



**NEW YORK STATE INCOME AND RESOURCE STANDARDS FOR NON-MAGI POPULATION
EFFECTIVE JANUARY 1, 2023**

HOUSE HOLD SIZE	100% 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
ONE	14,580	1,215	20,121	1,677	21,870	1,823	26,973	2,248	27,119	2,260	29,160	2,430	36,450	3,038	30,182	1
TWO	19,720	1,644	27,214	2,268	29,580	2,465	36,482	3,041	36,680	3,057	39,440	3,287	49,300	4,109	40,821	2
THREE	24,860	2,072	34,307	2,859	37,290	3,108	45,991	3,833			49,720	4,144				3
FOUR	30,000	2,500	41,400	3,450	45,000	3,750	55,500	4,625			60,000	5,000				4
FIVE	35,140	2,929	48,494	4,042	52,710	4,393	65,009	5,418			70,280	5,857				5
SIX	40,280	3,357	55,587	4,633	60,420	5,035	74,518	6,210			80,560	6,714				6
SEVEN	45,420	3,785	62,680	5,224	68,130	5,678	84,027	7,003			90,840	7,570				7
EIGHT	50,560	4,214	69,773	5,815	75,840	6,320	93,536	7,795			101,120	8,427				8
NINE	55,700	4,642	76,866	6,406	83,550	6,963	103,045	8,588			111,400	9,284				9
TEN	60,840	5,070	83,960	6,997	91,260	7,605	112,554	9,380			121,680	10,140				10
EACH ADD'L PERSON	5,140	429	7,094	592	7,710	643	9,509	793			10,280	857				+

SPOUSAL IMPOVERISHMENT	INCOME	RESOURCES
Community Spouse	\$3,715.50	\$148,620
Institutionalized Spouse	\$50	\$30,182
Family Member Allowance	\$2,465 (150% of FPL for 2) is used in the FMA formula the maximum allowance is \$822	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 or the amount of the spousal share up to \$148,620. 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	1,677	2,268	NO RESOURCE TEST		
SSI-RELATED	MEDICAID LEVEL	1,677	2,268	30,182	40,821	Household size is always one or two.
COBRA CONTINUATION COVERAGE	100% FPL	1,215	1,644	4,000	6,000	A/R may be eligible for Medicaid to pay the COBRA premium.
AIDS INSURANCE	185% FPL	2,248	3,041	NO RESOURCE TEST		A/R must be ineligible for Medicaid, including COBRA continuation.
QUALIFIED MEDICARE BENEFICIARY (QMB)	138% FPL	1,677	2,268	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Part B and/or A premium, coinsurance and deductible.
QUALIFYING INDIVIDUAL (QI)	GREATER THAN 138% BUT LESS THAN OR EQUAL TO 186% FPL	1,677	2,268	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.
		2,260	3,057			
QUALIFIED DISABLED & WORKING INDIVIDUAL (QDWI)	200% FPL	2,430	3,287	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	3,038	4,109	30,182	40,821	Countable retirement accounts are disregarded as resources effective 10/01/11.

Revised January 19, 2023



**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	14,580	1,215	16,038	1,337	20,121	1,677	22,454	1,872	22,599	1,884	32,514	2,710
Two	19,720	1,644	21,692	1,808	27,214	2,268	30,369	2,531	30,566	2,548	43,976	3,665
Three	24,860	2,072	27,346	2,279	34,307	2,859	38,285	3,191	38,533	3,212	55,438	4,620
Four	30,000	2,500	33,000	2,750	41,400	3,450	46,200	3,850	46,500	3,875	66,900	5,575
Five	35,140	2,929	38,654	3,222	48,494	4,042	54,116	4,510	54,467	4,539	78,363	6,531
Six	40,280	3,357	44,308	3,693	55,587	4,633	62,032	5,170	62,434	5,203	89,825	7,486
Seven	45,420	3,785	49,962	4,164	62,680	5,224	69,947	5,829	70,401	5,867	101,287	8,441
Eight	50,560	4,214	55,616	4,635	69,773	5,815	77,863	6,489	78,368	6,531	112,749	9,396
Nine	55,700	4,642	61,270	5,106	76,866	6,406	85,778	7,149	86,335	7,195	124,211	10,351
Ten	60,840	5,070	66,924	5,577	83,960	6,997	93,694	7,808	94,302	7,859	135,674	11,307
Each Add't Person	5,140	429	5,654	472	7,094	592	7,916	660	7,967	664	11,463	956

Revised January 19, 2023



MAGI POPULATION

CATEGORY	INCOME COMPARED TO	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES
		1	2	1	2	
PRESUMPTIVE ELIGIBILITY FOR PREGNANT CONSUMERS	223% FPL	N/A	3,665	NO RESOURCE TEST		Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility.
PREGNANT CONSUMERS	223% FPL	N/A	3,665	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	2,710	3,665	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.
CHILDREN AGE 1 THROUGH 5	154% FPL	1,872	2,531	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	1,337	1,808	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	1,872	2,531			
PARENTS/CARETAKER RELATIVES	138% FPL	1,677	2,268	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	1,677	2,268	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	1,884	2,548			
SINGLE/CHILDLESS COUPLES AND 19 AND 20 YEARS LIVING ALONE	100% FPL	1,215	1,644	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	1,677	2,268			
FAMILY PLANNING PROGRAM	223% FPL	2,710	3,665	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.

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.