



NEW YORK STATE INCOME AND RESOURCE STANDARDS FOR NON-MAGI POPULATION EFFECTIVE JANUARY 1, 2024																
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	15,060	1,255	20,783	1,732	22,590	1,883	27,861	2,322	28,012	2,335	30,120	2,510	37,650	3,138	31,175	1
TWO	20,440	1,704	28,208	2,351	30,660	2,555	37,814	3,152	38,019	3,169	40,880	3,407	51,100	4,259	42,312	2
THREE	25,820	2,152	35,632	2,970	38,730	3,228	47,767	3,981			51,640	4,304				3
FOUR	31,200	2,600	43,056	3,588	46,800	3,900	57,720	4,810			62,400	5,200				4
FIVE	36,580	3,049	50,481	4,207	54,870	4,573	67,673	5,640			73,160	6,097				5
SIX	41,960	3,497	57,905	4,826	62,940	5,245	77,626	6,469			83,920	6,994				6
SEVEN	47,340	3,945	65,330	5,445	71,010	5,918	87,579	7,299			94,680	7,890				7
EIGHT	52,720	4,394	72,754	6,063	79,080	6,590	97,532	8,128			105,440	8,787				8
NINE	58,100	4,842	80,178	6,682	87,150	7,263	107,485	8,958			116,200	9,684				9
TEN	63,480	5,290	87,603	7,301	95,220	7,935	117,438	9,787			126,960	10,580				10
EACH ADD'L PERSON	5,380	449	7,425	619	8,070	673	9,953	830			10,760	897				+

SPOUSAL IMPOVERISHMENT	INCOME	RESOURCES
Community Spouse	\$3,853.50	\$154,140
Institutionalized Spouse	\$50	\$31,175
Family Member Allowance	\$2,555 (150% of FPL for 2) is used in the FMA formula the maximum allowance is \$852	N/A

SPECIAL STANDARDS FOR HOUSING EXPENSES					
REGION	Amount	REGION	Amount	REGION	Amount
Central	\$365	Northeastern	\$433	Northern Metropolitan	\$1,180
Rochester	\$392	Long Island	\$1,624		
Western	\$320	New York City	\$1,931		

*In determining the community spouse resource allowance on and after January 1, 2024, 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 \$154,140. 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	1,732	2,351	NO RESOURCE TEST		
SSI-RELATED	MEDICAID LEVEL	1,732	2,351	31,175	42,312	Household size is always one or two.
COBRA CONTINUATION COVERAGE	100% FPL	1,255	1,704	4,000	6,000	A/R may be eligible for Medicaid to pay the COBRA premium.
AIDS INSURANCE	185% FPL	2,322	3,152	NO RESOURCE TEST		A/R must be ineligible for Medicaid, including COBRA continuation.
QUALIFIED MEDICARE BENEFICIARY (QMB)	138% FPL	1,732	2,351	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	1,732	2,351	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.
		2,335	3,169			
QUALIFIED DISABLED & WORKING INDIVIDUAL (QDWI)	200% FPL	2,510	3,407	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	3,138	4,259	31,175	42,312	Countable retirement accounts are disregarded as resources effective 10/01/11.

Revised January 17, 2024



**New York State Income Standards for MAGI Population
Effective January 1, 2024**

House Hold Size	100% FPL		LIF LEVEL		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	15,060	1,255	15,235	1,270	16,566	1,381	20,783	1,732	23,193	1,933	23,343	1,946	33,584	2,799
Two	20,440	1,704	19,344	1,613	22,484	1,874	28,208	2,351	31,478	2,624	31,682	2,641	45,582	3,799
Three	25,820	2,152	23,319	1,944	28,402	2,367	35,632	2,970	39,763	3,314	40,021	3,336	57,579	4,799
Four	31,200	2,600	27,320	2,277	34,320	2,860	43,056	3,588	48,048	4,004	48,360	4,030	69,576	5,798
Five	36,580	3,049	31,433	2,620	40,238	3,354	50,481	4,207	56,334	4,695	56,699	4,725	81,574	6,798
Six	41,960	3,497	34,744	2,896	46,156	3,847	57,905	4,826	64,619	5,385	65,038	5,420	93,571	7,798
Seven	47,340	3,945	38,171	3,181	52,074	4,340	65,330	5,445	72,904	6,076	73,377	6,115	105,569	8,798
Eight	52,720	4,394	42,233	3,520	57,992	4,833	72,754	6,063	81,189	6,766	81,716	6,810	117,566	9,798
Nine	58,100	4,842	45,061	3,756	63,910	5,326	80,178	6,682	89,474	7,457	90,055	7,505	129,563	10,797
Ten	63,480	5,290	47,891	3,991	69,828	5,819	87,603	7,301	97,760	8,147	98,394	8,200	141,561	11,797
Each Add't Person	5,380	449	2,830	236	5,918	494	7,425	619	8,286	691	8,339	695	11,998	1,000

