

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

Reference Documents: GIS: 25/MA/03, 25/MA/02, and 25/MA/01

MBL Transmittal 25-1, 24-2 and [NYS Partnership for Long-Term Care](#)

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



MAPDR-01 02/26/2025  
(Obsoletes MAPDR-71)

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

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

| <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>  | \$1,800  | \$2,433  | \$3,065  | \$3,698  | \$4,330  | \$4,963  | \$5,595  | \$6,228  | \$6,860  | \$7,493   | \$633                         |

| <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>Each Additional Person</b> |
| <b>Resource Level</b>              | \$32,396 | \$43,781  | \$25,013                      | \$28,275 | \$31,539 | \$34,800 | \$38,064 | \$41,325 |                               |
| <b>Family Size</b>                 | <b>9</b> | <b>10</b> | <b>Each Additional Person</b> |          |          |          |          |          |                               |
| <b>Resource Level</b>              | \$44,588 | \$47,850  | \$3,263                       |          |          |          |          |          |                               |

| 3. Spousal Support and Resource Levels                     |   |  |
|--|---|--|
| Income (MMMNA) - \$3,948.00<br>(Inst Spouse) - <b>\$50</b> | Resources – (Minimum) \$74,820<br>(Maximum) - \$157,920<br>(Inst Spouse) - \$32,396 | <b>Family Member Allowance Formula:</b><br>Use - \$2,644<br>\$882 is the maximum monthly family member allowance |

| 4. NYS Partnership for Long Term Care (NYSP-LTC)<br>Qualified Partnership Policy Holder (QPP) Medicaid Extended Coverage (MEC) Asset Disregards for<br>Total Asset Policy Holders/Dollar-for-Dollar Asset Protection Plan Policy Holders |                           |   |
|--|---------------------------|---|
| <b>Nursing Home</b>  |                           |   |
|  | <b>Resource Allowance</b> | <b>Income Allowance (Monthly)</b>                   |
| <b>Applicant</b>   | *\$32,396                 | \$50  |
| <b>Community Spouse</b>  | *\$157,920 (Maximum)      | \$3,948.00  |
| <b>Home Care (Community-Based-Long-Term Care Services)</b>   |                           |   |
|  | <b>Resource Allowance</b> | <b>Income Allowance (Monthly)</b>                   |
| <b>Applicant</b>   | \$32,396                  | \$1,800<br><b>Increased to \$1,926.75 for QPP's</b> |
| <b>Applicant with Spouse</b>   | \$43,781                  | \$2,433<br><b>Increased to \$3,853.50 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.  |                           |   |

| <b>5. MBI-WPD (Persons 16-64)</b> |          |          |
|-----------------------------------|----------|----------|
| <b>Family Size</b>                | <b>1</b> | <b>2</b> |
| <b>Monthly Income</b><br>250% FPL | \$3,261  | \$4,407  |
| <b>Resources</b>                  | \$32,396 | \$43,781 |

| <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<br/>Additional<br/>Person</b> |
| <b>FPBP 223%<br/>FPL</b><br>(Childbearing<br>Age)                          | \$2,909  | \$3,931  | \$4,953  | \$5,975  | \$6,997  | \$8,019  | \$1,023                               |

**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)**

| QMB<br>138% FPL                      |         |   | Income         |             |   | Family Size |         |   |
|--------------------------------------|---------|---|----------------|-------------|---|-------------|---------|---|
|                                      |         |   | Family Size    | 1           |   | 2           |         |   |
|                                      |         |   | Annual Income  | \$21,597    |   | \$29,187    | 1       | 2 |
|                                      |         |   | Monthly Income | \$1,800     |   | \$2,433     |         |   |
|                                      |         |   | Family of 1    | Family of 2 | COBRA (100% FPL)  | \$1,305     | \$1,763 |   |
| QI-1                                 | Monthly | Greater than 138%FPL But less than or equal to 186% FPL | \$1,800        | \$2,433     | AIDS Health Ins. Program (AHIP) (185% FPL) (No Resource Test) | \$2,413     | \$3,261 |   |
|                                      | Monthly |   | \$2,426        | \$3,279     | QWDI (200% FPL)   | \$2,609     | \$3,525 |   |
| NO RESOURCE TEST FOR ANY MSP PROGRAM |         |   |                |             | COBRA, QWDI (Resource Level)                                  | \$4,000     | \$6,000 |   |
|                                      |         |   |                |             | Pickle/DAC/SSI (Resource Level)                               | \$2,000     | \$3,000 |   |

