

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

See NYC HRA Medicaid Program Charts for 2017 - 2025

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

CURRENT YEAR CHART posted at
<http://health.wnyc.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.wnyc.com/health/entry/15/)

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

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

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

MEDICARE SAVINGS PROGRAMS

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

MEDICAID PREMIUM PAYMENT PROGRAMS

AIDS Health Insurance Program COBRA Continuation

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

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

2002 MEDICAID FINANCIAL LEVELS

Effective April 1, 2002

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

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



2002 MEDICAID FINANCIAL LEVELS

Effective January 1, 2002

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

Verna Eggleston
Administrator/Commissioner

Iris R. Jimenez-Hernandez
Executive Deputy Commissioner

Diana K. Santos
*Director of Eligibility
Information Services*

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

Revised October 2002

MEDICAID ALERT

The changes in the 2002 Medicaid Financial Levels are:

Public Assistance Standard of Need: line 2

Expanded Eligibility: line 7, 8 and 9

*Medicare Savings Program
and*

Medicaid Premium Payment Programs: line 12

NEED MORE INFORMATION?

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

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

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

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

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

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

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

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

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

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

1 CHPlus A, PCAP and Medicaid Monthly Income Levels (Pregnant Women and Children Under 21)											
Family Size		1	2	3	4	5	6	Each Add'l Person			
Children under 1 yr; Pregnant Women Perinatal Coverage Only (200% FPL)		\$1497	\$2020	\$2544	\$3067	\$3590	\$4114	\$524			
Children 1-18 (100% FPL)	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	\$262			
Children 1-18 (133% FPL)		\$996	\$1344	\$1692	\$2040	\$2388	\$2736	\$349			
Pregnant Women (count as 2 people) Full Coverage 100% FPL			\$1010	\$1272	\$1534	\$1795	\$2057	\$262			
Children 19-20 yrs; Parents/Certified Disabled Individuals		\$642	\$934	\$942	\$950	\$992	\$1134	\$142			
2 Child Health Plus B Premium Levels Chart – Monthly Income by Family Size (Children Under 19 NOT Medicaid-Eligible)											
Premium Categories		1	2	3	4	5	6	Each Add'l Person			
Free Insurance (160 % FPL)		\$1197	\$1615	\$2034	\$2453	\$2871	\$3290	\$419			
\$9 per child per month (Max. \$27 per family)		\$1662	\$2243	\$2824	\$3404	\$3985	\$4566	\$581			
\$15 per child per month (Max \$45/Family)		\$1871	\$2525	\$3180	\$3834	\$4488	\$5142	\$655			
Full Premium per Child/Month If OVER →		\$1871	\$2525	\$3180	\$3834	\$4488	\$5142	\$655			
3 Family Health Plus Income Levels											
a) Parents Living with Children Under 21 in their Household (19-20 year olds living with their parents)								b) Adults Without Children Under 21 in Their Household, and 19-20 Year Olds Living Alone			
Family Size	1	2	3	4	5	6	Each Add'l Person	Family Size	1	2	
FHP Limit 150% FPL	\$1123	\$1515	\$1908	\$2300	\$2693	\$3085	\$393	FHP Limit 100% FPL	\$749	\$1010	
4 Family Planning Benefit Program Income Levels (Effective 10/01/02) (Age 10 to 64)								5 Medicaid Buy-In for Working People with Disabilities			
Family Size	1	2	3	4	5	6	Each Add'l Person	Family Size	1	2	Resources
FPBP 200% FPL (age 10 to 64)	\$1497	\$2020	\$2544	\$3067	\$3590	\$4114	\$524	MBI-WPD (16-64) 250% FPL	\$1871	\$2525	\$10,000
6 Regular Medicaid Levels											
Family Size		1	2	3	4	5	6	Each Add'l Person			
Monthly Income (19 and 20 year olds, 21-64 disabled, 65 and over)		\$642	\$934	\$942	\$950	\$992	\$1134	\$142			
Resource Level—parents, 19 and 20 year olds, adults over age 65, or certified blind or disabled.		\$3850	\$5600	\$5650	\$5700	\$5950	\$6800	\$850			

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

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

*** INCOME AND RESOURCE LEVELS**

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

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

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

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

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

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

Human Resources Administration
Medical Assistance Programs

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

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

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

4 Family Planning Benefit Program Income Levels (No Resource Test)								5 Medicaid Buy-In for Working People with Disabilities			
Family Size	1	2	3	4	5	6	Each Add'l Person	Family Size	1	2	Resources
FPBP 200% FPL (Child Bearing Age)	\$1552	\$2082	\$2612	\$3142	\$3672	\$4202	\$530	MBI-WPD (16-64) 250% FPL	\$1940	\$2603	\$10,000

