

2023 Medicaid & MSP Increase
How to Help Consumers Benefit From the Landmark Changes
January 18, 2023 *Updated Jan. 27, 2023*

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**Check out our Health Advocacy Website at
<http://health.wnylc.com/health/> (*)
for additional information**

TO:	Local District Commissioners, Medicaid Directors
FROM:	Lisa Sbrana, Director Division of Eligibility and Marketplace Integration
SUBJECT:	Changes to Medicare Savings Program (MSP) Income Levels
ATTACHMENT:	Attachment I – Sample One-Time Medicare Savings Plan Letter
EFFECTIVE DATE:	January 1, 2023
CONTACT PERSON:	Local District Support Units Upstate (518) 474-8887 NYC (212) 417-4500

The purpose of this General Information System (GIS) message is to advise local departments of social services of an increase in the percent of Federal Poverty Level (FPL) for determining eligibility for payment of Medicare premiums through the Medicare Buy-In process pursuant to Chapter 56 of the Laws of 2022.

This change is effective with new applications and requests for redetermination of Medicare Savings Program (MSP) eligibility received on or after January 1, 2023. Determinations for any period prior to January 1, 2023, must be determined using the 2022 MSP FPL levels.

New FPL levels effective January 1, 2023

Qualified Medicare Beneficiary (QMB) Clients with income less than or equal to 138% of the FPL will be QMB eligible, beginning January 1, 2023. QMB eligible clients may also have active Medicaid coverage. NY Medicaid will pay Medicare Part B premiums, coinsurance, and deductibles for those eligible at the QMB level.

Specified Low Income Medicare Beneficiary (SLMB) This category will no longer be used for new applications or renewals on or after January 1, 2023. Since the SLMB income level is 120% of the FPL, it is being subsumed into the QMB level.

Qualifying Individuals (QI) Clients with income above 138% of the FPL and less than or equal to 186% of the FPL will be QI eligible, beginning January 1, 2023.

Note: Clients cannot be enrolled as QI and enrolled in NY Medicaid at the same time. They must choose which program they prefer. NY Medicaid will pay only Medicare Part B premiums for those eligible at the QI level.

Mass re-budgeting will not occur for those with current MSP coverage. Letters will be sent to these individuals who are MSP eligible, above the 2022 QMB level, advising them that they may be eligible for MSP with benefits not currently available with their current level of coverage.

Instructions on where to obtain and submit both the MSP Only and full Medicaid applications are provided. (See Attachment I). A separate letter with similar information will be sent to those individuals who are eligible for Medicaid with excess income. Should consumers contact local districts in the month of December, staff should wait until January to process any applications or changes when the new rates take effect. Current processes for determining MSP eligibility will not change. MSP determinations must be completed before determining Medicaid eligibility per 00 OMM/ADM 07.

2023 MSP Income limits	
CATEGORY	INCOME/FPL
QMB	0% up to and equal to, 138%
SLMB	<i>Category is no longer applicable</i>
QI	Above 138% and up to and equal to, 186%

MSP Redeterminations

When processing a request for a redetermination of MSP outside of the Client’s normal renewal period, the coverage and authorization “To” date should not be changed. This will result in the individual keeping the same renewal month as they had prior to the new determination.

Upstate QI Eligible Individuals

All Upstate QI individuals will no longer be renewed in June of each year. Upstate QI eligible applicants will no longer be given a coverage and authorization “To” date of 12/31/49. Applicants newly eligible for QI will be given coverage “From” and “To” dates corresponding to their date of application.

Example: Applications submitted in April of 2023, determined QI eligible, will be provided a coverage and authorization “From” date of 04/01/2023 and a coverage and authorization “To” date of 03/31/2024.

If the district touches a case prior to the annual renewal, for a client who is currently eligible for QI, and has a coverage and authorization “To” date of 12/31/49, they must update the coverage and authorization “To” date to June 30, 2023. This will result in the individual continuing to have the same renewal period but end the practice of using 12/31/49.

The Department is working on a process to address the current population with 12/31/49 authorization “To” dates who do not report a change or request an update to their case, so that these clients will be renewed based on an authorization “To” date of 6/30/23, rather than the 12/31/49 date. This is expected to be resolved during the first quarter of 2023.

Retroactive MSP

The policy for retroactive MSP benefits has not changed. Clients eligible for QMB are not entitled to retroactive benefits. Clients eligible for SLMB and QI may be entitled to retroactive benefits for three months prior. However, retroactive QI benefits may not be provided for a previous calendar year.

As of January 1, 2023, the SLMB category should no longer be utilized in eMedNY unless you are entering retroactive SLMB that will be for all or a part of the period 10/01/2022 to 12/31/2022. Clients may show as being currently enrolled at the SLMB level after January 1, 2023, however they will no longer be able to be determined eligible for SLMB in WMS.

If, after January 1, 2023, there is a need to determine MSP eligibility retroactively for SLMB for any time in the last quarter of 2022, a manual budget will need to be performed and eMedNY

updated. Determination for SLMB eligibility in 2022 will need to use the MSP rates for 2022.

Please direct any questions to your local district liaison.

XL0218 (09/97)

COUNTY DSS
 COUNTY ADDRESS
 CITY, STATE ZIP

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 ESTA NOTIFICACION EN UN SOBRE APARTE

NOTICE NUMBER: U000000000	DATE: December 1, 2022	CASE NUMBER: AB000000
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OFFICE OFC ID	UNIT UNIT ID	WORKER WKER ID	UNIT OR WORKER NAME DEFAULT MA	TELEPHONE NO. ###-###-####
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AGENCY TELEPHONE NUMBERS	CASE NAME / AND ADDRESS
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP <u>###-###-####</u> ----- OR Agency Conference <u>###-###-####</u> Fair Hearing information and assistance <u>###-###-####</u> Record Access <u>###-###-####</u> Child/Teen Health Plan <u>###-###-####</u>	OFC/UNIT/WKER CONSUMER NAME CONSUMER ADDRESS CITY, STATE ZIP

If you are blind or seriously visually impaired and need notices or other written materials in an alternative format (large print, audio, or data CD, or Braille), contact your local social services district.

MEDICAL ASSISTANCE

Good News, as part of the New York State 2023 Budget, individuals who have been eligible for the Medicare Savings Program only, may now be eligible to enroll in NY Medicaid which covers many health care services not covered by Medicare.

You, or someone in your household, is currently enrolled in the Medicare Savings Program. Some categories of the Medicare Savings Program do not provide any Medicaid benefits. As of January 1, 2023, you may be eligible for Medicaid as well as the Qualified Medicare Beneficiary (QMB) Medicare Savings Program. QMB will cover your Medicare premiums and cost-sharing.

If you, or someone in your household, would like to be considered for Medicaid eligibility, you must submit a fully completed Medicaid application, along with a Supplement A form. The application can be obtained from your local department of social services or downloaded from the internet at <https://www.health.ny.gov/forms/doh-4220.pdf>. The Supplement A form is also available from your local department of social services or downloaded from the internet at <https://www.health.ny.gov/forms/doh-5178a.pdf>.

If you, or someone in your household, would like to be considered for only the Medicare Savings Program, please complete the Medicare Savings Program Application. This application can be obtained from your local department of social services or downloaded from the internet at <https://www.health.ny.gov/forms/doh-4328.pdf>.

Once you complete and submit the application and documentation to your local department of social services, you will receive notification regarding your eligibility for these programs based on the changes that take effect January 1, 2023.

Questions regarding the application, general Medicaid information, or the Medicare Savings Programs may be directed to your social services district at the agency

telephone number listed above.

SAMPLE

are higher than the MNIL. However, for purposes of determining the most beneficial income level for a single individual residing in a Congregate Care Level 1 or Level 2 living arrangement, the increased MNIL for January 2023 is higher than the income levels for Congregate Care Level 1 and Level 2 for single individuals. Districts are reminded to apply the most beneficial income level.

Medically Needy Resource Level

The Medically Needy resource level for SSI-related individuals is calculated at 150% of the Medicaid MNIL. As a result of the change to the MNIL, the resource level for an SSI-related individual will increase from \$16,800 (\$24,600 for a couple) for 2022 to \$28,133 for an individual (\$37,902 for a couple) effective January 1, 2023.

Medicaid Buy-In Program for Working People with Disabilities Resource Levels

The resource levels for the Medicaid Buy-In Program for Working People with Disabilities will also increase effective January 1, 2023. The MBI-WPD resource levels, currently a fixed level of \$20,000 for an individual and \$30,000 for a couple, will increase to the same amount as the Medically Needy resource levels effective January 1, 2023. The income level for MBI-WPD remains 250% FPL. As referenced above, the Medically Needy resource levels are subject to change annually based on changes to the FPL. MBI-WPD Client Notice System (CNS) notices and manual notices have been updated to reflect the resource level changes.

Effective Date

The new Medically Needy income and resource levels are effective January 1, 2023, and apply to new applications and requests for an increase in coverage received on or after January 1, 2023.

Please direct any questions to your local district liaison.

XL0218 (09/97)

COUNTY DSS
 COUNTY
 ADDRESS
 CITY,STATE ZIP

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NOTICE NUMBER: U000000000		DATE: December 1, 2022	CASE NUMBER: AB00000	
OFFICE OFC ID	UNIT UNIT ID	WORKER WKER ID	UNIT OR WORKER NAME DEFAULT MA	TELEPHONE NO. ###-###-####

<p><u>AGENCY TELEPHONE NUMBERS</u></p> <p>GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP <u>###-###-####</u></p> <p>-----</p> <p>OR Agency Conference <u>###-###-####</u></p> <p>Fair Hearing information and assistance <u>###-###-####</u></p> <p>Record Access <u>###-###-####</u></p> <p>Child/Teen Health Plan <u>###-###-####</u></p>	<p>CASE NAME / AND ADDRESS</p> <p>OFC/UNIT/WORKER</p> <p>CONSUMER NAME CONSUMER ADDRESS CITY, STATE ZIP</p>
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MEDICAL ASSISTANCE

Dear Medicaid Member,

This letter is being sent to you to let you know that as part of the New York State 2023 Budget, the Medically Needy Income level will increase beginning in January 2023, when it will be based on 138% of the Federal Poverty level. **This is good news!**

What does this change mean?

It means that Medicaid enrollees who have their Medicaid through their local social services district (including the Human Resources Administration (HRA) in New York City) and who have their monthly income compared to the Medically Needy income level **may be able to keep more of their monthly income** under this change beginning in 2023.