**8. Other Important Figures**

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

\$518.00 (Less than 30 Quarters)

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

- The Cost-of-Living adjustment (COLA) for Social Security will be 2.5% percent for 2025.
- The standard monthly premium for Medicare Part B enrollees is **\$185.00** for 2025, an increase of \$10.30 from \$174.70 in 2024. Most Medicare beneficiaries will pay this amount. Less than **1%** of Medicare beneficiaries will pay less than the Full Part B standard monthly premium amount in 2025. Due to the SSA 2.5% COLA, some beneficiaries who were held harmless against Part B premium increases in 2024, will pay the full monthly premium of **\$185.00** in 2025. This is because the increase in their Social Security benefits will be greater than or equal to the increase in their Part B premium.

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

**8. Other Figures (Continued)**

Under federal law commonly known as the “hold harmless” provision, Medicare Part B premiums cannot raise more than the COLA in any year for most consumers. The “hold-harmless” provision does not apply to all beneficiaries. The Medicare Part B premium for individuals in the following categories has increased to \$185.00 (or higher) in 2025:

- Individuals whose income is above **\$106,000.00**, or a married individual when the couple’s combined income is over **\$212,000**, will pay the standard premium of **\$185.00** and an Income-Related Monthly Adjustment Amount (IRMAA);
- Beneficiaries who do not receive Social Security benefits;
- Individuals who are directly billed for their Part B premium;
- New Medicare Part B beneficiaries; and
- Individuals who have Medicare and Medicaid, and Medicaid pays the premiums

**Standard Allocation:** From non-SSI-related parent to non-SSI- related child \$633.00

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

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

|   |  |
|---|--|
| <b>NEW YORK CITY (All boroughs) - \$14,582</b>  | <b>LONG ISLAND - \$14,914 Nassau, Suffolk</b>  |
| <b>NORTHEASTERN - \$13,916 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington</b> | <b>NORTHERN METROPOLITAN - \$14,569<br/>Duchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester</b> |
| <b>WESTERN - \$12,842 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming</b>   | <b>ROCHESTER - \$15,127 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates</b>    |
| <b>CENTRAL - \$13,042 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) - \$1,790</b>  | <b>LONG ISLAND (Shelter = 60) - \$1,701</b>           |
| <b>NORTHEASTERN (Shelter = 54) - \$497</b>  | <b>NORTHERN METROPOLITAN (Shelter = 58) - \$1,229</b> |
| <b>WESTERN (Shelter = 57) - \$341</b>   | <b>ROCHESTER (Shelter = 56) - \$448</b>               |
| <b>CENTRAL (Shelter = 55) - \$426</b>   |   |
| <b>CONGREGATE CARE LEVEL III - (42+ Regional Rate for County- Shelter = 63) - \$2,002 - \$3,451</b> |   |

**In determining the community spouse resource allowance on and after January 1, 2025, the community spouse is permitted to retain resources in an amount equal to the greater of the following: \$74,820 or the amount of the spousal share up to \$157,920. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the beginning of the most recent continuous period of institutionalization of the institutionalized spouse. The look-back period is anchored in the month the A/R is both institutionalized and applying for MA.**

