



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

December 20, 2024

TO: All MBL Liaisons

Re: MBL Transmittal 24-2

Dear MBL Liaisons:

Enclosed is MBL Transmittal 24-2. This transmittal includes information regarding the new eligibility levels which are effective January 1, 2025. As the Medicaid Income Level is now equal to 138% of the Federal Poverty Level (FPL), the MA Income and Resource Levels, New Fair Market Regional Rate Table, Allocation Amount and Personal Needs Allowance PIA Amount (PNA = 3) will be updated in early 2025 when the new FPLs are released. Phase 1 of MRB, including the systematic update of the 2.5% Cost of Living Adjustment (COLA), was not run due to the recent public health emergency and ongoing unwind period.

The new eligibility levels outlined in the attached transmittal will be available on Production on December 23, 2024. If you have any questions, please contact the Local District Support Unit at (518) 474-8887.

Sincerely,

*Ruchika Bajaj*

Ruchika Bajaj  
Director, Downstate Eligibility Systems  
Office of Health Insurance Programs

*Amy L. Smith*

Amy L. Smith  
Director, Upstate Eligibility Systems  
Office of Health Insurance Programs

Enclosure

cc: MA Directors

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

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

### **Reason for Change**

The annual increase in SSI levels and Congregate Care levels have been announced for 2025.

### **Change in Procedure/System Processing**

Effective 12/23/2024 for all budgets with a “FROM” Date of 01/01/2025 or later, MBL will use the following amounts in calculating budgets:

- **SSA COLA** increase is 2.5%
- **Medicare Part B Standard Premium** is \$185.00
- **New SSI Levels are:**
  - a. Federal Benefit Level for individual \$967.00 and couple \$1,450.00
  - b. State Supplement is \$23.00 for an individual living with others
  - c. Family Care Level (LA 3 & 4)  
Upstate \$1,195.48  
NYC, Nassau, Suffolk, Westchester & Rockland Counties \$1,233.48
  - d. 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)	\$186.00	\$1,047.48
Level II -16 (NYC, Nassau, Suffolk, Westchester, Rockland Counties)	\$213.00	\$1,189.00
Level I - 28 (Rest of State)	\$186.00	\$1,009.48
Level II- 29 (Rest of State)	\$213.00	\$1,159.00
Level III – 42 (NYC, Nassau, Suffolk, Westchester, Rockland Counties)	\$255.00	\$1,406.00
Level III – 42 (Rest of State)	\$255.00	\$1,406.00

- **The 2025 DAC Table is as follows:**

(LA=1 or 5 and Shelter NOT = 15, 16, 28, 29 or 42)	\$1,054.00
(LA=2 or 6 and Shelter NOT = 15, 16, 28, 29 or 42)	\$1,554.00
(LA=3)	\$1,195.48
(LA=4)	\$1,233.48
(LA=1 and Shelter = 15)	\$1,233.48
(LA=1 and Shelter = 28)	\$1,195.48

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(LA=1 and Shelter = 16)	\$1,402.00
(LA=1 and Shelter = 29)	\$1,372.00
(LA=1 and Shelter = 42)	\$1,661.00
(LA=2 and Shelter = 15)	\$2,466.96
(LA=2 and Shelter = 28)	\$2,390.96
(LA=2 and Shelter = 16)	\$2,804.00
(LA=2 and Shelter = 29)	\$2,744.00
(LA=2 and Shelter = 42)	\$3,322.00

- **Maximum Community Spouse Resources Allowance is \$157,920.00**
- **Minimum Monthly Maintenance Needs Allowances (MMMNA) is \$3,948.00**
- **Maximum Social Security (Worker Retiring at Full Retirement Age) is \$4,018.00**

**Notices**

Due to Federal legislation that provides for a 2.5 % Cost of Living Adjustment (COLA) increase for SSA benefits, manual 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. A stored MBL budget showing the excess income amount will be required for the notice to process.

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.

- 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

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spenddown of income if medical expenses are equal to or exceed the excess income amount.

- 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.