



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

November 21, 2005

TO: All MBL Liaisons

Re: MBL Transmittal 05-6

Dear MBL Liaisons:

Enclosed is MBL Transmittal 05-6. This transmittal includes information regarding the new eligibility and federal poverty levels which are effective January 1, 2006.

These changes will be available on Production on 11/25/05. If you have any system questions, please call the contact listed on the applicable Transmittal Page.

Sincerely,

PRB

Patti Buttino
Director, Bureau of Medicaid Support Systems
Division of Information Technology
Office of Medicaid Management

cc: MA Directors

MBL TRANSMITTAL

Transmittal No.: 05-6

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MaBel Subject: Changes in MA Levels, Federal Poverty Levels, SSI Benefit Levels, Congregate Care Levels, and MMMNA.

Affected Budget Type(s): All

Contact Person: MBL Unit at 518-402-6791 or 518-402-9399

Reason for Change

On 01/01/2006, the annual increase in MA levels, Federal Poverty levels, SSI levels, and Congregate Care levels will occur.

Change in Procedure/System Processing

Effective 11/25/05 for all budgets with a "FROM" Date of 01/01/06 or later, MBL will use the following amounts in calculating budgets:

1. MA INCOME EXEMPTION/RESOURCE LEVELS
 - MA INCOME EXEMPTION LEVELS

Household Size

MA Level	1	2	3	4	5	6	7	8	Each Add'L Person
Income	\$692.00	\$900.00	\$1,017.00	\$1,025.00	\$1,034.00	\$1,134.00	\$1,275.00	\$1,417.00	+142.00
Resources	4,150	5,400	6,100	6,150	6,200	6,800	7,650	8,500	+850
FHP Resources	12,450	16,200	18,300	18,450	18,600	20,400	22,950	25,500	+2,550

The income and resource levels for household sizes 6 thru 8 will remain the same.

2. SSI BENEFIT LEVELS

In the calculation of SSI budgets, the following amounts will be used:

Federal Benefit Rate: Individual: \$603.00
 Couple: \$904.00
 Allocation Amount \$301.00
 PIA=3 \$208.00
 SSI Resource Level: Individual: \$2,000.00 (same as 2005)
 Couple: \$3,000.00 (same as 2005)
 State Supplemental Rate: Individual: \$23.00 (same as 2005)

3. NEW CONGREGATE CARE AMOUNTS/SHELTER TYPES:

- 15 – Level I - (NYC, Nassau, Suffolk, Westchester, Rockland)
 PNA - \$116.00 Shelter Amount - \$753.48
- 16 – Level II - (NYC, Nassau, Suffolk, Westchester, Rockland)
 PNA - \$135.00 Shelter Amount - \$903.00
- 28 – Level I - (Rest of State)
 PNA - \$116.00 Shelter Amount - \$715.48
- 29 – Level II - (Rest of State)
 PNA - \$135.00 Shelter Amount - \$873.00

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Change in Procedure/System Processing (Continued)

- 42 – Level III - (NYC, Nassau, Suffolk, Westchester, Rockland)
PNA - \$150.00 Shelter Amount - \$978.00
- 51 – Level III - (Rest of State)
PNA - \$150.00 Shelter Amount - \$963.00

4. MINIMUM MONTHLY MAINTENANCE NEEDS ALLOWANCE

Needs Allowance (MMMNA): \$2,489.00

5. FEDERAL POVERTY LEVELS

Household Size	1	2	3	4	5	6	7	8	Add'L Person
100%	\$838	\$1,113	\$1,388	\$1,663	\$1,938	\$2,213	\$2,488	\$2,763	+275
120%	\$1,005	\$1,335							
133%	\$1,114	\$1,480	\$1,846	\$2,212	\$2,577	\$2,943	\$3,309	\$3,675	+366
135%	\$1,131	\$1,502							
150%	\$1,257	\$1,669	\$2,082	\$2,494	\$2,907	\$3,319	\$3,732	\$4,144	+413
185%	\$1,550	\$2,059	\$2,567	\$3,076	\$3,585	\$4,094	\$4,602	\$5,111	+509
200%	\$1,675	\$2,225	\$2,775	\$3,325	\$3,875	\$4,425	\$4,975	\$5,525	+550
250%	\$2,094	\$2,782	\$3,469	\$4,157	\$4,844	\$5,532	\$6,219	\$6,907	+688

