



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 22, 2017

TO: All MBL Liaisons

Re: MBL Transmittal 17-1

Dear MBL Liaisons:

Enclosed is MBL Transmittal 17-1. This transmittal includes information regarding the new eligibility levels which are effective January 1, 2018.

These changes will be available on Production on 12/23/17. If you have any system questions, please call the contact number listed on the applicable transmittal page.

Sincerely,

Amy L. Smith

Amy L. Smith
Upstate Eligibility & Support Systems
Division of Systems
Office of Health Insurance Programs

cc: MA Directors

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

Affected Budget Type(s): All

Contact Person: MBL Unit at 518-408-0566 or 518-402-6468

Reason for Change

On 01/01/2018, the annual increase in MA levels, SSI levels, and Congregate Care levels will occur.

Change in Procedure/System Processing

Effective 12/23/17 for all budgets with a "FROM" Date of 01/01/18 or later, MBL will use the following amounts in calculating budgets:

- **SSA COLA** increase is 2.0 %
- **Medicare Part B Standard Premium** remains at \$134.00
- **The New MA Std/MA Income Level and Resource exemption levels** are as follows:

H/H Size	MA Standard	MA Level	Resources
1	\$791	\$842	\$15,150
2	\$988	\$1,233	\$22,200
3	\$1,175	\$1,418	\$25,014
4	\$1,364	\$1,603	\$28,275
5	\$1,560	\$1,788	\$31,539
6	\$1,703	\$1,973	\$34,800
7	\$1,854	\$2,158	\$38,064
8	\$2,047	\$2,343	\$41,325
9	\$2,158	\$2,528	\$44,588
10	\$2,269	\$2,713	\$47,850
Add'l Person	+111	+185	+3,263

- **New SSI Levels are:**
 - a. Federal Benefit Level for individual \$750.00 and couple \$1,125.00
 - b. Allocation Amount = \$391.00
 - c. PIA (PNA=3) = \$391.00
 - d. State Supplement is \$23.00

MBL TRANSMITTAL

Date: December 22, 2017
Transmittal No.: 17-1
Page: 2 of 6

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

Affected Budget Type(s): All

Contact Person: MBL Unit at 518-408-0566 or 518-402-6468

- e. Family Care Level (LA 3 & 4)
Upstate \$978.48
NYC, Nassau, Suffolk, Westchester & Rockland Counties \$1,016.48
- f. SSI Resource Levels individual \$2,000 and couples \$3,000

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

Shelter Code	PNA	Shelter Amount
Level I -15 (NYC, Nassau, Suffolk, Westchester, Rockland Counties)	\$144.00	\$872.48
Level II -16 (NYC, Nassau, Suffolk, Westchester, Rockland Counties)	\$166.00	\$1,019.00
Level I - 28 (Rest of State)	\$144.00	\$834.48
Level II- 29 (Rest of State)	\$166.00	\$989.00
Level III – 42 (NYC, Nassau, Suffolk, Westchester, Rockland Counties)	\$198.00	\$1,246.00
Level III – 42 (Rest of State)	\$198.00	\$1,246.00

• **The 2018 DAC Table is as follows:**

(LA=1 or 5 and Shelter NOT = 15, 16, 28, 29 or 42)	\$837.00
(LA=2 or 6 and Shelter NOT = 15, 16, 28, 29 or 42)	\$1,229.00
(LA=3)	\$978.48
(LA=4)	\$1,016.48
(LA=1 and Shelter = 15)	\$1,016.48
(LA=1 and Shelter = 28)	\$978.48
(LA=1 and Shelter = 16)	\$1,185.00
(LA=1 and Shelter =29)	\$1,155.00
(LA=1 and Shelter = 42)	\$1,444.00
(LA=2 and Shelter = 15)	\$2,032.96
(LA=2 and Shelter = 28)	\$1,956.96
(LA=2 and Shelter = 16)	\$2,370.00
(LA=2 and Shelter = 29)	\$2,310.00
(LA=2 and Shelter = 42)	\$2,888.00

MBL TRANSMITTAL

Date: December 22, 2017
Transmittal No.: 17-1
Page: 3 of 6

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

Affected Budget Type(s): All

Contact Person: MBL Unit at 518-408-0566 or 518-402-6468

- **Maximum Community Spouse Resources Allowance** is \$123,600.00
- **Minimum Monthly Maintenance Needs Allowances (MMMNA)** is \$3,090.00
- **Maximum Social Security (Worker Retiring at Full Retirement Age)** is \$2,788.00
- **New Fair Market Regional Rate Table (Averages)**

Northeastern Counties (Shelter = 54)	\$467.00
Central Counties (Shelter = 55)	\$417.00
Rochester Counties (Shelter = 56)	\$424.00
Western Counties (Shelter = 57)	\$365.00
Northern Metropolitan Counties (Shelter = 58)	\$935.00
NYC - five boroughs (Shelter = 59)	\$1,305.00
Long Island (Shelter = 60)	\$1,274.00
Cong Care Level 3 (Shelter = 63) (Shelter 42 amount + Fair Market Regional Rate for Counties based on location)	\$1,809.00 - \$2,749.00

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

There will be no new Federal Poverty Levels for this MRB

MBL TRANSMITTAL

Date: December 22, 2017
Transmittal No.: 17-1
Page: 4 of 6

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

Affected Budget Type(s): All

Contact Person: MBL Unit at 518-408-0566 or 518-402-6468

Notices:

Due to Federal legislation that provides for a 2.0 % 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 (one in English and one in Spanish) of the appropriate notice must be sent to the client. In addition, a copy must be maintained in the case record. A stored MBL budget showing the excess income amount is required for the notice to process. Without a stored budget, the notice will not process.

Two system generated reason codes will be used based on results of MRB. When specific criteria is met as a result of MRB, a file will be sent to CNS/WMS to generate the notice and WMS Transaction using the following code:

711 – Increase in Excess Income Due to COLA (System Generated)

MBL TRANSMITTAL

Date: December 22, 2017
Transmittal No.: 17-1
Page: 5 of 6

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

Affected Budget Type(s): All

Contact Person: MBL Unit at 518-408-0566 or 518-402-6468

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)

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 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, where the NAMI amount is changing due to the MRB Process, will have 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.

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)

MBL TRANSMITTAL

Date: December 22, 2017
Transmittal No.: 17-1
Page: 6 of 6

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

Affected Budget Type(s): All

Contact Person: MBL Unit at 518-408-0566 or 518-402-6468

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.