

**NEW YORK STATE INCOME AND RESOURCE STANDARDS FOR NON-MAGI POPULATION  
EFFECTIVE JANUARY 1, 2015**

HOUSE HOLD SIZE	MEDICAID INCOME LEVEL		100% FPL		120% FPL		135% FPL		185% FPL		200% FPL		250% FPL		RESOURCES	
	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY		
ONE	9,900	825	11,670	973	14,004	1,167	15,755	1,313	21,590	1,800	23,340	1,945	29,175	2,432	14,850	1
TWO	14,500	1,209	15,730	1,311	18,876	1,573	21,236	1,770	29,101	2,426	31,460	2,622	39,325	3,278	21,750	2
THREE	16,675	1,390	19,790	1,650					36,612	3,051	39,580	3,299				3
FOUR	18,850	1,571	23,850	1,988					44,123	3,677	47,700	3,975				4
FIVE	21,025	1,753	27,910	2,326					51,634	4,303	55,820	4,652				5
SIX	23,200	1,934	31,970	2,665					59,145	4,929	63,940	5,329				6
SEVEN	25,375	2,115	36,030	3,003					66,656	5,555	72,060	6,005				7
EIGHT	27,550	2,296	40,090	3,341					74,167	6,181	80,180	6,682				8
NINE	29,725	2,478	44,150	3,680					81,678	6,807	88,300	7,359				9
TEN	31,900	2,659	48,210	4,018					89,189	7,433	96,420	8,035				10
EACH ADD'L PERSON	2,175	182	4,060	339					7,511	626	8,120	677				+

<b>Home Equity Limit</b>
\$828,000

SPOUSAL IMPOVERISHMENT	INCOME	RESOURCES
Community Spouse	\$2,980.50	\$119,220
Institutionalized Spouse	\$50	\$14,850
Family Member Allowance	\$1,967 (150% of FPL for 2) is used in the FMA formula the maximum allowance is \$656.	N/A

\*In determining the community resource allowance on and after January 1, 2014, 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 on or after September 30, 1989.

Revised December 10, 2014

CATEGORY	INCOME COMPARED TO	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES
		1	2	1	2	
UNDER 21, ADC-RELATED	MEDICAID LEVEL	825	1,209	NO RESOURCE TEST		
SSI-RELATED	MEDICAID LEVEL	825	1,209	14,850	21,750	Household size is always one or two.
Qualified Medicare Beneficiary (QMB)	100%FPL	973	1,311	NO RESOURCE TEST		Medicare Part A & B, coinsurance, deductible and premium will be paid if eligible.
COBRA CONTINUATION COVERAGE	100%FPL	973	1,311	4,000	6,000	A/R may be eligible for Medicaid to pay the COBRA premium.
AIDS INSURANCE	185%FPL	1,800	2,426	NO RESOURCE TEST		A/R must be ineligible for Medicaid, including COBRA continuation.
QUALIFIED DISABLED & WORKING INDIVIDUAL	200%FPL	1,945	2,622	4,000	6,000	Medicaid will pay Medicare Part A premium.
SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLIMBS)	OVER 100% BUT AT OR BELOW 120% FPL	973	1,311	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		1,167	1,573			
QUALIFIED INDIVIDUALS (QI-1)	OVER 120% BUT AT OR BELOW 135% FPL	1,167	1,573	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		1,313	1,770			
MEDICAID BUY-IN PROGRAM FOR WORKING PEOPLE WITH DISABILITIES (MBI-WPD)	250%	2,432	3,278	20,000	30,000	Countable retirement accounts are disregarded as resources effective 10/01/11.

