

NEW YORK STATE
 DEPARTMENT OF SOCIAL SERVICES
 40 NORTH PEARL STREET, ALBANY, NEW YORK 12243

CESAR A. PERALES
 Commissioner



[An Administrative Directive is a written communication to local Social Services Districts providing directions to be followed in the administration of public assistance and care programs.]

ADMINISTRATIVE DIRECTIVE

TRANSMITTAL NO.: 86 ADM-45
 (Income Maintenance)

TO: Commissioners of Social Services

SUBJECT: Federal Cost of Living Adjustment in Social Security and Supplemental Security Income (SSI) Benefits and Impact on ADC, Home Relief, Medical Assistance, SSI and Food Stamps

DATE: December 9, 1986

SUGGESTED DISTRIBUTION

- Income Maintenance Staff
- Medical Assistance (MA) Staff
- Food Stamp (FS) Staff
- SSI/SDX Coordinators
- Services Staff
- Staff Development Coordinators

CONTACT PERSON: Questions should be directed to the following people by calling 1-800-342-3715 and for SSI, HR, ADC - John McCarthy, extension 3-7992; for WMS MRB/A - Jim Lougen, extension 4-8538; for WMS ABEL - Tully Lenihan, extension 4-6055; for FS - Food Stamp County Representative, extension 4-9225; for MA, Upstate - MA County Representative, extension 3-7581; and for MA, NYC - MA Representative, (212) 587-4853.

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Social Services Law and Other Legal References	Bulletin/Chapter Reference	Miscellaneous Reference
86 ADM-28		352.2,352.3	SSL 209	PA Source Book	Food Stamp Source
85 ADM-35		352.8,352.30,	SSL 131-o	Sections IX-H,	Book: IVA, IVC-2
85 ADM-29		360.3(g),360.4	Ch. 329 of 1985	XIII-D, and	and 3, V-A-5.1,V-D-
85 ADM-18		360.5,360.14,	Ch. 351 of 1985	XXIV-A	1.1, 1.2, 2.1, 3.1,
85 ADM-6		360.15,360.18	Ch. 361 of 1985	MARG,pp.83-86	3.2, 3.3, VII-A-3,
85 ADM-3		(b),387.1(4),	Ch. 502 of 1986		VII-C-1.2, X-B-1, 2,
83 ADM-27		387.11(g)(3),	PL 94-566		3, 4, 5, XII-G-3.4,
82 ADM-5		387.14(a)(4)			XIII-C-1, C-10
		(i),387.14(h),			ABEL Transmittals
		387.16(e),			85-10 and 85-11
		387.16(f),			October 3, 1986
		387.20(a),			Medical Assistance
		387.20(b)			"Dear Commissioner
		485.12			Letter" MBL
					Transmittal 86-3

DSS-296 (REV. 8/82)

I. PURPOSE

The purpose of this ADM is to advise local districts of:

1. the January 1987 federal cost-of-living adjustment (COLA) in Social Security (RSDI) benefits, and its impact on ADC, HR, MA, SSI and FS;
2. the pass-through of the January 1, 1987 federal COLA in federal Supplemental Security Income (SSI) benefits;
3. the impact of the increased SSI Congregate Care benefit levels and increased minimum personal needs allowances (PNA).

II. BACKGROUND

1. Section 215(i) of the Social Security Act provides for an automatic cost-of-living (COLA) adjustment of Social Security (RSDI) benefits when the Consumer Price Index increases by more than 3% over a specified period. Although this has not occurred, special legislation has been passed allowing for an increase in Social Security (RSDI) benefits for 1987. The January 1987 increase has been set at 1.3%.
2. Section 1617 of the Social Security Act provides that, whenever there is a COLA in RSDI benefits, the federal SSI benefit will be increased by the same percentage. Effective January 1, 1987, the federal SSI benefit levels will increase by \$4 for individuals and \$6 for couples.
3. Chapter 502 of the Laws of 1986 authorizes a pass-through of the federal SSI COLA to most SSI recipients in New York State. In addition, this law provides for an increase in the amount of State supplementation provided to couples in Congregate Care facilities so that the SSI benefit for couples is equal to twice the comparable individual SSI benefit. Finally, this law provides for increases in the minimum personal needs allowances (PNA) for residents of certified Congregate Care facilities. Effective January 1, 1987, the minimum PNA's will be \$56 for Level I, \$66 for Level II, and \$45 for Level III.

