

GENERAL INFORMATION SYSTEM

12/5/06

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: 2007 Medicaid Only Income Exemption and Resource Levels

EFFECTIVE DATE: January 1, 2007

CONTACT PERSON: Local District Support Unit 518-474-8887 Upstate
212-417-4500 NYC

Due to a 3.3% cost of living adjustment for SSA payments effective January 1, 2007, several figures used in determining Medicaid eligibility must be updated. Effective January 1, 2007, Medicaid eligibility must be determined using the following updated figures:

1. Medicaid income level for 1 is \$700/month or \$8,400/year.*
2. Medicaid income level for 2 remains the same as in 2006; it is \$900/month or \$10,800/year.*
3. Medicaid income level for 3 is \$1,100/month or \$13,200/year.*
4. Medicaid income level for 4 is \$1,109/month or \$13,300/year.
5. Medicaid income level for 5 is \$1,117/month or \$13,400/year.
6. Medicaid resource levels are \$4,200, \$5,400, \$6,600, \$6,650, and \$6,700 for a household of 1, 2, 3, 4, and 5, respectively. The income and resource levels for a household size of 6, 7, and 8 remain the same as in 2006.
7. Family Health Plus resource levels are \$12,600, \$16,200, \$19,800, \$19,950, and \$20,100 for a household of 1, 2, 3, 4, and 5 respectively. The resource levels for a household of 6, 7, and 8 remain the same as in 2006.
8. The Supplemental Security Income federal benefit rate (FBR) for an individual is \$623/single and \$934/couple.
9. The allocation amount is \$311, the difference between the federal benefit rate for two (\$934) and one (\$623).
10. The 249e factors are .961 and .193.
11. The SSI resource levels remain \$2,000 for individuals and \$3,000 for couples.
12. The state supplement is \$87 for an individual and \$104 for a couple.
13. The Medicare Part A premium is \$410 per month.
14. The Medicare Part B **standard** premium increases to \$93.50 per month.**
15. Maximum federal Community Spouse Resource Allowance is \$101,640.
16. Minimum State Community Spouse Resource Allowance is \$74,820.
17. Minimum Monthly Maintenance Needs Allowance is \$2,541.
18. Maximum Family Member Allowance is \$567 (estimated).
19. Family Member Allowance formula number used is \$1,699 (estimated).
20. Substantial Gainful Activity (SGA): Non-Blind \$900/month, Blind \$1,500/month, Trial Work Period (TWP) \$640/month.
21. SSI-related student earned income disregard limit of \$1,460 monthly up to a maximum of \$5,910 annually.
22. Please refer to MBL Transmittal 2006-4 for the 2007 federal poverty levels and SSI Benefit Levels.

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A chart with the new Medicaid levels is attached.

*These figures, which will be reflected on MBL for households of one, two, and three are composed of an income standard calculated in accordance with SSL Section 366(2)(a)(7) and an additional federally approved income disregard.

** Beginning in 2007, some enrollees, based on their incomes, will pay a higher Part B premium amount (up to a maximum of \$161.40 a month). The standard Part B premium for 2007 will be \$93.50. Local districts may see higher premium amounts, especially in some spousal impoverishment cases when applicants/recipients may have more monthly income than is ordinarily seen in most Medicaid cases.

MBL has been programmed to use these figures when a From Date of January 1, 2007 or greater is entered. Upstate mass rebudgeting will occur November 23, 2006. For Upstate, these changes will be available on production November 27, 2006. Information regarding New York City mass rebudgeting is forthcoming.

Please direct any questions to the Local District Liaison Unit at 518-474-8887 Upstate and 212-417-4500 for NYC.

Medicaid-Only, Annual and (**Monthly**) Income and Resource Standards and Federal
Poverty Lines Effective January 2007

HOUSEHOLD SIZE	ONE	TWO	THREE	FOUR	FIVE	SIX	SEVEN	EIGHT	EACH ADD'L PERSON
MA INCOME	8,400 700	10,800 900	13,200 1,100	13,300 1,109	13,400 1,117	13,600 1,134	15,300 1,275	17,000 1,417	1,700 142
100% FPL	10,110 843	13,590 1,133	17,070 1,423	20,550 1,713	24,030 2,003	27,510 2,293	30,990 2,583	34,470 2,873	3,480 290
120% FPL	12,132 1,011	16,308 1,359							
133% FPL	13,447 1,121	18,075 1,507	22,704 1,892	27,332 2,278	31,960 2,664	36,589 3,050	41,217 3,435	45,846 3,821	4,629 386
135% FPL	13,649 1,138	18,347 1,529							
150% FPL	15,165 1,264	20,385 1,699	25,605 2,134	30,825 2,569	36,045 3,004	41,265 3,439	46,485 3,874	51,705 4,309	5,220 435
185% FPL	18,704 1,559	25,142 2,096	31,580 2,632	38,018 3,169	44,456 3,705	50,894 4,242	57,332 4,778	63,770 5,315	6,438 537
200% FPL	20,220 1,685	27,180 2,265	34,140 2,845	41,100 3,425	48,060 4,005	55,020 4,585	61,980 5,165	68,940 5,745	6,960 580
250% FPL	25,275 2,107	33,975 2,832							
RESOURCES (ASSETS)	4,200	5,400	6,600	6,650	6,700	6,800	7,650	8,500	850
FHP RESOURCES	12,600	16,200	19,800	19,950	20,100	20,400	22,950	25,500	2,550

