

**NEW YORK STATE INCOME AND RESOURCE STANDARDS FOR NON-MAGI POPULATION  
EFFECTIVE JANUARY 1, 2014**

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	MONTHLY		
	<b>ONE</b>	9,700	809	11,670	973	14,004	1,167	15,522	1,294	15,755	1,313	17,505	1,459	21,590	1,800	23,340	1,945	29,175	2,432	14,550
<b>TWO</b>	14,300	1,192	15,730	1,311	18,876	1,573	20,921	1,744	21,236	1,770	23,595	1,967	29,101	2,426	31,460	2,622	39,325	3,278	21,450	<b>2</b>
<b>THREE</b>	16,445	1,371	19,790	1,650			26,321	2,194			29,685	2,474	36,612	3,051	39,580	3,299			24,668	<b>3</b>
<b>FOUR</b>	18,590	1,550	23,850	1,988			31,721	2,644			35,775	2,982	44,123	3,677	47,700	3,975			27,885	<b>4</b>
<b>FIVE</b>	20,735	1,728	27,910	2,326			37,121	3,094			41,865	3,489	51,634	4,303	55,820	4,652			31,103	<b>5</b>
<b>SIX</b>	22,880	1,907	31,970	2,665			42,521	3,544			47,955	3,997	59,145	4,929	63,940	5,329			34,320	<b>6</b>
<b>SEVEN</b>	25,025	2,086	36,030	3,003			47,920	3,994			54,045	4,504	66,656	5,555	72,060	6,005			37,538	<b>7</b>
<b>EIGHT</b>	27,170	2,265	40,090	3,341			53,320	4,444			60,135	5,012	74,167	6,181	80,180	6,682			40,755	<b>8</b>
<b>NINE</b>	29,315	2,443	44,150	3,680			58,720	4,894			66,225	5,519	81,678	6,807	88,300	7,359			43,973	<b>9</b>
<b>TEN</b>	31,460	2,622	48,210	4,018			64,120	5,344			72,315	6,027	89,189	7,433	96,420	8,035			47,190	<b>10</b>
<b>EACH ADD'L PERSON</b>	2,145	179	4,060	339			5,400	450			6,090	508	7,511	626	8,120	677			3,218	<b>+</b>

SPOUSAL IMPOVERISHMENT	INCOME	RESOURCES
Community Spouse	\$2,931	\$117,240
Institutionalized Spouse	\$50	\$14,550
Family Member Allowance	\$1,967 is used in the FMA formula the maximum allowance is \$656.	N/A

\*In determining the community resource allowance on and after January 1, 2014, 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 \$117,240. 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.

Revised February 20, 2014

**NON-MAGI POPULATION**

CATEGORY	INCOME COMPARED TO	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES
		1	2	1	2	
UNDER 21, ADC-RELATED AND FNP	MEDICAID LEVEL	809	1,192	NO RESOURCE TEST		FNP parents cannot spenddown.
SSI-RELATED	MEDICAID LEVEL	809	1,192	14,550	21,450	Household size is always one or two.
Qualified Medicare Beneficiary (QMB)	100%FPL	973	1,311	NO RESOURCE TEST		Medicare Part A & B, coinsurance, deductible and premium will be paid if eligible.
COBRA CONTINUATION COVERAGE	100%FPL	973	1,311	4,000	6,000	A/R may be eligible for Medicaid to pay the COBRA premium.
AIDS INSURANCE	185%FPL	1,800	2,426	NO RESOURCE TEST		A/R must be ineligible for Medicaid, including COBRA continuation.
QUALIFIED DISABLED & WORKING INDIVIDUAL	200%FPL	1,945	2,622	4,000	6,000	Medicaid will pay Medicare Part A premium.
SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLIMBS)	BETWEEN 100% BUT LESS THAN 120%	973	1,311	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		1,167	1,573			
QUALIFIED INDIVIDUALS (QI-1)	BETWEEN 120% BUT LESS THAN 135% FPL	1,167	1,573	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		1,313	1,770			
MEDICAID BUY-IN PROGRAM FOR WORKING PEOPLE WITH DISABILITIES (MBI-WPD)	250%	2,432	3,278	20,000	30,000	A/R's with a net income that is at least 150% but at or below 250% FPL will pay a premium. Currently, there is a moratorium on premium payment collection. Otherwise countable retirement accounts are disregarded as resources effective 10/01/11.

