

November 22, 2011

TO: All MBL Liaisons

Re: MBL Transmittal 11-5

Dear MBL Liaisons:

Enclosed is MBL Transmittal 11-5. This transmittal includes information regarding the new eligibility levels which are effective January 1, 2012.

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

Sincerely,

*Michele T. Leonard*

Michele T. Leonard, Manager  
Upstate Eligibility Systems  
Office of Health Insurance Programs

Enclosure  
cc: MA Directors

Date: November 22, 2011

**MBL TRANSMITTAL**

Transmittal No.: 11-5

Page: 1 of 5

**MaBel Subject:** Changes in MA Levels, SSI Benefit Levels, Congregate Care Levels, DAC Levels, and MMMNA.

**Affected Budget Type(s):** All

**Contact Person:** Help Desk at 518-402-7371, MBL Unit at 518-408-0566 or 518-408-0105

Reason for Change

On 01/01/2012, the annual increase in MA levels, SSI levels, and Congregate Care levels will occur.

Change in Procedure/System Processing

Effective 11/25/11 for all budgets with a "FROM" Date of 01/01/12 or later, MBL will use the following amounts in calculating budgets:

**MBL NEW LEVELS**

- SSA COLA increase is 3.6 %
- Medicare Part B Standard Premium increases to \$99.90
- The New MA Std/MA Income Level and Resource exemption levels are as follows:

H/H Size	1	2	3	4	5	6	7	8	Each Add'L Person
MA Standard	\$735	\$918	\$1,092	\$1,268	\$1,450	\$1,582	\$1,723	\$1,902	+104
MA Level	\$792	\$1,159	\$1,333	\$1,506	\$1,680	\$1,854	\$2,028	\$2,201	+174
Resources	\$14,250	\$20,850	\$23,978	\$27,105	\$30,233	\$33,360	\$36,488	\$39,615	+3,128

- New SSI Levels are:
  - a. Federal Benefit Level for individual \$698.00 and couple \$1,048.00
  - b. Allocation Amount = \$367.00
  - c. PIA (PNA)=3 \$367.00
  - d. State Supplement is \$87 for individual and \$104 for couple living alone
  - e. Family Care Level (LA 3 & 4)  
Upstate \$926.48

**INFORMATION #3: Description of MBL Mass Re-budgeting Process (Continued)**

- NYC, Nassau, Suffolk, Westchester & Rockland Counties \$964.48
- f. SSI Resource Levels individual \$2,000 and couples \$3,000

- New Congregate Care Level I, II and III amounts are:

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Shelter Code	PNA	Shelter Amount
Level I -15 (NYC, Nassau, Suffolk, Westchester, Rockland Counties)	\$135.00	\$829.48
Level II -16 (NYC, Nassau, Suffolk, Westchester, Rockland Counties)	\$155.00	\$978.00
Level I - 28 (Rest of State)	\$135.00	\$791.48
Level II- 29 (Rest of State)	\$155.00	\$948.00
Level III – 42 (NYC, Nassau, Suffolk, Westchester, Rockland Counties)	\$184.00	\$1,208.00
Level III – 42 (Rest of State)	\$184.00	\$1,208.00

- The 2012 DAC Table is as follows:

(LA=1 or 5 and Shelter NOT =15, 16, 28, 29 or 42)	\$785.00
(LA=2 or 6 and Shelter NOT =15, 16, 28, 29 or 42)	\$1,152.00
(LA=3)	\$926.48
(LA=4)	\$964.48
(LA=1 and Shelter = 15)	\$964.48
(LA=1 and Shelter = 28)	\$926.48
(LA=1 and Shelter = 16)	\$1,133.00
(LA=1 and Shelter =29)	\$1,103.00
(LA=1 and Shelter = 42)	\$1,392.00
(LA=2 and Shelter = 15)	\$1,928.96
(LA=2 and Shelter = 28)	\$1,852.96
(LA=2 and Shelter = 16)	\$2,266.00
(LA=2 and Shelter = 29)	\$2,206.00
(LA=2 and Shelter = 42)	\$2,784.00

- Maximum Community Spouse Resources Allowance is \$113,640.00
- Minimum Monthly Maintenance Needs Allowances (MMMNA) is \$2,841.00

**\*\*\*FEDERAL POVERTY LEVELS\*\*\***

There will be no new Federal Poverty Levels for this MRB

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Notices:

Due to Federal legislation that provides for a 3.6% 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.

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 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**. The manual notices will not be enclosed with this transmittal.

CNS Notices (Chronic Care budget types only)

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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. Local Districts will also have 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.

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

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 01-01-12.

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)

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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.