

Medicaid Income and Resource Limits in NYS Annual Charts Beginning 2010

NYC HRA Medicaid Program Charts

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

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MEDICAID FINANCIAL LEVELS

Effective January 1, 2001

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

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

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

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

REGULAR ELIGIBILITY INCOME AND RESOURCE LEVELS

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

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

EXPANDED ELIGIBILITY INCOME LEVELS (No Resource Test)

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

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

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

MEDICARE SAVINGS PROGRAMS

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

MEDICAID PREMIUM PAYMENT PROGRAMS

AIDS Health Insurance Program COBRA Continuation

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

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

2002 MEDICAID FINANCIAL LEVELS

Effective April 1, 2002

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

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

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



2002 MEDICAID FINANCIAL LEVELS

Effective January 1, 2002

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

Verna Eggleston
Administrator/Commissioner

Iris R. Jimenez-Hernandez
Executive Deputy Commissioner

Diana K. Santos
*Director of Eligibility
Information Services*

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

Revised October 2002

MEDICAID ALERT

The changes in the 2002 Medicaid Financial Levels are:

Public Assistance Standard of Need: line 2

Expanded Eligibility: line 7, 8 and 9

*Medicare Savings Program
and*

Medicaid Premium Payment Programs: line 12

NEED MORE INFORMATION?

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

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

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

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

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

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

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

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

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

*** INCOME AND RESOURCE LEVELS**
for Health Insurance Programs Effective January 1st 2003

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

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

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

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

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

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

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

*** INCOME AND RESOURCE LEVELS**

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

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

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

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

In determining the community resource allowance on and after January 1, 2003, the community spouse is permitted to retain resources in an amount equal to the greater of the following: \$74,820 or the amount of the spousal share up to \$90,660. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989. Look-back period anchored in month A/R is both institutionalized AND applying for MA.

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

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

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

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

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

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

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

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

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

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

8 MEDICARE SAVINGS PROGRAM (BUY-IN) Effective January 1, 2004				9 OTHER IMPORTANT FIGURES Effective January 1, 2004		
	Income			MEDICARE PART B PREMIUM: \$66.60 for most recipients STANDARD ALLOCATION: From non-SSI-related parent to non-SSI-related child \$291 PASS-THROUGH FACTORS: .958.208		
		Family of 1	Family of 2			
QMB 100% FPL (Excludes \$20 Disregard)	Annual	\$9310	\$12490	Family Size	1	2
	Monthly	\$776	\$1041		COBRA (100% FPL)	\$776
SLIMB 120% FPL	Annual	\$11172	\$14988	Aids Health Ins. Program (AHIP) (185% FPL)	\$1436	\$1926
	Monthly	\$931	\$1249		QWDI (200% FPL)	\$1552
QI-1 135% FPL	Annual	\$12569	\$16862	COBRA, QWDI No Resource Test for AHIP	\$4000	\$6000
	Monthly	\$1048	\$1406			
RESOURCES		\$4000	\$6000			
NOTE	1. No resource test for QI-1					
	2. Applicants for QMB and SLIMB who fail resource test may qualify for QI-1					

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

In determining the community resource allowance on and after January 1, 2004, the community spouse is permitted to retain resources in an amount equal to the greater of the following: \$74,820 or the amount of the spousal share up to \$92,760. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989. Look-back period anchored in month A/R is both institutionalized and applying for MA.

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

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

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

**2. Child Health Plus B Premium Levels Chart - Monthly Income by Family Size
 (Children Under 19 NOT Medicaid-Eligible)**

Premium Categories	1	2	3	4	5	6	Each Add'l Person
Free Insurance (160 % FPL)	\$1275	\$1710	\$2145	\$2579	\$3014	\$3449	\$435
\$9 per child per month (Max. \$27 per family) (222% FPL)	\$1771	\$2374	\$2977	\$3580	\$4183	\$4786	\$604
\$15 per child per month (Max \$45/Family) (250% FPL)	\$1994	\$2673	\$3353	\$4032	\$4711	\$5390	\$680
Full Premium per child/month if over 250%FPL	\$1994	\$2673	\$3353	\$4032	\$4711	\$5390	\$680

