

2026 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL POVERTY LEVELS (FPL)

Reference Documents: GIS: 26/MA/03, 25/MA/03, 25/MA/14, and 25/MA/01
MBL Transmittal 25-1, 25-02 and [NYS Partnership for Long-Term Care](#)

Note: The Figures highlighted in yellow are awaiting the new 2026 levels.



MAPDR-01 01/26/2026
(Obsoletes MAPDR-71)

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

Financial Levels for Medicaid and Related Program Eligibility

1. Non-MAGI Medicaid Levels (SSI and SSI-Related Consumers With or Without A Surplus)											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Additional Person
Monthly Income	\$1,800	\$2,433	\$3,065	\$3,698	\$4,330	\$4,963	\$5,595	\$6,228	\$6,860	\$7,493	\$633

2. Non-MAGI Resource Levels		
Family Size	1	2
Resource Level	\$32,532	\$43,781

3.

Spousal Support and Resource Levels

Income (MMMNA) - \$4,066.50 (Inst Spouse) - \$50	Resources – (Minimum) \$74,820 (Maximum) - \$162,660 (Inst Spouse) - \$32,532	Family Member Allowance Formula: Use - \$2,644.00 \$882 is the maximum monthly family member allowance
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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	*\$32,532	\$50
Community Spouse	*\$162,660 (Maximum)	\$4,066.50

Home Care (Community-Based-Long-Term Care Services)

	Resource Allowance	Income Allowance (Monthly)
Applicant	\$32,532	\$1,800 Increased to \$1,926.75 for QPP's
Applicant with Spouse	\$43,781	\$2,433 Increased to \$3,853.50 for QPP's

***Note:** The Resource Allowances in this chart **does not** apply to the Total Asset Protection Plan QPP Policy Holders.

5. MBI-WPD (Persons 16-64)		
Family Size	1	2
Monthly Income 250% FPL	\$3,261	\$4,407
Resources	\$32,532	\$43,781

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)	\$2,909	\$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)

			Income			Family Size	
			Family Size	1		1	2
QMB 138% FPL	Monthly	Annual Income	\$21,597	\$29,187			
		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: \$311.00 (30-39 Quarters)

\$565.00 (Less than 30 Quarters)

For individuals who paid Medicare Taxes for 40 quarters or more, there is no cost for Medicare Part A.

Medicare Part B Premium: (Rates based upon 2025 income tax filings)

- The Cost-of-Living adjustment (COLA) for Social Security will be 2.8% percent for 2026.
- The standard monthly premium for Medicare Part B enrollees is **\$202.90** for 2026, an increase of \$17.90 from \$185.00 in 2025. 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 2026. Due to the SSA 2.8% COLA, some beneficiaries who were held harmless against Part B premium increases in 2025, will pay the full monthly premium of **\$202.90** in 2026. 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 2025 standard Medicare Part B premium amount will automatically have their 2026 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 2025 standard Medicare Part B premium amount of \$185.00 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 \$202.90 (or higher) in 2026:

- Individuals whose income is less than or equal to **\$109,000.00**, or a married individual when the couple’s combined income is over **\$218,000**, will pay the standard premium of **\$202.90** 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 .118

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

NEW YORK CITY (All boroughs) - \$15,282	LONG ISLAND - \$15,193 Nassau, Suffolk
NORTHEASTERN - \$14,783 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	NORTHERN METROPOLITAN - \$15,024 Duchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
WESTERN - \$13,765 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	ROCHESTER - \$15,675 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
CENTRAL - \$14,146 Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	

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

NEW YORK CITY (All boroughs) (Shelter = 59) - \$1,790	LONG ISLAND (Shelter = 60) - \$1,701
NORTHEASTERN (Shelter = 54) - \$497	NORTHERN METROPOLITAN (Shelter = 58) - \$1,229
WESTERN (Shelter = 57) - \$341	ROCHESTER (Shelter = 56) - \$448
CENTRAL (Shelter = 55) - \$426	
CONGREGATE CARE LEVEL III - (42+ Regional Rate for County- Shelter = 63) - \$2,002 - \$3,451	

In determining the community spouse resource allowance on and after January 1, 2026, 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 \$162,660. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the beginning of the most recent continuous period of institutionalization of the institutionalized spouse. The look-back period is anchored in the month the A/R is both institutionalized and applying for MA.

