

GENERAL INFORMATION SYSTEM

8/15/08

DIVISION: Office of Health Insurance Programs

GIS 08 MA/022

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TO: Local District Commissioners, Medicaid Directors, Temporary Assistance Directors, Legal Staff, Fair Hearing Staff, Staff Development Coordinators

FROM: Judith Arnold, Director
Division of Coverage and Enrollment

SUBJECT: Revised Medicaid Eligibility Income Standards

EFFECTIVE DATE: April 1, 2008

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

The purpose of this General Information System (GIS) message is to advise social services districts of the new income levels effective April 1, 2008, pursuant to Chapter 58 of the Laws of 2008. Income levels have been standardized statewide for Single Individuals and Childless Couples (S/CCs) and Low Income Families (LIF). This new income standard is called the Medicaid Standard. Also, the Medically Needy income levels have increased for households of 3 and higher. The new income levels, as well as CNS, will be programmed and available in early August 2008.

ELIGIBILITY LEVELS:

With the standardization of the levels for the S/CC and LIF populations, the PA Standard of Need will no longer be used for eligibility determinations after April 1, 2008. Disregards continue to be applicable (\$90, 30 and 1/3, child care, etc), and additional allowances, including water costs, as appropriate. Also, the 185% maximum income test and the 100% test still apply.

The new Medicaid Standard also affects individuals living in a room and/or board situation. In the past, these applicants/recipients (A/Rs) were given the \$45 PA Standard of Need, and instructions were previously given to determine if there was an unmet need. This GIS cancels GIS 07 MA/021. Effective April 1, 2008, a person in this living arrangement will be given the new Medicaid Standard. Please see Attachment II, MBL Living Arrangement chart, for shelter types and settings when the new Medicaid Standard will be used.

Medically Needy A/Rs have their net income compared to the Medically Needy Level or the Medicaid Standard (and MBL Living Arrangement chart, as appropriate), whichever is most beneficial.

NOTE: If a family's countable income exceeds the Medicaid Standard, the family may not spend down to the income level of Medicaid Standard. However, eligibility may exist and should be evaluated under one of the Medically Needy or Expanded Eligibility (poverty level) Programs or Family Health Plus.

When an SSI-related individual is not fully eligible using SSI-related budgeting for a household of one, because the person is living with an applying S/CC spouse whose income is less than the allocation amount, the S/CC budget may be used for both A/Rs, if more advantageous. Individuals who would otherwise be SSI-related, but are eligible using the S/CC budget, must be given the S/CC individual categorical code 09.

BUDGETING PROCEDURES

Systems support for the new levels will be available in early August. Upstate districts that are determining LIF, S/CC or Medically Needy eligibility for budgets with a "from" date of April 1, 2008 or later, before systems changes are available, must take the following steps in instances when an A/R has income over the January 2008 levels: (New York City instructions are separate)

- First, review the Total Net Income amount on the LIF/S-CC, Medically Needy, budget or the Total FHP Income on the budget output screen.
- Second, compare the income amount to the revised income standards.
- Third, if the household is ineligible, has a spenddown or shows eligibility for Family Health Plus, due to income, the attached charts are to be used. The printed MBL budget output screen must be annotated with the appropriate level used for eligibility and the message "due to 4/1/08 change in State law." The worker must also sign and date budget.

Note: MBL is currently programmed to generate the correct Medically Needy Income levels for households of one or two.

When an A/R is ineligible because income exceeds the new levels, workers will need to use manual notice LDSS 3622 - Notice of Decision on your Medical Assistance Application or LDSS 3623 - Notice of Intent to Discontinue/Change Medical Assistance. For applications that are Medicaid eligible using the new levels, workers are to use manual notice DOH 4321 - Notice of Acceptance of Your Medical Assistance Application (Community Coverage Without Long-Term Care).

REIMBURSEMENT

In situations where an A/R would have been fully eligible for Medicaid had his or her case been budgeted with the new income levels, the recipient should be reimbursed directly and in full for otherwise Medicaid covered out-of-pocket expenses. The recipient may also be reimbursed for the difference between the co-pay for FHPlus and Medicaid, if there is proof that the recipient paid the co-pay. Local districts have the option of directly issuing reimbursement to eligible individuals, or having the New York State Department of Health process the reimbursements. Requests for reimbursement must be handled in accordance with the procedures set forth in the New York State Fiscal Reference Manual for Local Departments of Social Services, Volume I, Chapter 7, pages 15-18, dated February 10, 2002, and Volume II, Chapter 5, pages 10-15, dated May 10, 1999.

