



TRANSMITTAL NO: 88 ADM-51

DATE: December 5, 1988

DIVISION: Income Maintenance

TO: Commissioners of Social Services

SUBJECT: Federal Cost of Living Adjustment in Social Security and Supplemental Security Income (SSI) Benefits, Increase in SSI State Supplementation and Impact on Department Programs

SUGGESTED DISTRIBUTION: Income Maintenance (IM) Staff  
 Medical Assistance (MA) Staff  
 Food Stamp (FS) Staff  
 SSI/SDX Coordinators  
 Services Staff  
 Staff Development Coordinators

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FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Department Regs.	Social Services Law and Other Legal References	Manual References	Miscellaneous Reference
87 ADM-50		352.2,352.3	SSL 209	PASB	<u>MBL Transmittals</u> 88-3
87 ADM-35		352.8,352.30	SSL 131-o	IX-H-All	
87 ADM-27		360.3(g),360.4	Ch. 502 of 1986	XIII-D-10-All	
86 ADM-45		360.5,360.14	PL 94-566	XIII-D-11-All	
86 ADM-28		360.15,360.18(b)	PL 94-48	XXIV-A-7.1	
85 ADM-35		387.10,	PL 92-603	FSSB	
85 ADM-29		387.14(a)(4)(i)	Ch. 40 of L 1987	IV-A,IV-C,	
5 ADM-6		387.16(e),(f)	Ch. 56 of L 1987	V-A-4.1, V-B	
ADM-3		387.20(a),(b),	Ch. 450	V-D-All, VI-B,	
ADM-27		485.12	of L 1987	VII-A,C,D X-B	
82 ADM-5			Ch. 85 of L 1988	XII-C, XIII-C	
			Ch. 705	MARG	
			of L 1988	PP 83-86	
			Soc. Sec. Act	450-454	
			215(i)		

100-333333

**I. PURPOSE**

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

- A. the January 1989 federal cost-of-living adjustment (COLA) in Social Security (RSDI) benefits, and its impact on ADC, HR, MA, SSI and FS;
- B. the pass-through of the January 1, 1989 federal COLA in federal Supplemental Security Income (SSI) benefits;
- C. the January 1, 1989 increase in the State supplementation rates for SSI recipients classified as "living alone" or "living with others".
- D. the impact of the increased SSI Congregate Care benefit levels and increased minimum personal needs allowances (PNA's).

**II. BACKGROUND**

- A. Section 215(i) of the Social Security Act provides for an automatic cost-of-living adjustment (COLA) of Social Security (RSDI) benefits when the Consumer Price Index increases over a specified period. The January 1989 increase has been set at 4.0%.
- B. 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, 1989, the federal SSI benefit levels will increase by \$14 for individuals and \$21 for couples.
- C. Chapter 705 of the Laws of 1988 authorizes a pass-through of the federal SSI COLA to most SSI recipients in New York State.
- D. Chapter 85 of the Laws of 1988 provides for an increase in the State supplementation rates, effective January 1, 1989, for persons living alone and for persons living with others. The State supplementation rate for persons living alone has been increased from \$71.91 to \$86 per month for individuals and from \$92.53 to \$102.50 per month for couples. The State supplementation rate for persons living with others has been increased from \$17.24 to \$23 per month for individuals and from \$40.53 to \$45.00 per month for couples.

**III. PROGRAM IMPLICATIONS**

- A. The full amount of the RSDI COLA is considered income available to reduce or eliminate need for ADC, HR, FS or SSI 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.
- B. The pass-through of the federal SSI COLA and the increase in the State supplements will result in an increase in income for most SSI recipients in New York State.
- C. Increased SSI benefit levels and PNA amounts will result in increased HR standards of assistance and HR PNA's for HR recipients residing in Congregate Care Level I and II facilities.
- D. The RSDI and SSI increases must be budgeted on the food stamp cases. This may result in a decrease in food stamp benefits to some recipients.

**IV. REQUIRED ACTION**

**A. RSDI COLA and SSI Benefit Levels Increases**

**1. RSDI COLA - General**

A flat 4.0% increase in RSDI must be used to recompute the budgets for recipients 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 4.0% 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 must 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 need and who are otherwise eligible for HR. Local districts must 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 must be budgeted as described in IV.A.2. above.

In rebudgeting 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 87 ADM-50. These updated standards of need must 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	\$454	\$655.50	A
Living with Others*	\$391	\$598	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., \$122.66 for an individual and \$184.33 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 RSDI benefits due to an actuarial adjustment, and who have had Medical Assistance eligibility restored as described in 87 ADM-27, are included as individuals who are in need of review.