Why am I getting this letter?

If you or someone in your household has excess income under current Medicaid rules **and lives in the community** - for example, someone in your household living in the community has a "Spenddown" or a community-based income contribution called "Net Available Monthly Income" contribution (known as a "NAMI" contribution) - this change could lower the amount of income you or your household member may have to contribute on a monthly basis in order to get Medicaid coverage.

Do I need to do anything?

No, you don't have to do anything - this change will be applied to your case at your Medicaid renewal. BUT if you want to see if you can start contributing less **of your income towards your Medicaid coverage sooner than your next Medicaid renewal**, you can request that your local social services district review your budget after January 1, 2023, to see if you can start contributing less of your income before your next Medicaid renewal.

How do I ask for a budget review before my next Medicaid renewal if I want one?

After January 1, 2023, you can contact your local social services district at the address or agency telephone number listed above. You will need to have the following information ready to tell your local social services district:

- o your current gross income (before taxes and deductions):\$_____
- o your total allowable deductions (like health insurance premiums, Medicare premiums, etc.):\$_____

You can provide this information to your district via fax, using NYDocSubmit, a mobile application for your Apple iOS or Android device*, mail, or over the phone. If you call, you may have a brief wait while the district helps other callers with questions and budget reviews. But you will get the help you need.

What do I do if I have questions about this letter?

You can contact your local social services district at the address or agency telephone number list above.

Thank you!

New York State Medicaid

*NYDocSubmit" is available through the Apple App Store or Google Play Store, for use with an Apple iOS or Android phone or tablet with a working camera and data or Wi-Fi connectivity.

SAMPLE

TO:	Local District Commissioners, Medicaid Directors	
FROM:	Lisa Sbrana, Director Division of Eligibility and Marketplace Integration	
SUBJECT:	2023 Medicaid Levels and Other Updates	
EFFECTIVE DATE:	January 1, 2023	
CONTACT PERSON:	Local District Support Units Upstate (518) 474-8887	NYC (212) 417-4500

The purpose of this General Information System (GIS) message is to advise local departments of social services (LDSS) of the income levels and figures used to determine Medicaid eligibility, effective January 1, 2023.

Due to the ongoing Public Health Emergency (PHE), Phase 1 of Mass Re-Budgeting (MRB), including the systematic update of the 8.7 percent (%) Cost of Living Adjustment (COLA), was not run. Districts will be informed of any updates regarding MRB. During the PHE, individuals with Medicaid coverage will be held harmless by maintaining their current budgets pending any other direction to districts from the Department. The Medicaid Budget Logic (MBL) has been updated with the 2023 Medically Needy income levels. This ensures the revised income levels are available in MBL for applications, and redeterminations. The methodology for determining the Medically Needy income level has changed to 138% of the Federal Poverty Level. This change is described in GIS 22 MA/11 "Increase of Medical Medically Needy Income Level to 138% of the Federal Poverty Level and Related Medically Needy and MBI-WPD Resource Level Changes." As instructed in GIS 22 MA/11, districts must recalculate income eligibility based on the new levels and current income information when contacted by the consumer, or at next renewal.

The standard monthly premium for Medicare Part B enrollees will be \$164.90 for 2023, a decrease of \$5.20 from \$170.10 in 2022. Most Medicare beneficiaries will pay this amount. Less than 1% of Medicare beneficiaries will pay less than the full Part B standard monthly premium amount in 2022. Due to the SSA 8.7% COLA, some beneficiaries who were held harmless against Part B premium increases in 2022 will pay the full monthly premium of \$164.90 in 2023. This is because the increase in their Social Security benefits will be greater than or equal to the increase in their Part B premium.

The "hold harmless" provision does not apply to beneficiaries who:

- do not receive Social Security benefits;
- are directly billed for their Part B premium;
- are new Medicare Part B beneficiaries;
- have Medicare and Medicaid, and Medicaid pays the premiums; and
- pay an Income-Related Monthly Adjustment Amount (IRMAA).

Note: Budgets with a “From” date of January 1, 2023, or later, that utilize a Federal Poverty Level (FPL), must be calculated with the 2022 Social Security benefit amount and Medicare Part B premium amount until the 2023 FPLs are available on MBL. Upstate districts and New York City’s Human Resources Administration (HRA) are instructed not to update Social Security benefit amounts and Medicare Part B premium amounts for budgets that utilize an FPL until further notice.

For purposes of redetermining income eligibility as provided for in GIS 22 MA/11, districts must use the current income information that is reported by the consumer.

The following figures are effective January 1, 2023.

Medically Needy Income and Resources Levels are in effect until the FPLs for 2023 are published in the Federal Register.

1.

HOUSEHOLD SIZE	MEDICALLY NEEDY INCOME LEVEL		RESOURCES
	ANNUAL	MONTHLY	
ONE	18,755	1,563	28,133
TWO	25,268	2,106	37,902
THREE	31,782	2,649	
FOUR	38,295	3,192	
FIVE	44,809	3,735	
SIX	51,323	4,277	
SEVEN	57,836	4,820	
EIGHT	64,350	5,363	
NINE	70,863	5,906	
TEN	77,377	6,449	
EACH ADD’L PERSON	6,514	543	

2. The Supplemental Security Income federal benefit rate (FBR) for an individual living alone is \$914.00/single and \$1,371.00/couple.
3. The allocation amount is \$543.00, the difference between the Medicaid income level for a household of two and one.
4. The 249e factors are .974 and .128.
5. The SSI resource levels remain \$2,000.00 for individuals and \$3,000.00 for couples.
6. The State Supplement is \$87.00 for an individual and \$104.00 for a couple living alone.
7. If an individual paid Medicare taxes for less than 30 quarters, the individual’s cost for Medicare Part A is \$506. If an individual paid Medicare taxes for 30-39 quarters, the standard Part A premium is \$278.00. For individuals who paid Medicare taxes for 40 quarters or more, there is no cost for Medicare Part A.
8. The standard Medicare Part B monthly premium for beneficiaries with annual income less than or equal to \$97,000.00 is \$164.90.
9. The Maximum federal Community Spouse Resource Allowance is \$148,620.00.
10. The Minimum State Community Spouse Resource Allowance is \$74,820.00
11. The community spouse Minimum Monthly Maintenance Needs Allowance (MMMNA) is \$3,715.50.
12. Maximum Family Member Allowance remains \$763.00 until the FPLs for 2023 are

- published in the Federal Register.
13. Family Member Allowance formula number remains \$2,289.00 until the FPLs for 2023 are published in the Federal Register.
 14. Personal Needs Allowance for certain waiver participants subject to spousal impoverishment budgeting is \$543.00.
 15. Substantial Gainful Activity (SGA) is: Non-Blind \$1,470.00/month, Blind \$2,460.00/month and Trial Work Period (TWP) \$1,050.00/month.
 16. SSI-related student earned income disregard limit of \$2,220.00/monthly up to a maximum of \$8,950.00/annually.
 17. The home equity limit for Medicaid coverage of nursing facility services and community-based long-term care is \$1,033,000.00
 18. The special income standard for housing expenses that is available to certain individuals who enroll in the Managed Long-Term Care program (See 12 OHIP/ADM-5 for further information) vary by region. For 2023, the amounts are: Northeastern \$425.00 (a decrease from the 2022 figure); Central \$358.00 (a decrease from the 2022 figure); Rochester \$367.00 (a decrease from the 2022 figure); Western \$301.00 (a decrease from the 2022 figure); Northern Metropolitan \$1,031.00 (a decrease from the 2022 figure); Long Island \$1,445.00; and New York City \$1,701.00.

Please direct any questions to the Local District Support Unit at 518-474-8887 for Upstate and 212-417-4500 for NYC.



**NEW YORK STATE INCOME AND RESOURCE STANDARDS FOR NON-MAGI POPULATION
EFFECTIVE JANUARY 1, 2023**

HOUSE HOLD SIZE	100% FPL		120% FPL		135% FPL		138% FPL MEDICAID INCOME		150% FPL		185% FPL		186% FPL		200% FPL		250% FPL		RESOURCES	
	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY		
ONE	13,590	1,133	16,308	1,359	18,347	1,529	18,755	1,563	20,385	1,699	25,142	2,096	25,278	2,107	27,180	2,265	33,975	2,832	28,133	1
TWO	18,310	1,526	21,972	1,831	24,719	2,060	25,268	2,106	27,465	2,289	33,874	2,823	34,057	2,839	36,620	3,052	45,775	3,815	37,902	2
THREE	23,030	1,920					31,782	2,649	34,545	2,879	42,606	3,551			46,060	3,839				3
FOUR	27,750	2,313					38,295	3,192	41,625	3,469	51,338	4,279			55,500	4,625				4
FIVE	32,470	2,706					44,809	3,735	48,705	4,059	60,070	5,006			64,940	5,412				5
SIX	37,190	3,100					51,323	4,277	55,785	4,649	68,802	5,734			74,380	6,199				6
SEVEN	41,910	3,493					57,836	4,820	62,865	5,239	77,534	6,462			83,820	6,985				7
EIGHT	46,630	3,886					64,350	5,363	69,945	5,829	86,266	7,189			93,260	7,772				8
NINE	51,350	4,280					70,863	5,906	77,025	6,419	94,998	7,917			102,700	8,559				9
TEN	56,070	4,673					77,377	6,449	84,105	7,009	103,730	8,645			112,140	9,345				10
EACH ADD'L PERSON	4,720	394					6,514	543	7,080	590	8,732	728			9,440	787				+

SPOUSAL IMPOVERISHMENT	INCOME	RESOURCES
Community Spouse	\$3,715.50	\$148,620
Institutionalized Spouse	\$50	\$28,133
Family Member Allowance	\$2,289 (150% of FPL for 2) is used in the FMA formula the maximum allowance is \$763	N/A

SPECIAL STANDARDS FOR HOUSING EXPENSES					
REGION	Amount	REGION	Amount	REGION	Amount
Central	\$358	Northeastern	\$425	Northern Metropolitan	\$1,031
Rochester	\$367	Long Island	\$1,445		
Western	\$301	New York City	\$1,701		

*In determining the community spouse resource allowance on and after January 1, 2023, the community spouse is permitted to retain resources in an amount equal to the greater of the following \$74,820.00 or the amount of the spousal share up to \$148,620.00. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the beginning of the most recent continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989.

