



Department of Health

ANDREW M. CUOMO
Governor

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

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

November 22, 2019

TO: All MBL Liaisons

Re: MBL Transmittal 19-3

Dear MBL Liaisons:

Enclosed is MBL Transmittal 19-3. This transmittal includes information regarding the new eligibility levels which are effective January 1, 2020.

These changes will be available on Production on 11/25/19. If you have any system questions, please use the contact information listed on the top of each transmittal page.

Sincerely,

Amy L. Smith

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

Enclosure
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: Matt.Lapierre@health.ny.gov and Gary.Remarchuk@its.ny.gov

Reason for Change

The annual increase in MA levels, SSI levels, and Congregate Care levels have been announced for 2020.

Change in Procedure/System Processing

Effective 11/25/19 for all budgets with a “FROM” Date of 01/01/20 or later, MBL will use the following amounts in calculating budgets:

- **SSA COLA** increase is 1.6%
- **Medicare Part B Standard Premium** is \$144.60
- **The New MA Std/MA Income Level and Resource exemption levels are as follows:**

H/H Size	MA Standard	MA Level	Resources
1	\$823	\$875	\$15,750
2	\$1,028	\$1,284	\$23,100
3	\$1,222	\$1,476	
4	\$1,419	\$1,669	
5	\$1,623	\$1,861	
6	\$1,772	\$2,054	
7	\$1,928	\$2,246	
8	\$2,130	\$2,439	
9	\$2,245	\$2,631	
10	\$2,360	\$2,824	
Add'l Person	+116	+193	

- **New SSI Levels are:**
 - a. Federal Benefit Level for individual \$783.00 and couple \$1,175.00
 - b. Allocation Amount = \$409.00
 - c. PIA (PNA=3) = \$409.00
 - d. State Supplement is \$23.00 for an individual living with others
 - e. Family Care Level (LA 3 & 4)
Upstate \$1,011.48
NYC, Nassau, Suffolk, Westchester & Rockland Counties \$1,049.48
 - f. SSI Resource Levels individual \$2,000 and couples \$3,000

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

Shelter Code	PNA	Shelter Amount
Level I -15 (NYC, Nassau, Suffolk, Westchester, Rockland Counties)	\$150.00	\$ 899.48
Level II -16 (NYC, Nassau, Suffolk, Westchester, Rockland Counties)	\$174.00	\$1,044.00
Level I - 28 (Rest of State)	\$150.00	\$ 861.48
Level II- 29 (Rest of State)	\$174.00	\$1,014.00
Level III – 42 (NYC, Nassau, Suffolk, Westchester, Rockland Counties)	\$207.00	\$1,270.00
Level III – 42 (Rest of State)	\$207.00	\$1,270.00

- **The 2020 DAC Table is as follows:**

(LA=1 or 5 and Shelter NOT = 15, 16, 28, 29 or 42)	\$ 870.00
(LA=2 or 6 and Shelter NOT = 15, 16, 28, 29 or 42)	\$1,279.00
(LA=3)	\$1,011.48
(LA=4)	\$1,049.48
(LA=1 and Shelter = 15)	\$1,049.48
(LA=1 and Shelter = 28)	\$1,011.48
(LA=1 and Shelter = 16)	\$1,218.00
(LA=1 and Shelter =29)	\$1,188.00
(LA=1 and Shelter = 42)	\$1,477.00
(LA=2 and Shelter = 15)	\$2,098.96
(LA=2 and Shelter = 28)	\$2,022.96
(LA=2 and Shelter = 16)	\$2,436.00
(LA=2 and Shelter = 29)	\$2,376.00
(LA=2 and Shelter = 42)	\$2,954.00

- **Maximum Community Spouse Resources Allowance is \$128,640.00**
- **Minimum Monthly Maintenance Needs Allowances (MMMNA) is \$3,216.50**
- **Maximum Social Security (Worker Retiring at Full Retirement Age) is \$3,011.00**
- **New Fair Market Regional Rate Table (Averages)**

Northeastern Counties (Shelter = 54)	\$ 483.00
Central Counties (Shelter = 55)	\$ 436.00
Rochester Counties (Shelter = 56)	\$ 444.00
Western Counties (Shelter = 57)	\$ 386.00

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Northern Metropolitan Counties (Shelter = 58)	\$1,032.00
NYC - five boroughs (Shelter = 59)	\$1,451.00
Long Island (Shelter = 60)	\$1,361.00
Cong Care Level 3 (Shelter = 63)	\$1,863.00 - \$2,928.00
(Shelter 42 amount + Fair Market Regional Rate for Counties based on location)	

• **Federal Poverty Levels**

There will be no new Federal Poverty Levels for this phase of MRB.

Notices

Due to Federal legislation that provides for a 1.6 % Cost of Living Adjustment (COLA) increase for SSA benefits, manual and automated MA only notices are available through CNS.

Manual CNS Notices

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.

For LDSS that do not use CNS notices S07 and S08, these notices must be reproduced locally **without modification**. Two copies (English and 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 will be required for the notice to process. Without a stored budget, the notice will not process.

- OHIP 4374 Notice of Intent to Change Medicaid Coverage (New Excess/COLA Case): This notice should be used when the Recipient is no longer fully eligible for Medicaid due to an increase in the Social Security benefit. The Recipient(s) may be eligible with a spenddown of income if medical expenses are equal to or exceed the excess income amount.

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- OHIP 4375 Notice of Intent to Change Medicaid Coverage (Undercare Excess/COLA Case):
This notice should be used when the recipient's current excess income amount has changed due to an increase in the Social Security benefit.

If your district uses any of the manual COLA notices, please include both the "Explanation of the Excess Income Program" and "Optional Pay-In Program" informational sheets with the notices. The notices must be generated at least 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.

Automated CNS Notices

Budget Type 04

When MRB results in an increased spenddown amount, a file will be sent to CNS/WMS to generate the notice and a WMS Transaction using the following code:

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

Budget Types 07-10

Local Districts that chose to participate in the Principal Provider update process will have Client Notices automatically generated for their Chronic Care population due to changes in the NAMI amounts from the MRB Process.

For Budget Type 07:

- 946 – Recalculation of Contribution toward Chronic Care, Single, COLA

For Budget Types 08, 09 and 10:

- 947 – Recalculation of Contribution toward Chronic Care, Spousal, COLA