

GENERAL INFORMATION SYSTEM
DIVISION: Office of Health Insurance Programs

02/21/07
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GIS 07 MA/005

TO: Local District Commissioners, Medicaid Directors

FROM: Linda LeClair, Bureau of Medicaid Eligibility Operations & Family Health Plus

SUBJECT: Revised Federal Poverty Levels for January 1, 2007

EFFECTIVE DATE: January 1, 2007

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 effective immediately. The estimated federal poverty levels were effective January 1, 2007 pending the actual poverty levels published in the Federal Register in February. The Department implements the estimated levels to ensure more stable periods of eligibility. However, the actual annual federal poverty line (FPL) at 100% is \$100 higher (\$8.00 monthly) than the estimated poverty line. Therefore, the actual FPLs are effective for all new applications and renewals immediately.

The new FPLs are effective with budget from dates of January 1, 2007 or later. The revised figures were available upstate on MBL effective February 5, 2007 and in New York City on MBL effective February 8, 2007. 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, 2007, 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, 2007 in determining any requested contribution of income from a community spouse or from a spouse living apart from a SSI-related applicant/recipient.

For undercare cases, an upstate district specific report will be developed identifying cases that are either spenddown or have been denied, due to eligibility based on the estimated poverty levels. These cases will need to be rebudgeted using the new poverty levels.

Some cases with income slightly above the estimated poverty line may gain full Medicaid eligibility. 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	Family Planning Benefit Program
AIDS Health Insurance Program (AHIP)	Medicare Savings Programs: (QMB), (SLIMB), (QI-1), (QDWI)

A list of such cases and necessary action will be included in a letter to each district shortly.

Social services districts should revise the "Notice to Potential Qualifying COBRA Continuation Beneficiaries" for one and two person households to reflect the January 1, 2007 change in the federal poverty level to \$851 for an individual and \$1,141 for a couple. This Notice can be found in 91 ADM-53. For other notices, the usual procedures apply.

Effective immediately, in calculating a family member allowance for spousal impoverishment cases, social services districts must use \$1,712 (150% of the actual federal poverty level for a family of two, divided by twelve). If the family member has no otherwise available income, the family member allowance is \$571. For cases that have the lower amount budgeted, adjustments should be made.

An ADM is forthcoming on the 2007 Medicaid income and resource guidelines and federal poverty levels. Please direct any questions to your local district liaison.

CATEGORY	INCOME COMPARED	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES
		1	2	1	2	
						FPL's are based on a COLA of 3.3%
PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	100% FPL 200%FPL	N/A N/A	1,141 2,282	NO RESOURCE TEST		Qualified provider makes the presumptive eligibility determination. Cannot spendown to become eligible for presumptive eligibility.
PREGNANT WOMEN	100% FPL 200%FPL	N/A N/A	1,141 2,282	NO RESOURCE TEST		If the woman is detemined 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	1,702	2,282	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	1,132	1,518	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	851	1,141	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 spendown 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 spendown 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	851	1,141	4,000	6,000	Medicare Part A & B, coinsurance, deductible and premium will be paid if eligible.
COBRA CONTINUATION COVERAGE	100%FPL	851	1,141	4,000	6,000	A/R may or may not be eligible for Medical Assistance benefits.
AIDS INSURANCE	185%FPL	1,575	2,111	NO RESOURCE TEST		A/R must be ineligible for Medicaid, including COBRA continuation. Premium payments are FNP.
QUALIFIED DISABLED & WORKING INDIVIDUAL	200%FPL	1,702	2,282	4,000	6,000	Medicaid will pay Medicare Part A premium.
SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLIMBS)	BETWEEN 100% BUT LESS THAN 120%	851	1,141	4,000	6,000	If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		1,021	1,369			
QUALIFIED INDIVIDUALS (QI-1)	BETWEEN 120% BUT LESS THAN 135% FPL	1,021	1,369	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare part B premium.
		1,149	1,541			
FAMILY HEALTH PLUS PARENTS LIVING WITH CHILDREN SINGLES/CHILDLESS COUPLES	150%	1,277	1,712	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%	851	1,141			
FAMILY PLANNING BENEFIT PROGRAM	200%	1,702	2,282	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%	2,128	2,853	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.

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