

**2019 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL POVERTY LEVELS (FPL)**

Reference Documents: GIS 19 MA/01, GIS 19 MA/06, GIS 18 MA/15, MBL Transmittal 19-1, 18-3, 18-2 WLM 2019-00065, WLM 2017-00059-03, and WLM 2018-00381-01.

	<b>Department of Social Services</b> Human Resources Administration Department of Homeless Services	Medical Insurance and Community Services Administration
	MAPDR-01 04/04/2019 (Obsoletes MAPDR-71)	

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

<b>1. Non-MAGI Medicaid Levels (SSI and SSI-Related Consumers With or Without A Surplus)</b>											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Additional Person
Monthly Income	\$859	\$1,267	\$1,457	\$1,647	\$1,837	\$2,027	\$2,217	\$2,407	\$2,597	\$2,787	\$190

<b>2. Non-MAGI Resource Levels</b>											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Additional Person
Resource Level	\$15,450	\$22,800	\$25,013	\$28,275	\$31,539	\$34,800	\$38,064	\$41,325	\$44,588	\$47,850	\$3,263

<b>3. Spousal Support and Resource Levels</b>		
<b>Income (MMMNA) - \$3,160.50</b> (Inst Spouse) - <b>\$50</b>	<b>Resources – (Minimum) - \$74,820</b> (Maximum) - \$126,420 (Inst Spouse) - \$15,450	<b>Family Member Allowance Formula: Use - \$2,114</b> <b>\$705</b> is the maximum monthly family member allowance

<b>4. MBI-WPD (Persons 16-64)</b>		
Family Size	1	2
Monthly Income 250% FPL	\$2,603	\$3,523
Resources	\$20,000	\$30,000

<b>5. Family Planning Benefit Program Income Levels (No Resource Test)</b>							
Family Size	1	2	3	4	5	6	Each Additional Person
FPBP 223% FPL (Child Bearing Age)	\$2,322	\$3,143	\$3,964	\$4,786	\$5,607	\$6,428	\$822

**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.

6. Medicare Savings Program (Buy-In)				7. Other Important Figures		
	Income				1	2
	Family of 1		Family of 2			
QMB 100% FPL	Annual	\$12,490	\$16,910	<p><b>Medicare Part A Premium:</b> \$240.00 (30-39 Quarters) \$437.00 (Less than 30 Quarters)</p> <p><b>Medicare Part B Premium:</b> (Rates based upon 2016 income tax filings)</p> <ul style="list-style-type: none"> <li>The Cost of Living adjustment (COLA) for Social Security will be 2.8% percent for 2019.</li> <li>Part B Medicare Premium is <b>\$135.50</b> for <b>most</b> Medicare Part B recipients in receipt of benefits. The standard Medicare Part B <b>\$135.50</b> monthly premium is for beneficiaries with income <b>less than or equal to \$85,000</b>. Due to the <b>SSA 2.8% COLA</b>, some beneficiaries who were held harmless against Part B premium increases in 2018 will pay the full monthly premium of <b>\$135.50</b> in 2019. This is because the increase in their Social Security benefits will be greater than or equal to the increase in their Part B premium.</li> </ul> <p>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 is currently <b>\$135.50</b>.</p> <ul style="list-style-type: none"> <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> .970 and .152</p> <p><b>Note:</b> Budgets with a “From” date of January 1, 2019, or later, that utilize a Federal Poverty Level (FPL) must be calculated with the 2018 Social Security benefit amount and Medicare Part B premium amount until the 2019 FPLs are available on MBL.</p>		
	Monthly	\$1,041	\$1,410			
SLIMB 120% FPL	Annual	\$14,988	\$20,292	Family Size		
	Monthly	\$1,249	\$1,691	COBRA (100% FPL)	\$1,041	\$1,410
QI-1 135% FPL	Annual	\$16,862	\$22,829	AIDS Health Ins. Program (AHIP) (185% FPL)	\$1,926	\$2,607
	Monthly	\$1,406	\$1,903	QWDI (200% FPL)	\$2,082	\$2,819
NO RESOURCE TEST FOR ANY MSP PROGRAM				COBRA, QWDI (Resource Level)	\$4,000	\$6,000
				Pickle/DAC/SSI (Resource Level)	\$2,000	\$3,000

