2023 Medicaid & MSP Increases

Helping Consumers to Benefit from the Landmark Changes

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Jan. 2023 eflrp@nylag.org

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Housekeeping

- All participants are on mute.
- Use Questions and Answers function for substantive questions or technical concerns.
- Problems with the webinar? cle@nylag.org.
- Written materials are available under handouts drop down menu in webinar.
- Requesting CLE?
  - Please record the **two CLE codes** that will be announced during the presentation and complete the survey.
  - The survey link will be shared with all participants via chat in GoTo webinar.

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ABOUT NYLAG

The New York Legal Assistance Group (NYLAG) is a leading non-profit that provides free civil legal services, financial counseling, and engages in policy advocacy efforts to help people experiencing poverty.

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About the Evelyn Frank Legal Resources Program

Focuses on fighting for seniors and people with disabilities, ensuring that they have access to health care and home care services they need to age safely in their home and communities. Services include:

- **Counseling** client on Medicaid, Medicare and home care eligibility and services
- **Training** legal, social services and health care professionals about changes in Health Care programs and how to best serve the health and long-term care needs of seniors
- **Representing** clients in denials and reduction of Medicaid, Medicare Savings Program and Medicaid Home Care
- **Assisting clients with accessing Medicaid home care** through Managed Long Term Care plans.

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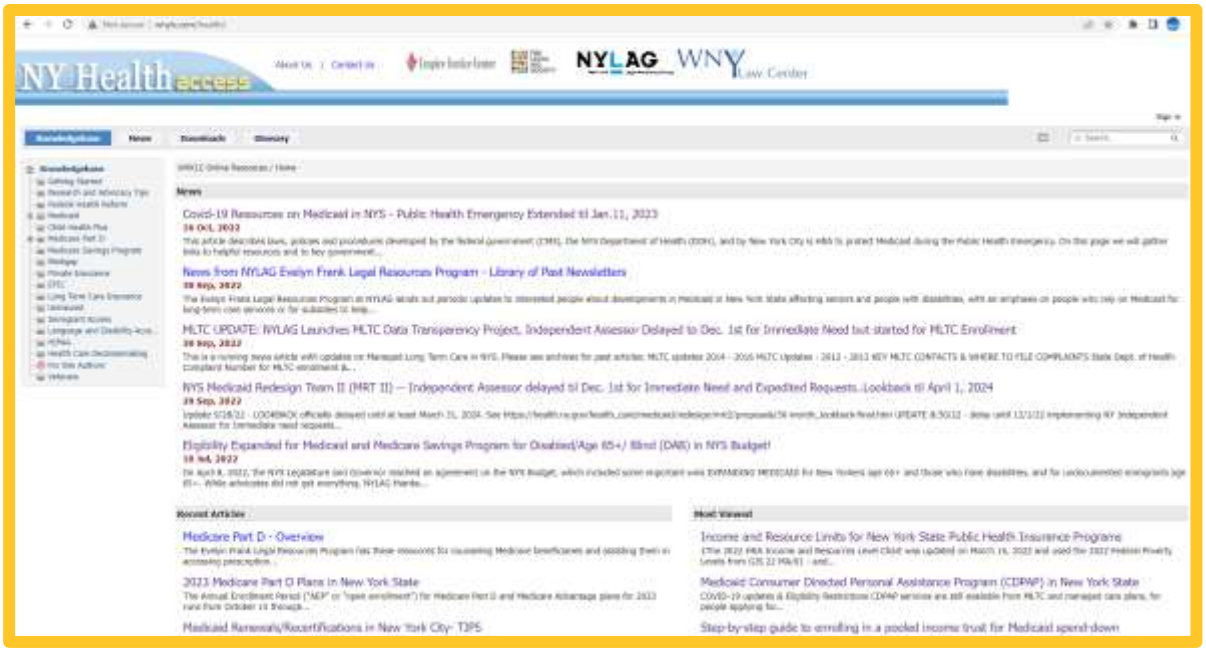
EFLRP Services (continued)

- Educating the public through the website http://health.wnylc.com/health/_ NEW URL JAN. 2023



- Policy Updates
- Consumer Materials
- Expansive resources on coverage criteria and eligibility

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Please donate if receiving CLE credit!

- Help us keep these trainings free to the public.
- We suggest a $100 donation if you are requesting CLE credit (or even if you're not! ☺)
- Please send a check payable to "NYLAG" earmarked to EFLRP and send to:
  - Development– NYLAG, 100 Pearl St., 19th fl. NY NY 10004
- Or donate at https://nylag.org/donate-now/ and earmark for EFLRP/ Evelyn Frank program
- THANK YOU!

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Agenda

1. Summary Medicaid/MSP Eligibility Increases in 2023
2. Roll Out of New 2023 Medicaid/MSP Eligibility Increases
3. Rebudgeting requests for individuals with Pooled Income Trusts
4. Reference Slides: Advanced Non-MAGI Medicaid Budgeting Strategies
   a. Non-MAGI Medicaid Basics
      - Health insurance deductions – strategies for QMB
      - Earned income deduction & Medicaid Buy-In for Working People with Disabilities < 65
   b. Married Couples – 3 options
   c. Special Housing Disregard – after Nursing Home or Adult Home

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NYS Medicaid Issue	When does it start?
New Income & Resource Limits	January 1, 2023
End of the **Public Health Emergency's moratorium** on closing Medicaid cases	April 1, 2023 (NYS - first Medicaid discontinuances in **July 2023**)
Independent Assessor for Personal Care services (PCS) & Consumer Directed Personal Assistance (CDPAP) "NYIA" will be Phased in	May 16, 2022 – MLTC enrollment, *standard* managed care and DSS requests December 1, 2022 – Immediate Need, *expedited* managed care requests Not yet scheduled – annual reassessments, requests for increases in hours, NH/hospital discharges
New **minimum 3 ADLs** required for eligibility for PCS & CDPAP (2 ADLS if dementia)(Slides at end)	**DELAYED: 30-month lookback** 4/1/2024 at the earliest due to Maintenance of Effort requirements under Families First Coronavirus Response Act (FFCRA) and HCBS services under American Rescue Plan Act (ARPA); could be later. http://www.wnylc.com/health/news/85/
30-Month LOOKBACK for MLTC enrollment and all Requests for PCS and CDPAP (not covered in this slide deck)	

2022 NYS BUDGET: PASSED LANDMARK MEDICAID INCREASES

1. ***RAISES* the Medicaid income eligibility level** for people 65 and over and people with disabilities to 138% of the federal poverty level (FPL);
2. ***INCREASES* the Medicaid asset limit** for people 65 and over and people with disabilities; and
3. ***Raises* the eligibility level for the Medicare Savings Program** from 100% to 138% of the federal poverty level for QMB and to 186% FPL for QI-1.

These changes are effective January 1, 2023.