III. PROGRAM IMPLICATIONS

1. The full amount of the RSDI COLA is considered income available to reduce or eliminate need for ADC, HR, FS or Social Services or for MA except in those MA cases in which the applicant/recipient meets the criteria for eligibility in light of Lynch v. Rank as described in 85 ADM-35.
2. The pass-through of the federal SSI COLA will result in an increase in income for most SSI recipients in New York State.
3. Increased SSI benefit levels and PNA will result in increased HR standards of assistance and HR PNA for HR recipients residing in Congregate Care Level I and II facilities.
4. Persons residing in any of the following four categories of Congregate Care facilities are not prohibited from being determined eligible for food stamps (FS):

- a. Blind or disabled residents of Group Living (Level I - Family Care and Level II - Residential Care) facilities who are recipients of SSI or RSDI benefits, if the facility is certified by the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD) and contains no more than 16 residents;
- b. Residents of Supervised/Supportive Apartments certified by OMH or OMRDD (Level II) whether or not such persons are recipients of SSI or RSDI benefits; and
- c. Residents of facilities providing treatment or rehabilitation services for drug or alcohol abuse, if the facility is certified by the New York State Division of Alcoholism and Alcohol Abuse or Division of Substance Abuse Services, and a representative of the facility acts as authorized representative of the resident for food stamp certification. Such residents may be eligible for food stamps regardless of their source of income.
- d. Recipients of services provided through the Enriched Housing Program.

IV. REQUIRED ACTION

A. RSDI COLA and SSI Benefit Levels Increases

1. RSDI COLA - General

A flat 1.3% increase in RSDI shall be used to recompute the budgets for recipients in receipt of ADC, HR, FS and MA-Only. The exact amount of new Social Security benefits must be verified at the next client contact or the next regularly scheduled recertification interview, whichever occurs first. The difference between the flat 1.3% computation and the actual increase will not be considered a Quality Control error until after the first client contact.

2. Budgeting Procedures - ADC and HR

Retrospective budgeting is only required for cases currently governed by retrospective budgeting procedures. For cases not subject to retrospective budgeting, the RSDI increase shall be budgeted prospectively, that is, in the month it is actually received and prospectively for all future months that the RSDI is anticipated to be received.

3. Budgeting Procedures - HR Supplementation

Local districts are required to provide HR to the small number of SSI recipients whose available income is less than the applicable HR standard of assistance and who are otherwise eligible for HR. Local districts shall identify all such individuals and rebudget such cases in accordance with the instructions contained in Section IX-H of the PA Source Book. The SSI income shall be budgeted as described in IV.A.2. above.

In rebudgeting these HR supplementation cases, local districts must use the SSI standards of need summarized below. This updates the standards of need set forth on page 3 of 85 ADM-50. These updated standards of need should also be used in determining eligibility of any new applicants for HR supplementation.

SSI STANDARDS OF NEED

(Total SSI Benefit Levels)

<u>Living Arrangement</u>	<u>Individual</u>	<u>Couple</u>	<u>Supplementation Code (SDX)</u>
Living Alone	\$411.91	\$602.53	A
Living with Others*	\$357.24	\$550.53	B, (F)

* This category includes individuals who have been determined by the Social Security Administration to be in receipt of in-kind income equal to one-third of the federal SSI benefit (i.e., \$113.33 for an individual and \$170.00 for a couple). However, for purposes of HR supplementation, the availability of this in-kind income, as with all other in-kind income, must be evaluated in accordance with existing Department guidelines.

4. Budgeting Procedures - Medical Assistance Only

All MA-Only cases in receipt of RSDI must be rebudgeted to determine continuing eligibility for MA. Individuals who had been receiving RSDI and SSI at any time since April, 1977 and who lost SSI eligibility for any reason must be evaluated in light of Lynch v. Rank. Budgeting procedures outlined in 85 ADM-35 should be followed.

Persons who are part of this class of recipients ("Pickle" individuals) under Section 503 of Public Law 94-566 should be reviewed annually to ensure that SSI income and resource levels are not exceeded. Please note that disabled widows and widowers who lost SSA benefits due to an actuarial adjustment and who have had Medical Assistance eligibility restored as described in an October 3, 1986 "Dear Commissioner" letter, are included as individuals who are in need of review.

