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# NY - Submission Package - NY2025MS0001O - (NY-25-0026) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St.,  
Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

May 23, 2025

Amir Bassiri  
Medicaid Director  
New York State Department of Health  
99 Washington Ave.  
Suite 1715  
Albany, NY 12211

Re: Approval of State Plan Amendment NY-25-0026

Dear Amir Bassiri,

On March 28, 2025, the Centers for Medicare and Medicaid Services (CMS) received New York State Plan Amendment (SPA) NY-25-0026, in which the state proposed to increase its resource standards for the Medically Needy, Ticket to Work Basic, and Ticket to Work Medical Improvement eligibility groups.

We approve New York State Plan Amendment (SPA) NY-25-0026 with an effective date(s) of January 01, 2025.

If you have any questions regarding this amendment, please contact Melvina Harrison at [melvina.harrison@cms.hhs.gov](mailto:melvina.harrison@cms.hhs.gov).

Sincerely,  
Shantrina Roberts  
Acting Director, Division of Program  
Operations  
Center for Medicaid & CHIP Services

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# NY - Submission Package - NY2025MS0001O - (NY-25-0026) - Eligibility

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CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	NY2025MS0001O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	NY
<b>SPA ID</b>	NY-25-0026	<b>Region</b>	New York, NY
<b>Version Number</b>	4	<b>Package Status</b>	Approved
<b>Submitted By</b>	Michelle Levesque	<b>Submission Date</b>	3/28/2025
<b>Package Disposition</b>		<b>Approval Date</b>	5/23/2025 11:40 AM EDT

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

## Package Header

**Package ID** NY2025MS0001O  
**Submission Type** Official  
**Approval Date** 05/23/2025  
**Superseded SPA ID** N/A

**SPA ID** NY-25-0026  
**Initial Submission Date** 3/28/2025  
**Effective Date** N/A

## State Information

**State/Territory Name:** New York

**Medicaid Agency Name:** Department of Health

## Submission Component

State Plan Amendment

Medicaid

CHIP

### Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

#### Package Header

<b>Package ID</b> NY2025MS0001O	<b>SPA ID</b> NY-25-0026
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 3/28/2025
<b>Approval Date</b> 05/23/2025	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

#### SPA ID and Effective Date

**SPA ID** NY-25-0026

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Resource Level	1/1/2025	NY-24-0059
Optional Eligibility Groups	1/1/2025	NY-23-0001
Ticket to Work Basic	1/1/2025	NY-23-0001
Ticket to Work Medical Improvements	1/1/2025	NY-23-0001

### Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

#### Package Header

<b>Package ID</b>	NY2025MS0001O	<b>SPA ID</b>	NY-25-0026
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2025
<b>Approval Date</b>	05/23/2025	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

#### Executive Summary

**Summary Description Including Goals and Objectives** This State Plan Amendment updates the resource levels for the Medically Needy, Ticket to Work Basic Group, and the Ticket to Work Medical Improvement Group. The resource level continues to be calculated at one and half times the annual income level for households of one and two.

#### Federal Budget Impact and Statute/Regulation Citation






##### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$22677165
Second	2026	\$71055115

##### Federal Statute / Regulation Citation

1902(a)(10)(C),1902(r)(2),1905(w), 1902(a)(10)(A)(ii)(XV), 1902(a)(10)(A)(ii)(XVI)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
<a href="#">Fiscal Calculations (25-0026) (2-24-25)</a>	3/18/2025 3:04 PM EDT	
<a href="#">Original Submission Letter (25-0026)</a>	3/27/2025 8:00 AM EDT	
<a href="#">Authorizing Provisions (25-0026)</a>	3/27/2025 8:02 AM EDT	
<a href="#">Summary (25-0026)</a>	3/27/2025 8:02 AM EDT	
<a href="#">HCFA (25-0026)(CMS 3-28-25)</a>	3/28/2025 7:54 AM EDT	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

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<b>Approval Date</b>	05/23/2025	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

CMS-10434 OMB 0938-1188

### The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

AFDC Income Standards

Medically Needy Income Level

Handling of Excess Income (Spenddown)

Medically Needy Resource Level

Reviewable Unit Name	Included in Another Source Type Submission Package
Medically Needy Resource Level	APPROVED

Mandatory Eligibility Groups

Optional Eligibility Groups

Reviewable Unit Name	Included in Another Source Type Submission Package
Optional Eligibility Groups	APPROVED

Non-Financial Eligibility

Eligibility and Enrollment Processes

Benefits and Payments

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

## Package Header

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<b>Superseded SPA ID</b>	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

## Package Header

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<b>Superseded SPA ID</b>	N/A		

**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state**

- Yes
- No

**This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.**

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

**Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:**

**Solicitation of advice and/or Tribal consultation was conducted in the following manner:**

All Indian Health Programs

<b>Date of solicitation/consultation:</b>	<b>Method of solicitation/consultation:</b>
3/13/2025	paper mailing/electronic mail


All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

<b>Date of consultation:</b>	<b>Method of consultation:</b>
3/13/2025	paper mailing/electronic mail

**The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.**

Name	Date Created	
Tribal Consultation Summary (25-0026) (3-13-25)	3/14/2025 8:05 AM EDT	

**Indicate the key issues raised (optional)**

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue



# Medicaid State Plan Eligibility

## Income/Resource Standards

### Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

#### Package Header

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<b>Approval Date</b>	05/23/2025	<b>Effective Date</b>	1/1/2025
<b>Superseded SPA ID</b>	NY-24-0059		
	System-Derived		

#### A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

## Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

### Package Header

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<b>Superseded SPA ID</b>	NY-24-0059		
	System-Derived		

### B. Resource Level Used

The level used is:

Household size	Standard
1	\$32396.00
2	\$43781.00

The state uses an additional incremental amount for larger household sizes.

