

TO: Local District Commissioners, Medicaid Directors

FROM: Judith Arnold, Director
Division of Coverage and Enrollment

SUBJECT: 2008 Medicaid Only Income Exemption and Resource Levels

EFFECTIVE DATE: January 1, 2008

CONTACT PERSON: Local District Support Unit
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Due to a 2.3% cost of living adjustment for SSA payments effective January 1, 2008, several figures used in determining Medicaid eligibility must be updated. Effective January 1, 2008, Medicaid eligibility must be determined using the following updated figures:

1. Medicaid income level for 1 is \$725/month or \$8,700/year.
2. Medicaid income level for 2 is \$1,067/month or \$12,800/year.
3. Medicaid income levels for households of 3 or more remain the same as in 2007.
4. Medicaid resource levels are \$4,350 and \$6,400, for households of 1 and 2, respectively. The resource levels for households of 3 or more remain the same as in 2007.
5. Family Health Plus resource levels are \$13,050 and \$19,200, for households of 1 and 2, respectively. The Family Health Plus resource levels for households of 3 or more remain the same as in 2007.
6. The Supplemental Security Income federal benefit rate (FBR) for an individual living alone is \$637/single and \$956/couple.
7. The allocation amount is \$342, the difference between the Medicaid level for a household of two (\$1,067) and one (\$725).
8. The 249e factors are .893 and .188.
9. The SSI resource levels remain \$2,000 for individuals and \$3,000 for couples.
10. The state supplement is \$87 for an individual and \$104 for a couple living alone.
11. The Medicare Part A premium is \$423 per month.
12. The Medicare Part B **standard** monthly premium increases to \$96.40 per month.*
13. Maximum federal Community Spouse Resource Allowance is \$104,400.
14. Minimum State Community Spouse Resource Allowance is \$74,820.
15. The community spouse Minimum Monthly Maintenance Needs Allowance is \$2,610.
16. Maximum Family Member Allowance is \$584(estimated).
17. Family Member Allowance formula number used is \$1,750 (estimated).
18. Substantial Gainful Activity (SGA): Non-Blind \$940/month, Blind \$1,570/month, Trial Work Period (TWP) \$670/month.
19. SSI-related student earned income disregard limit of \$1,550 monthly up to a maximum of \$6,240 annually.
20. Please refer to MBL Transmittal 2007-__ for the 2008 federal poverty levels and SSI Benefit Levels.

A chart with the new Medicaid levels is attached.

* Beginning in 2007, some enrollees, based on their incomes, will pay a higher Part B premium amount. The standard Medicare monthly Part B premium for 2008 will be \$96.40. Local districts may see higher premium amounts, up to a maximum of \$238.40, 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, 2008 or greater is entered. Upstate mass rebudgeting will occur December 1, and 2, 2007 and will be available on production December 3, 2007. New York City mass rebudgeting will occur December 12, 2007 and January 12, 2008 and will be completed by January 26, 2008.

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

**NEW YORK STATE INCOME AND RESOURCE STANDARDS
AND FEDERAL POVERTY LINES EFFECTIVE JANUARY 1, 2008 estimate**

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	8,700	725	10,400	867	12,480	1,040	13,832	1,153	14,040	1,170	15,600	1,300	19,240	1,604	20,800	1,734	26,000	2,167	4,350	13,050	1
TWO	12,800	1,067	14,000	1,167	16,800	1,400	18,620	1,552	18,900	1,575	21,000	1,750	25,900	2,159	28,000	2,334	35,000	2,917	6,400	19,200	2
THREE	13,200	1,100	17,600	1,467			23,408	1,951			26,400	2,200	32,560	2,714	35,200	2,934			6,600	19,800	3
FOUR	13,300	1,109	21,200	1,767			28,196	2,350			31,800	2,650	39,220	3,269	42,400	3,534			6,650	19,950	4
FIVE	13,400	1,117	24,800	2,067			32,984	2,749			37,200	3,100	45,880	3,824	49,600	4,134			6,700	20,100	5
SIX	13,600	1,134	28,400	2,367			37,772	3,148			42,600	3,550	52,540	4,379	56,800	4,734			6,800	20,400	6
SEVEN	15,300	1,275	32,000	2,667			42,560	3,547			48,000	4,000	59,200	4,934	64,000	5,334			7,650	22,950	7
EIGHT	17,000	1,417	35,600	2,967			47,348	3,946			53,400	4,450	65,860	5,489	71,200	5,934			8,500	25,500	8
EACH ADD'L PERSON	1,700	142	3,600	300			4,788	399			5,400	450	6,660	555	7,200	600			850	2,550	+

SPOUSAL IMPOVERISHMENT	INCOME	RESOURCES
Community Spouse	\$2,610	\$104,400
Institutionalized Spouse	\$50	\$4,350
Family Member Allowance	\$1,750 is used in the FMA formula the maximum allowance is \$584.	N/A

*In determining the community resource allowance on and after January 1, 2008, 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 \$104,400. 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 2.3% COLA - Estimate FPLs
		1	2	1	2	
PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	100% FPL	N/A	1,167	NO RESOURCE TEST		Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility.
	200%FPL	N/A	2,334			
PREGNANT WOMEN	100% FPL	N/A	1,167	NO RESOURCE TEST		A woman determined eligible for Medicaid for any time during her pregnancy remains eligible for Medicaid coverage until the last day of the month in which the 60th day from the date the pregnancy ends occurs, regardless of any change in income, resources or household composition. If the income is above 200% FPL the A/R must spenddown to the Medicaid income level. The baby will have guaranteed eligibility for one year.
	200%FPL	N/A	2,334			
CHILDREN UNDER ONE	200%FPL	1,734	2,334	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	1,153	1,552	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	867	1,167	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	725	1,067	4,350	6,400	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	725	1,067	4,350	6,400	Household size is always one or two.
Qualified Medicare Beneficiary (QMB)	100%FPL	867	1,167	4,000	6,000	Medicare Part A & B, coinsurance, deductible and premium will be paid if eligible.
COBRA CONTINUATION COVERAGE	100%FPL	867	1,167	4,000	6,000	A/R may be eligible for Medicaid to pay the COBRA premium.
AIDS INSURANCE	185%FPL	1,604	2,159	NO RESOURCE TEST		A/R must be ineligible for Medicaid, including COBRA continuation.
QUALIFIED DISABLED & WORKING INDIVIDUAL	200%FPL	1,734	2,334	4,000	6,000	Medicaid will pay Medicare Part A premium.
SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLIMBS)	BETWEEN 100% BUT LESS THAN 120%	867	1,167	4,000	6,000	If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		1,040	1,400			
QUALIFIED INDIVIDUALS (QI-1)	BETWEEN 120% BUT LESS THAN 135% FPL	1,040	1,400	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		1,170	1,575			
FAMILY HEALTH PLUS PARENTS LIVING WITH CHILDREN SINGLES/CHILDLESS COUPLES	150%	1,300	1,750	13,050	19,200	The A/R must be ineligible for Medicaid. The A/R cannot spenddown to become eligible for Family Health Plus.
	100%	867	1,167	13,050	19,200	
FAMILY PLANNING BENEFIT PROGRAM	200%	1,734	2,334	NO RESOURCE TEST		Provides Medicaid coverage for family planning services to persons of childbearing age with incomes at or below 200% FPL. Potentially eligible individuals will be screened for eligibility for Medicaid and FHPlus, unless they specifically request to be screened only for FPBP eligibility.
MEDICAID BUY-IN Program-MBI-WPD for Working People with Disabilities	250%	2,167	2,917	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.