

Medicaid Income and Resource Limits in NYS Annual Charts Beginning 2017

NYC HRA Medicaid Program Charts

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Insurance Programs](http://www.wnyc.com/health/entry/15/) (<http://www.wnyc.com/health/entry/15/>)

Income limits **for 2001 – 2016** posted [here](http://www.wnyc.com/health/download/920/) at
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2017

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

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

	Income		
	Family of 1		Family of 2
QMB 100% FPL	Annual	\$12,060	\$16,240
	Monthly	\$1,005	\$1,354
SLIMB 120% FPL	Annual	\$14,472	\$19,488
	Monthly	\$1,206	\$1,624
QI-1 135% FPL	Annual	\$16,281	\$21,924
	Monthly	\$1,357	\$1,827

5. Other Important Figures

Medicare Part A Premium: \$227.00 (30-39 Quarters) \$413.00 (Less than 30 Quarters)		
Medicare Part B Premium: (Rates based upon 2014 income tax filings)		
<ul style="list-style-type: none"> 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 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. 		
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 \$134.00 .		
<ul style="list-style-type: none"> Individuals whose income is above \$85,000 or a married individual when the couple's combined income is over \$170,000 will pay the higher premium. New Medicare Part B beneficiaries will pay the higher premium. Since they did not pay the premium the previous year. 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. 		
Standard Allocation: From non-SSI-related parent to non-SSI- related child \$384		
PASS-THROUGH FACTORS: .968 and .159		
Family Size		1 2
COBRA (100% FPL)		\$1,005 \$1,354
AIDS Health Ins. Program (AHIP) (185% FPL)		\$1,860 \$2,504
QWDI (200% FPL)		\$2,010 \$2,707
COBRA, QWDI (Resource Level)		\$4,000 \$6,000
Pickle/DAC/SSI (Resource Level)		\$2,000 \$3,000

NO RESOURCE TEST FOR ANY MSP PROGRAM

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

7. 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)	\$2,242	\$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.

8. Monthly Regional Nursing Home Rates (Use the rate for the region in which the facility is located)	
NEW YORK CITY (All boroughs) - \$12,157	LONG ISLAND - \$12,811 Nassau, Suffolk
NORTHEASTERN - \$10,242 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	NORTHERN METROPOLITAN - \$12,198 Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
WESTERN - \$10,078 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	ROCHESTER - \$11,237 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
CENTRAL - \$9,511 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	
NEW YORK CITY (All boroughs) (Shelter = 59) - \$1171	LONG ISLAND (Shelter = 60) - \$1285
NORTHEASTERN (Shelter = 54) - \$471	NORTHERN METROPOLITAN (Shelter = 58) - \$892
WESTERN (Shelter = 57) - \$367	ROCHESTER (Shelter = 56) - \$419
CENTRAL (Shelter = 55) - \$412	
CONGREGATE CARE LEVEL III - (42+ Regional Rate for County) - \$1796 - \$2714	

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

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])		\$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

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

17. Home Equity Maximum	
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.

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



MAPDR-01 03/20/2018
(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	\$842	\$1,233	\$1,418	\$1,603	\$1,788	\$1,973	\$2,158	\$2,343	\$2,528	\$2,713	\$185

2. Non-MAGI Resource Levels

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

3. Spousal Support and Resource Levels

Income (MMMNA) - \$3,090.00 (Inst Spouse) - \$50	Resources – (Minimum) - \$74,820 (Maximum) - \$123,600 (Inst Spouse) - \$15,150	Family Member Allowance Formula: Use - \$2,058 \$686 is the maximum family member allowance
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4. MBI-WPD (Persons 16-64)

Family Size	1	2
Monthly Income 250% FPL	\$2,530	\$3,430
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)	\$2,257	\$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			Medicare Part A Premium: \$232.00 (30-39 Quarters) \$422.00 (Less than 30 Quarters) Medicare Part B Premium: (Rates based upon 2016 income tax filings) <ul style="list-style-type: none"> 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 \$134.00 or higher depending on your income 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). 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 \$134.00 . <ul style="list-style-type: none"> Individuals whose income is above \$85,000 or a married individual when the couple's combined income is over \$170,000 will pay the higher premium. New Medicare Part B beneficiaries will pay the higher premium. Since they did not pay the premium the previous year. 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. Standard Allocation: From non-SSI-related parent to non-SSI-related child \$384 PASS-THROUGH FACTORS: .969 and .156		
	Family of 1		Family of 2			
QMB 100% FPL	Annual	\$12,140	\$16,460			
	Monthly	\$1,012	\$1,372			
SLIMB 120% FPL	Annual	\$14,568	\$19,752	Family Size	1	2
	Monthly	\$1,214	\$1,646	COBRA (100% FPL)	\$1,012	\$1,372
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

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

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

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

14. Congregate Care Level I, II and III Levels		
Shelter Codes	PNA	Shelter Amount
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

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])	\$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

