

**NEW YORK STATE INCOME AND RESOURCE STANDARDS
AND FEDERAL POVERTY LINES EFFECTIVE JANUARY 1, 2005**

HOUSE HOLD SIZE	MEDICAID INCOME LEVEL		100% FPL		120% FPL		133% FPL		135% FPL		150% FPL		185% FPL		200% FPL		250% FPL		RESOURCES	
	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONYHLY		
ONE	8,000	667	9,570	798	11,484	957	12,729	1,061	12,920	1,077	14,355	1,197	17,705	1,476	19,140	1,595	23,925	1,994	4,000	1
TWO	11,700	975	12,830	1,070	15,396	1,283	17,064	1,422	17,321	1,444	19,245	1,604	23,736	1,978	25,660	2,139	32,075	2,673	5,850	2
THREE	11,800	984	16,090	1,341			21,400	1,784			24,135	2,012	29,767	2,481	32,180	2,682	40,225	3,353	5,900	3
FOUR	11,900	992	19,350	1,613			25,736	2,145			29,025	2,419	35,798	2,984	38,700	3,225	48,375	4,032	5,950	4
FIVE	12,000	1,000	22,610	1,885			30,072	2,506			33,915	2,827	41,829	3,486	45,220	3,769	56,525	4,711	6,000	5
SIX	13,600	1,134	25,870	2,156			34,408	2,868			38,805	3,234	47,860	3,989	51,740	4,312	64,675	5,390	6,800	6
SEVEN	15,300	1,275	29,130	2,428			38,743	3,229			43,695	3,642	53,891	4,491	58,260	4,855	72,825	6,069	7,650	7
EIGHT	17,000	1,417	32,390	2,700			43,079	3,590			48,585	4,049	59,922	4,994	64,780	5,399	80,975	6,748	8,500	8
EACH ADD'L PERSON	1,700	142	3,260	272			4,336	362			4,890	408	6,031	503	6,520	544	8,150	680	850	+

Rev. 02/23/05 COLA 2.7 Final FPL

SPOUSAL IMPOVERISHMENT	INCOME	RESOURCES
Community Spouse	2,378	95,100
Institutionalized Spouse	50	4,000
Family Member Allowance	1604 is used in the FMA formula the maximum allowance is 535	N/A

*In determining the community resource allowance on and after January 1, 2005, 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 \$95,100. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989.

CATEGORY	INCOME COMPARED	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES COLA 2.7%; Final FPL 02/23/05
		1	2	1	2	
PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	100% FPL 200%FPL	N/A N/A	1,070 2,139	NO RESOURCE TEST		Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility.
PREGNANT WOMEN	100% FPL 200%FPL	N/A N/A	1,070 2,139	NO RESOURCE TEST		If the woman is detemined eligible in any month of her pregnancy, she is guaranteed eligibility for the entire pregnancy (prospectively). If the A/R applies prior to the birth of the child she is entitled to a 60 day post-partum extension also. The baby will have guaranteed eligibility for one year. If the income is above 200% FPL the A/R must spenddown to the Medicaid income level.
CHILDREN UNDER ONE	200%FPL	1,595	2,139	NO RESOURCE TEST		If the income is above 200% FPL the A/R must spenddown to the Medicaid income 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 UNDER AGE 19	133% FPL	1,061	1,422	NO RESOURCE TEST		If the income is above 133% FPL the A/R must spenddown to the Medicaid income level, resources will also be evaluated.
UNDER 21, ADC-RELATED AND FNP	MEDICAID LEVEL	667	975	\$4,000.00	\$5,850.00	FNP parents cannot spenddown.
SINGLES/CHILDLESS COUPLES	PA STANDARD OF NEED	VARIES BY COUNTY	VARIES BY COUNTY	\$2,000.00	\$2,000.00	The A/R cannot spenddown income or resources. Over age 60, resources are \$3000.
LOW INCOME FAMILIES	PA STANDARD OF NEED	VARIES BY COUNTY	VARIES BY COUNTY	\$3,000.00	\$3,000.00	The A/R cannot spenddown income or resources.
SSI-RELATED	MEDICAID LEVEL	667	975	\$4,000.00	\$5,850.00	Household size is always one or two.
BUY-IN (QMB)	100%FPL	798	1,070	\$4,000.00	\$6,000.00	Medicare Part A & B, coinsurance, deductible and premium will be paid if eligible.
COBRA CONTINUATION COVERAGE	100%FPL	798	1,070	\$4,000.00	\$6,000.00	A/R may or may not be eligible for Medical Assistance benefits.
AIDS INSURANCE	185%FPL	1,476	1,978	NO RESOURCE TEST		A/R must be ineligible for Medicaid, including COBRA continuation. Premium payments are FNP.
QUALIFIED WORKING & DISABLED INDIVIDUALS	200%FPL	1,595	2,139	\$4,000.00	\$6,000.00	Medicaid will pay Medicare Part A premium.
SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLIMBS)	BETWEEN 100% BUT LESS THAN 120%	798 957	1,070 1,283	\$4,000.00	\$6,000.00	If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
QUALIFIED INDIVIDUALS (QI-1)	BETWEEN 120% BUT LESS THAN 135% FPL	957 1,077	1,283 1,444	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare part B premium.
FAMILY HEALTH PLUS PARENTS LIVING WITH CHILDREN SINGLES/CHILDLESS COUPLES	150% 100%	1197 798	1,604 1,070	NO RESOURCE TEST		The A/R must be ineligible for Medical Assistance. The A/R cannot spenddown to become eligible for Family Health Plus.
FAMILY PLANNING BENEFIT PROGRAM	200%	1,595	2,139	NO RESOURCE TEST		The A/R must be ineligible for Medical Assistance or Family Health Plus. The A/R cannot spenddown to become eligible for the Family Planning Benefit Program..