TO: Commissioners of
Social Services

DATE: October 13, 1993

SUBJECT: Revision of 1993 Federal Poverty Income Guidelines Effective July 1, 1993

SUGGESTED DISTRIBUTION:
Medical Assistance Staff
Income Maintenance Staff
Fair Hearing Staff
Staff Development Coordinators

CONTACT PERSON: Priscilla Smith at 1-800-342-3715 extension 3-5532;
New York City Representative (417) 212-4853
(USER ID AW3060)

ATTACHMENTS: Medical Assistance Only Income and Resource Standards
and Federal Poverty Income Guidelines: Effective July 1, 1993 (available on-line)

FILING REFERENCES

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DSS-296EL (REV. 9/89)
I. PURPOSE

This Administrative Directive advises social services districts of the revised federal income official poverty line (federal poverty line).

II. BACKGROUND

The Social Security Administration (SSA) establishes the cost-of-living-adjustment (COLA) to the SSI income standard. SSA announced that effective January 1, 1993 the COLA is 3.0 percent. The medically needy income standards for one, two, and three person households must be adjusted to reflect this increase and maintain a one hundred dollar differential between household sizes.

The federal Office of Management and Budget (OMB) establishes the federal income official poverty line (poverty line). The OMB usually announces the poverty line in late February, but it is effective retroactively to January 1. The retroactive nature of the poverty line traditionally caused eligibility problems. When the COLA went into effect on January 1, the increased income caused some individuals to become ineligible for benefits only to become eligible again a few months later when the new poverty line was implemented. The Department received permission from the federal Health Care Finance Administration to estimate the poverty line. Now, the Department is able to implement the COLA and the estimated poverty line on January 1, which results in more stable eligibility periods.

The federal poverty line announced in February 1993 is slightly lower than the estimated poverty line the Department implemented on January 1, 1993. As a result, the poverty line used to determine MA eligibility will be revised effective July 1, 1993. An analysis indicates only a small number of cases are affected statewide.

III. PROGRAM IMPLICATIONS

The federal poverty line will be revised effective July 1, 1993. The revised federal poverty line is the basis for the MA income eligibility standards which are applied to the following groups of applicants/recipients (A/Rs):

1. Presumptive Eligibility for Pregnant Women - Qualified providers determine presumptive eligibility for pregnant women by comparing their household incomes to 100 percent and 185 percent of the applicable federal poverty line (90 ADM-9). There is no resource test for pregnant women.
2. **Pregnant Women and Infants** - MA eligibility for pregnant women and infants under age one, who are not otherwise eligible for MA, is determined by comparing their household incomes to 100 percent or 185 percent of the applicable federal poverty line (90 ADM-9). There is no resource test for pregnant women and infants under age one.

3. **Children Ages One Through Five** - MA eligibility for children who are at least one year of age but younger than six years of age and are not otherwise eligible for MA, is determined by comparing their household incomes to 133 percent of the applicable federal poverty line (90 ADM-42). There is no resource test if eligibility is determined under the poverty based program.

4. **Children born after September 30, 1983** - MA eligibility for children born after September 30, 1983 who are at least six years of age but younger than 19 years of age and are not otherwise eligible for MA, is determined by comparing their household incomes to 100 percent of the applicable federal poverty line (91 ADM-50). There is no resource test if eligibility is determined under the poverty based program.

5. **Qualified COBRA Continuation Beneficiaries (CCBs)** - Eligibility for the COBRA Continuation Coverage Program for qualified CCBs is determined by comparing their household incomes to 100 percent of the federal poverty line for a one- or two-person household (91 ADM-53).

6. **Qualified Medicare Beneficiaries (QMBs)** - Eligibility for the Buy-In Program for QMBs is determined by comparing their household incomes to 100 percent of the federal poverty line for a one- or two-person household. QMBs are eligible for MA payment of Medicare Part A and B premiums, deductibles, and co-insurance (89 ADM-7 and 90 ADM-6).

7. **Persons with AIDS or HIV-Related Illness** - Financial eligibility for the Health Insurance Continuation Program (AIDS Health Insurance Program) for persons with AIDS or HIV-related illness is determined by comparing their household incomes to 185 percent of the federal poverty line for a one- or two-person household (91 ADM-54). There is no resource test.

8. **Qualified Disabled and Working Individuals (QDWIs)** - Eligibility for MA payment of Medicare Part A premiums for QDWIs is determined by comparing their household incomes to 200 percent of the poverty line for a one- or two-person household (90 ADM-48).
9. Specified Low Income Medicare Beneficiaries (SLIMBs)
   Eligibility for MA payment of Medicare Part B premiums for SLIMBs is determined by comparing their household incomes to 100 and 110 percent of the federal poverty line. Income requirements are met if the income is greater than 100 percent, but less than 110 percent of the federal poverty line.

The revised federal poverty income guidelines are specified on the attached chart.

The new revised federal poverty income guidelines will result in a slight decrease in MA-Only caseloads and expenditures.

IV. REQUIRED ACTION

Effective July 1, 1993, social services districts must use the revised federal poverty line when determining eligibility or recertifying eligibility for: children born after September 30, 1983 and pregnant women; COBRA Continuation Coverage for CCBs; the AIDS Health Insurance Program for persons with AIDS or HIV-related illness; and the Buy-In program including QMBs, SLIMBs, and QDWIs.

There are no resource standards for pregnant women, infants, or persons with AIDS or HIV-related illness who are applying for benefits under the AIDS Health Insurance Program. The resource standards for qualified CCBs, QMBs, QDWIs and SLIMBs remain at $4,000 for a one-person household and $6,000 for a two-person household.

Pregnant women and infants who were determined eligible under the poverty levels in effect between January 1 and June 30, 1993 were guaranteed eligibility through the end of the month in which the 60th postpartum day occurs or age one, respectively. Eligibility must be continued until the end of the period for which eligibility is guaranteed for pregnant women and infants.

A list of affected cases will be sent to districts within a month after the release of this Directive. Districts must recertify these cases as soon as possible to redetermine eligibility using the revised federal poverty income guidelines.

V. ADDITIONAL INFORMATION

NOTICE REQUIREMENTS

Once districts have received a list of affected cases, recipients must be rescheduled for recertification as soon as possible using DSS 4001, "Appointment for Medical Assistance Recertification".

When rebudgeting under the new income standards results in a change in MA coverage, the social services district must notify the recipient of the change in accordance with 89 ADM-21.
In accordance with 91 ADM-53, social services districts should make the "Notice to Potential Qualifying COBRA Continuation Beneficiaries" available to any individual requesting information concerning the COBRA Continuation Program, and to any individual who has health insurance coverage as the spouse or dependent child of a covered employee. Social services districts must revise the federal poverty lines for one- and two-person households on page two of the notice to reflect the July 1, 1993 increase.

SYSTEMS IMPLICATIONS

The new federal poverty levels have been available on MBL since May 10, 1993. Budgets with the effective from date of July 1, 1993 or later will be calculated using the new levels (Upstate districts should refer to GIS 93MA015 and NYC should refer to MBL Transmittal 93-N-MBL-02).

VII. EFFECTIVE DATE

The provisions of this Administrative Directive are effective October 1, 1993 retroactive to July 1, 1993.

Sue Kelly  
Deputy Commissioner  
Division of Health and Long Term Care