

## **Medicaid Income and Resource Limits in NYS Annual Charts Beginning 2010**

### **NYC HRA Medicaid Program Charts**

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[Income and Resource Limits for New York State Public Health  
Insurance Programs](#) (<http://www.wnyc.com/health/entry/15/>)

Compiled by NYLAG Evelyn Frank Legal Resources Program  
TEL: 212-613-7310 (intake number – Mondays 10-2 PM)

E-MAIL [eflrp@nylag.org](mailto:eflrp@nylag.org)



# MEDICAID FINANCIAL LEVELS

Effective January 1, 2001

(All figures are net income levels per month after exemptions and disregards. Resources are counted as of first of month)

Family Size	1	2	3	4	5	6	7	8	For Each Add'l Member Add:
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## PUBLIC ASSISTANCE (PA) STANDARD OF NEED

→ USE THIS SECTION FOR: Low Income Families with Children (LIF) and Single Individuals and Childless Couples (S/CC) Categories

1. MAX. GROSS INCOME TEST (185% OF PA STANDARD)	\$651.39	\$866.73	\$1,067.45	\$1,272.25	\$1,481.30	\$1,635.77	\$1,869.80	\$2,037.22	
2. 100% FPL FOR LIF BUDGETING (2000)	\$712	\$964	\$1,215	\$1,467	\$1,719	\$1,970	\$2,222	\$2,474	
3. MAXIMUM PA GRANT	\$352.10	\$468.50	\$577.00	\$687.70	\$800.70	\$884.20	\$1,010.70	\$1,101.20	\$72.50
4. RESOURCE TESTS FOR LIF AND S/CC CATEGORIES <sup>1</sup>	Low Income Families \$3,000								
	Single Individuals and Childless Couples \$ 2,000 (\$3,000 if Age 60 or over)								

## REGULAR ELIGIBILITY INCOME AND RESOURCE LEVELS

→ USE THIS SECTION FOR *CHILDREN: Under 21. ADULTS: 65 and older; caring for children under 21; certified blind or disabled*

5. INCOME	\$625	\$900	\$909	\$917	\$992	\$1,134	\$1,275	\$1,417	\$142
6. RESOURCES <sup>1</sup>	\$3,750	\$5,400	\$5,450	\$5,500	\$5,950	\$6,800	\$7,650	\$8,500	\$850

## EXPANDED ELIGIBILITY INCOME LEVELS (No Resource Test)

7. PREGNANT: Perinatal Coverage <sup>2,3</sup> CHILD: under 1 (200% Federal Poverty Level)	\$1,424	\$1,927	\$2,430	\$2,934	\$3,437	\$3,940	\$4,444	\$4,947	\$504
8. CHILD: 1 through 5 (133% of FPL)	\$947	\$1,282	\$1,616	\$1,951	\$2,286	\$2,621	\$2,955	\$3,290	\$335
9. PREGNANT: Full Coverage, <sup>3</sup> Children: 6 through 18 <sup>4</sup> (100% of FPL)	\$712	\$964	\$1,215	\$1,467	\$1,719	\$1,970	\$2,222	\$2,474	\$252

## COMMUNITY SPOUSE AND DEPENDENT SUPPORT LEVELS WHEN THE OTHER SPOUSE IS INSTITUTIONALIZED

	Spouse	Dependent		Minimum	Maximum
10. INCOME	\$2,175	\$482 Max	11. RESOURCES <sup>1</sup>	\$74,820	\$87,000

## MEDICARE SAVINGS PROGRAMS

Medicare (QMB)      Medicare (SLIMB)      Medicare (QI-1)      Medicare (QI-2)

## MEDICAID PREMIUM PAYMENT PROGRAMS

AIDS Health Insurance Program      COBRA Continuation

	Single	Couple	Single	Couple	Single	Couple	Single	Couple	Single	Couple	Single	Couple
12. INCOME	\$712	\$964	\$854	\$1,156	\$961	\$1,301	\$1,246	\$1,686	\$1,317	\$1,783	\$712	\$964
13. RESOURCES <sup>1</sup>	\$4,000	\$6,000	\$4,000	\$6,000	\$4,000	\$6,000	\$4,000	\$6,000	Resources are not counted		\$4,000	\$6,000

NOTE: 1. Certain burial funds or prepaid arrangements, depending on category, may be allowed in addition to the resource level. 2. Perinatal Coverage: some services are not available to pregnant women with incomes between 100% and 200% of the Federal Poverty Level. 3. A pregnant woman's family size begins with two. 4. Have not reached 19<sup>th</sup> birthday.

# 2002 MEDICAID FINANCIAL LEVELS

Effective April 1, 2002

(All figures are net income levels per month after exemptions and disregards. Resources are counted as of first of month)

Family Size	1	2	3	4	5	6	7	8	For Each Add'l Member Add:			
<b>PUBLIC ASSISTANCE (PA) STANDARD OF NEED</b>												
USE THIS SECTION FOR: Low Income Families with Children (LIF) and Single Individuals and Childless Couples (S/CC) Categories												
1. MAX. GROSS INCOME TEST (185% OF PA STANDARD)	\$651.39	\$866.73	\$1,067.45	\$1,272.25	\$1,481.30	\$1,635.77	\$1,869.80	\$2,037.22	\$134.13			
2. 100% FPL FOR LIF BUDGETING (2002)	\$739	\$995	\$1,252	\$1,509	\$1,765	\$2,022	\$2,279	\$2,535	\$257.00			
3. MAXIMUM PA GRANT	\$352.10	\$468.50	\$577.00	\$687.70	\$800.70	\$884.20	\$1,010.70	\$1,101.20	\$72.50			
4. RESOURCE TESTS FOR LIF AND S/CC CATEGORIES <sup>1</sup>	Low Income Families \$3,000											
	Single Individuals and Childless Couples \$ 2,000 (\$3,000 if Age 60 or over)											
<b>REGULAR ELIGIBILITY INCOME AND RESOURCE LEVELS</b>												
USE THIS SECTION FOR <i>CHILDREN: Under 21. ADULTS: 65 and older; caring for children under 21; certified blind or disabled</i>												
5. INCOME	\$634	\$925	\$934	\$942	\$992	\$1,134	\$1,275	\$1,417	\$142			
6. RESOURCES <sup>1</sup>	\$3,800	\$5550	\$5,600	\$5,650	\$5,950	\$6,800	\$7,650	\$8,500	\$850			
<b>EXPANDED ELIGIBILITY INCOME LEVELS (No Resource Test)</b>												
7. PREGNANT: Perinatal Coverage <sup>2,3</sup> CHILD: under 1 (200% Federal Poverty Level)	\$1,477	\$1,990	\$2,504	\$3,017	\$3,530	\$4,044	\$4,557	\$5,070	\$514			
8. CHILDREN: 1 through 18 <sup>4</sup> (133% of FPL) Effective 4/1/2002	-\$982	\$1,324	\$1,665	\$2,007	\$2,348	\$2,689	\$3,031	\$3,372	\$342			
9. PREGNANT: Full Coverage; <sup>3</sup> (100% of FPL)	\$739	\$995	\$1,252	\$1,509	\$1,765	\$2,022	\$2,279	\$2,535	\$257			
<b>COMMUNITY SPOUSE AND DEPENDENT SUPPORT LEVELS WHEN THE OTHER SPOUSE IS INSTITUTIONALIZED</b>												
	Spouse		Dependent						Minimum	Maximum		
10. INCOME	\$2,232		\$498 Max		11. RESOURCES <sup>1</sup>				\$74,820	\$89,280		
<b>MEDICARE SAVINGS PROGRAMS</b>								<b>MEDICAID PREMIUM PAYMENT PROGRAMS</b>				
	Medicare (QMB)		Medicare (SLIMB)		Medicare (QI-1)		Medicare (QI-2)		AIDS Health Insurance Program Continuation		COBRA	
	Single	Couple	Single	Couple	Single	Couple	Single	Couple	Single	Couple	Single	Couple
12. INCOME	\$739	\$995	\$886	\$1,194	\$997	\$1,344	\$1,293	\$1742	\$1,366	\$1,841	\$739	\$995
13. RESOURCES <sup>1</sup>	\$4,000	\$6,000	\$4,000	\$6,000	*Effective 4/1/2002 Resources are not counted				Resources are not counted		\$4,000	\$6,000

NOTE: 1. Certain burial funds or prepaid arrangements, depending on category, may be allowed in addition to the resource level. 2. Perinatal Coverage: some services are not available to pregnant women with incomes between 100% and 200% of the Federal Poverty Level. 3. A pregnant woman's family size begins with two. 4. Have not reached 19<sup>th</sup> birthday.



# 2002 MEDICAID FINANCIAL LEVELS

Effective January 1, 2002

Medical Assistance Programs  
Eligibility Information Services  
330 West 34<sup>th</sup> Street  
New York, NY 10001

**Verna Eggleston**  
*Administrator/Commissioner*

**Iris R. Jimenez-Hernandez**  
*Executive Deputy Commissioner*

**Diana K. Santos**  
*Director of Eligibility  
Information Services*

*The Medicaid Alert*  
is a public service of the  
NYC  
Medical Assistance Programs  
Human Resources Administration

Revised October 2002

# MEDICAID ALERT

The changes in the 2002 Medicaid Financial Levels are:

*Public Assistance Standard of Need: line 2*

*Expanded Eligibility: line 7, 8 and 9*

*Medicare Savings Program  
and*

*Medicaid Premium Payment Programs: line 12*

## NEED MORE INFORMATION?

Clients may call the *HRA Infoline* at 1-877-472-8411 for assistance with Medicaid issues including:

- Application Kits for Medicaid and Home Care • Medicaid Providers
- Locations of Medicaid or CASA Offices • Replacement Medicaid Cards

For Perinatal Care and Family Planning Information, call the Women's Health Line at 230-1111 (no area code necessary).

Clients may call the Managed Care Helpline (New York Medicaid Choice) at (800) 505-5678 for help with Managed Care.

Community agencies may call (212) 273-0047 or 0048 to request Medicaid Prescreening Training.

Community agencies call HealthStat Phoneline 1-888-692-6116 for Eligibility Prescreening and Public Health Insurance Programs.

## Family Health Plus Gross Monthly Income Levels (Effective October 2002)

Applicants	1	2	3	4	5	6	7	8	For each Add'l Member Add:
• S/CC Adults aged 19-64									
• 19-20-years olds not living with parents (100% FPL)	\$739	\$995	N/A	N/A	N/A	N/A	N/A	N/A	N/A
• Parents/caretaker relatives living with children under 21 (150% FPL)	\$1,108	\$1,493	\$1,878	\$2,263	\$2,648	\$3,033	\$3,418	\$3,803	385

-Please Share This Alert with Staff Who Process Medicaid Applications-  
Financial Levels Chart on Reverse

**\* INCOME AND RESOURCE LEVELS**  
**for Health Insurance Programs Effective January 1<sup>st</sup> 2003**

<b>1 CHPlus A, PCAP and Medicaid Monthly Income Levels (Pregnant Women and Children Under 21)</b>							
Family Size	1	2	3	4	5	6	Each Add'l Person
Children under 1 yr; Pregnant Women Perinatal Coverage Only (200% FPL)	\$1497	\$2020	\$2544	\$3067	\$3590	\$4114	\$524
Children 1-18 (100% FPL)	\$749	\$1010	\$1272	\$1534	\$1795	\$2057	\$262
Children 1-18 (133% FPL)							
Pregnant Women (count as 2 people) Full Coverage 100% FPL		\$1010	\$1272	\$1534	\$1795	\$2057	\$262
Children 19-20 yrs; Parents/Certified Disabled Individuals	\$642	\$934	\$942	\$950	\$992	\$1134	\$142

<b>2 Child Health Plus B Premium Levels Chart – Monthly Income by Family Size (Children Under 19 NOT Medicaid-Eligible)</b>							
Premium Categories	1	2	3	4	5	6	Each Add'l Person
Free Insurance (160 % FPL)	\$1197	\$1615	\$2034	\$2453	\$2871	\$3290	\$419
\$9 per child per month (Max. \$27 per family)	\$1662	\$2243	\$2824	\$3404	\$3985	\$4566	\$581
\$15 per child per month (Max \$45/Family)	\$1871	\$2525	\$3180	\$3834	\$4488	\$5142	\$655
Full Premium per Child/Month If OVER →	\$1871	\$2525	\$3180	\$3834	\$4488	\$5142	\$655

<b>3 Family Health Plus Income Levels</b>										
<b>a) Parents Living with Children Under 21 in their Household (19-20 year olds living with their parents)</b>								<b>b) Adults Without Children Under 21 in Their Household, and 19-20 Year Olds Living Alone</b>		
Family Size	1	2	3	4	5	6	Each Add'l Person	Family Size	1	2
FHP Limit 150% FPL	\$1123	\$1515	\$1908	\$2300	\$2693	\$3085	\$393	FHP Limit 100% FPL	\$749	\$1010

<b>4 Family Planning Benefit Program Income Levels (Effective 10/01/02) (Age 10 to 64)</b>								<b>5 Medicaid Buy-In for Working People with Disabilities</b>			
Family Size	1	2	3	4	5	6	Each Add'l Person	Family Size	1	2	Resources
FPBP 200% FPL (age 10 to 64)	\$1497	\$2020	\$2544	\$3067	\$3590	\$4114	\$524	MBI-WPD (16-64) 250% FPL	\$1871	\$2525	\$10,000

<b>6 Regular Medicaid Levels</b>							
Family Size	1	2	3	4	5	6	Each Add'l Person
Monthly Income (19 and 20 year olds, 21-64 disabled, 65 and over)	\$642	\$934	\$942	\$950	\$992	\$1134	\$142
Resource Level—parents, 19 and 20 year olds, adults over age 65, or certified blind or disabled.	\$3850	\$5600	\$5650	\$5700	\$5950	\$6800	\$850

If applicant or recipient other than a single or childless couple is ineligible because of excess income and or resources, consider Spenddown.

**\*NYS Income and Resource Standards and Federal Poverty Levels effective January 1, 2003.**

**\* INCOME AND RESOURCE LEVELS**

<b>7 Monthly Standards</b> (Non-Disabled Adults ages 21-64 Without Children under 21 in Household)						
<b>(a) MONTHLY INCOME LEVELS</b>			<b>(b) RESOURCE LEVELS</b>			
Family Size		1	2	No. of persons in S/CC household	1	2
Maximum Gross Income Test (Initial Screening)		\$651.39	\$866.73			
Std. PA Allowance	+	\$112.00	\$179.00	Resource Allowance: (Ages 21-59)	\$2000	\$2000
Home Energy Allowance	+	\$ 25.10	\$39.50			
Actual Rent or Max. Rent Allowance	+	\$215.00	\$250.00	Resource Allowance: (Ages 60-64)	\$3000	\$3000
Maximum NET PA Income Allowed	=	<b>\$352.10</b>	<b>\$468.50</b>			

<b>8 MEDICARE SAVINGS PROGRAM (BUY-IN)</b> Effective January 1, 2003				<b>9 OTHER IMPORTANT FIGURES</b> Effective January 1, 2003			
	Income and Family Size			MEDICARE PART B PREMIUM: \$58.70 for most recipients STANDARD ALLOCATION: From non-SSI-related parent to non-SSI-related child \$291 PASS-THROUGH FACTORS: .957, .215	Family Size	1	2
		Family of 1	Family of 2				
<b>QMB</b> 100% FPL (Excludes \$20 Disregard)	Annual	\$8980	\$12120	<b>Family Size</b>	1	2	
	Monthly	\$749	\$1010				
<b>SLIMB</b> 120% FPL	Annual	\$10776	\$14544	<b>COBRA (100% FPL)</b>	\$749	\$1010	
	Monthly	\$898	\$1212	<b>Aids Health Ins. Program (AHIP) (185% FPL)</b>	\$1385	\$1869	
<b>QI-1 135% FPL</b>	Annual	\$12123	\$16362	<b>QWDI (200% FPL)</b>	\$1497	\$2020	
	Monthly	\$1011	\$1364	<b>COBRA, QWDI</b> No Resource Test for AHIP	\$4000	\$6000	
<b>RESOURCES</b>		\$4000	\$6000				
<b>NOTE</b>	No resource test for QI-1 as of April 1 <sup>st</sup> 2002						

NOTE: QMB and SLIMB who fail resource test may qualify for QI-1

<b>10 MONTHLY REGIONAL NURSING HOME RATES EFFECTIVE JANUARY 1, 2003</b>	
<b>NEW YORK CITY (All boroughs) - \$8157</b>	<b>Long Island - \$8583</b> Nassau, Suffolk
<b>NORTHEASTERN - \$5998</b> Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	<b>NORTHERN METROPOLITAN - \$7464</b> Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
<b>WESTERN (Buffalo) - \$5614</b> Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	<b>ROCHESTER - \$6058</b> Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
<b>CENTRAL (Syracuse) - \$5390</b> Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	<b>SPOUSAL SUPPORT AND RESOURCE LEVEL</b> INCOME (MMMNA) - \$2267 RESOURCES - (Minimum) - \$74,820 (Maximum) - \$90,660 FAMILY MEMBER ALLOWANCE USE - \$1515 \$505 is the maximum family member allowance allowed.

In determining the community resource allowance on and after January 1, 2003, 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 \$90,660. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989. Look-back period anchored in month A/R is both institutionalized AND applying for MA.

**NYS Income and Resource Standards and Federal  
Poverty Levels Effective January 1, 2004.**

<b>1 CHPlus A, PCAP and Medicaid Monthly Income Levels (Pregnant Women and Children Under 21)</b>								
Family Size		1	2	3	4	5	6	Each Add'l Person
Children under 1 yr; Pregnant Women Perinatal Coverage Only (200% FPL)		\$1552	\$2082	\$2612	\$3142	\$3672	\$4202	\$530
Children 1-18 (100% FPL)	Test first at 100%. If eligible use Cat. Code 47, if not, test at 133% and if eligible use Cat. Code 60	\$776	\$1041	\$1306	\$1571	\$1836	\$2101	\$265
Children 1-18 (133% FPL)		\$1032	\$1385	\$1737	\$2090	\$2442	\$2795	\$353
Pregnant Women (count as 2 people) Full Coverage 100% FPL			\$1041	\$1306	\$1571	\$1836	\$2101	\$265
Children 19-20 yrs; Parents/Certified Disabled Individuals (Regular MA)		\$659	\$950	\$959	\$967	\$992	\$1134	\$142

<b>2 Child Health Plus B Premium Levels Chart – Monthly Income by Family Size (Children Under 19 NOT Medicaid-Eligible)</b>							
Premium Categories	1	2	3	4	5	6	Each Add'l Person
Free Insurance (160 % FPL)	\$1241	\$1665	\$2089	\$2513	\$2937	\$3361	\$424
\$9 per child per month (Max. \$27 per family) (222% FPL)	\$1723	\$2311	\$2899	\$3488	\$4076	\$4664	\$589
\$15 per child per month (Max \$45/Family) (250% FPL)	\$1940	\$2603	\$3265	\$3928	\$4590	\$5253	\$663
Full Premium per child/month if over 250%FPL	\$1940	\$2603	\$3265	\$3928	\$4590	\$5253	\$663

<b>3 Family Health Plus Income Levels (No Resource Test)</b>										
a) Parents Living with Children Under 21 in their Household (19-20 year olds living with their parents)							b) Adults Without Children Under 21 in Their Household, and 19-20 Year Olds Living Alone			
Family Size	1	2	3	4	5	6	Each Add'l Person	Family Size	1	2
FHP Limit 150% FPL	\$1164	\$1562	\$1959	\$2357	\$2754	\$3152	\$398	FHP Limit 100% FPL	\$776	\$1041

<b>4 Family Planning Benefit Program Income Levels (No Resource Test)</b>							
Family Size	1	2	3	4	5	6	Each Add'l Person
FPBP 200% FPL (Child Bearing Age)	\$1552	\$2082	\$2612	\$3142	\$3672	\$4202	\$530

<b>5 Medicaid Buy-In for Working People with Disabilities</b>			
Family Size	1	2	Resources
MBI-WPD (16-64) 250% FPL	\$1940	\$2603	\$10,000

<b>6 REGULAR MEDICAID LEVELS</b>							
Family Size	1	2	3	4	5	6	Each Add'l Person
Monthly Income (19 and 20 year olds, 21-64 disabled, 65 and over)	\$659	\$950	\$959	\$967	\$992	\$1134	\$142
Resource Level—parents, 19 and 20 year olds, adults over age 65, or certified blind or disabled.	\$3950	\$5700	\$5750	\$5800	\$5950	\$6800	\$850

If consumer other than a single or childless couple is ineligible because of excess income and or resources, consider Spenddown.



**NYS Income and Resource Standards and Federal  
Poverty Levels Effective January 1, 2004.**

<b>7 MONTHLY STANDARDS</b> (Non-Disabled Adults ages 21-64 Without Children under 21 in Household)						
<b>(a) MONTHLY INCOME LEVELS</b>			<b>(b) RESOURCE LEVELS</b>			
Family Size		1	2	No. of persons in S/CC household	1	2
Maximum Gross Income Test (Initial Screening) (185%)		\$651.39	\$866.73			
Std. PA Allowance	+	\$112.00	\$179.00	Resource Allowance: (Ages 21-59)	\$2000	\$2000
Home Energy Allowance	+	\$ 25.10	\$39.50			
Actual Rent or Max. Rent Allowance	+	\$215.00	\$250.00	Resource Allowance: (Ages 60-64)	\$3000	\$3000
Maximum Net PA Income Allowed	=	\$352.10	\$468.50			

<b>8 MEDICARE SAVINGS PROGRAM (BUY-IN)</b> Effective January 1, 2004				<b>9 OTHER IMPORTANT FIGURES</b> Effective January 1, 2004		
	Income			<b>MEDICARE PART B PREMIUM:</b> \$66.60 for most recipients <b>STANDARD ALLOCATION:</b> From non-SSI-related parent to non-SSI-related child \$291 <b>PASS-THROUGH FACTORS:</b> .958.208		
		Family of 1	Family of 2			
QMB 100% FPL (Excludes \$20 Disregard)	Annual	\$9310	\$12490	Family Size	1	2
	Monthly	\$776	\$1041		COBRA (100% FPL)	\$776
SLIMB 120% FPL	Annual	\$11172	\$14988	Aids Health Ins. Program (AHIP) (185% FPL)		\$1436
	Monthly	\$931	\$1249		QWDI (200% FPL)	\$1552
QI-1 135% FPL	Annual	\$12569	\$16862	COBRA, QWDI No Resource Test for AHIP		\$4000
	Monthly	\$1048	\$1406			
RESOURCES		\$4000	\$6000			
<b>NOTE</b>	1. No resource test for QI-1					
	2. Applicants for QMB and SLIMB who fail resource test may qualify for QI-1					

<b>MONTHLY REGIONAL NURSING HOME RATES FOR 2004</b>	
<b>NEW YORK CITY (All boroughs) - \$8695</b>	<b>Long Island - \$9296</b> Nassau, Suffolk
<b>NORTHEASTERN - \$6254</b> Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	<b>NORTHERN METROPOLITAN - \$7902</b> Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
<b>WESTERN (Buffalo) - \$5854</b> Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	<b>ROCHESTER - \$6672</b> Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
<b>CENTRAL (Syracuse) - \$5842</b> Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	<b>SPOUSAL SUPPORT AND RESOURCE LEVEL</b>
	<b>INCOME (MMMNA) - \$2319</b>
	<b>RESOURCES - (Minimum) - \$74,820 (Maximum) - \$92,760</b>
	<b>FAMILY MEMBER ALLOWANCE USE - \$1562</b>
	\$521 is the maximum family member allowance allowed.

In determining the community resource allowance on and after January 1, 2004, 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 \$92,760. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989. Look-back period anchored in month A/R is both institutionalized and applying for MA.