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**8. Monthly Regional Nursing Home Rates (Use the rate for the region in which the facility is located)**

<b>NEW YORK CITY (All boroughs) - \$12, 419</b>	<b>LONG ISLAND - \$13,407 Nassau, Suffolk</b>
<b>NORTHEASTERN - \$11,280 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington</b>	<b>NORTHERN METROPOLITAN - \$12,636 Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester</b>
<b>WESTERN - \$10,556 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming</b>	<b>ROCHESTER - \$12,342 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates</b>
<b>CENTRAL - \$10,068 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>NEW YORK CITY (All boroughs) (Shelter = 59) - \$1300</b>	<b>LONG ISLAND (Shelter = 60) - \$1269</b>
<b>NORTHEASTERN (Shelter = 54) - \$462</b>	<b>NORTHERN METROPOLITAN (Shelter = 58) - \$930</b>
<b>WESTERN (Shelter = 57) - \$360</b>	<b>ROCHESTER (Shelter = 56) - \$419</b>
<b>CENTRAL (Shelter = 55) - \$412</b>	
<b>CONGREGATE CARE LEVEL III - (42+ Regional Rate for County- Shelter = 63) - \$1,825 - \$2,765</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 \$126,420. 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.

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<b>10. MAGI Levels for Medicaid and Related Program Eligibility</b>											
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Each Add'l Person</b>
<b>Pregnant Women and Infants Under Age 1 (223% FPL)</b>	\$2,322	\$3,143	\$3,964	\$4,786	\$5,607	\$6,428	\$7,250	\$8,071	\$8,893	\$9,714	\$822
<b>Infants Under Age 1 223% FPL</b>	\$2,322	\$3,143	\$3,964	\$4,786	\$5,607	\$6,428	\$7,250	\$8,071	\$8,893	\$9,714	\$822
<b>Children Age 1-5 154% FPL</b>	\$1,603	\$2,171	\$2,738	\$3,305	\$3,872	\$4,440	\$5,007	\$5,574	\$6,141	\$6,708	\$568
<b>Children Age 6 -19 110% FPL</b>	\$1,145	\$1,551	\$1,956	\$2,361	\$2,766	\$3,171	\$3,576	\$3,982	\$4,387	\$4,792	\$406
<b>Children Age 6-19 (Expanded - 154% FPL)</b>	\$1,603	\$2,171	\$2,738	\$3,305	\$3,872	\$4,440	\$5,007	\$5,574	\$6,141	\$6,708	\$568
<b>Parents and Caretaker Relatives 138% FPL</b>	\$1,437	\$1,945	\$2,453	\$2,962	\$3,470	\$3,978	\$4,487	\$4,995	\$5,503	\$6,012	\$509
<b>19 and 20 Year Olds Living with Parents 138% FPL</b>	\$1,437	\$1,945	\$2,453	\$2,962	\$3,470	\$3,978	\$4,487	\$4,995	\$5,503	\$6,012	\$509
<b>19 and 20 Year Olds Living with Parents (Expanded - 155% FPL)</b>	\$1,614	\$2,185	\$2,756	\$3,327	\$3,897	\$4,468	\$5,039	\$5,610	\$6,181	\$6,752	\$571
<b>S/CCs and 19 and 20 Year Olds Living Alone (100% FPL)</b>	\$1,041	\$1,410	\$1,778	\$2,146	\$2,515	\$2,883	\$3,251	\$3,620	\$3,988	\$4,356	\$369
<b>S/CCs and 19 and 20 Year Olds Living Alone (Expanded 138% FPL)</b>	\$1,437	\$1,945	\$2,453	\$2,962	\$3,470	\$3,978	\$4,487	\$4,995	\$5,503	\$6,012	\$509