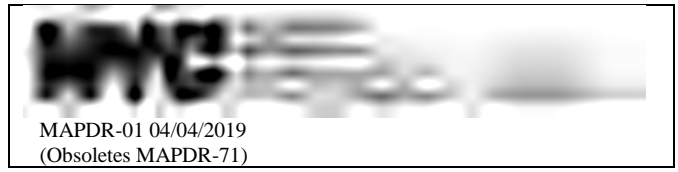
16. Substantial Gainful Activity (SGA) Levels		
Category	Amount	Payment Occurrence
Non-Blind	\$1,180.00	Monthly
Blind	\$1,970.00	Monthly
Month Trial Work Period	\$850.00	Monthly

17. Home Equity Maximum	
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.



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

Income (MMMNA) - \$3,160.50 (Inst Spouse) - \$50	Resources – (Minimum) - \$74,820 (Maximum) - \$126,420 (Inst Spouse) - \$15,450	Family Member Allowance Formula: Use - \$2,114 \$705 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					
	Family of 1		Family of 2			
QMB 100% FPL	Annual	\$12,490	\$16,910	Medicare Part A Premium: \$240.00 (30-39 Quarters) \$437.00 (Less than 30 Quarters) Medicare Part B Premium: (Rates based upon 2016 income tax filings) <ul style="list-style-type: none"> The Cost of Living adjustment (COLA) for Social Security will be 2.8% percent for 2019. Part B Medicare Premium is \$135.50 for most Medicare Part B recipients in receipt of benefits. The standard Medicare Part B \$135.50 monthly premium is for beneficiaries with income less than or equal to \$85,000. Due to the SSA 2.8% COLA, some beneficiaries who were held harmless against Part B premium increases in 2018 will pay the full monthly premium of \$135.50 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. 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 \$135.50 . <ul style="list-style-type: none"> Individuals whose income is above \$85,000 or a married individual when the couple’s combined income is over \$170,000 will pay the higher premium. New Medicare Part B beneficiaries will pay the higher premium. Since they did not pay the premium the previous year. 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. Standard Allocation: From non-SSI-related parent to non-SSI- related child \$384 PASS-THROUGH FACTORS: .970 and .152 Note: 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.		
	Monthly	\$1,041	\$1,410			
SLIMB 120% FPL	Annual	\$14,988	\$20,292	Family Size 1 2		
	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)

NEW YORK CITY (All boroughs) - \$12, 419	LONG ISLAND - \$13,407 Nassau, Suffolk
NORTHEASTERN - \$11,280 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	NORTHERN METROPOLITAN - \$12,636 Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
WESTERN - \$10,556 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	ROCHESTER - \$12,342 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
CENTRAL - \$10,068 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

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

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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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)	\$2,322	\$3,143	\$3,964	\$4,786	\$5,607	\$6,428	\$7,250	\$8,071	\$8,893	\$9,714	\$822
Infants Under Age 1 223% FPL	\$2,322	\$3,143	\$3,964	\$4,786	\$5,607	\$6,428	\$7,250	\$8,071	\$8,893	\$9,714	\$822
Children Age 1-5 154% FPL	\$1,603	\$2,171	\$2,738	\$3,305	\$3,872	\$4,440	\$5,007	\$5,574	\$6,141	\$6,708	\$568
Children Age 6 -19 110% FPL	\$1,145	\$1,551	\$1,956	\$2,361	\$2,766	\$3,171	\$3,576	\$3,982	\$4,387	\$4,792	\$406
Children Age 6-19 (Expanded - 154% FPL)	\$1,603	\$2,171	\$2,738	\$3,305	\$3,872	\$4,440	\$5,007	\$5,574	\$6,141	\$6,708	\$568
Parents and Caretaker Relatives 138% FPL	\$1,437	\$1,945	\$2,453	\$2,962	\$3,470	\$3,978	\$4,487	\$4,995	\$5,503	\$6,012	\$509
19 and 20 Year Olds Living with Parents 138% FPL	\$1,437	\$1,945	\$2,453	\$2,962	\$3,470	\$3,978	\$4,487	\$4,995	\$5,503	\$6,012	\$509
19 and 20 Year Olds Living with Parents (Expanded - 155% FPL)	\$1,614	\$2,185	\$2,756	\$3,327	\$3,897	\$4,468	\$5,039	\$5,610	\$6,181	\$6,752	\$571
S/CCs and 19 and 20 Year Olds Living Alone (100% FPL)	\$1,041	\$1,410	\$1,778	\$2,146	\$2,515	\$2,883	\$3,251	\$3,620	\$3,988	\$4,356	\$369
S/CCs and 19 and 20 Year Olds Living Alone (Expanded 138% FPL)	\$1,437	\$1,945	\$2,453	\$2,962	\$3,470	\$3,978	\$4,487	\$4,995	\$5,503	\$6,012	\$509

