

Medicaid Income and Resource Limits in NYS Annual Charts from 2001 - 2016

**See NYC HRA Medicaid Program Charts for
2017 - 2025**

at <http://www.wnylc.com/health/download/396/>

CURRENT YEAR CHART posted at
<http://health.wnylc.com/health/download/314/>

All charts posted in this article on NYHealthAccess.org:

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

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This file posted [here](#) at
<http://www.wnylc.com/health/download/920/>

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	\$5400	\$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

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

12. INCOME	Single	Couple	Single	Couple	Single	Couple	Single	Couple	Single	Couple	Single	Couple
	\$712	\$964	\$854	\$1,156	\$961	\$1,301	\$1,246	\$1686	\$1,317	\$1,783	\$712	\$964
13. RESOURCES ¹	\$4,000		\$6,000		\$4,000		\$6,000		\$4,000		\$6,000	

Resources are not counted

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:
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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	\$134.13
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2. 100% FPL FOR LIF BUDGETING
(2002)

\$739	\$995	\$1,252	\$1,509	\$1,765	\$2,022	\$2,279	\$2,535	\$257.00
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3. MAXIMUM PA GRANT

\$352.10	\$468.50	\$577.00	\$687.70	\$800.70	\$884.20	\$1,010.70	\$1,101.20	\$72.50
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4. RESOURCE TESTS FOR LIF AND S/CC CATEGORIES¹

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

\$634	\$925	\$934	\$942	\$992	\$1,134	\$1,275	\$1,417	\$142
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6. RESOURCES¹

\$3,800	\$5550	\$5,600	\$5,650	\$5,950	\$6,800	\$7,650	\$8,500	\$850
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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
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8. CHILDREN: 1 through 18⁴
(133% of FPL) Effective 4/1/2002

-\$982	\$1,324	\$1,665	\$2,007	\$2,348	\$2,689	\$3,031	\$3,372	\$342
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9. PREGNANT: Full Coverage³
(100% of FPL)

\$739	\$995	\$1,252	\$1,509	\$1,765	\$2,022	\$2,279	\$2,535	\$257
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COMMUNITY SPOUSE AND DEPENDENT SUPPORT LEVELS

WHEN THE OTHER SPOUSE IS INSTITUTIONALIZED

10. INCOME	Spouse	Dependent	11. RESOURCES ¹	Minimum	Maximum
	\$2,232	\$498 Max		\$74,820	\$89,280

MEDICARE SAVINGS PROGRAMS

Medicare
(QMB)

Medicare
(SLIMB)

Medicare
(QI-1)

Medicare
(QI-2)

MEDICAID PREMIUM PAYMENT PROGRAMS

AIDS Health

COBRA

Insurance Program

Continuation

Single	Couple								
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12. INCOME

\$739	\$995	\$886	\$1,194	\$997	\$1,344	\$1,293	\$1742	\$1,366	\$1,841
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13. RESOURCES¹

\$4,000	\$6,000	\$4,000	\$6,000	*Effective 4/1/2002 Resources are not counted				Resources are not counted	\$4,000	\$6,000
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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/C/C Adults aged 19-64									
• 19-20-years olds not living with parents (100% FPL)	\$739	\$995	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)	Test first at 100%. If eligible use Category Code 47, if not, test at 133% and if eligible use Category Code 60	\$749	\$1010	\$1272	\$1534	\$1795	\$2057
Children 1-18 (133% FPL)		\$996	\$1344	\$1692	\$2040	\$2388	\$2736
Pregnant Women (count as 2 people) Full Coverage 100% FPL			\$1010	\$1272	\$1534	\$1795	\$2057
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
FHP Limit 150% FPL	\$1123	\$1515	\$1908	\$2300	\$2693	\$3085	\$393
Family Size	1	2					
FHP Limit 100% FPL							
④ Family Planning Benefit Program Income Levels (Effective 10/01/02) (Age 10 to 64)							
Family Size	1	2	3	4	5	6	Each Add'l Person
FPBP 200% FPL (age 10 to 64)	\$1497	\$2020	\$2544	\$3067	\$3590	\$4114	\$524
Family Size	1	2					
MBI-WPD (16-64) 250% FPL							
⑤ Medicaid Buy-In for Working People with Disabilities							
Family Size	1	2					
Resources							
Family Size	1	2					
Resources							
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.

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	
Maximum Gross Income Test (Initial Screening)	\$651.39	\$866.73	
Std. PA Allowance	+	\$112.00	\$179.00
Home Energy Allowance	+	\$ 25.10	\$39.50
Actual Rent or Max. Rent Allowance	+	\$215.00	\$250.00
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								
Family of 1								
QMB 100% FPL (Excludes \$20 Disregard)								
Annual								
\$8980								
Monthly								
\$749								
SLIMB 120% FPL								
Annual								
\$10776								
Monthly								
\$898								
QI-1 135% FPL								
Annual								
\$12123								
Monthly								
\$1011								
RESOURCES								
\$4000								
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 (MMNNA) - \$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.