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Contact Person: CNS Unit at 518-402-6663

Notices:

Due to Federal legislation that provides for a 4.1% Cost of Living Adjustment (COLA) increase for SSA benefits, revised MA-Only manual & CNS notices are available. The revised notices are:

Manual

- DSS-4374 Notice of Intent to Change Medical Assistance (New Excess/COLA)

This notice should be used when the Recipient is no longer fully eligible for Medical Assistance due to an increase in the Social Security benefit. The Recipient(s) may be eligible with a spenddown of income if medical expenses equal or exceed the excess income amount.

- DSS-4375 Notice of Intent to Change Medical Assistance (Undercare Excess/COLA Case)

This notice should be used when the Recipient's current excess income amount has changed to another excess income amount due to an increase in the Social Security benefit.

Enclosed are the manual notices in English and Spanish. For LDSS that do not use CNS notices S07 and S08, these notices must be reproduced locally without modification. The appropriate notice must be mailed no later than 10 days prior to the date of action. Two copies of the appropriate notice must be sent to the client. In addition, a copy must be maintained in the case record. A copy of the budget or MBL printout must be sent with each notice.

If your district uses the attached manual COLA notices, please include both the "Explanation of the Excess Income Program" and "Optional Pay-In Program" informational sheets with the notices.

Please Note: If the LDSS would like to continue to receive these manual notices in the future, please notify your **local district liaison**. If the LDSS are not interested, the manual notices will not be enclosed with this transmittal, in the future.

CNS Notices (Chronic Care budget types only)

Local Districts selecting the Principal Provider Update option and the CNS option will have Client Notices automatically generated for their Budget Type 07 (Chronic Care) population, due to changes in their NAMI amounts from the MRB Process via the Client Notice System (CNS). The new automated COLA notice will have Reason Code 946 and will be similar to Reason Code V11, which is currently in Production. This year we are also including notices for Budget Types 08, 09 and 10. All three of these budget types which have cases where the NAMI amount is changing due to the MRB Process will have a new notice, Reason Code 947. This notice mirrors Reason Code V12, Recalculation of Contribution Toward Chronic Care Due to COLA, Spousal. However, no automated notices will be sent if the Total Number of Active Individuals in the WMS Case is greater than 1.

The appropriate notices must be generated no later than 10 days prior to the date of the action. As always, a copy of the Supervisory Review Report should be retained in the case record.

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CNS Notices (Continued) (Chronic Care budget types only)

Along with the 11/25/05 migration, the following codes continue to be available for use with Chronic Care Cases:

V11 – Recalculation of Contribution toward Chronic Care due to COLA, Single Individual.

V12 – Recalculation of Contribution Toward Chronic Care, due to COLA, spousal.

Note: Notices generated by reason codes V11 & V12 must be sent by mid-December in order to be timely for 01-01-06.

Transaction Types 05 & 06
(Community budget types only)

S07 – MA Level to Excess Income Due to COLA (X0025) (fill)

S08 – Increase in Excess Income Due to COLA (X0026) (fill)

X77 – Decrease in Excess Income Due to COLA (X0180) (fill)

Reminder: The Excess Income program is a monthly program. The effective date on the notice is generated from the MA Coverage FROM date (screen 5)

Transaction Type 07

U72 – Disc., Excess Income COLA, Single/Childless Couple (C0136) (fill)

NOTE: The above CNS reason codes are worker fill and require a (current) stored budget to produce a notice.