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## 11. MAGI Levels for Medicaid and Related Program Eligibility

| Family Size  | 1       | 2       | 3       | 4       | 5       | 6       |
|--|---------|---------|---------|---------|---------|---------|
| <b>Pregnant Individuals and Infants Under Age 1 (223% FPL)</b>         | \$2,909 | \$3,931 | \$4,953 | \$5,975 | \$6,997 | \$8,019 |
| <b>Infants Under Age 1 223% FPL</b>                                    | \$2,909 | \$3,931 | \$4,953 | \$5,975 | \$6,997 | \$8,019 |
| <b>Children Age 1-5 154% FPL</b>                                       | \$2,009 | \$2,715 | \$3,421 | \$4,126 | \$4,832 | \$5,538 |
| <b>Children Aged 6 -19 110% FPL</b>                                    | \$1,435 | \$1,939 | \$2,443 | \$2,948 | \$3,452 | \$3,956 |
| <b>Children Aged 6-19 (Expanded - 154% FPL)</b>                        | \$2,009 | \$2,715 | \$3,421 | \$4,126 | \$4,832 | \$5,538 |
| <b>Parents and Caretaker Relatives 138% FPL</b>                        | \$1,800 | \$2,433 | \$3,065 | \$3,698 | \$4,330 | \$4,963 |
| <b>19- and 20-Year Olds Living with Parents 138% FPL</b>               | \$1,800 | \$2,433 | \$3,065 | \$3,698 | \$4,330 | \$4,963 |
| <b>19 and 20 Year Olds Living with Parents (Expanded - 155% FPL)</b>   | \$2,022 | \$2,732 | \$3,443 | \$4,153 | \$4,864 | \$5,574 |
| <b>S/CCs and 19- and 20-Year Olds Living Alone (100% FPL)</b>          | \$1,305 | \$1,763 | \$2,221 | \$2,680 | \$3,138 | \$3,596 |
| <b>S/CCs and 19- and 20-Year Olds Living Alone (Expanded 138% FPL)</b> | \$1,800 | \$2,433 | \$3,065 | \$3,698 | \$4,330 | \$4,963 |

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

| <b>Family Size</b>   | <b>7</b> | <b>8</b> | <b>9</b> | <b>10</b> | <b>Each Add'l Person</b> |
|--|----------|----------|----------|-----------|--------------------------|
| <b>Pregnant Individuals and Infants Under Age 1 (223% FPL)</b>         | \$9,041  | \$10,063 | \$11,085 | \$12,108  | \$1,023                  |
| <b>Infants Under Age 1 (223% FPL)</b>                                  | \$9,041  | \$10,063 | \$11,085 | \$12,108  | \$1,023                  |
| <b>Children Age 1-5 (154% FPL)</b>                                     | \$6,244  | \$6,950  | \$7,656  | \$8,361   | \$706                    |
| <b>Children Age 6 -19 (110% FPL)</b>                                   | \$4,460  | 4,964    | \$5,468  | \$5,973   | \$505                    |
| <b>Children Age 6-19 (Expanded - 154% FPL)</b>                         | \$6,244  | \$6,950  | \$7,656  | \$8,361   | \$706                    |
| <b>Parents and Caretaker Relatives (138% FPL)</b>                      | \$5,595  | \$6,228  | \$6,860  | \$7,493   | \$633                    |
| <b>19- and 20-Year Olds Living with Parents (138% FPL)</b>             | \$5,595  | \$6,228  | \$6,860  | \$7,493   | \$633                    |
| <b>19- and 20-Year Olds Living with Parents (Expanded - 155% FPL)</b>  | \$6,284  | \$6,995  | \$7,705  | \$8,416   | \$711                    |
| <b>S/CCs and 19- and 20-Year Olds Living Alone (100% FPL)</b>          | \$4,055  | \$4,513  | \$4,971  | \$5,430   | \$459                    |
| <b>S/CCs and 19- and 20-Year Olds Living Alone (Expanded 138% FPL)</b> | \$5,595  | \$6,228  | \$6,860  | \$7,493   | \$633                    |



**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> | \$2,909 | \$3,931 | \$4,953 | \$5,975 | \$6,997 | \$8,019 | \$9,041 | \$10,063 | \$1,023                |
| <b>Children 1-18 Years</b>               | \$2,009 | \$2,715 | \$3,421 | \$4,126 | \$4,832 | \$5,538 | \$6,244 | \$6,950  | \$706                  |

