

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

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



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	\$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	\$1,133 Increased to \$1,857.75 for QPP's
Applicant with Spouse	\$40,821	\$1,526 Increased to \$3,715.50 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	\$3,038	\$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	<p>Medicare Part A Premium: \$278.00 (30-39 Quarters) \$506.00 (Less than 30 Quarters)</p> <p>Medicare Part B Premium: (Rates based upon 2022 income tax filings)</p> <ul style="list-style-type: none"> The Cost-of-Living adjustment (COLA) for Social Security will be 8.7% percent for 2023. The standard monthly premium for Medicare Part B enrollees is \$164.90 for 2023, a decrease of \$5.20 from \$170.10 in 2022. 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 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 \$164.90 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. <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"> Individuals whose income is above \$91,000, or a married individual when the couple’s combined income is over \$182,000, will pay the standard premium 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. <p>Standard Allocation: From non-SSI-related parent to non-SSI- related child \$591.00</p> <p>PASS-THROUGH FACTORS: .974 and .128</p> <p>Note: 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>			
	Monthly		\$1,677	\$2,268				
			Family of 1	Family of 2	Family Size			
					1	2		
QI-1	Monthly	Greater than 138%FPL But less than or equal to 186% FPL	1,677	2,268	COBRA (100% FPL)		\$1,215	\$1,644
	Monthly		2,260	3,057	AIDS Health Ins. Program (AHIP) (185% FPL) (No Resource Test)		\$2,248	\$3,041
					QWDI (200% FPL)		\$2,430	\$3,287
NO RESOURCE TEST FOR ANY MSP PROGRAM					COBRA, QWDI (Resource Level)		\$4,000	\$6,000
					Pickle/DAC/SSI (Resource Level)		\$2,000	\$3,000

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

NEW YORK CITY (All boroughs) - \$14,142	LONG ISLAND - \$14,136 Nassau, Suffolk
NORTHEASTERN - \$12,744 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	NORTHERN METROPOLITAN - \$13,906 Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
WESTERN - \$12,130 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	ROCHESTER - \$13,421 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
CENTRAL - \$11,726 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) - \$1,701	LONG ISLAND (Shelter = 60) - \$1,445
NORTHEASTERN (Shelter = 54) - \$425	NORTHERN METROPOLITAN (Shelter = 58) - \$1,031
WESTERN (Shelter = 57) - \$301	ROCHESTER (Shelter = 56) - \$367
CENTRAL (Shelter = 55) - \$358	
CONGREGATE CARE LEVEL III - (42+ Regional Rate for County- Shelter = 63) - \$1,909 - \$3,309	

In determining the community spouse resource allowance on and after January 1, 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
Pregnant Women and Infants Under Age 1 (223% FPL)	\$2,710	\$3,665	\$4,620	\$5,575	\$6,531	\$7,486	\$8,441	\$9,396	\$10,351	\$11,307	\$956
Infants Under Age 1 223% FPL	\$2,710	\$3,665	\$4,620	\$5,575	\$6,531	\$7,486	\$8,441	\$9,396	\$10,351	\$11,307	\$956
Children Age 1-5 154% FPL	\$1,872	\$2,531	\$3,191	\$3,850	\$4,510	\$5,170	\$5,829	\$6,489	\$7,149	\$7,808	\$660
Children Age 6-19 110% FPL	\$1,337	\$1,808	\$2,279	\$2,750	\$3,222	\$3,693	\$4,164	4,635	\$5,106	\$5,577	\$472
Children Age 6-19 (Expanded - 154% FPL)	\$1,872	\$2,531	\$3,191	\$3,850	\$4,510	\$5,170	\$5,829	\$6,489	\$7,149	\$7,808	\$660
Parents and Caretaker Relatives 138% FPL	\$1,677	\$2,268	\$2,859	\$3,450	\$4,042	\$4,633	\$5,224	\$5,815	\$6,406	\$6,997	\$592
19 and 20 Year Olds Living with Parents 138% FPL	\$1,677	\$2,268	\$2,859	\$3,450	\$4,042	\$4,633	\$5,224	\$5,815	\$6,406	\$6,997	\$592
19 and 20 Year Olds Living with Parents (Expanded - 155% FPL)	\$1,884	\$2,548	\$3,212	\$3,875	\$4,539	\$5,203	\$5,867	\$6,531	\$7,195	\$7,859	\$664
S/CCs and 19 and 20 Year Olds Living Alone (100% FPL)	\$1,215	\$1,644	\$2,072	\$2,500	\$2,929	\$3,357	\$3,785	\$4,214	\$4,642	\$5,070	\$429
S/CCs and 19 and 20 Year Olds Living Alone (Expanded 138% FPL)	\$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
Children Under 1; Pregnant Adult*	\$2,710	\$3,665	\$4,620	\$5,575	\$6,531	\$7,486	\$8,441	\$9,396	\$956
Children 1-18 Years	\$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
Full Premium per child/month if over 400% 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

16. SSI Levels				
SSI Consumer	Amount			
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

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

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