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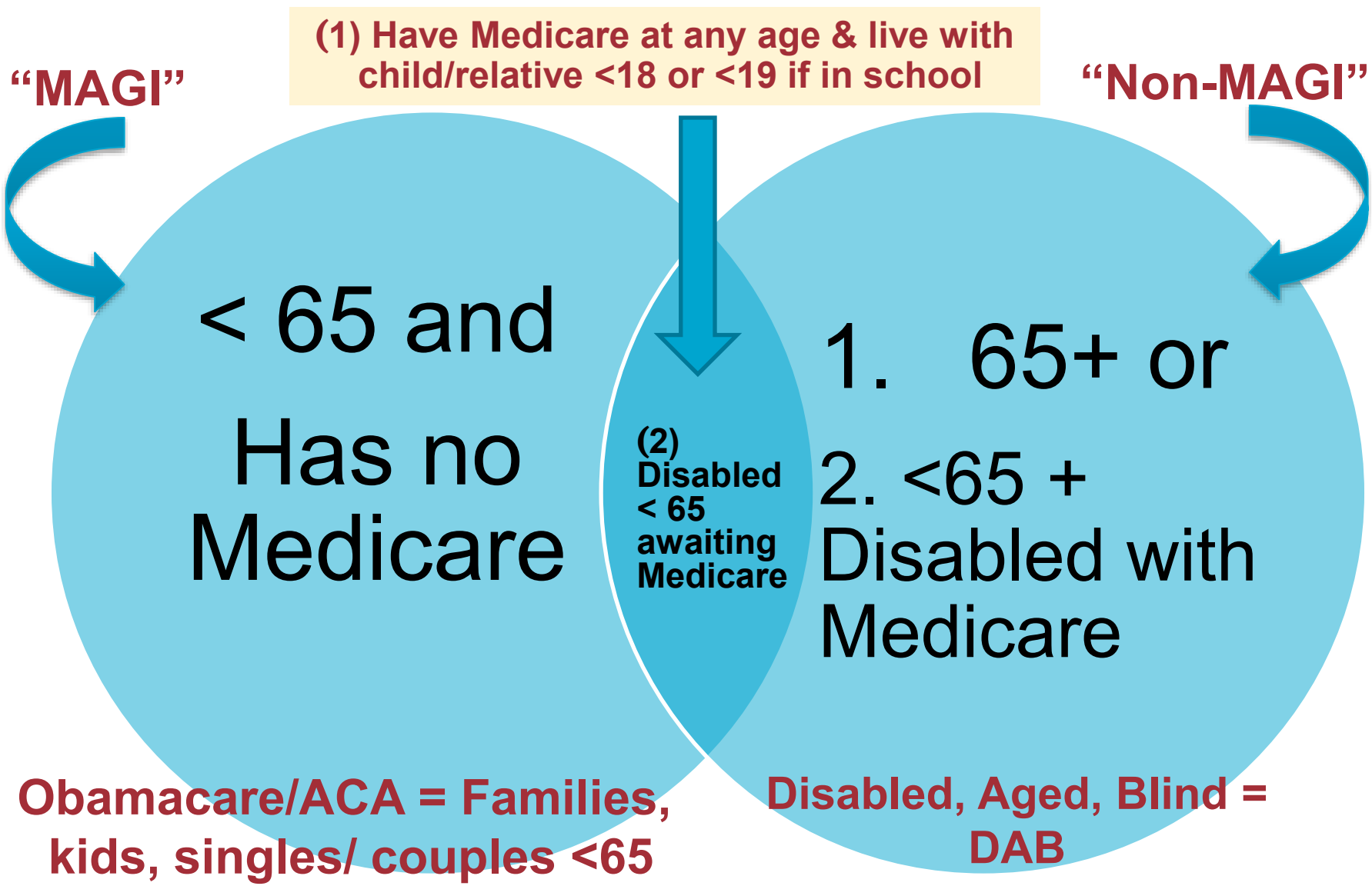
Two Basic Medicaid Eligibility Categories



Backgrounder: Non-MAGI and MAGI

MAGI Medicaid

- **WHO**: Only people < 65 who do not have Medicare (or if caregiver of minor child)
- **WHAT**: Affordable Care Act (ACA) expanded eligibility in 2014
- **MAGI** = *Modified Adjusted Gross Income* because uses tax rules for income.
- **Income limit** = **138%** Federal Poverty Line (FPL)
- **NO ASSET limit**

NON-MAGI Medicaid

- **WHO**: Age 65+, Blind & Disabled < 65
- **WHAT:** ACA didn't include this category.
- **NON-MAGI** – Eligibility based on old strict rules
- **Income limit - 82% FPL** but in NYS not based on FPL
- **Strict ASSET limit**
- Until 2023, new Medicare recipients "**fell off the cliff**" when they lost MAGI budgeting -- incurring a spend-down and might lose Medicaid because of asset limit.

2023 – Same income limit for MAGI & NON-MAGI!

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Non-MAGI Medicaid Income & Resource Limits

	Monthly Income Limit		Asset Limit	
FPL	**Single**	**Couple**	**Single**	**Couple**
2022				
82% 2022	$934	$1,367	$16,800	$24,600
2023				
138% 2022*	$1,563	$2,106	$28,134	$37,908
138% 2023**	**$1,677**	**$2,268**	**$30,180**	**$40,820**

*Originally NYS used 2022 FPL to calculate the new 2023 Medicaid levels.
** Then 2023 FPL were released on 1/12/23. They should be published in the Federal Register week of 1/17/23. LDSS cannot use these levels until DOH announces them via a new GIS.

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All hypotheticals in this PPT use 2023 FPL limits.**

Income and Asset limits increase, but the budgeting rules don't change!

A. Age 65+, Blind & Disabled are still Non-MAGI.
   1. Spousal refusal, spousal impoverishment budgeting rules continue.
   2. Rules for source of income continue.
   3. Rules for asset/resource type continue (IRA, burial funds).
   4. If income is above the new limits may still use Pooled Trust/SNT or "spend down" on medical expenses.
   5. Still apply & renew at local DSS – not on NYSofHealth

B. Nursing home budgeting won't change – same calculation of Net Adjusted Monthly Income (NAMI).

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Refresher

Basic Non-MAGI Medicaid Budget

- Use **gross** income.
  - If taxes, union dues, child support, etc. withheld from check, must use GROSS amount.
- Sole **deductions** are:
  1. **$20/mo**. per single or couple
  2. **Health insurance premiums** – see more below
     - **Medicare Part B** premium
     - **Medigap** premium
     - **Medicare Part D or Medicare Advantage** premium
  3. **Earned income Disregard**
  4. **Special Housing Disregard** – if was in nursing home or adult home for 30+ days, etc. See more below.
- Special budget rules reviewed in reference slides.

Big Medicaid changes for Alice!

- Alice, age 56, receives Social Security Disability (SSD). Medicaid reduces her out-of-pocket Medicare costs and pays for extra benefits like transportation to medical appointments. Her assets are well under the limit.
- **2022** - SSD - **$1,113/mo**. She was enrolled in QMB MSP, and had Medicaid with a **$159/mo. spend-down**. She **faxes medical bills each month** to HRA's Surplus unit. Some months she misses medical appointments because her Medicaid case hasn't been activated with the bills.
- **2023** – SSD is **$1,210/mo**. She will now have Medicaid with no spend-down and QMB! See next slide.