**NEW YORK STATE INCOME AND RESOURCE STANDARDS FOR MAGI POPULATION  
EFFECTIVE JANUARY 1, 2014**

HOUSE HOLD SIZE	100% FPL		110% FPL		138% FPL		154% FPL		155% FPL		223% FPL	
	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY
ONE	11,670	973	12,837	1,070	16,105	1,343	17,972	1,498	18,089	1,508	26,025	2,169
TWO	15,730	1,311	17,303	1,442	21,708	1,809	24,225	2,019	24,382	2,032	35,078	2,924
THREE	19,790	1,650	21,769	1,815	27,311	2,276	30,477	2,540	30,675	2,557	44,132	3,678
FOUR	23,850	1,988	26,235	2,187	32,913	2,743	36,729	3,061	36,968	3,081	53,186	4,433
FIVE	27,910	2,326	30,701	2,559	38,516	3,210	42,982	3,582	43,261	3,606	62,240	5,187
SIX	31,970	2,665	35,167	2,931	44,119	3,677	49,234	4,103	49,554	4,130	71,294	5,942
SEVEN	36,030	3,003	39,633	3,303	49,722	4,144	55,487	4,624	55,847	4,654	80,347	6,696
EIGHT	40,090	3,341	44,099	3,675	55,325	4,611	61,739	5,145	62,140	5,179	89,401	7,451
NINE	44,150	3,680	48,565	4,048	60,927	5,078	67,991	5,666	68,433	5,703	98,455	8,205
TEN	48,210	4,018	53,031	4,420	66,530	5,545	74,244	6,187	74,726	6,228	107,509	8,960
EACH ADD'T PERSON	4,060	339	4,466	373	5,603	467	6,253	522	6,293	525	9,054	755

Revised February 20, 2014

**MAGI POPULATION**

CATEGORY	INCOME COMPARED TO	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES
		1	2	1	2	
PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	223% FPL	N/A	2,924	NO RESOURCE TEST		Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility.
PREGNANT WOMEN	223% FPL	N/A	2,924	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 spend-down to the Medicaid income level. The baby will have guaranteed eligibility for one year.
CHILDREN UNDER ONE	223% FPL	2,169	2,924	NO RESOURCE TEST		If the income is above 223% FPL the A/R may apply for CHPlus or if chooses to spenddown, must 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	1,498	2,019	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	1,070	1,442	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	1,498	2,019			
PARENTS/CARETAKER RELATIVES	138% FPL	1,343	1,809	NO RESOURCE TEST		If income is above 138% FPL the A/R may apply for APTC or if chooses to spenddown, must spenddown to the Medicaid Level.
19 AND 20 YEAR OLDS LIVING WITH PARENTS	138% FPL	1,343	1,809	NO RESOURCE TEST		If income is above 155% FPL the A/R can apply for APTC or if chooses spenddown, must spenddown to Medicaid level.
	155% FPL	1,508	2,032			
SINGLE/CHILDLESS COUPLES AND 19 AND 20 YEARS LIVING ALONE	100% FPL	973	1,311	NO RESOURCE TEST		S/CCs cannot spenddown , but can apply for APTC. 19 and 20 year olds if income over 138% may apply for APTC or if chooses to spenddown, must spenddown to the Medicaid level.
	138% FPL	1,343	1,809			
FAMILY PLANNING PROGRAM	223% FPL	2,169	2,924	NO RESOURCE TEST		Eligibility determined using only applicant's income