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11.

MAGI Levels for Medicaid and Related Program Eligibility

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

11.

MAGI Levels for Medicaid and Related Program Eligibility (Continued)

Family Size	7	8	9	10	Each Add'l Person
Pregnant Individuals and Infants Under Age 1 (223% FPL)	\$9,041	\$10,063	\$11,085	\$12,108	\$1,023
Infants Under Age 1 (223% FPL)	\$9,041	\$10,063	\$11,085	\$12,108	\$1,023
Children Age 1-5 (154% FPL)	\$6,244	\$6,950	\$7,656	\$8,361	\$706
Children Age 6 -19 (110% FPL)	\$4,460	4,964	\$5,468	\$5,973	\$505
Children Age 6-19 (Expanded - 154% FPL)	\$6,244	\$6,950	\$7,656	\$8,361	\$706
Parents and Caretaker Relatives (138% FPL)	\$5,595	\$6,228	\$6,860	\$7,493	\$633
19- and 20-Year Olds Living with Parents (138% FPL)	\$5,595	\$6,228	\$6,860	\$7,493	\$633
19- and 20-Year Olds Living with Parents (Expanded - 155% FPL)	\$6,284	\$6,995	\$7,705	\$8,416	\$711
S/CCs and 19- and 20-Year Olds Living Alone (100% FPL)	\$4,055	\$4,513	\$4,971	\$5,430	\$459
S/CCs and 19- and 20-Year Olds Living Alone (Expanded 138% FPL)	\$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
Children Under 1; Pregnant Adult*	\$2,909	\$3,931	\$4,953	\$5,975	\$6,997	\$8,019	\$9,041	\$10,063	\$1,023
Children 1-18 Years	\$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) (223% - 250% FPL)	\$3,261	\$4,407	\$5,553	\$6,698	\$7,844	\$8,990	\$1,146
\$30 per child per month (Max. \$90 per family) (251% - 300% FPL)	\$3,913	\$5,288	\$6,663	\$8,038	\$9,413	\$10,788	\$1,375
\$45 per child per month (Max. \$135 per family) (301% - 350% FPL)	\$4,565	\$6,169	\$7,773	\$9,378	\$10,982	\$12,586	\$1,605
\$60 per child per month (Max. \$180 per family) (351% - 400% FPL)	\$5,217	\$7,050	\$8,884	\$10,717	\$12,550	\$14,384	\$1,834
Full Premium per child/month if over 400% FPL (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.

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

Living Arrangements	Shelter Types	Amount
1	15	\$1,260.48
1	28	\$1,222.48
1	16	\$1,429.00
1	29	\$1,399.00
1	42	\$1,688.00
1 or 5	Other than: 15, 16, 28, 29 or 42	\$1,081.00
2	15	\$2,520.96
2	28	\$2,444.96
2	16	\$2,858.00
2	29	\$2,798.00
2	42	\$3,376.00
2 or 6	Other than: 15, 16, 28, 29 or 42	\$1,595.00
3	All	\$1,222.48
4	All	\$1,260.48

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

Shelter Codes	PNA	Shelter Amount
15 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level I	\$191.00	\$1,069.48
16 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level II	\$219.00	\$1,210.00
28 - (Rest of State) Level I	\$191.00	\$1,031.48
29 - (Rest of State) Level II	\$219.00	\$1,180.00
42 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level III	\$262.00	\$1,426.00
42 - (Rest of State) Level III	\$262.00	\$1,426.00

16.**SSI Levels**

SSI Consumer	Amount			
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	\$4,152.00			
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	\$994.00	Couple	\$1,491.00
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	\$1,260.48	Upstate	\$1,222.48
SSI-related Student Earned Income Disregard	Monthly	\$2,410.00	Annual Max.	\$9,730.00

17.**Substantial Gainful Activity (SGA) Levels**

Category	Amount	Payment Occurrence
Non-Blind	\$1,690.00	Monthly
Blind	\$2,830.00	Monthly
Month Trial Work Period	\$1,210.00	Monthly

18.**Home Equity Maximum**

Medicaid Coverage Limit (RVI 1 and 2 cases)	\$1,130,000.00
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