Individuals who qualify under the provisions of 249E of Public Law 92-603 as amended by Public Law 94-48 will have their income recomputed using the new conversion figures of .318 to determine what RSDI income would have been in August 1972 and using .937 to determine the amount of the 20 percent disregard of October 1972. The method as described in 85 ADM-3 should be followed to compute the income which is considered available in determining eligibility for Medical Assistance.

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 and Resource exemption levels. Further details on these January 1, 1989 changes 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 1989 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 1989 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. In addition, all categorically eligible households of 1 or 2 persons are entitled to \$10 minimum benefits; however cases of 3 or more persons may be entitled to \$0 benefits. For any other FS cases which are made ineligible by this benefit increase, action must be taken to close such cases for January 1989. 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 1989 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 1989, the total income of such recipients will rise to \$273.00 if SSI-only or \$293.00 if in receipt of SSI plus other unearned income. However, the income of such recipients will decrease in March 1989 to \$268.34 if SSI-only or \$288.34 if in receipt of SSI plus other unearned income. Local districts should be alert to such changes and must budget affected cases accordingly.

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

1. Home Relief

Effective January 1, 1989, all HR recipients residing in certified Congregate Care Level I and II facilities must 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, Nassau, Suffolk and Westchester Counties	\$ 545	\$71	\$ 616*
Rest of State	\$ 507	\$71	\$ 578*
<u>Level II - Residential Care</u>			
NYC, Nassau, Suffolk and Westchester Counties	\$ 722	\$81	\$ 803
Rest of State	\$ 692	\$81	\$ 773

\*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

Local districts must 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 and PNA amounts.

The Division of Adult Services will notify operators of DSS certified Level II facilities of the new SSI/HR benefit levels and PNA amounts.

3. FS Budgeting in Group Living Facilities

a. HR-Only Recipients

For residents residing in supervised/supported apartments, drug/alcohol treatment/rehabilitation programs (Level II), and enriched housing, there will be an increase in public assistance based on the Level II SSI-rate (see B.1 above). For new cases and cases in receipt of food stamps, the increase in the public assistance is effective January 1, 1989. The PA grants are to be budgeted prospectively which requires that these cases reflect this increase in the January 1, 1989 food stamp allotment amount. In budgeting these cases, the revised Personal Care Costs Income Exclusions and shelter costs must be used.

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 Group Living standards of assistance (B.1. above) are effective January 1, 1989 and since PA grants are budgeted prospectively for FS, rebudgeting for FS to reflect the new income amounts must be effective for the January 1989 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. (see NOTE below)

c. NPA SSI/RSDI Recipients

Food stamp recipients in Group Living facilities are not subject to monthly reporting requirements. Therefore, all such residents will have their cases budgeted prospectively with the January 1989 benefit level reflecting the increased amounts of SSI/RSDI and State supplements. Cases which are not categorically eligible for FS and are made financially ineligible for FS due to the increased income must be closed for January 1989.

Cases that remain eligible for food stamps after the January 1989 increase must be rebudgeted. This rebudgeting must be done for the January 1989 food stamp issuances and must include the changes in the Personal Care Costs Exclusions, shelter amounts and incomes.

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 RSDI or 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 1989, is \$803.00 in New York City, Nassau, Suffolk and Westchester Counties and \$773.00 in the rest of the State. For January 1, 1989, the Personal Care Cost

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Income Exclusion for such persons becomes \$412.00 in New York City, Nassau, Suffolk and Westchester Counties, and \$382.00 in the rest of the State. Rebudgeting to reflect these changes must be done to determine benefit amounts effective January 1989.

C. Notices

1. ADC and HR

Local districts must 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 4.0% increase in Social Security benefits which will take effect in December 1988 and be received in January 1989, 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 4.0% increase in Social Security benefits which will take effect in December 1988 and be received in January 1989, your grant must be discontinued."

2. FS - All Cases

Districts must provide each household whose benefits are terminated or reduced prior to expiration of a current food stamp certification period with an individual "Notice of Intent to Change Food Stamp Benefits" (form DSS-3620, A, B, C, or D) or approved local equivalent. This must be accompanied by an ABEL budget and an explanation thereof in accordance with Section VII-C of the Food Stamp Source Book (FSSB). All FS households whose eligibility is being determined 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 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. SYSTEMS IMPLICATIONS

### A. WMS and ABEL Support-Upstate Only

WMS supported action on the January 1, 1989 COLA-related mass changes with a mass rebudgeting/reauthorization (MRB/A) run on Production on November 28, 1988.