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

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

4. Family Health Plus Income Levels

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

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

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

6. Medicaid Buy-In for Working People with Disabilities

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

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

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

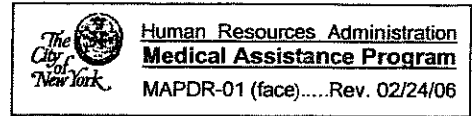
7. MONTHLY STANDARDS (Non-Disabled Adults ages 21-64 Without Children under 21 in Household)						
(a) MONTHLY INCOME LEVELS			(b) RESOURCE LEVELS			
Family Size		1	2	No. of persons in S/CC household	1	2
Maximum Gross Income Test (Initial Screening) (185%)		\$651.39	\$866.73			
Std. PA Allowance	+	\$112.00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

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

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

In determining the community resource allowance on and after January 1, 2005, the community spouse is permitted to retain resources in an amount equal to the greater of the following: \$74,820 or the amount of the spousal share up to \$95,100. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989. Look-back period anchored in month A/R is both institutionalized and applying for MA.

2006 NYS Income and Resource Standards and Federal Poverty Levels



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

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

2. Child Health Plus B 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	\$1306	\$1759	\$2213	\$2666	\$3119	\$3573	\$454
\$9 per child per month (Max. \$27 per family)	\$1813	\$2442	\$3071	\$3700	\$4329	\$4958	\$629
\$15 per child per month (Max \$45/Family)	\$2042	\$2750	\$3459	\$4167	\$4875	\$5584	\$709
Full Premium per child/month if over 250% FPL	\$2042	\$2750	\$3459	\$4167	\$4875	\$5584	\$709

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

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

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

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

2006 NYS Income and Resource Standards and Federal Poverty Levels

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

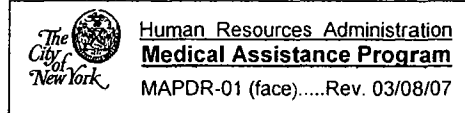
8. Medicare Savings Program (Buy-In)				9. Other Important Figures		
		Income		Medicare Part A Premium: \$393.00 Medicare Part B Premium: \$88.50 for most recipients Standard Allocation: From non-SSI-related parent to non-SSI-related child \$301 PASS-THROUGH FACTORS: .961 .194		
			Family of 1	Family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

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

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

In determining the community resource allowance on and after January 1, 2006, the community spouse is permitted to retain resources in an amount equal to the greater of the following: \$74,820 or the amount of the spousal share up to \$99,540. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989. Look-back period anchored in month A/R is both institutionalized and applying for MA.

2007 NYS Income and Resource Standards and Federal Poverty Levels



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

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

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

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

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

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

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

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

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

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

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

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

In determining the community resource allowance on and after January 1, 2007, the community spouse is permitted to retain resources in an amount equal to the greater of the following: \$74,820 or the amount of the spousal share up to \$101,640. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989. Look-back period anchored in month A/R is both institutionalized and applying for MA.

2008 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL POVERTY LEVELS



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

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

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

2. Child Health Plus Premium Levels – Monthly Income by Family Size (Children Under 19 NOT Medicaid-Eligible)

Premium Categories	1	2	3	4	5	6	Each Add'l Person
Free Insurance (160% FPL)	\$1368	\$1866	\$2346	\$2826	\$3306	\$3786	\$480
\$9 per child per month (Max. \$27 per family) (222% FPL)	\$1924	\$2590	\$3256	\$3922	\$4588	\$5254	\$666
\$15 per child per month (Max \$45/Family) (250% FPL)	\$2167	\$2917	\$3667	\$4417	\$5167	\$5917	\$750
Full Premium per child/month if over 250% FPL	\$2167	\$2917	\$3667	\$4417	\$5167	\$5917	\$750

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

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

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

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

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

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

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

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

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

6. MBI-WPD (16-64)

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

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

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

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

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

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

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

In determining the community resource allowance on and after January 1, 2008, the community spouse is permitted to retain resources in an amount equal to the greater of the following: \$74,820 or the amount of the spousal share up to \$104,400. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989. The look-back period anchored in the month the A/R is both institutionalized and applying for MA.

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



GIS 08 MA / 35, GIS 09 MA / 001

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

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

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

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

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

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

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

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

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

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

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

In determining the community resource allowance on and after January 1, 2009, the community spouse is permitted to retain resources in an amount equal to the greater of the following: \$74,820 or the amount of the spousal share up to \$109,560. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989. The look-back period anchored in the month the A/R is both institutionalized and applying for MA.