**NEW YORK STATE INCOME AND RESOURCE STANDARDS
AND FEDERAL POVERTY LINES EFFECTIVE JANUARY 1, 2007**

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	MONTHLY	Medicaid	FHPlus	
ONE	8,400	700	10,110	843	12,132	1,011	13,447	1,121	13,649	1,138	15,165	1,264	18,704	1,559	20,220	1,685	25,275	2,107	4,200	12,600	1
TWO	10,800	900	13,590	1,133	16,308	1,359	18,075	1,507	18,347	1,529	20,385	1,699	25,142	2,096	27,180	2,265	33,975	2,832	5,400	16,200	2
THREE	13,200	1,100	17,070	1,423			22,704	1,892			25,605	2,134	31,580	2,632	34,140	2,845			6,600	19,800	3
FOUR	13,300	1,109	20,550	1,713			27,332	2,278			30,825	2,569	38,018	3,169	41,100	3,425			6,650	19,950	4
FIVE	13,400	1,117	24,030	2,003			31,960	2,664			36,045	3,004	44,456	3,705	48,060	4,005			6,700	20,100	5
SIX	13,600	1,134	27,510	2,293			36,589	3,050			41,265	3,439	50,894	4,242	55,020	4,585			6,800	20,400	6
SEVEN	15,300	1,275	30,990	2,583			41,217	3,435			46,485	3,874	57,332	4,778	61,980	5,165			7,650	22,950	7
EIGHT	17,000	1,417	34,470	2,873			45,846	3,821			51,705	4,309	63,770	5,315	68,940	5,745			8,500	25,500	8
EACH ADD'L PERSON	1,700	142	3,480	290			4,629	386			5,220	435	6,438	537	6,960	580			850	2,550	+

Estimated Federal Poverty Lines

SPOUSAL IMPOVERISHMENT	INCOME	RESOURCES
Community Spouse	2,541	101,640*
Institutionalized Spouse	50	4,200
Family Member Allowance	\$1,699** is used in the FMA formula the maximum allowance is \$567	N/A

*In determining the community resource allowance on and after January 1, 2007, 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 \$101,640. 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.

** estimate

CATEGORY	INCOME COMPARED	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES COLA 3.3%; estimated FPLs
		1	2	1	2	
PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	100% FPL 200%FPL	N/A N/A	1,133 2,265	NO RESOURCE TEST		Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility.
PREGNANT WOMEN	100% FPL 200%FPL	N/A N/A	1,133 2,265	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.
CHILDREN UNDER ONE	200%FPL	1,685	2,265	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.
CHILDREN AGE 1 THROUGH 5	133% FPL	1,121	1,507	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.
CHILDREN AGE 6 THROUGH 18	100% FPL	843	1,133	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.
UNDER 21, ADC-RELATED AND FNP	MEDICAID LEVEL	700	900	4,200	5,400	FNP parents cannot spenddown.
SINGLES/CHILDLESS COUPLES	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.
LOW INCOME FAMILIES	PA STANDARD OF NEED	VARIES BY COUNTY	VARIES BY COUNTY	3,000	3,000	The A/R cannot spenddown income or resources.
SSI-RELATED	MEDICAID LEVEL	700	900	4,200	5,400	Household size is always one or two.
Qualified Medicare Beneficiary (QMB)	100%FPL	843	1,133	4,000	6,000	Medicare Part A & B, coinsurance, deductible and premium will be paid if eligible.
COBRA CONTINUATION COVERAGE	100%FPL	843	1,133	4,000	6,000	A/R may or may not be eligible for Medical Assistance benefits.
AIDS INSURANCE	185%FPL	1,559	2,096	NO RESOURCE TEST		A/R must be ineligible for Medicaid, including COBRA continuation. Premium payments are FNP.
QUALIFIED DISABLED & WORKING INDIVIDUAL	200%FPL	1,685	2,265	4,000	6,000	Medicaid will pay Medicare Part A premium.
SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLIMBS)	BETWEEN 100% BUT LESS THAN 120%	843	1,133	4,000	6,000	If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		1,011	1,359			
QUALIFIED INDIVIDUALS (QI-1)	BETWEEN 120% BUT LESS THAN 135% FPL	1,011	1,359	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare part B premium.
		1,138	1,529			
FAMILY HEALTH PLUS PARENTS LIVING WITH CHILDREN SINGLES/CHILDLESS COUPLES	150%	1,264	1,699	12,600	16,200	The A/R must be ineligible for Medical Assistance. The A/R cannot spenddown to become eligible for Family Health Plus.
	100%	843	1,133	12,600	16,200	
FAMILY PLANNING BENEFIT PROGRAM	200%	1,685	2,265	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..
MEDICAID BUY-IN Program for People with Disabilities (MBI-WPD)	250%	2,107	2,832	10,000		A/R's with a net income that is at least 150% but at or below 250% FPL will pay a premium. Currently, there is a moratorium on premium payment collection.