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Alice has full Medicaid & QMB

2022

Income	
Social Security	$1,113
Pension	$0
IRA/401K RMD	$0
Work Income	$0
Deductions	
Medicaid Disregard	- $20
Health Insurance Prem*	- $0
Dental/Vision	- $0
Pooled Trust Deposit	- $0
NET Medicaid Income	$1,093
Income Guideline	$934
Spend-down	$159
QMB	✓

2023

Income	
Social Security	$1,210
Pension	$0
IRA/401K RMD	$0
Work Income*	$0
Deductions	
Medicaid Disregard	- $20
Health Insurance*	- $0
Dental/Vision	- $0
Pooled Trust Deposit	- $0
Net Medicaid Income	$1,190
Income Guideline	$1,677
Spend-down	$0 ✓
QMB	✓

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*Not deducting Part B premium ($164.90) with QMB

MORE MEDICAID ADVOCACY IN 2023

- NYLAG, CSS & other advocates had asked NY to **REPEAL** the **ASSET TEST** for non-MAGI to be the same as MAGI.
- **Why**? The asset rules are biased against people of color who statistically are more likely to have savings in bank accounts than:
  - **Homes** - exempt if equity under $1,033,000 (2023)
  - **IRAs** and other retirement funds –exempt as long as taking distributions (RMDs) – which can be deposited in a pooled trust.
- Unfair that a tenant can't save $50,000 in the bank but a homeowner can have home equity or an IRA of $1+ million and access Medicaid.
- See coalition letters at http://www.wnylc.com/health/news/90/
- Coalition has asked to further increase asset limit in 2024 and ***eliminate it*** for MBI-WPD. See Nov. 2022 letter to Gov. Hochul.

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2023 Medicare Savings Program

2022 - 3 MSP programs					
Program	FPL	Monthly Income Limit		Asset Limit	
		Single	Couple	Single	Couple
QMB	100% FPL	$1,133	$1,526	**No asset limit in New York State**	
SLIMB	120% FPL	$1,359	$1,831		
QI-1	135% FPL	$1,529	$2,060		

2023 – 2 MSP programs (No more SLIMB)					
Program		Monthly Income Limit		Asset Limit	
FPL		Single	Couple	Single	Couple
QMB 138%	2022	$1,563	$2,106	**No asset limit in New York State**	
	2023	**$1,677**	**$2,268**		
QI-1 186%	2022	$2,107	$2,839		
	2023	**$2,260**	**$3,057**		

All hypotheticals in this PPT use 2023 FPL limits.
See Footnote on Slide 12

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MSP Rocks!

Both MSP Programs (QMB & QI-1):

- Pay Part B premium - $164.90/mo 2023 or $1,978.80/annually
- Get Extra Help with Part D - saves about $5,000/yr. in prescription costs
- That's about $7,000 a year in savings!
- Eliminates Late Enrollment Penalty for Medicare Part B or Part D (some restrictions)
- Special Enrollment Period for Medicare Part B and Part D
- No resource test
- One-page application if not also applying for Medicaid

QMB only – also covers Medicare cost-sharing with balance billing protections

Consumers cannot be enrolled in QI-1 and Medicaid at the same time. The consumer must make a choice between the two benefits. This affects those with net Medicaid income above 138% FPL and have a spend-down. If they use a pooled trust they can qualify for QMB.

Estimated 300,000 more New Yorkers are eligible to enroll in MSP!

- Screen clients for MSP!!! (QI-1 income limit $2,260(single) $3057(couple).
- MSP Budgeting rules have not changed.
- Income evaluated in the same manner as non-MAGI Medicaid.
- **No asset test.**
- Learn more about MSP here: http://www.wnylc.com/health/entry/99

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QUESTIONS

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HOW THE NEW 2023 INCOME LEVELS ARE BEING ROLLED OUT

You Can Request a "Rebudgeting" Before Renewals are Processed Later in 2023-24

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NYS DOH & HRA Guidance & other Info

- GIS 22 MA/11 - Increase of Medicaid Medically Needy Income Level to 138% of the Federal Poverty Level and Related Medically Needy and MBI-WPD Resource Level Changes
  - Attachment I (**Form letter DOH sent to Spend-down Recipients** in Dec. 2022 of Option to Request Rebudgeting)
- GIS 22 MA/10 - Changes to Medicare Savings Program (MSP) Income Levels
  - Attachment I (**Form letter DOH sent to MSP Beneficiaries** in Dec. 2022 of Option to Apply for Full Medicaid)
- GIS 22 MA/14 - *2023 Medicaid Levels and Other Updates* and Attachment 1 (Chart of Eligibility Levels)
- NYC Medicaid Alert, Dec. 12, 2022 -- Increase in Medically Needy Income and Asset Levels in 2023 and Sample *Form MAP-3190 2023 Budget Review Request Form*.

Posted at http://www.wnylc.com/health/news/90/

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The Gist of the GISes!

NYS Department of Health is NOT Conducting a Mass Rebudgeting of Medicaid or MSP Cases

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Renewals Re-starting - Public Health Emergency (PHE) Maintenance of Effort (MOE) Rules Ending

Families First Coronavirus Response Act (FFCRA) signed March 18, 2020 established a moratorium on Medicaid case closings or reductions through the end of the PHE unless they move out of state, die or voluntarily close their case. GIS 20 MA 04*

Consolidated Appropriations Act (CAA) signed into law in December 2022, delinks the continuous coverage requirement from the PHE. States can start terminating Medicaid AFTER they process renewals over 12 months.

NYS "Unwinding" timeline: Mail renewals start March (NYC)/April 2023 (rest of state) and continue for 12 months through 2024.

Terminations start 6/30/2023 (NYC) 7/30/2023 (rest of state) – 10-day notices sent before. See NY Unwind timeline in appendix.

Non-MAGI Medicaid and MSP renewals starting March & April will apply the **new income and resource limits.**

*http://www.wnylc.com/health/news/86/#2.%20NYS%20Medicaid%20Policies%20-%20MOE

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Get Ready for Renewals!!

REPORT CHANGE OF ADDRESS!

- If client moved since 2019, help them update address with HRA or local DSS so they'll receive the renewal in the mail.
  - In NYC use **Form 751k** (http://www.wnylc.com/health/download/638/) –
  - Fax to 1-917-639-0837.
- More tips on renewals http://www.wnylc.com/health/entry/227/.

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New Applicants for Medicaid & MSP

- GIS 22 MA/11 directs agencies to uses the new income and asset limits for Medicaid and MSP applications (income only) ***received after 1/1/23***.
  - DOH reportedly told local agencies to apply new limits to applications filed in 2022 but ***approved in 2023.***
- **COVID Application "Easements" ending** -Since March 2020, applicants have not been required to document income, assets, etc. – they could simply "attest." GIS 20 MA/04. Those COVID rules are ending. The old documentation requirements start again in:
  - June 2023 (NYC) and
  - July 2023 (rest of state). See NY Unwind Timeline.

Choice for Recipients of Medicaid and MSP

Option 1

- Starting in March & April 2023, all recipients will go through the mail renewal process over the following 12 months.
- Renewals will apply the new income limits, using 2023 income and 2023 FPL.

Option 2

- Recipients may request rebudgeting using the new limits sooner than the renewal.
- See next slides.

We don't know yet whether budgets *under either option* will be retroactive to Jan. 1, 2023. Stay tuned.

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Dec. 2022 Medicaid Mailing from Local DSS – re Option B

December 2022 – About 70,000 current Medicaid consumers who have excess income received this letter from their local department of social services (LDSS):

- informing them of the increased income limits.
- telling them they can contact their LDSS to request a recalculation of their income before their next renewal.
- If they do not request that the LDSS recalculate their income, it will be recalculated at the next consumer contact or at renewal, whichever comes first.