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*	\$2,322	\$3,143	\$3,964	\$4,786	\$5,607	\$6,428	\$7,250	\$8,071	\$822
Children 1-18 Years	\$1,603	\$2,171	\$2,738	\$3,305	\$3,872	\$4,440	\$5,007	\$5,574	\$568
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)	\$1,665	\$2,254	\$2,843	\$3,433	\$4,022	\$4,611	\$589
\$9 per child per month (Max. \$27 per family) (222% - 249% FPL)	\$2,311	\$3,129	\$3,947	\$4,764	\$5,582	\$6,400	\$818
\$15 per child per month (Max \$45/family) (250% - 299% FPL)	\$2,603	\$3,523	\$4,444	\$5,365	\$6,286	\$7,207	\$921
\$30 per child per month (Max. \$90 per family) (300% - 349% FPL)	\$3,123	\$4,228	\$5,333	\$6,438	\$7,543	\$8,648	\$1,105
\$45 per child per month (Max. \$135 per family) (350% - 399% FPL)	\$3,643	\$4,933	\$6,222	\$7,511	\$8,800	\$10,089	\$1,290
\$60 per child per month (Max. \$180 per family) (400% FPL)	\$4,164	\$5,637	\$7,110	\$8,584	\$10,057	\$11,530	\$1,474
Full Premium per child/month if over 400% FPL (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](#).



MAPDR-01 03/13/2020
(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	\$875	\$1,284	\$1,476	\$1,669	\$1,861	\$2,054	\$2,246	\$2,439	\$2,631	\$2,824	\$193

2. Non-MAGI Resource Levels

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

3. Spousal Support and Resource Levels

Income (MMMNA) - \$3,216.00 (Inst Spouse) - \$50	Resources – (Minimum) - \$74,820 (Maximum) - \$128,640 (Inst Spouse) - \$15,750	Family Member Allowance Formula: Use - \$2,155 \$719 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	*\$15,750	\$50
Community Spouse	*\$128,640 (Maximum)	\$3,216
Home Care (Community-Based-Long-Term Care Services)		
	Resource Allowance	Income Allowance (Monthly)
Applicant	\$15,750	\$875 Increased to \$1,608 for QPP's
Applicant with Spouse	\$23,100	\$1,284 Increased to \$3,216 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	\$2,659	\$3,592
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)	\$2,372	\$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			Medicare Part A Premium: \$252.00 (30-39 Quarters) \$458.00 (Less than 30 Quarters) Medicare Part B Premium: (Rates based upon 2018 income tax filings) • The Cost of Living adjustment (COLA) for Social Security will be 1.6% percent for 2020. • The standard monthly premium for Medicare Part B enrollees is \$144.60 for 2020 . Most Medicare beneficiaries will pay this amount. The standard Medicare Part B \$144.60 monthly premium is for beneficiaries with income less than or equal to \$85,000 . Due to the SSA 1.6% COLA , some beneficiaries who were held harmless against Part B premium increases in 2019 will pay the full monthly premium of \$144.60 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. 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 \$144.60 in 2020 . • Beneficiaries who do not receive Social Security benefits; • Individuals who are directly billed for the Part B premium; • New Medicare Part B beneficiaries; • Individuals who have Medicare and Medicaid, and Medicaid pays the premiums; and • Individuals who pay an Income-Related Monthly Adjustment Amount (IRMAA). Standard Allocation: From non-SSI-related parent to non-SSI- related child \$409 PASS-THROUGH FACTORS: .970 and.150 Note: 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.		
	Family of 1		Family of 2			
QMB 100% FPL	Annual	\$12,760	\$17,240			
	Monthly	\$1,064	\$1,437			
SLIMB 120% FPL	Annual	\$15,312	\$20,688	Family Size	1	2
	Monthly	\$1,276	\$1,724	COBRA (100% FPL)	\$1,064	\$1,437
QI-1 135% FPL	Annual	\$17,226	\$23,274	AIDS Health Ins. Program (AHIP) (185% FPL)	\$1,968	\$2,658
	Monthly	\$1,436	\$1,940	QWDI (200% FPL)	\$2,127	\$2,874
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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9. Monthly Regional Nursing Home Rates (Use the rate for the region in which the facility is located)

NEW YORK CITY (All boroughs) - \$12,844	LONG ISLAND - \$13,407 Nassau, Suffolk
NORTHEASTERN - \$11,295 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	NORTHERN METROPOLITAN - \$12,805 Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
WESTERN - \$10,720 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	ROCHESTER - \$12,460 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
CENTRAL - \$10,451 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) - \$1451	LONG ISLAND (Shelter = 60) - \$1361
NORTHEASTERN (Shelter = 54) - \$483	NORTHERN METROPOLITAN (Shelter = 58) - \$1032
WESTERN (Shelter = 57) - \$386	ROCHESTER (Shelter = 56) - \$444
CENTRAL (Shelter = 55) - \$436	
CONGREGATE CARE LEVEL III - (42+ Regional Rate for County- Shelter = 63) - \$1,863 - \$2,928	

