

**2017 NYS INCOME AND RESOURCE STANDARDS AND  
FEDERAL POVERTY LEVELS (FPL)**

Reference Documents: SA 2015-00031 -01, GIS 14 MA/029, GIS 15 MA/01, GIS 15 MA/03, GIS 15 MA/10  
GIS 15 MA/21, GIS 17 MA/05, MBL-Transmittal 14-5, WLM-2015-00344-00R1, OTDA 15-INF-10, WLM-  
2016-00055, WLM-2016-00288-03, GIS 16 MA/16, MBL-Transmittal 2017.1, WLM 2017-00059-03.



MAPDR-01 04/04/2017  
(Obsoletes MAPDR-71)

**Financial Levels for Medicaid and Related Program Eligibility**

**1. Non-MAGI Medicaid Levels (SSI and SSI-Related Consumers With or Without A Surplus)**

Family Size	1	2	3	4	5	6	7	8	9	10	Each Additional Person
Monthly Income	\$825	\$1,209	\$1,390	\$1,571	\$1,753	\$1,934	\$2,115	\$2,296	\$2,478	\$2,659	\$182

**2. Non-MAGI Resource Levels**

Family Size	1	2	3	4	5	6	7	8	9	10	Each Additional Person
Resource Level	\$14,850	\$21,750	\$25,013	\$28,275	\$31,538	\$34,800	\$38,063	\$41,325	\$44,588	\$47,850	\$3,262

**3. Spousal Support and Resource Levels**

<b>Income (MMMNA) - \$3,022.50</b> (Inst Spouse) - <b>\$50</b>	<b>Resources – (Minimum) - \$74,820</b> (Maximum) - \$120, 900 (Inst Spouse) - \$14,850	<b>Family Member Allowance Formula: Use - \$2, 030</b> <b>\$677</b> is the maximum family member allowance
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**4. Medicare Savings Program (Buy-In)**

	Income		Family of 2
	Family of 1		
<b>QMB 100% FPL</b>	Annual	\$12,060	\$16,240
	Monthly	\$1,005	\$1,354
<b>SLIMB 120% FPL</b>	Annual	\$14,472	\$19,488
	Monthly	\$1,206	\$1,624
<b>QI-1 135% FPL</b>	Annual	\$16,281	\$21,924
	Monthly	\$1,357	\$1,827

**5. Other Important Figures**

<p><b>Medicare Part A Premium:</b> \$227.00 (30-39 Quarters) \$413.00 (Less than 30 Quarters)</p> <p><b>Medicare Part B Premium:</b> (Rates based upon 2014 income tax filings)</p> <ul style="list-style-type: none"> <li>• <b>The Cost of Living adjustment (COLA) for Social Security will be 0.3 percent for 2017. The Part B Medicare Premium will be 109.00</b> for most Medicare Part B recipients in receipt of benefits. This includes individuals with an annual income of \$85,000 or less and couples with joint annual incomes of \$170,000 or less.</li> <li>• Under federal law commonly known as the “hold harmless” provision, Medicare Part B premiums cannot raise more than the COLA in any year for most consumers. However, this provision does not apply to the consumers listed below. Their Part B premium increased to <b>\$134.00</b>.</li> <li>• Individuals whose income is <b>above</b> \$85,000 or a married individual when the couple’s combined income is <b>over</b> \$170,000 will pay the higher premium.</li> <li>• New Medicare Part B beneficiaries will pay the higher premium. Since they did not pay the premium the previous year.</li> <li>• Individuals who do not have the Part B premium deducted from their Social Security benefit. This includes individuals who are in the Medicare Buy-In program. These individuals will not to be directly affected, as the increase premium will be paid by the State.</li> </ul> <p><b>Standard Allocation:</b> From non-SSI-related parent to non-SSI- related child \$384</p> <p><b>PASS-THROUGH FACTORS:</b> .968 and .159</p>		
<p><b>Family Size</b></p>		
	<b>1</b>	<b>2</b>
<b>COBRA (100% FPL)</b>	\$1,005	\$1,354
<b>AIDS Health Ins. Program (AHIP) (185% FPL)</b>	\$1,860	\$2,504
<b>QWDI (200% FPL)</b>	\$2,010	\$2,707
<b>COBRA, QWDI (Resource Level)</b>	\$4,000	\$6,000
<b>Pickle/DAC/SSI (Resource Level)</b>	\$2,000	\$3,000