**NEW YORK STATE INCOME AND RESOURCE STANDARDS FOR MAGI POPULATION  
EFFECTIVE JANUARY 1, 2015**

HOUSE HOLD SIZE	LIF LEVEL		100% FPL		110% FPL		138% FPL		154% FPL		155% FPL		223% FPL	
	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY
ONE	11,912	993	11,670	973	12,837	1,070	16,105	1,343	17,972	1,498	18,089	1,508	26,025	2,169
TWO	15,125	1,261	15,730	1,311	17,303	1,442	21,708	1,809	24,225	2,019	24,382	2,032	35,078	2,924
THREE	18,234	1,520	19,790	1,650	21,769	1,815	27,311	2,276	30,477	2,540	30,675	2,557	44,132	3,678
FOUR	21,362	1,781	23,850	1,988	26,235	2,187	32,913	2,743	36,729	3,061	36,968	3,081	53,186	4,433
FIVE	24,579	2,049	27,910	2,326	30,701	2,559	38,516	3,210	42,982	3,582	43,261	3,606	62,240	5,187
SIX	27,167	2,264	31,970	2,665	35,167	2,931	44,119	3,677	49,234	4,103	49,554	4,130	71,294	5,942
SEVEN	29,845	2,488	36,030	3,003	39,633	3,303	49,722	4,144	55,487	4,624	55,847	4,654	80,347	6,696
EIGHT	33,023	2,752	40,090	3,341	44,099	3,675	55,325	4,611	61,739	5,145	62,140	5,179	89,401	7,451
NINE	35,234	2,937	44,150	3,680	48,565	4,048	60,927	5,078	67,991	5,666	68,433	5,703	98,455	8,205
TEN	37,447	3,121	48,210	4,018	53,031	4,420	66,530	5,545	74,244	6,187	74,726	6,228	107,509	8,960
EACH ADD'T PERSON	2,213	185	4,060	339	4,466	373	5,603	467	6,253	522	6,293	525	9,054	755

Revised December 10, 2014

**MAGI POPULATION**

CATEGORY	INCOME COMPARED TO	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES
		1	2	1	2	
PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	223% FPL	N/A	2,924	NO RESOURCE TEST		Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility.
PREGNANT WOMEN	223% FPL	N/A	2,924	NO RESOURCE TEST		A woman determined eligible for Medicaid for any time during her pregnancy remains eligible for Medicaid coverage until the last day of the month in which the 60th day from the date the pregnancy ends occurs, regardless of any change in income or household size composition. If the income is above 223% FPL the A/R must spend-down to the Medicaid income level. The baby will have guaranteed eligibility for one year.
CHILDREN UNDER ONE	223% FPL	2,169	2,924	NO RESOURCE TEST		If the income is above 223% FPL the A/R may apply for CHPlus or if chooses to spenddown, must spenddown to the Medicaid level. One year guaranteed eligibility if mother is in receipt of Medicaid on delivery. Eligibility can be determined in the 3 months retro to obtain the one year extension.
CHILDREN AGE 1 THROUGH 5	154% FPL	1,498	2,019	NO RESOURCE TEST		If income is above 154% FPL the A/R may apply for CHPlus or if chooses to spenddown, must spenddown to the Medicaid level.
CHILDREN AGE 6 THROUGH 18	110% FPL	1,070	1,442	NO RESOURCE TEST		If income is above 154% FPL the A/R may apply for CHPlus or if chooses to spenddown, must spenddown to the Medicaid level.
	154% FPL	1,498	2,019			
PARENTS/CARETAKER RELATIVES	138% FPL	1,343	1,809	NO RESOURCE TEST		If income is above 138% FPL the A/R may apply for APTC or if chooses to spenddown, must spenddown to the Medicaid Level.
19 AND 20 YEAR OLDS LIVING WITH PARENTS	138% FPL	1,343	1,809	NO RESOURCE TEST		If income is above 155% FPL the A/R can apply for APTC or if chooses to spenddown, must spenddown to Medicaid level.
	155% FPL	1,508	2,032			
SINGLE/CHILDLESS COUPLES AND 19 AND 20 YEARS LIVING ALONE	100% FPL	973	1,311	NO RESOURCE TEST		S/CCs cannot spenddown , but can apply for APTC. 19 and 20 year olds if income over 138% may apply for APTC or if chooses to spenddown, must spenddown to the Medicaid level.
	138% FPL	1,343	1,809			
FAMILY PLANNING PROGRAM	223% FPL	2,169	2,924	NO RESOURCE TEST		Eligibility determined using only applicant's income.