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

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

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

Human Resources Administration
Medical Assistance Programs

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

8 MEDICARE SAVINGS PROGRAM (BUY-IN) Effective January 1, 2004				9 OTHER IMPORTANT FIGURES Effective January 1, 2004		
	Income			MEDICARE PART B PREMIUM: \$66.60 for most recipients STANDARD ALLOCATION: From non-SSI-related parent to non-SSI-related child \$291 PASS-THROUGH FACTORS: .958.208		
		Family of 1	Family of 2			
QMB 100% FPL (Excludes \$20 Disregard)	Annual	\$9310	\$12490			
	Monthly	\$776	\$1041			
SLIMB 120% FPL	Annual	\$11172	\$14988			
	Monthly	\$931	\$1249			
QI-1 135% FPL	Annual	\$12569	\$16862	Family Size	1	2
	Monthly	\$1048	\$1406	COBRA (100% FPL)	\$776	\$1041
RESOURCES		\$4000	\$6000	Aids Health Ins. Program (AHIP) (185% FPL)	\$1436	\$1926
NOTE	1. No resource test for QI-1 2. Applicants for QMB and SLIMB who fail resource test may qualify for QI-1			QWDI (200% FPL)	\$1552	\$2082
				COBRA, QWDI No Resource Test for AHIP	\$4000	\$6000

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

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

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

Human Resources Administration
Medical Assistance Program

1. CHPlus A, PC AP 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
FHP Limit 150% FPL	\$1197	\$1604	\$2012	\$2419	\$2827	\$3234	\$408
Resource Level	\$12000	\$17550	\$17700	\$17850	\$18000	\$20400	\$2550
Family Size	1	2					
FHP Limit 100% FPL	\$798	\$1070					
Resource Level	\$12000	\$17550					
5. Family Planning Benefit Program Income Levels (No Resource Test)							
Family Size	1	2	3	4	5	6	Each Add'l Person
FPBP 200% FPL (Child Bearing Age)	\$1595	\$2139	\$2682	\$3225	\$3769	\$4312	\$544
6. Medicaid Buy-In for Working People with Disabilities							
Family Size	1	2	Resources				
MBI-WPD (16-64) 250% FPL	\$1994	\$2673	\$10,000				

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

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

Human Resources Administration
Medical Assistance Program

7. MONTHLY STANDARDS
(Non-Disabled Adults ages 21-64 Without Children under 21 in Household)

(a) **MONTHLY INCOME LEVELS** (b) **RESOURCE LEVELS**

Family Size		1	2	No. of persons in S/CC household	1	2
Maximum Gross Income Test (Initial Screening) (185%)		\$651.39	\$866.73			
Std. PA Allowance	+	\$112.00	\$179.00	Resource Allowance: (Ages 21-59)	\$2000	\$2000
Home Energy Allowance	+	\$ 25.10	\$39.50			
Actual Rent or Max. Rent Allowance	+	\$215.00	\$250.00	Resource Allowance: (Ages 60-64)	\$3000	\$3000
Maximum Net PA Income Allowed	=	\$352.10	\$468.50			

8. MEDICARE SAVINGS PROGRAM (BUY-IN)
Effective January 1, 2005

9. OTHER IMPORTANT FIGURES
Effective January 1, 2005

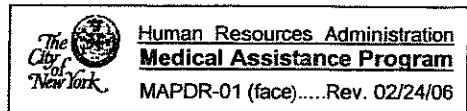
	Income					
		Family of 1	Family of 2			
QMB 100% FPL (Excludes \$20 Disregard)	Annual	\$9570	\$12830	Medicare Part A Premium: \$375.00 Medicare Part B Premium: \$78.20 for most recipients Standard Allocation: From non-SSI-related parent to non-SSI-related child \$308 PASS-THROUGH FACTORS: .960 202		
	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	\$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		No Resource Test for AHIP		