**NO RESOURCE TEST FOR ANY MSP PROGRAM**

<b>6. MBI-WPD (Persons 16-64)</b>		
<b>Family Size</b>	<b>1</b>	<b>2</b>
<b>Monthly Income</b> 250% FPL	\$2,513	\$3,384
<b>Resources</b>	\$20,000	\$30,000

<b>7. Family Planning Benefit Program Income Levels (No Resource Test)</b>							
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Each Additional Person</b>
<b>FPBP 223% FPL</b> (Child Bearing Age)	\$2,242	\$3,018	\$3,795	\$4,572	\$5,349	\$6,126	\$777

**Note:** FPBP eligibility is to be determined using only the applicant's income. The applicant's income is then compared to 223% of the federal poverty level for the appropriate family size. Family size continues to be determined using legal responsibility.

<b>8. Monthly Regional Nursing Home Rates (Use the rate for the region in which the facility is located)</b>	
<b>NEW YORK CITY (All boroughs) - \$12,157</b>	<b>LONG ISLAND - \$12,811</b> Nassau, Suffolk
<b>NORTHEASTERN - \$10,242</b> Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	<b>NORTHERN METROPOLITAN - \$12,198</b> Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
<b>WESTERN - \$10,078</b> Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	<b>ROCHESTER - \$11,237</b> Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
<b>CENTRAL - \$9,511</b> Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	

<b>9. Fair Market Regional Rates (Averages) / Special Standards for Housing Expenses</b>	
<b>NEW YORK CITY (All boroughs) (Shelter = 59) - \$1171</b>	<b>LONG ISLAND (Shelter = 60) - \$1285</b>
<b>NORTHEASTERN (Shelter = 54) - \$471</b>	<b>NORTHERN METROPOLITAN (Shelter = 58) - \$892</b>
<b>WESTERN (Shelter = 57) - \$367</b>	<b>ROCHESTER (Shelter = 56) - \$419</b>
<b>CENTRAL (Shelter = 55) - \$412</b>	
<b>CONGREGATE CARE LEVEL III - (42+ Regional Rate for County) - \$1796 - \$2714</b>	

In determining the community resource allowance on and after January 1, 2016, 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 \$120,900. 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. The look-back period is anchored in the month the A/R is both institutionalized and applying for MA.

**10. MAGI Levels for Medicaid and Related Program Eligibility**

Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
Pregnant Women and Infants Under Age 1 (223% FPL)	\$2,242	\$3,018	\$3,795	\$4,572	\$5,349	\$6,126	\$6,902	\$7,679	\$8,456	\$9,233	\$777
Infants Under Age 1 223% FPL	\$2,242	\$3,018	\$3,795	\$4,572	\$5,349	\$6,126	\$6,902	\$7,679	\$8,456	\$9,233	\$777
Children Age 1-5 154% FPL	\$1,548	\$2,085	\$2,621	\$3,157	\$3,694	\$4,230	\$4,767	\$5,303	\$5,840	\$6,376	\$537
Children Age 6 -19 110% FPL	\$1,106	\$1,489	\$1,872	\$2,255	\$2,639	\$3,022	\$3,405	\$3,788	\$4,171	\$4,554	\$384
Children Age 6-19 (Expanded - 154% FPL)	\$1,548	\$2,085	\$2,621	\$3,157	\$3,694	\$4,230	\$4,767	\$5,303	\$5,840	\$6,376	\$537
Parents and Caretaker Relatives 138% FPL	\$1,387	\$1,868	\$2,349	\$2,829	\$3,310	\$3,791	\$4,272	\$4,752	\$5,233	\$5,714	\$481
19 and 20 Year Olds Living With Parents 138% FPL	\$1,387	\$1,868	\$2,349	\$2,829	\$3,310	\$3,791	\$4,272	\$4,752	\$5,233	\$5,714	\$481
19 and 20 Year Olds Living With Parents (Expanded - 155% FPL)	\$1,558	\$2,098	\$2,638	\$3,178	\$3,718	\$4,258	\$4,798	\$5,338	\$5,878	\$6,417	\$540
S/CCs and 19 and 20 Year Olds Living Alone (100% FPL)	\$1,005	\$1,354	\$1,702	\$2,050	\$2,399	\$2,747	\$3,095	\$3,444	\$3,792	\$4,140	\$349
S/CCs and 19 and 20 Year Olds Living Alone (Expanded 138% FPL)	\$1,387	\$1,868	\$2,349	\$2,829	\$3,310	\$3,791	\$4,272	\$4,752	\$5,233	\$5,714	\$481

**11. Children's Medicaid Income Eligibility Levels**

Family Size	1	2	3	4	5	6	7	8	Each Additional Person
Children Under 1 year; Pregnant Women*	\$2,242	\$3,018	\$3,795	\$4,572	\$5,349	\$6,126	\$6,902	\$7,679	\$777
Children 1-18 Years	\$1,548	\$2,085	\$2,621	\$3,157	\$3,694	\$4,230	\$4,767	\$5,303	\$537

Note: \*Pregnant women household size calculation includes all expected children.