**2005 NYS Income and Resources Standards and Federal Poverty Levels**

**1. CHIP Plus A, PCAP and Medicaid Monthly Income Levels (Pregnant Women and Children Under 19)**

Family Size	1	2	3	4	5	6	Each Add'l Person
Children under 1 yr; Pregnant Women Perinatal Coverage Only (200% FPL)	\$1595	\$2139	\$2682	\$3225	\$3769	\$4312	\$544
Children 1-5 (133% FPL)	\$1061	\$1422	\$1784	\$2145	\$2506	\$2868	\$362
Children 6-18 (100% FPL) Effective April 1, 2005	\$798	\$1070	\$1341	\$1613	\$1885	\$2156	\$272
Children 19-20 yrs; Parents/Disabled Individuals	\$667	\$975	\$984	\$992	\$1000	\$1134	\$142
Pregnant Women (count as 2 people) Full Coverage 100% FPL		\$1070	\$1341	\$1613	\$1885	\$2156	\$272

**2. Child Health Plus B Premium Levels Chart - 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 (160 % FPL)	\$1275	\$1710	\$2145	\$2579	\$3014	\$3449	\$435
\$9 per child per month (Max. \$27 per family) (222% FPL)	\$1771	\$2374	\$2977	\$3580	\$4183	\$4786	\$604
\$15 per child per month (Max \$45/Family) (250% FPL)	\$1994	\$2673	\$3353	\$4032	\$4711	\$5390	\$680
Full Premium per child/month if over 250%FPL	\$1994	\$2673	\$3353	\$4032	\$4711	\$5390	\$680

**3. Regular Medicaid Levels Parents, 19 and 20 year olds, 21-64 disabled, 65 and over.**

Family Size	1	2	3	4	5	6	Each Add'l Person
Monthly Income	\$667	\$975	\$984	\$992	\$1000	\$1134	\$142
Resource Level	\$4000	\$5850	\$5900	\$5950	\$6000	\$6800	\$850

**4. Family Health Plus Income Levels**

a) Parents Living with Children Under 21 in their Household ; 19-20 year olds living with their parents								b) Adults Without Children Under 21 in Household, and 19-20 Year Olds Living Alone		
Family Size	1	2	3	4	5	6	Each Add'l Person	Family Size	1	2
FHP Limit 150% FPL	\$1197	\$1604	\$2012	\$2419	\$2827	\$3234	\$408	FHP Limit 100% FPL	\$798	\$1070
Resource Level	\$12000	\$17550	\$17700	\$17850	\$18000	\$20400	\$2550	Resource Level	\$12000	\$17550

**5. Family Planning Benefit Program Income Levels (No Resource Test)**

Family Size	1	2	3	4	5	6	Each Add'l Person
FPBP 200% FPL (Child Bearing Age)	\$1595	\$2139	\$2682	\$3225	\$3769	\$4312	\$544

**6. Medicaid Buy-In for Working People with Disabilities**

Family Size	1	2	Resources
MBI-WPD (16-64) 250% FPL	\$1994	\$2673	\$10,000

If consumer (other than a single or childless couple) is ineligible because of excess income and or resources, consider Spenddown.

**2005 NYS Income and Resource Standards and  
Federal Poverty Levels**

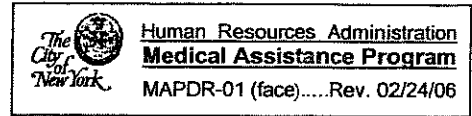
7. MONTHLY STANDARDS (Non-Disabled Adults ages 21-64 Without Children under 21 in Household)						
(a) MONTHLY INCOME LEVELS			(b) RESOURCE LEVELS			
Family Size		1	2	No. of persons in S/CC household	1	2
Maximum Gross Income Test (Initial Screening) (185%)		\$651.39	\$866.73			
Std. PA Allowance	+	\$112.00	\$179.00	Resource Allowance: (Ages 21-59)	\$2000	\$2000
Home Energy Allowance	+	\$ 25.10	\$39.50			
Actual Rent or Max. Rent Allowance	+	\$215.00	\$250.00	Resource Allowance: (Ages 60-64)	\$3000	\$3000
Maximum Net PA Income Allowed	=	\$352.10	\$468.50			

8. MEDICARE SAVINGS PROGRAM (BUY-IN) Effective January 1, 2005				9. OTHER IMPORTANT FIGURES Effective January 1, 2005		
	Income			Medicare Part A Premium: \$375.00		
		Family of 1	Family of 2	Medicare Part B Premium: \$78.20 for most recipients		
QMB 100% FPL (Excludes \$20 Disregard)	Annual	\$9570	\$12830	Standard Allocation: From non-SSI-related parent to non-SSI-related child \$308		
	Monthly	\$798	\$1070	PASS-THROUGH FACTORS: .960 202		
SLIMB 120% FPL	Annual	\$11484	\$15396	Family Size	1	2
	Monthly	\$957	\$1283	COBRA (100% FPL)	\$798	\$1070
QI-1 135% FPL	Annual	\$12920	\$17321	AIDS Health Ins. Program (AHIP) (185% FPL)	\$1476	\$1978
	Monthly	\$1077	\$1444	QWDI (200% FPL)	\$1595	\$2139
RESOURCES		\$4000	\$6000	COBRA, QWDI No Resource Test for AHIP	\$4000	\$6000
NOTE	1. No resource test for QI-1 2. Applicants for QMB and SLIMB who fail resource test may qualify for QI-1					

10. MONTHLY REGIONAL NURSING HOME RATES	
<b>NEW YORK CITY (All boroughs) - \$8870</b>	<b>Long Island - \$9612</b> Nassau, Suffolk
<b>NORTHEASTERN - \$6501</b> Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	<b>NORTHERN METROPOLITAN - \$8332</b> Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
<b>WESTERN (Buffalo) - \$6181</b> Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	<b>ROCHESTER - \$6981</b> Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
<b>CENTRAL (Syracuse) - \$5988</b> Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	<b>SPOUSAL SUPPORT AND RESOURCE LEVEL</b>
	INCOME (MMMNA) - \$2378 RESOURCES - (Minimum) - \$74,820 (Maximum) - \$95,100 FAMILY MEMBER ALLOWANCE USE - \$1604.00 \$535 is the maximum family member allowance allowed.

In determining the community resource allowance on and after January 1, 2005, 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 \$95,100. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989. Look-back period anchored in month A/R is both institutionalized and applying for MA.

**2006 NYS Income and Resource Standards and Federal Poverty Levels**



Source: GIS 05 MA/045 and GIS 06 MA/001

<b>1. Child Plus A, PCAP and Medicaid Monthly Income Levels (Pregnant Women and Children Under 19)</b>							
Family Size	1	2	3	4	5	6	Each Add'l Person
Children under 1 yr; Pregnant Women Perinatal Coverage Only (200% FPL)	\$1634	\$2200	\$2767	\$3334	\$3900	\$4467	\$567
Children 1-5 (133% FPL)	\$1087	\$1463	\$1840	\$2217	\$2594	\$2971	\$377
Children 6-18 (100% FPL)	\$817	\$1100	\$1384	\$1667	\$1950	\$2234	\$284
Children 19-20 yrs; Parents/Disabled Individuals	\$692	\$900	\$1017	\$1025	\$1034	\$1134	\$142
Pregnant Women (count as 2 people) Full Coverage (100% FPL)		\$1100	\$1384	\$1667	\$1950	\$2234	\$284

<b>2. Child Health Plus B Premium Levels - Monthly Income by Family Size (Children Under 19 NOT Medicaid-Eligible)</b>							
Premium Categories	1	2	3	4	5	6	Each Add'l Person
Free Insurance	\$1306	\$1759	\$2213	\$2666	\$3119	\$3573	\$454
\$9 per child per month (Max. \$27 per family)	\$1813	\$2442	\$3071	\$3700	\$4329	\$4958	\$629
\$15 per child per month (Max \$45/Family)	\$2042	\$2750	\$3459	\$4167	\$4875	\$5584	\$709
Full Premium per child/month if over 250% FPL	\$2042	\$2750	\$3459	\$4167	\$4875	\$5584	\$709

<b>3. Regular Medicaid Levels</b>							
Parents, 19 and 20 year olds, 21-64 disabled, 65 and over.							
Family Size	1	2	3	4	5	6	Each Add'l Person
Monthly Income	\$692	\$900	\$1017	\$1025	\$1034	\$1134	\$142
Resource Level	\$4150	\$5400	\$6100	\$6150	\$6200	\$6800	\$850

<b>4. Family Health Plus Income Resource Levels</b>										
<b>a) Parents Living with Children Under 21 in their Household; 19-20 year olds living with their parents</b>								<b>b) Adults Without Children Under 21 in Household, and 19-20 Year Olds Living Alone</b>		
Family Size	1	2	3	4	5	6	Each Add'l Person	Family Size	1	2
FHP Limit 150% FPL	\$1225	\$1650	\$2075	\$2500	\$2925	\$3350	\$425	FHP Limit 100% FPL	\$817	\$1100
Resource Level	\$12450	\$16200	\$18300	\$18450	\$18600	\$20400	\$2550	Resource Level	\$12450	\$16200

<b>5. Family Planning Benefit Program Income Levels (No Resource Test)</b>								<b>6. Medicaid Buy-In for Working People with Disabilities</b>			
Family Size	1	2	3	4	5	6	Each Add'l Person	Family Size	1	2	Resources
FPBP 200% FPL (Child Bearing Age)	\$1634	\$2200	\$2767	\$3334	\$3900	\$4467	\$567	MBI-WPD (16-64) 250% FPL	\$2042	\$2750	\$10,000

If consumer (other than a single or childless couple) is ineligible because of excess income and or resources, consider Spenddown.

**2006 NYS Income and Resource Standards and Federal Poverty Levels**

7. Monthly Standards					
(a) Monthly Income Levels			(b) Resource Levels		
<b>Family Size</b>			<b>1</b>	<b>2</b>	
Maximum Gross Income Test (Initial Screening) (185%)			\$651.39	\$866.73	No. of persons in S/CC household
Std. PA Allowance	+		\$112.00	\$179.00	Resource Allowance: (Ages 21-59)
Home Energy Allowance	+		\$ 25.10	\$39.50	
Actual Rent or Max. Rent Allowance	+		\$215.00	\$250.00	Resource Allowance: (Ages 60-64)
Maximum Net PA Income Allowed	=		<b>\$352.10</b>	<b>\$468.50</b>	

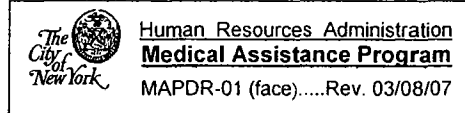
8. Medicare Savings Program (Buy-In)				9. Other Important Figures		
		Income		Medicare Part A Premium: \$393.00		
		Family of 1	Family of 2	Medicare Part B Premium: \$88.50 for most recipients		
QMB 100% FPL (Excludes \$20 Disregard)	Annual	\$9804	\$13200	Standard Allocation: From non-SSI-related parent to non-SSI-related child \$301		
	Monthly	\$817	\$1100	PASS-THROUGH FACTORS: .961 .194		
SLIMB 120% FPL	Annual	\$11760	\$15840	Family Size	1	2
	Monthly	\$980	\$1320	COBRA (100% FPL)	\$817	\$1100
QI-1 135% FPL	Annual	\$13236	\$17820	AIDS Health Ins. Program (AHIP) (185% FPL)	\$1511	\$2035
	Monthly	\$1103	\$1485	QWDI (200% FPL)	\$1634	\$2200
RESOURCES		\$4000	\$6000	COBRA, QWDI No Resource Test for AHIP	\$4000	\$6000
NOTE	1. No resource test for QI-1 2. Applicants for QMB and SLIMB who fail resource test may qualify for QI-1					

10. Spousal Support And Resource Level		
INCOME (MMMNA) - \$2489	RESOURCES - (Minimum) - \$74,820 (Maximum) - \$99,540	FAMILY MEMBER ALLOWANCE USE - \$1650.00 \$550 is the maximum family member allowance allowed.

11. Monthly Regional Nursing Home Rates	
<b>NEW YORK CITY</b> (All boroughs) - \$9132	<b>LONG ISLAND</b> - \$9842 Nassau, Suffolk
<b>NORTHEASTERN</b> - \$6872 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	<b>NORTHERN METROPOLITAN</b> - \$8724 Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
<b>WESTERN (Buffalo)</b> - \$6540 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	<b>ROCHESTER</b> - \$7375 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
<b>CENTRAL (Syracuse)</b> - \$6232 Lawrence, Tioga, Tompkins	Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St.

In determining the community resource allowance on and after January 1, 2006, 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 \$99,540. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989. Look-back period anchored in month A/R is both institutionalized and applying for MA.

**2007 NYS Income and Resource Standards and Federal Poverty Levels**



Source: GIS 06 MA/029, GIS-07-MA/001 and GIS-07-MA/002

<b>1. CHPlus A, PCAP and Medicaid Monthly Income Levels (Pregnant Women and Children Under 19)</b>							
Family Size	1	2	3	4	5	6	Each Add'l Person
Children under 1 yr; Pregnant Women Perinatal Coverage Only (200% FPL)	\$1702	\$2282	\$2862	\$3442	\$4022	\$4602	\$580
Children 1-5 (133% FPL)	\$1132	\$1518	\$1904	\$2289	\$2675	\$3061	\$386
Children 6-18 (100% FPL)	\$851	\$1141	\$1431	\$1721	\$2011	\$2301	\$290
Children 19-20 yrs; Parents/Disabled Individuals	\$700	\$900	\$1100	\$1109	\$1117	\$1134	\$142
Pregnant Women (count as 2 people) Full Coverage (100% FPL)		\$1141	\$1431	\$1721	\$2011	\$2301	\$290

<b>2. Child Health Plus B Premium Levels – Monthly Income by Family Size (Children Under 19 NOT Medicaid-Eligible)</b>							
Premium Categories	1	2	3	4	5	6	Each Add'l Person
Free Insurance (160% FPL)	\$1361	1825	\$2289	\$2753	\$3217	3681	\$464
\$9 per child per month (Max. \$27 per family) (222% FPL)	\$1889	\$2533	\$3177	\$3821	\$4465	\$5108	\$644
\$15 per child per month (Max \$45/Family) (250% FPL)	\$2128	\$2853	\$3578	\$4303	\$5028	\$5753	\$725
Full Premium per child/month if over 250% FPL	\$2128	\$2853	\$3578	\$4303	\$5028	\$5753	\$725

<b>3. Regular Medicaid Levels (Parents, 19 and 20 year olds, 21-64 disabled, 65 and over.)</b>							
Family Size	1	2	3	4	5	6	Each Add'l Person
Monthly Income	\$700	\$900	\$1100	\$1109	\$1117	\$1134	\$142
Resource Level	\$4200	\$5400	\$6600	\$6650	\$6700	\$6800	\$850

<b>4. Family Health Plus Income/Resource Levels</b>										
<b>a) Parents Living with Children Under 21 in their Household; 19-20 year olds living with their parents</b>							<b>b) Adults Without Children Under 21 in Household, and 19-20 Year Olds Living Alone</b>			
Family Size	1	2	3	4	5	6	Each Add'l Person	Family Size	1	2
FHP Limit 150% FPL	\$1277	\$1712	\$2147	\$2582	\$3017	\$3452	\$435	FHP Limit 100% FPL	\$851	\$1141
Resource Level	\$12600	\$16200	\$19800	\$19950	\$20100	\$20400	\$2550	Resource Level	\$12600	\$16200

<b>5. Family Planning Benefit Program Income Levels (No Resource Test)</b>								<b>6. Medicaid Buy-In for Working People with Disabilities</b>			
Family Size	1	2	3	4	5	6	Each Add'l Person	Family Size	1	2	Resources
FPBP 200% FPL (Child Bearing Age)	\$1702	\$2282	\$2862	\$3442	\$4022	\$4602	\$580	MBI-WPD (16-64) 250% FPL	\$2128	\$2853	\$10,000

If consumer (other than a single or childless couple) is ineligible because of excess income and or resources, consider Spenddown.

**2007 NYS Income and Resource Standards and  
Federal Poverty Levels**

7. Monthly Standards (Non-Disabled Adults ages 21-64 Without Children under 21 in the Household)					
(a) Public Assistance Monthly Standards			(b) Resource Levels		
Family Size		1	2	No. of persons in S/CC household	
Maximum Gross Income Test (Initial Screening) (185%)		\$651.39	\$866.73	1	2
Std. PA Allowance	+	\$112.00	\$179.00	Resource Allowance: (Ages 21-59)	\$2000 \$2000
Home Energy Allowance	+	\$ 25.10	\$39.50	Resource Allowance: (Ages 60-64)	\$3000 \$3000
Actual Rent or Max. Rent Allowance	+	\$215.00	\$250.00		
Maximum Net PA Income Allowed	=	\$352.10	\$468.50		

8. Medicare Savings Program (Buy-In)				9. Other Important Figures		
	Income			Medicare Part A Premium: \$410.00		
		Family of 1	Family of 2	Medicare Part B Premium: \$93.50 for most recipients		
QMB 100% FPL (Excludes \$20 Disregard)	Annual	\$10210	\$13690	Standard Allocation: From non-SSI-related parent to non-SSI-related child \$311		
	Monthly	\$851	\$1141	PASS-THROUGH FACTORS: .961 .193		
SLIMB 120% FPL	Annual	\$12252	\$16428	Family Size	1	2
	Monthly	\$1021	\$1369	COBRA (100% FPL)	\$851	\$1141
QI-1 135% FPL	Annual	\$13784	\$18482	AIDS Health Ins. Program (AHIP) (185% FPL)	\$1575	\$2111
	Monthly	\$1149	\$1541	QWDI (200% FPL)	\$1702	\$2282
RESOURCES		\$4000	\$6000	COBRA, QWDI No Resource Test for AHIP	\$4000	\$6000
NOTE	1. No resource test for QI-1 2. Applicants for QMB and SLIMB who fail resource test may qualify for QI-1					

10. Spousal Support And Resource Level		
INCOME (MMMNA) - \$2541	RESOURCES - (Minimum) - \$74,820 (Maximum) - \$101,640	FAMILY MEMBER ALLOWANCE USE - \$1712.00 \$571 is the maximum family member allowance allowed.

11. Monthly Regional Nursing Home Rates	
<b>NEW YORK CITY</b> (All boroughs) - \$9375	<b>LONG ISLAND</b> - \$10,123 Nassau, Suffolk
<b>NORTHEASTERN</b> - \$7,189 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	<b>NORTHERN METROPOLITAN</b> - \$9,074 Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
<b>WESTERN (Buffalo)</b> - \$6,820 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	<b>ROCHESTER</b> - \$8,002 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
<b>CENTRAL (Syracuse)</b> - \$6506 Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	

In determining the community resource allowance on and after January 1, 2007, 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 \$101,640. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989. Look-back period anchored in month A/R is both institutionalized and applying for MA.

**2008 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL POVERTY LEVELS**



NOTE: All Resource Levels Included below are effective 04/01/08. Not all are programmed in MABEL. See 2008 MAP Informational-03, for instructions on how to apply the new resource level tests.

**1. CHPlus A, PCAP and Medicaid Monthly Income Levels (Pregnant Women and Children Under 19)**

Family Size	1	2	3	4	5	6	Each Add'l Person
Children under 1 yr; Pregnant Women Perinatal Coverage Only (200% FPL)	\$1734	\$2334	\$2934	\$3534	\$4134	\$4734	\$600
Children 1-5 (133% FPL)	\$1153	\$1552	\$1951	\$2350	\$2749	\$3148	\$399
Children 6-18 (100% FPL)	\$867	\$1167	\$1467	\$1767	\$2067	\$2367	\$300
Children 19-20 yrs; Parents/Disabled Individuals	\$725	\$1067	\$1100	\$1109	\$1117	\$1134	\$142
Pregnant Women (count as 2 people) Full Coverage (100% FPL)		\$1167	\$1467	\$1767	\$2067	\$2367	\$300

**2. 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 (160% FPL)	\$1368	\$1866	\$2346	\$2826	\$3306	\$3786	\$480
\$9 per child per month (Max. \$27 per family) (222% FPL)	\$1924	\$2590	\$3256	\$3922	\$4588	\$5254	\$666
\$15 per child per month (Max \$45/Family) (250% FPL)	\$2167	\$2917	\$3667	\$4417	\$5167	\$5917	\$750
Full Premium per child/month if over 250% FPL	\$2167	\$2917	\$3667	\$4417	\$5167	\$5917	\$750

**3. Regular Medicaid Levels (Parents, 19 and 20 year olds, 21-64 disabled or blind, 65 and over.)**

Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
Monthly Income	\$725	\$1067	\$1100*	\$1109*	\$1117*	\$1134*	\$1276*	\$1418*	\$1560*	\$1702*	\$142*
Resource Level	\$13,050	\$19,200	\$22,200	\$25,050	\$27,900	\$30,750	\$33,600	\$36,600	\$39,450	\$42,300	\$2850

\* New Income Levels are expected to be available in MABEL and changed in this Desk Reference on or about July 26, 2008

**4. (a) FHP Income/Resource Levels (Parents Living with Children Under 21 in their Household; 19-20 year olds living with their parents)**

Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
FHP Limit 150% FPL	\$1300	\$1750	\$2200	\$2650	\$3100	\$3550	\$4,000	\$4,450	\$4,900	\$5,350	\$450
Resource Level	\$13,050	\$19,200	\$22,200	\$25,050	\$27,900	\$30,750	\$33,600	\$36,600	\$39,450	\$42,300	\$2850

**4 (b) FHP Income/Resource Levels (Adults Without Children Under 21 in Household, and 19-20 Year Olds Living Alone)**

INCOME LEVELS (100% FPL) →	Family of 1	\$867	RESOURCE LEVELS →	Family of 1	\$13,050
	Family of 2	\$1167		Family of 2	\$19,200

**5. Family Planning Benefit Program Income Levels (No Resource Test)**

Family Size	1	2	3	4	5	6	Each Add'l Person
FPBP 200% FPL (Child Bearing age)	\$1734	\$2334	\$2934	\$3534	\$4134	\$4734	\$600

**6. MBI-WPD (16-64)**

Family Size	1	2	Resource
MBI-WPD 250% FPL	\$2167	\$2917	(1) \$13,050
			(2) \$19,200

If consumer (other than a single or childless couple) is ineligible because of excess income and or resources, consider Spenddown.



7. Monthly Standards (Non-Disabled Adults ages 21-64 Without Children under 21 in the Household)				
(a) Public Assistance Monthly Standards			(b) Resource Levels	
Family Size		1	2	
Maximum Gross Income Test (Initial Screening) (185%)		\$651.39*	\$866.73*	No. of persons in S/CC household
Std. PA Allowance	+	\$112.00*	\$179.00*	Resource Allowance: (Ages 21-64)
Home Energy Allowance	+	\$ 25.10	\$39.50	\$13,050
Actual Rent or Max. Rent Allowance	+	\$215.00	\$250.00	\$19,200
Maximum Net PA Income Allowed	=	<b>\$352.10*</b>	<b>\$468.50*</b>	

\* New Income Levels are expected to be available in MABEL and changed in this Desk Reference on or about July 26, 2008

8. Medicare Savings Program (Buy-In)				9. Other Important Figures		
	Income			Medicare Part A Premium: \$423.00		
	Family of 1		Family of 2	Medicare Part B Premium: \$96.40 for most recipients		
QMB 100% FPL (Excludes \$20 Disregard)	Annual	\$10,400	\$14,000	Standard Allocation: From non-SSI-related parent to non-SSI-related child \$342		
	Monthly	\$867	\$1167	PASS-THROUGH FACTORS: .893 .188		
SLIMB 120% FPL	Annual	\$12,480	\$16,800	Family Size	1	2
	Monthly	\$1040	\$1400	COBRA (100% FPL)	\$867	\$1167
QI-1 135% FPL	Annual	\$14,040	\$18,900	AIDS Health Ins. Program (AHIP) (185% FPL)	\$1604	\$2159
	Monthly	\$1170	\$1575	QWDI (200% FPL)	<b>\$1734</b>	<b>\$2334</b>
NO RESOURCE TEST				COBRA, QWDI	<b>\$4000</b>	<b>\$6000</b>

10. Spousal Support And Resource Level		
INCOME (MMMNA) - \$2610	RESOURCES – (Minimum) - \$74,820 (Maximum) - \$104,400	FAMILY MEMBER ALLOWANCE USE - \$1750.00 (Estimated) \$584 is the maximum family member allowance allowed.

11. Monthly Regional Nursing Home Rates	
<b>NEW YORK CITY</b> (All boroughs) - <b>\$9636</b>	<b>LONG ISLAND - \$10,555</b> Nassau, Suffolk
<b>NORTHEASTERN - \$7431</b> Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	<b>NORTHERN METROPOLITAN - \$9316</b> Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
<b>WESTERN (Buffalo) - \$7066</b> Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	<b>ROCHESTER - \$8089</b> Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
<b>CENTRAL (Syracuse) - \$6696</b> Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	

In determining the community resource allowance on and after January 1, 2008, 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 \$104,400. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989. The look-back period anchored in the month the A/R is both institutionalized and applying for MA.