Beginning November 14, 1988 for budgets with Effective Dates of January 1, 1989 or later, ABEL uses increased federal benefit levels to generate PA Personal Needs Allowance amounts, PA Shelter amounts and FS Personal Care Cost Income Exclusion amounts for residents of Congregate Care facilities whose rates are related to federal benefit levels. (The FS Shelter cost must be manually recalculated and adjusted on ABEL if it is changed).

Complete details of ABEL-related changes and the JAN MRB/A are contained in ABEL Transmittal 88-4.

### B. WMS and ABEL Support - NYC

WMS supported action on the January 1, 1989 COLA-related mass rebudgeting for all NPA-FS and WMS PA cases is scheduled for the weekends of December 10 and December 17, 1988. Notices will be generated to client households as a result of the mass rebudgeting process. Complete details of ABEL-related changes, including the toe digits affected in each of the two weekends will be shared with HRA once the benefit issuance schedule is finalized.

### C. MBL Support Upstate

On the weekend of November 26 and 27, 1988 MBL supported action on the following changes: January 1, 1989 SSA COLA increase, new SSI Benefit levels, and new MA Income/Resource Exemption levels, with an automated Mass Rebudgeting and Principal Provider Update Process. MBL Transmittal 88-3 may be referenced for details of all related system support.



D. MBL Support NYC

On January 1, 1989 the Social Security Cost of Living Increases, new Medical Assistance Income/Resources Exemption Levels and new SSI Benefit levels will go into effect.

Mass rebudgeting for these increases is scheduled for the weekend of December 10 and 11, 1988. In order to be rebudgeted, cases must be active, have a "TO DATE" greater than December 31, 1988 and meet the MABEL edit checks. Cases must also have Social Security income with budget version 00 (conversion Budget) or have a worker calculated budget (Budget version 01 or greater).

The MA level changes will be available on MABEL December 12, 1988. At that time it will also be possible to calculate a budget with a budget "FROM DATE" of January 1, 1989 or greater. Budgets with a "FROM DATE" in December will still be calculated with the 1988 levels.

VI. ADDITIONAL INFORMATION

- A. Attachment A, the "SSI BENEFIT LEVELS: EFFECTIVE JANUARY 1, 1989" chart describes the new SSI benefit levels, the new PNA amounts and 1989 resource limits.
- B. Attachment B, "FOOD STAMPS, GROUP LIVING BUDGET DATA: EFFECTIVE JANUARY 1, 1989" summarizes the appropriate budget figures for calculating Food Stamp budgets for residents of Group Homes.
- C. Attachment C, PNA charts entitled "PERSONAL NEEDS ALLOWANCES (PNA's) IN NON-MEDICAL FACILITIES, EFFECTIVE JANUARY 1, 1989" and "PERSONAL NEEDS ALLOWANCES (PNA's) IN MEDICAL FACILITIES EFFECTIVE JANUARY 1, 1989", provides a comprehensive summary of 1989 PNA amounts.
- D. Attachment D (New Excess Case) is the "Notice Of Change In Your Coverage Under The Medical Assistance (Medicaid) Program".
- E. Attachment E (Undercare Excess Case) is the "Notice Of Change In Your Coverage Under The Medical Assistance (Medicaid) Program".

VII. EFFECTIVE DATE

This administrative directive is effective January 1, 1989.



Oscar R. Best, Jr.  
Deputy Commissioner  
Division of Income Maintenance

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DSS

## SSI BENEFIT LEVELS: EFFECTIVE JANUARY 1, 1989

FED LIA 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	368	553	86	102.50	454	655.50
A,C	B	Living with Others	368	553			391	598
(B)	(F)	(Living in Household of Another <sup>1/</sup> )	(245.34)	(368.67)	23	45	(268.34)	(413.67)
A	C	<b>Level I - Family Care</b>						
		a) DSS certified Family Type Homes						
		b) OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Suffolk & Westchester counties	368	553	248.96	680.92	616.96	1,233.92
		Rest of State	368	553	210.96	604.92	578.96	1,157.92
A	D	<b>Level II - Residential Care</b>						
		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	368	553	435	1,053	803	1,606
		Rest of State	368	553	405	993	773	1,546
A	E	<b>Level III - Schools for the Mentally Retarded</b>						
		New York City	368	553	482.96	1,148.92	850.96	1,701.92
		Rest of State	368	553	458.96	1,100.92	826.96	1,653.92
D	G	Title XIX (Medicaid certified) Institutions <sup>2/</sup>	30	60	5 <sup>3/</sup>	10 <sup>3/</sup>	35 <sup>3/</sup>	70 <sup>3/</sup>
A	Z	(See <sup>4/</sup> below)	368	553	0	0	368	553