NOTICE NUMBER : 0000000000 Page: 1 ****

COUNTY DSS
COUNTY
ADDRESS
CITY, STATE ZIP

SE LE ENVIARA UNA COPIA EN ESPANOL DE ESTA NOTIFICACION EN UN SOBRE APARTE

NOTICE NUMBER:	DATE:	CASE NUMBER:
0000000000	December 1, 2022	AB00000

OFFICE	UNIT	WORKER	UNIT OR WORKER NAME	TELEPHONE NO.
OFC ID	UNIT ID	WKER ID	DEFAULT MA	###-###-####

AGENCY TELEPHONE NUMBERS

GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP ###-###-####

OR Agency Conference ###-###-####

Fair Hearing information and assistance ###-###-####

Record Access ###-###-####

Child/Teen Health Plan ###-###-####

CASE NAME / AND ADDRESS

OFC/UNIT/WORKER

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

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

SAMPLE

[Letter is Attachment I](#) to [GIS 22 MA/11](#)

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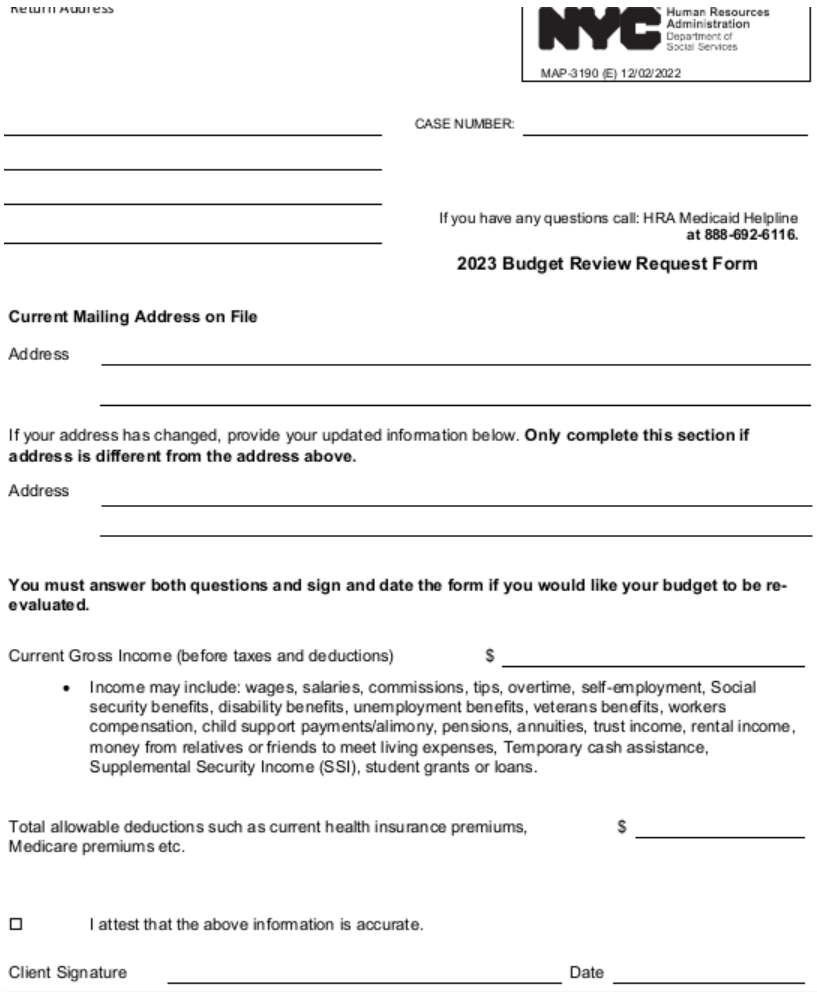
HRA sending 2nd Medicaid Rebudgeting Mailing

- HRA is also sending a one-time mailing with the **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.
- Medicaid Alert includes information for submission of MAP-3190 if it lost or misplaced.



Return Address

NYC Human Resources Administration Department of Social Services

MAP-3190 (E) 12/02/2022

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 _____

Copy in Appendix and can be downloaded at http://www.wnylc.com/health/download/825/

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How to Request Rebudgeting

- NYC – HRA **MAP-3190** *2023 Budget Review Request* asks only for TOTAL gross income and TOTAL deductions.
- Better to break down each type of income and deduction, as some income is exempt or counted differently.
- Consider MSP
- See suggested supplement.
- **Other counties** – Monroe County issued a form (in Appendix). See googlesheet* with other county info (please add your county!)

https://docs.google.com/spreadsheets/d/1EtiqNokXERCwGG3VzXvW2ndGDHK6upudZlZ2FahvsgA/edit#gid=0

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Where to send HRA's MAP 3190 Form – if misplace reply envelope

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.

12/27/22 Medicaid Alert available at http://www.wnylc.com/health/download/825/ and included in the Appendix

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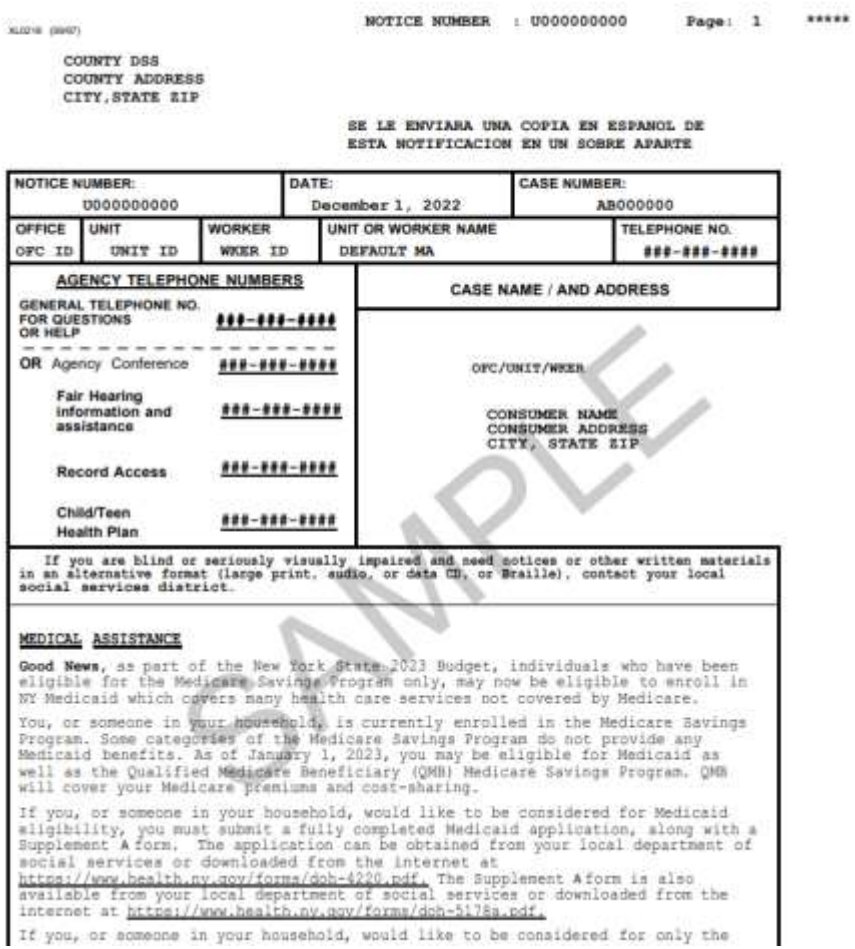
Mailing to People with Medicare Savings Program but not Medicaid

Letters were sent to those who are enrolled in an MSP but not in Medicaid, advising them that they **may be eligible to UPGRADE their coverage**:

