



**NEW YORK STATE INCOME AND RESOURCE STANDARDS FOR NON-MAGI POPULATION
EFFECTIVE JANUARY 1, 2022**

HOUSE HOLD SIZE	MEDICAID INCOME LEVEL		100% FPL		120% FPL		133% FPL		135% FPL		150% FPL		185% FPL		200% FPL		250% FPL		RESOURCES	
	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY		
ONE	11,200	934	12,880	1,074	15,456	1,288	17,131	1,428	17,388	1,449	19,320	1,610	23,828	1,986	25,760	2,147	32,200	2,684	16,800	1
TWO	16,400	1,367	17,420	1,452	20,904	1,742	23,169	1,931	23,517	1,960	26,130	2,178	32,227	2,686	34,840	2,904	43,550	3,630	24,600	2
THREE	18,860	1,572	21,960	1,830			29,207	2,434			32,940	2,745	40,626	3,386	43,920	3,660				3
FOUR	21,320	1,777	26,500	2,209			35,245	2,938			39,750	3,313	49,025	4,086	53,000	4,417				4
FIVE	23,780	1,982	31,040	2,587			41,284	3,441			46,560	3,880	57,424	4,786	62,080	5,174				5
SIX	26,240	2,187	35,580	2,965			47,322	3,944			53,370	4,448	65,823	5,486	71,160	5,930				6
SEVEN	28,700	2,392	40,120	3,344			53,360	4,447			60,180	5,015	74,222	6,186	80,240	6,687				7
EIGHT	31,160	2,597	44,660	3,722			59,398	4,950			66,990	5,583	82,621	6,886	89,320	7,444				8
NINE	33,620	2,802	49,200	4,100			65,436	5,453			73,800	6,150	91,020	7,585	98,400	8,200				9
TEN	36,080	3,007	53,740	4,479			71,475	5,957			80,610	6,718	99,419	8,285	107,480	8,957				10
EACH ADD'L PERSON	2,460	205	4,540	379			6,039	504			6,810	568	8,399	700	9,080	757				+

SPOUSAL IMPOVERISHMENT	INCOME	RESOURCES
Community Spouse	\$3,435.00	\$137,400
Institutionalized Spouse	\$50	\$16,800
Family Member Allowance	\$2,178 (150% of FPL for 2) is used in the FMA formula the maximum allowance is	N/A

SPECIAL STANDARDS FOR HOUSING EXPENSES					
REGION	Amount	REGION	Amount	REGION	Amount
Central	\$466	Northeastern	\$537	Northern Metropolitan	\$1,032
Rochester	\$464	Long Island	\$1,414		
Western	\$414	New York City	\$1,497		

*In determining the community spouse resource allowance on and after January 1, 2022, the community spouse is permitted to retain resources in an amount equal to the greater of the following \$74,820 or the amount of the spousal share up to \$137,400. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the beginning of the most recent continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989.

NON-MAGI POPULATION						
CATEGORY	INCOME COMPARED TO	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES
		1	2	1	2	
UNDER 21, ADC-RELATED	MEDICAID LEVEL	934	1,367	NO RESOURCE TEST		
SSI-RELATED	MEDICAID LEVEL	934	1,367	16,800	24,600	Household size is always one or two.
COBRA CONTINUATION COVERAGE	100% FPL	1,074	1,452	4,000	6,000	A/R may be eligible for Medicaid to pay the COBRA premium.
AIDS INSURANCE	185% FPL	1,986	2,686	NO RESOURCE TEST		A/R must be ineligible for Medicaid, including COBRA continuation.
QUALIFIED MEDICARE BENEFICIARY (QMB)	AT OR BELOW 100% FPL	1,074	1,452	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Part B and/or A premium, coinsurance and deductible.
SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)	OVER 100% BUT BELOW 120% FPL	1,074	1,452	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium. The A/R must have part A to qualify.
		1,288	1,742			
QUALIFIED INDIVIDUALS (QI)	GREATER THAN OR EQUAL TO 120% BUT LESS THAN 135% FPL	1,288	1,742	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium. The A/R must have part A to qualify.
		1,449	1,960			
QUALIFIED DISABLED & WORKING INDIVIDUAL (QDWI)	200% FPL	2,147	2,904	4,000	6,000	If the A/R is determined eligible, Medicaid will pay Medicare Part A premium.
MEDICAID BUY-IN PROGRAM FOR WORKING PEOPLE WITH DISABILITIES (MBI-WPD)	250% FPL	2,684	3,630	20,000	30,000	Countable retirement accounts are disregarded as resources effective 10/01/11.