Revised December 22, 2022

NON-MAGI POPULATION						
CATEGORY	INCOME COMPARED TO	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES
		1	2	1	2	
UNDER 21, ADC-RELATED	MEDICAID LEVEL	1,563	2,106	NO RESOURCE TEST		
SSI-RELATED	MEDICAID LEVEL	1,563	2,106	28,133	37,902	Household size is always one or two.
COBRA CONTINUATION COVERAGE	100% FPL	1,133	1,526	4,000	6,000	A/R may be eligible for Medicaid to pay the COBRA premium.
AIDS INSURANCE	185% FPL	2,096	2,823	NO RESOURCE TEST		A/R must be ineligible for Medicaid, including COBRA continuation.
QUALIFIED MEDICARE BENEFICIARY (QMB)	138% FPL	1,563	2,106	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Part B and/or A premium, coinsurance and deductible.
QUALIFIED INDIVIDUALS (QI)	GREATER THAN 138% BUT LESS THAN OR EQUAL TO 186% FPL	1,563	2,106	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium. The A/R must have part A to qualify.
		2,107	2,839			
QUALIFIED DISABLED & WORKING INDIVIDUAL (QDWI)	200% FPL	2,265	3,052	4,000	6,000	If the A/R is determined eligible, Medicaid will pay Medicare Part A premium.
MEDICAID BUY-IN PROGRAM FOR WORKING PEOPLE WITH DISABILITIES (MBI-WPD)	250% FPL	2,832	3,815	28,133	37,902	Countable retirement accounts are disregarded as resources effective 10/01/11.

Revised December 22, 2022



**New York State Income Standards for MAGI Population
Effective January 1, 2023**

House Hold Size	100% FPL		110% FPL		138% FPL LIF LEVEL		154% FPL		155% FPL		223% FPL	
	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY
One	13,590	1,133	14,949	1,246	18,755	1,563	20,929	1,745	21,065	1,756	30,306	2,526
Two	18,310	1,526	20,141	1,679	25,268	2,106	28,198	2,350	28,381	2,366	40,832	3,403
Three	23,030	1,920	25,333	2,112	31,782	2,649	35,467	2,956	35,697	2,975	51,357	4,280
Four	27,750	2,313	30,525	2,544	38,295	3,192	42,735	3,562	43,013	3,585	61,883	5,157
Five	32,470	2,706	35,717	2,977	44,809	3,735	50,004	4,167	50,329	4,195	72,409	6,035
Six	37,190	3,100	40,909	3,410	51,323	4,277	57,273	4,773	57,645	4,804	82,934	6,912
Seven	41,910	3,493	46,101	3,842	57,836	4,820	64,542	5,379	64,961	5,414	93,460	7,789
Eight	46,630	3,886	51,293	4,275	64,350	5,363	71,811	5,985	72,277	6,024	103,985	8,666
Nine	51,350	4,280	56,485	4,708	70,863	5,906	79,079	6,590	79,593	6,633	114,511	9,543
Ten	56,070	4,673	61,677	5,140	77,377	6,449	86,348	7,196	86,909	7,243	125,037	10,420
Each Add't Person	4,720	394	5,192	433	6,514	543	7,269	606	7,316	610	10,526	878

Revised October 13, 2022

MAGI POPULATION						
CATEGORY	INCOME COMPARED TO	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES
		1	2	1	2	
PRESUMPTIVE ELIGIBILITY FOR PREGNANT CONSUMERS	223% FPL	N/A	3,403	NO RESOURCE TEST		Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility.
PREGNANT CONSUMERS	223% FPL	N/A	3,403	NO RESOURCE TEST		A woman determined eligible for Medicaid for any time during her pregnancy remains eligible for Medicaid coverage until the last day of the month in which the 60th day from the date the pregnancy ends occurs, regardless of any change in income or household size composition. If the income is above 223% FPL the A/R must spenddown to the Medicaid income level. The baby will have guaranteed eligibility for one year.
CHILDREN UNDER ONE	223% FPL		3,403	NO RESOURCE TEST		If the income is above 223% FPL the A/R may apply for CHPlus or spenddown to the Medicaid level. One year guaranteed eligibility if mother is in receipt of Medicaid on delivery. Eligibility can be determined in the 3 months retro to obtain the one year extension.
		2,526				
CHILDREN AGE 1 THROUGH 5	154% FPL	1,745	2,350	NO RESOURCE TEST		If income is above 154% FPL the A/R may apply for CHPlus or if chooses to spenddown, must spenddown to the Medicaid level.
CHILDREN AGE 6 THROUGH 18	110% FPL	1,246	1,679	NO RESOURCE TEST		If income is above 154% FPL the A/R may apply for CHPlus or if chooses to spenddown, must spenddown to the Medicaid level.
	154% FPL	1,745	2,350			
PARENTS/CARETAKER RELATIVES	138% FPL	1,563	2,106	NO RESOURCE TEST		If income is above 138% FPL the A/R may apply for Advanced Premium Tax Credit (APTC) or Essential Plan (EP) if chooses to spenddown, must spenddown to the Medicaid Level.
19 AND 20 YEAR OLDS LIVING WITH PARENTS	138% FPL	1,563	2,106	NO RESOURCE TEST		If income is above 155% FPL the A/R can apply for APTC or EP or if chooses to spenddown, must spenddown to Medicaid level.
	155% FPL	1,756	2,366			
SINGLE/CHILDLESS COUPLES AND 19 AND 20 YEARS LIVING ALONE	100% FPL	1,133	1,526	NO RESOURCE TEST		Single/Childless Couples (S/CCs) cannot spenddown, but can apply for APTC or EP; 19 and 20 year olds if income over 138% may apply for APTC or EP if chooses to spenddown, must spenddown to the Medicaid level.
	138% FPL	1,563	2,106			
FAMILY PLANNING PROGRAM	223% FPL	2,526	3,403	NO RESOURCE TEST		Eligibility determined using only applicant's income.

Revised October 13, 2022

Pickle

Section 503 of Public Law 94-566, referred to as the Pickle Amendment, protects Medicaid eligibility for all recipients of Retirement Survivors and Disability Insurance (RSDI) who were previously eligible for SSI benefits concurrently. These recipients are individuals who would be eligible for SSI, if all RSDI Cost of Living Allowances (COLAs) received since they were last eligible for and receiving RSDI and SSI benefits concurrently, were deducted from their countable income. (See 85 ADM-35 for further information). The reduction factors in

If SSI was terminated during this period:	Multiply 2022 Social Security income by:	If SSI was terminated during this period:	Multiply 2022 Social Security income by:	If SSI was terminated during this period:	Multiply 2022 Social Security income by:
May – June 1977	0.214	Jan. 1992 – Dec. 1992	0.502	Jan. 2007 – Dec. 2007	0.741
July 1977 – June 1978	0.226	Jan. 1993 – Dec. 1993	0.517	Jan. 2008 – Dec. 2008	0.758
July 1978 – June 1979	0.241	Jan. 1994 – Dec. 1994	0.531	Jan. 2009 – Dec. 2011	0.802
July 1979 – June 1980	0.265	Jan. 1995 – Dec. 1995	0.545	Jan. 2012 – Dec. 2012	0.831
July 1980 – June 1981	0.303	Jan. 1996 – Dec. 1996	0.560	Jan. 2013 – Dec. 2013	0.845
July 1981 – June 1982	0.337	Jan. 1997 – Dec. 1997	0.576	Jan. 2014 – Dec. 2014	0.858
July 1982 – Dec. 1983	0.362	Jan. 1998 – Dec. 1998	0.588	Jan. 2015 – Dec 2016	0.872
Jan. 1984 – Dec. 1984	0.374	Jan. 1999 – Dec. 1999	0.596	Jan. 2017 – Dec. 2017	0.875
Jan. 1985 – Dec. 1985	0.388	Jan. 2000 – Dec. 2000	0.610	Jan. 2018 – Dec. 2018	0.892
Jan. 1986 – Dec. 1986	0.400	Jan. 2001 – Dec. 2001	0.632	Jan. 2019 – Dec. 2019	0.917
Jan. 1987 – Dec. 1987	0.405	Jan. 2002 – Dec. 2002	0.648	Jan. 2020 – Dec. 2020	0.932
Jan. 1988 – Dec. 1988	0.422	Jan. 2003 – Dec. 2003	0.657	Jan. 2021 - Dec. 2021	0.944
Jan. 1989 – Dec. 1989	0.439	Jan. 2004 – Dec. 2004	0.671		
Jan. 1990 – Dec. 1990	0.459	Jan. 2005 – Dec. 2005	0.689		
Jan. 1991 – Dec. 1991	0.484	Jan. 2006 – Dec. 2006	0.717		

Note: This updates the Reduction Factors included in the Medicaid Reference Guide (MRG). The MRG table should no longer be used.

Revised December 22, 2022



Medical Assistance Program (MAP)

MEDICAID ALERT

December 27, 2022

Increase of Medicaid Medically Needy Income Level to 138% of the Federal Poverty Level and Related Medically Needy and MBI-WPD Resource Level Changes

This Alert is to inform Providers, Client Representatives, Community Based Organizations, Hospitals, Homecare Agencies, Nursing Homes, Advocates, Managed Care/Managed Long Term Care Plans, and agencies assisting Medicaid consumers of the New York State General Information System(GIS) message advising the district of a substantial increase to the Medically Needy Income level (MNIL) and impacts on the resource level for SSI-related consumers, and for the Medicaid Buy-In Program for Working People with Disabilities. These changes are pursuant to Chapter 56 of the Laws of 2022. The MNIL for January 2023 is based on the 138% FPL for 2022.

Medically Needy Income Level

Effective January 1, 2023, for SSI-related consumers the increase in the Medically Needy Income level to 138% FPL results in the income level for an individual increasing from \$934 in 2022 (\$1,367 for a couple) to \$1,563 (\$2,106 for couple). The SSI-related income disregards and deductions continue to apply.

Although this increase may reduce the number of Medicaid consumers who have excess income, the change does not eliminate the Excess Income (Spendedown) Program. Consumers with income above the MNIL in 2023 may spenddown to the new 2023 MNIL.