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

In determining the community resource allowance on and after January 1, 2009, the community spouse is permitted to retain resources in an amount equal to the greater of the following: \$74,820 or the amount of the spousal share up to \$109,560. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989. The look-back period anchored in the month the A/R is both institutionalized and applying for MA.

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

Edited for MARC: CHPlus ADM 63 Attachment A



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

2. Child Health Plus Premium Levels – Monthly Income (Effective 04/01/2011) 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	\$1,451	\$1,961	\$2,470	\$2,979	\$3,489	\$3,998	\$510
\$9 per child per month (Max. \$27 per family) (222% FPL)	\$2,015	\$2,722	\$3,429	\$4,135	\$4,842	\$5,549	\$707
\$15 per child per month (Max \$45/Family) (250% FPL)	\$2,269	\$3,065	\$3,861	\$4,657	\$5,453	\$6,248	\$796
\$30 per child per month (Max. \$90 per family) (300% FPL)	\$2,723	\$3,678	\$4,633	\$5,588	\$6,543	\$7,498	\$955
\$45 per child per month (Max. \$135 per family) (350% FPL)	\$3,177	\$4,291	\$5,405	\$6,519	\$7,633	\$8,748	\$1,115
\$60 per child per month (Max. \$180 per family) (400% FPL)	\$3,630	\$4,904	\$6,177	\$7,450	\$8,724	\$9,997	\$1,274
Full Premium per child/month if over 400% FPL (Premium amount varies from plan to plan)	Over \$3,630	Over \$4,904	Over \$6,177	Over \$7,450	Over \$8,724	Over \$9,997	\$1,274

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

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

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

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

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



MAPDR-01 03/19/2012

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

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

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

**2. Child Health Plus Premium Levels – Monthly Income Monthly Income by Family Size
(Children Under 19 NOT Medicaid Eligible)**

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

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

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

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

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

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

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

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

7. Monthly Medicaid Standards Non-Disabled Adults ages 21-64 Without Children under 21 in the Household and Low Income Families											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
Monthly Income	\$735	\$918	\$1,092	\$1,268	\$1,450	\$1,582	\$1,723	\$1,902	\$2,006	\$2,110	\$104

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

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

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

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

In determining the community resource allowance on and after January 1, 2009, the community spouse is permitted to retain resources in an amount equal to the greater of the following: \$74,820 or the amount of the spousal share up to \$113,640. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989. The look-back period is anchored in the month the A/R is both institutionalized and applying for MA.

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



MAPDR-01 03/21/2013

Note: All dollar amounts now reflect 2013 levels

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

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

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

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

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

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

5. Family Planning Benefit Program Income Levels (No Resource Test)								6. MBI-WPD (Persons 16-64)			
Family Size	1	2	3	4	5	6	Each Add'l Person	Family Size	1	2	Resource
FPBP 200% FPL (Child Bearing Age)	\$1,915	\$2,585	\$3,255	\$3,925	\$4,595	\$5,265	\$670	MBI-WPD 250% FPL	\$2,394	\$3,232	(1) \$20,000 (2) \$30,000

7. Monthly Medicaid Standards (Non-Disabled Adults ages 21-64 Without Children under 21 in the Household and Low Income Families)											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
Monthly Income	\$750	\$936	\$1,114	\$1,293	\$1,479	\$1,614	\$1,757	\$1,940	\$2,046	\$2,152	\$106

8. Medicare Savings Program (Buy-In)				9. Other Important Figures				
	Income			Medicare Part A Premium: \$243.00 (30-39 Quarters) \$441.00 (Less than 30 Quarters) Medicare Part B Premium: \$104.90 for all recipients Standard Allocation: From non-SSI-related parent to non-SSI-related child \$375 PASS-THROUGH FACTORS: .967 and .165				
	Family of 1		Family of 2	Family Size			1	2
QMB 100% FPL	Annual	\$11,496	\$15,516	COBRA (100% FPL)			\$958	\$1,293
	Monthly	\$958	\$1,293	AIDS Health Ins. Program (AHIP) (185% FPL)			\$1,772	\$2,392
SLIMB 120% FPL	Annual	\$13,788	\$18,612	QWDI (200% FPL)			\$1,915	\$2,585
	Monthly	\$1,149	\$1,551	COBRA, QWDI (Resource Level)			\$4,000	\$6,000
QI-1 135% FPL	Annual	\$15,516	\$20,940	Pickle/DAC/SSI (Resource Level)			\$2,000	\$3,000
	Monthly	\$1,293	\$1,745	NO RESOURCE TEST FOR ANY MSP PROGRAM				