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
Pregnant Women and Infants Under Age 1 (223% FPL)	\$2,372	\$3,204	\$4,037	\$4,869	\$5,702	\$6,534	\$7,367	\$8,199	\$9,032	\$9,865	\$833
Infants Under Age 1 223% FPL	\$2,372	\$3,204	\$4,037	\$4,869	\$5,702	\$6,534	\$7,367	\$8,199	\$9,032	\$9,865	\$833
Children Age 1-5 154% FPL	\$1,638	\$2,213	\$2,788	\$3,363	\$3,938	\$4,513	\$5,088	\$5,663	\$6,237	\$6,812	\$575
Children Age 6 -19 110% FPL	\$1,170	\$1,581	\$1,991	\$2,402	\$2,813	\$3,223	\$3,634	4,045	\$4,455	\$4,866	\$411
Children Age 6-19 (Expanded - 154% FPL)	\$1,638	\$2,213	\$2,788	\$3,363	\$3,938	\$4,513	\$5,088	\$5,663	\$6,237	\$6,812	\$575
Parents and Caretaker Relatives 138% FPL	\$1,468	\$1,983	\$2,498	\$3,013	\$3,529	\$4,044	\$4,559	\$5,074	\$5,589	\$6,105	\$516
19 and 20 Year Olds Living with Parents 138% FPL	\$1,468	\$1,983	\$2,498	\$3,013	\$3,529	\$4,044	\$4,559	\$5,074	\$5,589	\$6,105	\$516
19 and 20 Year Olds Living with Parents (Expanded - 155% FPL)	\$1,649	\$2,227	\$2,806	\$3,385	\$3,963	\$4,542	\$5,121	\$5,699	\$6,278	\$6,857	\$579
S/CCs and 19 and 20 Year Olds Living Alone (100% FPL)	\$1,064	\$1,437	\$1,810	\$2,184	\$2,557	\$2,930	\$3,304	\$3,677	\$4,050	\$4,424	\$374
S/CCs and 19 and 20 Year Olds Living Alone (Expanded 138% FPL)	\$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
Children Under 1 year; Pregnant Women*	\$2,372	\$3,204	\$4,037	\$4,869	\$5,702	\$6,534	\$7,367	\$8,199	\$833
Children 1-18 Years	\$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 (under 222% FPL)	\$1,701	\$2,298	\$2,895	\$3,493	\$4,090	\$4,687	\$598
\$9 per child per month (Max. \$27 per family) (222% - 249% FPL)	\$2,361	\$3,190	\$4,019	\$4,847	\$5,676	\$6,505	\$829
\$15 per child per month (Max \$45/family) (250% - 299% FPL)	\$2,659	\$3,592	\$4,525	\$5,459	\$6,392	\$7,325	\$934
\$30 per child per month (Max. \$90 per family) (300% - 349% FPL)	\$3,190	\$4,310	\$5,430	\$6,550	\$7,670	\$8,790	\$1,120
\$45 per child per month (Max. \$135 per family) (350% - 399% FPL)	\$3,722	\$5,029	\$6,335	\$7,642	\$8,949	\$10,225	\$1,307
\$60 per child per month (Max. \$180 per family) (400% FPL)	\$4,254	\$5,747	\$7,240	\$8,734	\$10,227	\$11,720	\$1,494
Full Premium per child/month if over 400% FPL (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

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	\$884	\$1,300	\$1,495	\$1,690	\$1,885	\$2,080	\$2,275	\$2,470	\$2,665	\$2,860	\$195

2. Non-MAGI Resource Levels											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Additional Person
Resource Level	\$15,900	\$23,400	\$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) - \$3,259.50 (Inst Spouse) - \$50	Resources – (Minimum) - \$74,820 (Maximum) - \$130,380 (Inst Spouse) - \$15,900	Family Member Allowance Formula: Use - \$2,178 \$726 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	*\$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 Increased to \$1,608 for QPP's
Applicant with Spouse	\$23,400	\$1,300 Increased to \$3,216 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	\$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			Medicare Part A Premium: \$259.00 (30-39 Quarters) \$471.00 (Less than 30 Quarters) Medicare Part B Premium: (Rates based upon 2018 income tax filings) • The Cost of Living adjustment (COLA) for Social Security will be 1.3% percent for 2021. • The standard monthly premium for Medicare Part B enrollees is \$148.50 for 2021 . Most Medicare beneficiaries will pay this amount. The standard Medicare Part B \$148.50 monthly premium is for beneficiaries with income less than or equal to \$88,000 . Due to the SSA 1.3% COLA , some beneficiaries who were held harmless against Part B premium increases in 2020 will pay the full monthly premium of \$148.50 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. 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 \$148.50 in 2021 . • Individuals whose income is above \$88,000 , or a married individual when the couple’s combined income is over \$176,000 , 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 the 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 \$416.00 PASS-THROUGH FACTORS: .970 and .148 Note: 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.		
	Family of 1		Family of 2			
QMB 100% FPL	Annual	\$12,880	\$17,420			
	Monthly	\$1,074	\$1,452			
SLIMB 120% FPL	Annual	\$15,456	\$20,904	Family Size	1	2
	Monthly	\$1,288	\$1,742	COBRA (100% FPL)	\$1,074	\$1,452
QI-1 135% FPL	Annual	\$17,388	\$23,517	AIDS Health Ins. Program (AHIP) (185% FPL)	\$1,986	\$2,686
	Monthly	\$1,449	\$1,960	QWDI (200% FPL)	\$2,147	\$2,904
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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9. Monthly Regional Nursing Home Rates (Use the rate for the region in which the facility is located)