1/ The "living with others" category includes the recipients whose federal benefit has been reduced by the "value of 1/2 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 \$122.66 for an individual and \$184.33 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 Title XIX Institutions licensed by the NYS Department of Health receive an additional grant of \$20 per month called a State Supplemental Personal Needs Allowance (SSPNA). SSPNA checks are 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 six (6) calendar months during a nine (9) month period.

Additional Notes: 1) The minimum personal needs allowances: Level I - \$78, Level II - \$88, Level III - \$50

2) The limits on countable resources: \$2000 for an individual and \$3000 for a couple

3) An essential person receives \$185

FOOD STAMPS  
GROUP LIVING BUDGET DATA: EFFECTIVE JANUARY 1, 1989  
 (Applicable for SSI/RSDI Recipients Only)

Attachment B

Update WBS ABZL

Living Arrangement	New York City WBS External Budget Shelter Type Code	PA Shelter Type Code	FS Group Living Type Code	SSI Benefit
Level I - Living with Others Benefit	N/A	N/A	N/A	\$391.00
<b>Level I - Family Care</b>				
OMH/OMRDD Certified Family Care Homes				
NYC, Nassau, Suffolk and Westchester	15	15	1	\$616.96
Rest of State	28	15	1	\$578.96
<b>Level II - Residential Care</b>				
OMH/OMRDD Certified Facility or DSS Certified Enriched Housing				
NYC, Nassau, Suffolk and Westchester	16,31	10,16,17	2,4	\$803.00
Rest of State	29,32	10,16,17	2,4	\$773.00
State (OMH/OMRDD) Operated Community Residences	17	N/A	3	\$368.00

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

	Minimum Personal Needs Allowance*	Personal Care Costs (Income Exclusion)	Shelter Costs*	Board* (Thrifty Food Plan)
Level I - NYC, Nassau, Suffolk and Westchester	\$71.00	\$225.96	\$230.00	\$90.00
Level I - Rest of State	\$71.00	\$187.96	\$230.00	\$90.00
Level II - NYC, Nassau, Suffolk and Westchester OMH/OMRDD Certified Facility or DSS Certified Enriched Housing	\$81.00	\$412.00	\$220.00	\$90.00
Level II - Rest of State OMH/OMRDD Certified Facility or DSS Certified Enriched Housing	\$81.00	\$382.00	\$220.00	\$90.00
State (OMH/OMRDD) Operated Community Residences	\$81.00	\$0	\$197.00	\$90.00

The payment to the Group Home equals the personal care costs + shelter + board. The client keeps the personal needs allowance + they may keep part of their unearned or earned income.

\*Personal needs and/or board 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 residents in receipt of SSI/RSDI that reside in Level II authorized drug/alcohol treatment facilities.

For residents of Level II authorized drug/alcohol treatment facilities or enriched housing not in receipt of SSI/RSDI other budgeting procedures apply.

Personal Needs Allowances (PNA's) In Non-Medical Facilities  
Effective January 1, 1989

<u>Authority</u>	<u>Facility Type</u>	<u>Certifying Agency</u>	<u>Funding Source</u>	<u>Monthly PNA (per person)</u>
SSL 131-o,	Congregate Care Level I	DSS, OMH, or OMRDD	SSI HR or ADC	\$71 <sup>1</sup> \$71
	Congregate Care Level II	DSS, OMH, OMRDD, DAAA, or DSAS	SSI HR or ADC	\$81 <sup>1</sup> \$81
18NYCRR 352.8(c)(1) (ii)	Congregate Care Level III	OMRDD	SSI	\$54 <sup>1</sup>
MHL 31.29,	State operated RCA or Commu- nity Residence	OMH	OMH direct payment	\$81
MHL 33.08	State operated Community Residence	OMRDD	SSI or other income	\$81
18NYCRR 352.8(c)(1)(i)	room and board situations	not State certified	HR, ADC or EAF	\$45
	non-medical facilities other than Congregate Care Level I, II or III (including maternity home, Shelter for Victims of Domestic Violence, and certain private shelters for the homeless)	DSS, DAAA, not State certified, or other	HR, ADC, EAF <sup>2</sup> or SSI	\$45
18NYCRR 900.17(a)	Shelter for Families - Tier II	DSS	EAF, ADC, HR, or SSI	\$63 <sup>3</sup>
SSL 194.8	Public Home	operated by a city or county	Public Institutional Care	Up to \$10 <sup>4</sup>