In accordance with the requirements set forth in 82 ADM-5, any individual related to a federal assistance category for Medicaid purposes (including children in intact households) and whose cash Public Assistance case is closed as a result of an increase in RSDI benefits is entitled to a separate determination of eligibility for Medical Assistance.

NOTE: Districts are also reminded to apply the new MA Income/Resource exemption levels effective January 1, 1987, as appropriate, which will be provided in a separate administrative directive.

5. Budgeting Procedures - Food Stamps

All cases currently in receipt of FS which contain RSDI or SSI recipients and which are being budgeted retrospectively must have their FS allotments recomputed to reflect the benefit increase for their March 1987 allotments.

RSDI or SSI recipients currently in receipt of FS who are being budgeted prospectively must have their allotments recomputed to reflect the benefit increase for their January 1987 allotments. Because of FS categorical eligibility of all SSI/ADC recipients, no FS household comprised entirely of SSI, or SSI and ADC, recipients will become FS ineligible due to this income increase. For any other FS cases which are made ineligible by this benefit increase, action must be taken to close such cases for January, 1987. In addition, all new FS applicant cases must be budgeted prospectively for the first two months of eligibility. The new benefit levels must be used beginning January 1987 for all such prospectively budgeted cases.

NOTE: There are a small number of SSI recipients whose SSI cash grants have been reduced due to the federal determination that they are in receipt of in-kind income due to the receipt of free or subsidized food and shelter. Starting January 1987, the total income of such recipients will rise to \$245.24 if SSI-only or \$265.24 if in receipt of SSI plus other unearned income. However, the income of such recipients will decrease in March 1987 to \$243.91 if SSI-only or \$263.91 if in receipt of SSI plus other unearned income. Local districts shall be alert to such changes and budget affected cases accordingly.

B. Increased HR Standards of Assistance for Residents of Congregate Care Facilities

1. Home Relief

Effective January 1, 1987, all HR recipients residing in certified Congregate Care Level I and II facilities shall be identified and rebudgeted in accordance with the new standards of assistance set forth below.

	<u>HR Standards for Care</u>	<u>PNA</u>	<u>Total HR Standards of Assistance</u>
<u>Level I - Family Care</u>			
NYC	\$ 527	\$56	\$ 583*
Rest of State	\$ 489	\$56	\$ 545*
<u>Level II - Residential Care</u>			
NYC, Nassau, Suffolk and Westchester Counties	\$ 669	\$66	\$ 735
Rest of State	\$ 639	\$66	\$ 705

* HR standards of assistance for residents of Congregate Care facilities are the comparable SSI benefit levels rounded down to the next whole dollar.

2. Notification of New Benefit Levels

The Division of Adult Services will notify residents and operators of DSS certified Level II facilities and local districts of the new SSI/HR benefit levels. Local districts shall inform all operators of DSS certified family-

type homes supervised by the local district of the increases in the Congregate Care Level I benefit levels.

3. FS Budgeting in Congregate Care Facilities

a. HR-Only Recipients

As indicated in Section II. above, recipients not in receipt of RSDI or SSI, who are residing in Congregate Care facilities may only be determined eligible for food stamps if the facility is a supervised/supportive apartment or a drug or alcohol treatment/rehabilitation program. For such cases currently in receipt of food stamps, since the revised standards of assistance (B.1. above) are effective January 1, 1987 and since PA grants are budgeted prospectively for FS, rebudgeting for FS to reflect the new income amounts must be effective for the January 1987 FS issuance of benefits. The Personal Care Costs Income Exclusions and the amounts of shelter costs have been revised due to the federal COLA and SSI State supplementation increases. These changes must be budgeted concurrently with the increased income amounts.

b. SSI and HR Recipients

Such persons may reside in supervised/supportive apartments, drug/alcohol treatment/rehabilitation programs, or group living Level I or Level II facilities. Since the revised Congregate Care standards of assistance (B.1. above) are effective January 1, 1987 and since PA grants are budgeted prospectively for FS, rebudgeting for FS to reflect the new income amounts must be effective for the January 1987 FS issuance of benefits for cases currently in receipt of food stamps. The Personal Care Costs Income Exclusions and the amounts of shelter costs have been revised due to the federal COLA and SSI State supplementation increases. These changes must be budgeted concurrently with the increased income amounts.