10. Spousal Support and Resource Levels		
INCOME (MMMNA) - \$2,898 (Inst Spouse) - \$50	RESOURCES - (Minimum) - \$74,820 (Maximum) - \$115,920	FAMILY MEMBER ALLOWANCE FORMULA: USE - \$1,939 \$647 is the maximum family member allowance

11. SSI-Related Resource Levels											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
Resource Level	\$14,400	\$21,150	\$24,323	\$27,495	\$30,668	\$33,840	\$37,013	\$40,185	\$43,358	\$46,531	\$3,173

12. Monthly Regional Nursing Home Rates	
NEW YORK CITY (All boroughs) - \$11,350	LONG ISLAND - \$12,034 Nassau, Suffolk
NORTHEASTERN - \$8,950 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	NORTHERN METROPOLITAN - \$10,737 Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
WESTERN (Buffalo) - \$8,682 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	ROCHESTER - \$9,782 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
CENTRAL (Syracuse) - \$8,432 Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	

In determining the community resource allowance on and after January 1, 2009, the community spouse is permitted to retain resources in an amount equal to the greater of the following: \$74,820 or the amount of the spousal share up to \$115,920. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989. The look-back period is anchored in the month the A/R is both institutionalized and applying for MA.

2014

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

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



Financial Levels for Medicaid and Related Program Eligibility

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 Add'l Person
Monthly Income	\$809	\$1,192	\$1,371	\$1,550	\$1,728	\$1,907	\$2,086	\$2,265	\$2,443	\$2,622	\$179

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

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

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

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

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

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

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

In determining the community resource allowance on and after January 1, 2009, the community spouse is permitted to retain resources in an amount equal to the greater of the following: \$74,820 or the amount of the spousal share up to \$117,240. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989. The look-back period is anchored in the month the A/R is both institutionalized and applying for MA.

10. MAGI Levels for Medicaid and Related Program Eligibility

Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
Pregnant Women and Infants Under Age 1 (223% FPL)	\$2,169	\$2,924	\$3,678	\$4,433	\$5,187	\$5,942	\$6,696	\$7,451	\$8,205	\$8,960	\$755
Infants Under Age 1 223% FPL	\$2,169	\$2,924	\$3,678	\$4,433	\$5,187	\$5,942	\$6,696	\$7,451	\$8,205	\$8,960	\$755
Children Age 1 – 5 154% FPL	\$1,498	\$2,019	\$2,540	\$3,061	\$3,582	\$4,103	\$4,624	\$5,145	\$5,666	\$6,187	\$522
Children Age 6 – 19 110% FPL	\$1,070	\$1,442	\$1,815	\$2,187	\$2,559	\$2,931	\$3,303	\$3,675	\$4,048	\$4,420	\$373
Children Age 6 -19 (Expn'd - 154% FPL)	\$1,498	\$2,019	\$2,540	\$3,061	\$3,582	\$4,103	\$4,624	\$5,145	\$5,666	\$6,187	\$522
Parents and Caretaker Relatives 138% FPL	\$1,343	\$1,809	\$2,276	\$2,743	\$3,210	\$3,677	\$4,144	\$4,611	\$5,078	\$5,545	\$467
19 and 20 Year Olds Living With Parents 138% FPL	\$1,343	\$1,809	\$2,276	\$2,743	\$3,210	\$3,677	\$4,144	\$4,611	\$5,078	\$5,545	\$467
19 and 20 Year Olds Living With Parents (Expn'd - 155%FPL)	\$1,508	\$2,032	\$2,557	\$3,081	\$3,606	\$4,130	\$4,654	\$5,179	\$5,703	\$6,228	\$525
S/CCs and 19 and 20 Year Olds Living Alone (100% FPL)	\$973	\$1,311	\$1,650	\$1,988	\$2,326	\$2,665	\$3,003	\$3,341	\$3,680	\$4,018	\$339
S/CCs and 19 and 20 Year Olds Living Alone (Expn'd 138% FPL)	\$1,343	\$1,809	\$2,276	\$2,743	\$3,210	\$3,677	\$4,144	\$4,611	\$5,078	\$5,545	\$467