Medicaid eligibility for SSI-related consumers is determined by comparing income, after appropriate deductions, to the MNIL or the Medicaid Standard (and MBL Living Arrangement Chart as appropriate) and applying whichever income level is most beneficial. For individuals residing in Congregate Care living arrangements, the Congregate Care income levels, generally, are higher than the MNIL. However, for purposes of determining the most beneficial income level for a single individual residing in a Congregate Care Level 1 or Level 2 living arrangement, the increased MNIL for January 2023 is higher than the income levels for Congregate Care Level 1 and Level 2 for single individuals. Districts are reminded to apply the most beneficial income level.

In December 2022, New York State sent a letter to inform current Medicaid consumers who have been identified as having excess income of the increased MNIL, and to provide instructions for contacting the local district Medical Assistance Program/Homecare/Nursing Homes to request a recalculation of their income before their next renewal.

Medical Assistance/ Homecare Programs local District Mailing

In addition, the Medical Assistance Program/ Homecare/ Nursing Home division are also sending a one-time mailing with the attached MAP-3190, *2023 Budget Review Request* and MAP-3190a, *2023 Budget Review Request Cover Letter*. Consumers can self-attest to their income for 2023. Documentation is not required. The completed form must be returned in the business reply envelope that was sent with the Budget Review Request forms. Consumer who misplace the business return envelope can submit the completed form as follows:

Medicaid Surplus cases can fax the completed form to **917 639-0645** or return it to any community Medicaid Office

HCSP/MLTC/CASA consumers: Mail to HCSP 785 Atlantic Avenue, 7th Floor, Bklyn, 11238 or drop off at window 16 at 785 Atlantic Avenue

Nursing Home cases can fax the completed form to **917 639-0736**.

- **Note:** the changes to the income and resource levels do not impact Chronic Care Budgeting.

For current Medicaid consumers who do not contact the LDSS for a recalculation of their income in response to their December 2022 one-time letter, the Medical Assistance Program will redetermine the consumer eligibility based on the new MNIL at the next consumer contact or at renewal, whichever comes first.

Medically Needy Resource Level

As a result of the change to the MNIL, the resource level for an SSI-related individual will increase from \$16,800 (\$24,600 for a couple) in 2022 to \$28,133 for an individual and \$37,902 for a couple effective January 1, 2023

Medicaid Buy-In program for Working People with Disabilities Resource levels

The resources levels for the Medicaid Buy-In Program for Working People with Disabilities will also increase effective January 2023. The MBI-WPD resource levels, currently at a fixed level of \$20,000 for an individual and \$30,000 for a couple, will increase to the same amount as the Medically Needy resource levels effective January 1, 2023. The income level for MBI-WPD remains at 250% FPL.

Effective Date

The new Medically Needy income and resource levels are effective January 1, 2023 and apply to new applications and requests for an increase in coverage received on or after January 1, 2023.

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF

Return Address



CASE NUMBER: _____

If you have any questions call: HRA Medicaid Helpline
at **888-692-6116**.

2023 Budget Review Request (Cover Letter)

You are receiving this letter because you or someone in your household has excess income under the current Medicaid rules. Beginning in January 2023, a new Medicaid income rule may allow you or someone in your household to keep more of your monthly income. You may have already received a similar letter announcing these changes – the only difference is this letter contains a mail-back form and return envelope to make it even easier for you to request a review of your Medicaid income budget.

You can request to have your income reviewed under this new Medicaid income rule before your next Medicaid renewal by completing the enclosed Budget Review Request form and returning it in the enclosed Postage Paid Business Reply Envelope. You will receive a notice in the mail after your request is reviewed.

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at **888-692-6116**. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

KEEP THIS PAGE FOR YOUR RECORDS

Return Address



CASE NUMBER: _____

If you have any questions call: HRA Medicaid Helpline
at 888-692-6116.

2023 Budget Review Request Form

Current Mailing Address on File

Address _____

If your address has changed, provide your updated information below. **Only complete this section if address is different from the address above.**

Address _____

You must answer both questions and sign and date the form if you would like your budget to be re-evaluated.

Current Gross Income (before taxes and deductions) \$ _____

Income may include: wages, salaries, commissions, tips, overtime, self-employment, Social security benefits, disability benefits, unemployment benefits, veterans benefits, workers compensation, child support payments/alimony, pensions, annuities, trust income, rental income, money from relatives or friends to meet living expenses, Temporary cash assistance, Supplemental Security Income (SSI), student grants or loans.

Total allowable deductions such as current health insurance premiums, Medicare premiums etc. \$ _____

I attest that the above information is accurate.

Client Signature _____ Date _____

2023 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL POVERTY LEVELS (FPL)

Reference Documents: GIS: 22/MA 14, 22/MA 12, 22/MA 10, WLM 2022-00022, 2022-00068-01, and [NYS Partnership for Long-Term Care](#)



MAPDR-01 01/24/2023
(Obsoletes MAPDR-71)

Note: The figures highlighted in green are the new 2023 levels. The figures that are not highlighted in green are awaiting 2023 levels.

Note: Staff is advised that no consumer who was in receipt of Medicaid coverage on or after March 18, 2020, is to lose their Medicaid coverage during the COVID-19 emergency. The only exceptions for discontinuing coverage are when a consumer voluntarily terminates coverage, is no longer a resident of the State or is deceased.

For additional details regarding Applications and Renewals, staff is directed to, [2020 MAP INF-04 COVID-19 \(Coronavirus Easements\)](#), [GIS 20 MA/04, Coronavirus \(COVID-19\) – Medicaid Eligibility Processes During Emergency Period](#), [GIS 20 MA/11, Update to GIS 20/MA 04, Coronavirus \(COVID-19\) - Medicaid Eligibility Processes During Emergency Period](#) .

Financial Levels for Medicaid and Related Program Eligibility

1. Non-MAGI Medicaid Levels (SSI and SSI-Related Consumers With or Without A Surplus)											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Additional Person
Monthly Income	\$1,563	\$2,106	\$2,649	\$3,192	\$3,735	\$4,277	\$4,820	\$5,363	\$5,906	\$6,449	\$543

2. Non-MAGI Resource Levels											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Additional Person
Resource Level	\$28,133	\$37,902	\$25,013	\$28,275	\$31,539	\$34,800	\$38,064	\$41,325	\$44,588	\$47,850	\$3,263

3. Spousal Support and Resource Levels		
Income (MMMNA) - \$3,715.50 (Inst Spouse) - \$50	Resources – (Minimum) - \$74,820 (Maximum) - \$148,620 (Inst Spouse) - \$28,133	Family Member Allowance Formula: Use - \$2,289 \$763 is the maximum monthly family member allowance

4. NYS Partnership for Long Term Care (NYSP-LTC)		
Qualified Partnership Policy Holder (QPP) Medicaid Extended Coverage (MEC) Asset Disregards for Total Asset Policy Holders/Dollar-for-Dollar Asset Protection Plan Policy Holders		
Nursing Home		
	Resource Allowance	Income Allowance (Monthly)
Applicant	*\$28,133	\$50
Community Spouse	*\$148,620 (Maximum)	\$3,715.50
Home Care (Community-Based-Long-Term Care Services)		
	Resource Allowance	Income Allowance (Monthly)
Applicant	\$28,133	\$1,133 Increased to \$1,857.75 for QPP's
Applicant with Spouse	\$37,902	\$1,526 Increased to \$3,715.50 for QPP's
*Note: The Resource Allowances in this chart does not apply to the Total Asset Protection Plan QPP Policy Holders.		

5. MBI-WPD (Persons 16-64)		
Family Size	1	2
Monthly Income 250% FPL	\$2,832	\$3,815
Resources	\$28,133	\$37,902

6. Family Planning Benefit Program Income Levels (No Resource Test)							
Family Size	1	2	3	4	5	6	Each Additional Person
FPBP 223% FPL (Childbearing Age)	\$2,526	\$3,403	\$4,280	\$5,157	\$6,035	\$6,912	\$878

Note: FPBP eligibility is to be determined using only the applicant's income. The applicant's income is then compared to 223% of the federal poverty level for the appropriate family size. Family size continues to be determined using legal responsibility.

7. Medicare Savings Program (Buy-In)

8. Other Important Figures

		Income					
		Family of 1	Family of 2				
OMB 138% FPL	Annual	\$18,755	\$25,268	<p>Medicare Part A Premium: \$278.00 (30-39 Quarters) \$506.00 (Less than 30 Quarters)</p> <p>Medicare Part B Premium: (Rates based upon 2021 income tax filings)</p> <ul style="list-style-type: none"> The Cost-of-Living adjustment (COLA) for Social Security will be 8.7% percent for 2023. The standard monthly premium for Medicare Part B enrollees is \$164.90 for 2023, a decrease of \$5.20 from \$170.10 in 2022. Most Medicare beneficiaries will pay this amount. Less than 1% of Medicare beneficiaries will pay less than the Full Part B standard monthly premium amount in 2022. Due to the SSA 8.7% COLA, some beneficiaries who were held harmless against Part B premium increases in 2022, will pay the full monthly premium of \$164.90 in 2023. This is because the increase in their Social Security benefits will be greater than or equal to the increase in their Part B premium. <p>Under federal law commonly known as the “hold harmless” provision, Medicare Part B premiums cannot raise more than the COLA in any year for most consumers. However, this provision does not apply to the consumers listed below:</p> <ul style="list-style-type: none"> Individuals whose income is above \$97,000, or a married individual when the couple’s combined income is over \$194,000, will pay the standard premium and an Income-Related Monthly Adjustment Amount (IRMAA); Beneficiaries who do not receive Social Security benefits; Individuals who are directly billed for their Part B premium; New Medicare Part B beneficiaries; and Individuals who have Medicare and Medicaid, and Medicaid pays the premiums. <p>Standard Allocation: From non-SSI-related parent to non-SSI- related child \$543.00</p> <p>PASS-THROUGH FACTORS: .974 and .128</p> <p>Note: Budgets with a “From” date of January 1, 2023, or later, that utilize a Federal Poverty Level (FPL) must be calculated with the 2022 Social Security benefit amount and Medicare Part B premium amount until the 2023 FPLs are available on MBL. The 2022 Social Security amounts and Part B premium must be used until further notice. Staff must recalculate income eligibility based on the new levels and current income when contacted by the consumer or during renewal.</p>			
	Monthly	\$1,563	\$2,106				
<p>SLIMB (this category will no longer be used for new applications or renewals on or after January 1, 2023.) Individuals that require a determination of retro-active SLIMB determinations (anytime period during the last quarter of 2022) will require a separate budget for months in 2023 and must be budgeted using the 2022 FLP Levels. A manual budget will be needed and case must be updated in eMedNY.</p>				Family Size		1	2
				<p>COBRA (100% FPL)</p>			\$1,133
QI-1 138% - 186% FPL	Annual	\$25,278	\$34,057	<p>AIDS Health Ins. Program (AHIP) (185% FPL)</p>			
	Monthly	\$2,107	\$2,839	<p>QWDI (200% FPL)</p>			
<p>NO RESOURCE TEST FOR ANY MSP PROGRAM</p>				<p>COBRA, QWDI (Resource Level)</p>		\$4,000	\$6,000
				<p>Pickle/DAC/SSI (Resource Level)</p>		\$2,000	\$3,000