c. NPA SSI/RSDI Recipients

No persons receiving food stamps and residing in any food stamp eligible Congregate Care facility are subject to monthly reporting requirements, since they do not meet the (NPA) FS monthly reporting criteria. Therefore, all such cases are budgeted prospectively and rebudgeting to reflect the increased SSI/RSDI and State supplements must be done effective for January 1987 for both income eligibility and benefit amounts. Cases which are not categorically eligible for FS and which are made ineligible by the increased income must be closed for January 1987. For cases remaining eligible, changes in benefit amounts must be made effective for the January 1987 food stamp issuance. To determine net food stamp income for eligibility and/or benefit amounts for January 1987, the changes in the Personal Care Cost Income Exclusion must be made at the same time the increased income amounts are budgeted.

NOTE: Attachment B provides the revised data for food stamp budgeting for residents of Group Living facilities who are recipients of SSI or RSDI. The same figures are applicable for SSI recipients who receive HR supplementation grants.

d. Participants in the Enriched Housing Program

All participants in the Enriched Housing Program receive SSI benefits at the Level II rate, which effective January 1987 is \$735 in New York City and Nassau, Suffolk and Westchester Counties and \$705 in the rest of the state. For January 1, 1987, the Personal Care Cost Income Exclusion for such persons remains \$377.76 in New York City and Nassau, Suffolk and Westchester Counties, and \$347.76 in the rest of the state. Rebudgeting to reflect these changes must be done to determine benefit amounts effective January 1987.

C. Notices

1. ADC and HR

Local districts shall notify recipients in writing of any reduction or discontinuance of assistance and their right to appeal such actions in accordance with 85 ADM-29. Unless other specific language is approved by the Department, the following must be used in these notices as the reason for the adverse action:

For a Reduction

"According to our records you are receiving both Social Security payments from the federal government and a Public Assistance grant from this Department. As a result of a 1.3% increase in Social Security benefits which will take effect in December 1986 and be received in January 1987, your grant must be reduced."

For a Discontinuance

"According to our records you are receiving both Social Security payments from the federal government and a Public Assistance grant from this Department. As a result of a 1.3% increase in Social Security benefits which will take effect in December 1986 and be received in January 1987, your grant must be discontinued."

2. FS - All Cases

Districts shall provide each household whose benefits are terminated or reduced prior to expiration of a current food stamp certification period with an individual Notice of Adverse Action (using form DSS-3620, "Notice of Intent to Change Food Stamp Benefits" or approved local equivalent) accompanied by an ABEL budget and an explanation thereof in accordance with Section VII-C-1 of the Food Stamp Source Book. All FS households whose eligibility or benefit amounts are changed as a result of recertification must receive notice of this change by form DSS-3152, "Action Taken on Your Food Stamp Case" or approved local equivalent in accordance with Section VII-A-3 of the New York State Food Stamp Source Book.

3. MA-Only Cases

In accordance with federal and State policies and regulations, recipients must be notified in writing of any change or discontinuance of MA. The notices of change or discontinuance, as contained in this directive as Attachments D and E must be provided to all affected MA-Only recipients. These notices must be reproduced locally without modification. The appropriate notice must be mailed no later than 10 days prior to the date of the proposed action. In accordance with Department policy, two (2) copies of the appropriate notices must be sent to the client. One (1) copy must be maintained in the case record. A copy of the budget or MBL printout should be sent with each notice.

Districts are also reminded that in instances in which there is a decrease in the monthly surplus amount (resulting from the net effect of the concurrent COLA increases and the MA Income Exemption level increase) recipients must be notified in writing of such increase in coverage.

V. WMS AND ABEL SUPPORT - UPSTATE ONLY

WMS supported action on the January 1, 1987 COLA-related mass changes with a mass rebudgeting/reauthorization (MRB/A) run on Production on November 23 and 30, 1986.

Effective November 17, 1986 for budgets with Effective Dates of January 1, 1987 or later, ABEL uses increased federal benefit levels to generate Personal Needs Allowance amounts, Shelter amounts and Personal Care Cost Income Exclusion amounts for residents of Congregate Care facilities whose rates are related to federal benefit levels.

Complete details of ABEL-related changes and the JAN MRB/A are contained in ABEL Transmittal 86-8.

VI. MBL Support

On the weekend of November 29-30, 1986, MBL supported action on the following changes: January 1, 1987 SSA COLA increase, new MA Income/Resource Exemption levels and SSI benefit levels, with an automated mass rebudgeting and Principal Provider Update Process for upstate counties only. MBL Transmittal 86-3, dated 11/5/86, may be referred for detail of all related system support.

