

2025 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL POVERTY LEVELS (FPL)

Reference Documents: GIS: 25/MA/02, 25/MA/01, 24/MA/01, and

[NYS Partnership for Long-Term Care](#)

Note: The Figures highlighted in **yellow** are awaiting the new 2025 levels.



MAPDR-01 01/14/2025
(Obsoletes MAPDR-71)

Note: Staff is advised that the Medicaid Continuous Coverage Requirement (CCR) of the Families First Coronavirus Response Act (FFCRA) and originally tied to the federal COVID-19 Public Health Emergency ended effective March 31, 2023, as required by the Consolidated Appropriations Act, 2023 (CAA, 2023). Therefore, Staff must resume responsibility for applications and monthly renewals of Medicaid eligibility.

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	\$1,732	\$2,351	\$2,970	\$3,588	\$4,207	\$4,826	\$5,445	\$6,063	\$6,682	\$7,301	\$619

2. Non-MAGI Resource Levels								
Family Size	1	2	3	4	5	6	7	8
Resource Level	\$31,175	\$42,312	\$25,013	\$28,275	\$31,539	\$34,800	\$38,064	\$41,325
Family Size	9	10	Each Additional Person					
Resource Level	\$44,588	\$47,850	\$3,263					

3. Spousal Support and Resource Levels		
Income (MMMNA) - \$3,948.00 (Inst Spouse) - \$50	Resources – (Minimum) \$74,820 (Maximum) - \$157,920 (Inst Spouse) - \$31,175	Family Member Allowance Formula: Use - \$2,555 \$852 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	*\$31,175	\$50
Community Spouse	*\$157,920 (Maximum)	\$3,948.00
Home Care (Community-Based-Long-Term Care Services)		
	Resource Allowance	Income Allowance (Monthly)
Applicant	\$31,175	\$1,732 Increased to \$1,926.75 for QPP's
Applicant with Spouse	\$42,312	\$2,351 Increased to \$3,853.50 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	\$3,138	\$4,259
Resources	\$31,175	\$42,312

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)	\$2,799	\$3,799	\$4,799	\$5,798	\$6,798	\$7,798	\$1000

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.

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7. Medicare Savings Program (Buy-In)

			Income		Family Size		
QMB 138% FPL			Annual	\$20,783	\$28,208	1	2
			Monthly	\$1,732	\$2,351		
			Family of 1	Family of 2	COBRA (100% FPL)	\$1,255	\$1,704
QI-1	Monthly	Greater than 138%FPL But less than or equal to 186% FPL	1,732	2,351	AIDS Health Ins. Program (AHIP) (185% FPL) (No Resource Test)	\$2,322	\$3,152
	Monthly		2,335	3,169	QWDI (200% FPL)	\$2,510	\$3,407
NO RESOURCE TEST FOR ANY MSP PROGRAM					COBRA, QWDI (Resource Level)	\$4,000	\$6,000
					Pickle/DAC/SSI (Resource Level)	\$2,000	\$3,000

8. Other Important Figures

Medicare Part A Premium: \$285.00 (30-39 Quarters)

\$518.00 (Less than 30 Quarters)

Medicare Part B Premium: (Rates based upon 2024 income tax filings)

- The Cost-of-Living adjustment (COLA) for Social Security will be 2.5% percent for 2025.
- The standard monthly premium for Medicare Part B enrollees is **\$185.00** for 2025, an increase of \$10.30 from \$174.70 in 2024. 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 2025. Due to the SSA 2.5% COLA, some beneficiaries who were held harmless against Part B premium increases in 2024, will pay the full monthly premium of **\$185.00** in 2025. This is because the increase in their Social Security benefits will be greater than or equal to the increase in their Part B premium.

Note: Medicaid consumers who are receiving Medicare Insurance Premium Payments (MIPP) at the 2024 standard Medicare Part B premium amount will automatically have their 2025 payments updated to the new premium amount. The Department of Health (DOH) will forward a file containing a list of Medicaid consumers who are receiving MIPP payments for an amount other than the 2024 standard Medicare Part B premium amount of \$174.70 per month. Staff will be required to review those cases and take the appropriate follow-up action.