**2009 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL  
POVERTY LEVELS**  
Effective 07/01/09



GIS 08 MA / 35, GIS 09 MA / 001

<b>1. PCAP and Medicaid Monthly Income Levels (Pregnant Women and Children Under 19)</b>							
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Each Add'l Person</b>
Children under 1 yr; Pregnant Women Perinatal Coverage Only <b>(200% FPL)</b>	\$1805	\$2429	\$3052	\$3675	\$4299	\$4922	\$624
Children 1-5 <b>(133% FPL)</b>	\$1201	\$1615	\$2030	\$2444	\$2859	\$3273	\$415
Children 6-18 <b>(100% FPL)</b>	\$903	\$1215	\$1526	\$1838	\$2150	\$2461	\$312
Children 19-20 yrs; Parents/Disabled Individuals	\$767	\$1117	\$1285	\$1452	\$1620	\$1787	\$168
Pregnant Women <b>(count as 2 people)</b> Full Coverage <b>(100% FPL)</b>		\$1215	\$1526	\$1838	\$2150	\$2461	\$312

<b>2. Child Health Plus Premium Levels – Monthly Income (Effective 07/01/2009) Monthly Income by Family size (Children Under 19 NOT Medicaid Eligible)</b>							
<b>Premium Categories</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Each Add'l Person</b>
Free Insurance <b>(160% FPL)</b>	\$1443	\$1942	\$2441	\$2939	\$3438	\$3937	\$499
\$9 per child per month (Max. \$27 per family) <b>(222% FPL)</b>	\$2004	\$2696	\$3388	\$4080	\$4772	\$5464	\$692
\$15 per child per month (Max \$45/Family) <b>(250% FPL)</b>	\$2257	\$3036	\$3815	\$4594	\$5373	\$6153	\$780
\$30 per child per month (Max. \$90 per family) <b>(300% FPL)</b>	\$2708	\$3643	\$4578	\$5513	\$6448	\$7383	\$935
\$45 per child per month (Max. \$135 per family) <b>(350% FPL)</b>	\$3159	\$4250	\$5341	\$6432	\$7523	\$8613	\$1091
\$60 per child per month (Max. \$180 per family) <b>(400% FPL)</b>	\$3610	\$4857	\$6104	\$7350	\$8597	\$9844	\$1247
<b>Full Premium per child/month if over 400% FPL</b>	\$3610	\$4857	\$6104	\$7350	\$8597	\$9844	\$1247

<b>3. Regular Medicaid Levels (Parents, 19 and 20 year olds, 21-64 disabled or blind, 65 and over.)</b>											
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Each Add'l Person</b>
<b>Monthly Income</b>	\$767	\$1117	\$1285	\$1452	\$1620	\$1787	\$1955	\$2122	\$2290	\$2458	\$168
<b>Resource Level</b>	\$13,800	\$20,100	\$23,115	\$26,130	\$29,145	\$32,160	\$35,175	\$38,190	\$41,205	\$44,220	\$3015

<b>4. (a) FHP Income/Resource Levels (Parents Living with Children Under 21 in their Household; 19-20 year olds living with their parents)</b>											
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Each Add'l Person</b>
<b>FHP Limit 150% FPL</b>	\$1354	\$1822	\$2289	\$2757	\$3224	\$3692	\$4159	\$4627	\$5094	\$5562	\$468
<b>Resource Level</b>	\$13,800	\$20,100	\$23,115	\$26,130	\$29,145	\$32,160	\$35,175	\$38,190	\$41,205	\$44,220	\$3015

<b>4. (b) FHP Income/Resource Levels (Adults Without Children Under 21 in Household, and 19-20 Year Olds Living Alone)</b>											
<b>INCOME LEVELS (100% FPL) →</b>	Family of 1	\$903	<b>RESOURCE LEVELS →</b>	Family of 1	\$13,800						
	Family of 2	\$1215		Family of 2	\$20,100						

5. Family Planning Benefit Program Income Levels (No Resource Test)								6. MBI-WPD (16-64)			
Family Size	1	2	3	4	5	6	Each Add'l Person	Family Size	1	2	Resource
FPBP 200% FPL (Child Bearing age)	\$1805	\$2429	\$3052	\$3675	\$4299	\$4922	\$624	MBI-WPD 250% FPL	\$2257	\$3036	(1) \$13,800
											(2) \$20,100

If consumer (other than a single or childless couple) is ineligible because of excess income and or resources, consider Spenddown.

7. Monthly Medicaid Standards (Non-Disabled Adults ages 21-64 Without Children under 21 in the Household and Low Income Families)											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
Monthly Income	\$706	\$881	\$1048	\$1217	\$1391	\$1519	\$1653	\$1825	\$1924	\$2023	\$99
Resource Level	\$13,800	\$20,100	\$23,115	\$26,130	\$29,145	\$32,160	\$35,175	\$38,190	\$41,205	\$44,220	\$3,015

8. Medicare Savings Program (Buy-In)				9. Other Important Figures			
	Income						
	Family of 1		Family of 2				
QMB 100% FPL (Excludes \$20 Disregard)	Annual	\$10,830	\$14,570				
	Monthly	\$ 903	\$ 1215				
SLIMB 120% FPL	Annual	\$12,996	\$17,484				
	Monthly	\$ 1083	\$ 1457				
QI-1 135% FPL	Annual	\$14,621	\$19,670				
	Monthly	\$ 1219	\$ 1640				
<b>NO RESOURCE TEST</b>							
				<b>Medicare Part A Premium:</b> \$244.00 (30-39 Quarters) \$443.00 (Less than 30 Quarters) <b>Medicare Part B Premium:</b> \$96.40 for most recipients <b>Standard Allocation:</b> From non-SSI-related parent to non-SSI-related child \$350 <b>PASS-THROUGH FACTORS:</b> .965,174			
				Family Size		1	2
				COBRA (100% FPL)		\$ 903	\$1215
				AIDS Health Ins. Program (AHIP) (185% FPL)		\$1670	\$2247
				QWDI (200% FPL)		\$1805	\$2429
				COBRA, QWDI (Resource Level)		\$4000	\$6000

10. Spousal Support And Resource Level		
INCOME (MMMNA) - \$2739	RESOURCES – (Minimum) - \$74,820 (Maximum) - \$109,560	FAMILY MEMBER ALLOWANCE USE - \$1822.00 \$608 is the maximum family member allowance allowed.

11. Monthly Regional Nursing Home Rates	
<b>NEW YORK CITY</b> (All boroughs) - <b>\$9,838</b>	<b>LONG ISLAND - \$10,852</b> Nassau, Suffolk
<b>NORTHEASTERN - \$7,766</b> Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	<b>NORTHERN METROPOLITAN - \$9,439</b> Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
<b>WESTERN (Buffalo) - \$7,418</b> Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	<b>ROCHESTER - \$8,720</b> Chemung, Livingston, Monroe, Ontario, Schuylar, Seneca, Steuben, Wayne, Yates
<b>CENTRAL (Syracuse) - \$6,938</b> Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	

In determining the community resource allowance on and after January 1, 2009, 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 \$109,560. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989. The look-back period anchored in the month the A/R is both institutionalized and applying for MA.

**2010 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL POVERTY LEVELS (Effective 01/01/10)**



MAPDR-01.....Rev. 01/12/10

\* **Note:** Resource Level Testing, Where Indicated, Only Applies to SSI-Related Consumers

References: GIS 09 MA/026, GIS 09 MA/027 and GIS 10 MA/001

<b>1. PCAP and Medicaid Monthly Income Levels (Pregnant Women and Children Under 19)</b>							
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Each Add'l Person</b>
Children under 1 yr; Pregnant Women Perinatal Coverage Only <b>(200% FPL)</b>	\$1805	\$2429	\$3052	\$3675	\$4299	\$4922	\$624
Children 1-5 <b>(133% FPL)</b>	\$1201	\$1615	\$2030	\$2444	\$2859	\$3273	\$415
Children 6-18 <b>(100% FPL)</b>	\$903	\$1215	\$1526	\$1838	\$2150	\$2461	\$312
Children 19-20 yrs; Parents/Disabled Individuals	\$767	\$1117	\$1285	\$1452	\$1620	\$1787	\$168
Pregnant Women <b>(count as 2 people)</b> Full Coverage <b>(100% FPL)</b>		\$1215	\$1526	\$1838	\$2150	\$2461	\$312

<b>2. Child Health Plus Premium Levels – Monthly Income (Effective 07/01/2009) Monthly Income by Family size (Children Under 19 NOT Medicaid Eligible)</b>							
<b>Premium Categories</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Each Add'l Person</b>
Free Insurance <b>(160% FPL)</b>	\$1443	\$1942	\$2441	\$2939	\$3438	\$3937	\$499
\$9 per child per month (Max. \$27 per family) <b>(222% FPL)</b>	\$2004	\$2696	\$3388	\$4080	\$4772	\$5464	\$692
\$15 per child per month (Max \$45/Family) <b>(250% FPL)</b>	\$2257	\$3036	\$3815	\$4594	\$5373	\$6153	\$780
\$30 per child per month (Max. \$90 per family) <b>(300% FPL)</b>	\$2708	\$3643	\$4578	\$5513	\$6448	\$7383	\$935
\$45 per child per month (Max. \$135 per family) <b>(350% FPL)</b>	\$3159	\$4250	\$5341	\$6432	\$7523	\$8613	\$1091
\$60 per child per month (Max. \$180 per family) <b>(400% FPL)</b>	\$3610	\$4857	\$6104	\$7350	\$8597	\$9844	\$1247
<b>Full Premium</b> per child/month if over <b>400% FPL</b>	\$3610	\$4857	\$6104	\$7350	\$8597	\$9844	\$1247

<b>3. Regular Medicaid Levels (Parents, 19 and 20 year olds, 21-64 disabled or blind, 65 and over.)</b>											
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Each Add'l Person</b>
<b>Monthly Income</b>	\$767	\$1117	\$1285	\$1452	\$1620	\$1787	\$1955	\$2122	\$2290	\$2458	\$168
<b>* Resource Level</b>	\$13,800	\$20,100	\$23,115	\$26,130	\$29,145	\$32,160	\$35,175	\$38,190	\$41,205	\$44,220	\$3015

<b>4. (a) FHP Income Levels (Parents Living with Children Under 21 in their Household; 19-20 year olds living with their parents)</b>											
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Each Add'l Person</b>
<b>FHP Limit 150% FPL</b>	\$1354	\$1822	\$2289	\$2757	\$3224	\$3692	\$4159	\$4627	\$5094	\$5562	\$468

<b>4 (b) FHP Income Levels (Adults Without Children Under 21 in Household, and 19-20 Year Olds Living Alone)</b>		
<b>INCOME LEVELS (100% FPL) →</b>	Family of 1	\$903
	Family of 2	\$1215

5. Family Planning Benefit Program Income Levels (No Resource Test)								6. MBI-WPD (16-64)			
Family Size	1	2	3	4	5	6	Each Add'l Person	Family Size	1	2	* Resource
FPBP 200% FPL (Child Bearing age)	\$1805	\$2429	\$3052	\$3675	\$4299	\$4922	\$624	MBI-WPD 250% FPL	\$2257	\$3036	(1) \$13,800
											(2) \$20,100

If consumer (other than a single or childless couple) is ineligible because of excess income and or resources, consider Spenddown.

7. Monthly Medicaid Standards (Non-Disabled Adults ages 21-64 Without Children under 21 in the Household and Low Income Families)											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
Monthly Income	\$707	\$883	\$1050	\$1219	\$1394	\$1522	\$1656	\$1829	\$1928	\$2027	\$99

8. Medicare Savings Program (Buy-In)				9. Other Important Figures			
	Income						
	Family of 1		Family of 2				
QMB 100% FPL (Excludes \$20 Disregard)	Annual	\$10,830	\$14,570	<b>Medicare Part A Premium:</b> \$244.00 (30-39 Quarters) \$443.00 (Less than 30 Quarters) <b>Medicare Part B Premium:</b> \$96.40 for most recipients <b>Standard Allocation:</b> From non-SSI-related parent to non-SSI-related child \$350  <b>PASS-THROUGH FACTORS:</b> .965,174			
	Monthly	\$ 903	\$ 1215				
SLIMB 120% FPL	Annual	\$12,996	\$17,484	<b>Family Size</b> <b>COBRA (100% FPL)</b>			
	Monthly	\$ 1083	\$ 1457				
QI-1 135% FPL	Annual	\$14,621	\$19,670	<b>AIDS Health Ins. Program (AHIP)</b> (185% FPL)			
	Monthly	\$ 1219	\$ 1640				
<b>NO RESOURCE TEST</b>				<b>QWDI (200% FPL)</b>  <b>COBRA, QWDI (Resource Level)</b>			
				\$ 903		\$1215	
				\$1670		\$2247	
				\$1805		\$2429	
				\$4000		\$6000	

10. Spousal Support And Resource Level		
INCOME (MMMNA) - \$2739	RESOURCES – (Minimum) - \$74,820 (Maximum) - \$109,560	FAMILY MEMBER ALLOWANCE USE - \$1822.00 \$608 is the maximum family member allowance allowed.

11. Monthly Regional Nursing Home Rates	
<b>NEW YORK CITY</b> (All boroughs) - <b>\$10,285</b>	<b>LONG ISLAND - \$11,227</b> Nassau, Suffolk
<b>NORTHEASTERN - \$7,927</b> Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schoenectady, Schoharie, Warren, Washington	<b>NORTHERN METROPOLITAN - \$10,163</b> Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
<b>WESTERN (Buffalo) - \$7,694</b> Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	<b>ROCHESTER - \$9,058</b> Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
<b>CENTRAL (Syracuse) - \$7,264</b> Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	

In determining the community resource allowance on and after January 1, 2009, 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 \$109,560. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989. The look-back period anchored in the month the A/R is both institutionalized and applying for MA.

**2011 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL  
POVERTY LEVELS (FPL)  
Effective 01/01/11**

Edited for MARC: CHPlus ADM 63 Attachment A



<b>1. Medicaid for Pregnant Women and Medicaid Monthly Income Levels (Pregnant Women and Children Under 19)</b>							
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Each Add'l Person</b>
Children under 1 yr; Pregnant Women Perinatal Coverage Only <b>(200% FPL)</b>	\$1,815	\$2,452	\$3,089	\$3,725	\$4,362	\$4,999	\$637
Children 1-18 <b>(133% FPL)</b>	\$1,207	\$1,631	\$2,054	\$2,478	\$2,901	\$3,324	\$424
Children 19-20 yrs; Parents/Disabled Individuals	\$767	\$1,117	\$1,285	\$1,452	\$1,620	\$1,787	\$168
Pregnant Women (count as 2 people) Full Coverage <b>(100% FPL)</b>		\$1,226	\$1,545	\$1,863	\$2,181	\$2,500	\$319

<b>2. Child Health Plus Premium Levels – Monthly Income (Effective 04/01/2011) Monthly Income by Family Size (Children Under 19 NOT Medicaid Eligible)</b>							
<b>Premium Categories</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Each Add'l Person</b>
Free Insurance	\$1,451	\$1,961	\$2,470	\$2,979	\$3,489	\$3,998	\$510
\$9 per child per month (Max. \$27 per family) <b>(222% FPL)</b>	\$2,015	\$2,722	\$3,429	\$4,135	\$4,842	\$5,549	\$707
\$15 per child per month (Max \$45/Family) <b>(250% FPL)</b>	\$2,269	\$3,065	\$3,861	\$4,657	\$5,453	\$6,248	\$796
\$30 per child per month (Max. \$90 per family) <b>(300% FPL)</b>	\$2,723	\$3,678	\$4,633	\$5,588	\$6,543	\$7,498	\$955
\$45 per child per month (Max. \$135 per family) <b>(350% FPL)</b>	\$3,177	\$4,291	\$5,405	\$6,519	\$7,633	\$8,748	\$1,115
\$60 per child per month (Max. \$180 per family) <b>(400% FPL)</b>	\$3,630	\$4,904	\$6,177	\$7,450	\$8,724	\$9,997	\$1,274
<b>Full Premium</b> per child/month if <b>over 400% FPL</b> (Premium amount varies from plan to plan)	Over \$3,630	Over \$4,904	Over \$6,177	Over \$7,450	Over \$8,724	Over \$9,997	\$1,274

<b>3. Regular Medicaid Levels (Parents, 19 and 20 year olds, disabled or blind 21-64 year olds, persons 65 and over)</b> [Income level testing applies to all. Resource level testing applies only to disabled or blind 21-64 year olds and persons 65 and over]											
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Each Add'l Person</b>
<b>Monthly Income</b>	\$767	\$1,117	\$1,285	\$1,452	\$1,620	\$1,787	\$1,955	\$2,122	\$2,289	\$2,457	\$168
<b>Resource Level</b>	\$13,800	\$20,100	\$23,115	\$26,130	\$29,145	\$32,160	\$35,175	\$38,190	\$41,205	\$44,220	\$3,015

<b>4. (a) FHP Income Levels (Parents Living with Children Under 21 in their Household; 19-20 year olds living with their parents)</b>											
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Each Add'l Person</b>
<b>FHP Limit 150% FPL</b>	\$1,362	\$1,839	\$2,317	\$2,794	\$3,272	\$3,749	\$4,227	\$4,704	\$5,182	\$5,659	\$478

<b>4. (b) FHP Income Levels (Adults Without Children Under 21 in Household and 19-20 Year Olds Living Alone)</b>		
<b>INCOME LEVELS (100% FPL)</b>	Family of 1	\$908
	Family of 2	\$1,226

5. Family Planning Benefit Program Income Levels (No Resource Test)								6. MBI-WPD (Persons 16-64) (Effective 10/01/2011)			
Family Size	1	2	3	4	5	6	Each Add'l Person	Family Size	1	2	Resource
FPBP 200% FPL (Child Bearing Age)	\$1,815	\$2,452	\$3,089	\$3,725	\$4,362	\$4,999	\$637	MBI-WPD 250% FPL	\$2,269	\$3,065	(1) \$20,000 (2) \$30,000

7. Monthly Medicaid Standards Non-Disabled Adults ages 21-64 Without Children under 21 in the Household and Low Income Families)											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
Monthly Income	\$708	\$883	\$1,051	\$1,220	\$1,395	\$1,523	\$1,658	\$1,831	\$1,930	\$2,029	\$99

8. Medicare Savings Program (Buy-In) [Excludes \$20 Disregard]				9. Other Important Figures			
	Income			<b>Medicare Part A Premium:</b> \$248.00 (30-39 Quarters) \$450.00 (Less than 30 Quarters) <b>Medicare Part B Premium:</b> \$96.40 for most recipients \$110.50/\$115.40 for others <b>Standard Allocation:</b> From non-SSI-related parent to non-SSI-related child \$350 <b>PASS-THROUGH FACTORS:</b> .965,174			
	Family of 1		Family of 2				
QMB 100% FPL	Annual	\$10,890	\$14,710	<b>Family Size</b> <b>COBRA (100% FPL)</b>			
	Monthly	\$ 908	\$1,226				
SLIMB 120% FPL	Annual	\$13,068	\$17,652	<b>AIDS Health Ins. Program (AHIP)</b> (185% FPL)			
	Monthly	\$1,089	\$1,471				
QI-1 135% FPL	Annual	\$14,702	\$19,859	<b>QWDI (200% FPL)</b>			
	Monthly	\$1,226	\$ 1,655				
<b>NO RESOURCE TEST FOR ANY MSP PROGRAM</b>				<b>COBRA, QWDI (Resource Level)</b>			
				<b>Pickle/DAC/SSI (Resource Level)</b>			
				\$2,000	\$3,000		

10. Spousal Support And Resource Level		
INCOME (MMMNA) - \$2,739	RESOURCES – (Minimum) - \$74,820 (Maximum) - \$109,560	FAMILY MEMBER ALLOWANCE FORMULA: USE - \$1,839 \$ 613 is the maximum family member allowance

11. Monthly Regional Nursing Home Rates	
<b>NEW YORK CITY</b> (All boroughs) - <b>\$10,579</b>	<b>LONG ISLAND - \$11,445</b> Nassau, Suffolk
<b>NORTHEASTERN - \$8,323</b> Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	<b>NORTHERN METROPOLITAN - \$10,105</b> Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
<b>WESTERN (Buffalo) - \$7,863</b> Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	<b>ROCHESTER - \$8,942</b> Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
<b>CENTRAL (Syracuse) - \$7,688</b> Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	

In determining the community resource allowance on and after January 1, 2009, 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 \$109,560. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989. The look-back period anchored in the month the A/R is both institutionalized and applying for MA

**2012 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL  
POVERTY LEVELS (FPL)**

**Effective 03/19/12 (Retroactive to 01/01/12)**



MAPDR-01 03/19/2012

Reference Documents: GIS 12 MA/009, GIS 11 MA/027, SA 2011-00362-00 R9, SA 2011-00863-00

**1. Medicaid for Pregnant Women and Medicaid Monthly Income Levels (Pregnant Women and Children Under 19)**

Family Size	1	2	3	4	5	6	Each Add'l Person
Children under 1 yr; Pregnant Women Perinatal Coverage Only (200% FPL)	\$1,862	\$2,522	\$3,182	\$3,842	\$4,502	\$5,162	\$660
Children 1-18 yrs (133% FPL)	\$1,239	\$1,677	\$2,116	\$2,555	\$2,994	\$3,433	\$439
Children 19-20 yrs; Parents/Disabled Individuals	\$792	\$1,159	\$1,333	\$1,506	\$1,680	\$1,854	\$174
Pregnant Women (count as 2 people) Full Coverage (100% FPL)		\$1,261	\$1,591	\$1,921	\$2,251	\$2,581	\$330

**2. Child Health Plus Premium Levels – Monthly Income 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 (Less than 160% FPL)	\$1,489	\$2,017	\$2,545	\$3,073	\$3,601	\$4,129	\$528
\$9 per child per month (Max. \$27 per family) (222% FPL)	\$2,067	\$2,800	\$3,532	\$4,265	\$4,997	\$5,730	\$733
\$15 per child per month (Max \$45/Family) (250% FPL)	\$2,328	\$3,153	\$3,978	\$4,803	\$5,628	\$6,453	\$825
\$30 per child per month (Max. \$90 per family) (300% FPL)	\$2,793	\$3,783	\$4,773	\$5,763	\$6,753	\$7,743	\$990
\$45 per child per month (Max. \$135 per family) (350% FPL)	\$3,258	\$4,413	\$5,568	\$6,723	\$7,878	\$9,033	\$1,155
\$60 per child per month (Max. \$180 per family) (400% FPL)	\$3,724	\$5,044	\$6,364	\$7,684	\$9,004	\$10,324	\$1,320
Full Premium per child/month if over 400% FPL (Premium amount varies from plan to plan)	Over \$3,724	Over \$5,044	Over \$6,364	Over \$7,684	Over \$9,004	Over \$10,324	

**3. Regular Medicaid Levels (Parents, 19 and 20 year olds, disabled or blind 21-64 year olds, persons 65 and over)  
[Income level testing applies to all. Resource level testing applies only to disabled or blind 21-64 year olds and persons 65 and over]**

Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
Monthly Income	\$792	\$1,159	\$1,333	\$1,506	\$1,680	\$1,854	\$2,028	\$2,201	\$2,375	\$2,549	\$174
Resource Level	\$14,250	\$20,850	\$23,978	\$27,105	\$30,233	\$33,360	\$36,488	\$39,615	\$42,743	\$45,871	\$3,128

**4. (a) FHP Income Levels (Parents Living with Children Under 21 in their Household; 19-20 year olds living with their parents)  
(Effective 03/01/2012)**

Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
FHP Limit 150% FPL	\$1,397	\$1,892	\$2,387	\$2,882	\$3,377	\$3,872	\$4,367	\$4,862	\$5,357	\$5,852	\$495

**4. (b) FHP Income Levels (Adults Without Children Under 21 in Household and 19-20 Year Olds Living Alone)**

INCOME LEVELS (100% FPL)	Family of 1	\$931	
	Family of 2	\$1,261	



5. Family Planning Benefit Program Income Levels (No Resource Test)								6. MBI-WPD (Persons 16-64)			
Family Size	1	2	3	4	5	6	Each Add'l Person	Family Size	1	2	Resource
FPBP 200% FPL (Child Bearing Age)	\$1,862	\$2,522	\$3,182	\$3,842	\$4,502	\$5,162	\$660	MBI-WPD 250% FPL	\$2,328	\$3,153	(1) \$20,000 (2) \$30,000

7. Monthly Medicaid Standards Non-Disabled Adults ages 21-64 Without Children under 21 in the Household and Low Income Families											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
Monthly Income	\$735	\$918	\$1,092	\$1,268	\$1,450	\$1,582	\$1723	\$1,902	\$2,006	\$2,110	\$104

8. Medicare Savings Program (Buy-In) [Excludes \$20 Disregard]				9. Other Important Figures			
		Income		Medicare Part A Premium: \$248.00 (30-39 Quarters) \$451.00 (Less than 30 Quarters)			
		Family of 1		Medicare Part B Premium: \$99.90 for all recipients			
		Family of 2		Standard Allocation: From non-SSI-related parent to non-SSI-related child \$367			
QMB 100% FPL	Annual	\$11,170	\$15,130	PASS-THROUGH FACTORS: .966 and .168			
	Monthly	\$ 931	\$1,261	Family Size		1	2
SLIMB 120% FPL	Annual	\$13,404	\$18,156	COBRA (100% FPL)		\$ 931	\$1,261
	Monthly	\$1,117	\$1,513	AIDS Health Ins. Program (AHIP) (185% FPL)		\$1,723	\$2,333
QI-1 135% FPL	Annual	\$15,080	\$20,426	QWDI (200% FPL)		\$1,862	\$2,522
	Monthly	\$1,257	\$ 1,703	COBRA, QWDI (Resource Level)		\$4,000	\$6,000
NO RESOURCE TEST FOR ANY MSP PROGRAM				Pickle/DAC/SSI (Resource Level)		\$2,000	\$3,000

10. Spousal Support and Resource Levels		
INCOME (MMMNA) - \$2,841 (Inst Spouse) - \$50	RESOURCES - (Minimum) - \$74,820 (Maximum) - \$113,640	FAMILY MEMBER ALLOWANCE FORMULA: USE - \$1,892 \$ 631 is the maximum family member allowance

11. SSI -Related Resource Levels											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
Resource Level	\$14,250	\$20,850	\$23,978	\$27,105	\$30,233	\$33,360	\$36,488	\$39,615	\$42,743	\$45,871	\$3,128

12. Monthly Regional Nursing Home Rates	
NEW YORK CITY (All boroughs) - \$10,957	LONG ISLAND - \$11,849 Nassau, Suffolk
NORTHEASTERN - \$8,540 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	NORTHERN METROPOLITAN - \$10,335 Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
WESTERN (Buffalo) - \$8,337 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	ROCHESTER - \$9,363 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
CENTRAL (Syracuse) - \$8,015 Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	

In determining the community resource allowance on and after January 1, 2009, 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 \$113,640. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989. The look-back period is anchored in the month the A/R is both institutionalized and applying for MA.