<sup>1</sup> 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 one-half of the remainder. Thus, SSI recipients receiving Social Security benefits will have PNA's of \$20 more than the amounts noted on this chart. Recipients with earned income can have significantly larger PNA's.

<sup>2</sup> A PA funded PNA is not provided to residents of hospitals or publicly operated facilities.

<sup>3</sup> This allowance is called a "special needs allowance" and applies only when the Tier II facility provides 3 meals a day.

<sup>4</sup> The facility can provide residents with up to \$10 for work performed by the resident.

Personal Needs Allowances (PNA's) In Medical Facilities  
Effective January 1, 1989

<u>Authority</u>	<u>Facility Type</u>	<u>Certifying Agency</u>	<u>Funding Source</u>	<u>Monthly PNA (per person)</u>
SSL 209.2-a  SSL 366.2(a) (10),	Hospital	Department of Health	SSI + State payment  (MA-Only personal incidental allowance <sup>6</sup> )	\$55 (\$30 + \$25 SSPNA <sup>5</sup> )  \$50
18NYCRR 352.8(c) (1) (i)	Nursing Home (SNF, HRF)	Department of Health	SSI + State payment  HR  (MA-Only personal incidental allowance <sup>6</sup> )	\$55 (\$30 + \$25 SSPNA <sup>5</sup> )  \$40 <sup>2</sup>  \$50
SSL 209.2-a	Psychiatric Center (Hospital), Inpatient Alcoholism Facility	OMH or DAAA	SSI + SSI State supplement  direct State Payment  (MA-Only personal incidental allowance <sup>6</sup> )	\$35 (\$30 + \$5 State supplement <sup>5</sup> )  \$30  \$33.50
18NYCRR 352.8(c) (1) (i), 360.5(e) (2)	ICF-DD's (Developmental Center, free-standing ICF)	OMRDD	SSI + SSI State supplement  HR  (MA-Only personal incidental allowance <sup>6</sup> )	\$35 (\$30 + \$5 State supplement <sup>5</sup> )  \$40 <sup>2</sup>  \$33.50
SSL 209.3  18NYCRR 352.8(c) (1) (i), 360.5(e) (2)	Free-Standing Alcoholism Facility (FNP Medicaid)	DAAA	SSI  HR  (MA-Only community needs level <sup>7</sup> )	(footnote <sup>7</sup> )  \$40 <sup>2</sup>  (footnote <sup>7</sup> )

<sup>5</sup> SSPNA is the "State Supplemental Personal Needs Allowance" provided to SSI recipients without other income in residential health care facilities. SSI recipients residing in medical facilities receive \$5 in Federally-administered State Supplementation and, if they reside in a facility licensed by the Department of Health, an additional \$20 in State-administered direct SSPNA payments.

<sup>6</sup> The MA-Only personal incidental allowance is the amount of the client's own income that he or she retains for personal needs while in chronic care status.

<sup>7</sup> Since these programs are not Title XIX certified, an SSI recipient in a privately operated free-standing Alcoholism Facility would receive SSI at the "living alone" rate provided to SSI recipients in the community. An MA-Only recipient would be budgeted as though he or she were temporarily absent from his or her residence.

(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 \_\_\_\_\_:

OUR RECORDS SHOW THAT YOU WILL BE RECEIVING INCREASED SOCIAL SECURITY BENEFITS AS OF JANUARY 1, 1989.

DUE TO THIS INCREASE, WE HAVE DETERMINED THAT AS OF JANUARY 1, 1989, 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.

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**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) 6.3% of your January 1, 1989 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 that of this notice. If you request a fair hearing before the effective date of this notice, (January 1, 1989) 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: \_\_\_\_\_

## (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 \_\_\_\_\_:

OUR RECORDS SHOW THAT YOU WILL BE RECEIVING INCREASED SOCIAL SECURITY BENEFITS AS OF JANUARY 1, 1989.

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, 1989. 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 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) 6.3% of your January 1, 1989 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.

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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: \_\_\_\_\_