- **To Medicaid + QMB**– if assets are under the new Medicaid asset limits
- **To QMB** -Those who either have excess assets or don't want Medicaid can upgrade their MSP to QMB
- See more on next slide



NOTICE NUMBER : U000000000 Page: 1 *****

COUNTY DSS
COUNTY ADDRESS
CITY,STATE ZIP

SE LE ENVIARA UNA COPIA EN ESPANOL DE ESTA NOTIFICACION EN UN SOBRE APARTE

NOTICE NUMBER:	DATE:	CASE NUMBER:
U000000000	December 1, 2022	AB000000

OFFICE	UNIT	WORKER	UNIT OR WORKER NAME	TELEPHONE NO.
OFC ID	UNIT ID	WKER ID	DEFAULT MA	###-###-####

AGENCY TELEPHONE NUMBERS

GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP ###-###-####
OR Agency Conference ###-###-####
Fair Hearing information and assistance ###-###-####
Record Access ###-###-####
Child/Teen Health Plan ###-###-####

CASE NAME / AND ADDRESS

OFC/UNIT/WKER

CONSUMER NAME
CONSUMER ADDRESS
CITY, STATE ZIP

SAMPLE

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

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Notice is an attachment to GIS 22 MA/11 posted here.

Helping MSP Recipients

- People who have an MSP but not Medicaid may want to upgrade coverage.
- **For full Medicaid and QMB** – they must submit a complete Medicaid application with Supplement A -- because MSP had no asset test.
- **To upgrade to QMB from SLIMB or QI-1 only – but not Medicaid** – submit an MSP application (DOH-4328)
- In NYC – fax applications and upgrade requests to 917-639-0732

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Roger: QI-1 Recipient Upgrade to QMB

- Roger, age 63, receives Social Security Disability. His countable assets are **$42,000**, over the Medicaid limit.
- 2022 – SSD was $**1,500/month. Had QI-1 MSP:**
  - eliminates Part B Premium
  - Gives Extra Help with Part D (reduces copays & eliminates Part D Premium)
- 2023 – SSD is **$1,630.50**, under 2023 Medicaid income limit, but his countable assets are over Medicaid's expanded resource limit.

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Roger is eligible for QMB in 2023!

- Roger submits MSP application (DOH-4328) to upgrade to **QMB**.
- He keeps the QI-1 benefits:
  - Eliminates $164.90 Medicare Part B premium
  - Gets Extra Help with Part D Rx Coverage
- QMB also adds:
  - **Pays Medicare deductibles & coinsurance** (if provider accepts Medicaid)
  - **Balance billing protections -** Medicare provider can't bill even if they do not accept Medicaid
- TIP: Counsel Roger on buying pre-paid funeral agreement or other ways to reduce assets to qualify for Medicaid!

Income	
Social Security	**$1,630.50**
Pension	**$0**
IRA/401K RMD	**$0**
Work Income	**$0**
Deductions	
Medicaid Disregard	**- $20**
Health Insurance	**- $0**
Dental/Vision	**- $0**
Pooled Trust Deposit	**- $0**
Net Medicaid Income	**$1,610.50**
Income Guideline	**$1,677**
QMB Eligible	✓

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QUESTIONS

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CLE Code #1

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HIGH PRIORITY CASES FOR REBUDGETING

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Help triage these requests for rebudgeting!

140,000 consumers received the two notices described in previous slides. DSS/HRA don't have the capacity to process all of these requests right away.

NYLAG recommends prioritizing those with an urgent need to upgrade coverage.

Those who already have a $0 spend-down with a pooled trust don't need rebudgeting now. But they *can reduce* their trust deposits.

HIGH PRIORITY for REBUDGETING

1. **PAY-IN** – Those who pay-in their spend-down face financial hardship and delays in activating Medicaid after they send in their payment.
2. **Faxes or mails Medical bills to meet spend-down -** face long delays until coverage is activated.
3. **Has only SLIMB or QI-1 MSP - wants full Medicaid** or to **upgrade MSP to QMB**.
4. **Timing -** When does client's Medicaid authorization expire? Prioritize if renewal expected late in 12-month cycle in late 2023 – '24.
   - Earliest renewals are those with end dates 6/2023.
   - NYC- can now see eligibility end dates in ACCESS HRA.

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CONSUMERS WITH POOLED TRUSTS & NO SPEND DOWN

Lower Priority Populations for HRA/DSS Requests to Rebudget–

But they **can reduce deposits**!

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Assisting clients with PIT & no spend-down

- Those who have a $0 spend-down because of a **PIT** or individual SNT **can reduce their trust deposit** without burdening the LDSS with a request to rebudget. Can wait til renewal.
- These consumers already have full coverage, so asking for a rebudget won't increase their coverage.
- They should be screened for QMB since anyone eligible for Medicaid with no spend-down is eligible for QMB.

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Refresher-

What is a Pooled Income Trust (PIT)?

- A PIT is a type of Supplemental Needs Trust available to people with disabilities of all ages (including 65+).
  - If age 65+ ***must*** use a "pooled trust."
  - Those <65 may also use individual SNT instead.
- Used to shelter monthly income from consideration by Community Medicaid & MSP. Money deposited into trust not counted as income. Spend-down disappears and can qualify for QMB!
- PIT is established by a non-profit organization which pools the deposits of multiple beneficiaries.
- Trust can pay landlord, other third parties for rent, food, clothing, recurring bills, etc. ***May not make*** direct payments to beneficiary.

42 U.S.C. § 1396p(d)(4)(c); N.Y. Estates, Powers and Trusts Law § 7-1.12.
More information: http://www.wnylc.com/health/entry/2/

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How to Help Consumers Reduce their Deposit into a Pooled Trust or SNT

- Calculate their 2023 Medicaid spend-down using the tools in this seminar.
- Evaluate budget with and without enrollment in the Medicare Savings Program.
- If their 2023 spend-down is lower than it was in 2022, counsel on options:
  1. Keep making monthly trust deposits in the same amount.
  2. ***Reduce*** monthly trust deposits.
  3. ***Stop*** monthly trust deposits.

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Paula: 2022 budget with Medicaid Spend-Down

Gross SSR monthly income		$1,712.00
Health insurance premiums	(Medicare Part B) (Medigap)	- $170.10 - $187.90
Unearned income disregard		- $20
Net countable income		***$1,334.00***
Income limit for single		- $934.00
Excess income (Spend-down)		**$400.00**

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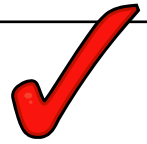
Paula: 2022 budget with Pooled Trust Deposit

Gross SSR monthly income		$1,712.00
Health insurance premiums	(Medicare Part B)	- **$170.10**
	(Medigap)	- $187.90
Pooled Trust Deposit*	-	$400.00
Unearned income disregard	-	$20.00
Net countable income		***$934.00***
Income limit for single	-	$934
Excess income (Spend-down)		**0**

If Paula added $170.10 to the $400/month deposit = $570.10, she'd have QMB and a $ZERO spend-down!

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Practical Considerations

Consumer uses PIT for monthly housing costs

- Investigate which bills the consumer relies on the trust to pay – usually rent.
- Will the trust or consumer have enough $$ to pay rent with reduced deposit?
- *If not, consider depositing enough for trust to pay rent, even if a smaller contribution would eliminate the spend-down.*

Medicare Savings Program

Make sure consumer qualifies for a ZERO spend-down even if enrolled in QMB MSP.