**2013 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL POVERTY LEVELS (FPL)**



MAPDR-01 03/21/2013

**Note: All dollar amounts now reflect 2013 levels**

Reference Documents: SA 2012 -00484-00, SA 2012-00737-00, GIS 13 MA//01, GIS 13 MA//02, SA 203-00061-00

<b>1. Medicaid for Pregnant Women and Medicaid Monthly Income Levels (Pregnant Women and Children Under 19)</b>							
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Each Add'l Person</b>
Children under 1 yr; Pregnant Women Perinatal Coverage Only <b>(200% FPL)</b>	\$1,915	\$2,585	\$3,255	\$3,925	\$4,595	\$5,265	\$670
Children 1-18 yrs <b>(133% FPL)</b>	\$1,274	\$1,720	\$2,165	\$2,611	\$3,056	\$3,502	\$446
Pregnant Women (count as 2 people) Full Coverage <b>(100% FPL)</b>		\$1,293	\$1,628	\$1,963	\$2,298	\$2,633	\$335

<b>2. Child Health Plus Premium Levels – Monthly Income by Family Size (Effective 04/01/2013) (Children Under 19 NOT Medicaid Eligible)</b>							
<b>Premium Categories</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Each Add'l Person</b>
Free Insurance (Calculated at 160% FPL less \$1.00)	\$1,531	\$2,067	\$2,603	\$3,139	\$3,675	\$4,211	\$536
\$9 per child per month (Max. \$27 per family) <b>(222% FPL)</b>	\$2,126	\$2,870	\$3,614	\$4,357	\$5,101	\$5,845	\$744
\$15 per child per month (Max \$45/Family) <b>(250% FPL)</b>	\$2,394	\$3,232	\$4,069	\$4,907	\$5,744	\$6,582	\$838
\$30 per child per month (Max. \$90 per family) <b>(300% FPL)</b>	\$2,873	\$3,878	\$4,883	\$5,888	\$6,893	\$7,898	\$1005
\$45 per child per month (Max. \$135 per family) <b>(350% FPL)</b>	\$3,352	\$4,524	\$5,697	\$6,869	\$8,042	\$9,214	\$1,173
\$60 per child per month (Max. \$180 per family) <b>(400% FPL)</b>	\$3,830	\$5,170	\$6,510	\$7,850	\$9,190	\$10,530	\$1,340
<b>Full Premium</b> per child/month if over 400% FPL (Premium amount varies from plan to plan)	Over \$3,830	Over \$5,170	Over \$6,510	Over \$7,850	Over \$9,190	Over \$10,530	

<b>3. Regular Medicaid Levels (Parents, 19 and 20 year olds, disabled or blind 21-64 year olds, persons 65 and over) [Income level testing applies to all. Resource level testing applies only to disabled or blind 21-64 year olds and persons 65 and over]</b>											
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Each Add'l Person</b>
<b>Monthly Income</b>	\$800	\$1,175	\$1,352	\$1,528	\$1,704	\$1,880	\$2,057	\$2,233	\$2,410	\$2,587	\$177
<b>Resource Level</b>	\$14,400	\$21,150	\$24,323	\$27,495	\$30,668	\$33,840	\$37,013	\$40,185	\$43,358	\$46,531	\$3,173

<b>4. (a) FHP Income Levels (Parents Living with Children Under 21 in their Household; 19-20 year olds living with their parents)</b>											
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Each Add'l Person</b>
<b>FHP Limit 150% FPL</b>	\$1,437	\$1,939	\$2,442	\$2,944	\$3,447	\$3,949	\$4,452	\$4,954	\$5,457	\$5,960	\$503

<b>4. (b) FHP Income Levels (Adults Without Children Under 21 in Household and 19-20 Year Olds Living Alone)</b>		
<b>INCOME LEVELS (100% FPL)</b>	Family of 1	\$958
	Family of 2	\$1,293



2014

**2014 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL  
POVERTY LEVELS (FPL)**

Reference Documents: SA 2013-00299-00 R2, SA 2014-00043, GIS 13 MA/022, GIS 14 MA/03, GIS14 MA/08,14MBL-1



**Financial Levels for Medicaid and Related Program Eligibility**

<b>1. Non-MAGI Medicaid Levels (SSI and SSI-Related Consumers With or Without A Surplus)</b>											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
Monthly Income	\$809	\$1,192	\$1,371	\$1,550	\$1,728	\$1,907	\$2,086	\$2,265	\$2,443	\$2,622	\$179

<b>2. Non-MAGI Resource Levels</b>											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
Resource Level	\$14,550	\$21,450	\$24,668	\$27,885	\$31,103	\$34,320	\$37,538	\$40,755	\$43,973	\$47,190	\$3,218

<b>3. Spousal Support and Resource Levels</b>		
<b>INCOME (MMMNA) - \$2,931</b> (Inst Spouse) - <b>\$50</b>	<b>RESOURCES – (Minimum) - \$74,820</b> (Maximum) - <b>\$117,240</b>	<b>FAMILY MEMBER ALLOWANCE FORMULA: USE - \$1,967</b> <b>\$ 656 is the maximum family member allowance</b>

<b>4. Medicare Savings Program (Buy-In)</b>				<b>5. Other Important Figures</b>																				
	Income																							
	Family of 1		Family of 2																					
<b>QMB 100% FPL</b>	Annual	\$11,670	\$15,730	<b>Medicare Part A Premium:</b> \$234.00 (30-39 Quarters) \$426.00 (Less than 30 Quarters) <b>Medicare Part B Premium:</b> \$104.90 for all recipients <b>Standard Allocation:</b> From non-SSI-related parent to non-SSI-related child \$383 <b>PASS-THROUGH FACTORS:</b> .967 and .163																				
	Monthly	\$ 973	\$1,311																					
<b>SLIMB 120% FPL</b>	Annual	\$14,004	\$18,876	<table border="1"> <thead> <tr> <th>Family Size</th> <th>1</th> <th>2</th> </tr> </thead> <tbody> <tr> <td><b>COBRA (100% FPL)</b></td> <td>\$ 973</td> <td>\$1,311</td> </tr> <tr> <td><b>AIDS Health Ins. Program (AHIP) (185% FPL)</b></td> <td>\$1,800</td> <td>\$2,426</td> </tr> <tr> <td><b>QWDI (200% FPL)</b></td> <td>\$1,945</td> <td>\$2,622</td> </tr> <tr> <td><b>COBRA, QWDI (Resource Level)</b></td> <td>\$4,000</td> <td>\$6,000</td> </tr> <tr> <td><b>Pickle/DAC/SSI (Resource Level)</b></td> <td>\$2,000</td> <td>\$3,000</td> </tr> </tbody> </table>			Family Size	1	2	<b>COBRA (100% FPL)</b>	\$ 973	\$1,311	<b>AIDS Health Ins. Program (AHIP) (185% FPL)</b>	\$1,800	\$2,426	<b>QWDI (200% FPL)</b>	\$1,945	\$2,622	<b>COBRA, QWDI (Resource Level)</b>	\$4,000	\$6,000	<b>Pickle/DAC/SSI (Resource Level)</b>	\$2,000	\$3,000
	Family Size	1	2																					
<b>COBRA (100% FPL)</b>	\$ 973	\$1,311																						
<b>AIDS Health Ins. Program (AHIP) (185% FPL)</b>	\$1,800	\$2,426																						
<b>QWDI (200% FPL)</b>	\$1,945	\$2,622																						
<b>COBRA, QWDI (Resource Level)</b>	\$4,000	\$6,000																						
<b>Pickle/DAC/SSI (Resource Level)</b>	\$2,000	\$3,000																						
Monthly	\$1,167	\$1,573																						
<b>QI-1 135% FPL</b>	Annual	\$15,755	\$21,236																					
	Monthly	\$1,313	\$ 1,770																					
<b>NO RESOURCE TEST FOR ANY MSP PROGRAM</b>																								

6. MBI-WPD (Persons 16-64)		
Family Size	1	2
Monthly Income 250% FPL	\$2,432	\$3,278
Resources	\$20,000	\$30,000

7. Family Planning Benefit Program Income Levels (No Resource Test)							
Family Size	1	2	3	4	5	6	Each Add'l Person
FPBP 223% FPL (Child Bearing Age)	\$2,169	\$2,924	\$3,678	\$4,433	\$5,187	\$5,942	\$755

8. FHPlus Income Levels (Adults Without Children Under 21 in Household and 19-20 Year Olds Living Alone) FHPlus Income Levels (Parents Living with Children Under 21 in their Household; 19-20 year olds living with their parents)											
<p><b>Note: The FHPlus Program will be discontinued effective 01/01/2015. New FHPlus applications are no longer being accepted. Consumers screening as being income eligible for FHPlus need to be referred to the Marketplace for an eligibility determination</b></p>											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
FHP Limit 100% FPL	\$973	\$1,311									
FHP Limit 150% FPL	\$1,459	\$1,967	\$2,474	\$2,982	\$3,489	\$3,997	\$4,504	\$5,012	\$5,519	\$6,027	\$508
APTC Threshold 138% FPF	\$1,343	\$1,809	\$2,276	\$2,743	\$3,210	\$3,677	\$4,144	\$4,611	\$5,078	\$5,545	\$467

9. Monthly Regional Nursing Home Rates	
<b>NEW YORK CITY</b> (All boroughs) - <b>\$11,423</b>	<b>LONG ISLAND</b> - <b>\$12,112</b> Nassau, Suffolk
<b>NORTHEASTERN</b> - <b>\$9,212</b> Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	<b>NORTHERN METROPOLITAN</b> - <b>\$11,135</b> Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
<b>WESTERN (Buffalo)</b> - <b>\$8,971</b> Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	<b>ROCHESTER</b> - <b>\$10,073</b> Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
<b>CENTRAL (Syracuse)</b> - <b>\$8,645</b> Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	

In determining the community resource allowance on and after January 1, 2009, 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 \$117,240. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989. The look-back period is anchored in the month the A/R is both institutionalized and applying for MA.

**10. 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)	\$2,169	\$2,924	\$3,678	\$4,433	\$5,187	\$5,942	\$6,696	\$7,451	\$8,205	\$8,960	\$755
Infants Under Age 1 223% FPL	\$2,169	\$2,924	\$3,678	\$4,433	\$5,187	\$5,942	\$6,696	\$7,451	\$8,205	\$8,960	\$755
Children Age 1 – 5 154% FPL	\$1,498	\$2,019	\$2,540	\$3,061	\$3,582	\$4,103	\$4,624	\$5,145	\$5,666	\$6,187	\$522
Children Age 6 – 19 110% FPL	\$1,070	\$1,442	\$1,815	\$2,187	\$2,559	\$2,931	\$3,303	\$3,675	\$4,048	\$4,420	\$373
Children Age 6 -19 (Expn'd - 154% FPL)	\$1,498	\$2,019	\$2,540	\$3,061	\$3,582	\$4,103	\$4,624	\$5,145	\$5,666	\$6,187	\$522
Parents and Caretaker Relatives 138% FPL	\$1,343	\$1,809	\$2,276	\$2,743	\$3,210	\$3,677	\$4,144	\$4,611	\$5,078	\$5,545	\$467
19 and 20 Year Olds Living With Parents 138% FPL	\$1,343	\$1,809	\$2,276	\$2,743	\$3,210	\$3,677	\$4,144	\$4,611	\$5,078	\$5,545	\$467
19 and 20 Year Olds Living With Parents (Expn'd - 155%FPL)	\$1,508	\$2,032	\$2,557	\$3,081	\$3,606	\$4,130	\$4,654	\$5,179	\$5,703	\$6,228	\$525
S/CCs and 19 and 20 Year Olds Living Alone (100% FPL)	\$973	\$1,311	\$1,650	\$1,988	\$2,326	\$2,665	\$3,003	\$3,341	\$3,680	\$4,018	\$339
S/CCs and 19 and 20 Year Olds Living Alone (Expn'd 138% FPL)	\$1,343	\$1,809	\$2,276	\$2,743	\$3,210	\$3,677	\$4,144	\$4,611	\$5,078	\$5,545	\$467

**11. 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 222% FPL)	\$1,555	\$2,097	\$2,638	\$3,179	\$3,721	\$4,262	\$542
\$9 per child per month (Max. \$27 per family) (222% - 249% FPL)	\$2,159	\$2,911	\$3,662	\$4,413	\$5,164	\$5,915	\$752
\$15 per child per month (Max \$45/Family) (250% - 299% FPL)	\$2,432	\$3,278	\$4,123	\$4,969	\$5,815	\$6,661	\$846
\$30 per child per month (Max. \$90 per family) (300% - 349% FPL)	\$2,918	\$3,933	\$4,948	\$5,963	\$6,978	\$7,993	\$1,015
\$45 per child per month (Max. \$135 per family) (350% - 399% FPL)	\$3,404	\$4,588	\$5,773	\$6,957	\$8,141	\$9,325	\$1,185
\$60 per child per month (Max. \$180 per family) (400% FPL)	\$3,890	\$5,244	\$6,597	\$7,950	\$9,304	\$10,657	\$1,354
Full Premium per child/month if over 400% FPL (Premium amount varies from plan to plan)	Over \$3,890	Over \$5,244	Over \$6,597	Over \$7,950	Over \$9,304	Over \$10,657	

12. Disabled Adult Children (DAC) Levels		
Living Arrangements	Shelter Types	Amount
1	15	\$987.48
1	28	\$949.48
1	16	\$1,156.00
1	29	\$1,126.00
1	42	\$1,415.00
1 or 5	Other than: 15, 16, 28, 29, or 42	\$808.00
2	15	\$1,974.96
2	28	\$1,898.96
2	16	\$2,312.00
2	29	\$2,252.00
2	42	\$2,830.00
2 or 6	Other than: 15, 16, 28, 29, or 42	\$1,186.00
3	All	\$949.48
4	All	\$987.48

13. Congregate Care Level I, II and III Levels		
Shelter Codes	PNA	Shelter Amount
15 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level I	\$139.00	\$848.48
16 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level II	\$160.00	\$996.00
28 - (Rest of State) Level I	\$139.00	\$810.48
29 - (Rest of State) Level II	\$160.00	\$966.00
42 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level III	\$190.00	\$1,225.00
42 - (Rest of State) Level III	\$190.00	\$1,225.00

14. SSI Levels				
SSI Consumer	Amount			
Allocation Amount (The difference between the regular Medicaid levels for a household of two [\$1,159.00] and a household of one [\$792.00])	\$383.00			
Personal Needs Allowance (Certain waiver participants subject to spousal impoverishment budgeting)	\$383.00			
Maximum Social Security Benefit at Full Retirement Age	\$2,642			
State Supplement	Individual	\$87.00	Couple	\$104.00
Federal Benefit Rate	Individual	\$721.00	Couple	\$1,082.00
SSI Resource Levels	Individual	\$2,000.00	Couple	\$3,000.00
SSI Related Student Earned Income Disregard	Monthly	\$1,750.00	Annual Max.	\$7,060.00

15. Substantial Gainful Activity (SGA) Levels		
Category	Amount	Payment Occurrence
Non-Blind	\$1,070.00	Monthly
Blind	\$1,800.00	Monthly
Month Trial Work Period	\$770.00	Monthly

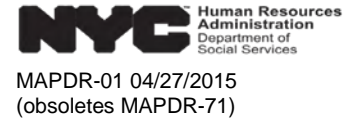
16. Home Equity Maximum	
Medicaid Coverage Limit (RVI 1 and 2 cases)	\$814,000



2015

**2015 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL POVERTY LEVELS (FPL)**

Reference Documents: SA 2015-00031 -01, GIS 14 MA/029, GIS14 MA/08, GIS 15 MA/01, GIS 15 MA/03, MBL- Transmittal 14-5



**Financial Levels for Medicaid and Related Program Eligibility**

<b>1. Non-MAGI Medicaid Levels (SSI and SSI-Related Consumers With or Without A Surplus)</b>											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
Monthly Income	\$825	\$1,209	\$1,390	\$1,571	\$1,753	\$1,934	\$2,115	\$2,296	\$2,478	\$2,659	\$182

<b>2. Non-MAGI Resource Levels</b>											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
Resource Level	\$14,850	\$21,750	\$25,013	\$28,275	\$31,538	\$34,800	\$38,063	\$41,325	\$44,588	\$47,850	\$3,263

<b>3. Spousal Support and Resource Levels</b>		
<b>INCOME</b> (MMMNA) - \$2,980.50 (Inst Spouse) - <b>\$50</b>	<b>RESOURCES</b> – (Minimum) - \$74,820 (Maximum) - \$119,220 (Inst Spouse) - \$14,850	<b>FAMILY MEMBER ALLOWANCE FORMULA: USE</b> - \$1,992 \$ 664 is the maximum family member allowance

<b>4. Medicare Savings Program (Buy-In)</b>				<b>5. Other Important Figures</b>																				
	Income																							
	Family of 1		Family of 2																					
<b>QMB 100% FPL</b>	Annual	\$11,770	\$15,930	<b>Medicare Part A Premium:</b> \$224.00 (30-39 Quarters) \$407.00 (Less than 30 Quarters)  <b>Medicare Part B Premium:</b> \$104.90 for all recipients  <b>Standard Allocation:</b> From non-SSI-related parent to non-SSI-related child \$384  <b>PASS-THROUGH FACTORS:</b> .968 and .160																				
	Monthly	\$ 981	\$1,328																					
<b>SLIMB 120% FPL</b>	Annual	\$14,124	\$19,116	<table border="1"> <thead> <tr> <th>Family Size</th> <th>1</th> <th>2</th> </tr> </thead> <tbody> <tr> <td><b>COBRA</b> (100% FPL)</td> <td>\$ 981</td> <td>\$1,328</td> </tr> <tr> <td><b>AIDS Health Ins. Program (AHIP)</b> (185% FPL)</td> <td>\$1,815</td> <td>\$2,456</td> </tr> <tr> <td><b>QWDI</b> (200% FPL)</td> <td>\$1,962</td> <td>\$2,655</td> </tr> <tr> <td><b>COBRA, QWDI</b> (Resource Level)</td> <td>\$4,000</td> <td>\$6,000</td> </tr> <tr> <td><b>Pickle/DAC/SSI</b> (Resource Level)</td> <td>\$2,000</td> <td>\$3,000</td> </tr> </tbody> </table>			Family Size	1	2	<b>COBRA</b> (100% FPL)	\$ 981	\$1,328	<b>AIDS Health Ins. Program (AHIP)</b> (185% FPL)	\$1,815	\$2,456	<b>QWDI</b> (200% FPL)	\$1,962	\$2,655	<b>COBRA, QWDI</b> (Resource Level)	\$4,000	\$6,000	<b>Pickle/DAC/SSI</b> (Resource Level)	\$2,000	\$3,000
	Family Size	1	2																					
<b>COBRA</b> (100% FPL)	\$ 981	\$1,328																						
<b>AIDS Health Ins. Program (AHIP)</b> (185% FPL)	\$1,815	\$2,456																						
<b>QWDI</b> (200% FPL)	\$1,962	\$2,655																						
<b>COBRA, QWDI</b> (Resource Level)	\$4,000	\$6,000																						
<b>Pickle/DAC/SSI</b> (Resource Level)	\$2,000	\$3,000																						
Monthly	\$1,177	\$1,593																						
<b>QI-1 135% FPL</b>	Annual	\$15,890	\$21,506																					
	Monthly	\$1,325	\$ 1,793																					
<b>NO RESOURCE TEST FOR ANY MSP PROGRAM</b>																								

<b>6. MBI-WPD (Persons 16-64)</b>		
<b>Family Size</b>	<b>1</b>	<b>2</b>
<b>Monthly Income</b> 250% FPL	\$2,453	\$3,319
<b>Resources</b>	\$20,000	\$30,000

<b>7. Family Planning Benefit Program Income Levels (No Resource Test)</b>							
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Each Add'l Person</b>
<b>FPBP 223% FPL</b> (Child Bearing Age)	\$2,188	\$2,961	\$3,734	\$4,507	\$5,280	\$6,053	\$774

<b>8. Monthly Regional Nursing Home Rates (Use the rate for the region in which the facility is located)</b>	
<b>NEW YORK CITY</b> (All boroughs) - <b>\$11,843</b>	<b>LONG ISLAND</b> - <b>\$12,390</b> Nassau, Suffolk
<b>NORTHEASTERN</b> - <b>\$9,414</b> Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	<b>NORTHERN METROPOLITAN</b> - <b>\$11,455</b> Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
<b>WESTERN</b> - <b>\$9,442</b> Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	<b>ROCHESTER</b> - <b>\$10,660</b> Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
<b>CENTRAL</b> - <b>\$8,768</b> Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	

In determining the community resource allowance on and after January 1, 2015, 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 \$119,220. 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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**9. 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)	\$2,188	\$2,961	\$3,734	\$4,507	\$5,280	\$6,053	\$6,826	\$7,599	\$8,372	\$9,145	\$774
Infants Under Age 1 223% FPL	\$2,188	\$2,961	\$3,734	\$4,507	\$5,280	\$6,053	\$6,826	\$7,599	\$8,372	\$9,145	\$774
Children Age 1 – 5 154% FPL	\$1,511	\$2,045	\$2,579	\$3,113	\$3,646	\$4,180	\$4,714	\$5,248	\$5,782	\$6,316	\$534
Children Age 6 – 19 110% FPL	\$1,079	\$1,461	\$1,842	\$2,223	\$2,605	\$2,986	\$3,367	\$3,749	\$4,130	\$4,511	\$382
Children Age 6 -19 (Expn'd - 154% FPL)	\$1,511	\$2,045	\$2,579	\$3,113	\$3,646	\$4,180	\$4,714	\$5,248	\$5,782	\$6,316	\$534
Parents and Caretaker Relatives 138% FPL	\$1,354	\$1,832	\$2,311	\$2,789	\$3,268	\$3,746	\$4,224	\$4,703	\$5,181	\$5,660	\$479
19 and 20 Year Olds Living With Parents 138% FPL	\$1,354	\$1,832	\$2,311	\$2,789	\$3,268	\$3,746	\$4,224	\$4,703	\$5,181	\$5,660	\$479
19 and 20 Year Olds Living With Parents (Expn'd - 155%FPL)	\$1,521	\$2,058	\$2,595	\$3,133	\$3,670	\$4,207	\$4,745	\$5,282	\$5,819	\$6,357	\$538
S/CCs and 19 and 20 Year Olds Living Alone (100% FPL)	\$981	\$1,328	\$1,675	\$2,021	\$2,368	\$2,715	\$3,061	\$3,408	\$3,755	\$4,101	\$347
S/CCs and 19 and 20 Year Olds Living Alone (Expn'd 138% FPL)	\$1,354	\$1,832	\$2,311	\$2,789	\$3,268	\$3,746	\$4,224	\$4,703	\$5,181	\$5,660	\$479