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

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

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

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

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

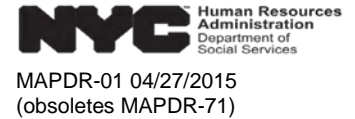
15. Substantial Gainful Activity (SGA) Levels		
Category	Amount	Payment Occurrence
Non-Blind	\$1,070.00	Monthly
Blind	\$1,800.00	Monthly
Month Trial Work Period	\$770.00	Monthly

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

2015

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

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



Financial Levels for Medicaid and Related Program Eligibility

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 Add'l Person
Monthly Income	\$825	\$1,209	\$1,390	\$1,571	\$1,753	\$1,934	\$2,115	\$2,296	\$2,478	\$2,659	\$182

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

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

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

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

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

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

In determining the community resource allowance on and after January 1, 2015, the community spouse is permitted to retain resources in an amount equal to the greater of the following: \$74,820 or the amount of the spousal share up to \$119,220. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the beginning of the most recent continuous period of institutionalization of the institutionalized spouse. The look-back period is anchored in the month the A/R is both institutionalized and applying for MA.

(Remainder of page left blank intentionally)

9. MAGI Levels for Medicaid and Related Program Eligibility

Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
Pregnant Women and Infants Under Age 1 (223% FPL)	\$2,188	\$2,961	\$3,734	\$4,507	\$5,280	\$6,053	\$6,826	\$7,599	\$8,372	\$9,145	\$774
Infants Under Age 1 223% FPL	\$2,188	\$2,961	\$3,734	\$4,507	\$5,280	\$6,053	\$6,826	\$7,599	\$8,372	\$9,145	\$774
Children Age 1 – 5 154% FPL	\$1,511	\$2,045	\$2,579	\$3,113	\$3,646	\$4,180	\$4,714	\$5,248	\$5,782	\$6,316	\$534
Children Age 6 – 19 110% FPL	\$1,079	\$1,461	\$1,842	\$2,223	\$2,605	\$2,986	\$3,367	\$3,749	\$4,130	\$4,511	\$382
Children Age 6 -19 (Expn'd - 154% FPL)	\$1,511	\$2,045	\$2,579	\$3,113	\$3,646	\$4,180	\$4,714	\$5,248	\$5,782	\$6,316	\$534
Parents and Caretaker Relatives 138% FPL	\$1,354	\$1,832	\$2,311	\$2,789	\$3,268	\$3,746	\$4,224	\$4,703	\$5,181	\$5,660	\$479
19 and 20 Year Olds Living With Parents 138% FPL	\$1,354	\$1,832	\$2,311	\$2,789	\$3,268	\$3,746	\$4,224	\$4,703	\$5,181	\$5,660	\$479
19 and 20 Year Olds Living With Parents (Expn'd - 155%FPL)	\$1,521	\$2,058	\$2,595	\$3,133	\$3,670	\$4,207	\$4,745	\$5,282	\$5,819	\$6,357	\$538
S/CCs and 19 and 20 Year Olds Living Alone (100% FPL)	\$981	\$1,328	\$1,675	\$2,021	\$2,368	\$2,715	\$3,061	\$3,408	\$3,755	\$4,101	\$347
S/CCs and 19 and 20 Year Olds Living Alone (Expn'd 138% FPL)	\$1,354	\$1,832	\$2,311	\$2,789	\$3,268	\$3,746	\$4,224	\$4,703	\$5,181	\$5,660	\$479

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

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

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

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

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

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

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

2016

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

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



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

Financial Levels for Medicaid and Related Program Eligibility

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

Family Size	1	2	3	4	5	6	7	8	9	10	Each Additional Person
Monthly Income	\$825	\$1,209	\$1,390	\$1,571	\$1,753	\$1,934	\$2,115	\$2,296	\$2,478	\$2,659	\$182