8. Other Figures (Continued)

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. The “hold-harmless” provision does not apply to all beneficiaries. The Medicare Part B premium for individuals in the following categories has increased to \$185.00 in 2025:

- The standard Medicare Part B monthly premium for beneficiaries with annual income less than or equal to **\$106,000.00** is **\$185.00**;
- Beneficiaries who do not receive Social Security benefits;
- Individuals who are directly billed for their Part B premium;
- New Medicare Part B beneficiaries;
- Individuals who have Medicare and Medicaid, and Medicaid pays the premiums; and
- Pay an Income-Related Monthly Adjustment Amount (IRMAA)

Standard Allocation: From non-SSI-related parent to non-SSI- related child **\$619.00**

- **PASS-THROUGH FACTORS:** .976 and .121

Note: MSP only cases with Budgets with a “From” date of January 1, 2025, or later, that utilize a Federal Poverty Level (FPL) must be calculated with the 2024 Social Security benefit amount and Medicare Part B premium amount of \$174.70 until the 2025 FPLs are available on MBL. The 2024 Social Security amounts and Part B premiums 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.

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

NEW YORK CITY (All boroughs) - \$14,582	LONG ISLAND - \$14,914 Nassau, Suffolk
NORTHEASTERN - \$13,916 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	NORTHERN METROPOLITAN - \$14,569 Duchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
WESTERN - \$12,842 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	ROCHESTER - \$15,127 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
CENTRAL - \$13,042 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) - \$1,931	LONG ISLAND (Shelter = 60) - \$1,624
NORTHEASTERN (Shelter = 54) - \$433	NORTHERN METROPOLITAN (Shelter = 58) - \$1,180
WESTERN (Shelter = 57) - \$320	ROCHESTER (Shelter = 56) - \$392
CENTRAL (Shelter = 55) - \$365	
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, 2025, 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 \$157,920. 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
Pregnant Women and Infants Under Age 1 (223% FPL)	\$2,799	\$3,799	\$4,799	\$5,798	\$6,798	\$7,798
Infants Under Age 1 223% FPL	\$2,799	\$3,799	\$4,799	\$5,798	\$6,798	\$7,798
Children Age 1-5 154% FPL	\$1,933	\$2,624	\$3,314	\$4,004	\$4,695	\$5,385
Children Aged 6 -19 110% FPL	\$1,381	\$1,874	\$2,367	\$2,860	\$3,354	\$3,847
Children Aged 6-19 (Expanded - 154% FPL)	\$1,933	\$2,624	\$3,314	\$4,004	\$4,695	\$5,385
Parents and Caretaker Relatives 138% FPL	\$1,732	\$2,351	\$2,970	\$3,588	\$4,207	\$4,826
19- and 20-Year Olds Living with Parents 138% FPL	\$1,732	\$2,351	\$2,970	\$3,588	\$4,207	\$4,826
19 and 20 Year Olds Living with Parents (Expanded - 155% FPL)	\$1,946	\$2,641	\$3,336	\$4,030	\$4,725	\$5,420
S/CCs and 19- and 20-Year Olds Living Alone (100% FPL)	\$1,255	\$1,704	\$2,152	\$2,600	\$3,049	\$3,497
S/CCs and 19- and 20-Year Olds Living Alone (Expanded 138% FPL)	\$1,732	\$2,351	\$2,970	\$3,588	\$4,207	\$4,826

11. MAGI Levels for Medicaid and Related Program Eligibility (Continued)

Family Size	7	8	9	10	Each Add'l Person
Pregnant Women and Infants Under Age 1 (223% FPL)	\$8,798	\$9,798	\$10,797	\$11,797	\$1000
Infants Under Age 1 (223% FPL)	\$8,798	\$9,798	\$10,797	\$11,797	\$1000
Children Age 1-5 (154% FPL)	\$6,076	\$6,766	\$7,457	\$8,147	\$691
Children Age 6 -19 (110% FPL)	\$4,340	4,833	\$5,326	\$5,819	\$494
Children Age 6-19 (Expanded - 154% FPL)	\$6,076	\$6,766	\$7,457	\$8,147	\$691
Parents and Caretaker Relatives (138% FPL)	\$5,445	\$6,063	\$6,682	\$7,301	\$619
19- and 20-Year Olds Living with Parents (138% FPL)	\$5,445	\$6,063	\$6,682	\$7,301	\$619
19- and 20-Year Olds Living with Parents (Expanded - 155% FPL)	\$6,115	\$6,810	\$7,505	\$8,200	\$695
S/CCs and 19- and 20-Year Olds Living Alone (100% FPL)	\$3,945	\$4,394	\$4,842	\$5,290	\$449
S/CCs and 19- and 20-Year Olds Living Alone (Expanded 138% FPL)	\$5,445	\$6,063	\$6,682	\$7,301	\$619