① CHPPlus 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

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	Family Size	1	2
FHP Limit 100% 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	Family Size	1	2	Resources
FPBP 200% FPL (Child Bearing Age)	\$1552	\$2082	\$2612	\$3142	\$3672	\$4202	\$530	MBI-WPD (16-64) 250% FPL	\$1940	\$2603	\$10,000

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.

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	Resource Allowance: (Ages 21-59)	\$2000	\$2000
Std. PA Allowance +	\$112.00	\$179.00	Resource Allowance: (Ages 60-64)	\$3000	\$3000
Home Energy Allowance +	\$ 25.10	\$39.50			
Actual Rent or Max. Rent Allowance +	\$215.00	\$250.00			
Maximum Net PA Income Allowed =	\$352.10	\$468.50			

8 MEDICARE SAVINGS PROGRAM (BUY-IN) **9 OTHER IMPORTANT FIGURES**
Effective January 1, 2004 Effective January 1, 2004

	Income		Family Size	1	2				
	Family of 1	Family of 2							
QMB 100% FPL (Excludes \$20 Disregard)	Annual	\$9310	\$12490	MEDICARE PART B PREMIUM: \$66.60 for most recipients					
	Monthly	\$776	\$1041	STANDARD ALLOCATION: From non-SSI-related parent to non-SSI-related child \$291					
SLIMB 120% FPL	Annual	\$11172	\$14988	PASS-THROUGH FACTORS: .958.208					
	Monthly	\$931	\$1249						
QI-1 135% FPL	Annual	\$12569	\$16862	Family Size					
	Monthly	\$1048	\$1406	1					
RESOURCES		\$4000	\$6000	2					
NOTE	1. No resource test for QI-1 2. Applicants for QMB and SLIMB who fail resource test may qualify for QI-1			COBRA (100% FPL)					
				\$776 \$1041					
Aids Health Ins. Program (AHIP) (185% FPL)				Aids Health Ins. Program (AHIP) (185% FPL)					
				\$1436 \$1926					
QWDI (200% FPL)				QWDI (200% FPL)					
				\$1552 \$2082					
COBRA, QWDI No Resource Test for AHIP				COBRA, QWDI No Resource Test for AHIP					
				\$4000 \$6000					

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 Chermung, 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 (MMNMA) - \$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.

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)

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
FPPB 200% FPL (Child Bearing Age)	\$1595	\$2139	\$2682	\$3225	\$3769	\$4312	\$544	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.

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	Resource Allowance: (Ages 21-59)	\$2000	\$2000		
Std. PA Allowance	+	\$112.00	\$179.00				
Home Energy Allowance	+	\$ 25.10	\$39.50				
Actual Rent or Max. Rent Allowance	+	\$215.00	\$250.00	Resource Allowance: (Ages 60-64)	\$3000		
Maximum Net PA Income Allowed	=	\$352.10	\$468.50		\$3000		
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 Medicare Part B Premium: \$78.20 for most recipients Standard Allocation: From non-SSI-related parent to non-SSI-related child \$308 PASS-THROUGH FACTORS: .960 202			
	Monthly	\$798	\$1070				
SLIMB 120% FPL	Annual	\$11484	\$15396	Family Size	1 2		
	Monthly	\$957	\$1283	COBRA (100% FPL)	\$798 \$1070		
QI-1 135% FPL	Annual	\$12920	\$17321	AIDS Health Ins. Program (AHIP) (185% FPL)	\$1476 \$1978		
	Monthly	\$1077	\$1444	QWDI (200% FPL)	\$1595 \$2139		
RESOURCES		\$4000	\$6000	COBRA, QWDI No Resource Test for AHIP	\$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. 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, Oneida, 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 (MMNMA) - \$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**



Human Resources Administration
Medical Assistance Program
MAPDR-01 (face)....Rev. 02/24/06

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

1. CHIPplus 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.

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

8. Medicare Savings Program (Buy-In)				9. Other Important Figures		
NOTE	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					
	Annual	\$9804	\$13200			
	Monthly	\$817	\$1100	Family Size		
	Annual	\$11760	\$15840	1		
	Monthly	\$980	\$1320	2		
	Annual	\$13236	\$17820	COBRA (100% FPL)		
	Monthly	\$1103	\$1485	\$817		
RESOURCES		\$4000	\$6000	AIDS Health Ins. Program (AHIP) (185% FPL)		
				\$1511		
				\$2035		
				QWDI (200% FPL)		
				\$1634		
				\$2200		
				COBRA, QWDI No Resource Test for AHIP		
				\$4000		
				\$6000		
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 (MMNNA) - \$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**