2. Non-MAGI Resource Levels

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

3. Spousal Support and Resource Levels

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

5. Other Important Figures

	Income			Medicare Part A Premium: \$224.00 (30-39 Quarters) \$407.00 (Less than 30 Quarters)	Medicare Part B Premium: (Rates based upon 2014 income tax filings)	1	2
	Family of 1	Family of 2					
QMB 100% FPL	Annual	\$11,880	\$16,020	<ul style="list-style-type: none"> • \$104.90 for most Medicare Part B recipients in receipt of benefits on or before 12/31/2015. This includes individuals with an annual income of \$85,000 or less and couples with joint annual incomes of \$170,000 or less • \$121.80 for persons in receipt of Medicare Part B benefits as of January 1, 2016, who are either individuals with an annual income of \$85,000 or less and couples with joint annual incomes of \$170,000 or less • \$194.90 for persons in receipt of Medicare Part B benefits as of January 1, 2016, who are either individuals with an annual income of more than \$160,000 but no more than \$214,000 and couples with joint annual incomes of more than \$320,000 but no more than \$428,000 • \$268.00 for persons in receipt of Medicare Part B benefits as of January 1, 2016, who are either individuals with an annual income of more than \$214,000 and couples with joint annual incomes of more than \$428,000 			
	Monthly	\$990	\$1,335				
SLIMB 120% FPL	Annual	\$14,256	\$19,224	Standard Allocation: From non-SSI-related parent to non-SSI- related child \$384 PASS-THROUGH FACTORS: .968 and .160	COBRA (100% FPL)	\$990	\$1,335
	Monthly	\$1,188	\$1,602				
QI-1 135% FPL	Annual	\$16,038	\$21,627	AIDS Health Ins. Program (AHIP) (185% FPL) QWDI (200% FPL)	\$1,832	\$2,470	
	Monthly	\$1,337	\$1,803				
NO RESOURCE TEST FOR ANY MSP PROGRAM				COBRA, QWDI (Resource Level)	\$4,000	\$6,000	
				Pickle/DAC/SSI (Resource Level)	\$2,000	\$3,000	

6. MBI-WPD (Persons 16-64)		
Family Size	1	2
Monthly Income 250% FPL	\$2,475	\$3,338
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)	\$2,208	\$2,978	\$3,747	\$4,516	\$5,286	\$6,055	\$774

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

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

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

In determining the community resource allowance on and after January 1, 2016, the community spouse is permitted to retain resources in an amount equal to the greater of the following: \$74,820 or the amount of the spousal share up to \$119,220. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the beginning of the most recent continuous period of institutionalization of the institutionalized spouse. The look-back period is anchored in the month the A/R is both institutionalized and applying for MA.

10. MAGI Levels for Medicaid and Related Program Eligibility

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

11. Children's Medicaid Income Eligibility Levels

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

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

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

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

13. Disabled Adult Children (DAC) Levels

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

14. Congregate Care Level I, II and III Levels

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

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	\$2,639			
State Supplement	Individual	\$87.00	Couple	\$104.00
Federal Benefit Rate	Individual	\$733.00	Couple	\$1,100.00
SSI Resource Levels	Individual	\$2,000.00	Couple	\$3,000.00
SSI Related Student Earned Income Disregard	Monthly	\$1,780.00	Annual Max.	\$7,180.00

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

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

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

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



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

Financial Levels for Medicaid and Related Program Eligibility

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

Family Size	1	2	3	4	5	6	7	8	9	10	Each Additional Person
Monthly Income	\$825	\$1,209	\$1,390	\$1,571	\$1,753	\$1,934	\$2,115	\$2,296	\$2,478	\$2,659	\$182

2. Non-MAGI Resource Levels

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

3. Spousal Support and Resource Levels

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)

5. Other Important Figures

	Income		Family of 2				
	Family of 1			Family Size			
QMB 100% FPL	Annual	\$12,060	\$16,240	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. 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: .968 and .159			
	Monthly	\$1,005	\$1,354				
SLIMB 120% FPL	Annual	\$14,472	\$19,488	1	2		
	Monthly	\$1,206	\$1,624	COBRA (100% FPL)	\$1,005	\$1,354	
QI-1 135% FPL	Annual	\$16,281	\$21,924	AIDS Health Ins. Program (AHIP) (185% FPL)	\$1,860	\$2,504	
	Monthly	\$1,357	\$1,827	QWDI (200% FPL)	\$2,010	\$2,707	
NO RESOURCE TEST FOR ANY MSP PROGRAM				COBRA, QWDI (Resource Level)		\$4,000	\$6,000
				Pickle/DAC/SSI (Resource Level)		\$2,000	\$3,000

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.

