

TO: Local District Commissioners, Medicaid Directors

FROM: Judith Arnold, Director
Division of Eligibility & Marketplace Integration

SUBJECT: 2015 Federal Poverty Levels – Mass Re-budgeting Phase 2

EFFECTIVE DATE: January 1, 2015

CONTACT PERSON: Local District Support Unit
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The purpose of this General Information System (GIS) message is to inform local departments of social services (LDSS) of the revised federal poverty levels (FPLs). The revised FPLs are effective January 1, 2015, and are the actual poverty levels published in the Federal Register on January 22, 2015.

The new FPLs are effective for cases with a budget "From" date of January 1, 2015 or later. The revised figures will be available on MBL March 16, 2015. For all new and pending applications, income must be compared to the 2015 FPLs. The 2015 FPLs will be applied to upstate budgets for existing cases per the bullets below.

- Budget types 01 and 04 – 10 with a "From" date of April 1, 2015 or earlier that utilize FPL levels will be mass re-budgeted. These budgets will be overlaid with a budget "From" date of April 1, 2015 and a budget store date of March 14, 2015.
- Budget types 07 – 10 with a Medicare Savings Program (MSP) indicator will be recalculated without a Cost of Living Adjustment (COLA) increase, because the COLA was applied during Mass Re-budgeting (MRB) Phase One.
- Cases with a budget store date prior to December 12, 2014 will include the 2015 COLA increase.
- Cases with a budget "From" date of April 1, 2015 or earlier, and a budget store date of December 12, 2014 or greater, will be recalculated, but no COLA will be applied.
- Cases with a Budget Type 04 that have Office equal to "MSP" or "QI1", Unit as "Recert" and Worker ID of "NYDOH," will have a COLA applied to the case regardless of the store date (these are cases that administratively renewed).

Districts should review cases with a budget store date of December 12, 2014 or greater and recalculate the budget using the 2015 Social Security income amount.

If a district determines that a previously budgeted case with a "From" date of December 12, 2014 or greater, has been negatively affected due to use of 2014 FPL, or a case is brought to the district's attention, the case should be re-budgeted using the revised FPLs. If eligible, covered medical expenses paid by an individual as a result of an improper calculation must be reimbursed pursuant to 10 OHIP/ADM-9, "Reimbursement of Paid Medical Expenses Under 18 NYCRR §360-7.5(a)."

New York City MRB, Phase Two will occur March 21, 2015.

As a result of the increase in the FPLs, the amount used in the Family Member Allowance (FMA) formula increased to \$1,992. The maximum monthly FMA increased to \$664. All spousal impoverishment cases involving a family member entitled to the family member allowance, which were active on or after January 1, 2015, and which were budgeted using the 2014 family member allowance, must be re-budgeted using the new family member allowance. In addition, the increased family member allowance must be used effective January 1, 2015, in determining any requested contribution of income from a community spouse or from a spouse living apart from an SSI-related applicant/recipient. Budget adjustments should be made at next contact or renewal.

A chart with the new FPLs is attached to this GIS.

**NEW YORK STATE INCOME AND RESOURCE STANDARDS FOR NON-MAGI POPULATION
EFFECTIVE JANUARY 1, 2015**

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		
ONE	9,900	825	11,770	981	14,124	1,177	15,655	1,305	15,890	1,325	17,655	1,472	21,775	1,815	23,540	1,962	29,425	2,453	14,850	1
TWO	14,500	1,209	15,930	1,328	19,116	1,593	21,187	1,766	21,506	1,793	23,895	1,992	29,471	2,456	31,860	2,655	39,825	3,319	21,750	2
THREE	16,675	1,390	20,090	1,675			26,720	2,227			30,135	2,512	37,167	3,098	40,180	3,349				3
FOUR	18,850	1,571	24,250	2,021			32,253	2,688			36,375	3,032	44,863	3,739	48,500	4,042				4
FIVE	21,025	1,753	28,410	2,368			37,786	3,149			42,615	3,552	52,559	4,380	56,820	4,735				5
SIX	23,200	1,934	32,570	2,715			43,319	3,610			48,855	4,072	60,255	5,022	65,140	5,429				6
SEVEN	25,375	2,115	36,730	3,061			48,851	4,071			55,095	4,592	67,951	5,663	73,460	6,122				7
EIGHT	27,550	2,296	40,890	3,408			54,384	4,532			61,335	5,112	75,647	6,304	81,780	6,815				8
NINE	29,725	2,478	45,050	3,755			59,917	4,994			67,575	5,632	83,343	6,946	90,100	7,509				9
TEN	31,900	2,659	49,210	4,101			65,450	5,455			73,815	6,152	91,039	7,587	98,420	8,202				10
EACH ADD'L PERSON	2,175	182	4,160	347			5,533	462			6,240	520	7,696	642	8,320	694				+

SPOUSAL IMPOVERISHMENT	INCOME	RESOURCES
Community Spouse	\$2,980.50	\$119,220
Institutionalized Spouse	\$50	\$14,850
Family Member Allowance	\$1,992 is used in the FMA formula the maximum allowance is \$664.	N/A

*In determining the community resource allowance on and after January 1, 2015, 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 \$119,220. 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.