VII. ADDITIONAL INFORMATION

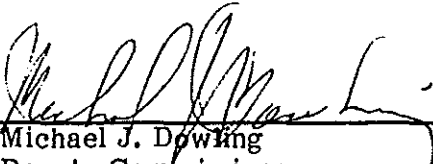
- A. A new type of Congregate Care Level II facility called "residential care centers for adults (RCCA)" now appears in the NYSDSS Congregate Care Facility Directory. Privately operated RCCA are identified by code "V" in field 4 (TYPE) in the Directory.

RCCA are certified by the NYS Office of Mental Health (OMH) to serve mentally disabled individuals. RCCA will generally serve about 150 residents and can be either State operated or privately operated. Only residents of privately operated RCCA are considered residents of a Congregate Care Level II facility; these individuals should be budgeted for Public Assistance and food stamps purposes in the same manner as any other resident of a Level II facility.

- B. Attachment A, the "SSI Benefit Levels: Effective January 1, 1987" chart describes the new SSI benefit levels, the PNA amounts and resource limits.
- C.. Attachment C, the "Personal Needs Allowances (PNA) Effective January 1, 1987" chart describes the new PNA amounts in the SSI, HR and MA programs.
- D. Attachment D (New Excess Case) is the "Notice Of Change In Coverage Under The Medical Assistance (Medicaid) Program."
- E. Attachment E (Undercare Excess Case) is the "Notice Of Change In Coverage Under The Medical Assistance (Medicaid) Program."

VIII. EFFECTIVE DATE

This administrative directive is effective January 1, 1987.



Michael J. Dowling
Deputy Commissioner
Division of Income Maintenance

SSI BENEFIT LEVELS: EFFECTIVE JANUARY 1, 1987

FED L/A CODE	STATE SUPP. CODE	LIVING ARRANGEMENT	FEDERAL BENEFIT RATE		STATE SUPPLEMENTATION RATE		COMBINED PAYMENT LEVEL	
			INDIVIDUAL	COUPLE	INDIVIDUAL	COUPLE	INDIVIDUAL	COUPLE
A	A	Living Alone	340.00	510.00	71.91	92.53	411.91	602.53
A,C	B	Living with Others	340.00	510.00	17.24	40.53	357.24	550.53
(B)	(F)	(Living in Household of Another <u>1/</u>)	(226.67)	(340.00)			(243.91)	(380.53)
A	C	Level I - Family Care						
		a) DSS certified Family Type Homes						
		b) OMH or OMRDD certified Family Care Homes						
		New York City	340.00	510.00	243.96	657.92	583.96	1,167.92
		Rest of State	340.00	510.00	205.96	581.92	545.96	1,091.92
A	D	Level II - Residential Care						
		a) DSS certified Adult Care Facilities						
		b) OMH, OMRDD, or DAAA certified Community Residences, DSAS certified Residential Substance Abuse Treatment Programs, and OMH certified Residential Care Centers for Adults						
		NYC, Nassau, Suffolk & Westchester Counties	340.00	510.00	395.00	960.00	735.00	1,470.00
		Rest of State	340.00	510.00	365.00	900.00	705.00	1,410.00
A	E	Level III - Schools for the Mentally Retarded						
		New York City	340.00	510.00	482.96	1,135.92	822.96	1,645.92
		Rest of State	340.00	510.00	458.96	1,087.92	798.96	1,597.92
D	Z	Title XIX (Medicaid certified) Institutions <u>2/</u>	25.00	50.00	<u>3/</u>	<u>3/</u>	<u>3/</u>	<u>3/</u>
A	Z	(See <u>4/</u> below)	340.00	510.00	0	0	340.00	510.00

1/ The "living with others" category includes the recipients whose federal benefit has been reduced by the "value of 1/3 reduction (VTR)" due to the federal determination that they are: a) living in someone else's household, and b) receiving some amount of both free or subsidized food and shelter (support and maintenance). The VTR is \$113.33 for an individual and \$170 for a couple.

2/ Applies when the recipient spends a full calendar month in the Institution and Title XIX (Medicaid) pays for at least 50% of the cost of care.