9. Monthly Regional Nursing Home Rates (Use the rate for the region in which the facility is located)

NEW YORK CITY (All boroughs) - \$14,142	LONG ISLAND - \$14,136 Nassau, Suffolk
NORTHEASTERN - \$12,744 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	NORTHERN METROPOLITAN - \$13,906 Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
WESTERN - \$12,130 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	ROCHESTER - \$13,421 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
CENTRAL - \$11,726 Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	

10. Fair Market Regional Rates (Averages) / Special Standards for Housing Expenses

NEW YORK CITY (All boroughs) (Shelter = 59) - \$1,701	LONG ISLAND (Shelter = 60) - \$1,445
NORTHEASTERN (Shelter = 54) - \$425	NORTHERN METROPOLITAN (Shelter = 58) - \$1,031
WESTERN (Shelter = 57) - \$301	ROCHESTER (Shelter = 56) - \$367
CENTRAL (Shelter = 55) - \$358	
CONGREGATE CARE LEVEL III - (42+ Regional Rate for County- Shelter = 63) - \$1,909 - \$3,309	

In determining the community spouse resource allowance on and after January 1, 2023, the community spouse is permitted to retain resources in an amount equal to the greater of the following: **\$74,820** or the amount of the spousal share up to **\$148,620**. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the beginning of the most recent continuous period of institutionalization of the institutionalized spouse. The look-back period is anchored in the month the A/R is both institutionalized and applying for MA.

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11. MAGI Levels for Medicaid and Related Program Eligibility

Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
Pregnant Women and Infants Under Age 1 (223% FPL)	\$2,526	\$3,403	\$4,280	\$5,157	\$6,035	\$6,912	\$7,789	\$8,666	\$9,543	\$10,420	\$878
Infants Under Age 1 223% FPL	\$2,526	\$3,403	\$4,280	\$5,157	\$6,035	\$6,912	\$7,789	\$8,666	\$9,543	\$10,420	\$878
Children Age 1-5 154% FPL	\$1,745	\$2,350	\$2,956	\$3,562	\$4,167	\$4,773	\$5,379	\$5,985	\$6,590	\$7,196	\$606
Children Age 6-19 110% FPL	\$1,246	\$1,679	\$2,112	\$2,544	\$2,977	\$3,410	\$3,842	4,275	\$4,708	\$5,140	\$433
Children Age 6-19 (Expanded - 154% FPL)	\$1,745	\$2,350	\$2,956	\$3,562	\$4,167	\$4,773	\$5,379	\$5,985	\$6,590	\$7,196	\$606
Parents and Caretaker Relatives 138% FPL	\$1,563	\$2,106	\$2,649	\$3,192	\$3,735	\$4,277	\$4,820	\$5,363	\$5,906	\$6,449	\$543
19 and 20 Year Olds Living with Parents 138% FPL	\$1,563	\$2,106	\$2,649	\$3,192	\$3,735	\$4,277	\$4,820	\$5,363	\$5,906	\$6,449	\$543
19 and 20 Year Olds Living with Parents (Expanded - 155% FPL)	\$1,756	\$2,366	\$2,975	\$3,585	\$4,195	\$4,804	\$5,414	\$6,024	\$6,633	\$7,243	\$610
S/CCs and 19 and 20 Year Olds Living Alone (100% FPL)	\$1,133	\$1,526	\$1,920	\$2,313	\$2,706	\$3,100	\$3,493	\$3,886	\$4,280	\$4,673	\$394
S/CCs and 19 and 20 Year Olds Living Alone (Expanded 138% FPL)	\$1,563	\$2,106	\$2,649	\$3,192	\$3,735	\$4,277	\$4,820	\$5,363	\$5,906	\$6,449	\$543

12. Children's Medicaid Income Eligibility Levels

Family Size	1	2	3	4	5	6	7	8	Each Additional Person
Children Under 1; Pregnant Adult*	\$2,526	\$3,403	\$4,280	\$5,157	\$6,035	\$6,912	\$7,789	\$8,666	\$878
Children 1-18 Years	\$1,745	\$2,350	\$2,956	\$3,562	\$4,167	\$4,773	\$5,379	\$5,985	\$606

Note: *Pregnant adult household size calculation includes all expected children.

13. Child Health Plus Premium Levels – Monthly Income by Family Size (Children Under 19 Not Medicaid Eligible)

Premium Categories	1	2	3	4	5	6	Each Add'l Person
Free Insurance (under 160% FPL)	\$1,811	\$2,441	\$3,070	\$3,699	\$4,329	\$4,958	\$629
\$9 per child per month (Max. \$27 per family) (160% - 222% FPL)	\$2,515	\$3,388	\$4,261	\$5,134	\$6,007	\$6,881	\$874
\$15 per child per month (Max \$45/family) (223% - 250% FPL)	\$2,832	\$3,815	\$4,798	\$5,782	\$6,765	\$7,748	\$984
\$30 per child per month (Max. \$90 per family) (251% - 300% FPL)	\$3,398	\$4,578	\$5,758	\$6,938	\$8,118	\$9,298	\$1,180
\$45 per child per month (Max. \$135 per family) (301% - 350% FPL)	\$3,964	\$5,341	\$6,718	\$8,094	\$9,471	\$10,848	\$1,377
\$60 per child per month (Max. \$180 per family) (351%-400% FPL)	\$4,530	\$6,104	\$7,677	\$9,250	\$10,824	\$12,397	\$1,574
Full Premium per child/month if over 400% FPL (Premium amount varies from plan to plan)	Over \$4,530	Over \$6,104	Over \$7,677	Over \$9,250	Over \$10,824	Over \$12,397	Over 1,574

Note: *Pregnant women count as two.

14. Disabled Adult Children (DAC) Levels

Living Arrangements	Shelter Types	Amount
1	15	\$1,180.48
1	28	\$1,142.48
1	16	\$1,349.00
1	29	\$1,319.00
1	42	\$1,608.00
1 or 5	Other than: 15, 16, 28, 29 or 42	\$1,001.00
2	15	\$2,360.96
2	28	\$2,284.96
2	16	\$2,698.00
2	29	\$2,638.00
2	42	\$3,216.00
2 or 6	Other than: 15, 16, 28, 29 or 42	\$1,475.00
3	All	\$1,142.48
4	All	\$1,180.48

15. Congregate Care Level I, II and III Levels

Shelter Codes	PNA	Shelter Amount
15 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level I	\$175.00	\$1005.48
16 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level II	\$202.00	\$1,147.00
28 - (Rest of State) Level I	\$175.00	\$967.48
29 - (Rest of State) Level II	\$202.00	\$1,117.00
42 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level III	\$241.00	\$1,367.00
42 - (Rest of State) Level III	\$241.00	\$1,367.00

16. SSI Levels				
SSI Consumer		Amount		
Allocation Amount (The difference between the regular Medicaid levels for a household of two [\$2,106.00] and a household of one [\$1,563.00])		\$543.00		
Personal Needs Allowance (Certain waiver participants subject to spousal impoverishment budgeting)		\$543.00		
Maximum Social Security Benefit at Full Retirement Age		\$3,627.00		
State Supplement (For an individual living with others)		\$87.00		
Federal Benefit Rate	Individual	\$914.00	Couple	\$1,371.00
SSI Resource Levels	Individual	\$2,000.00	Couple	\$3,000.00
Family Care Level (LA 3 & 4)	NYC and Nassau, Suffolk, Westchester and Rockland	\$1,180.48	Upstate	\$1,142.48
SSI-related Student Earned Income Disregard	Monthly	\$2,220.00	Annual Max.	\$8,950.00

17. Substantial Gainful Activity (SGA) Levels		
Category	Amount	Payment Occurrence
Non-Blind	\$1,470.00	Monthly
Blind	\$2,460.00	Monthly
Month Trial Work Period	\$1,050.00	Monthly