- If using a PIT, you may need to increase the deposit by $164.90.
- This will save them $164.90 in their Social Security check each month.

Caution: One size does not fit all! If income is close to the limit, or might increase, consider keeping trust open in case it's needed. Will need to pay the monthly fee.

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Does Paula Still Need a Pooled Trust in 2023?

- Paula's 2023 income is $1,862 due to the 8.75% COLA.

- Can Paula stop using a trust, or can she reduce her deposit in 2023?

- Do the budget first:
  - without deducting Part B premium and
  - without deducting pooled trust deposit.

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2023 Budget on next slide

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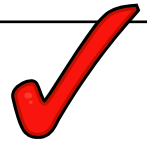
Paula: 2023 budget No Pooled Trust Deposit & MSP

Gross SSR monthly income		$1,862.00
Health insurance premiums	(Medicare Part B)	- **ZERO**
	(Medigap)	- $187.90
Pooled Trust Deposit	-	**ZERO**
Unearned income disregard	-	$20.00
Net countable income		***$1,654.10***
Income limit for single	-	$1,677.00
Excess income (Spend-down)		**0**

If income is higher, or no Medigap deduction, then decide whether to continue with Pooled Trust to eliminate the spend-down.

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Couple Pooled Trust 2022 Budget

Income **Morgan - Social Security** **Chris – Social Security**	 **$1200.00** **$1300.00**
De ctions **Medicaid Disregard** **Morgan –Medigap** **Chris - Medigap** **Pooled Trust Deposit**	 **- $20.00** **- $160.00** **- $160.00** **- $793.00**
caid Income	**$1367.00**
Inc me G ideline – Medicaid	**$1367.00**
Spend-down	**$0**

There's no Part B deduction, so Chris & Morgan are enrolled in QMB!

QMB income guideline for couple = $1526 in 2022

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Couple Pooled Trust 2023 Budgets

A. NO QMB

Income	
Morgan - Social Security	$1305.00
Chris – Social Security	$1630.00
Deductions	
Medicaid Disregard	- $20.00
Medigap Premium	- $175.00
Medigap Premium	- $175.00
Medicare Part B	- $164.90
Medicare Part B	- $164.90
Pooled Trust Deposit	- $ZERO
NET Medicaid Income	$2235.20
Medicaid Guideline	$2268.00
Spend-down	$0

B. With QMB

Income	
Morgan - Social Security	$1305.00
Chris – Social Security	$1630.00
Deductions	
Medicaid Disregard	-$20.00
Medigap Premium	-$175.00
Medigap Premium	-$175.00
Net Medicaid Income	$2565.00
Medicaid/MSP Guideline	$2268.00
Spend-down/Pooled Trust Deposit	$297.00

Must decide between - (A) Both pay for Medicare Part B ($164.90 x 2 =$329.80), have -0- spenddown without needing pooled trust; OR
(B) Morgan deposits $297 into Pooled Trust (down from $793 in 2022) and both have QMB.

Closing a PIT Account – if NO Spend-down

- Consumers can close their trust account by:
  1. Stop depositing income into the trust now.
  2. Submit expense requests to spend the balance in the trust.
  3. Contact trust to close account.
  4. If the trust is open, most trusts still charge a monthly fee. If the fee is based on a sliding scale based on the amount deposited, the fee should be reduced to the minimum amount until trust is closed, since no income is being deposited.
- Each pooled trust has different rules and forms for closing a trust. Contact the trust. See list at http://www.wnylc.com/health/entry/4/.

What Happens after You Reduce or Stop deposits into PIT/ SNT?

- Starting March-April 2023, LDSS/HRA will start sending Medicaid renewals over a 12-month period – continuing into 2024. See slide 25 & NY Unwinding Timeline in Appendix.
- When submitting the renewal, include a Verification of Deposits to the trust made in 2023.
- If the estimate of the 2023 spend-down was correct, the trust deposits should offset their new spend-down, so that the spend-down will remain at ZERO and QMB will be renewed or approved, once renewal is processed.
- **TIP:** Estimate the 2023 spend-down conservatively - better to put too much than too little into the pooled trust or individual SNT.
- **NOTE**: Renewals will use 2023 FPL limits, which are higher than 2022 FPL limits announced by DOH in **GIS 22 MA/14**.

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QUESTIONS

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MEDICAID BUDGET – BASICS AND SPECIAL STRATEGIES

Reference Slides

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Basic Non-MAGI Medicaid Budget

- Use **gross** income.
  - If taxes, union dues, child support, etc. withheld from check, must use GROSS amount.
- Sole deductions are:
  1. **$20/mo**. per single or couple
  2. **Health insurance premiums** – see more below
     - **Medicare Part B** premium
     - **Medigap** premium*
     - **Medicare Part D or Medicare Advantage** premium
  3. **Earned income**
  4. **Special Housing Disregard** – if was in nursing home or adult home for 30+ days, etc. See more below.
- Excel budget worksheet does the math for you!
- Some special budgets apply for Disabled Adult Children, spousal impoverishment, etc.

*If no longer need/want Medigap, may suspend it for up to 2 years. Warning that if you drop it, you can't be sold a new Medigap if you have full Medicaid with no spenddown. 42 USC 1395ss(d)(3).

Deductions

Medicare Part B premium

- First see if consumer will have a ZERO spend-down WITHOUT deducting this premium ($164.90).
  - If so, consumer is eligible for QMB, which will pay premium.
- If using Pooled Trust, don't deduct Part B premium.
  - Increase trust deposit by $164.90. Consumer will be eligible for QMB and have no Medicaid spend-down.

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Deductions

Part D or Medicare Advantage (MA) Premium

- All Medicaid & MSP recipients automatically get the Full Low Income Subsidy(**LIS**) (Extra Help) for Part D.
- May deduct only the part of the premium not subsidized by Extra Help.
- **Part D** - look up plan* and deduct figure in blue highlighted column.
- **Medicare Advantage** premiums include both a Part C and Part D premium. LIS only covers all or part of the Part D component. To see what the premium will be with Extra Help see next slide. click here.**

* See *Part D* tab in the *Excel budgeting worksheet or download plan list* (PDF) (Excel)

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Deductions

Medicare Advantage (MA-PD) Premium

- **Medicare Advantage** premiums. To see what the premium will be with Extra Help visit this sitec.** At this site --
  1. Click on your 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.
  4. Scroll down to find plan - check for exact plan name/ ID number. Look in box labeled **Monthly Premium (Parts C & D) 100% LIS**.
  5. Dual-SNP (Special Needs Plan) always have a -0- premium.

** https://q1medicare.com/2023/MedicareAdvantage-2023CHealthPlanMAPDHMOPPONewYork.php

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Deductions

Earned Income – Work Incentives

Medicaid encourages recipients and their spouses to work by disregarding more than half of **gross earned** income.

- Start with **GROSS monthly** earned income
- Subtract impairment related work expenses
- Subtract $65
- Subtract 1/2 remainder - the rest is disregarded!

If spouse works, deduction may prevent need for spousal refusal.

If consumer < age 65, disabled and working – higher income limit – 250% FPL – **Medicaid Buy In for Working People with Disabilities**.* (Use MBI-WPD tab on *Excel Budget Worksheet)*

2023 Single: $3,038/mo. Couple: $4,108/mo.

2023 –same asset limit as non-MAGI

*See more at http://www.wnylc.com/health/entry/59/

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2023 single earned income example

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.