3/ Recipients in certain Title XIX Institutions (those licensed by the Health Department) receive an additional grant of \$15 per month called a State Supplemental Personal Needs Allowance (SSPNA). The SSPNA check is issued directly to the recipient by the NYS Department of Social Services.

4/ Applies when the recipient spends a full calendar month in a private Title XIX Institution and Medicaid pays for less than 50% of the cost of care, when the recipient resides in certain publicly operated community based residential facilities, or while the recipient resides in a public emergency shelter for three calendar months during a 12 month period.

Additional Notes: 1) The minimum personal needs allowances: Level I - \$56, Level II - \$66, Level III - \$45

2) The 1987 limits on countable resources: \$1800 for an individual and \$2700 for a couple

3) An essential person receives \$170

FOOD STAMPS
GROUP LIVING BUDGET DATA: EFFECTIVE JANUARY 1, 1987
 (Applicable for SSI/RSDI Recipients Only)

ATTACHMENT B

Living Arrangement	Federal Benefit	State Supplement	Total Benefit
SSI Living with Others Benefit	\$340.00	\$ 17.24	\$357.24
Level I - Family Care OMH/OMRDD Certified Family Care Homes			
New York City	\$340.00	\$243.96	\$583.96
Rest of State	\$340.00	\$205.96	\$545.96
Level II - Residential Care			
a. DSS Certified Adult Care Facilities			
b. OMH/OMRDD Certified Community Residence			
NYC, Nassau, Suffolk and Westchester	\$340.00	\$395.00	\$735.00
Rest of State	\$340.00	\$365.00	\$705.00
c. OMH/OMRDD Operated Community Residences	\$340.00	\$ 0	\$340.00

The following monthly allowances and costs pertain to eligible residents of group living arrangements.

	<u>Minimum Personal Needs Allowance*</u>	<u>Personal Care Costs (Income Exclusion)</u>	<u>Shelter Costs</u>	<u>Board (Thrifty Food Plan)</u>
Level I - NYC	\$56.00	\$226.72	\$220.24	\$81.00
Level I - Rest of State	\$56.00	\$188.72	\$220.24	\$81.00
Level II - NYC, Nassau, Suffolk and Westchester DSS/OMH/OMRDD Certified	\$66.00	\$377.76	\$210.24	\$81.00
Level II - Rest of State DSS/OMH/OMRDD Certified	\$66.00	\$347.76	\$210.24	\$81.00
Level II - State (OMH/OMRDD) Operated	\$66.00	\$ 0	\$193.00	\$81.00

The payment to the family caretaker/Level II Director/Level II Social Worker equals the personal care costs + shelter + board. The client keeps the personal needs allowance + any additional from other unearned or earned income.

*Personal needs amounts may be higher at some residences. If so, shelter costs are reduced by the amount of the difference between the minimum above and the actual amount allowed. Total SSI benefits and Personal Care Costs are not changed.

NOTE: The budget data for residents of Level II OMH/OMRDD Certified Community Residences are the same for SSI/RSDI recipient residents of Level II authorized drug/alcohol treatment facilities.

PERSONAL NEEDS ALLOWANCES (PNA) Effective January 1, 1987

Facility Type	Certifying Agency	Funding Source	Monthly PNA
Congregate Care Level I	DSS, OMH, OMRDD	SSI HR	\$56* \$56
Congregate Care Level II	DSS, OMH, OMRDD, DAAA, DSAS	SSI HR	\$66* \$66
Congregate Care Level III	OMRDD	SSI	\$45*
Title XIX (Medicaid Certified) Facilities	Department of Health	SSI HR*** MA-Only income exemption	\$25 + \$15 SSPNA** (Without other income), \$40 \$40 (with other income)
	OMH, OMRDD, or DAAA	SSI HR*** MA-Only income exemption	\$25 (without other income) \$40 \$28.50 (with other income)
Room and Board Situations and Non-Medical Facilities other than Congregate Care Level I, II or III	DSS or Uncertified	HR or ADC	\$45
Public Home	Operated by a City or County	Public Institu- tional Care	Up to \$10****

* This PNA is the minimum established in Social Services Law for SSI recipients. Any income disregarded in determining the amount of a recipient's SSI grant is included as part of the PNA. SSI disregards the first \$20 of unearned income; disregards for earned income include the first \$65 plus $\frac{1}{2}$ of the remainder. Thus, for example, SSI recipients receiving Social Security benefits will have PNA of \$20 more than the amounts noted on this chart. Recipients with earned income will have significantly larger PNA.