10. MONTHLY REGIONAL NURSING HOME RATES

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

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

2006 NYS Income and Resource Standards and Federal Poverty Levels



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

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

2. Child Health Plus B Premium Levels - Monthly Income by Family Size (Children Under 19 NOT Medicaid-Eligible)							
Premium Categories	1	2	3	4	5	6	Each Add'l Person
Free Insurance	\$1306	\$1759	\$2213	\$2666	\$3119	\$3573	\$454
\$9 per child per month (Max. \$27 per family)	\$1813	\$2442	\$3071	\$3700	\$4329	\$4958	\$629
\$15 per child per month (Max \$45/Family)	\$2042	\$2750	\$3459	\$4167	\$4875	\$5584	\$709
Full Premium per child/month if over 250% FPL	\$2042	\$2750	\$3459	\$4167	\$4875	\$5584	\$709

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

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

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

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

**2006 NYS Income and Resource Standards and
Federal Poverty Levels**

Human Resources Administration
Medical Assistance Program

7. Monthly Standards					
(a) Monthly Income Levels			(b) Resource Levels		
Family Size	1	2	No. of persons in S/CC household	1	2
Maximum Gross Income Test (Initial Screening) (185%)	\$651.39	\$866.73			
Std. PA Allowance +	\$112.00	\$179.00	Resource Allowance: (Ages 21-59)	\$2000	\$2000
Home Energy Allowance +	\$ 25.10	\$39.50			
Actual Rent or Max. Rent Allowance +	\$215.00	\$250.00	Resource Allowance: (Ages 60-64)	\$3000	\$3000
Maximum Net PA Income Allowed =	\$352.10	\$468.50			

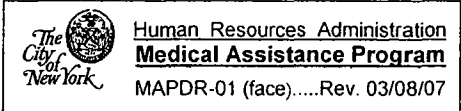
8. Medicare Savings Program (Buy-In)				9. Other Important Figures		
	Income			Medicare Part A Premium: \$393.00 Medicare Part B Premium: \$88.50 for most recipients Standard Allocation: From non-SSI-related parent to non-SSI-related child \$301 PASS-THROUGH FACTORS: .961 .194		
		Family of 1	Family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

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

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

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

2007 NYS Income and Resource Standards and Federal Poverty Levels



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

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

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

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

4. Family Health Plus Income/Resource Levels							
a) Parents Living with Children Under 21 in their Household; 19-20 year olds living with their parents							b) Adults Without Children Under 21 in Household, and 19-20 Year Olds Living Alone
Family Size	1	2	3	4	5	6	Each Add'l Person
FHP Limit							
150% FPL	\$1277	\$1712	\$2147	\$2582	\$3017	\$3452	\$435
Resource Level	\$12600	\$16200	\$19800	\$19950	\$20100	\$20400	\$2550
Family Size	1	2					
FHP Limit							
100% FPL	\$851	\$1141					
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
FPBP 200% FPL (Child Bearing Age)	\$1702	\$2282	\$2862	\$3442	\$4022	\$4602	\$580
6. Medicaid Buy-In for Working People with Disabilities							
Family Size	1	2					
Resources							
MBI-WPD (16-64) 250% FPL	\$2128	\$2853					
	\$10,000						

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

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

Human Resources Administration
Medical Assistance Program

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			No. of persons in S/CC household	1	2
Maximum Gross Income Test (Initial Screening) (185%)					
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	Family Size	1	2
	Monthly	\$851	\$1141			
SLIMB 120% FPL	Annual	\$12252	\$16428	COBRA (100% FPL)	\$851	\$1141
	Monthly	\$1021	\$1369	AIDS Health Ins. Program (AHIP) (185% FPL)	\$1575	\$2111
QI-1 135% FPL	Annual	\$13784	\$18482	QWDI (200% FPL)	\$1702	\$2282
	Monthly	\$1149	\$1541	COBRA, QWDI No Resource Test for AHIP	\$4000	\$6000
RESOURCES		\$4000	\$6000			
NOTE	1. No resource test for QI-1 2. Applicants for QMB and SLIMB who fail resource test may qualify for QI-1					

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

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

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

2008 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL POVERTY LEVELS

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



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

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

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

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

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

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

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

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

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

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

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

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

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

6. MBI-WPD (16-64)

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

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

7. Monthly Standards (Non-Disabled Adults ages 21-64 Without Children under 21 in the Household)						
(a) Public Assistance Monthly Standards				(b) Resource Levels		
Family Size		1	2	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 21-64)	\$13,050	\$19,200
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)				9. Other Important Figures		
	Income			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 of 1	Family of 2				
QMB 100% FPL (Excludes \$20 Disregard)	Annual	\$10,400	\$14,000	Family Size	1	2
	Monthly	\$867	\$1167	COBRA (100% FPL)	\$867	\$1167
SLIMB 120% FPL	Annual	\$12,480	\$16,800	AIDS Health Ins. Program (AHIP) (185% FPL)	\$1604	\$2159
	Monthly	\$1040	\$1400	QWDI (200% FPL)	\$1734	\$2334
QI-1 135% FPL	Annual	\$14,040	\$18,900			
	Monthly	\$1170	\$1575	COBRA, QWDI	\$4000	\$6000
NO RESOURCE TEST						