Income type	Amount	Deductions
Social Security	$1,060	
- $20 standard deduction	- $ 20	
- AARP MedicareRx Walgreens premium	- $3	
Gross pay/mo		$1,000
		- 65
		$ 935
- ½ earnings= net countable earnings	$ 468	- 467
Net total countable income	$1,561	
Medicaid/QMB level 2023	$1,677	

MARRIED COUPLES

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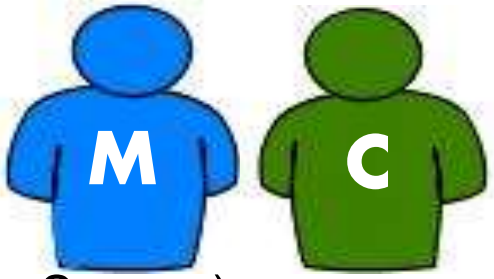
Case Scenario: Morgan & Chris



- Morgan (M for Medicaid) and Chris (C for Community Spouse) are married. Here – they have higher income than in earlier example).
- Morgan receives Social Security Disability (SSD) & Chris, age 66, gets SS Retirement. 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

	Morgan – Needs MLTC	Chris – Spouse
Income	$2,000.00	$1,500.00
Medicare Part B premium	$164.90	$164.90

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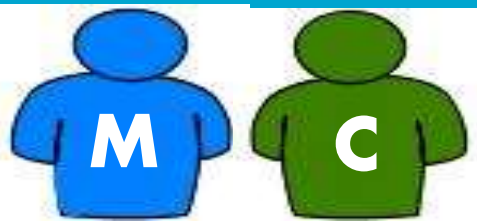
Non-MAGI Couple Budget 2023



- Morgan's non-MAGI community Medicaid budget **includes** Chris' income as spouse because both are disabled or 65+
- Morgan's spend down in 2023 is **$882**/month (rounded) without **spousal refusal or spousal impoverishment**

	Morgan	Chris
Income	$2,000.00	$1,500
Chris' income	$1,500.00	
Medicare Part B premium	- $329.80	$164.90
Income disregard	- $ 20.00	
Net Countable Income	***$3,150.20***	
Medicaid standard (couple 2023)	- $2,268.00	
Excess Income/Spenddown	***$882.20***	

Married Couple Options

1. Spousal Refusal

- If non-applying spouse refuses or fails to make their own resources and income available, or does not live with the applicant, Medicaid eligibility must be determined based on the income and resources of the spouse applying for or receiving Medicaid. Soc. Serv. L. § 366.3(a)
- For nearly 30 years – Gov. or legislature has proposed to repeal spousal refusal, but it has survived.
- Spousal Refusal NYC Form – MAP-2161 Spousal Refusal Form http://www.wnylc.com/health/download/66/
  - Can be used as a template in other counties
- Downside: County/HRA can sue refusing spouse for failure to support. Each county has a different practice.

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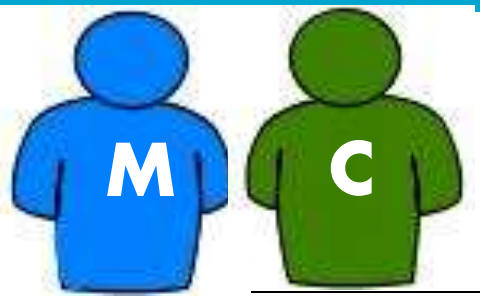
Morgan's 2023 Medicaid Budget (with spousal refusal)



Single Budget based only on Morgan's Income + deductions

	Morgan
Income	$2,000.00
Part B	- $164.90
Income disregard	- $20.00
Net Countable Income	***$1,815.10***
Medicaid standard (single 2023)	- $1,677.00
Excess Income/Spenddown	***$138.10***

Consider Medigap, dental/vision insurance, or pooled trust. What else can Morgan do?

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Married Couple Options

2. Spousal Impoverishment Budgeting

Spousal impoverishment protections are for couples where **one spouse** is:

1. in a **nursing home** OR
2. Enrolled in an **MLTC** plan (must already be enrolled – cannot request this when apply for Medicaid initially - must use Spousal Refusal with the initial application) OR
3. Applying for or receiving **Immediate-Need** PCS/CDPAS recipients – unlike MLTC, married applicant may request Spousal Impoverishment in Medicaid application. OR
4. Enrolled in a 1915 **waiver** (i.e., Traumatic Brain Injury (TBI) or Nursing Home Transition & Diversion waiver (NHTD), or OPWDD waiver

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Married Couple Options

2. Spousal Impoverishment Budgeting

- **MLTC Spouse** – (Morgan) may shift enough income to the **Community Spouse (CS)** to bring CS's income up to the **Minimum Monthly Maintenance Needs Allowance (MMMNA)** ($3,715.50 in 2023)
- **Community Spouse Monthly Income Allowance (CSMIA)** – Amount the MLTC spouse may shift to the community spouse to bring CS income up to MMMNA
- **Personal Needs Allowance (PNA)** – Amount the MLTC Spouse may keep ($591 - 2023)
- **ASSETS**: MLTC spouse $30,180
  CS $74,820 or half of combined assets up to $137,400

  Total $105,000

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Step 1: Determine Max CSMIA

CSMIA = MMMNA – CS's Net Income (2023)

How much of Morgan's income can be allocated to Chris?

1. Determine Community Spouse's Net Income – deduct health insurance premiums, incapacitated adult/ child care expenses; court-ordered support payments.
2. Subtract Community Spouse's Net Income from MMMNA. This is maximum amount Medicaid spouse can contribute to CS

1. Chris's Net Income	
SSD	$1,500.00
Part B 2023	-$164.90
Net Income	$1,335.10

2. Chris's CSMIA	
MMMNA	$3,715.50
Net income	-$1,335.10
CSMIA	$2,380.40

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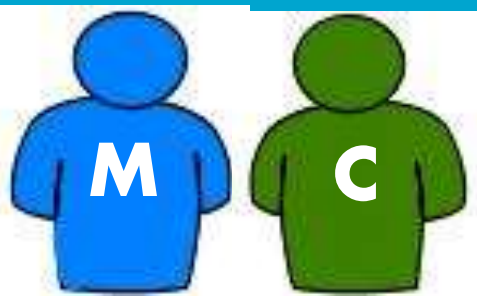
Step 2: Apply CSMIA & PNA



- Morgan & Chris keep all of their income (2023)
- Chris gets less than the max CSMIA, because the couple's income is not high
- Morgan has no spend-down, but could if either of their income were higher

	Morgan	Chris
Net Income (deduct Part B)	$1834	$1,335
PNA (amount Morgan keeps)	-$ 591	
CSMIA ("transferred" to Chris)	-$1,243	$1,243
Excess Income/Spenddown	$0	

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Converting to Spousal Impoverishment Budgeting

- Enrolling in MLTC doesn't automatically change the budgeting to spousal impoverishment!
- As soon as applicant is enrolled in an MLTC → submit DOH Request for Spousal Impoverishment Assessment Form to LDSS / HRA
  - HRA and some other counties prefer that MLTC Plan, not Member, submit this request – but they never do!
- Form available at page 9 of www.health.ny.gov/health_care/medicaid/program/update/2014/mar14_mu.pdf
- HRA: also use Consumer Change form MAP-751w (2021)