**10. 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 222% FPL)	\$1,569	\$2,123	\$2,678	\$3,233	\$3,787	\$4,342	\$554
\$9 per child per month (Max. \$27 per family) (222% - 249% FPL)	\$2,178	\$2,948	\$3,717	\$4,487	\$5,256	\$6,026	\$770
\$15 per child per month (Max \$45/Family) (250% - 299% FPL)	\$2,453	\$3,319	\$4,186	\$5,053	\$5,919	\$6,786	\$867
\$30 per child per month (Max. \$90 per family) (300% - 349% FPL)	\$2,943	\$3,983	\$5,023	\$6,063	\$7,103	\$8,143	\$1,040
\$45 per child per month (Max. \$135 per family) (350% - 399% FPL)	\$3,433	\$4,647	\$5,860	\$7,073	\$8,287	\$9,500	\$1,214
\$60 per child per month (Max. \$180 per family) (400% FPL)	\$3,924	\$5,310	\$6,697	\$8,084	\$9,470	\$10,857	\$1,387
Full Premium per child/month if over 400% FPL (Premium amount varies from plan to plan)	Over \$3,924	Over \$5,310	Over \$6,697	Over \$8,084	Over \$9,470	Over \$10,857	

11. Disabled Adult Children (DAC) Levels		
Living Arrangements	Shelter Types	Amount
1	15	\$999.48
1	28	\$961.48
1	16	\$1,168.00
1	29	\$1,138.00
1	42	\$1,427.00
1 or 5	Other than: 15, 16, 28, 29 or 42	\$820.00
2	15	\$1,998.96
2	28	\$1,922.96
2	16	\$2,336.00
2	29	\$2,276.00
2	42	\$2,854.00
2 or 6	Other than: 15, 16, 28, 29 or 42	\$1,204.00
3	All	\$961.48
4	All	\$999.48

12. Congregate Care Level I, II and III Levels		
Shelter Codes	PNA	Shelter Amount
15 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level I	\$141.00	\$858.48
16 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level II	\$163.00	\$1,005.00
28 - (Rest of State) Level I	\$141.00	\$820.48
29 - (Rest of State) Level II	\$163.00	\$975.00
42 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level III	\$193.00	\$1,234.00
42 - (Rest of State) Level III	\$193.00	\$1,234.00

13. SSI Levels				
SSI Consumer	Amount			
Allocation Amount (The difference between the regular Medicaid levels for a household of two [\$1,209.00] and a household of one [\$825.00])	\$384.00			
Personal Needs Allowance (Certain waiver participants subject to spousal impoverishment budgeting)	\$384.00			
Maximum Social Security Benefit at Full Retirement Age	\$2,663			
State Supplement	Individual	\$87.00	Couple	\$104.00
Federal Benefit Rate	Individual	\$733.00	Couple	\$1,100.00
SSI Resource Levels	Individual	\$2,000.00	Couple	\$3,000.00
SSI Related Student Earned Income Disregard	Monthly	\$1,780.00	Annual Max.	\$7,180.00

14. Substantial Gainful Activity (SGA) Levels		
Category	Amount	Payment Occurrence
Non-Blind	\$1,090.00	Monthly
Blind	\$1,820.00	Monthly
Month Trial Work Period	\$780.00	Monthly

15. Home Equity Maximum	
Medicaid Coverage Limit (RVI 1 and 2 cases)	\$828,000

2016

**2016 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL POVERTY LEVELS (FPL)**

Reference Documents: SA 2015-00031 -01, GIS 14 MA/029, GIS14 MA/08, GIS 15 MA/01, GIS 15 MA/03, GIS 15 MA/10, GIS 15 MA/21, MBL-Transmittal 14-5, WLM-2015-00344-00R1, OTDA 15-INF-10, WLM-2016-00055



MAPDR-01 04/15/2016  
(Obsoletes MAPDR-71)

**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	\$825	\$1,209	\$1,390	\$1,571	\$1,753	\$1,934	\$2,115	\$2,296	\$2,478	\$2,659	\$182

**2. Non-MAGI Resource Levels**

Family Size	1	2	3	4	5	6	7	8	9	10	Each Additional Person
Resource Level	\$14,850	\$21,750	\$25,013	\$28,275	\$31,538	\$34,800	\$38,063	\$41,325	\$44,588	\$47,850	\$3,263

**3. Spousal Support and Resource Levels**

<b>Income (MMMNA) - \$2,980.50</b> (Inst Spouse) - <b>\$50</b>	<b>Resources – (Minimum) - \$74,820</b> (Maximum) - \$119, 220 (Inst Spouse) - \$14,850	<b>Family Member Allowance Formula: Use - \$1, 992 \$664</b> is the maximum family member allowance
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**4. Medicare Savings Program (Buy-In)**

	Income		
		Family of 1	Family of 2
<b>QMB 100% FPL</b>	<b>Annual</b>	\$11,880	\$16,020
	<b>Monthly</b>	\$990	\$1,335
<b>SLIMB 120% FPL</b>	<b>Annual</b>	\$14,256	\$19,224
	<b>Monthly</b>	\$1,188	\$1,602
<b>QI-1 135% FPL</b>	<b>Annual</b>	\$16,038	\$21,627
	<b>Monthly</b>	\$1,337	\$1,803

**5. Other Important Figures**

<b>Medicare Part A Premium:</b> \$224.00 (30-39 Quarters) \$407.00 (Less than 30 Quarters)		
<b>Medicare Part B Premium:</b> (Rates based upon 2014 income tax filings)		
<ul style="list-style-type: none"> <li>• <b>\$104.90</b> for most Medicare Part B recipients in receipt of benefits on or before 12/31/2015. This includes individuals with an annual income of \$85,000 or less and couples with joint annual incomes of \$170,000 or less</li> <li>• <b>\$121.80</b> for persons in receipt of Medicare Part B benefits as of January 1, 2016, who are either individuals with an annual income of \$85,000 or less and couples with joint annual incomes of \$170,000 or less</li> <li>• <b>\$194.90</b> for persons in receipt of Medicare Part B benefits as of January 1, 2016, who are either individuals with an annual income of more than \$160,000 but no more than \$214,000 and couples with joint annual incomes of more than \$320,000 but no more than \$428,000</li> <li>• <b>\$268.00</b> for persons in receipt of Medicare Part B benefits as of January 1, 2016, who are either individuals with an annual income of more than \$214,000 and couples with joint annual incomes of more than \$428,000</li> </ul>		
<b>Standard Allocation:</b> From non-SSI-related parent to non-SSI- related child \$384		
<b>PASS-THROUGH FACTORS:</b> .968 and .160		
	<b>Family Size</b>	<b>1</b> <b>2</b>
	<b>COBRA (100% FPL)</b>	\$990      \$1,335
	<b>AIDS Health Ins. Program (AHIP) (185% FPL)</b>	\$1,832      \$2,470
	<b>QWDI (200% FPL)</b>	\$1,980      \$2,670
<b>NO RESOURCE TEST FOR ANY MSP PROGRAM</b>	<b>COBRA, QWDI (Resource Level)</b>	\$4,000      \$6,000
	<b>Pickle/DAC/SSI (Resource Level)</b>	\$2,000      \$3,000

<b>6. MBI-WPD (Persons 16-64)</b>		
<b>Family Size</b>	<b>1</b>	<b>2</b>
<b>Monthly Income</b> 250% FPL	\$2,475	\$3,338
<b>Resources</b>	\$20,000	\$30,000

<b>7. Family Planning Benefit Program Income Levels (No Resource Test)</b>							
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Each Additional Person</b>
<b>FPBP 223% FPL</b> (Child Bearing Age)	\$2,208	\$2,978	\$3,747	\$4,516	\$5,286	\$6,055	\$774

**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.

<b>8. Monthly Regional Nursing Home Rates (Use the rate for the region in which the facility is located)</b>	
<b>NEW YORK CITY (All boroughs) - \$12,029</b>	<b>LONG ISLAND - \$12,633</b> Nassau, Suffolk
<b>NORTHEASTERN - \$9,806</b> Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	<b>NORTHERN METROPOLITAN - \$11,768</b> Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
<b>WESTERN - \$9,630</b> Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	<b>ROCHESTER - \$11,145</b> Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
<b>CENTRAL - \$9,252</b> Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	

<b>9. Fair Market Regional Rates (Averages)</b>	
<b>NEW YORK CITY (All boroughs) (Shelter = 59) - \$1094</b>	<b>LONG ISLAND (Shelter = 60) - \$1060</b>
<b>NORTHEASTERN (Shelter = 54) - \$445</b>	<b>NORTHERN METROPOLITAN (Shelter = 58) - \$837</b>
<b>WESTERN (Shelter = 57) - \$341</b>	<b>ROCHESTER (Shelter = 56) - \$400</b>
<b>CENTRAL (Shelter = 55) - \$384</b>	
<b>CONGREGATE CARE LEVEL III - (42+ Regional Rate for County) - \$1768 - \$2487</b>	

**In determining the community resource allowance on and after January 1, 2016, 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 \$119,220. 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.**



**10. 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)	\$2,208	\$2,978	\$3,747	\$4,516	\$5,286	\$6,055	\$6,826	\$7,599	\$8,373	\$9,147	\$774
Infants Under Age 1 223% FPL	\$2,208	\$2,978	\$3,747	\$4,516	\$5,286	\$6,055	\$6,826	\$7,599	\$8,373	\$9,147	\$774
Children Age 1-5 154% FPL	\$1,525	\$2,056	\$2,588	\$3,119	\$3,650	\$4,182	\$4,714	\$5,248	\$5,782	\$6,316	\$534
Children Age 6 -19 110% FPL	\$1,089	\$1,469	\$1,848	\$2,228	\$2,607	\$2,987	\$3,367	\$3,749	\$4,131	\$4,512	\$382
Children Age 6-19 (Expanded - 154% FPL)	\$1,525	\$2,056	\$2,588	\$3,119	\$3,650	\$4,182	\$4,714	\$5,248	\$5,782	\$6,316	\$534
Parents and Caretaker Relatives 138% FPL	\$1,367	\$1,843	\$2,319	\$2,795	\$3,271	\$3,747	\$4,224	\$4,703	\$5,182	\$5,661	\$479
19 and 20 Year Olds Living With Parents 138% FPL	\$1,367	\$1,843	\$2,319	\$2,795	\$3,271	\$3,747	\$4,224	\$4,703	\$5,182	\$5,661	\$479
19 and 20 Year Olds Living With Parents (Expanded - 155% FPL)	\$1,535	\$2,070	\$2,604	\$3,139	\$3,674	\$4,209	\$4,745	\$5,282	\$5,820	\$6,358	\$538
S/CCs and 19 and 20 Year Olds Living Alone (100% FPL)	\$990	\$1,335	\$1,680	\$2,025	\$2,370	\$2,715	\$3,061	\$3,408	\$3,755	\$4,102	\$347
S/CCs and 19 and 20 Year Olds Living Alone (Expanded 138% FPL)	\$1,367	\$1,843	\$2,319	\$2,795	\$3,271	\$3,747	\$4,224	\$4,703	\$5,182	\$5,661	\$479

**11. Children's Medicaid Income Eligibility Levels**

Family Size	1	2	3	4	5	6	7	8	Each Additional Person
Children Under 1 year; Pregnant Women*	\$2,208	\$2,978	\$3,747	\$4,516	\$5,286	\$6,055	\$6,826	\$7,599	\$774
Children 1-18 Years	\$1,525	\$2,056	\$2,588	\$3,119	\$3,650	\$4,182	\$4,714	\$5,248	\$534

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

**12. 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 ( <b>under 222% FPL</b> )	\$1,583	\$2,135	\$2,687	\$3,239	\$3,791	\$4,343	\$554
\$9 per child per month (Max. \$27 per family) ( <b>222% - 249% FPL</b> )	\$2,198	\$2,964	\$3,730	\$4,496	\$5,262	\$6,028	\$770
\$15 per child per month (Max \$45/Family) ( <b>250% - 299% FPL</b> )	\$2,475	\$3,338	\$4,200	\$5,063	\$5,925	\$6,788	\$867
\$30 per child per month (Max. \$90 per family) ( <b>300% - 349% FPL</b> )	\$2,970	\$4,005	\$5,040	\$6,075	\$7,110	\$8,145	\$1,040
\$45 per child per month (Max. \$135 per family) ( <b>350% - 399% FPL</b> )	\$3,465	\$4,673	\$5,880	\$7,088	\$8,295	\$9,503	\$1,214
\$60 per child per month (Max. \$180 per family) ( <b>400% FPL</b> )	\$3,960	\$5,340	\$6,720	\$8,100	\$9,480	\$10,860	\$1,387
<b>Full Premium</b> per child/month if <b>over 400% FPL</b> (Premium amount varies from plan to plan)	Over \$3,960	Over \$5,340	Over \$6,720	Over \$8,100	Over \$9,480	Over \$10,860	

**13. Disabled Adult Children (DAC) Levels**

Living Arrangements	Shelter Types	Amount
1	15	\$999.48
1	28	\$961.48
1	16	\$1,168.00
1	29	\$1,138.00
1	42	\$1,427.00
1 or 5	Other than: 15, 16, 28, 29 or 42	\$820.00
2	15	\$1,998.96
2	28	\$1,922.96
2	16	\$2,336.00
2	29	\$2,276.00
2	42	\$2,854.00
2 or 6	Other than: 15, 16, 28, 29 or 42	\$1,204.00
3	All	\$961.48
4	All	\$999.48

**14. Congregate Care Level I, II and III Levels**

Shelter Codes	PNA	Shelter Amount
15 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level I	\$141.00	\$858.48
16 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level II	\$163.00	\$1,005.00
28 - (Rest of State) Level I	\$141.00	\$820.48
29 - (Rest of State) Level II	\$163.00	\$975.00
42 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level III	\$193.00	\$1,234.00
42 - (Rest of State) Level III	\$193.00	\$1,234.00

<b>15. SSI Levels</b>				
<b>SSI Consumer</b>	<b>Amount</b>			
Allocation Amount (The difference between the regular Medicaid levels for a household of two [\$1,209.00] and a household of one [\$825.00])	\$384.00			
Personal Needs Allowance (Certain waiver participants subject to spousal impoverishment budgeting)	\$384.00			
Maximum Social Security Benefit at Full Retirement Age	\$2,639			
State Supplement	Individual	\$87.00	Couple	\$104.00
Federal Benefit Rate	Individual	\$733.00	Couple	\$1,100.00
SSI Resource Levels	Individual	\$2,000.00	Couple	\$3,000.00
SSI Related Student Earned Income Disregard	Monthly	\$1,780.00	Annual Max.	\$7,180.00

<b>16. Substantial Gainful Activity (SGA) Levels</b>		
<b>Category</b>	<b>Amount</b>	<b>Payment Occurrence</b>
Non-Blind	\$1,130.00	Monthly
Blind	\$1,820.00	Monthly
Month Trial Work Period	\$810.00	Monthly

<b>17. Home Equity Maximum</b>	
Medicaid Coverage Limit (RVI 1 and 2 cases)	\$828,000

**2017 NYS INCOME AND RESOURCE STANDARDS AND  
FEDERAL POVERTY LEVELS (FPL)**

Reference Documents: SA 2015-00031 -01, GIS 14 MA/029, GIS 15 MA/01, GIS 15 MA/03, GIS 15 MA/10  
GIS 15 MA/21, GIS 17 MA/05, MBL-Transmittal 14-5, WLM-2015-00344-00R1, OTDA 15-INF-10, WLM-  
2016-00055, WLM-2016-00288-03, GIS 16 MA/16, MBL-Transmittal 2017.1, WLM 2017-00059-03.



MAPDR-01 04/04/2017  
(Obsoletes MAPDR-71)

**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	\$825	\$1,209	\$1,390	\$1,571	\$1,753	\$1,934	\$2,115	\$2,296	\$2,478	\$2,659	\$182

**2. Non-MAGI Resource Levels**

Family Size	1	2	3	4	5	6	7	8	9	10	Each Additional Person
Resource Level	\$14,850	\$21,750	\$25,013	\$28,275	\$31,538	\$34,800	\$38,063	\$41,325	\$44,588	\$47,850	\$3,262

**3. Spousal Support and Resource Levels**

<b>Income (MMMNA) - \$3,022.50</b> (Inst Spouse) - <b>\$50</b>	<b>Resources – (Minimum) - \$74,820</b> (Maximum) - \$120,900 (Inst Spouse) - \$14,850	<b>Family Member Allowance Formula: Use - \$2,030</b> <b>\$677</b> is the maximum family member allowance
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**4. Medicare Savings Program (Buy-In)**

**5. Other Important Figures**

	Income		Family of 2		
	Family of 1			Family Size	
<b>QMB 100% FPL</b>	<b>Annual</b>	\$12,060	\$16,240	<b>Medicare Part A Premium:</b> \$227.00 (30-39 Quarters) \$413.00 (Less than 30 Quarters)  <b>Medicare Part B Premium:</b> (Rates based upon 2014 income tax filings) <ul style="list-style-type: none"> <li><b>The Cost of Living adjustment (COLA) for Social Security will be 0.3 percent for 2017. The Part B Medicare Premium will be 109.00</b> for most Medicare Part B recipients in receipt of benefits. This includes individuals with an annual income of \$85,000 or less and couples with joint annual incomes of \$170,000 or less.</li> <li>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. Their Part B premium increased to <b>\$134.00</b>.</li> <li>Individuals whose income is <b>above</b> \$85,000 or a married individual when the couple’s combined income is <b>over</b> \$170,000 will pay the higher premium.</li> <li>New Medicare Part B beneficiaries will pay the higher premium. Since they did not pay the premium the previous year.</li> <li>Individuals who do not have the Part B premium deducted from their Social Security benefit. This includes individuals who are in the Medicare Buy-In program. These individuals will not be directly affected, as the increase premium will be paid by the State.</li> </ul> <b>Standard Allocation:</b> From non-SSI-related parent to non-SSI- related child \$384 <b>PASS-THROUGH FACTORS:</b> .968 and .159	
	<b>Monthly</b>	\$1,005	\$1,354		
<b>SLIMB 120% FPL</b>	<b>Annual</b>	\$14,472	\$19,488	<b>COBRA (100% FPL)</b>	
	<b>Monthly</b>	\$1,206	\$1,624		
<b>QI-1 135% FPL</b>	<b>Annual</b>	\$16,281	\$21,924	<b>AIDS Health Ins. Program (AHIP)</b> (185% FPL)	
	<b>Monthly</b>	\$1,357	\$1,827		
<b>NO RESOURCE TEST FOR ANY MSP PROGRAM</b>				<b>QWDI (200% FPL)</b>	
				<b>COBRA, QWDI (Resource Level)</b>	
				<b>Pickle/DAC/SSI (Resource Level)</b>	

<b>6. MBI-WPD (Persons 16-64)</b>		
<b>Family Size</b>	<b>1</b>	<b>2</b>
<b>Monthly Income</b> 250% FPL	\$2,513	\$3,384
<b>Resources</b>	\$20,000	\$30,000

<b>7. Family Planning Benefit Program Income Levels (No Resource Test)</b>							
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Each Additional Person</b>
<b>FPBP 223% FPL</b> (Child Bearing Age)	\$2,242	\$3,018	\$3,795	\$4,572	\$5,349	\$6,126	\$777

**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.

<b>8. Monthly Regional Nursing Home Rates (Use the rate for the region in which the facility is located)</b>	
<b>NEW YORK CITY (All boroughs) - \$12,157</b>	<b>LONG ISLAND - \$12,811</b> Nassau, Suffolk
<b>NORTHEASTERN - \$10,242</b> Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	<b>NORTHERN METROPOLITAN - \$12,198</b> Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
<b>WESTERN - \$10,078</b> Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	<b>ROCHESTER - \$11,237</b> Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
<b>CENTRAL - \$9,511</b> Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	

<b>9. Fair Market Regional Rates (Averages) / Special Standards for Housing Expenses</b>	
<b>NEW YORK CITY (All boroughs) (Shelter = 59) - \$1171</b>	<b>LONG ISLAND (Shelter = 60) - \$1285</b>
<b>NORTHEASTERN (Shelter = 54) - \$471</b>	<b>NORTHERN METROPOLITAN (Shelter = 58) - \$892</b>
<b>WESTERN (Shelter = 57) - \$367</b>	<b>ROCHESTER (Shelter = 56) - \$419</b>
<b>CENTRAL (Shelter = 55) - \$412</b>	
<b>CONGREGATE CARE LEVEL III - (42+ Regional Rate for County) - \$1796 - \$2714</b>	

In determining the community resource allowance on and after January 1, 2016, 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 \$120,900. 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.

**10. 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)	\$2,242	\$3,018	\$3,795	\$4,572	\$5,349	\$6,126	\$6,902	\$7,679	\$8,456	\$9,233	\$777
Infants Under Age 1 223% FPL	\$2,242	\$3,018	\$3,795	\$4,572	\$5,349	\$6,126	\$6,902	\$7,679	\$8,456	\$9,233	\$777
Children Age 1-5 154% FPL	\$1,548	\$2,085	\$2,621	\$3,157	\$3,694	\$4,230	\$4,767	\$5,303	\$5,840	\$6,376	\$537
Children Age 6 -19 110% FPL	\$1,106	\$1,489	\$1,872	\$2,255	\$2,639	\$3,022	\$3,405	\$3,788	\$4,171	\$4,554	\$384
Children Age 6-19 (Expanded - 154% FPL)	\$1,548	\$2,085	\$2,621	\$3,157	\$3,694	\$4,230	\$4,767	\$5,303	\$5,840	\$6,376	\$537
Parents and Caretaker Relatives 138% FPL	\$1,387	\$1,868	\$2,349	\$2,829	\$3,310	\$3,791	\$4,272	\$4,752	\$5,233	\$5,714	\$481
19 and 20 Year Olds Living With Parents 138% FPL	\$1,387	\$1,868	\$2,349	\$2,829	\$3,310	\$3,791	\$4,272	\$4,752	\$5,233	\$5,714	\$481
19 and 20 Year Olds Living With Parents (Expanded - 155% FPL)	\$1,558	\$2,098	\$2,638	\$3,178	\$3,718	\$4,258	\$4,798	\$5,338	\$5,878	\$6,417	\$540
S/CCs and 19 and 20 Year Olds Living Alone (100% FPL)	\$1,005	\$1,354	\$1,702	\$2,050	\$2,399	\$2,747	\$3,095	\$3,444	\$3,792	\$4,140	\$349
S/CCs and 19 and 20 Year Olds Living Alone (Expanded 138% FPL)	\$1,387	\$1,868	\$2,349	\$2,829	\$3,310	\$3,791	\$4,272	\$4,752	\$5,233	\$5,714	\$481

**11. Children's Medicaid Income Eligibility Levels**

Family Size	1	2	3	4	5	6	7	8	Each Additional Person
Children Under 1 year; Pregnant Women*	\$2,242	\$3,018	\$3,795	\$4,572	\$5,349	\$6,126	\$6,902	\$7,679	\$777
Children 1-18 Years	\$1,548	\$2,085	\$2,621	\$3,157	\$3,694	\$4,230	\$4,767	\$5,303	\$537

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

**12. 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 ( <b>under 222% FPL</b> )	\$1,607	\$2,165	\$2,722	\$3,279	\$3,837	\$4,394	\$557
\$9 per child per month (Max. \$27 per family) ( <b>222% - 249% FPL</b> )	\$2,232	\$3,005	\$3,778	\$4,551	\$5,325	\$6,098	\$774
\$15 per child per month (Max \$45/Family) ( <b>250% - 299% FPL</b> )	\$2,513	\$3,384	\$4,255	\$5,125	\$5,996	\$6,867	\$871
\$30 per child per month (Max. \$90 per family) ( <b>300% - 349% FPL</b> )	\$3,015	\$4,060	\$5,105	\$6,150	\$7,195	\$8,240	\$1,045
\$45 per child per month (Max. \$135 per family) ( <b>350% - 399% FPL</b> )	\$3,518	\$4,737	\$5,956	\$7,175	\$8,395	\$9,614	\$1,220
\$60 per child per month (Max. \$180 per family) ( <b>400% FPL</b> )	\$4,020	\$5,414	\$6,807	\$8,200	\$9,594	\$10,987	\$1,394
<b>Full Premium</b> per child/month if <b>over 400% FPL</b> (Premium amount varies from plan to plan)	Over \$4,020	Over \$5,414	Over \$6,807	Over \$8,200	Over \$9,594	Over \$10,987	Over 1,394

**13. Disabled Adult Children (DAC) Levels**

Living Arrangements	Shelter Types	Amount
1	15	\$1,001.48
1	28	\$963.48
1	16	\$1,170.00
1	29	\$1,140.00
1	42	\$1,429.00
1 or 5	Other than: 15, 16, 28, 29 or 42	\$822.00
2	15	\$2,002.96
2	28	\$1,926.96
2	16	\$2,340.00
2	29	\$2,280.00
2	42	\$2,858.00
2 or 6	Other than: 15, 16, 28, 29 or 42	\$1,207.00
3	All	\$963.48
4	All	\$1,001.48

**14. Congregate Care Level I, II and III Levels**

Shelter Codes	PNA	Shelter Amount
15 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level I	\$141.00	\$860.48
16 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level II	\$163.00	\$1,007.00
28 - (Rest of State) Level I	\$141.00	\$822.48
29 - (Rest of State) Level II	\$163.00	\$977.00
42 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level III	\$194.00	\$1,235.00
42 - (Rest of State) Level III	\$194.00	\$1,235.00

<b>15. SSI Levels</b>				
<b>SSI Consumer</b>	<b>Amount</b>			
Allocation Amount (The difference between the regular Medicaid levels for a household of two [\$1,209.00] and a household of one [\$825.00])	\$384.00			
Personal Needs Allowance (Certain waiver participants subject to spousal impoverishment budgeting)	\$384.00			
Maximum Social Security Benefit at Full Retirement Age	\$2,687			
State Supplement	Individual	\$87.00	Couple	\$104.00
Federal Benefit Rate	Individual	\$735.00	Couple	\$1,103.00
SSI Resource Levels	Individual	\$2,000.00	Couple	\$3,000.00
SSI Related Student Earned Income Disregard	Monthly	\$1,790.00	Annual Max.	\$7,200.00

<b>16. Substantial Gainful Activity (SGA) Levels</b>		
<b>Category</b>	<b>Amount</b>	<b>Payment Occurrence</b>
Non-Blind	\$1,170.00	Monthly
Blind	\$1,950.00	Monthly
Month Trial Work Period	\$840.00	Monthly

<b>17. Home Equity Maximum</b>	
Medicaid Coverage Limit (RVI 1 and 2 cases)	\$840,000



2018

**2018 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL POVERTY LEVELS (FPL)**



Reference Documents: GIS 17 MA/19, MBL-Transmittal 2017-1, WLM 2017-00059-03, and WLM 2018-00056-00.