NEW YORK CITY (All boroughs) - \$13,037	LONG ISLAND - \$13,834 Nassau, Suffolk
NORTHEASTERN - \$11,689 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	NORTHERN METROPOLITAN - \$13,206 Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
WESTERN - \$11,054 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	ROCHESTER - \$13,020 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
CENTRAL - \$10,857 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) - \$1,535	LONG ISLAND (Shelter = 60) - \$1,393
NORTHEASTERN (Shelter = 54) - \$524	NORTHERN METROPOLITAN (Shelter = 58) - \$1,075
WESTERN (Shelter = 57) - \$413	ROCHESTER (Shelter = 56) - \$469
CENTRAL (Shelter = 55) - \$450	
CONGREGATE CARE LEVEL III - (42+ Regional Rate for County- Shelter = 63) - \$1,901 - \$3,023	

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
Pregnant Women and Infants Under Age 1 (223% FPL)	\$2,394	\$3,238	\$4,081	\$4,925	\$5,769	\$6,612	\$7,456	\$8,300	\$9,143	\$9,987	\$844
Infants Under Age 1 223% FPL	\$2,394	\$3,238	\$4,081	\$4,925	\$5,769	\$6,612	\$7,456	\$8,300	\$9,143	\$9,987	\$844
Children Age 1-5 154% FPL	\$1,653	\$2,236	\$2,819	\$3,401	\$3,984	\$4,567	\$5,149	\$5,732	\$6,314	\$6,897	\$583
Children Age 6 -19 110% FPL	\$1,181	\$1,597	\$2,013	\$2,430	\$2,846	\$3,262	\$3,678	4,094	\$4,510	\$4,927	\$417
Children Age 6-19 (Expanded - 154% FPL)	\$1,653	\$2,236	\$2,819	\$3,401	\$3,984	\$4,567	\$5,149	\$5,732	\$6,314	\$6,897	\$583
Parents and Caretaker Relatives 138% FPL	\$1,482	\$2,004	\$2,526	\$3,048	\$3,570	\$4,092	\$4,614	\$5,136	\$5,658	\$6,181	\$523
19 and 20 Year Olds Living with Parents 138% FPL	\$1,482	\$2,004	\$2,526	\$3,048	\$3,570	\$4,092	\$4,614	\$5,136	\$5,658	\$6,181	\$523
19 and 20 Year Olds Living with Parents (Expanded - 155% FPL)	\$1,664	\$2,251	\$2,837	\$3,423	\$4,010	\$4,596	\$5,183	\$5,769	\$6,355	\$6,942	\$587
S/CCs and 19 and 20 Year Olds Living Alone (100% FPL)	\$1,074	\$1,452	\$1,830	\$2,209	\$2,587	\$2,965	\$3,344	\$3,722	\$4,100	\$4,479	\$379
S/CCs and 19 and 20 Year Olds Living Alone (Expanded 138% FPL)	\$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
Children Under 1 year; Pregnant Women*	\$2,394	\$3,238	\$4,081	\$4,925	\$5,769	\$6,612	\$7,456	\$8,300	\$844
Children 1-18 Years	\$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 (under 160% FPL)	\$1,717	\$2,322	\$2,927	\$3,533	\$4,138	\$4,743	\$605
\$9 per child per month (Max. \$27 per family) (160% - 222% FPL)	\$2,383	\$3,223	\$4,063	\$4,903	\$5,743	\$6,583	\$840
\$15 per child per month (Max \$45/family) (223% - 250% FPL)	\$2,684	\$3,630	\$4,575	\$5,521	\$6,467	\$7,413	\$946
\$30 per child per month (Max. \$90 per family) (251% - 300% FPL)	\$3,220	\$4,355	\$5,490	\$6,625	\$7,760	\$8,895	\$1,135
\$45 per child per month (Max. \$135 per family) (301% - 350% FPL)	\$3,757	\$5,081	\$6,405	\$7,730	\$9,054	\$10,378	\$1,325
\$60 per child per month (Max. \$180 per family) (351%-400% FPL)	\$4,294	\$5,807	\$7,320	\$8,834	\$10,347	\$11,860	\$1,514
Full Premium per child/month if over 400% FPL (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