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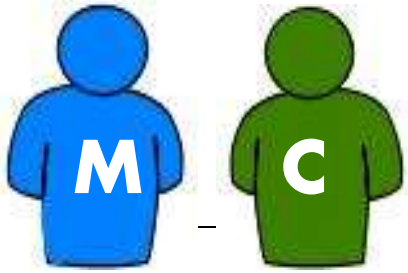
Option 3. Budget as a Single Persor



What is Spousal Impoverishment doesn't help? Different facts -

- Morgan's Income = $2000.00
- Chris' Income = $3800.00

- Community Spouse not entitled to Spousal Impoverishment allowance because income too high (> MMMNA $3715.90)
- Under GIS 12 MA/013, may select most favorable budgeting – budget as SINGLE or use Spousal Impoverishment.
  - Here, more favorable to budget as ONE, disregarding Community Spouse's income. Applicant may use pooled trust to reduce own income.
  - Spousal refusal not necessary (so no risk of lawsuit by county)! See budget next slide

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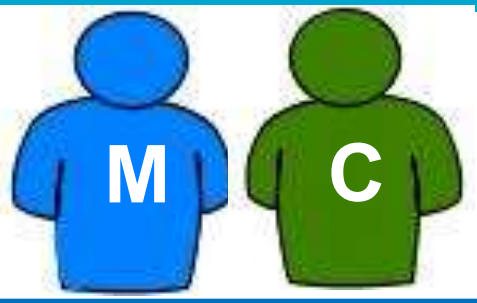
Option 3 - Morgan's Single Budget (2023)



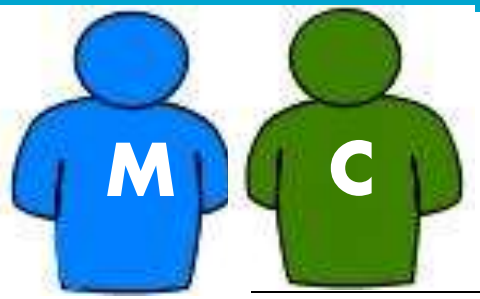
Single Budget based only on Morgan's Income

	Morgan
Income	$2,000.00
Part B (2023)	- $164.90
Income disregard	- $20
Net Countable Income	***$1,815.10***
Medicaid standard (single 2023)	- $1,677.00
Excess Income/Spenddown ***Can deposit into Pooled Trust***	****138.10***

DOH **GIS 14 MA/025, reinstating** DOH GIS 12 MA/013 (April 16, 2012); & NYS **DOH GIS 13 MA/018**, DOH MEDICAID REFERENCE GUIDE: INCOME at 278-282 (June 2010).

Same budget as Spousal Refusal but no risk. May only use after enrolled in MLTC plan, waiver, or if applying for immediate Need.

Morgan's MLTC Medicaid Budget (2023) –QMB TIP



TIP: For Single Budget based only on Morgan's Income

$ 138.10 Morgan can deposit spend-down into a Pooled Trust.

\+ 164.90 Morgan can add the Part B premium cost

$ 303.00 Total deposit to Pooled Trust

This way Morgan will get approved for QMB MSP and still have no spend-down. $164.90 more disposable income!

See budget on next slide

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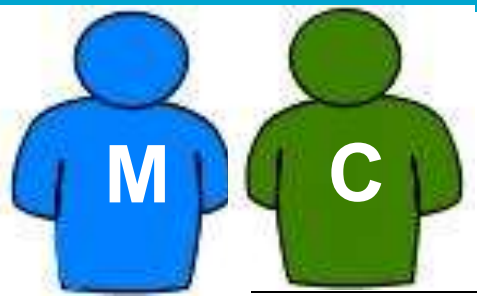
Morgan's MLTC Medicaid Budget (2023) with QMB



Single Budget based only on Morgan's Income

	Morgan
Income	$2,000.00
Part B (2023)	~~- $164.90~~
Income disregard	- $20
Net Countable Income	***$1,980***
Medicaid standard (single 2023)	- $1,677
Excess Income/Spenddown ***Can deposit into Pooled Trust***	****$303***

DOH **GIS 14 MA/025, reinstating** DOH GIS 12 MA/013 (April 16, 2012); & NYS **DOH GIS 13 MA/018**, N.Y. Dep't of Health, MEDICAID REFERENCE GUIDE: INCOME at 278-287 (June 20[illegible]).

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Housing Expenses – Special Income Standard

- Only After Discharge from Nursing Home or Adult Home

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MLTC Housing Allowance

- Income disregard for people discharged to the community with MLTC from:
  - A **nursing home,** or
  - An **adult home -** GIS 14/MA-017
- Can be new to MLTC **or already enrolled in MLTC before entered nursing home.** GIS 18 MA/012
- If married, can't use spousal impoverishment protections ***and*** MLTC Housing Allowance – must pick which budgeting is better

NYS DOH 12 OHIP/ADM-5, **2023** rates published in Attachment I to GIS 22 MA/14

see http://www.wnylc.com/health/entry/212/

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MLTC Housing Allowance Requirements

1. Nursing Home or Adult Home stay
   - Nursing Home for at least **30 days** prior to day of discharge

     OR

   - Adult Home stay prior to discharge
2. Medicaid paid for nursing home or adult home (even for 1 day – can be Medicare coinsurance)
3. Must have a housing expense
4. May not also use Spousal impoverishment. Must choose one.

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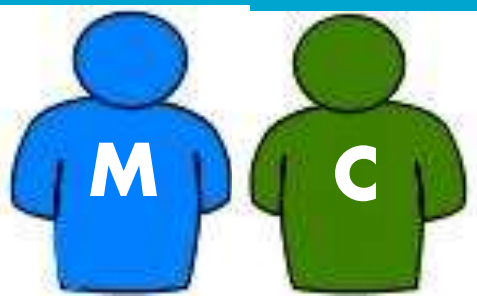
MLTC Housing Allowance – (2023)

Attachment I to GIS 22 MA/14

Region	Counties	Deduction
Central	Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	$358
Long Island	Nassau, Suffolk	$1,445
NYC	Bronx, Kings, Manhattan, Queens, Richmond	$1,701
Northeastern	Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	$425
Northern Metropolitan	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester	$1,031
Rochester	Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates	$367
Western	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	$301

Housing Allowance



Applying the housing allowance lowers Morgan's spend-down

	Morgan
Income	$2,000.00
Part B premium	- $164.90
Income disregard	- $20.00
Housing allowance (Sullivan)	-$1,031.00
Net Countable Income	***$784.10***
Medicaid standard (single) 2023	- $1,677.00
Excess Income	**$ 0**

(Advocates interpret guidance as permitting application of the housing allowance to a married person budgeted as single)

Obtaining the shelter allowance

- As with spousal impoverishment, it is **not automatic**.
- MLTC plans are responsible for notifying LDSS of member's potential eligibility (they typically do not), but consumer should submit to LDSS directly.
- Must submit: (NYC forms; check other counties or adapt these)
  - MAP-3057* – Attestation of Housing Expense
  - Proof of housing expense (recommended)
  - MAP-259D – Discharge Notice [filed by Nursing Home]
  - Cover letter requesting rebudgeting, along with guidance
  - MAP-751w change request form https://www1.nyc.gov/assets/hra/downloads/pdf/services/health/MAP-751W.pdf

Listed forms at http://www.wnylc.com/health/entry/212/

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For more info

See article on Special Medicaid Income Rules That May Eliminate Your "Spend-down" or "Surplus Income“ – for more on all of these strategies and more.

Stay current with the 2023 changes here –

http://www.wnylc.com/health/news/90/

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