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

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

Financial Levels for Medicaid and Related Program Eligibility

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

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					
	Family of 1		Family of 2			
QMB 100% FPL	Annual	\$12,140	\$16,460	<p>Medicare Part A Premium: \$232.00 (30-39 Quarters) \$422.00 (Less than 30 Quarters)</p> <p>Medicare Part B Premium: (Rates based upon 2016 income tax filings)</p> <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). <p>Under federal law commonly known as the "hold harmless" provision, Medicare Part B premiums cannot raise more than the COLA in any year for most consumers. However, this provision does not apply to the consumers listed below. Their Part B premium increased is currently \$134.00.</p> <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. <p>Standard Allocation: From non-SSI-related parent to non-SSI-related child \$384</p> <p>PASS-THROUGH FACTORS: .969 and .156</p>		
	Monthly	\$1,012	\$1,372			
SLIMB 120% FPL	Annual	\$14,568	\$19,752	Family Size		
	Monthly	\$1,214	\$1,646	COBRA (100% FPL)	1	2
QI-1 135% FPL	Annual	\$16,392	\$22,224	AIDS Health Ins. Program (AHIP) (185% FPL)	\$1,872	\$2,538
	Monthly	\$1,366	\$1,852	QWDI (200% FPL)	\$2,024	\$2,744
NO RESOURCE TEST FOR ANY MSP PROGRAM				COBRA, QWDI (Resource Level)	\$4,000	\$6,000
				Pickle/DAC/SSI (Resource Level)	\$2,000	\$3,000

8. Monthly Regional Nursing Home Rates (Use the rate for the region in which the facility is located)	
NEW YORK CITY (All boroughs) - \$12,319	LONG ISLAND - \$13,053 Nassau, Suffolk
NORTHEASTERN - \$10,719 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	NORTHERN METROPOLITAN - \$12,428 Dutchess, 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.



Department of Social Services
Human Resources Administration
Department of Homeless Services

Medical Insurance and Community Services Administration

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

Financial Levels for Medicaid and Related Program Eligibility

1. Non-MAGI Medicaid Levels (SSI and SSI-Related Consumers With or Without A Surplus)											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Additional Person
Monthly Income	\$859	\$1,267	\$1,457	\$1,647	\$1,837	\$2,027	\$2,217	\$2,407	\$2,597	\$2,787	\$190

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

3. Spousal Support and Resource Levels		
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

4. MBI-WPD (Persons 16-64)		
Family Size	1	2
Monthly Income 250% FPL	\$2,603	\$3,523
Resources	\$20,000	\$30,000

5. Family Planning Benefit Program Income Levels (No Resource Test)							
Family Size	1	2	3	4	5	6	Each Additional Person
FPBP 223% FPL (Child Bearing Age)	\$2,322	\$3,143	\$3,964	\$4,786	\$5,607	\$6,428	\$822

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

6. Medicare Savings Program (Buy-In)				7. Other Important Figures		
	Income				1	2
	Family of 1		Family of 2			
QMB 100% FPL	Annual	\$12,490	\$16,910	<p>Medicare Part A Premium: \$240.00 (30-39 Quarters) \$437.00 (Less than 30 Quarters)</p> <p>Medicare Part B Premium: (Rates based upon 2016 income tax filings)</p> <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. <p>Under federal law commonly known as the “hold harmless” provision, Medicare Part B premiums cannot raise more than the COLA in any year for most consumers. However, this provision does not apply to the consumers listed below. Their Part B premium increased is currently \$135.50.</p> <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. <p>Standard Allocation: From non-SSI-related parent to non-SSI- related child \$384</p> <p>PASS-THROUGH FACTORS: .970 and .152</p> <p>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.</p>		
	Monthly	\$1,041	\$1,410			
SLIMB 120% FPL	Annual	\$14,988	\$20,292	Family Size		
	Monthly	\$1,249	\$1,691	COBRA (100% FPL)	\$1,041	\$1,410
QI-1 135% FPL	Annual	\$16,862	\$22,829	AIDS Health Ins. Program (AHIP) (185% FPL)	\$1,926	\$2,607
	Monthly	\$1,406	\$1,903	QWDI (200% FPL)	\$2,082	\$2,819
NO RESOURCE TEST FOR ANY MSP PROGRAM				COBRA, QWDI (Resource Level)	\$4,000	\$6,000
				Pickle/DAC/SSI (Resource Level)	\$2,000	\$3,000

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

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

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				1	2
	Family of 1		Family of 2			
QMB 100% FPL	Annual	\$12,760	\$17,240	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) <ul style="list-style-type: none"> 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 . <ul style="list-style-type: none"> 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.		
	Monthly	\$1,064	\$1,437			
SLIMB 120% FPL	Annual	\$15,312	\$20,688	Family Size		
	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](#).