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*	\$2,799	\$3,799	\$4,799	\$5,798	\$6,798	\$7,798	\$8,798	\$9,798	\$1000
Children 1-18 Years	\$1,933	\$2,624	\$3,314	\$4,004	\$4,695	\$5,385	\$6,076	\$6,766	\$691

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	\$2,787	\$3,782	\$4,777	\$5,772	\$6,768	\$7,763	\$996
\$15 per child per month (Max \$45/family) (223% - 250% FPL)	\$3,138	\$4,259	\$5,380	\$6,500	\$7,621	\$8,742	\$1,121
\$30 per child per month (Max. \$90 per family) (251% - 300% FPL)	\$3,765	\$5,110	\$6,455	\$7,800	\$9,145	\$10,490	\$1,345
\$45 per child per month (Max. \$135 per family) (301% - 350% FPL)	\$4,393	\$5,962	\$7,531	\$9,100	\$10,670	\$12,239	\$1,570
\$60 per child per month (Max. \$180 per family) (351%-400% FPL)	\$5,020	\$6,814	\$8,607	\$10,400	\$12,194	\$13,987	\$1,794
Full Premium per child/month if over 400% FPL (Premium amount varies from plan to plan)	Over \$5,020	Over \$6,814	Over \$8,607	Over \$10,400	Over \$12,194	Over \$13,987	Over \$1,794

Note: *Pregnant women count as two.

14. Disabled Adult Children (DAC) Levels		
Living Arrangements	Shelter Types	Amount
1	15	\$1,209.48
1	28	\$1,171.48
1	16	\$1,378.00
1	29	\$1,348.00
1	42	\$1,637.00
1 or 5	Other than: 15, 16, 28, 29 or 42	\$1,030.00
2	15	\$2,418.96
2	28	\$2,342.96
2	16	\$2,756.00
2	29	\$2,696.00
2	42	\$3,274.00
2 or 6	Other than: 15, 16, 28, 29 or 42	\$1,519.00
3	All	\$1,171.48
4	All	\$1,209.48

15. Congregate Care Level I, II and III Levels		
Shelter Codes	PNA	Shelter Amount
15 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level I	\$181.00	\$1,028.48
16 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level II	\$208.00	\$1,170.00
28 - (Rest of State) Level I	\$181.00	\$990.48
29 - (Rest of State) Level II	\$208.00	\$1,140.00
42 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level III	\$249.00	\$1,388.00
42 - (Rest of State) Level III	\$249.00	\$1,388.00

16.		SSI Levels			
SSI Consumer	Amount				
Allocation Amount (The difference between the regular Medicaid levels for a household of two [\$2,351.00] and a household of one [\$1,732.00])	\$619.00				
Personal Needs Allowance (Certain waiver participants subject to spousal impoverishment budgeting)	\$619.00				
Maximum Social Security Benefit at Full Retirement Age	\$4,018.00				
State Supplement (living with others)	Individual	\$23.00	Couple	\$46.00	
State Supplement (living alone)	Individual	\$87.00	Couple	\$104.00	
Federal Benefit Rate	Individual	\$967.00	Couple	\$1,450.00	
SSI Resource Levels	Individual	\$2,000.00	Couple	\$3,000.00	
Family Care Level (LA 3 & 4)	NYC and Nassau, Suffolk, Westchester and Rockland	\$1,209.48	Upstate	\$1,171.48	
SSI-related Student Earned Income Disregard	Monthly	\$2,350.00	Annual Max.	\$9,460.00	

17.			Substantial Gainful Activity (SGA) Levels		
Category	Amount	Payment Occurrence			
Non-Blind	\$1,620.00	Monthly			
Blind	\$2,700.00	Monthly			
Month Trial Work Period	\$1,160.00	Monthly			

18.		Home Equity Maximum	
Medicaid Coverage Limit (RVI 1 and 2 cases)	\$1,097,000.00		