recent continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989.

CATEGORY	INCOME COMPARED	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES COLA 4.1%; actual FPLs
		1	2	1	2	
<b>PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN</b>	100% FPL 200%FPL	N/A N/A	1,100 2,200	NO RESOURCE TEST		Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility.
<b>PREGNANT WOMEN</b>	100% FPL 200%FPL	N/A N/A	1,100 2,200	NO RESOURCE TEST		If the woman is determined eligible in any month of her pregnancy, she is guaranteed eligibility for the entire pregnancy (prospectively). If the A/R applies prior to the birth of the child she is entitled to a 60 day post-partum extension also. The baby will have guaranteed eligibility for one year. If the income is above 200% FPL the A/R must spenddown to the Medicaid income level.
<b>CHILDREN UNDER ONE</b>	200%FPL	1,634	2,200	NO RESOURCE TEST		If the income is above 200% FPL the A/R must spenddown to the Medicaid income level. One year guaranteed eligibility if mother is in receipt of Medicaid on delivery. Eligibility can be determined in the 3 months retro to obtain the one year extension.
<b>CHILDREN AGE 1 THROUGH 5</b>	133% FPL	1,087	1,463	NO RESOURCE TEST		If the income is above 133% FPL the A/R must spenddown to the Medicaid income level, resources will also be evaluated.
<b>CHILDREN AGE 6 THROUGH 18</b>	100% FPL	817	1,100	NO RESOURCE TEST		If the income is above 100% FPL the A/R must spenddown to the Medicaid income level, resources will also be evaluated.
<b>UNDER 21, ADC-RELATED AND FNP</b>	MEDICAID LEVEL	692	900	4,150	5,400	FNP parents cannot spenddown.
<b>SINGLES/CHILDLESS COUPLES</b>	PA STANDARD OF NEED	VARIES BY COUNTY	VARIES BY COUNTY	2,000	2,000	The A/R cannot spenddown income or resources. Over age 60, resources are \$3000.
<b>LOW INCOME FAMILIES</b>	PA STANDARD OF NEED	VARIES BY COUNTY	VARIES BY COUNTY	3,000	3,000	The A/R cannot spenddown income or resources.
<b>SSI-RELATED</b>	MEDICAID LEVEL	692	900	4,150	5,400	Household size is always one or two.
<b>BUY-IN (QMB)</b>	100%FPL	817	1,100	4,000	6,000	Medicare Part A & B, coinsurance, deductible and premium will be paid if eligible.
<b>COBRA CONTINUATION COVERAGE</b>	100%FPL	817	1,100	4,000	6,000	A/R may or may not be eligible for Medical Assistance benefits.
<b>AIDS INSURANCE</b>	185%FPL	1,511	2,035	NO RESOURCE TEST		A/R must be ineligible for Medicaid, including COBRA continuation. Premium payments are FNP.
<b>QUALIFIED DISABLED &amp; WORKING INDIVIDUAL</b>	200%FPL	1,634	2,200	4,000	6,000	Medicaid will pay Medicare Part A premium.
<b>SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLIMBS)</b>	BETWEEN 100% BUT LESS THAN 120%	817	1,100	4,000	6,000	If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		980	1,320			
<b>QUALIFIED INDIVIDUALS (QI-1)</b>	BETWEEN 120% BUT LESS THAN 135% FPL	980	1,320	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare part B premium.
		1,103	1,485			
<b>FAMILY HEALTH PLUS PARENTS LIVING WITH CHILDREN SINGLES/CHILDLESS COUPLES</b>	150%	1,225	1,650	12,450	16,200	The A/R must be ineligible for Medical Assistance. The A/R cannot spenddown to become eligible for Family Health Plus.
	100%	817	1,100	12,450	16,200	
<b>FAMILY PLANNING BENEFIT PROGRAM</b>	200%	1,634	2,200	NO RESOURCE TEST		The A/R must be ineligible for Medical Assistance or Family Health Plus. The A/R cannot spenddown to become eligible for the Family Planning Benefit Program..