18. Home Equity Maximum	
Medicaid Coverage Limit (RVI 1 and 2 cases)	\$1,033,000.00

January 13, 2023

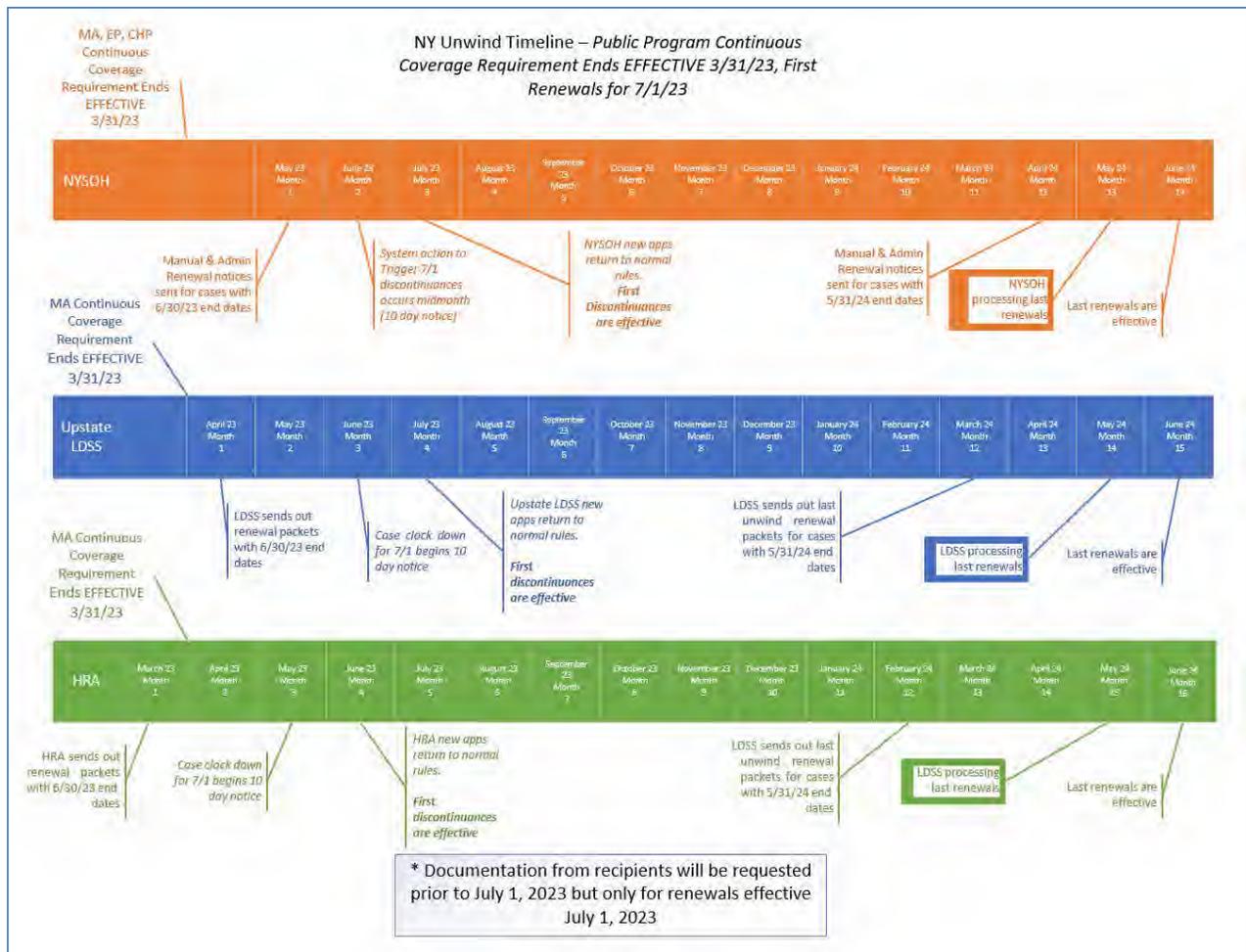
Dear Colleague,

Throughout the pandemic, the federal Public Health Emergency (PHE) designation has provided important consumer protections, bolstering the State's efforts to ensure access to health coverage and care for New Yorkers. During this unprecedented crisis, NY State of Health and Local Departments of Social Services have served as a critical source of stability, safeguarding the health insurance coverage of over 9 million New Yorkers enrolled in Medicaid, Child Health Plus (CHP), and the Essential Plan (EP).

On December 29, 2022, the federal Consolidated Appropriations Act, 2023 (CCA) was enacted. The CCA makes a number of policy changes to Medicaid and the Children's Health Insurance Program (CHIP), including some significant changes to the continuous enrollment requirements under the Families First Coronavirus Response Act (FFCRA). As of April 1, 2023, the Medicaid continuous coverage requirement adopted by the FFCRA in March 2020 is delinked from the federal COVID-19 public health emergency.

Pursuant to the CCA, the Centers for Medicaid and CHIP Services (CMCS) issued an informational [bulletin](#) on January 5, 2023, which included information on key due dates for certain state unwinding deliverables and activities. States are required to begin issuing eligibility redetermination notices by April 2023. Resuming redeterminations is referred to as "unwinding" the continuous coverage provisions in the CMCS guidance. Pursuant to the guidance, renewals for New York's more than 7.7 million Medicaid enrollees and more than 1.3 million enrollees in Child Health Plus and the Essential Plan, must be completed by the end of May 2024. The timing of how this requirement will be effectuated in New York is depicted by eligibility system in the figure below.

New York's Medicaid program operates in three eligibility systems – NY State of Health for MAGI-Medicaid cases administered by the State, downstate WMS for New York City Human Resources Administration (HRA), upstate WMS for all counties outside of New York City. (NY State of Health also processes all eligibility determinations for EP and CHP.) Each of these systems has different timing requirements for notice issuance to consumers. It will be necessary for the State to follow the timeline detailed below to remain compliant with the federal rules.



CMCS has indicated that it will be issuing additional guidance in the coming weeks. The NYS Department of Health will be issuing formal guidance as soon as possible. We will also be posting regular updates to our websites and continuing to meet regularly with stakeholders.

NY State of Health has made available several outreach and marketing resources to help inform New Yorkers enrolled in Medicaid, CHP or EP about the important steps they need to take to renew their coverage and help promote these messages. Outreach has included a robust [public education campaign](#), [paid advertising](#), option to receive [text notifications](#) about renewals, direct mailings and other communication [tools for consumers](#). Additionally, The NYS Department of Health is working closely with Local Departments of Social Services statewide. This includes sharing educational materials, videos and digital assets to support districts in their efforts to keep consumers covered.

Consumers with questions may reach out to the NY State of Health Customer Service Center at [1-855-355-5777](tel:1-855-355-5777) or to their local [Department of Social Services](#) office, or learn more on the [NY State of Health website](#) and the [Department of Health's Medicaid website](#). Both sites will be updated regularly throughout the unwinding process.

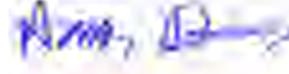
Thank you for the work you have done throughout the very difficult circumstances presented by the COVID-19 public health emergency. We look forward to continuing our work together to ensure New Yorkers remain informed throughout the unwinding process and stay connected to affordable health insurance.

Sincerely,



Danielle Holahan

Executive Director, NY State of Health



Amir Bassiri

NYS Medicaid Director

2023 Poverty Guidelines: 48 Contiguous States (all except Alaska and Hawaii)

Per Year

Family Size			QMB/Medicaid			QI-1	MBI-WPD	Asset Limit
	100%	135%	138%	150%	185%	186%	250%	
1	\$14,580	\$19,683	\$20,120	\$21,870	\$26,973	\$27,119	\$36,450	\$30,180.60
2	\$19,720	\$26,622	\$27,214	\$29,580	\$36,482	\$36,679	\$49,300	\$40,820.40
								1.5 x annual income limit

Per Month

Family Size	100%	135%	138%	150%	185%	186%	250%
1	\$1,215	\$1,640	\$1,677	\$1,823	\$2,248	\$2,260	\$3,037.50
2	\$1,643	\$2,219	\$2,268	\$2,465	\$3,040	\$3,057	\$4,108.33

Full chart

<https://aspe.hhs.gov/sites/default/files/documents/f7117d0642f0eeeb102c9b2c264f1aa2/detailed-guidelines-2>
<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

Return Address



CASE NUMBER: _____

If you have any questions call: HRA Medicaid Helpline at 888-692-6116.

2023 Budget Review Request Form

Current Mailing Address on File

Address _____

If your address has changed, provide your updated information below. **Only complete this section if address is different from the address above.**

Address _____

You must answer both questions and sign and date the form if you would like your budget to be re-evaluated.

Current Gross Income (before taxes and deductions)

- Income may include: wages, salaries, commissions, tips, overtime, self-employment, Social security benefits, disability benefits, unemployment benefits, veterans benefits, workers compensation, child support payments/alimony, pensions, annuities, trust income, rental income, money from relatives or friends to meet living expenses, Temporary cash assistance, Supplemental Security Income (SSI), student grants or loans.

Name	Income Type	Income Amount	Frequency

Total allowable deductions such as current health insurance premiums, Medicare premiums etc.

Name	Deduction	Deduction Amount	Frequency

I attest that the above information is accurate.

Client Signature _____ Date _____

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? We can help you. Call us at 888-692-6116. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

CHEAT SHEET FOR NYC HRA MAP 3190 - BUDGET REVIEW REQUEST FORM

Trust income	This is NOT income from Pooled Trusts or Supplemental Needs Trusts. This is income from other types of trusts. NYLAG generally is not handling this type of income.	p. 130
Rental income	NET rental income is countable after expenses. Request last year's tax return.	p. 144-146
Money from Relatives or friends to meet living expenses	Cash gifts from non-legally responsible relatives or friends count as unearned income . Counsel them that instead, they can pay directly for rent, utilities, or other expenses. Such "in-kind" assistance is not counted as income. Alternately, a bona fide loan to the consumer from a non-legally responsible relative is not countable as income. "The loan may be an oral or written agreement, signed by the A/R ¹ and the lender. The written agreement must indicate: the A/R's intent to repay the loan within a specific time; and how the loan is to be repaid, by specific real or personal property, held as collateral, or from future income." MRG. p. 221.	p. 142, 150-153 p. 221 (loans)
Temporary cash assistance	Excluded from income – write in separately, note who receives it, and that EXCLUDED.	p. 228
Supplemental Security Income (SSI)		
Student grants or loans	Student loan received by an undergrad or grad student is exempt. EXEMPT: Any portion of a grant , scholarship, fellowship or gift used to pay the cost of tuition and other education-related fees at any educational (including technical or vocational) institution. This disregard does not apply to any portion set aside or actually used for food, clothing or shelter." Graduate assistantship – if it is a grant, it is exempt if used to pay for tuition or fees, but not of used for food, clothing or shelter. If it is employment, then treated as earned income.	p. 228 p. 227
INCOME TO ADD THAT IS NOT MENTIONED ON MAP-3190		
IRA distributions	RMD (Required Minimum Distribution) for 2023 usually indicated on 1 st financial statement for IRA or other retirement account issued in 2023. Write in full RMD, and indicate 1/12 of that is counted as monthly income. EX. RMD for 2023 is \$1200. Monthly income is \$100.	135-36
Holocaust restitution	Write in gross monthly amount but also that it is EXCLUDED .	225
Interest and dividends	This is excluded for people in the community and for Community Budgeting in nursing homes.	132-33

¹ "A/R" is Applicant/Recipient

DEDUCTIONS

Total allowable deductions such as current health insurance premiums, Medicare premiums etc. \$ _____

Figure 2 Deductions from Income - MAP-3190

Type of deduction	Info on deduction	
Earned income – wages or self-employment	Earned income disregard applies. Subtract \$65 from gross monthly earned income, then subtract half the remainder.	If under 65 and disabled, might have other deductions – IRWEs and PASS plan. Ask a supervisor.
Standard \$20 disregard	Deduct \$20 from monthly income. For married couples, deduct only \$20 per couple.	
Infrequent or irregular income disregard	Disregard the first \$10 of earned income and the first \$20 of unearned income in a month if it is received infrequently or irregularly.	<p>Infrequent - received only once in a calendar quarter from a single source.</p> <p>Irregular -- if could not reasonably expect to receive it or budget for it due to its unpredictability.</p> <p>If the amount of infrequent or irregular income in a month exceed these amounts, the exclusion still applies.</p> <p>MRG p. 224; 18 NYCRR 360-4.6(a)(2)(x); POMS SI 0500810410. Same dollar amount for a couple – each spouse doesn’t get a separate exclusion.</p>
Health insurance premium	Medicare Part B	Cannot deduct if seeking or has QMB.
	Medigap premium	
	Part D premium	May deduct only to extent not covered by Extra Help. To see amount – look up the Part D plan in this list (PDF) (Excel). See blue column “Free Premium with Full Low Income Subsidy.” If box marked x means ZERO premium. Otherwise, the amount indicated is the premium that can be deducted.
	Medicare Advantage Premium	<p>Premiums include both a Part C and Part D premium. LIS only covers all or part of the Part D component. To see the premium with Extra Help – go to https://q1medicare.com/2023/MedicareAdvantage-2023HealthPlanMAPDHMOPPONewYork.php</p> <ol style="list-style-type: none"> 1. Click on client’s county, then on the link with the number of Medicare Advantage plans in your county. 2. Scroll down to "Choose Your Medicare Advantage Plan preferences" and in LIS Subsidy Amount - select LIS 100%. 3. Scroll to the end of the preferences & CLICK on the green button to find plans.