Revised January 21, 2015

CATEGORY	INCOME COMPARED TO	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES
		1	2	1	2	
UNDER 21, ADC-RELATED	MEDICAID LEVEL	825	1,209	NO RESOURCE TEST		
SSI-RELATED	MEDICAID LEVEL	825	1,209	14,850	21,750	Household size is always one or two.
Qualified Medicare Beneficiary (QMB)	100%FPL	981	1,328	NO RESOURCE TEST		Medicare Part A & B, coinsurance, deductible and premium will be paid if eligible.
COBRA CONTINUATION COVERAGE	100%FPL	981	1,328	4,000	6,000	A/R may be eligible for Medicaid to pay the COBRA premium.
AIDS INSURANCE	185%FPL	1,815	2,456	NO RESOURCE TEST		A/R must be ineligible for Medicaid, including COBRA continuation.
QUALIFIED DISABLED & WORKING INDIVIDUAL	200%FPL	1,962	2,655	4,000	6,000	Medicaid will pay Medicare Part A premium.
SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLIMBS)	OVER 100% BUT AT OR BELOW 120% FPL	981	1,328	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		1,177	1,593			
QUALIFIED INDIVIDUALS (QI-1)	BETWEEN 120% BUT LESS THAN 135% FPL	1,177	1,593	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		1,325	1,793			
MEDICAID BUY-IN PROGRAM FOR WORKING PEOPLE WITH DISABILITIES (MBI-WPD)	250%	2,453	3,319	20,000	30,000	Countable retirement accounts are disregarded as resources effective 10/01/11.

**NEW YORK STATE INCOME AND RESOURCE STANDARDS FOR MAGI POPULATION
EFFECTIVE JANUARY 1, 2015**

HOUSE HOLD SIZE	LIF LEVEL		100% FPL		110% FPL		138% FPL		154% FPL		155% FPL		223% FPL	
	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY
ONE	11,912	993	11,770	981	12,947	1,079	16,243	1,354	18,126	1,511	18,244	1,521	26,248	2,188
TWO	15,125	1,261	15,930	1,328	17,523	1,461	21,984	1,832	24,533	2,045	24,692	2,058	35,524	2,961
THREE	18,234	1,520	20,090	1,675	22,099	1,842	27,725	2,311	30,939	2,579	31,140	2,595	44,801	3,734
FOUR	21,362	1,781	24,250	2,021	26,675	2,223	33,465	2,789	37,345	3,113	37,588	3,133	54,078	4,507
FIVE	24,579	2,049	28,410	2,368	31,251	2,605	39,206	3,268	43,752	3,646	44,036	3,670	63,355	5,280
SIX	27,167	2,264	32,570	2,715	35,827	2,986	44,947	3,746	50,158	4,180	50,484	4,207	72,632	6,053
SEVEN	29,845	2,488	36,730	3,061	40,403	3,367	50,688	4,224	56,565	4,714	56,932	4,745	81,908	6,826
EIGHT	33,023	2,752	40,890	3,408	44,979	3,749	56,429	4,703	62,971	5,248	63,380	5,282	91,185	7,599
NINE	35,234	2,937	45,050	3,755	49,555	4,130	62,169	5,181	69,377	5,782	69,828	5,819	100,462	8,372
TEN	37,447	3,121	49,210	4,101	54,131	4,511	67,910	5,660	75,784	6,316	76,276	6,357	109,739	9,145
EACH ADD'T PERSON	2,213	185	4,160	347	4,576	382	5,741	479	6,407	534	6,448	538	9,277	774

Revised January 21, 2015

MAGI POPULATION

CATEGORY	INCOME COMPARED TO	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES
		1	2	1	2	
PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	223% FPL	N/A	2,961	NO RESOURCE TEST		Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility.
PREGNANT WOMEN	223% FPL	N/A	2,961	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 or household size composition. If the income is above 223% FPL the A/R must spend-down to the Medicaid income level. The baby will have guaranteed eligibility for one year.
CHILDREN UNDER ONE	223% FPL	2,188	2,961	NO RESOURCE TEST		If the income is above 223% FPL the A/R may apply for CHPlus or if chooses to spenddown, must spenddown to the Medicaid 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	154% FPL	1,511	2,045	NO RESOURCE TEST		If income is above 154% FPL the A/R may apply for CHPlus or if chooses to spenddown, must spenddown to the Medicaid level.
CHILDREN AGE 6 THROUGH 18	110% FPL	1,079	1,461	NO RESOURCE TEST		If income is above 154% FPL the A/R may apply for CHPlus or if chooses to spenddown, must spenddown to the Medicaid level.
	154% FPL	1,511	2,045			
PARENTS/CARETAKER RELATIVES	138% FPL	1,354	1,832	NO RESOURCE TEST		If income is above 138% FPL the A/R may apply for APTC or if chooses to spenddown, must spenddown to the Medicaid Level.
19 AND 20 YEAR OLDS LIVING WITH PARENTS	138% FPL	1,354	1,832	NO RESOURCE TEST		If income is above 155% FPL the A/R can apply for APTC or if chooses to spenddown, must spenddown to Medicaid level.
	155% FPL	1,521	2,058			
SINGLE/CHILDLESS COUPLES AND 19 AND 20 YEARS LIVING ALONE	100% FPL	981	1,328	NO RESOURCE TEST		S/CCs cannot spenddown , but can apply for APTC. 19 and 20 year olds if income over 138% may apply for APTC or if chooses to spenddown, must spenddown to the Medicaid level.
	138% FPL	1,354	1,832			
FAMILY PLANNING PROGRAM	223% FPL	2,188	2,961	NO RESOURCE TEST		Eligibility determined using only applicant's income.