AND FEDERAL POVERTY LINES EFFECTIVE APRIL 1, 2008

HOUSE HOLD SIZE	MEDICAID STD S/CC - LIF		Medically Needy 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	ANNUAL	MONTHLY		
ONE	8,067	673	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	13,050	1
TWO	10,070	840	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	19,200	2
THREE	11,981	999	14,800	1,234	17,600	1,467			23,408	1,951			26,400	2,200	32,560	2,714	35,200	2,934			22,200	3
FOUR	13,911	1,160	16,700	1,392	21,200	1,767			28,196	2,350			31,800	2,650	39,220	3,269	42,400	3,534			25,050	4
FIVE	15,907	1,326	18,600	1,550	24,800	2,067			32,984	2,749			37,200	3,100	45,880	3,824	49,600	4,134			27,900	5
SIX	17,366	1,448	20,500	1,709	28,400	2,367			37,772	3,148			42,600	3,550	52,540	4,375	58,900	4,734			30,750	6
SEVEN	18,903	1,576	22,400	1,867	32,000	2,667			42,560	3,547			48,000	4,000	59,200	4,934	64,000	5,334			33,600	7
EIGHT	20,876	1,740	24,400	2,034	35,600	2,967			47,348	3,946			53,400	4,450	65,860	5,489	71,200	5,934			36,600	8
EACH ADD'L PERSON		95	1,900	159	3,600	300			4,788	399			5,400	450	6,660	555	7,200	600			2,850	+

Attachment

NEW YORK STATE INCOME AND RESOURCE STANDARDS

SPOUSAL IMPOVERISHMENT	INCOME	RESOURCES
Community Spouse	\$2,610	\$104,400
Institutionalized Spouse	\$50	\$13,050
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 TO	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES *April 1, 2008*
		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
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	MEDICALLY NEEDY LEVEL	725	1,067	13,050	19,200	FNP parents cannot spenddown.
SINGLES/CHILDLESS COUPLES	MEDICAID STANDARD	673	840	13,050	19,200	The A/R cannot spenddown income or resources.
LOW INCOME FAMILIES	MEDICAID STANDARD	673	840	13,050	19,200	The A/R cannot spenddown income or resources.
SSI-RELATED	MEDICALLY NEEDY LEVEL	725	1,067	13,050	19,200	Household size is always one or two.
Qualified Medicare Beneficiary (QMB)	100% FPL	867	1,167	NO RESOURCE TEST		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)	More than 100% FPL but less than 120%	867	1,167	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		1,040	1,400			
QUALIFIED INDIVIDUALS (QI-1)	At least 120% FPL 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% FPL	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% FPL	867	1,167			
FAMILY PLANNING BENEFIT PROGRAM	200% FPL	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% FPL	2,167	2,917	13,050	19,200	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.

NEW MBL SHELTER TYPE TABLE

Attachment II

MBL Shelter Type Table – Medicaid Standard 4/01/08

Code	Shelter Type	PreAdd	Shelter	New Standard Household of 1	Standard Applied
01	Rent			673.00	New Standard + water
02	Rent Public			673.00	New Standard + water
03	Own Home			673.00	New Standard + water
04	Room & Board			673.00	New Standard
05	Hotel Permanent			673.00	New Standard
06	Hotel Temporary		unlimited	673.00	New Std + unlimited shelter
07	Migrant Camp			673.00	New Standard + water
09	Medical Facility	40.00	unlimited		No change
11	Room			673.00	New Standard
12	Non Level II Alcohol Treatment Facility	45.00	unlimited		No change
14	Public Home	17.00	unlimited		No change
15	Congregate. Care Level I (NYC, Nassau, Suffolk, Westchester)	PNA			No change
16	Congregate Care Level II (NYC, Nassau, Suffolk, Westchester)	PNA			No change
18	Foster Care		unlimited		No change
20	Emergency Rental Supplement Program			673.00	New Standard + water
22	Shelter for Victims of Domestic Violence	45.00	unlimited		No change
23	Undomiciled			673.00	New Standard
28	Congregate Care Level I (Rest of State)	PNA Level I			No change
29	Congregate Care Level II (Rest of State)	PNA Level II			No change
33	Homeless Shelter Tier II - Less than 3 Meals/Day		unlimited	673.00	New Std + unlimited shelter
34	Homeless Shelter Tier II - 3 Meals/Day			673.00	New Standard
35	Homeless Shelter Non Tier I or Tier II	45.00	unlimited		No change
36	Shelter for Homeless less than 3 Meals/Day		unlimited	673.00	New Std + unlimited shelter
37	Residential Program for Victim of Domestic Violence		unlimited	673.00	New Std + unlimited shelter
42/51	Congregate Care Level III	PNA			No change
44	Supportive Specialized Housing	45.00	unlimited		No change