Revised January 17, 2024



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	3,799	NO RESOURCE TEST		Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility.
PREGNANT CONSUMERS	223% FPL	N/A	3,799	NO RESOURCE TEST		A pregnant individual eligible for Medicaid for any time during their pregnancy remains eligible for Medicaid coverage until the last day of the month in which the 12th month from the date the pregnancy ends, 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 newborn will have guaranteed eligibility for one year.
CHILDREN UNDER ONE	223% FPL			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 birthing parent is in receipt of Medicaid at delivery. Eligibility can be determined in the 3 months retro to obtain the one year extension.
		2,799	3,799			
CHILDREN AGE 1 THROUGH 5	154% FPL	1,933	2,624	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	1,381	1,874	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	1,933	2,624			
PARENTS/CARETAKER RELATIVES	138% FPL	1,732	2,351	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	1,732	2,351	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	1,946	2,641			
SINGLE/CHILDLESS COUPLES AND 19 AND 20 YEARS LIVING ALONE	100% FPL	1,255	1,704	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	1,732	2,351			
FAMILY PLANNING PROGRAM	223% FPL	2,799	3,799	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 2024 Social Security income by:	If SSI was terminated during this period:	Multiply 2024 Social Security income by:	If SSI was terminated during this period:	Multiply 2024 Social Security income by:
May – June 1977	0.191	Jan. 1992 – Dec. 1992	0.447	Jan. 2007 – Dec. 2007	0.660
July 1977 – June 1978	0.202	Jan. 1993 – Dec. 1993	0.461	Jan. 2008 – Dec. 2008	0.675
July 1978 – June 1979	0.215	Jan. 1994 – Dec. 1994	0.473	Jan. 2009 – Dec. 2011	0.715
July 1979 – June 1980	0.236	Jan. 1995 – Dec. 1995	0.486	Jan. 2012 – Dec. 2012	0.741
July 1980 – June 1981	0.270	Jan. 1996 – Dec. 1996	0.499	Jan. 2013 – Dec. 2013	0.753
July 1981 – June 1982	0.300	Jan. 1997 – Dec. 1997	0.513	Jan. 2014 – Dec. 2014	0.765
July 1982 – Dec. 1983	0.322	Jan. 1998 – Dec. 1998	0.524	Jan. 2015 – Dec. 2016	0.778
Jan. 1984 – Dec. 1984	0.334	Jan. 1999 – Dec. 1999	0.531	Jan. 2017 – Dec. 2017	0.780
Jan. 1985 – Dec. 1985	0.345	Jan. 2000 – Dec. 2000	0.544	Jan. 2018 – Dec. 2018	0.795
Jan. 1986 – Dec. 1986	0.356	Jan. 2001 – Dec. 2001	0.563	Jan. 2019 – Dec. 2019	0.818
Jan. 1987 – Dec. 1987	0.361	Jan. 2002 – Dec. 2002	0.578	Jan. 2020 – Dec. 2020	0.831
Jan. 1988 – Dec. 1988	0.376	Jan. 2003 – Dec. 2003	0.586	Jan. 2021 – Dec. 2021	0.842
Jan. 1989 – Dec. 1989	0.391	Jan. 2004 – Dec. 2004	0.598	Jan. 2022 – Dec. 2022	0.891
Jan. 1990 – Dec. 1990	0.409	Jan. 2005 – Dec. 2005	0.614	Jan. 2023 – Dec. 2023	0.969
Jan. 1991 – Dec. 1991	0.431	Jan. 2006 – Dec. 2006	0.639		

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