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

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

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

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

GIS 08 MA / 35, GIS 09 MA / 001



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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Edited for MARC: CHPlus ADM 63 Attachment A



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

2. Child Health Plus Premium Levels – Monthly Income (Effective 04/01/2011) Monthly Income by Family Size (Children Under 19 NOT Medicaid Eligible)							
Premium Categories	1	2	3	4	5	6	Each Add'l Person
Free Insurance	\$1,451	\$1,961	\$2,470	\$2,979	\$3,489	\$3,998	\$510
\$9 per child per month (Max. \$27 per family) (222% FPL)	\$2,015	\$2,722	\$3,429	\$4,135	\$4,842	\$5,549	\$707
\$15 per child per month (Max \$45/Family) (250% FPL)	\$2,269	\$3,065	\$3,861	\$4,657	\$5,453	\$6,248	\$796
\$30 per child per month (Max. \$90 per family) (300% FPL)	\$2,723	\$3,678	\$4,633	\$5,588	\$6,543	\$7,498	\$955
\$45 per child per month (Max. \$135 per family) (350% FPL)	\$3,177	\$4,291	\$5,405	\$6,519	\$7,633	\$8,748	\$1,115
\$60 per child per month (Max. \$180 per family) (400% FPL)	\$3,630	\$4,904	\$6,177	\$7,450	\$8,724	\$9,997	\$1,274
Full Premium per child/month if over 400% FPL (Premium amount varies from plan to plan)	Over \$3,630	Over \$4,904	Over \$6,177	Over \$7,450	Over \$8,724	Over \$9,997	\$1,274

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

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

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

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			
	Income			Medicare Part A Premium: \$248.00 (30-39 Quarters) \$450.00 (Less than 30 Quarters) Medicare Part B Premium: \$96.40 for most recipients \$110.50/\$115.40 for others Standard Allocation: From non-SSI-related parent to non-SSI-related child \$350 PASS-THROUGH FACTORS: .965,174			
	Family of 1		Family of 2				
QMB 100% FPL	Annual	\$10,890	\$14,710				
	Monthly	\$ 908	\$1,226				
SLIMB 120% FPL	Annual	\$13,068	\$17,652	Family Size		1	2
	Monthly	\$1,089	\$1,471	COBRA (100% FPL)		\$ 908	\$1,226
QI-1 135% FPL	Annual	\$14,702	\$19,859	AIDS Health Ins. Program (AHIP) (185% FPL)		\$1,679	\$2,268
	Monthly	\$1,226	\$ 1,655	QWDI (200% FPL)		\$1,815	\$2,452
NO RESOURCE TEST FOR ANY MSP PROGRAM				COBRA, QWDI (Resource Level)		\$4,000	\$6,000
				Pickle/DAC/SSI (Resource Level)		\$2,000	\$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)



MAPDR-01 03/19/2012

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

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

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

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

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

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

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

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

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

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

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

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

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

8. Medicare Savings Program (Buy-In) [Excludes \$20 Disregard]				9. Other Important Figures																				
	Income			Medicare Part A Premium: \$248.00 (30-39 Quarters) \$451.00 (Less than 30 Quarters) Medicare Part B Premium: \$99.90 for all recipients Standard Allocation: From non-SSI-related parent to non-SSI-related child \$367 PASS-THROUGH FACTORS: .966 and .168																				
	Family of 1		Family of 2																					
QMB 100% FPL	Annual	\$11,170	\$15,130	<table><tr><th>Family Size</th><th>1</th><th>2</th></tr><tr><td>COBRA (100% FPL)</td><td>\$ 931</td><td>\$1,261</td></tr><tr><td>AIDS Health Ins. Program (AHIP) (185% FPL)</td><td>\$1,723</td><td>\$2,333</td></tr><tr><td>QWDI (200% FPL)</td><td>\$1,862</td><td>\$2,522</td></tr><tr><td>COBRA, QWDI (Resource Level)</td><td>\$4,000</td><td>\$6,000</td></tr><tr><td>Pickle/DAC/SSI (Resource Level)</td><td>\$2,000</td><td>\$3,000</td></tr></table>			Family Size	1	2	COBRA (100% FPL)	\$ 931	\$1,261	AIDS Health Ins. Program (AHIP) (185% FPL)	\$1,723	\$2,333	QWDI (200% FPL)	\$1,862	\$2,522	COBRA, QWDI (Resource Level)	\$4,000	\$6,000	Pickle/DAC/SSI (Resource Level)	\$2,000	\$3,000
	Family Size	1	2																					
COBRA (100% FPL)	\$ 931	\$1,261																						
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QWDI (200% FPL)	\$1,862	\$2,522																						
COBRA, QWDI (Resource Level)	\$4,000	\$6,000																						
Pickle/DAC/SSI (Resource Level)	\$2,000	\$3,000																						
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																								