16. SSI Levels				
SSI Consumer	Amount			
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

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

18. Home Equity Maximum	
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 Increased to \$1,717.50 for QPP's
Applicant with Spouse	\$24,600	\$1,367 Increased to \$3,435.00 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	\$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			Medicare Part A Premium: \$274.00 (30-39 Quarters) \$499.00 (Less than 30 Quarters) Medicare Part B Premium: (Rates based upon 2020 income tax filings) <ul style="list-style-type: none"> The Cost of Living adjustment (COLA) for Social Security will be 5.9% percent for 2022. The standard monthly premium for Medicare Part B enrollees is \$170.10 for 2022. Most Medicare beneficiaries will pay this amount. The standard Medicare Part B \$170.10 monthly premium is for beneficiaries with income less than or equal to \$91,000. Due to the SSA 5.9% COLA, some beneficiaries who were held harmless against Part B premium increases in 2021 will pay the full monthly premium of \$170.10 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. <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 \$170.10 in 2022.</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 the 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 \$433.00</p> <p>PASS-THROUGH FACTORS: .972 and .139</p> <p>Note: 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>		
	Family of 1		Family of 2			
QMB 100% FPL	Annual	\$13,590	\$18,310			
	Monthly	\$1,133	\$1,526			
SLIMB 120% FPL	Annual	\$16,308	\$21,972	Family Size	1	2
	Monthly	\$1,359	\$1,831	COBRA (100% FPL)	\$1,133	\$1,526
QI-1 135% FPL	Annual	\$18,347	\$24,719	AIDS Health Ins. Program (AHIP) (185% FPL)	\$2,096	\$2,823
	Monthly	\$1,529	2,060	QWDI (200% FPL)	\$2,265	\$3,052
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) - \$13,415	LONG ISLAND - \$14,012 Nassau, Suffolk
NORTHEASTERN - \$12,560 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	NORTHERN METROPOLITAN - \$13,399 Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
WESTERN - \$11,884 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	ROCHESTER - \$13,376 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
CENTRAL - \$11,328 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) - \$1,497	LONG ISLAND (Shelter = 60) - \$1,414
NORTHEASTERN (Shelter = 54) - \$537	NORTHERN METROPOLITAN (Shelter = 58) - \$1,032
WESTERN (Shelter = 57) - \$414	ROCHESTER (Shelter = 56) - \$464
CENTRAL (Shelter = 55) - \$466	
CONGREGATE CARE LEVEL III - (42+ Regional Rate for County- Shelter = 63) - \$1,949 - \$3,032	

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

16. SSI Levels				
SSI Consumer	Amount			
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

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

18. Home Equity Maximum	
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.



MAPDR-01 06/06/2023
(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 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 Increased to \$1,857.75 for QPP's
Applicant with Spouse	\$40,821	\$2,268 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	Medicare Part A Premium: \$278.00 (30-39 Quarters) \$506.00 (Less than 30 Quarters) Medicare Part B Premium: (Rates based upon 2022 income tax filings) <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. 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: <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. Standard Allocation: From non-SSI-related parent to non-SSI- related child \$591.00 PASS-THROUGH FACTORS: .974 and .128 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.	
			Monthly	\$1,677	\$2,268		
			Family of 1	Family of 2	Family Size	1	2
					COBRA (100% FPL)	\$1,215	\$1,644
QI-1	Monthly	Greater than 138%FPL But less than or equal to 186% FPL	1,677	2,268	AIDS Health Ins. Program (AHIP) (185% FPL) (No Resource Test)	\$2,248	\$3,041
	Monthly		2,260	3,057	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

2024

2024 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL POVERTY LEVELS (FPL)

Reference Documents: MBL Transmittal 23-2, GIS: 24/MA 01, 23/MA/21,23/MA23, 22/MA 14, 22/MA 10 2022-00068-01, and [NYS Partnership for Long-Term Care](#)

Note: The Figures highlighted in yellow are awaiting the new 2024 levels.



MAPDR-01 03/01/2024
(Obsoletes MAPDR-71)

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

Financial Levels for Medicaid and Related Program Eligibility

1. Non-MAGI Medicaid Levels (SSI and SSI-Related Consumers With or Without A Surplus)

Family Size	1	2	3	4	5	6	7	8	9	10	Each Additional Person
Monthly Income	\$1,732	\$2,351	\$2,970	\$3,588	\$4,207	\$4,826	\$5,445	\$6,063	\$6,682	\$7,301	\$619

2. Non-MAGI Resource Levels

Family Size	1	2	3	4	5	6	7	8	9	10	Each Additional Person
Resource Level	\$31,175	\$42,312	\$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) - \$3,853.50 (Inst Spouse) - \$50	Resources – (Minimum) - \$74,820 (Maximum) - \$154,140 (Inst Spouse) - \$31,175	Family Member Allowance Formula: Use - \$2,555 \$852 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	*\$31,175	\$50
Community Spouse	*\$154,140 (Maximum)	\$3,853.50
Home Care (Community-Based-Long-Term Care Services)		
	Resource Allowance	Income Allowance (Monthly)
Applicant	\$31,175	\$1,732 Increased to \$1,926.75 for QPP's
Applicant with Spouse	\$42,312	\$2,351 Increased to \$3,853.50 for QPP's