CHEAT SHEET FOR NYC HRA MAP 3190 - BUDGET REVIEW REQUEST FORM

		<p>4. Scroll down to find plan - check for exact plan name/ ID number. Look in box labeled Monthly Premium (Parts C & D) 100% LIS.</p> <p>5. NOTE: Dual-SNP (Special Needs Plan) always have a -0- premium.</p>
Pooled Trust or individual Supplemental Needs Trust deposit		Amount being deposited into trust on a month basis as of Jan. 2023 or the month sending form to DSS (Verification of Deposit).
Special Income Standard for Housing Expenses	<p>If already had approved Income Standard – note this on form that should continue it.</p> <p>If not, screen to see if qualifies --></p>	<p>Screen to see if newly qualifies.</p> <ol style="list-style-type: none"> 1. Was discharged from a nursing home or adult home, or is planning for discharge home, and was enrolled in MLTC prior to nursing home admission or will enroll in MLTC upon discharge? 2. Was in NH or adult home for 30 days 3. Medicaid paid at least SOME part of the cost. Even if Medicare paid most of it. 4. Must have a housing expense <p>If meets above criteria, need to request approval for this standard, which allows deducting amounts in http://www.wnyc.com/health/entry/212/ *NYC deduction 2023 \$1701/month EXTRA. (each region is different)</p>
Married Couples	If spouse is not receiving Medicaid, consider whether to use:	<p>Spousal refusal (or if in MLTC plan, TBI or NHTD waiver, or Immediate Need, cite GIS 12 MA/013 that allows using solely applying spouse’s income and single income limit)</p> <p>Spousal impoverishment – may only use if recipient is in an MLTC plan, TBI or NHTD waiver, or Immediate Need, http://www.wnyc.com/health/entry/222/#1%20married</p> <p>Applying spouse may deduct enough income to bring non-applying spouse’s income up to \$3,715.50.</p>
Disabled Adult Child (DAC)	NOTE that consumer is “DAC” on form and that assets under \$2000	<p>Over age 18 and was disabled before age 22, and receives SSD benefits based on earnings record of a parent who died or retired</p> <p>Received SSI before – and lost it because of increased income from Social Security.</p> <p>Assets must be under \$2000</p>

ⁱ NYS DOH Medicaid Reference Guide, available at https://www.health.ny.gov/health_care/medicaid/reference/mrg/mrg.pdf (posted on https://www.health.ny.gov/health_care/medicaid/reference/mrg/)

**CONSUMER/PROVIDER REQUEST TO CHANGE
INFORMATION ON FILE
(No Documentation Required)**



Case Name: _____

Case Number: _____ CIN: _____

Change is for: _____

A. CORRECT/ADD THE FOLLOWING INFORMATION (CHECK ALL THAT APPLY)

- Change Name**
From: _____
To: _____
- Add/Correct Social Security Number (SSN)**
From: _____
To: _____
- Correct Date of Birth**
From: _____
To: _____
- Add/Change Phone Number**
From: _____
To: _____
- Correct Gender Information**
From: _____
To: _____
- Change Residency Address**
From: _____
To: _____
- Change Mailing Address**
From: _____
To: _____
- Add/Change Secondary Mailing Address**
From: _____
To: _____

CORRECT/ADD THE FOLLOWING INFORMATION (CHECK ALL THAT APPLY)

Language Spoken

Language Spoken From: _____ To: _____

Language Read

We have notices available in the following languages:

- English
- Spanish
- Arabic
- Bengali
- French
- Haitian Creole
- Korean
- Polish
- Russian
- Simplified Chinese
- Traditional Chinese
- Urdu

Tell us what language you want your notices sent to you.

Language Read From: _____ To: _____

Alternative Format/Visual Impairment

Do you have a visual disability that makes reading notices difficult? We can give you notices in the following formats. Tell us how you want your notices sent to you:

Large Print **Audio CD** **Data CD** **Braille**

B. PROVIDER INFORMATION (TO BE COMPLETED BY PROVIDERS ONLY)

Note: This section is not to be used for Home Care Services Program Providers submissions.

Provider Name: _____

Provider Address: _____

Provider Code: _____ Original Determination Date: _____

Admission Date: _____ Admission Number: _____ Discharge Date: _____

Phone Number: _____ Fax Number: _____

NAME (PRINT)	SIGNATURE	DATE
--------------	-----------	------

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at **888-692-6116**. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.



DEPARTMENT OF HUMAN SERVICES
Monroe County, New York

Adam J. Bello
 County Executive

Thalia Wright
 Commissioner

REQUEST FOR MEDICAID BUDGET REVIEW FORM

<u>Name</u>			<u>Case Number</u>	
<u>Address</u>			<u>Team/Wker #</u>	
<u>City</u>		<u>State</u>	<u>Zip code</u>	

Dear Medicaid Member,

You recently contacted the Monroe County Department of Human Services Medicaid Unit to request a review of your Medicaid budget after 1/1/23 as you or someone of your household currently has excess income under current Medicaid rules and lives in the community (for example has a "Spendedown" or a community-based income contribution called a "NAMI"). Effective 1/1/23 the Medicaid income levels increase which may result in Medicaid enrollees being able to keep more of their monthly income.

In order to have your Medicaid budget reviewed, please complete the information below and return this form to us. There is no need to send proof or documentation at this time.

Income Information:

<u>Who</u>	<u>Source of Income</u>	<u>Gross Amount before taxes</u>	<u>Frequency of Income</u>

Allowable Deductions: (for example, health insurance premiums, Medicare premiums, etc.)

<u>Who</u>	<u>Type of Deduction</u>	<u>Dollar Amount (the cost)</u>	<u>Frequency</u>

If you have any questions regarding this letter please contact the Medicaid Customer Service Phoneline at (585)753-2760.

Please return this form to:
 Monroe County Dept. of Human Services
 111 Westfall Rd. Room
 Rochester, NY 14620
 Attention: Team/Wker #

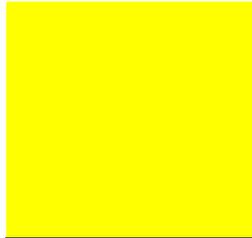
Supplement to MAP 3190

NAME: _____

CIN: _____

Income	Amount	Earned Income Calculation	Notes
a. Social Security			
b. Pension			
c. IRA RMD Required Minimum Distribution			Divide annual RMD by 12
d. Other unearned income			
e. Wages - gross monthly			Gross earnings/mo.
f. subtract \$65		-65.00	Disregard
g. Line e – Line f			Line e minus Line f
h. Net earned income (divide Line g by 2)			
i. Total Countable Income before deductions			Add lines a – h
j. Deductions			
k. Medicare Part B Premium (\$164.90 -2023)			Leave BLANK if requesting Medicare Savings Program
l. Part D or Medicare Advantage premium not subsidized with Extra Help (LIS)			Look up Part D plans at http://www.wnylc.com/health/download//821/ - enter number from blue column. Medicare Advantage plans - see note below**
m. Medigap premium			Pro-rate if pay quarterly
n. Other health insurance premiums (long term care, dental, vision, etc.)			
o. Medicaid Standard Disregard	\$ 20.00		
p. Irregular or infrequent income (describe income: _____)			Up to \$10/mo earned or \$20/mo unearned if unexpected or received no more than once/quarter from a single source. Add lines "k" to "p"
Total Monthly Deductions	\$		Subtract Line "l" minus line "p"
q. Net Medicaid Countable Income	\$		
r. Income Guideline for 1 (2023)	\$ 1,563.00		
s. Spend-down/Excess Income	\$		
t. Pooled Trust/SNT Deposit	\$		Subtract line "q" minus line "r" May be same as "s" or more if needed for trust to pay rent, etc.

- u. Only if deduct Part B premium in Line k- if Line q is less than \$1,563, enter the difference *line r minus line q*. This is the amount of Part B premium that may be reimbursed if you do not enroll in MSP. If this figure exceeds \$164.90, then enroll in MSP and leave Line k blank.



See GIS 02-MA-019: *Reimbursement of Health Insurance Premiums* and article <http://www.wnylc.com/health/entry/229/> (this is 5th group listed as eligible for MIPP). See Enrollment section in article.

Special Budgeting Requests – Put X in first column if requesting any of these special budgets

Mark 'X'	Type of special budget	Criteria
	Spousal Impoverishment	<ul style="list-style-type: none"> recipient is in an MLTC plan, TBI or NHTD waiver, or Immediate Need Spouse in MLTC or waiver or Immediate Need may keep only \$543 plus enough to pay for health insurance, but may deduct enough income to bring non-applying spouse's income up to \$3,715.50 (2023)
	Spousal Refusal	
	Special Income Standard for Housing Expenses	<ol style="list-style-type: none"> Was discharged from a nursing home or adult home, or is planning for discharge home, and was enrolled in MLTC prior to nursing home/adult home admission or will enroll in MLTC upon discharge Was in NH or adult home for 30 days Medicaid paid at least SOME part of the cost -- Even if Medicare paid most of it. Must have a housing expense
	Disabled Adult Child	<ul style="list-style-type: none"> Over age 18 and was disabled before age 22 Receives SSD benefits based on earnings record of a parent who died or retired Received SSI before – and lost it because of increased income from Social Security. Assets must be under \$2000
	Medicaid Buy-In for Working People with Disabilities	Working, Under age 65 and Disabled

** Medicare Advantage premiums include both a Part C and Part D premium. The Extra Help or LIS subsidy only covers all or part of the Part D component. To see what the premium will be with Extra Help, click on <https://q1medicare.com/2023/MedicareAdvantage-2023CHealthPlanMAPDHMOppONewYork.php>.