<b>11. Children's Medicaid Income Eligibility Levels</b>									
<b>Family Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>Each Additional Person</b>
<b>Children Under 1 year; Pregnant Women*</b>	\$2,322	\$3,143	\$3,964	\$4,786	\$5,607	\$6,428	\$7,250	\$8,071	\$822
<b>Children 1-18 Years</b>	\$1,603	\$2,171	\$2,738	\$3,305	\$3,872	\$4,440	\$5,007	\$5,574	\$568

**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> )	\$1,665	\$2,254	\$2,843	\$3,433	\$4,022	\$4,611	\$589
\$9 per child per month (Max. \$27 per family) ( <b>222% - 249% FPL</b> )	\$2,311	\$3,129	\$3,947	\$4,764	\$5,582	\$6,400	\$818
\$15 per child per month (Max \$45/family) ( <b>250% - 299% FPL</b> )	\$2,603	\$3,523	\$4,444	\$5,365	\$6,286	\$7,207	\$921
\$30 per child per month (Max. \$90 per family) ( <b>300% - 349% FPL</b> )	\$3,123	\$4,228	\$5,333	\$6,438	\$7,543	\$8,648	\$1,105
\$45 per child per month (Max. \$135 per family) ( <b>350% - 399% FPL</b> )	\$3,643	\$4,933	\$6,222	\$7,511	\$8,800	\$10,089	\$1,290
\$60 per child per month (Max. \$180 per family) ( <b>400% FPL</b> )	\$4,164	\$5,637	\$7,110	\$8,584	\$10,057	\$11,530	\$1,474
<b>Full Premium</b> per child/month if <b>over 400% FPL</b> (Premium amount varies from plan to plan)	Over \$4,165	Over \$5,638	Over \$7,111	Over \$8,585	Over \$10,058	Over \$11,531	Over 1,445

**Note:** \*Pregnant women count as two.

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

Living Arrangements	Shelter Types	Amount
1	15	\$1,037.48
1	28	\$999.48
1	16	\$1,206.00
1	29	\$1,176.00
1	42	\$1,465.00
1 or 5	Other than: 15, 16, 28, 29 or 42	\$858.00
2	15	\$2,074.96
2	28	\$1,998.96
2	16	\$2,412.00
2	29	\$2,352.00
2	42	\$2,930.00
2 or 6	Other than: 15, 16, 28, 29 or 42	\$1,261.00
3	All	\$999.48
4	All	\$1,037.48

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

Shelter Codes	PNA	Shelter Amount
15 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level I	\$148.00	\$889.48
16 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level II	\$171.00	\$1,035.00
28 - (Rest of State) Level I	\$148.00	\$851.48
29 - (Rest of State) Level II	\$171.00	\$1005.00
42 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level III	\$204.00	\$1,261.00
42 - (Rest of State) Level III	\$204.00	\$1,261.00

15. SSI Levels				
SSI Consumer	Amount			
Allocation Amount (The difference between the regular Medicaid levels for a household of two [\$1,209.00] and a household of one [\$825.00])	\$408.00			
Personal Needs Allowance (Certain waiver participants subject to spousal impoverishment budgeting)	\$408.00			
Maximum Social Security Benefit at Full Retirement Age	\$2,861			
State Supplement	Individual	\$87.00	Couple	\$104.00
Federal Benefit Rate	Individual	\$771.00	Couple	\$1,157.00
SSI Resource Levels	Individual	\$2,000.00	Couple	\$3,000.00
Family Care Level (LA 3 & 4)	NYC and Nassau, Suffolk, Westchester and Rockland	1037.48	Upstate	999.48
SSI Related Student Earned Income Disregard	Monthly	\$1,870.00	Annual Max.	\$7,550.00

16. Substantial Gainful Activity (SGA) Levels		
Category	Amount	Payment Occurrence
Non-Blind	\$1,220.00	Monthly
Blind	\$2,040.00	Monthly
Month Trial Work Period	\$880.00	Monthly

17. Home Equity Maximum	
Medicaid Coverage Limit (RVI 1 and 2 cases)	\$878,000