Human Resources Administration
Medical Assistance Program
MAPDR-01 (face)....Rev. 03/08/07

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)**

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

6. Medicaid Buy-In for Working People with Disabilities

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	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	
	Monthly	\$1149	\$1541	
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		COBRA (100% FPL)	\$851 \$1141
			AIDS Health Ins. Program (AHIP) (185% FPL)	\$1575 \$2111
			QWDI (200% FPL)	\$1702 \$2282
			COBRA, QWDI No Resource Test for AHIP	\$4000 \$6000

10. Spousal Support And Resource Level

INCOME (MMNNA) - \$2541	RESOURCES - (Minimum) - \$74,820 (Maximum) - \$101,640	FAMILY MEMBER ALLOWANCE USE - \$1712.00 \$571 is the maximum family member allowance allowed.
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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)							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)	\$1734	\$2334	\$2934	\$3534	\$4134	\$4734	\$600	MBI-WPD 250% FPL	\$2167	\$2917	(1) \$13,050

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	No. of persons in S/CC household	1	2
Maximum Gross Income Test (Initial Screening) (185%)	\$651.39*	\$866.73*	Resource Allowance: (Ages 21-64)	\$13,050	\$19,200
Std. PA Allowance +	\$112.00*	\$179.00*			
Home Energy Allowance +	\$ 25.10	\$39.50			
Actual Rent or Max. Rent Allowance +	\$215.00	\$250.00			
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)

	Income		
	Family of 1		Family of 2
QMB 100% FPL (Excludes \$20 Disregard)	Annual	\$10,400	\$14,000
	Monthly	\$867	\$1167
SLIMB 120% FPL	Annual	\$12,480	\$16,800
	Monthly	\$1040	\$1400
QI-1 135% FPL	Annual	\$14,040	\$18,900
	Monthly	\$1170	\$1575

NO RESOURCE TEST

9. Other Important Figures

Medicare Part A Premium: \$423.00		
Medicare Part B Premium: \$96.40 for most recipients		
Standard Allocation: From non-SSI-related parent to non-SSI-related child \$342		
PASS-THROUGH FACTORS: .893 .188		
Family Size	1	2
COBRA (100% FPL)	\$867	\$1167
AIDS Health Ins. Program (AHIP) (185% FPL)	\$1604	\$2159
QWDI (200% FPL)	\$1734	\$2334
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.
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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		
</td														

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	
		Annual	\$10,830	\$14,570			
QMB 100% FPL (Excludes \$20 Disregard)	Monthly	\$ 903		\$ 1215			
	Annual	\$12,996		\$17,484			
SLIMB 120% FPL	Monthly	\$ 1083		\$ 1457			
	Annual	\$14,621		\$19,670			
QI-1 135% FPL	Monthly	\$ 1219		\$ 1640			
NO RESOURCE TEST							

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

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

10. Spousal Support And Resource Level		
INCOME (MMNMA) - \$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	

5. Family Planning Benefit Program Income Levels (No Resource Test)							6. MBI-WPD (Persons 16-64) (Effective 10/01/2011)				
Family Size	1	2	3	4	5	6	Each Add'l Person	Family Size	1	2	Resource
FPBP 200% FPL (Child Bearing Age)	\$1,815	\$2,452	\$3,089	\$3,725	\$4,362	\$4,999	\$637	MBI-WPD 250% FPL	\$2,269	\$3,065	(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	\$708	\$883	\$1,051	\$1,220	\$1,395	\$1,523	\$1,658	\$1,831	\$1,930	\$2,029	\$99

8. Medicare Savings Program (Buy-In) [Excludes \$20 Disregard]				9. Other Important Figures				
QMB 100% FPL	Income			Medicare Part A Premium: \$248.00 (30-39 Quarters) \$450.00 (Less than 30 Quarters)			Standard Allocation: From non-SSI-related parent to non-SSI-related child \$350 PASS-THROUGH FACTORS: .965,174	
	Family of 1		Family of 2	Medicare Part B Premium: \$96.40 for most recipients \$110.50/\$115.40 for others				
	Annual	\$10,890	\$14,710					
SLIMB 120% FPL	Annual	\$13,068	\$17,652				Family Size	
	Monthly	\$ 908	\$1,226					
QI-1 135% FPL	Annual	\$14,702	\$19,859	AIDS Health Ins. Program (AHIP) (185% FPL)			\$ 908	
	Monthly	\$1,226	\$ 1,655	\$1,679				
NO RESOURCE TEST FOR ANY MSP PROGRAM				COBRA (100% FPL)			\$1,226	
				QWDI (200% FPL)			\$1,815	
				COBRA, QWDI (Resource Level)			\$6,000	
				Pickle/DAC/SSI (Resource Level)			\$3,000	