MAPDR-01 03/20/2018  
(Obsoletes MAPDR-71)

**Note:**\* Sections have shifted from prior year releases. All listed levels have been updated to reflect 2018 levels.

**Financial Levels for Medicaid and Related Program Eligibility**

<b>1. Non-MAGI Medicaid Levels (SSI and SSI-Related Consumers With or Without A Surplus)</b>											
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Each Additional Person</b>
<b>Monthly Income</b>	\$842	\$1,233	\$1,418	\$1,603	\$1,788	\$1,973	\$2,158	\$2,343	\$2,528	\$2,713	\$185

<b>2. Non-MAGI Resource Levels</b>											
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Each Additional Person</b>
<b>Resource Level</b>	\$15,150	\$22,200	\$25,014	\$28,275	\$31,539	\$34,800	\$38,064	\$41,325	\$44,588	\$47,850	\$3,263

<b>3. Spousal Support and Resource Levels</b>		
<b>Income (MMMNA) - \$3,090.00</b> (Inst Spouse) - <b>\$50</b>	<b>Resources – (Minimum) - \$74,820</b> (Maximum) - \$123,600 (Inst Spouse) - \$15,150	<b>Family Member Allowance Formula: Use - \$2,058</b> <b>\$686</b> is the maximum family member allowance

<b>4. MBI-WPD (Persons 16-64)</b>		
<b>Family Size</b>	<b>1</b>	<b>2</b>
<b>Monthly Income</b> 250% FPL	\$2,530	\$3,430
<b>Resources</b>	\$20,000	\$30,000

<b>5. Family Planning Benefit Program Income Levels (No Resource Test)</b>							
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Each Additional Person</b>
<b>FPBP 223% FPL</b> (Child Bearing Age)	\$2,257	\$3,059	\$3,862	\$4,665	\$5,468	\$6,271	\$803

**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.

6. Medicare Savings Program (Buy-In)				7. Other Important Figures		
	Income					
	Family of 1		Family of 2			
QMB 100% FPL	Annual	\$12,140	\$16,460	<p><b>Medicare Part A Premium:</b> \$232.00 (30-39 Quarters) \$422.00 (Less than 30 Quarters)</p> <p><b>Medicare Part B Premium:</b> (Rates based upon 2016 income tax filings)</p> <ul style="list-style-type: none"> <li>The Cost of Living adjustment (COLA) for Social Security will be 2 percent for 2018. Medicare consumers whose Part B premium increased by the same amount as their Social Security benefit will not see the full 2% increase in their monthly benefit. The 2% COLA increase is expected to be enough to cover the difference between a consumer's previous premium and the Standard Part B Medicare Premium, which is expected to stay at around \$134.00 per month. The Part B Medicare Premium will be <b>\$134.00 or higher depending on your income</b> for most Medicare Part B recipients in receipt of benefits. This includes individuals with an annual income of \$85,000 or less and couples with joint annual incomes of \$170,000 or less. However, some people who get Social Security benefits pay more than this amount (130.00 on average).</li> </ul> <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. Their Part B premium increased is currently <b>\$134.00</b>.</p> <ul style="list-style-type: none"> <li>Individuals whose income is <b>above</b> \$85,000 or a married individual when the couple's combined income is <b>over</b> \$170,000 will pay the higher premium.</li> <li>New Medicare Part B beneficiaries will pay the higher premium. Since they did not pay the premium the previous year.</li> <li>Individuals who do not have the Part B premium deducted from their Social Security benefit. This includes individuals who are in the Medicare Buy-In program. These individuals will not be directly affected, as the increase premium will be paid by the State.</li> </ul> <p><b>Standard Allocation:</b> From non-SSI-related parent to non-SSI-related child \$384</p> <p><b>PASS-THROUGH FACTORS:</b> .969 and .156</p>		
	Monthly	\$1,012	\$1,372			
SLIMB 120% FPL	Annual	\$14,568	\$19,752	Family Size		
	Monthly	\$1,214	\$1,646	COBRA (100% FPL)	1	2
QI-1 135% FPL	Annual	\$16,392	\$22,224	AIDS Health Ins. Program (AHIP) (185% FPL)	\$1,872	\$2,538
	Monthly	\$1,366	\$1,852	QWDI (200% FPL)	\$2,024	\$2,744
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. Monthly Regional Nursing Home Rates (Use the rate for the region in which the facility is located)	
NEW YORK CITY (All boroughs) - \$12,319	LONG ISLAND - \$13,053 Nassau, Suffolk
NORTHEASTERN - \$10,719 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	NORTHERN METROPOLITAN - \$12,428 Duchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
WESTERN - \$10,239 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	ROCHESTER - \$11,692 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
CENTRAL - \$9,722 Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	

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

<b>NEW YORK CITY (All boroughs) (Shelter = 59) - \$1305</b>	<b>LONG ISLAND (Shelter = 60) - \$1274</b>
<b>NORTHEASTERN (Shelter = 54) - \$467</b>	<b>NORTHERN METROPOLITAN (Shelter = 58) - \$935</b>
<b>WESTERN (Shelter = 57) - \$365</b>	<b>ROCHESTER (Shelter = 56) - \$424</b>
<b>CENTRAL (Shelter = 55) - \$417</b>	
<b>CONGREGATE CARE LEVEL III - (42+ Regional Rate for County) - \$1,809 - \$2,749</b>	

In determining the community resource allowance on and after January 1, 2016, 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 \$123,600. 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.

**10. MAGI Levels for Medicaid and Related Program Eligibility**

<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Each Add'l Person</b>
<b>Pregnant Women and Infants Under Age 1 (223% FPL)</b>	\$2,257	\$3,059	\$3,862	\$4,665	\$5,468	\$6,271	\$7,073	\$7,876	\$8,679	\$9,482	\$803
<b>Infants Under Age 1 223% FPL</b>	\$2,257	\$3,059	\$3,862	\$4,665	\$5,468	\$6,271	\$7,073	\$7,876	\$8,679	\$9,482	\$803
<b>Children Age 1-5 154% FPL</b>	\$1,558	\$2,113	\$2,667	\$3,222	\$3,776	\$4,330	\$4,885	\$5,439	\$5,994	\$6,548	\$555
<b>Children Age 6 -19 110% FPL</b>	\$1,113	\$1,509	\$1,905	\$2,301	\$2,697	\$3,093	\$3,489	\$3,885	\$4,281	\$4,677	\$396
<b>Children Age 6-19 (Expanded - 154% FPL)</b>	\$1,558	\$2,113	\$2,667	\$3,222	\$3,776	\$4,330	\$4,885	\$5,439	\$5,994	\$6,548	\$555
<b>Parents and Caretaker Relatives 138% FPL</b>	\$1,397	\$1,893	\$2,390	\$2,887	\$3,384	\$3,881	\$4,377	\$4,874	\$5,371	\$5,868	\$497
<b>19 and 20 Year Olds Living With Parents 138% FPL</b>	\$1,397	\$1,893	\$2,390	\$2,887	\$3,384	\$3,881	\$4,377	\$4,874	\$5,371	\$5,868	\$497
<b>19 and 20 Year Olds Living With Parents (Expanded - 155% FPL)</b>	\$1,569	\$2,127	\$2,685	\$3,243	\$3,801	\$4,359	\$4,917	\$5,475	\$6,033	\$6,591	\$558
<b>S/CCs and 19 and 20 Year Olds Living Alone (100% FPL)</b>	\$1,012	\$1,372	\$1,732	\$2,092	\$2,452	\$2,812	\$3,172	\$3,532	\$3,892	\$4,252	\$360
<b>S/CCs and 19 and 20 Year Olds Living Alone (Expanded 138% FPL)</b>	\$1,397	\$1,893	\$2,390	\$2,887	\$3,384	\$3,881	\$4,377	\$4,874	\$5,371	\$5,868	\$497

**11. Children's Medicaid Income Eligibility Levels**

Family Size	1	2	3	4	5	6	7	8	Each Additional Person
Children Under 1 year; Pregnant Women*	\$2,257	\$3,059	\$3,862	\$4,665	\$5,468	\$6,271	\$7,073	\$7,876	\$803
Children 1-18 Years	\$1,558	\$2,113	\$2,667	\$3,222	\$3,776	\$4,330	\$4,885	\$5,439	\$555

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

**12. 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 222% FPL)	\$1,618	\$2,194	\$2,770	\$3,346	\$3,922	\$4,498	\$576
\$9 per child per month (Max. \$27 per family) (222% - 249% FPL)	\$2,246	\$3,046	\$3,845	\$4,644	\$5,443	\$6,242	\$800
\$15 per child per month (Max \$45/Family) (250% - 299% FPL)	\$2,530	\$3,430	\$4,330	\$5,230	\$6,130	\$7,030	\$900
\$30 per child per month (Max. \$90 per family) (300% - 349% FPL)	\$3,035	\$4,115	\$5,195	\$6,275	\$7,355	\$8,435	\$1,080
\$45 per child per month (Max. \$135 per family) (350% - 399% FPL)	\$3,541	\$4,801	\$6,061	\$7,321	\$8,581	\$9,841	\$1,260
\$60 per child per month (Max. \$180 per family) (400% FPL)	\$4,047	\$5,487	\$6,927	\$8,367	\$9,807	\$11,247	\$1,440
Full Premium per child/month if over 400% FPL (Premium amount varies from plan to plan)	Over \$4,047	Over \$5,487	Over \$6,927	Over \$8,367	Over \$9,807	Over \$11,247	Over 1,440

**13. Disabled Adult Children (DAC) Levels**

Living Arrangements	Shelter Types	Amount
1	15	\$1,016.48
1	28	\$978.48
1	16	\$1,185.00
1	29	\$1,155.00
1	42	\$1,444.00
1 or 5	Other than: 15, 16, 28, 29 or 42	\$837.00
2	15	\$2,032.96
2	8	\$1,956.96
2	16	\$2,370.00
2	29	\$2,310.00
2	42	\$2,888.00
2 or 6	Other than: 15, 16, 28, 29 or 42	\$1,229.00
3	All	\$978.48
4	All	\$1,016.48

<b>14. Congregate Care Level I, II and III Levels</b>		
<b>Shelter Codes</b>	<b>PNA</b>	<b>Shelter Amount</b>
15 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level I	\$144.00	\$872.48
16 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level II	\$166.00	\$1,019.00
28 - (Rest of State) Level I	\$144.00	\$834.48
29 - (Rest of State) Level II	\$166.00	\$989.00
42 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level III	\$198.00	\$1,246.00
42 - (Rest of State) Level III	\$198.00	\$1,246.00

<b>15. SSI Levels</b>				
<b>SSI Consumer</b>	<b>Amount</b>			
Allocation Amount (The difference between the regular Medicaid levels for a household of two [\$1,209.00] and a household of one [\$825.00])	\$391.00			
Personal Needs Allowance (Certain waiver participants subject to spousal impoverishment budgeting)	\$391.00			
Maximum Social Security Benefit at Full Retirement Age	\$2,788			
State Supplement	Individual	\$87.00	Couple	\$104.00
Federal Benefit Rate	Individual	\$750.00	Couple	\$1,125.00
SSI Resource Levels	Individual	\$2,000.00	Couple	\$3,000.00
Family Care Level (LA 3 & 4)	NYC and Nassau, Suffolk, Westchester and Rockland	1016.48	Upstate	978.48
SSI Related Student Earned Income Disregard	Monthly	\$1,820.00	Annual Max.	\$7,350.00

<b>16. Substantial Gainful Activity (SGA) Levels</b>		
<b>Category</b>	<b>Amount</b>	<b>Payment Occurrence</b>
Non-Blind	\$1,180.00	Monthly
Blind	\$1,970.00	Monthly
Month Trial Work Period	\$850.00	Monthly

<b>17. Home Equity Maximum</b>	
Medicaid Coverage Limit (RVI 1 and 2 cases)	\$858,000

2019

**2019 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL POVERTY LEVELS (FPL)**

Reference Documents: GIS 19 MA/01, GIS 19 MA/06, GIS 18 MA/15, MBL Transmittal 19-1, 18-3, 18-2 WLM 2019-00065, WLM 2017-00059-03, and WLM 2018-00381-01.



Department of Social Services  
Human Resources Administration  
Department of Homeless Services

Medical Insurance and Community Services Administration

MAPDR-01 04/04/2019  
(Obsoletes MAPDR-71)

**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	\$859	\$1,267	\$1,457	\$1,647	\$1,837	\$2,027	\$2,217	\$2,407	\$2,597	\$2,787	\$190

**2. Non-MAGI Resource Levels**

Family Size	1	2	3	4	5	6	7	8	9	10	Each Additional Person
Resource Level	\$15,450	\$22,800	\$25,013	\$28,275	\$31,539	\$34,800	\$38,064	\$41,325	\$44,588	\$47,850	\$3,263

**3. Spousal Support and Resource Levels**

<b>Income (MMMNA) - \$3,160.50</b> (Inst Spouse) - <b>\$50</b>	<b>Resources – (Minimum) - \$74,820</b> (Maximum) - \$126,420 (Inst Spouse) - \$15,450	<b>Family Member Allowance Formula: Use - \$2,114</b> <b>\$705</b> is the maximum monthly family member allowance
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**4. MBI-WPD (Persons 16-64)**

Family Size	1	2
Monthly Income 250% FPL	\$2,603	\$3,523
Resources	\$20,000	\$30,000

**5. Family Planning Benefit Program Income Levels (No Resource Test)**

Family Size	1	2	3	4	5	6	Each Additional Person
FPBP 223% FPL (Child Bearing Age)	\$2,322	\$3,143	\$3,964	\$4,786	\$5,607	\$6,428	\$822

**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.



6. Medicare Savings Program (Buy-In)				7. Other Important Figures		
	Income				1	2
	Family of 1		Family of 2			
QMB 100% FPL	Annual	\$12,490	\$16,910	<p><b>Medicare Part A Premium:</b> \$240.00 (30-39 Quarters) \$437.00 (Less than 30 Quarters)</p> <p><b>Medicare Part B Premium:</b> (Rates based upon 2016 income tax filings)</p> <ul style="list-style-type: none"> <li>The Cost of Living adjustment (COLA) for Social Security will be 2.8% percent for 2019.</li> <li>Part B Medicare Premium is <b>\$135.50</b> for <b>most</b> Medicare Part B recipients in receipt of benefits. The standard Medicare Part B <b>\$135.50</b> monthly premium is for beneficiaries with income <b>less than or equal to \$85,000</b>. Due to the <b>SSA 2.8% COLA</b>, some beneficiaries who were held harmless against Part B premium increases in 2018 will pay the full monthly premium of <b>\$135.50</b> in 2019. This is because the increase in their Social Security benefits will be greater than or equal to the increase in their Part B premium.</li> </ul> <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. Their Part B premium increased is currently <b>\$135.50</b>.</p> <ul style="list-style-type: none"> <li>Individuals whose income is <b>above</b> \$85,000 or a married individual when the couple’s combined income is <b>over</b> \$170,000 will pay the higher premium.</li> <li>New Medicare Part B beneficiaries will pay the higher premium. Since they did not pay the premium the previous year.</li> <li>Individuals who do not have the Part B premium deducted from their Social Security benefit. This includes individuals who are in the Medicare Buy-In program. These individuals will not to be directly affected, as the increase premium will be paid by the State.</li> </ul> <p><b>Standard Allocation:</b> From non-SSI-related parent to non-SSI- related child \$384</p> <p><b>PASS-THROUGH FACTORS:</b> .970 and .152</p> <p><b>Note:</b> Budgets with a “From” date of January 1, 2019, or later, that utilize a Federal Poverty Level (FPL) must be calculated with the 2018 Social Security benefit amount and Medicare Part B premium amount until the 2019 FPLs are available on MBL.</p>		
	Monthly	\$1,041	\$1,410			
SLIMB 120% FPL	Annual	\$14,988	\$20,292	Family Size		
	Monthly	\$1,249	\$1,691	COBRA (100% FPL)	\$1,041	\$1,410
QI-1 135% FPL	Annual	\$16,862	\$22,829	AIDS Health Ins. Program (AHIP) (185% FPL)	\$1,926	\$2,607
	Monthly	\$1,406	\$1,903	QWDI (200% FPL)	\$2,082	\$2,819
NO RESOURCE TEST FOR ANY MSP PROGRAM				COBRA, QWDI (Resource Level)	\$4,000	\$6,000
				Pickle/DAC/SSI (Resource Level)	\$2,000	\$3,000

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

<b>NEW YORK CITY (All boroughs) - \$12,419</b>	<b>LONG ISLAND - \$13,407 Nassau, Suffolk</b>
<b>NORTHEASTERN - \$11,280 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington</b>	<b>NORTHERN METROPOLITAN - \$12,636 Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester</b>
<b>WESTERN - \$10,556 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming</b>	<b>ROCHESTER - \$12,342 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates</b>
<b>CENTRAL - \$10,068 Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins</b>	

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

<b>NEW YORK CITY (All boroughs) (Shelter = 59) - \$1300</b>	<b>LONG ISLAND (Shelter = 60) - \$1269</b>
<b>NORTHEASTERN (Shelter = 54) - \$462</b>	<b>NORTHERN METROPOLITAN (Shelter = 58) - \$930</b>
<b>WESTERN (Shelter = 57) - \$360</b>	<b>ROCHESTER (Shelter = 56) - \$419</b>
<b>CENTRAL (Shelter = 55) - \$412</b>	
<b>CONGREGATE CARE LEVEL III - (42+ Regional Rate for County- Shelter = 63) - \$1,825 - \$2,765</b>	

In determining the community resource allowance on and after January 1, 2016, 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 \$126,420. 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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<b>10. MAGI Levels for Medicaid and Related Program Eligibility</b>											
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Each Add'l Person</b>
<b>Pregnant Women and Infants Under Age 1 (223% FPL)</b>	\$2,322	\$3,143	\$3,964	\$4,786	\$5,607	\$6,428	\$7,250	\$8,071	\$8,893	\$9,714	\$822
<b>Infants Under Age 1 223% FPL</b>	\$2,322	\$3,143	\$3,964	\$4,786	\$5,607	\$6,428	\$7,250	\$8,071	\$8,893	\$9,714	\$822
<b>Children Age 1-5 154% FPL</b>	\$1,603	\$2,171	\$2,738	\$3,305	\$3,872	\$4,440	\$5,007	\$5,574	\$6,141	\$6,708	\$568
<b>Children Age 6 -19 110% FPL</b>	\$1,145	\$1,551	\$1,956	\$2,361	\$2,766	\$3,171	\$3,576	\$3,982	\$4,387	\$4,792	\$406
<b>Children Age 6-19 (Expanded - 154% FPL)</b>	\$1,603	\$2,171	\$2,738	\$3,305	\$3,872	\$4,440	\$5,007	\$5,574	\$6,141	\$6,708	\$568
<b>Parents and Caretaker Relatives 138% FPL</b>	\$1,437	\$1,945	\$2,453	\$2,962	\$3,470	\$3,978	\$4,487	\$4,995	\$5,503	\$6,012	\$509
<b>19 and 20 Year Olds Living with Parents 138% FPL</b>	\$1,437	\$1,945	\$2,453	\$2,962	\$3,470	\$3,978	\$4,487	\$4,995	\$5,503	\$6,012	\$509
<b>19 and 20 Year Olds Living with Parents (Expanded - 155% FPL)</b>	\$1,614	\$2,185	\$2,756	\$3,327	\$3,897	\$4,468	\$5,039	\$5,610	\$6,181	\$6,752	\$571
<b>S/CCs and 19 and 20 Year Olds Living Alone (100% FPL)</b>	\$1,041	\$1,410	\$1,778	\$2,146	\$2,515	\$2,883	\$3,251	\$3,620	\$3,988	\$4,356	\$369
<b>S/CCs and 19 and 20 Year Olds Living Alone (Expanded 138% FPL)</b>	\$1,437	\$1,945	\$2,453	\$2,962	\$3,470	\$3,978	\$4,487	\$4,995	\$5,503	\$6,012	\$509

<b>11. Children's Medicaid Income Eligibility Levels</b>									
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>Each Additional Person</b>
<b>Children Under 1 year; Pregnant Women*</b>	\$2,322	\$3,143	\$3,964	\$4,786	\$5,607	\$6,428	\$7,250	\$8,071	\$822
<b>Children 1-18 Years</b>	\$1,603	\$2,171	\$2,738	\$3,305	\$3,872	\$4,440	\$5,007	\$5,574	\$568
<b>Note:</b> *Pregnant women household size calculation includes all expected children.									