**12. Child Health Plus Premium Levels – Monthly Income by Family Size (Children Under 19 Not Medicaid Eligible)**

Premium Categories	1	2	3	4	5	6	Each Add'l Person
Free Insurance ( <b>under 222% FPL</b> )	\$1,607	\$2,165	\$2,722	\$3,279	\$3,837	\$4,394	\$557
\$9 per child per month (Max. \$27 per family) ( <b>222% - 249% FPL</b> )	\$2,232	\$3,005	\$3,778	\$4,551	\$5,325	\$6,098	\$774
\$15 per child per month (Max \$45/Family) ( <b>250% - 299% FPL</b> )	\$2,513	\$3,384	\$4,255	\$5,125	\$5,996	\$6,867	\$871
\$30 per child per month (Max. \$90 per family) ( <b>300% - 349% FPL</b> )	\$3,015	\$4,060	\$5,105	\$6,150	\$7,195	\$8,240	\$1,045
\$45 per child per month (Max. \$135 per family) ( <b>350% - 399% FPL</b> )	\$3,518	\$4,737	\$5,956	\$7,175	\$8,395	\$9,614	\$1,220
\$60 per child per month (Max. \$180 per family) ( <b>400% FPL</b> )	\$4,020	\$5,414	\$6,807	\$8,200	\$9,594	\$10,987	\$1,394
<b>Full Premium</b> per child/month if <b>over 400% FPL</b> (Premium amount varies from plan to plan)	Over \$4,020	Over \$5,414	Over \$6,807	Over \$8,200	Over \$9,594	Over \$10,987	Over 1,394

**13. Disabled Adult Children (DAC) Levels**

Living Arrangements	Shelter Types	Amount
1	15	\$1,001.48
1	28	\$963.48
1	16	\$1,170.00
1	29	\$1,140.00
1	42	\$1,429.00
1 or 5	Other than: 15, 16, 28, 29 or 42	\$822.00
2	15	\$2,002.96
2	28	\$1,926.96
2	16	\$2,340.00
2	29	\$2,280.00
2	42	\$2,858.00
2 or 6	Other than: 15, 16, 28, 29 or 42	\$1,207.00
3	All	\$963.48
4	All	\$1,001.48

**14. Congregate Care Level I, II and III Levels**

Shelter Codes	PNA	Shelter Amount
15 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level I	\$141.00	\$860.48
16 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level II	\$163.00	\$1,007.00
28 - (Rest of State) Level I	\$141.00	\$822.48
29 - (Rest of State) Level II	\$163.00	\$977.00
42 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level III	\$194.00	\$1,235.00
42 - (Rest of State) Level III	\$194.00	\$1,235.00

<b>15. SSI Levels</b>				
<b>SSI Consumer</b>	<b>Amount</b>			
Allocation Amount (The difference between the regular Medicaid levels for a household of two [\$1,209.00] and a household of one [\$825.00])	\$384.00			
Personal Needs Allowance (Certain waiver participants subject to spousal impoverishment budgeting)	\$384.00			
Maximum Social Security Benefit at Full Retirement Age	\$2,687			
State Supplement	Individual	\$87.00	Couple	\$104.00
Federal Benefit Rate	Individual	\$735.00	Couple	\$1,103.00
SSI Resource Levels	Individual	\$2,000.00	Couple	\$3,000.00
SSI Related Student Earned Income Disregard	Monthly	\$1,790.00	Annual Max.	\$7,200.00

<b>16. Substantial Gainful Activity (SGA) Levels</b>		
<b>Category</b>	<b>Amount</b>	<b>Payment Occurrence</b>
Non-Blind	\$1,170.00	Monthly
Blind	\$1,950.00	Monthly
Month Trial Work Period	\$840.00	Monthly

<b>17. Home Equity Maximum</b>	
Medicaid Coverage Limit (RVI 1 and 2 cases)	\$840,000