

NEW YORK STATE INCOME AND RESOURCE STANDARDS FOR NON-MAGI POPULATION EFFECTIVE JANUARY 1, 2023																				
HOUSE HOLD SIZE	100% FPL		120% FPL		135% FPL		138% FPL MEDICAID INCOME		150% FPL		185% FPL		186% 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	13,590	1,133	16,308	1,359	18,347	1,529	18,755	1,563	20,385	1,699	25,142	2,096	25,278	2,107	27,180	2,265	33,975	2,832	28,133	1
TWO	18,310	1,526	21,972	1,831	24,719	2,060	25,268	2,106	27,465	2,289	33,874	2,823	34,057	2,839	36,620	3,052	45,775	3,815	37,902	2
THREE	23,030	1,920					31,782	2,649	34,545	2,879	42,606	3,551			46,060	3,839				3
FOUR	27,750	2,313					38,295	3,192	41,625	3,469	51,338	4,279			55,500	4,625				4
FIVE	32,470	2,706					44,809	3,735	48,705	4,059	60,070	5,006			64,940	5,412				5
SIX	37,190	3,100					51,323	4,277	55,785	4,649	68,802	5,734			74,380	6,199				6
SEVEN	41,910	3,493					57,836	4,820	62,865	5,239	77,534	6,462			83,820	6,985				7
EIGHT	46,630	3,886					64,350	5,363	69,945	5,829	86,266	7,189			93,260	7,772				8
NINE	51,350	4,280					70,863	5,906	77,025	6,419	94,998	7,917			102,700	8,559				9
TEN	56,070	4,673					77,377	6,449	84,105	7,009	103,730	8,645			112,140	9,345				10
EACH ADD'L PERSON	4,720	394					6,514	543	7,080	590	8,732	728			9,440	787				+

SPOUSAL IMPOVERISHMENT	INCOME	RESOURCES
Community Spouse	\$3,715.50	\$148,620
Institutionalized Spouse	\$50	\$28,133
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	\$358	Northeastern	\$425	Northern Metropolitan	\$1,031
Rochester	\$367	Long Island	\$1,445		
Western	\$301	New York City	\$1,701		

\*In determining the community spouse resource allowance on and after January 1, 2023, the community spouse is permitted to retain resources in an amount equal to the greater of the following \$74,820.00 or the amount of the spousal share up to \$148,620.00. 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	1,563	2,106	NO RESOURCE TEST		
SSI-RELATED	MEDICAID LEVEL	1,563	2,106	28,133	37,902	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)	138% FPL	1,563	2,106	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Part B and/or A premium, coinsurance and deductible.
QUALIFIED INDIVIDUALS (QI)	GREATER THAN 138% BUT LESS THAN OR EQUAL TO 186% FPL	1,563	2,106	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.
		2,107	2,839			
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	28,133	37,902	Countable retirement accounts are disregarded as resources effective 10/01/11.

Revised December 22, 2022



**New York State Income Standards for MAGI Population  
Effective January 1, 2023**

House Hold Size	100% FPL		110% FPL		138% FPL LIF LEVEL		154% FPL		155% FPL		223% FPL	
	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY
One	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	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	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	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	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	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	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	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	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	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	4,720	394	5,192	433	6,514	543	7,269	606	7,316	610	10,526	878

Revised October 13, 2022

MAGI POPULATION						
CATEGORY	INCOME COMPARED TO	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES
		1	2	1	2	
<b>PRESUMPTIVE ELIGIBILITY FOR PREGNANT CONSUMERS</b>	223% FPL	N/A	3,403	NO RESOURCE TEST		Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility.
<b>PREGNANT CONSUMERS</b>	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.
<b>CHILDREN UNDER ONE</b>	223% FPL	2,526	3,403	NO RESOURCE TEST		If the income is above 223% FPL the A/R may apply for CHPlus or 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.
<b>CHILDREN AGE 1 THROUGH 5</b>	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.
<b>CHILDREN AGE 6 THROUGH 18</b>	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			
<b>PARENTS/CARETAKER RELATIVES</b>	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.
<b>19 AND 20 YEAR OLDS LIVING WITH PARENTS</b>	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			
<b>SINGLE/CHILDLESS COUPLES AND 19 AND 20 YEARS LIVING ALONE</b>	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			
<b>FAMILY PLANNING PROGRAM</b>	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

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	0.214	Jan. 1992 – Dec. 1992	0.502	Jan. 2007 – Dec. 2007	0.741
July 1977 – June 1978	0.226	Jan. 1993 – Dec. 1993	0.517	Jan. 2008 – Dec. 2008	0.758
July 1978 – June 1979	0.241	Jan. 1994 – Dec. 1994	0.531	Jan. 2009 – Dec. 2011	0.802
July 1979 – June 1980	0.265	Jan. 1995 – Dec. 1995	0.545	Jan. 2012 – Dec. 2012	0.831
July 1980 – June 1981	0.303	Jan. 1996 – Dec. 1996	0.560	Jan. 2013 – Dec. 2013	0.845
July 1981 – June 1982	0.337	Jan. 1997 – Dec. 1997	0.576	Jan. 2014 – Dec. 2014	0.858
July 1982 – Dec. 1983	0.362	Jan. 1998 – Dec. 1998	0.588	Jan. 2015 – Dec 2016	0.872
Jan. 1984 – Dec. 1984	0.374	Jan. 1999 – Dec. 1999	0.596	Jan. 2017 – Dec. 2017	0.875
Jan. 1985 – Dec. 1985	0.388	Jan. 2000 – Dec. 2000	0.610	Jan. 2018 – Dec. 2018	0.892
Jan. 1986 – Dec. 1986	0.400	Jan. 2001 – Dec. 2001	0.632	Jan. 2019 – Dec. 2019	0.917
Jan. 1987 – Dec. 1987	0.405	Jan. 2002 – Dec. 2002	0.648	Jan. 2020 – Dec. 2020	0.932
Jan. 1988 – Dec. 1988	0.422	Jan. 2003 – Dec. 2003	0.657	Jan. 2021 - Dec. 2021	0.944
Jan. 1989 – Dec. 1989	0.439	Jan. 2004 – Dec. 2004	0.671		
Jan. 1990 – Dec. 1990	0.459	Jan. 2005 – Dec. 2005	0.689		
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.