**12. 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 ( <b>under 222% FPL</b> )	\$1,665	\$2,254	\$2,843	\$3,433	\$4,022	\$4,611	\$589
\$9 per child per month (Max. \$27 per family) ( <b>222% - 249% FPL</b> )	\$2,311	\$3,129	\$3,947	\$4,764	\$5,582	\$6,400	\$818
\$15 per child per month (Max \$45/family) ( <b>250% - 299% FPL</b> )	\$2,603	\$3,523	\$4,444	\$5,365	\$6,286	\$7,207	\$921
\$30 per child per month (Max. \$90 per family) ( <b>300% - 349% FPL</b> )	\$3,123	\$4,228	\$5,333	\$6,438	\$7,543	\$8,648	\$1,105
\$45 per child per month (Max. \$135 per family) ( <b>350% - 399% FPL</b> )	\$3,643	\$4,933	\$6,222	\$7,511	\$8,800	\$10,089	\$1,290
\$60 per child per month (Max. \$180 per family) ( <b>400% FPL</b> )	\$4,164	\$5,637	\$7,110	\$8,584	\$10,057	\$11,530	\$1,474
<b>Full Premium</b> per child/month if <b>over 400% FPL</b> (Premium amount varies from plan to plan)	Over \$4,165	Over \$5,638	Over \$7,111	Over \$8,585	Over \$10,058	Over \$11,531	Over 1,445

**Note:** \*Pregnant women count as two.

**13. Disabled Adult Children (DAC) Levels**

Living Arrangements	Shelter Types	Amount
1	15	\$1,037.48
1	28	\$999.48
1	16	\$1,206.00
1	29	\$1,176.00
1	42	\$1,465.00
1 or 5	Other than: 15, 16, 28, 29 or 42	\$858.00
2	15	\$2,074.96
2	28	\$1,998.96
2	16	\$2,412.00
2	29	\$2,352.00
2	42	\$2,930.00
2 or 6	Other than: 15, 16, 28, 29 or 42	\$1,261.00
3	All	\$999.48
4	All	\$1,037.48

**14. Congregate Care Level I, II and III Levels**

Shelter Codes	PNA	Shelter Amount
15 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level I	\$148.00	\$889.48
16 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level II	\$171.00	\$1,035.00
28 - (Rest of State) Level I	\$148.00	\$851.48
29 - (Rest of State) Level II	\$171.00	\$1005.00
42 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level III	\$204.00	\$1,261.00
42 - (Rest of State) Level III	\$204.00	\$1,261.00

15. SSI Levels				
SSI Consumer	Amount			
Allocation Amount (The difference between the regular Medicaid levels for a household of two [\$1,209.00] and a household of one [\$825.00])	\$408.00			
Personal Needs Allowance (Certain waiver participants subject to spousal impoverishment budgeting)	\$408.00			
Maximum Social Security Benefit at Full Retirement Age	\$2,861			
State Supplement	Individual	\$87.00	Couple	\$104.00
Federal Benefit Rate	Individual	\$771.00	Couple	\$1,157.00
SSI Resource Levels	Individual	\$2,000.00	Couple	\$3,000.00
Family Care Level (LA 3 & 4)	NYC and Nassau, Suffolk, Westchester and Rockland	1037.48	Upstate	999.48
SSI Related Student Earned Income Disregard	Monthly	\$1,870.00	Annual Max.	\$7,550.00

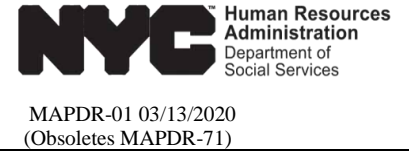
16. Substantial Gainful Activity (SGA) Levels		
Category	Amount	Payment Occurrence
Non-Blind	\$1,220.00	Monthly
Blind	\$2,040.00	Monthly
Month Trial Work Period	\$880.00	Monthly

17. Home Equity Maximum	
Medicaid Coverage Limit (RVI 1 and 2 cases)	\$878,000

2020

**2020 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL POVERTY LEVELS (FPL)**

Reference Documents: GIS: 20 MA/01, 20 MA/02, 19 MA/06, 19 MA/12  
 MBL Transmittal 19-3, 19-4, WLM 2019-00261-04, WLM 2019-00065,  
 and [NYS Partnership for Long-Term Care](#).



**Financial Levels for Medicaid and Related Program Eligibility**

<b>1. Non-MAGI Medicaid Levels (SSI and SSI-Related Consumers With or Without A Surplus)</b>											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Additional Person
Monthly Income	\$875	\$1,284	\$1,476	\$1,669	\$1,861	\$2,054	\$2,246	\$2,439	\$2,631	\$2,824	\$193

<b>2. Non-MAGI Resource Levels</b>											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Additional Person
Resource Level	\$15,750	\$23,100	\$25,013	\$28,275	\$31,539	\$34,800	\$38,064	\$41,325	\$44,588	\$47,850	\$3,263

<b>3. Spousal Support and Resource Levels</b>		
<b>Income</b> (MMMNA) - \$3,216.00 (Inst Spouse) - <b>\$50</b>	<b>Resources</b> – (Minimum) - \$74,820 (Maximum) - \$128,640 (Inst Spouse) - \$15,750	<b>Family Member Allowance Formula:</b> Use - \$2,155 \$719 is the maximum monthly family member allowance

<b>4. NYS Partnership for Long Term Care (NYSP-LTC)</b>		
<b>Qualified Partnership Policy Holder (QPP) Medicaid Extended Coverage (MEC) Asset Disregards for Total Asset Policy Holders/Dollar-for-Dollar Asset Protection Plan Policy Holders</b>		
<b>Nursing Home</b>		
	Resource Allowance	Income Allowance (Monthly)
<b>Applicant</b>	*\$15,750	\$50
<b>Community Spouse</b>	*\$128,640 (Maximum)	\$3,216
<b>Home Care (Community-Based-Long-Term Care Services)</b>		
	Resource Allowance	Income Allowance (Monthly)
<b>Applicant</b>	\$15,750	\$875 <b>Increased to \$1,608 for QPP's</b>
<b>Applicant with Spouse</b>	\$23,100	\$1,284 <b>Increased to \$3,216 for QPP's</b>
<b>*Note:</b> The Resource Allowances in this chart <b>does not</b> apply to the Total Asset Protection Plan QPP Policy Holders.		

<b>5. MBI-WPD (Persons 16-64)</b>		
<b>Family Size</b>	<b>1</b>	<b>2</b>
<b>Monthly Income</b> 250% FPL	\$2,659	\$3,592
<b>Resources</b>	\$20,000	\$30,000

<b>6. Family Planning Benefit Program Income Levels (No Resource Test)</b>							
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Each Additional Person</b>
<b>FPBP 223% FPL</b> (Childbearing Age)	\$2,372	\$3,204	\$4,037	\$4,869	\$5,702	\$6,534	\$833

**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)				8. Other Important Figures		
	Income				1	2
	Family of 1		Family of 2			
QMB 100% FPL	Annual	\$12,760	\$17,240	<b>Medicare Part A Premium:</b> \$252.00 (30-39 Quarters) \$458.00 (Less than 30 Quarters) <b>Medicare Part B Premium:</b> (Rates based upon 2018 income tax filings) <ul style="list-style-type: none"> <li>The Cost of Living adjustment (COLA) for Social Security will be 1.6% percent for 2020.</li> <li>The standard monthly premium for Medicare Part B enrollees is <b>\$144.60</b> for 2020. Most Medicare beneficiaries will pay this amount. The standard Medicare Part B <b>\$144.60</b> monthly premium is for beneficiaries with income <b>less than or equal to \$85,000</b>. Due to the <b>SSA 1.6% COLA</b>, some beneficiaries who were held harmless against Part B premium increases in 2019 will pay the full monthly premium of <b>\$144.60</b> in 2020. This is because the increase in their Social Security benefits will be greater than or equal to the increase in their Part B premium.</li> </ul> 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. Their Part B premium increased is currently <b>\$144.60 in 2020</b> . <ul style="list-style-type: none"> <li>Beneficiaries who do not receive Social Security benefits;</li> <li>Individuals who are directly billed for the Part B premium;</li> <li>New Medicare Part B beneficiaries;</li> <li>Individuals who have Medicare and Medicaid, and Medicaid pays the premiums; and</li> <li>Individuals who pay an Income-Related Monthly Adjustment Amount (IRMAA).</li> </ul> <b>Standard Allocation:</b> From non-SSI-related parent to non-SSI- related child \$409 <b>PASS-THROUGH FACTORS:</b> .970 and.150 <b>Note:</b> Budgets with a “From” date of January 1, 2020, or later, that utilize a Federal Poverty Level (FPL) must be calculated with the 2019 Social Security benefit amount and Medicare Part B premium amount until the 2020 FPLs are available on MBL. The 2019 Social Security amounts and Part B premium must be used until Phase Two of the Mass Re-budgeting.		
	Monthly	\$1,064	\$1,437			
SLIMB 120% FPL	Annual	\$15,312	\$20,688	<b>Family Size</b>		
	Monthly	\$1,276	\$1,724	<b>COBRA</b> (100% FPL)	\$1,064	\$1,437
QI-1 135% FPL	Annual	\$17,226	\$23,274	<b>AIDS Health Ins. Program (AHIP)</b> (185% FPL)	\$1,968	\$2,658
	Monthly	\$1,436	\$1,940	<b>QWDI</b> (200% FPL)	\$2,127	\$2,874
NO RESOURCE TEST FOR ANY MSP PROGRAM				<b>COBRA, QWDI (Resource Level)</b>	\$4,000	\$6,000
				<b>Pickle/DAC/SSI (Resource Level)</b>	\$2,000	\$3,000

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

<b>NEW YORK CITY (All boroughs) - \$12, 844</b>	<b>LONG ISLAND - \$13,407 Nassau, Suffolk</b>
<b>NORTHEASTERN - \$11,295 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington</b>	<b>NORTHERN METROPOLITAN - \$12,805 Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester</b>
<b>WESTERN - \$10,720 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming</b>	<b>ROCHESTER - \$12,460 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates</b>
<b>CENTRAL - \$10,451 Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins</b>	

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

<b>NEW YORK CITY (All boroughs) (Shelter = 59) - \$1451</b>	<b>LONG ISLAND (Shelter = 60) - \$1361</b>
<b>NORTHEASTERN (Shelter = 54) - \$483</b>	<b>NORTHERN METROPOLITAN (Shelter = 58) - \$1032</b>
<b>WESTERN (Shelter = 57) - \$386</b>	<b>ROCHESTER (Shelter = 56) - \$444</b>
<b>CENTRAL (Shelter = 55) - \$436</b>	
<b>CONGREGATE CARE LEVEL III - (42+ Regional Rate for County- Shelter = 63) - \$1,863 - \$2,928</b>	

In determining the community resource allowance on and after January 1, 2020, 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 \$128,640. 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
<b>Pregnant Women and Infants Under Age 1 (223% FPL)</b>	\$2,372	\$3,204	\$4,037	\$4,869	\$5,702	\$6,534	\$7,367	\$8,199	\$9,032	\$9,865	\$833
<b>Infants Under Age 1 223% FPL</b>	\$2,372	\$3,204	\$4,037	\$4,869	\$5,702	\$6,534	\$7,367	\$8,199	\$9,032	\$9,865	\$833
<b>Children Age 1-5 154% FPL</b>	\$1,638	\$2,213	\$2,788	\$3,363	\$3,938	\$4,513	\$5,088	\$5,663	\$6,237	\$6,812	\$575
<b>Children Age 6 -19 110% FPL</b>	\$1,170	\$1,581	\$1,991	\$2,402	\$2,813	\$3,223	\$3,634	4,045	\$4,455	\$4,866	\$411
<b>Children Age 6-19 (Expanded - 154% FPL)</b>	\$1,638	\$2,213	\$2,788	\$3,363	\$3,938	\$4,513	\$5,088	\$5,663	\$6,237	\$6,812	\$575
<b>Parents and Caretaker Relatives 138% FPL</b>	\$1,468	\$1,983	\$2,498	\$3,013	\$3,529	\$4,044	\$4,559	\$5,074	\$5,589	\$6,105	\$516
<b>19 and 20 Year Olds Living with Parents 138% FPL</b>	\$1,468	\$1,983	\$2,498	\$3,013	\$3,529	\$4,044	\$4,559	\$5,074	\$5,589	\$6,105	\$516
<b>19 and 20 Year Olds Living with Parents (Expanded - 155% FPL)</b>	\$1,649	\$2,227	\$2,806	\$3,385	\$3,963	\$4,542	\$5,121	\$5,699	\$6,278	\$6,857	\$579
<b>S/CCs and 19 and 20 Year Olds Living Alone (100% FPL)</b>	\$1,064	\$1,437	\$1,810	\$2,184	\$2,557	\$2,930	\$3,304	\$3,677	\$4,050	\$4,424	\$374
<b>S/CCs and 19 and 20 Year Olds Living Alone (Expanded 138% FPL)</b>	\$1,468	\$1,983	\$2,498	\$3,013	\$3,529	\$4,044	\$4,559	\$5,074	\$5,589	\$6,105	\$516

12.

**Children's Medicaid Income Eligibility Levels**

Family Size	1	2	3	4	5	6	7	8	Each Additional Person
<b>Children Under 1 year; Pregnant Women*</b>	\$2,372	\$3,204	\$4,037	\$4,869	\$5,702	\$6,534	\$7,367	\$8,199	\$833
<b>Children 1-18 Years</b>	\$1,638	\$2,213	\$2,788	\$3,363	\$3,938	\$4,513	\$5,088	\$5,663	\$575

**Note:** \*Pregnant women 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 ( <b>under 222% FPL</b> )	\$1,701	\$2,298	\$2,895	\$3,493	\$4,090	\$4,687	\$598
\$9 per child per month (Max. \$27 per family) ( <b>222% - 249% FPL</b> )	\$2,361	\$3,190	\$4,019	\$4,847	\$5,676	\$6,505	\$829
\$15 per child per month (Max \$45/family) ( <b>250% - 299% FPL</b> )	\$2,659	\$3,592	\$4,525	\$5,459	\$6,392	\$7,325	\$934
\$30 per child per month (Max. \$90 per family) ( <b>300% - 349% FPL</b> )	\$3,190	\$4,310	\$5,430	\$6,550	\$7,670	\$8,790	\$1,120
\$45 per child per month (Max. \$135 per family) ( <b>350% - 399% FPL</b> )	\$3,722	\$5,029	\$6,335	\$7,642	\$8,949	\$10,225	\$1,307
\$60 per child per month (Max. \$180 per family) ( <b>400% FPL</b> )	\$4,254	\$5,747	\$7,240	\$8,734	\$10,227	\$11,720	\$1,494
<b>Full Premium</b> per child/month if <b>over 400% FPL</b> (Premium amount varies from plan to plan)	Over \$4,254	Over \$5,747	Over \$7,240	Over \$8,734	Over \$10,227	Over \$11,720	Over 1,494

**Note:** \*Pregnant women count as two.

**14. Disabled Adult Children (DAC) Levels**

Living Arrangements	Shelter Types	Amount
1	15	\$1,049.48
1	28	\$1,011.48
1	16	\$1,218.00
1	29	\$1,188.00
1	42	\$1,477.00
1 or 5	Other than: 15, 16, 28, 29 or 42	\$870.00
2	15	\$2,098.96
2	28	\$2,022.96
2	16	\$2,436.00
2	29	\$2,376.00
2	42	\$2,954.00
2 or 6	Other than: 15, 16, 28, 29 or 42	\$1,279.00
3	All	\$1,011.48
4	All	\$1,049.48

**15. Congregate Care Level I, II and III Levels**

Shelter Codes	PNA	Shelter Amount
15 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level I	\$150.00	\$899.48
16 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level II	\$174.00	\$1,044.00
28 - (Rest of State) Level I	\$150.00	\$861.48
29 - (Rest of State) Level II	\$174.00	\$1,014.00
42 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level III	\$207.00	\$1,270.00
42 - (Rest of State) Level III	\$207.00	\$1,270.00

16. SSI Levels				
SSI Consumer	Amount			
Allocation Amount (The difference between the regular Medicaid levels for a household of two [\$1,284.00] and a household of one [\$875.00])	\$409.00			
Personal Needs Allowance (Certain waiver participants subject to spousal impoverishment budgeting)	\$409.00			
Maximum Social Security Benefit at Full Retirement Age	\$3,011			
State Supplement (For an individual living with others)	\$23.00			
Federal Benefit Rate	Individual	\$783.00	Couple	\$1,175.00
SSI Resource Levels	Individual	\$2,000.00	Couple	\$3,000.00
Family Care Level (LA 3 & 4)	NYC and Nassau, Suffolk, Westchester and Rockland	\$1,049.48	Upstate	\$1,011.48
SSI-related Student Earned Income Disregard	Monthly	\$1,900.00	Annual Max.	\$7,670.00

17. Substantial Gainful Activity (SGA) Levels		
Category	Amount	Payment Occurrence
Non-Blind	\$1,260.00	Monthly
Blind	\$2,110.00	Monthly
Month Trial Work Period	\$910.00	Monthly

18. Home Equity Maximum	
Medicaid Coverage Limit (RVI 1 and 2 cases)	\$893,000

2021

**2021 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL POVERTY LEVELS (FPL)**

Reference Documents: GIS: 21 MA/06, 20 MA/12, 20 MA/13, MBL Transmittal 2020-5, WLM: 2020-00359, 2020-302-03, 2021-00054 and [NYS Partnership for Long-Term Care](#).



MAPDR-01 08/17/2021  
(Obsoletes MAPDR-71)

**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](#) and [GIS 21 MA/06, 2021 Federal Poverty Levels](#).

**Financial Levels for Medicaid and Related Program Eligibility**

<b>1. Non-MAGI Medicaid Levels (SSI and SSI-Related Consumers With or Without A Surplus)</b>											
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Each Additional Person</b>
<b>Monthly Income</b>	\$884	\$1,300	\$1,495	\$1,690	\$1,885	\$2,080	\$2,275	\$2,470	\$2,665	\$2,860	\$195

<b>2. Non-MAGI Resource Levels</b>											
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Each Additional Person</b>
<b>Resource Level</b>	\$15,900	\$23,400	\$25,013	\$28,275	\$31,539	\$34,800	\$38,064	\$41,325	\$44,588	\$47,850	\$3,263

<b>3. Spousal Support and Resource Levels</b>		
<b>Income (MMMNA) - \$3,259.50 (Inst Spouse) - \$50</b>	<b>Resources – (Minimum) - \$74,820 (Maximum) - \$130,380 (Inst Spouse) - \$15,900</b>	<b>Family Member Allowance Formula: Use - \$2,178 \$726 is the maximum monthly family member allowance</b>

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	*\$15,900	\$50
Community Spouse	*\$130,380 (Maximum)	\$3,259.50
Home Care (Community-Based-Long-Term Care Services)		
	Resource Allowance	Income Allowance (Monthly)
Applicant	\$15,900	\$884 <b>Increased to \$1,608 for QPP's</b>
Applicant with Spouse	\$23,400	\$1,300 <b>Increased to \$3,216 for QPP's</b>
*Note: The Resource Allowances in this chart <b>does not</b> apply to the Total Asset Protection Plan QPP Policy Holders.		

5. MBI-WPD (Persons 16-64)		
Family Size	1	2
Monthly Income 250% FPL	\$2,684	\$3,630
Resources	\$20,000	\$30,000

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)	\$2,394	\$3,238	\$4,081	\$4,925	\$5,769	\$6,612	\$844

**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			
<b>QMB 100% FPL</b>	<b>Annual</b>	\$12,880	\$17,420	<p><b>Medicare Part A Premium:</b> \$259.00 (30-39 Quarters) \$471.00 (Less than 30 Quarters)</p> <p><b>Medicare Part B Premium:</b> (Rates based upon 2018 income tax filings)</p> <ul style="list-style-type: none"> <li>The Cost of Living adjustment (COLA) for Social Security will be 1.3% percent for 2021.</li> <li>The standard monthly premium for Medicare Part B enrollees is <b>\$148.50</b> for <b>2021</b>. Most Medicare beneficiaries will pay this amount. The standard Medicare Part B <b>\$148.50</b> monthly premium is for beneficiaries with income <b>less than or equal to \$88,000</b>. Due to the <b>SSA 1.3% COLA</b>, some beneficiaries who were held harmless against Part B premium increases in 2020 will pay the full monthly premium of <b>\$148.50</b> in 2021. This is because the increase in their Social Security benefits will be greater than or equal to the increase in their Part B premium.</li> </ul> <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. Their Part B premium increased is currently <b>\$148.50 in 2021</b>.</p> <ul style="list-style-type: none"> <li>Individuals whose income is above <b>\$88,000</b>, or a married individual when the couple’s combined income is over <b>\$176,000</b>, will pay the standard premium and an Income Related Monthly Adjustment Amount (IRMAA);</li> <li>Beneficiaries who do not receive Social Security benefits;</li> <li>Individuals who are directly billed for the Part B premium;</li> <li>New Medicare Part B beneficiaries; and</li> <li>Individuals who have Medicare and Medicaid, and Medicaid pays the premiums.</li> </ul> <p><b>Standard Allocation:</b> From non-SSI-related parent to non-SSI- related child \$416.00</p> <p><b>PASS-THROUGH FACTORS:</b> .970 and .148</p> <p><b>Note:</b> Budgets with a “From” date of January 1, 2021, or later, that utilize a Federal Poverty Level (FPL) must be calculated with the 2019 Social Security benefit amount and Medicare Part B premium amount until the 2021 FPLs are available on MBL. The 2020 Social Security amounts and Part B premium must be used until Phase Two of the Mass Re-budgeting.</p>		
	<b>Monthly</b>	\$1,074	\$1,452			
<b>SLIMB 120% FPL</b>	<b>Annual</b>	\$15,456	\$20,904	<b>Family Size</b>	<b>1</b>	<b>2</b>
	<b>Monthly</b>	\$1,288	\$1,742	<b>COBRA (100% FPL)</b>	\$1,074	\$1,452
<b>QI-1 135% FPL</b>	<b>Annual</b>	\$17,388	\$23,517	<b>AIDS Health Ins. Program (AHIP) (185% FPL)</b>	\$1,986	\$2,686
	<b>Monthly</b>	\$1,449	\$1,960	<b>QWDI (200% FPL)</b>	\$2,147	\$2,904
<b>NO RESOURCE TEST FOR ANY MSP PROGRAM</b>				<b>COBRA, QWDI (Resource Level)</b>	\$4,000	\$6,000
				<b>Pickle/DAC/SSI (Resource Level)</b>	\$2,000	\$3,000

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

<b>NEW YORK CITY (All boroughs) - \$13,037</b>	<b>LONG ISLAND - \$13,834 Nassau, Suffolk</b>
<b>NORTHEASTERN - \$11,689 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington</b>	<b>NORTHERN METROPOLITAN - \$13,206 Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester</b>
<b>WESTERN - \$11,054 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming</b>	<b>ROCHESTER - \$13,020 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates</b>
<b>CENTRAL - \$10,857 Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins</b>	

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

<b>NEW YORK CITY (All boroughs) (Shelter = 59) - \$1,535</b>	<b>LONG ISLAND (Shelter = 60) - \$1,393</b>
<b>NORTHEASTERN (Shelter = 54) - \$524</b>	<b>NORTHERN METROPOLITAN (Shelter = 58) - \$1,075</b>
<b>WESTERN (Shelter = 57) - \$413</b>	<b>ROCHESTER (Shelter = 56) - \$469</b>
<b>CENTRAL (Shelter = 55) - \$450</b>	
<b>CONGREGATE CARE LEVEL III - (42+ Regional Rate for County- Shelter = 63) - \$1,901 - \$3,023</b>	

In determining the community spouse resource allowance on and after January 1, 2021, 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 \$130,380. 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
<b>Pregnant Women and Infants Under Age 1 (223% FPL)</b>	\$2,394	\$3,238	\$4,081	\$4,925	\$5,769	\$6,612	\$7,456	\$8,300	\$9,143	\$9,987	\$844
<b>Infants Under Age 1 223% FPL</b>	\$2,394	\$3,238	\$4,081	\$4,925	\$5,769	\$6,612	\$7,456	\$8,300	\$9,143	\$9,987	\$844
<b>Children Age 1-5 154% FPL</b>	\$1,653	\$2,236	\$2,819	\$3,401	\$3,984	\$4,567	\$5,149	\$5,732	\$6,314	\$6,897	\$583
<b>Children Age 6 -19 110% FPL</b>	\$1,181	\$1,597	\$2,013	\$2,430	\$2,846	\$3,262	\$3,678	4,094	\$4,510	\$4,927	\$417
<b>Children Age 6-19 (Expanded - 154% FPL)</b>	\$1,653	\$2,236	\$2,819	\$3,401	\$3,984	\$4,567	\$5,149	\$5,732	\$6,314	\$6,897	\$583
<b>Parents and Caretaker Relatives 138% FPL</b>	\$1,482	\$2,004	\$2,526	\$3,048	\$3,570	\$4,092	\$4,614	\$5,136	\$5,658	\$6,181	\$523
<b>19 and 20 Year Olds Living with Parents 138% FPL</b>	\$1,482	\$2,004	\$2,526	\$3,048	\$3,570	\$4,092	\$4,614	\$5,136	\$5,658	\$6,181	\$523
<b>19 and 20 Year Olds Living with Parents (Expanded - 155% FPL)</b>	\$1,664	\$2,251	\$2,837	\$3,423	\$4,010	\$4,596	\$5,183	\$5,769	\$6,355	\$6,942	\$587
<b>S/CCs and 19 and 20 Year Olds Living Alone (100% FPL)</b>	\$1,074	\$1,452	\$1,830	\$2,209	\$2,587	\$2,965	\$3,344	\$3,722	\$4,100	\$4,479	\$379
<b>S/CCs and 19 and 20 Year Olds Living Alone (Expanded 138% FPL)</b>	\$1,482	\$2,004	\$2,526	\$3,048	\$3,570	\$4,092	\$4,614	\$5,136	\$5,658	\$6,181	\$523