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

5. MBI-WPD (Persons 16-64)

Family Size	1	2
Monthly Income 250% FPL	\$3,138	\$4,259
Resources	\$31,175	\$42,312

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

Family Size	1	2	3	4	5	6	Each Additional Person
FPBP 223% FPL (Childbearing Age)	\$2,799	\$3,799	\$4,799	\$5,798	\$6,798	\$7,798	\$1000

Note: FPBP eligibility is to be determined using only the applicant's income. The applicant's income is then compared to 223% of the federal poverty level for the appropriate family size. Family size continues to be determined using legal responsibility.

7. Medicare Savings Program (Buy-In)

			Income	
			Family of 1	Family of 2
QMB 138% FPL	Annual		\$20,783	\$28,208
	Monthly		\$1,732	\$2,351

8. Other Important Figures

Medicare Part A Premium: \$278.00 (30-39 Quarters)
\$505.00 (Less than 30 Quarters)

Medicare Part B Premium: (Rates based upon 2023 income tax filings)

- The Cost-of-Living adjustment (COLA) for Social Security will be 3.2% percent for 2024.
- The standard monthly premium for Medicare Part B enrollees is **\$174.70** for 2024, an increase of \$9.80 from \$164.90 in 2023. 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 2024. Due to the SSA 3.2% COLA, some beneficiaries who were held harmless against Part B premium increases in 2023, will pay the full monthly premium of **\$174.70** in 2024. 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 2023 standard Medicare Part B premium amount will automatically have their 2024 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 2023 standard Medicare Part B premium amount of \$164.90 per month. Staff will be required to review those cases and take the appropriate follow-up action.

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 \$174.70 in 2024:

- The standard Medicare Part B monthly premium for beneficiaries with annual income above **\$103,000.00**, or a married individual when the couple’s combined income is over **\$206,000**, will pay **174.70**, and 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;
- Individuals who have Medicare and Medicaid, and Medicaid pays the premiums;

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

PASS-THROUGH FACTORS: .975 and .124

Note: Budgets with a “From” date of January 1, 2024, or later, that utilize a Federal Poverty Level (FPL) must be calculated with the 2023 Social Security benefit amount and Medicare Part B premium amount until the 2024 FPLs are available on MBL. The 2023 Social Security amounts and Part B premiums must be used until further notice. Staff must recalculate income eligibility based on the new levels and current income when contacted by the consumer or during renewal.

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

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

NEW YORK CITY (All boroughs) - \$14,273	LONG ISLAND - \$14,668 Nassau, Suffolk
NORTHEASTERN - \$13,235 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	NORTHERN METROPOLITAN - \$14,165 Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
WESTERN - \$12,241 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	ROCHESTER - \$14,419 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
CENTRAL - \$12,196 Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	

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

NEW YORK CITY (All boroughs) (Shelter = 59) - \$1,931	LONG ISLAND (Shelter = 60) - \$1,624
NORTHEASTERN (Shelter = 54) - \$433	NORTHERN METROPOLITAN (Shelter = 58) - \$1,180
WESTERN (Shelter = 57) - \$320	ROCHESTER (Shelter = 56) - \$392
CENTRAL (Shelter = 55) - \$365	
CONGREGATE CARE LEVEL III - (42+ Regional Rate for County- Shelter = 63) - \$1,909 - \$3,309	

In determining the community spouse resource allowance on and after January 1, 2024, 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 \$154,140. 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)	\$2,799	\$3,799	\$4,799	\$5,798	\$6,798	\$7,798	\$8,798	\$9,798	\$10,797	\$11,797	\$1000
Infants Under Age 1 223% FPL	\$2,799	\$3,799	\$4,799	\$5,798	\$6,798	\$7,798	\$8,798	\$9,798	\$10,797	\$11,797	\$1000
Children Age 1-5 154% FPL	\$1,933	\$2,624	\$3,314	\$4,004	\$4,695	\$5,385	\$6,076	\$6,766	\$7,457	\$8,147	\$691
Children Age 6 -19 110% FPL	\$1,381	\$1,874	\$2,367	\$2,860	\$3,354	\$3,847	\$4,340	4,833	\$5,326	\$5,819	\$494
Children Age 6-19 (Expanded - 154% FPL)	\$1,933	\$2,624	\$3,314	\$4,004	\$4,695	\$5,385	\$6,076	\$6,766	\$7,457	\$8,147	\$691
Parents and Caretaker Relatives 138% FPL	\$1,732	\$2,351	\$2,970	\$3,588	\$4,207	\$4,826	\$5,445	\$6,063	\$6,682	\$7,301	\$619
19 and 20 Year Olds Living with Parents 138% FPL	\$1,732	\$2,351	\$2,970	\$3,588	\$4,207	\$4,826	\$5,445	\$6,063	\$6,682	\$7,301	\$619
19 and 20 Year Olds Living with Parents (Expanded - 155% FPL)	\$1,946	\$2,641	\$3,336	\$4,030	\$4,725	\$5,420	\$6,115	\$6,810	\$7,505	\$8,200	\$695
S/CCs and 19 and 20 Year Olds Living Alone (100% FPL)	\$1,255	\$1,704	\$2,152	\$2,600	\$3,049	\$3,497	\$3,945	\$4,394	\$4,842	\$5,290	\$449
S/CCs and 19 and 20 Year Olds Living Alone (Expanded 138% FPL)	\$1,732	\$2,351	\$2,970	\$3,588	\$4,207	\$4,826	\$5,445	\$6,063	\$6,682	\$7,301	\$619