**New York State Income Standards for MAGI Population
Effective January 1, 2022**

House Hold	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	13,578	1,132	12,880	1,074	14,168	1,181	17,775	1,482	19,836	1,653	19,964	1,664	28,723	2,394
Two	17,240	1,437	17,420	1,452	19,162	1,597	24,040	2,004	26,827	2,236	27,001	2,251	38,847	3,238
Three	20,783	1,732	21,960	1,830	24,156	2,013	30,305	2,526	33,819	2,819	34,038	2,837	48,971	4,081
Four	24,348	2,030	26,500	2,209	29,150	2,430	36,570	3,048	40,810	3,401	41,075	3,423	59,095	4,925
Five	28,014	2,335	31,040	2,587	34,144	2,846	42,836	3,570	47,802	3,984	48,112	4,010	69,220	5,769
Six	30,965	2,581	35,580	2,965	39,138	3,262	49,101	4,092	54,794	4,567	55,149	4,596	79,344	6,612
Seven	34,019	2,835	40,120	3,344	44,132	3,678	55,366	4,614	61,785	5,149	62,186	5,183	89,468	7,456
Eight	37,640	3,137	44,660	3,722	49,126	4,094	61,631	5,136	68,777	5,732	69,223	5,769	99,592	8,300
Nine	40,160	3,347	49,200	4,100	54,120	4,510	67,896	5,658	75,768	6,314	76,260	6,355	109,716	9,143
Ten	42,682	3,557	53,740	4,479	59,114	4,927	74,162	6,181	82,760	6,897	83,297	6,942	119,841	9,987
Each Add't Person	2,522	211	4,540	379	4,994	417	6,266	523	6,992	583	7,037	587	10,125	844

Revised October 20, 2021

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	3,238	NO RESOURCE TEST		Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility.
PREGNANT WOMEN	223% FPL	N/A	3,238	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 spenddown to the Medicaid income level. The baby will have guaranteed eligibility for one year.
CHILDREN UNDER ONE	223% FPL	2,394	3,238	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	1,653	2,236	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	1,181	1,597	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	1,653	2,236			
PARENTS/CARETAKER RELATIVES	138% FPL	1,482	2,004	NO RESOURCE TEST		If income is above 138% FPL the A/R may apply for Advanced Premium Tax Credit (APTC) or Essential Plan (EP) if chooses to spenddown, must spenddown to the Medicaid Level.
19 AND 20 YEAR OLDS LIVING WITH PARENTS	138% FPL	1,482	2,004	NO RESOURCE TEST		If income is above 155% FPL the A/R can apply for APTC or EP or if chooses to spenddown, must spenddown to Medicaid level.
	155% FPL	1,664	2,251			
SINGLE/CHILDLESS COUPLES AND 19 AND 20 YEARS LIVING ALONE	100% FPL	1,074	1,452	NO RESOURCE TEST		Single/Childless Couples (S/CCs) cannot spenddown, but can apply for APTC or EP; 19 and 20 year olds if income over 138% may apply for APTC or EP if chooses to spenddown, must spenddown to the Medicaid level.
	138% FPL	1,482	2,004			
FAMILY PLANNING PROGRAM	223% FPL	2,394	3,238	NO RESOURCE TEST		Eligibility determined using only applicant's income.



Pickle

Section 503 of Public Law 94-566, referred to as the Pickle Amendment, protects Medicaid eligibility for all recipients of Retirement Survivors and Disability Insurance (RSDI) who were previously eligible for SSI benefits concurrently. These recipients are individuals who would be eligible for SSI, if all RSDI Cost of Living Allowances (COLAs) received since they were last eligible for and receiving RSDI and SSI benefits concurrently, were deducted from their countable income. (See 85 ADM-35 for further information). The reduction factors in the chart below, "REDUCTION FACTORS FOR CALCULATING MEDICAID ELIGIBILITY UNDER THE PICKLE AMENDMENT", should be used when determining Medicaid eligibility for individuals who are entitled to a reduction to their countable SSI Income.

Table with 6 columns: If SSI was terminated during this period, Multiply 2021 Social Security income by, If SSI was terminated during this period, Multiply 2021 Social Security income by, If SSI was terminated during this period, Multiply 2021 Social Security income by. Rows include periods from May-June 1977 to Jan. 1990-Dec. 1990 and Jan. 1991-Dec. 1991 to Jan. 2020-Dec. 2020.

Note: This updates the Reduction Factors included in the Medicaid Reference Guide (MRG). The MRG table should no longer be used.

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