- Click on your **county**, then on the **link with the number of Medicare Advantage plans in your county**.
- Scroll down to "Choose Your Medicare Advantage Plan preferences" and in LIS Subsidy Amount - select LIS 100%.
- Scroll down to the end of the preferences and CLICK on the green button to find plans. Scroll down to find your plan
- Look in the box labeled Monthly Premium (Parts C & D) 100% LIS. Dual-SNP plans always have a -0- premium.

Scenario 1 – Pat (Single with Earned and Unearned Income)

- Pat, age 67, gets Social Security of \$1,060/mo. and babysits, earning \$1000/mo. Pat will be eligible for Medicaid with no spend-down *and QMB* so does not deduct Part B premium.

(See Budget Attached)

Scenario 2 – Morgan and Chris (Married Couple)

- Morgan (M for Medicaid) and Chris (C for Community Spouse) are married.
- Morgan receives Social Security Disability (SSD) in the amount of \$2,000 & Chris, age 66, gets SS Retirement in the amount of \$1500. Both receive Medicare.
- Morgan needs Home Care Services (MLTC). Since he receives SSD and Medicare and has no children, uses “Disabled, Aged, Blind” (DAB or “SSI-related”) budgeting
- See Budget Options Attached
 - Budget as a household size of 2
 - Budget with Spousal Refusal
 - Budget with Spousal Impoverishment

Scenario 3 – Morgan (Sullivan County Resident Discharged Home from Medicaid Paid NH with MLTC Home Care Services)

Scenario 1
Pat's Budget with Earned and Unearned Income

Income	Amount	Calculation
Social Security	\$ 1,060.00	
IRA RMD Required Minimum Distribution	\$ -	
Other unearned income	\$ -	
Wages - gross (if consumer < 65 use MBI-WPD tab)		\$ 1,000.00
subtract \$65		\$ 65.00
		\$ 935.00
Net countable earned income	\$ 467.50	
Total Countable Income before deductions	\$ 1,527.50	

Deductions	
Medicare Part B Premium (\$164.90 -2023)	\$ -
Part D or Medicare Advantage premium not subsidized with Extra Help	3.00
Medigap premium	-
Other health insurance premiums (long term care, dental, vision, etc.)	-
Medicaid Disregard	\$ 20.00
Total Monthly Deductions	\$ 23.00

Net Medicaid Countable Income	\$ 1,504.50
Income Guideline for 1 (2023)	\$ 1,677.00
Spend-down/Excess Income	\$ -
Pooled Trust/SNT Deposit	\$ -
Only if deducting Part B premium in Line 14 - shows amount of Part B premium that may be reimbursed if do not enroll in MSP. If exceeds \$164.90 then enroll in MSP. (Leave Line 14 blank).	\$ 172.50

Income	Amount	Calculation
Social Security/pension - applicant	\$ 2,000.00	
Social Security/pension - spouse	\$ 1,500.00	
IRA RMD Required Minimum Distribution applicant	\$ -	
IRA RMD - Spouse	\$ -	
Other Unearned Income	\$ -	
Wages - gross (spouse and applicant)		\$ -
		\$ 65.00
		0.00
Net countable earned income	0.00	
Total Countable Income before deductions	\$ 3,500.00	

Deductions

Medicare Part B Premium applicant	\$ 164.90
Medicare Part B Premium spouse	\$ 164.90
Medigap premium applicant	
Medigap premium spouse	
Part D or Medicare Advantage premium not subsidized with Extra Help - applicant	\$ -
Part D or Medicare Advantage premium not subsidized with Extra Help - spouse	\$ -
Other insurance premium (dental, LTC, etc)	\$ -
Medicaid Disregard	\$ 20.00
Total Monthly Deductions	\$ 349.80

Net Medicaid Countable Income \$ 3,150.20

Income Guideline for 2 \$ 2,268.00

Spend-down/Excess Income **882.20**

Deposited in SNT

Only if deduct Part B premium in Line 16 and/or 17, shows amount of Part B premium that may be reimbursed.

\$ -

<i>Incom of Applying Spouse ONLY</i>	Amount
Social Security	\$ 2,000.00
IRA RMD Required Minimum Distribution	
Other unearned income	
Wages - gross	

Calculation

\$	-
\$	65.00
\$	-

Net countable earned income	\$ -
<i>Total Countable Income before deductions</i>	\$ 2,000.00

<i>Deductions (Applicant's premiums only)</i>	
Medicare Part B Premium (\$164.90 -2023)	\$ 164.90
Part D or Medicare Advantage premium not subsidized with Extra Help	
Medigap premium	
Other health insurance premiums (dental, LTC, etc)	
Medicaid Disregard	\$ 20.00
<i>Total Monthly Deductions</i>	\$ 184.90

Net Medicaid Countable Income	\$ 1,815.10
Income Guideline for 1 (2023)	\$ 1,677.00
Spend-down/Excess Income	\$ 138.10
OPTION: Add Part B premium if want MSP (don't enter premium in Line 14)	
<i>Money to be deposited in SNT</i>	\$ 138.10
ONLY IF deduct Part B premium in Line 14, shows amount of Part B premium that may be reimbursed if do not enroll in MSP. If exceeds \$164.90 then enroll in MSP. (Leave Line 14 blank).	\$ -

Scenario 2

Budgeting for Spousal Impoverishment

ASSET		
Community Spouse - MLTC/NHTD, or Immediate Need Spouse	\$0	2023 CS Resource Allowance -- \$74,820 or 1/2 combined assets up to \$148,620
	\$0	2023 limit -\$28,133
INCOME		
Step 1 - Community Spouse Income		
Unearned Income		
Social Security	\$1,500.00	
Pension	\$0.00	
IRA Required Minimum Distribution	\$0.00	
Earned Income - gross monthly	\$0.00	Note: Earned income disregards used in community budgeting do not apply in this budgeting.
Subtotal Gross Income	\$1,500.00	
Deductions		
Medicare Part B Premium 2023 (\$164.90)	\$164.90	
Medigap premium	0	
Other health insurance premium (LTC, vision, dental)	0	
Part D or Medicare Advantage premium not subsidized with Extra Help	\$ -	For Part D plans, look up plan on Part D tab in this worksheet and enter amount from Column D. See note below for more info.* For Medicare Advantage plans - see note below**
Total Monthly Deductions	\$164.90	
Otherwise Available Income of Community Spouse	\$1,335.10	(Total Gross Income - Monthly Deductions)
Maximum Monthly Maintenance Needs Allowance (MMMNA)	\$3,715.90	Total Amount CS is able to have (MMMNA)(\$3715.90 2023)
Community Spouse Monthly Income Allowance	\$2,380.80	Amount CS is able to receive from Applicant's income
Step 2 - Institutional/MLTC Spouse		
Income - Monthly		
Unearned Income		
Social Security	\$2,000.00	
Pension	\$0.00	
IRA Required Minimum Distribution/Other income	\$0.00	
Earned Income		
Wages - Gross	\$ -	
Total unearned + Earned income	\$2,000.00	
Deductions		
Personal Needs Allowance (2023 - \$591)	\$591.00	\$ Applicant gets to keep (difference between income limit for 1 and 2)
Medicare Part B Premium 2023 \$164.90	\$164.90	
Medigap premium	\$ -	
Other health insurance premium (LTC, vision, dental)	\$ -	
Part D or Medicare Advantage premium not subsidized with Extra Help	\$ -	For Part D plans, look up plan on Part D tab in this worksheet and enter amount from Column D. See note below for more info.* For Medicare Advantage plans - see note below**
Total Deductions	\$755.90	
Net income after deductions	\$1,244.10	
Contribution to Spouse	\$1,244.10	Use B26 if under B45
Excess Income/ Spend-down - May deposit into Pooled Trust	0.00	Strategy Tip: Try using SINGLE budgeting for applicant. If excess income is less with that budgeting, request use of SINGLE budgeting. Spousal refusal not necessary if qualify for spousal impoverishment budgeting. See GIS 12 MA/013 and GIS 14 MA/025. If cell shows NEGATIVE number, and Part B premium is deducted in Cell B18, you may request reimbursement of Part B in amount shown. See GIS 02-MA-019: <i>Reimbursement of Health Insurance Premiums</i> and article here**** (this is 5th group listed as eligible for MIPP).

2023

Must Request Budgeting from LDSS

Medicaid Budgeting -Single (Special Housing Allowance - <http://www.wnyc.com/health/entry/212/>)

Income	Amount	Calculation
Social Security	\$ 2,000.00	
IRA RMD (Required Minimum Distribution)	\$ -	<i>Pro-Rate RMD for 2023 divide annual RMD by 12</i>
Other Unearned Income (Pension, etc)	\$ -	
Wages - gross		\$ -
		\$ 65.00 <i>Disregard</i>
		\$ - <i>Subtract earned income disregard</i>
Net countable earned income	\$ -	<i>Divide cell D7 by 2</i>
Total Countable Income before deductions	\$ 2,000.00	
Deductions		
Medicare Part B Premium	\$ 164.90	<i>Should be -0- if have Medicare Savings Program</i>
Medicare Advantage Plan Premium	\$ -	<i>Only amount not covered by Extra Help</i>
Medicare/Medigap Premium	\$ -	
Part D premium gross		\$ -
		\$ 38.90 <i>Extra Help subsidy up to \$38.90 (2023)</i>
Part D premium - net	\$ -	
Medicaid Disregard	\$ 20.00	
Housing Allowance (Attachment I to GIS 22 MA/14)	\$1,031	<i>Enter applicable regional allowance -2023 are below also posted at http://www.wnyc.com/health/entry/212/</i>
Total Monthly Deductions	\$ 1,215.90	
Net Medicaid Countable Income	\$ 784.10	<i>Gross Income minus Deductions</i>
Income Guideline for 1	\$ 1,677.00	2023 Guideline
Spend-down/Excess Income	\$ -	Money to be deposited in SNT