- Yes
- No

## Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

### Package Header

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<b>Superseded SPA ID</b>	NY-24-0059		
	System-Derived		

### C. Additional Information (optional)

The resource standard is calculated as 150% of the effective Medically Needy Income Level (138% of the Federal Poverty Level). The figures displayed in section D. ("Resource Standard Used") were the standards for 2025. New York adjusts these figures each year according to changes in the federal poverty level.

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

### Package Header

<b>Package ID</b>	NY2025MS0001O	<b>SPA ID</b>	NY-25-0026
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<b>Superseded SPA ID</b>	NY-23-0001		
	System-Derived		

### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes  No

















The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

### Package Header

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<b>Superseded SPA ID</b>	NY-23-0001		
	System-Derived		

### B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes  No

The medically needy eligibility groups covered in the state plan are:

#### 1. Mandatory Medically Needy:

##### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

##### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Protected Medically Needy Individuals Who Were Eligible in 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

#### 2. Optional Medically Needy:

##### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

##### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Populations Based on Age, Blindness or Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

### Package Header

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	System-Derived		

### C. Additional Information (optional)

#### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Individuals between ages 16 and 64 with a disability, who have earned income.

### Package Header

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<b>Superseded SPA ID</b>	NY-23-0001		
	System-Derived		

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

### Package Header

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	System-Derived		

### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

### Package Header

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	System-Derived		

## B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

### 2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

**Description of disregard:** All wages paid by the Census Bureau for temporary employment related to Census activities.

### 3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
Retirement Funds	Funds in a retirement account will be disregarded.
Savings of individuals under age 21	Savings of individuals under age 21 of less than \$500 will be disregarded.
Trust funds for individuals under age 21	Trust funds for individuals under age 21 of less than \$1,000 will be disregarded.
Resources reduced to the allowable level	Resource eligibility achieved effective with the first day of the month (including retroactive period) in which resources are reduced to the allowable level.  This differs from federal policy which prohibits eligibility for entire month if applicant has excess resources on 12:01 am of the first day of the month. Federal policy also prohibits gaining resource eligibility for retroactive month(s) if excess resources existed in that month.

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- One motor vehicle
- More than one motor vehicle

Household goods and services are disregarded as a resource.

**Description of disregard:** Essential personal property without limitation is disregarded.

A specified type of resource is disregarded:

Name of resource type:	Description:
Equity value of income-producing property	The equity value of income-producing property up to \$12,000 is disregarded.
Equity value of nonbusiness income-producing property	The equity value of nonbusiness income-producing property from \$6,000 to \$12,000 is disregarded.

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

### Package Header

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	System-Derived		

### C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

**FPL** 250.00%

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

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### D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

**Single Individual** \$32396.00

**Couple** \$43781.00

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

### Package Header

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### E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

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	System-Derived		

### F. Additional Information (optional)

The resource standard is calculated as 150% of the effective Medically Needy Income Level (138% of the Federal Poverty Level). The figures displayed in section D. ("Resource Standard Used") were the standards for 2025. New York adjusts these figures each year according to changes in the federal poverty level.

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

Employed individuals between ages 16 and 64 who are no longer disabled but still have a medical impairment.

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	System-Derived		

The state covers the optional Ticket to Work medical improvements eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are at least age 16 but less than 65 years of age.
2. Lost eligibility for the Ticket to Work basic eligibility group because it was determined at a regular disability review that they no longer meet the disability criteria.
3. Continue to have a severe medically determinable impairment.
4. Are employed, using the following definition:
  - a. Earning at least the minimum wage and working at least 40 hours per month.
  - b. An alternative definition
5. Have income and resources that do not exceed the standards established by the state.

# Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NY2025MS0001O | NY-25-0026

## Package Header

<b>Package ID</b>	NY2025MS0001O	<b>SPA ID</b>	NY-25-0026
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2025
<b>Approval Date</b>	05/23/2025	<b>Effective Date</b>	1/1/2025
<b>Superseded SPA ID</b>	NY-23-0001		
	System-Derived		

## B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

### 2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

**Description of disregard:** All wages paid by the Census Bureau for temporary employment related to Census activities.

### 3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
Retirement Funds	Funds in a retirement account will be disregarded.
Savings of individuals under age 21	Savings of individuals under age 21 of less than \$500 will be disregarded.
Trust funds for individuals under age 21	Trust funds for individuals under age 21 of less than \$1,000 will be disregarded.
Resources reduced to the allowable level	Resource eligibility achieved effective with the first day of the month (including retroactive period) in which resources are reduced to the allowable level.  This differs from federal policy which prohibits eligibility for entire month if applicant has excess resources on 12:01 am of the first day of the month. Federal policy also prohibits gaining resource eligibility for retroactive month(s) if excess resources existed in that month.

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- One motor vehicle
- More than one motor vehicle

Household goods and services are disregarded as a resource.

**Description of disregard:** Essential personal property without limitation is disregarded.

A specified type of resource is disregarded:

Name of resource type:	Description:
Equity value of income-producing property	The equity value of income-producing property up to \$12,000 is disregarded.
Equity value of nonbusiness income-producing property	The equity value of nonbusiness income-producing property from \$6,000 to \$12,000 is disregarded.

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### C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:  
250.00% FPL
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

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### D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

**Single Individual** \$32396.00

**Couple** \$43781.00

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### E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

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### F. Additional Information (optional)

The resource standard is calculated as 150% of the effective Medically Needy Income Level (138% of the Federal Poverty Level). The figures displayed in section D. ("Resource Standard Used") were the standards for 2025. New York adjusts these figures each year according to changes in the federal poverty level.

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