** SSPNA is the State-administered State Supplemental Personal Needs Allowance provided to certain SSI recipients without other income in residential health care facilities as defined in Article 28 of the Public Health Law.

*** An HR funded PNA is not provided to residents of hospitals or publicly operated facilities.

**** The facility can provide the resident with up to \$10 for work performed by the resident.

(Revised October 1986, Bureau of Income Support Programs)

**ATTACHMENT D
(NEW EXCESS CASE)**

**NOTICE OF CHANGE IN YOUR COVERAGE
UNDER THE MEDICAL ASSISTANCE
(MEDICAID) PROGRAM**

County	Case #	Case Name (L, F, MI)		
CIN #	Street			
Notice Date	Effective Date	City	State	Zip

Dear Mr./Ms./Mrs. _____:

OUR RECORDS SHOW THAT YOU WILL BE RECEIVING INCREASED SOCIAL SECURITY BENEFITS AS OF JANUARY 1, 1987.

DUE TO THIS INCREASE, WE HAVE DETERMINED THAT AS OF JANUARY 1, 1987, YOU ARE NO LONGER ELIGIBLE FOR FULL MEDICAID COVERAGE BECAUSE YOU HAVE MORE INCOME THAN MEDICAID ALLOWS FOR A FAMILY OF YOUR SIZE. HOWEVER, YOU CAN RECEIVE MEDICAID COVERAGE IN ANY MONTH IN WHICH YOU HAVE MEDICAL EXPENSES THAT REDUCE YOUR INCOME TO THE MEDICAID LEVEL.

We calculate your total monthly income as \$ _____. We calculate your total monthly deductions as \$ _____. Thus, your monthly net income for Medicaid purposes is the difference, or \$ _____. (See reverse side for a list of the most common deductions).

In your case, we calculate your monthly net income as \$ _____ over the New York Medicaid level. This is your monthly surplus income amount.

You can receive Medicaid coverage in any month in which your medical bills equal or exceed this surplus amount. If you have bills (whether paid or unpaid) equal to or greater than your surplus, the enclosed information will explain your surplus income coverage.

IF YOU DISAGREE WITH OUR DETERMINATION OR CALCULATIONS, YOU MAY ASK FOR A CONFERENCE OR REQUEST A FAIR HEARING IN THE WAY EXPLAINED ON THE REVERSE SIDE OF THIS PAGE.

IMPORTANT

If you lost S.S.I. benefits since 1977 due to a Social Security cost-of-living increase, you may still be eligible for full coverage. Please contact us immediately or request a fair hearing.

INFORMATION ABOUT DEDUCTIONS

We make certain deductions in calculating your monthly Medicaid net income. The most common ones are:

- 1) \$20.00 deduction per individual or couple if you are aged, blind, or disabled.
- 2) the monthly amount of your health insurance premiums (such as Blue Cross/Blue Shield and Medicare).
- 3) 6.9% of your January 1, 1987 Social Security check, if you were receiving Social Security in 1972 and meet certain other requirements.

If you wish information on the deductions used in your case or other deductions, contact us.

RIGHT TO A CONFERENCE- You may have a conference to review this action. If you want a conference, you should ask for one as soon as you can. A conference may clear up any questions you have about this action. You may ask for a conference by calling us at _____. This number is used only for asking for a conference. It is not the way you request a fair hearing, and if you ask for one it does not affect your right to a fair hearing. Read the fair hearing information below.

RIGHT TO A FAIR HEARING
IF YOU DON'T AGREE WITH THESE ACTIONS

If you think the action we have taken concerning your medical assistance is in error, you may request a State fair hearing in the following ways:

- (1) Call for a hearing at _____
- (2) Write for a hearing to: Fair Hearing, P.O. Box 1930, Albany, New York, 12201. If you write send one copy of this notice with the letter.

Your request for a fair hearing must be made within 60 days of the date of this notice. If you request a fair hearing before the effective date of this notice, (January 1, 1987) you will continue to receive your Medical Assistance unchanged until the fair hearing decision is issued.

If you request a fair hearing, a notice will be sent to you telling you where the hearing will be. If you feel that you are physically unable to attend the hearing, you should state this fact when you call or write. You can have an attorney or other person come to represent you at the hearing or you may come by yourself. At the hearing, you or your representative may present written or oral evidence to show why the action taken is wrong. You or your representative may bring witnesses and you may question anyone who appears at the hearing to present evidence against you. You should bring to the hearing any papers, such as medical bills, that may be helpful to your case.