**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  | \$2,896      | \$3,913      | \$4,931      | \$5,948       | \$6,966       | \$7,983       | \$1,018           |
| \$15 per child per month (Max \$45/family) <b>(223% - 250% FPL)</b>                                   | \$3,261      | \$4,407      | \$5,553      | \$6,698       | \$7,844       | \$8,990       | \$1,146           |
| \$30 per child per month (Max. \$90 per family) <b>(251% - 300% FPL)</b>                              | \$3,913      | \$5,288      | \$6,663      | \$8,038       | \$9,413       | \$10,788      | \$1,375           |
| \$45 per child per month (Max. \$135 per family) <b>(301% - 350% FPL)</b>                             | \$4,565      | \$6,169      | \$7,773      | \$9,378       | \$10,982      | \$12,586      | \$1,605           |
| \$60 per child per month (Max. \$180 per family) <b>(351%-400% FPL)</b>                               | \$5,217      | \$7,050      | \$8,884      | \$10,717      | \$12,550      | \$14,384      | \$1,834           |
| <b>Full Premium</b> per child/month if <b>over 400% FPL</b> (Premium amount varies from plan to plan) | Over \$5,217 | Over \$7,050 | Over \$8,884 | Over \$10,717 | Over \$12,550 | Over \$14,384 | Over \$1,834      |

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

| <b>14. Disabled Adult Children (DAC) Levels</b> |                                  |               |
|---|----------------------------------|---------------|
| <b>Living Arrangements</b>                      | <b>Shelter Types</b>             | <b>Amount</b> |
| 1   | 15                               | \$1,233.48    |
| 1   | 28                               | \$1,195.48    |
| 1   | 16                               | \$1,402.00    |
| 1   | 29                               | \$1,372.00    |
| 1   | 42                               | \$1,661.00    |
| 1 or 5  | Other than: 15, 16, 28, 29 or 42 | \$1,054.00    |
| 2   | 15                               | \$2,466.96    |
| 2   | 28                               | \$2,390.96    |
| 2   | 16                               | \$2,804.00    |
| 2   | 29                               | \$2,744.00    |
| 2   | 42                               | \$3,322.00    |
| 2 or 6  | Other than: 15, 16, 28, 29 or 42 | \$1,554.00    |
| 3   | All                              | \$1,195.48    |
| 4   | All                              | \$1,233.48    |

| <b>15. 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   | \$186.00   | \$1,047.48            |
| 16 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level II  | \$213.00   | \$1,189.00            |
| 28 - (Rest of State) Level I  | \$186.00   | \$1,009.48            |
| 29 - (Rest of State) Level II   | \$213.00   | \$1,159.00            |
| 42 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level III | \$255.00   | \$1,406.00            |
| 42 - (Rest of State) Level III  | \$255.00   | \$1,406.00            |

| <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 [\$2,433.00] and a household of one [\$1,800.00]) | \$633.00   |            |             |            |
| Personal Needs Allowance (Certain waiver participants subject to spousal impoverishment budgeting)   | \$633.00   |            |             |            |
| Maximum Social Security Benefit at Full Retirement Age   | \$4,018.00   |            |             |            |
| State Supplement (living with others)  | Individual   | \$23.00    | Couple      | \$46.00    |
| State Supplement (living alone)  | Individual   | \$87.00    | Couple      | \$104.00   |
| Federal Benefit Rate   | Individual   | \$967.00   | Couple      | \$1,450.00 |
| SSI Resource Levels  | Individual   | \$2,000.00 | Couple      | \$3,000.00 |
| Family Care Level (LA 3 & 4)   | NYC and Nassau, Suffolk, Westchester and Rockland Counties | \$1,233.48 | Upstate     | \$1,195.48 |
| SSI-related Student Earned Income Disregard  | Monthly  | \$2,350.00 | Annual Max. | \$9,460.00 |

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

| <b>18. Home Equity Maximum</b>              |                |
|---|----------------|
| Medicaid Coverage Limit (RVI 1 and 2 cases) | \$1,097,000.00 |