12. Children's Medicaid Income Eligibility Levels

Family Size	1	2	3	4	5	6	7	8	Each Additional Person
Children Under 1; Pregnant Adult*	\$2,799	\$3,799	\$4,799	\$5,798	\$6,798	\$7,798	\$8,798	\$9,798	\$1000
Children 1-18 Years	\$1,933	\$2,624	\$3,314	\$4,004	\$4,695	\$5,385	\$6,076	\$6,766	\$691

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

13. Child Health Plus Premium Levels – Monthly Income by Family Size (Children Under 19 Not Medicaid Eligible)

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

Note: *Pregnant women count as two.

14. Disabled Adult Children (DAC) Levels

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

15. Congregate Care Level I, II and III Levels

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

16. SSI Levels				
SSI Consumer	Amount			
Allocation Amount (The difference between the regular Medicaid levels for a household of two [\$2,351.00] and a household of one [\$1,732.00])	\$619.00			
Personal Needs Allowance (Certain waiver participants subject to spousal impoverishment budgeting)	\$619.00			
Maximum Social Security Benefit at Full Retirement Age	\$3,822.00			
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	\$943.00	Couple	\$1,415.00
SSI Resource Levels	Individual	\$2,000.00	Couple	\$3,000.00
Family Care Level (LA 3 & 4)	NYC and Nassau, Suffolk, Westchester and Rockland	\$1,209.48	Upstate	\$1,171.48
SSI-related Student Earned Income Disregard	Monthly	\$2,290.00	Annual Max.	\$9,230.00

17. Substantial Gainful Activity (SGA) Levels		
Category	Amount	Payment Occurrence
Non-Blind	\$1,550.00	Monthly
Blind	\$2,590.00	Monthly
Month Trial Work Period	\$1,110.00	Monthly

18. Home Equity Maximum	
Medicaid Coverage Limit (RVI 1 and 2 cases)	\$1,071,000.00

2025

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

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	3	4	5	6	7	8
Resource Level	\$32,396	\$43,781	\$25,013	\$28,275	\$31,539	\$34,800	\$38,064	\$41,325
Family Size	9	10	Each Additional Person					
Resource Level	\$44,588	\$47,850	\$3,263					

3. Spousal Support and Resource Levels		
Income (MMMNA) - \$3,948.00 (Inst Spouse) - \$50	Resources – (Minimum) \$74,820 (Maximum) - \$157,920 (Inst Spouse) - \$32,396	Family Member Allowance Formula: Use - \$2,644 \$882 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	*\$32,396	\$50
Community Spouse	*\$157,920 (Maximum)	\$3,948.00
Home Care (Community-Based-Long-Term Care Services)		
	Resource Allowance	Income Allowance (Monthly)
Applicant	\$32,396	\$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	\$32,396	\$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)

QMB 138% FPL			Income			Family Size		
			Family Size	1		2	1	2
			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: \$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)

NEW YORK CITY (All boroughs) - \$14,582	LONG ISLAND - \$14,914 Nassau, Suffolk
NORTHEASTERN - \$13,916 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	NORTHERN METROPOLITAN - \$14,569 Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
WESTERN - \$12,842 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	ROCHESTER - \$15,127 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
CENTRAL - \$13,042 Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	

10. Fair Market Regional Rates (Averages) / Special Standards for Housing Expenses	
NEW YORK CITY (All boroughs) (Shelter = 59) - \$1,790	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, 2025, the community spouse is permitted to retain resources in an amount equal to the greater of the following: \$74,820 or the amount of the spousal share up to \$157,920. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the beginning of the most recent continuous period of institutionalization of the institutionalized spouse. The look-back period is anchored in the month the A/R is both institutionalized and applying for MA.

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11. MAGI Levels for Medicaid and Related Program Eligibility

Family Size	1	2	3	4	5	6
Pregnant 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	\$1,233.48
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

15. Congregate Care Level I, II and III Levels		
Shelter Codes	PNA	Shelter Amount
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

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	\$4,018.00			
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

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

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