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

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

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

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

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

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									

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

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

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

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

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

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

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

2014

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

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



MAPDR-01 06/24/2014
(obsoletes MAPDR-71)

Financial Levels for Medicaid and Related Program Eligibility

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

Family Size	1	2	3	4	5	6	7	8	9	10	Each 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)

	Income		
	Family of 1		Family of 2
QMB 100% FPL	Annual	\$11,670	\$15,730
	Monthly	\$ 973	\$1,311
SLIMB 120% FPL	Annual	\$14,004	\$18,876
	Monthly	\$1,167	\$1,573
QI-1 135% FPL	Annual	\$15,755	\$21,236
	Monthly	\$1,313	\$ 1,770
NO RESOURCE TEST FOR ANY MSP PROGRAM			

5. Other Important Figures

Medicare Part A Premium: \$234.00 (30-39 Quarters) \$426.00 (Less than 30 Quarters)		
Medicare Part B Premium: \$104.90 for all recipients		
Standard Allocation: From non-SSI-related parent to non-SSI-related child \$383		
PASS-THROUGH FACTORS: .967 and .163		
Family Size	1	2
COBRA (100% FPL)	\$ 973	\$1,311
AIDS Health Ins. Program (AHIP) (185% FPL)	\$1,800	\$2,426
QWDI (200% FPL)	\$1,945	\$2,622
COBRA, QWDI (Resource Level)	\$4,000	\$6,000
Pickle/DAC/SSI (Resource Level)	\$2,000	\$3,000

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

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



MAPDR-01 04/27/2015
(obsoletes MAPDR-71)

Financial Levels for Medicaid and Related Program Eligibility

1. Non-MAGI Medicaid Levels (SSI and SSI-Related Consumers With or Without A Surplus)											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
Monthly Income	\$825	\$1,209	\$1,390	\$1,571	\$1,753	\$1,934	\$2,115	\$2,296	\$2,478	\$2,659	\$182

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

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

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

6. MBI-WPD (Persons 16-64)		
Family Size	1	2
Monthly Income 250% FPL	\$2,453	\$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

2016

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

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



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

Financial Levels for Medicaid and Related Program Eligibility

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

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

2. Non-MAGI Resource Levels

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

3. Spousal Support and Resource Levels

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

	Income		
	Family of 1		Family of 2
QMB 100% FPL	Annual	\$11,880	\$16,020
	Monthly	\$990	\$1,335
SLIMB 120% FPL	Annual	\$14,256	\$19,224
	Monthly	\$1,188	\$1,602
QI-1 135% FPL	Annual	\$16,038	\$21,627
	Monthly	\$1,337	\$1,803

5. Other Important Figures

Medicare Part A Premium: \$224.00 (30-39 Quarters) \$407.00 (Less than 30 Quarters)		
Medicare Part B Premium: (Rates based upon 2014 income tax filings)		
<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 		
Standard Allocation: From non-SSI-related parent to non-SSI-related child \$384		
PASS-THROUGH FACTORS: .968 and .160		
Family Size		
	1	2
COBRA (100% FPL)	\$990	\$1,335
AIDS Health Ins. Program (AHIP) (185% FPL)	\$1,832	\$2,470
QWDI (200% FPL)	\$1,980	\$2,670
COBRA, QWDI (Resource Level)	\$4,000	\$6,000
Pickle/DAC/SSI (Resource Level)	\$2,000	\$3,000

NO RESOURCE TEST FOR ANY MSP PROGRAM

6. MBI-WPD (Persons 16-64)		
Family Size	1	2
Monthly Income 250% FPL	\$2,475	\$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

See NYC HRA Medicaid Program Charts for 2017 - 2025

posted at

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

CURRENT YEAR CHART posted at

<http://health.wnyc.com/health/download/314/>

All charts posted in this article

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

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