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					
	Family of 1		Family of 2			
QMB 100% FPL	Annual	\$12,880	\$17,420	<p>Medicare Part A Premium: \$259.00 (30-39 Quarters) \$471.00 (Less than 30 Quarters)</p> <p>Medicare Part B Premium: (Rates based upon 2018 income tax filings)</p> <ul style="list-style-type: none"> 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. <p>Under federal law commonly known as the “hold harmless” provision, Medicare Part B premiums cannot raise more than the COLA in any year for most consumers. However, this provision does not apply to the consumers listed below. Their Part B premium increased is currently \$148.50 in 2021.</p> <ul style="list-style-type: none"> 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. <p>Standard Allocation: From non-SSI-related parent to non-SSI- related child \$416.00</p> <p>PASS-THROUGH FACTORS: .970 and .148</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 2019 Social Security benefit amount and Medicare Part B premium amount until the 2021 FPLs are available on MBL. The 2020 Social Security amounts and Part B premium must be used until Phase Two of the Mass Re-budgeting.</p>		
	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				1	2
	Family of 1		Family of 2			
QMB 100% FPL	Annual	\$13,590	\$18,310	<p>Medicare Part A Premium: \$274.00 (30-39 Quarters) \$499.00 (Less than 30 Quarters)</p> <p>Medicare Part B Premium: (Rates based upon 2020 income tax filings)</p> <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>		
	Monthly	\$1,133	\$1,526			
SLIMB 120% FPL	Annual	\$16,308	\$21,972	Family Size		
	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

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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) - \$13,415	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.

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)				
	Monthly	\$1,677	\$2,268	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. <p>Under federal law commonly known as the “hold harmless” provision, Medicare Part B premiums cannot raise more than the COLA in any year for most consumers. The “hold-harmless” provision does not apply to all beneficiaries. The Medicare Part B premium for individuals in the following categories has increased to \$164.90 (or higher) in 2023:</p> <ul style="list-style-type: none"> Individuals whose income is above \$91,000, or a married individual when the couple’s combined income is over \$182,000, will pay the standard premium and an Income-Related Monthly Adjustment Amount (IRMAA); Beneficiaries who do not receive Social Security benefits; Individuals who are directly billed for their Part B premium; New Medicare Part B beneficiaries; and Individuals who have Medicare and Medicaid, and Medicaid pays the premiums. <p>Standard Allocation: From non-SSI-related parent to non-SSI- related child \$591.00</p> <p>PASS-THROUGH FACTORS: .974 and .128</p> <p>Note: Budgets with a “From” date of January 1, 2023, or later, that utilize a Federal Poverty Level (FPL) must be calculated with the 2022 Social Security benefit amount and Medicare Part B premium amount until the 2023 FPLs are available on MBL. The 2022 Social Security amounts and Part B premium must be used until further notice. Staff must recalculate income eligibility based on the new levels and current income when contacted by the consumer or during renewal.</p>				
		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

**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)

8. Other Important Figures

			Income					
			Family of 1	Family of 2				
QMB 138% FPL	Annual		\$20,783	\$28,208	<p>Medicare Part A Premium: \$278.00 (30-39 Quarters) \$505.00 (Less than 30 Quarters)</p> <p>Medicare Part B Premium: (Rates based upon 2023 income tax filings)</p> <ul style="list-style-type: none"> 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. <p>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.</p> <p>Under federal law commonly known as the “hold harmless” provision, Medicare Part B premiums cannot raise more than the COLA in any year for most consumers. The “hold-harmless” provision does not apply to all beneficiaries. The Medicare Part B premium for individuals in the following categories has increased to \$174.70 in 2024:</p> <ul style="list-style-type: none"> 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; <p>Standard Allocation: From non-SSI-related parent to non-SSI- related child \$619.00</p> <p>PASS-THROUGH FACTORS: .975 and .124</p> <p>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.</p>			
	Monthly		\$1,732	\$2,351				
			Family of 1	Family of 2	Family Size		1	2
QI-1	Monthly	Greater than 138%FPL But less than or equal to 186% FPL	1,732	2,351	COBRA (100% FPL)		\$1,255	\$1,704
	Monthly		2,335	3,169	AIDS Health Ins. Program (AHIP) (185% FPL) (No Resource Test)		\$2,322	\$3,152
					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