If you need legal assistance for your conference or fair hearing, you may be able to obtain it free if you cannot afford a lawyer by contacting:

Signature of Worker: _____ Telephone _____

Date: _____

**ATTACHMENT E
(UNDERCARE EXCESS CASE)**

**NOTICE OF CHANGE IN YOUR COVERAGE
UNDER THE MEDICAL ASSISTANCE
(MEDICAID) PROGRAM**

County	Case #	Case Name (L, F, MI)		
CIN #	Street			
Notice Date	Effective Date	City	State	Zip

Dear Mr./Ms./Mrs. _____ :

OUR RECORDS SHOW THAT YOU WILL BE RECEIVING INCREASED SOCIAL SECURITY BENEFITS AS OF JANUARY 1, 1987.

Due to this increase in your Social Security benefit, your current excess income amount of \$ _____ per month has been changed to \$ _____ per month effective January 1, 1987. This means that you may be eligible for Medicaid benefits in any month in which you have medical expenses at or greater than the new excess income amount set forth below.

We calculate your total monthly income as \$ _____. We calculate your total monthly deductions as \$ _____. Thus, your monthly net income for Medicaid purposes is the difference, or \$ _____. (See reverse side for list of the most common deductions).

In your case, we calculate your monthly net income \$ _____ over the New York Medicaid level. This is your monthly surplus income amount.

You can receive Medicaid coverage in any month in which your medical bills equal or exceed this surplus amount. If you have bills (whether paid or unpaid) equal to or greater than your surplus, the enclosed information will explain your surplus income coverage.

IF YOU DISAGREE WITH OUR DETERMINATION OR CALCULATIONS, YOU MAY ASK FOR A CONFERENCE OR REQUEST A FAIR HEARING IN THE WAY EXPLAINED ON THE REVERSE SIDE OF THIS PAGE.

IMPORTANT

If you lost S.S.I. benefits since 1977 due to a Social Security cost-of-living increase, you may still be eligible for full coverage. Please contact us immediately or request a fair hearing.

INFORMATION ABOUT DEDUCTIONS

We make certain deductions in calculating your monthly Medicaid net income. The most common ones are:

- 1) \$20.00 deduction per individual or couple if you are aged, blind, or disabled.
- 2) the monthly amount of your health insurance premiums (such as Blue Cross/Blue Shield and Medicare).
- 3) 6.9% of your January 1, 1987 Social Security check, if you were receiving Social Security in 1972 and meet certain other requirements.

If you wish information on the deductions used in your case or other deductions, contact us.

RIGHT TO A CONFERENCE- You may have a conference to review this action. If you want a conference, you should ask for one as soon as you can. A conference may clear up any questions you have about this action. You may ask for a conference by calling us at _____ . This number is used only for asking for a conference. It is not the way you request a fair hearing, and if you ask for one it does not affect your right to a fair hearing. Read the fair hearing information below.

RIGHT TO A FAIR HEARING
IF YOU DON'T AGREE WITH THESE ACTIONS

If you think the action we have taken concerning your medical assistance is in error, you may request a State fair hearing in the following ways:

- (1) Call for a hearing at _____
- (2) Write for a hearing to: Fair Hearing, P.O. Box 1930, Albany, New York, 12201. If you write send one copy of this notice with the letter.

Your request for a fair hearing must be made within 60 days of the date of this notice. If you request a fair hearing before the effective date of this notice, (January 1, 1987) you will continue to receive your Medical Assistance unchanged until the fair hearing decision is issued.

If you request a fair hearing, a notice will be sent to you telling you where the hearing will be. If you feel that you are physically unable to attend the hearing, you should state this fact when you call or write. You can have an attorney or other person come to represent you at the hearing or you may come by yourself. At the hearing, you or your representative may present written or oral evidence to show why the action taken is wrong. You or your representative may bring witnesses and you may question anyone who appears at the hearing to present evidence against you. You should bring to the hearing any papers, such as medical bills, that may be helpful to your case.

If you need legal assistance for your conference or fair hearing, you may be able to obtain it free if you cannot afford a lawyer by contacting:

Signature of Worker: _____ Telephone _____

Date: _____