

**GENERAL INFORMATION SYSTEM**

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**DIVISION:** Office of Health Insurance Programs**PAGE 1**

GIS 10 MA/016

**TO:** Local District Commissioners, Medicaid Directors

**FROM:** Judith Arnold, Director  
Division of Coverage and Enrollment

**SUBJECT:** Medicaid Extended Coverage - Increased Income Levels

**EFFECTIVE DATE:** July 1, 2009

**CONTACT PERSON:** Local District Support Unit  
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The purpose of this General Information System (GIS) message is to advise local departments of social services of increased income levels for Qualified Partnership for Long-Term Care policyholders (QPPs) who are eligible for Medicaid Extended Coverage (MEC). Chapter 58 of the Laws of 2009 amended Section 367-f of Social Services Law to allow increased income levels for MEC applicants/recipients (A/Rs).

Effective July 1, 2009, the Centers for Medicare and Medicaid Services (CMS) approved the State's request to increase the income levels used to determine eligibility for Medicaid Extended Coverage. Married QPPs, who are subject to SSI-Related community budgeting, are entitled to a monthly income level equal to the amount of the Spousal Impoverishment Minimum Monthly Maintenance Needs Allowance (currently \$2739). Single QPPs, who are subject to SSI-Related community budgeting, are entitled to a monthly income level equal to one-half of the Minimum Monthly Maintenance Needs Allowance (currently \$1370). If the QPP has income in excess of these increased income levels, the individual can spenddown to the new level rather than the Medicaid level.

**NOTE:** These increased income levels do not affect post-eligibility treatment of income for A/Rs subject to chronic care budgeting.

At this time, there are a limited number of cases that will require rebudgeting as a result of these increased income levels. State Department of Health staff will notify local districts of any affected cases in their district and provide guidance on adjustments to existing MBL budgets and the notice requirements. Additionally, some cases may be entitled to reimbursement of spenddown amounts paid for months between July 2009 and the present.

The Partnership Office within the Office of Long-Term Care will continue to notify local districts when a policyholder's application for MEC should be initiated with the LDSS. This notification will now include instructions regarding manual adjustments to MBL budgets that need to be made to ensure that new MEC cases have their eligibility determined correctly until MBL can be programmed to support the increased income levels.