**12. Children's Medicaid Income Eligibility Levels**

Family Size	1	2	3	4	5	6	7	8	Each Additional Person
<b>Children Under 1 year; Pregnant Women*</b>	\$2,394	\$3,238	\$4,081	\$4,925	\$5,769	\$6,612	\$7,456	\$8,300	\$844
<b>Children 1-18 Years</b>	\$1,653	\$2,236	\$2,819	\$3,401	\$3,984	\$4,567	\$5,149	\$5,732	\$583

**Note:** \*Pregnant women 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 ( <b>under 160% FPL</b> )	\$1,717	\$2,322	\$2,927	\$3,533	\$4,138	\$4,743	\$605
\$9 per child per month (Max. \$27 per family) ( <b>160% - 222% FPL</b> )	\$2,383	\$3,223	\$4,063	\$4,903	\$5,743	\$6,583	\$840
\$15 per child per month (Max \$45/family) ( <b>223% - 250% FPL</b> )	\$2,684	\$3,630	\$4,575	\$5,521	\$6,467	\$7,413	\$946
\$30 per child per month (Max. \$90 per family) ( <b>251% - 300% FPL</b> )	\$3,220	\$4,355	\$5,490	\$6,625	\$7,760	\$8,895	\$1,135
\$45 per child per month (Max. \$135 per family) ( <b>301% - 350% FPL</b> )	\$3,757	\$5,081	\$6,405	\$7,730	\$9,054	\$10,378	\$1,325
\$60 per child per month (Max. \$180 per family) ( <b>351%-400% FPL</b> )	\$4,294	\$5,807	\$7,320	\$8,834	\$10,347	\$11,860	\$1,514
<b>Full Premium</b> per child/month if <b>over 400% FPL</b> (Premium amount varies from plan to plan)	Over \$4,294	Over \$5,807	Over \$7,320	Over \$8,834	Over \$10,347	Over \$11,860	Over 1,514

**Note:** \*Pregnant women count as two.

**14. Disabled Adult Children (DAC) Levels**

Living Arrangements	Shelter Types	Amount
1	15	\$1,060.48
1	28	\$1,022.48
1	16	\$1,229.00
1	29	\$1,199.00
1	42	\$1,488.00
1 or 5	Other than: 15, 16, 28, 29 or 42	\$881.00
2	15	\$2,120.96
2	28	\$2,044.96
2	16	\$2,458.00
2	29	\$2,398.00
2	42	\$2,976.00
2 or 6	Other than: 15, 16, 28, 29 or 42	\$1,295.00
3	All	\$1,022.48
4	All	\$1,060.48

**15. Congregate Care Level I, II and III Levels**

Shelter Codes	PNA	Shelter Amount
15 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level I	\$152.00	\$908.48
16 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level II	\$176.00	\$1,053.00
28 - (Rest of State) Level I	\$152.00	\$870.48
29 - (Rest of State) Level II	\$176.00	\$1,023.00
42 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level III	\$210.00	\$1,278.00
42 - (Rest of State) Level III	\$210.00	\$1,278.00

<b>16. SSI Levels</b>				
<b>SSI Consumer</b>	<b>Amount</b>			
Allocation Amount (The difference between the regular Medicaid levels for a household of two [\$1,300.00] and a household of one [\$884.00])	\$416.00			
Personal Needs Allowance (Certain waiver participants subject to spousal impoverishment budgeting)	\$416.00			
Maximum Social Security Benefit at Full Retirement Age	\$3,148.00			
State Supplement (For an individual living with others)	\$23.00			
Federal Benefit Rate	Individual	\$794.00	Couple	\$1,191.00
SSI Resource Levels	Individual	\$2,000.00	Couple	\$3,000.00
Family Care Level (LA 3 & 4)	NYC and Nassau, Suffolk, Westchester and Rockland	\$1,060.48	Upstate	\$1,022.48
SSI-related Student Earned Income Disregard	Monthly	\$1,930.00	Annual Max.	\$7,770.00

<b>17. Substantial Gainful Activity (SGA) Levels</b>		
<b>Category</b>	<b>Amount</b>	<b>Payment Occurrence</b>
Non-Blind	\$1,310.00	Monthly
Blind	\$2,190.00	Monthly
Month Trial Work Period	\$940.00	Monthly

<b>18. Home Equity Maximum</b>	
Medicaid Coverage Limit (RVI 1 and 2 cases)	\$906,000

2022

## 2022 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL POVERTY LEVELS (FPL)

Reference Documents: GIS: 22/MA 01, 21/MA 26, 21/MA 25, WLM 2022-00022, 2021-00277, 2021-00054, and [NYS Partnership for Long-Term Care](#).



MAPDR-01 03/16/2022  
(Obsoletes MAPDR-71)

**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	\$934	\$1,367	\$1,572	\$1,777	\$1,982	\$2,187	\$2,392	\$2,597	\$2,802	\$3,007	\$205

2. Non-MAGI Resource Levels											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Additional Person
Resource Level	\$16,800	\$24,600	\$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) - \$3,435.00 (Inst Spouse) - \$50	Resources – (Minimum) - \$74,820 (Maximum) - \$137,400 (Inst Spouse) - \$16,800	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	*\$16,800	\$50
Community Spouse	*\$137,400 (Maximum)	\$3,435.00
Home Care (Community-Based-Long-Term Care Services)		
	Resource Allowance	Income Allowance (Monthly)
Applicant	\$16,800	\$934 <b>Increased to \$1,717.50 for QPP's</b>
Applicant with Spouse	\$24,600	\$1,367 <b>Increased to \$3,435.00 for QPP's</b>
*Note: The Resource Allowances in this chart <b>does not</b> 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	\$20,000	\$30,000

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				1	2
	Family of 1	Family of 2	Family of 2			
<b>QMB 100% FPL</b>	<b>Annual</b>	\$13,590	\$18,310	<p><b>Medicare Part A Premium:</b> \$274.00 (30-39 Quarters) \$499.00 (Less than 30 Quarters)</p> <p><b>Medicare Part B Premium:</b> (Rates based upon 2020 income tax filings)</p> <ul style="list-style-type: none"> <li>The Cost of Living adjustment (COLA) for Social Security will be 5.9% percent for 2022.</li> <li>The standard monthly premium for Medicare Part B enrollees is <b>\$170.10</b> for <b>2022</b>. Most Medicare beneficiaries will pay this amount. The standard Medicare Part B <b>\$170.10</b> monthly premium is for beneficiaries with income <b>less than or equal to \$91,000</b>. Due to the <b>SSA 5.9% COLA</b>, some beneficiaries who were held harmless against Part B premium increases in 2021 will pay the full monthly premium of <b>\$170.10</b> in 2022. This is because the increase in their Social Security benefits will be greater than or equal to the increase in their Part B premium.</li> </ul> <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. Their Part B premium increase is currently <b>\$170.10 in 2022</b>.</p> <ul style="list-style-type: none"> <li>Individuals whose income is above <b>\$91,000</b>, or a married individual when the couple’s combined income is over <b>\$182,000</b>, will pay the standard premium and an Income Related Monthly Adjustment Amount (IRMAA);</li> <li>Beneficiaries who do not receive Social Security benefits;</li> <li>Individuals who are directly billed for the Part B premium;</li> <li>New Medicare Part B beneficiaries; and</li> <li>Individuals who have Medicare and Medicaid, and Medicaid pays the premiums.</li> </ul> <p><b>Standard Allocation:</b> From non-SSI-related parent to non-SSI- related child \$433.00</p> <p><b>PASS-THROUGH FACTORS:</b> .972 and.139</p> <p><b>Note:</b> Budgets with a “From” date of January 1, 2021, or later, that utilize a Federal Poverty Level (FPL) must be calculated with the 2021 Social Security benefit amount and Medicare Part B premium amount until the 2022 FPLs are available on MBL. The 2021 Social Security amounts and Part B premium must be used until Phase Two of the Mass Re-budgeting.</p>		
	<b>Monthly</b>	\$1,133	\$1,526			
<b>SLIMB 120% FPL</b>	<b>Annual</b>	\$16,308	\$21,972	<b>Family Size</b>		
	<b>Monthly</b>	\$1,359	\$1,831	<b>COBRA (100% FPL)</b>	\$1,133	\$1,526
<b>QI-1 135% FPL</b>	<b>Annual</b>	\$18,347	\$24,719	<b>AIDS Health Ins. Program (AHIP) (185% FPL)</b>	\$2,096	\$2,823
	<b>Monthly</b>	\$1,529	2,060	<b>QWDI (200% FPL)</b>	\$2,265	\$3,052
<b>NO RESOURCE TEST FOR ANY MSP PROGRAM</b>				<b>COBRA, QWDI (Resource Level)</b>	\$4,000	\$6,000
				<b>Pickle/DAC/SSI (Resource Level)</b>	\$2,000	\$3,000

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

<b>NEW YORK CITY (All boroughs) - \$13,415</b>	<b>LONG ISLAND - \$14,012 Nassau, Suffolk</b>
<b>NORTHEASTERN - \$12,560 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington</b>	<b>NORTHERN METROPOLITAN - \$13,399 Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester</b>
<b>WESTERN - \$11,884 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming</b>	<b>ROCHESTER - \$13,376 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates</b>
<b>CENTRAL - \$11,328 Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins</b>	

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

<b>NEW YORK CITY (All boroughs) (Shelter = 59) - \$1,497</b>	<b>LONG ISLAND (Shelter = 60) - \$1,414</b>
<b>NORTHEASTERN (Shelter = 54) - \$537</b>	<b>NORTHERN METROPOLITAN (Shelter = 58) - \$1,032</b>
<b>WESTERN (Shelter = 57) - \$414</b>	<b>ROCHESTER (Shelter = 56) - \$464</b>
<b>CENTRAL (Shelter = 55) - \$466</b>	
<b>CONGREGATE CARE LEVEL III - (42+ Regional Rate for County- Shelter = 63) - \$1,949 - \$3,032</b>	

In determining the community spouse resource allowance on and after January 1, 2022, 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 \$137,400. 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
<b>Pregnant Women and Infants Under Age 1 (223% FPL)</b>	\$2,526	\$3,403	\$4,280	\$5,157	\$6,035	\$6,912	\$7,789	\$8,666	\$9,543	\$10,420	\$878
<b>Infants Under Age 1 223% FPL</b>	\$2,526	\$3,403	\$4,280	\$5,157	\$6,035	\$6,912	\$7,789	\$8,666	\$9,543	\$10,420	\$878
<b>Children Age 1-5 154% FPL</b>	\$1,745	\$2,350	\$2,956	\$3,562	\$4,167	\$4,773	\$5,379	\$5,985	\$6,590	\$7,196	\$606
<b>Children Age 6-19 110% FPL</b>	\$1,246	\$1,679	\$2,112	\$2,544	\$2,977	\$3,410	\$3,842	4,275	\$4,708	\$5,140	\$433
<b>Children Age 6-19 (Expanded - 154% FPL)</b>	\$1,745	\$2,350	\$2,956	\$3,562	\$4,167	\$4,773	\$5,379	\$5,985	\$6,590	\$7,196	\$606
<b>Parents and Caretaker Relatives 138% FPL</b>	\$1,563	\$2,106	\$2,649	\$3,192	\$3,735	\$4,277	\$4,820	\$5,363	\$5,906	\$6,449	\$543
<b>19 and 20 Year Olds Living with Parents 138% FPL</b>	\$1,563	\$2,106	\$2,649	\$3,192	\$3,735	\$4,277	\$4,820	\$5,363	\$5,906	\$6,449	\$543
<b>19 and 20 Year Olds Living with Parents (Expanded - 155% FPL)</b>	\$1,756	\$2,366	\$2,975	\$3,585	\$4,195	\$4,804	\$5,414	\$6,024	\$6,633	\$7,243	\$610
<b>S/CCs and 19 and 20 Year Olds Living Alone (100% FPL)</b>	\$1,133	\$1,526	\$1,920	\$2,313	\$2,706	\$3,100	\$3,493	\$3,886	\$4,280	\$4,673	\$394
<b>S/CCs and 19 and 20 Year Olds Living Alone (Expanded 138% FPL)</b>	\$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
<b>Children Under 1; Pregnant Adult*</b>	\$2,526	\$3,403	\$4,280	\$5,157	\$6,035	\$6,912	\$7,789	\$8,666	\$878
<b>Children 1-18 Years</b>	\$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 ( <b>under 160% FPL</b> )	\$1,811	\$2,441	\$3,070	\$3,699	\$4,329	\$4,958	\$629
\$9 per child per month (Max. \$27 per family) ( <b>160% - 222% FPL</b> )	\$2,515	\$3,388	\$4,261	\$5,134	\$6,007	\$6,881	\$874
\$15 per child per month (Max \$45/family) ( <b>223% - 250% FPL</b> )	\$2,832	\$3,815	\$4,798	\$5,782	\$6,765	\$7,748	\$984
\$30 per child per month (Max. \$90 per family) ( <b>251% - 300% FPL</b> )	\$3,398	\$4,578	\$5,758	\$6,938	\$8,118	\$9,298	\$1,180
\$45 per child per month (Max. \$135 per family) ( <b>301% - 350% FPL</b> )	\$3,964	\$5,341	\$6,718	\$8,094	\$9,471	\$10,848	\$1,377
\$60 per child per month (Max. \$180 per family) ( <b>351%-400% FPL</b> )	\$4,530	\$6,104	\$7,677	\$9,250	\$10,824	\$12,397	\$1,574
<b>Full Premium</b> per child/month if <b>over 400% FPL</b> (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	\$1,107.48
1	28	\$1,069.48
1	16	\$1,276.00
1	29	\$1,246.00
1	42	\$1,535.00
1 or 5	Other than: 15, 16, 28, 29 or 42	\$928.00
2	15	\$2,214.96
2	28	\$2,138.96
2	16	\$2,552.00
2	29	\$2,492.00
2	42	\$3,070.00
2 or 6	Other than: 15, 16, 28, 29 or 42	\$1,365.00
3	All	\$1,069.48
4	All	\$1,107.48

**15. Congregate Care Level I, II and III Levels**

Shelter Codes	PNA	Shelter Amount
15 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level I	\$161.00	\$946.48
16 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level II	\$186.00	\$1,090.00
28 - (Rest of State) Level I	\$161.00	\$908.48
29 - (Rest of State) Level II	\$186.00	\$1,060.00
42 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level III	\$222.00	\$1,313.00
42 - (Rest of State) Level III	\$222.00	\$1,313.00

<b>16. SSI Levels</b>				
<b>SSI Consumer</b>	<b>Amount</b>			
Allocation Amount (The difference between the regular Medicaid levels for a household of two [\$1,367.00] and a household of one [\$934.00])	\$433.00			
Personal Needs Allowance (Certain waiver participants subject to spousal impoverishment budgeting)	\$433.00			
Maximum Social Security Benefit at Full Retirement Age	\$3,345.00			
State Supplement (For an individual living with others)	\$23.00			
Federal Benefit Rate	Individual	\$841.00	Couple	\$1,261.00
SSI Resource Levels	Individual	\$2,000.00	Couple	\$3,000.00
Family Care Level (LA 3 & 4)	NYC and Nassau, Suffolk, Westchester and Rockland	\$1,107.48	Upstate	\$1,069.48
SSI-related Student Earned Income Disregard	Monthly	\$2,040.00	Annual Max.	\$8,230.00

<b>17. Substantial Gainful Activity (SGA) Levels</b>		
<b>Category</b>	<b>Amount</b>	<b>Payment Occurrence</b>
Non-Blind	\$1,350.00	Monthly
Blind	\$2,260.00	Monthly
Month Trial Work Period	\$970.00	Monthly

<b>18. Home Equity Maximum</b>	
Medicaid Coverage Limit (RVI 1 and 2 cases)	\$955,000

2023

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

Reference Documents: GIS: 23/MA/02, 22/MA 14, 22/MA 12, 22/MA 10, 2022-00068-01, and [Partnership for Long-Term Care](#)



**Note:** The Figures highlighted in yellow are awaiting the new 2023 levels.

**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 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	\$1,677	\$2,268	\$2,859	\$3,450	\$4,042	\$4,633	\$5,224	\$5,815	\$6,406	\$6,997	\$592

2. Non-MAGI Resource Levels											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Additional Person
Resource Level	\$30,182	\$40,821	\$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) - \$30,182	Family Member Allowance Formula: Use - \$2,465 \$822 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	*\$30,182	\$50
Community Spouse	*\$148,620 (Maximum)	\$3,715.50
Home Care (Community-Based-Long-Term Care Services)		
	Resource Allowance	Income Allowance (Monthly)
Applicant	\$30,182	\$1,677 <b>Increased to \$1,857.75 for QPP's</b>
Applicant with Spouse	\$40,821	\$2,268 <b>Increased to \$3,715.50 for QPP's</b>
<b>*Note:</b> The Resource Allowances in this chart <b>does not</b> apply to the Total Asset Protection Plan QPP Policy Holders.		

5. MBI-WPD (Persons 16-64)		
Family Size	1	2
Monthly Income 250% FPL	\$3,038	\$4,109
Resources	\$30,182	\$40,821

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)	\$2,710	\$3,665	\$4,620	\$5,575	\$6,531	\$7,486	\$956

**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				
QMB 138% FPL	Annual	\$20,121	\$27,214	<b>Medicare Part A Premium:</b> \$278.00 (30-39 Quarters) \$506.00 (Less than 30 Quarters)			
	Monthly	\$1,677	\$2,268	<b>Medicare Part B Premium:</b> (Rates based upon 2022 income tax filings) <ul style="list-style-type: none"> <li>The Cost-of-Living adjustment (COLA) for Social Security will be 8.7% percent for 2023.</li> <li>The standard monthly premium for Medicare Part B enrollees is <b>\$164.90</b> for 2023, a decrease of \$5.20 from \$170.10 in 2022. Most Medicare beneficiaries will pay this amount. Less than <b>1%</b> of Medicare beneficiaries will pay less than the Full Part B standard monthly premium amount in 2023. 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 <b>\$164.90</b> 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.</li> </ul> <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. The “hold-harmless” provision does not apply to all beneficiaries. The Medicare Part B premium for individuals in the following categories has increased to \$164.90 (or higher) in 2023:</p> <ul style="list-style-type: none"> <li>Individuals whose income is above <b>\$91,000</b>, or a married individual when the couple’s combined income is over <b>\$182,000</b>, will pay the standard premium and an Income-Related Monthly Adjustment Amount (IRMAA);</li> <li>Beneficiaries who do not receive Social Security benefits;</li> <li>Individuals who are directly billed for their Part B premium;</li> <li>New Medicare Part B beneficiaries; and</li> <li>Individuals who have Medicare and Medicaid, and Medicaid pays the premiums.</li> </ul> <p><b>Standard Allocation:</b> From non-SSI-related parent to non-SSI- related child \$591.00</p> <p><b>PASS-THROUGH FACTORS:</b> .974 and .128</p> <p><b>Note:</b> 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>			
		Family of 1	Family of 2	Family Size			
				1	2		
				<b>COBRA (100% FPL)</b>			
QI-1	Monthly	Greater than 138%FPL But less than or equal to 186% FPL	1,677	2,268	<b>AIDS Health Ins. Program (AHIP)</b> (185% FPL) (No Resource Test)		
	Monthly		2,260	3,057	<b>QWDI (200% FPL)</b>		
NO RESOURCE TEST FOR ANY MSP PROGRAM				<b>COBRA, QWDI (Resource Level)</b>		\$4,000	\$6,000
				<b>Pickle/DAC/SSI (Resource Level)</b>		\$2,000	\$3,000

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

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

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

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

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
<b>Pregnant Women and Infants Under Age 1 (223% FPL)</b>	\$2,710	\$3,665	\$4,620	\$5,575	\$6,531	\$7,486	\$8,441	\$9,396	\$10,351	\$11,307	\$956
<b>Infants Under Age 1 223% FPL</b>	\$2,710	\$3,665	\$4,620	\$5,575	\$6,531	\$7,486	\$8,441	\$9,396	\$10,351	\$11,307	\$956
<b>Children Age 1-5 154% FPL</b>	\$1,872	\$2,531	\$3,191	\$3,850	\$4,510	\$5,170	\$5,829	\$6,489	\$7,149	\$7,808	\$660
<b>Children Age 6 -19 110% FPL</b>	\$1,337	\$1,808	\$2,279	\$2,750	\$3,222	\$3,693	\$4,164	4,635	\$5,106	\$5,577	\$472
<b>Children Age 6-19 (Expanded - 154% FPL)</b>	\$1,872	\$2,531	\$3,191	\$3,850	\$4,510	\$5,170	\$5,829	\$6,489	\$7,149	\$7,808	\$660
<b>Parents and Caretaker Relatives 138% FPL</b>	\$1,677	\$2,268	\$2,859	\$3,450	\$4,042	\$4,633	\$5,224	\$5,815	\$6,406	\$6,997	\$592
<b>19 and 20 Year Olds Living with Parents 138% FPL</b>	\$1,677	\$2,268	\$2,859	\$3,450	\$4,042	\$4,633	\$5,224	\$5,815	\$6,406	\$6,997	\$592
<b>19 and 20 Year Olds Living with Parents (Expanded - 155% FPL)</b>	\$1,884	\$2,548	\$3,212	\$3,875	\$4,539	\$5,203	\$5,867	\$6,531	\$7,195	\$7,859	\$664
<b>S/CCs and 19 and 20 Year Olds Living Alone (100% FPL)</b>	\$1,215	\$1,644	\$2,072	\$2,500	\$2,929	\$3,357	\$3,785	\$4,214	\$4,642	\$5,070	\$429
<b>S/CCs and 19 and 20 Year Olds Living Alone (Expanded 138% FPL)</b>	\$1,677	\$2,268	\$2,859	\$3,450	\$4,042	\$4,633	\$5,224	\$5,815	\$6,406	\$6,997	\$592

**12. Children's Medicaid Income Eligibility Levels**

Family Size	1	2	3	4	5	6	7	8	Each Additional Person
<b>Children Under 1; Pregnant Adult*</b>	\$2,710	\$3,665	\$4,620	\$5,575	\$6,531	\$7,486	\$8,441	\$9,396	\$956
<b>Children 1-18 Years</b>	\$1,872	\$2,531	\$3,191	\$3,850	\$4,510	\$5,170	\$5,829	\$6,489	\$660

**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	\$2,698	\$3,649	\$4,600	\$5,550	\$6,501	\$7,452	\$951
\$15 per child per month (Max \$45/family) (223% - 250% FPL)	\$3,038	\$4,109	\$5,180	\$6,250	\$7,321	\$8,392	\$1,071
\$30 per child per month (Max. \$90 per family) (251% - 300% FPL)	\$3,645	\$4,930	\$6,215	\$7,500	\$8,785	\$10,070	\$1,285
\$45 per child per month (Max. \$135 per family) (301% - 350% FPL)	\$4,253	\$5,752	\$7,251	\$8,750	\$10,250	\$11,749	\$1,500
\$60 per child per month (Max. \$180 per family) (351%-400% FPL)	\$4,860	\$6,574	\$8,287	\$10,000	\$11,714	\$13,427	\$1,714
<b>Full Premium</b> per child/month if <b>over 400%</b> FPL (Premium amount varies from plan to plan)	Over \$4,860	Over \$6,574	Over \$8,287	Over \$10,000	Over \$11,714	Over \$13,427	Over \$1,714

**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

<b>16. SSI Levels</b>				
<b>SSI Consumer</b>	<b>Amount</b>			
Allocation Amount (The difference between the regular Medicaid levels for a household of two [\$2,268.00] and a household of one [\$1,677.00])	\$591.00			
Personal Needs Allowance (Certain waiver participants subject to spousal impoverishment budgeting)	\$591.00			
Maximum Social Security Benefit at Full Retirement Age	\$3,627.00			
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	\$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

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

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