



**NEW YORK STATE INCOME AND RESOURCE STANDARDS FOR NON-MAGI POPULATION
EFFECTIVE JANUARY 1, 2017**

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		
ONE	9,900	825	11,880	990	14,256	1,188	15,801	1,317	16,038	1,337	17,820	1,485	21,978	1,832	23,760	1,980	29,700	2,475	14,850	1
TWO	14,500	1,209	16,020	1,335	19,224	1,602	21,307	1,776	21,627	1,803	24,030	2,003	29,637	2,470	32,040	2,670	40,050	3,338	21,750	2
THREE	16,675	1,390	20,160	1,680			26,813	2,235			30,240	2,520	37,296	3,108	40,320	3,360				3
FOUR	18,850	1,571	24,300	2,025			32,319	2,694			36,450	3,038	44,955	3,747	48,600	4,050				4
FIVE	21,025	1,753	28,440	2,370			37,826	3,153			42,660	3,555	52,614	4,385	56,880	4,740				5
SIX	23,200	1,934	32,580	2,715			43,332	3,611			48,870	4,073	60,273	5,023	65,160	5,430				6
SEVEN	25,375	2,115	36,730	3,061			48,851	4,071			55,095	4,592	67,951	5,663	73,460	6,122				7
EIGHT	27,550	2,296	40,890	3,408			54,384	4,532			61,335	5,112	75,647	6,304	81,780	6,815				8
NINE	29,725	2,478	45,050	3,755			59,917	4,994			67,575	5,632	83,343	6,946	90,100	7,509				9
TEN	31,900	2,659	49,210	4,101			65,450	5,455			73,815	6,152	91,039	7,587	98,420	8,202				10
EACH ADD'L PERSON	2,175	182	4,160	347			5,533	462			6,240	520	7,696	642	8,320	694				+

SPOUSAL IMPOVERISHMENT	INCOME	RESOURCES
Community Spouse	\$3,022.50	\$120,900
Institutionalized Spouse	\$50	\$14,850
Family Member Allowance	\$2,003 (150% of FPL for 2) is used in the FMA formula the maximum allowance is \$668.	N/A

SPECIAL STANDARDS FOR HOUSING EXPENSES					
REGION	Amount	REGION	Amount	REGION	Amount
Central	\$412	Northeastern	\$471	Northern Metropolitan	\$892
Rochester	\$419	Long Island	\$1,285		
Western	\$367	New York City	\$1,171		

*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 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	825	1,209	NO RESOURCE TEST		
SSI-RELATED	MEDICAID LEVEL	825	1,209	14,850	21,750	Household size is always one or two.
Qualified Medicare Beneficiary (QMB)	100%FPL	990	1,335	NO RESOURCE TEST		Medicare Part A & B, coinsurance, deductible and premium will be paid if eligible.
COBRA CONTINUATION COVERAGE	100%FPL	990	1,335	4,000	6,000	A/R may be eligible for Medicaid to pay the COBRA premium.
AIDS INSURANCE	185%FPL	1,832	2,470	NO RESOURCE TEST		A/R must be ineligible for Medicaid, including COBRA continuation.
QUALIFIED DISABLED & WORKING INDIVIDUAL	200%FPL	1,980	2,670	4,000	6,000	Medicaid will pay Medicare Part A premium.
SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLIMBS)	OVER 100% BUT AT OR BELOW 120% FPL	990	1,335	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		1,188	1,602			
QUALIFIED INDIVIDUALS (QI-1)	BETWEEN 120% BUT LESS THAN 135% FPL	1,188	1,602	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		1,337	1,803			
MEDICAID BUY-IN PROGRAM FOR WORKING PEOPLE WITH DISABILITIES (MBI-WPD)	250%	2,475	3,338	20,000	30,000	Countable retirement accounts are disregarded as resources effective 10/01/11.



**New York State Income Standards for MAGI Population
Effective January 1, 2017**

House Hold Size	LIF LEVEL		100% FPL		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	11,948	996	11,880	990	13,068	1,089	16,395	1,367	18,296	1,525	18,414	1,535	26,493	2,208
Two	15,170	1,265	16,020	1,335	17,622	1,469	22,108	1,843	24,671	2,056	24,831	2,070	35,725	2,978
Three	18,289	1,525	20,160	1,680	22,176	1,848	27,821	2,319	31,047	2,588	31,248	2,604	44,957	3,747
Four	21,426	1,786	24,300	2,025	26,730	2,228	33,534	2,795	37,422	3,119	37,665	3,139	54,189	4,516
Five	24,653	2,055	28,440	2,370	31,284	2,607	39,248	3,271	43,798	3,650	44,082	3,674	63,422	5,286
Six	27,249	2,271	32,580	2,715	35,838	2,987	44,961	3,747	50,174	4,182	50,499	4,209	72,654	6,055
Seven	29,935	2,495	36,730	3,061	40,403	3,367	50,688	4,224	56,565	4,714	56,932	4,745	81,908	6,826
Eight	33,122	2,761	40,890	3,408	44,979	3,749	56,429	4,703	62,971	5,248	63,380	5,282	91,185	7,599
Nine	35,340	2,945	45,050	3,755	49,555	4,130	62,169	5,181	69,377	5,782	69,828	5,819	100,462	8,372
Ten	37,559	3,130	49,210	4,101	54,131	4,511	67,910	5,660	75,784	6,316	76,276	6,357	109,739	9,145
Each Add't Person	2,220	185	4,160	347	4,576	382	5,741	479	6,407	534	6,448	538	9,277	774



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	2,978	NO RESOURCE TEST		Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility.
PREGNANT WOMEN	223% FPL	N/A	2,978	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 spenddown to the Medicaid income level. The baby will have guaranteed eligibility for one year.
CHILDREN UNDER ONE	223% FPL	2,208	2,978	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	1,525	2,056	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	1,089	1,469	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	1,525	2,056	NO RESOURCE TEST		
PARENTS/CARETAKER RELATIVES	138% FPL	1,367	1,843	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	1,367	1,843	NO RESOURCE TEST		If income is above 155% FPL the A/R can apply for APTC or if chooses to spenddown, must spenddown to Medicaid level.
	155% FPL	1,535	2,070	NO RESOURCE TEST		
SINGLE/CHILDLESS COUPLES AND 19 AND 20 YEARS LIVING ALONE	100% FPL	990	1,335	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	1,367	1,843	NO RESOURCE TEST		
FAMILY PLANNING PROGRAM	223% FPL	2,208	2,978	NO RESOURCE TEST		Eligibility determined using only applicant's income.