

**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	13,590	1,133	16,308	1,359	18,075	1,507	18,347	1,529	20,385	1,699	25,142	2,096	27,180	2,265	33,975	2,832	16,800	1
TWO	16,400	1,367	18,310	1,526	21,972	1,831	24,353	2,030	24,719	2,060	27,465	2,289	33,874	2,823	36,620	3,052	45,775	3,815	24,600	2
THREE	18,860	1,572	23,030	1,920			30,630	2,553			34,545	2,879	42,606	3,551	46,060	3,839				3
FOUR	21,320	1,777	27,750	2,313			36,908	3,076			41,625	3,469	51,338	4,279	55,500	4,625				4
FIVE	23,780	1,982	32,470	2,706			43,186	3,599			48,705	4,059	60,070	5,006	64,940	5,412				5
SIX	26,240	2,187	37,190	3,100			49,463	4,122			55,785	4,649	68,802	5,734	74,380	6,199				6
SEVEN	28,700	2,392	41,910	3,493			55,741	4,646			62,865	5,239	77,534	6,462	83,820	6,985				7
EIGHT	31,160	2,597	46,630	3,886			62,018	5,169			69,945	5,829	86,266	7,189	93,260	7,772				8
NINE	33,620	2,802	51,350	4,280			68,296	5,692			77,025	6,419	94,998	7,917	102,700	8,559				9
TEN	36,080	3,007	56,070	4,673			74,574	6,215			84,105	7,009	103,730	8,645	112,140	9,345				10
EACH ADD'L PERSON	2,460	205	4,720	394			6,278	524			7,080	590	8,732	728	9,440	787				+

SPOUSAL IMPOVERISHMENT	INCOME	RESOURCES
Community Spouse	\$3,435.00	\$137,400
Institutionalized Spouse	\$50	\$16,800
Family Member Allowance	\$2,289 (150% of FPL for 2) is used in the FMA formula the maximum allowance is \$763	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	1,133	1,526	4,000	6,000	A/R may be eligible for Medicaid to pay the COBRA premium.
AIDS INSURANCE	185% FPL	2,096	2,823	NO RESOURCE TEST		A/R must be ineligible for Medicaid, including COBRA continuation.
QUALIFIED MEDICARE BENEFICIARY (QMB)	AT OR BELOW 100% FPL	1,133	1,526	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	1,133	1,526	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.
		1,359	1,831			
QUALIFIED INDIVIDUALS (QI)	GREATER THAN OR EQUAL TO 120% BUT LESS THAN 135% FPL	1,359	1,831	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.
		1,529	2,060			
QUALIFIED DISABLED & WORKING INDIVIDUAL (QDWI)	200% FPL	2,265	3,052	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	2,832	3,815	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 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	13,578	1,132	13,590	1,133	14,949	1,246	18,755	1,563	20,929	1,745	21,065	1,756	30,306	2,526
Two	17,240	1,437	18,310	1,526	20,141	1,679	25,268	2,106	28,198	2,350	28,381	2,366	40,832	3,403
Three	20,783	1,732	23,030	1,920	25,333	2,112	31,782	2,649	35,467	2,956	35,697	2,975	51,357	4,280
Four	24,348	2,030	27,750	2,313	30,525	2,544	38,295	3,192	42,735	3,562	43,013	3,585	61,883	5,157
Five	28,014	2,335	32,470	2,706	35,717	2,977	44,809	3,735	50,004	4,167	50,329	4,195	72,409	6,035
Six	30,965	2,581	37,190	3,100	40,909	3,410	51,323	4,277	57,273	4,773	57,645	4,804	82,934	6,912
Seven	34,019	2,835	41,910	3,493	46,101	3,842	57,836	4,820	64,542	5,379	64,961	5,414	93,460	7,789
Eight	37,640	3,137	46,630	3,886	51,293	4,275	64,350	5,363	71,811	5,985	72,277	6,024	103,985	8,666
Nine	40,160	3,347	51,350	4,280	56,485	4,708	70,863	5,906	79,079	6,590	79,593	6,633	114,511	9,543
Ten	42,682	3,557	56,070	4,673	61,677	5,140	77,377	6,449	86,348	7,196	86,909	7,243	125,037	10,420
Each Add't Person	2,522	211	4,720	394	5,192	433	6,514	543	7,269	606	7,316	610	10,526	878

Revised January 18, 2022



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	3,403	NO RESOURCE TEST		Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility.
PREGNANT WOMEN	223% FPL	N/A	3,403	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	2,526	3,403	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	1,745	2,350	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	1,246	1,679	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	1,745	2,350			
PARENTS/CARETAKER RELATIVES	138% FPL	1,563	2,106	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	1,563	2,106	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	1,756	2,366			
SINGLE/CHILDLESS COUPLES AND 19 AND 20 YEARS LIVING ALONE	100% FPL	1,133	1,526	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	1,563	2,106			
FAMILY PLANNING PROGRAM	223% FPL	2,526	3,403	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

If SSI was terminated during this period:	Multiply 2022 Social Security income by:	If SSI was terminated during this period:	Multiply 2022 Social Security income by:	If SSI was terminated during this period:	Multiply 2022 Social Security income by:
May – June 1977	0.211	Jan. 1992 – Dec. 1992	0.502	Jan. 2007 – Dec. 2007	0.741
July 1977 – June 1978	0.225	Jan. 1993 – Dec. 1993	0.516	Jan. 2008 – Dec. 2008	0.757
July 1978 – June 1979	0.248	Jan. 1994 – Dec. 1994	0.530	Jan. 2009 – Dec. 2011	0.801
July 1979 – June 1980	0.283	Jan. 1995 – Dec. 1995	0.545	Jan. 2012 – Dec. 2012	0.830
July 1980 – June 1981	0.315	Jan. 1996 – Dec. 1996	0.559	Jan. 2013 – Dec. 2013	0.844
July 1981 – June 1982	0.338	Jan. 1997 – Dec. 1997	0.576	Jan. 2014 – Dec. 2014	0.857
July 1982 – Dec. 1983	0.362	Jan. 1998 – Dec. 1998	0.587	Jan. 2015 – Dec. 2016	0.872
Jan. 1984 – Dec. 1984	0.373	Jan. 1999 – Dec. 1999	0.595	Jan. 2017 – Dec. 2017	0.874
Jan. 1985 – Dec. 1985	0.386	Jan. 2000 – Dec. 2000	0.610	Jan. 2018 – Dec. 2018	0.892
Jan. 1986 – Dec. 1986	0.400	Jan. 2001 – Dec. 2001	0.631	Jan. 2019 – Dec. 2019	0.917
Jan. 1987 – Dec. 1987	0.404	Jan. 2002 – Dec. 2002	0.648	Jan. 2020 – Dec. 2020	0.931
Jan. 1988 – Dec. 1988	0.421	Jan. 2003 – Dec. 2003	0.656	Jan. 2021 - Dec. 2021	0.944
Jan. 1989 – Dec. 1989	0.438	Jan. 2004 – Dec. 2004	0.671	Jan. 2022 –	1.00
Jan. 1990 – Dec. 1990	0.459	Jan. 2005 – Dec. 2005	0.688		
Jan. 1991 – Dec. 1991	0.484	Jan. 2006 – Dec. 2006	0.717		

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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