10. Spousal Support And Resource Level		
INCOME (MMMNA) - \$2,739	RESOURCES – (Minimum) - \$74,820 (Maximum) - \$109,560	FAMILY MEMBER ALLOWANCE FORMULA: USE - \$1,839 \$ 613 is the maximum family member allowance

11. Monthly Regional Nursing Home Rates	
NEW YORK CITY (All boroughs) - \$10,579	LONG ISLAND - \$11,445 Nassau, Suffolk
NORTHEASTERN - \$8,323 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	NORTHERN METROPOLITAN - \$10,105 Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
WESTERN (Buffalo) - \$7,863 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	ROCHESTER - \$8,942 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
CENTRAL (Syracuse) - \$7,688 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

**2012 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL
POVERTY LEVELS (FPL)**
Effective 03/19/12 (Retroactive to 01/01/12)

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	\$2549	\$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	\$1723	\$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							
		Monthly	\$ 931	\$1,261							
SLIMB 120% FPL		Annual	\$13,404	\$18,156							
		Monthly	\$1,117	\$1,513							
QI-1 135% FPL		Annual	\$15,080	\$20,426							
		Monthly	\$1,257	\$ 1,703							
NO RESOURCE TEST FOR ANY MSP PROGRAM											

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

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



MAPDR-01 03/21/2013

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	

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

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

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	Duchess, 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
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4. Medicare Savings Program (Buy-In)

5. Other Important Figures

	Income			
	Family of 1		Family of 2	
QMB 100% FPL	Annual	\$11,670	\$15,730	Medicare Part A Premium: \$234.00 (30-39 Quarters) \$426.00 (Less than 30 Quarters)
	Monthly	\$ 973	\$1,311	Medicare Part B Premium: \$104.90 for all recipients
SLIMB 120% FPL	Annual	\$14,004	\$18,876	Standard Allocation: From non-SSI-related parent to non-SSI-related child \$383
	Monthly	\$1,167	\$1,573	PASS-THROUGH FACTORS: .967 and .163
QI-1 135% FPL	Annual	\$15,755	\$21,236	Family Size
	Monthly	\$1,313	\$ 1,770	1
NO RESOURCE TEST FOR ANY MSP PROGRAM				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

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)											
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											
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% FPF	\$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.

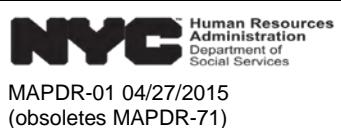
Home Equity Maximum

Medicaid Coverage Limit (RVI 1 and 2 cases)	\$814,000
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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
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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)
	Monthly	\$ 981	\$1,328	Medicare Part B Premium: \$104.90 for all recipients
SLIMB 120% FPL	Annual	\$14,124	\$19,116	Standard Allocation: From non-SSI-related parent to non-SSI-related child \$384
	Monthly	\$1,177	\$1,593	PASS-THROUGH FACTORS: .968 and .160
QI-1 135% FPL	Annual	\$15,890	\$21,506	Family Size
	Monthly	\$1,325	\$ 1,793	1
NO RESOURCE TEST FOR ANY MSP PROGRAM				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

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.

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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.

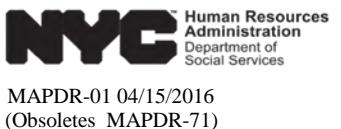
Home Equity Maximum

Medicaid Coverage Limit (RVI 1 and 2 cases)	\$828,000
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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



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 (MMNMA) - \$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			
QMB 100% FPL	Income			Medicare Part A Premium: \$224.00 (30-39 Quarters) \$407.00 (Less than 30 Quarters)			
	Family of 1		Family of 2	Medicare Part B Premium: (Rates based upon 2014 income tax filings)			
	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 			
SLIMB 120% FPL	Annual	\$14,256	\$19,224	Family Size			
	Monthly	\$1,188	\$1,602	COBRA (100% FPL)			
QI-1 135% FPL	Annual	\$16,038	\$21,627	AIDS Health Ins. Program (AHIP) (185% FPL)			
	Monthly	\$1,337	\$1,803	QWDI (200% FPL)			
NO RESOURCE TEST FOR ANY MSP PROGRAM				COBRA, QWDI (Resource Level)			
				Pickle/DAC/SSI (Resource Level)			

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
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See NYC HRA Medicaid Program Charts for 2017 - 2025

posted at

<http://www.wnyclc.com/health/download/396/>

CURRENT YEAR CHART posted at
<http://health.wnyclc.com/health/download/314/>

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