

**2023 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL POVERTY LEVELS (FPL)**

Reference Documents: GIS: 23/MA/02, 22/MA 14, 22/MA 12, 22/MA 10, 2022-00068-01, and [NYS Partnership for Long-Term Care](#)

**Note:** The Figures highlighted in yellow are awaiting the new 2023 levels.



**Note:** Staff is advised that no consumer who was in receipt of Medicaid coverage on or after March 18, 2020, is to lose their Medicaid coverage during the COVID-19 emergency. The only exceptions for discontinuing coverage are when a consumer voluntarily terminates coverage, is no longer a resident of the State or is deceased.

For additional details regarding Applications and Renewals, staff is directed to, [2020 MAP INF-04 COVID-19 \(Coronavirus Easements\)](#), [GIS 20 MA/04, Coronavirus \(COVID-19\) – Medicaid Eligibility Processes During Emergency Period](#), [GIS 20 MA/11, Update to GIS 20/MA 04, Coronavirus \(COVID-19\) - Medicaid Eligibility Processes During Emergency Period](#) .

**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   | \$1,677 | \$2,268 | \$2,859 | \$3,450 | \$4,042 | \$4,633 | \$5,224 | \$5,815 | \$6,406 | \$6,997 | \$592                  |

| <b>2. Non-MAGI Resource Levels</b> |          |          |          |          |          |          |          |          |          |          |                        |
|------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|------------------------|
| Family Size                        | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        | 9        | 10       | Each Additional Person |
| Resource Level                     | \$30,182 | \$40,821 | \$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>              |   |  |
|--|---|--|
| Income (MMMNA) - \$3,715.50<br>(Inst Spouse) - <b>\$50</b> | Resources – (Minimum) - \$74,820<br>(Maximum) - \$148,620<br>(Inst Spouse) - \$30,182 | Family Member Allowance Formula: Use - \$2,465<br>\$822 is the maximum monthly family member allowance |

| 4. NYS Partnership for Long Term Care (NYSP-LTC)  |                         |   |
|---|-------------------------|---|
| Qualified Partnership Policy Holder (QPP) Medicaid Extended Coverage (MEC) Asset Disregards for Total Asset Policy Holders/Dollar-for-Dollar Asset Protection Plan Policy Holders |                         |   |
| Nursing Home  |                         |   |
|   | Resource Allowance      | Income Allowance (Monthly)                          |
| Applicant   | *\$28,133               | \$50  |
| Community Spouse  | *\$148,620<br>(Maximum) | \$3,715.50  |
| Home Care (Community-Based-Long-Term Care Services)   |                         |   |
|   | Resource Allowance      | Income Allowance (Monthly)                          |
| Applicant   | \$28,133                | \$1,133<br><b>Increased to \$1,857.75 for QPP's</b> |
| Applicant with Spouse   | \$37,902                | \$1,526<br><b>Increased to \$3,715.50 for QPP's</b> |
| <b>*Note:</b> The Resource Allowances in this chart <b>does not</b> apply to the Total Asset Protection Plan QPP Policy Holders.  |                         |   |

| 5. MBI-WPD (Persons 16-64) |          |          |
|----------------------------|----------|----------|
| Family Size                | 1        | 2        |
| Monthly Income<br>250% FPL | \$3,038  | \$4,109  |
| Resources                  | \$30,182 | \$40,821 |

| 6. Family Planning Benefit Program Income Levels (No Resource Test) |         |         |         |         |         |         |                              |
|---|---------|---------|---------|---------|---------|---------|------------------------------|
| Family Size   | 1       | 2       | 3       | 4       | 5       | 6       | Each<br>Additional<br>Person |
| FPBP 223% FPL<br>(Childbearing<br>Age)                              | \$2,710 | \$3,665 | \$4,620 | \$5,575 | \$6,531 | \$7,486 | \$956                        |

**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.

**7. Medicare Savings Program (Buy-In)**

**8. Other Important Figures**

|   |                | Income             |                    |  |   |          |         |
|---|----------------|--------------------|--------------------|--|---|----------|---------|
|   |                | Family of 1        | Family of 2        |  |   |          |         |
| <b>QMB<br/>138% FPL</b>                     | <b>Annual</b>  | \$20,121           | \$27,214           | <p><b>Medicare Part A Premium:</b> \$278.00 (30-39 Quarters)<br/>\$506.00 (Less than 30 Quarters)</p> <p><b>Medicare Part B Premium:</b> (Rates based upon 2022 income tax filings)</p> <ul style="list-style-type: none"> <li>The Cost-of-Living adjustment (COLA) for Social Security will be 8.7% percent for 2023.</li> <li>The standard monthly premium for Medicare Part B enrollees is <b>\$164.90</b> for 2023, a decrease of \$5.20 from \$170.10 in 2022. Most Medicare beneficiaries will pay this amount. Less than <b>1%</b> of Medicare beneficiaries will pay less than the Full Part B standard monthly premium amount in 2023. Due to the SSA 8.7% COLA, some beneficiaries who were held harmless against Part B premium increases in 2022, will pay the full monthly premium of <b>\$164.90</b> in 2023. 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. The “hold-harmless” provision does not apply to all beneficiaries. The Medicare Part B premium for individuals in the following categories has increased to \$164.90 (or higher) in 2023:</p> <ul style="list-style-type: none"> <li>Individuals whose income is above <b>\$91,000</b>, or a married individual when the couple’s combined income is over <b>\$182,000</b>, will pay the standard premium and an Income-Related Monthly Adjustment Amount (IRMAA);</li> <li>Beneficiaries who do not receive Social Security benefits;</li> <li>Individuals who are directly billed for their Part B premium;</li> <li>New Medicare Part B beneficiaries; and</li> <li>Individuals who have Medicare and Medicaid, and Medicaid pays the premiums.</li> </ul> <p><b>Standard Allocation:</b> From non-SSI-related parent to non-SSI- related child \$543.00</p> <p><b>PASS-THROUGH FACTORS:</b> .974 and .128</p> <p><b>Note:</b> Budgets with a “From” date of January 1, 2023, or later, that utilize a Federal Poverty Level (FPL) must be calculated with the 2022 Social Security benefit amount and Medicare Part B premium amount until the 2023 FPLs are available on MBL. The 2022 Social Security amounts and Part B premium must be used until further notice. Staff must recalculate income eligibility based on the new levels and current income when contacted by the consumer or during renewal.</p> |   |          |         |
|   | <b>Monthly</b> | \$1,677            | \$2,268            |  |   |          |         |
|   |                | <b>Family of 1</b> | <b>Family of 2</b> |  |   |          |         |
|   |                |                    |                    | <b>Family Size</b>   | <b>1</b>  | <b>2</b> |         |
|   |                |                    |                    | <b>COBRA (100% FPL)</b>  | \$1,215   | \$1,644  |         |
| <b>QI-1</b>                                 | <b>Annual</b>  | <b>138%FPL</b>     | 20,121             | 27,214   | <b>AIDS Health Ins. Program (AHIP)<br/>(185% FPL)</b> | \$2,248  | \$3,041 |
|   | <b>Monthly</b> |                    | 1,677              | 2,268  |   |          |         |
|   | <b>Annual</b>  | <b>186% FPL</b>    | 27,119             | 36,680   | <b>QWDI (200% FPL)</b>                                | \$2,430  | \$3,287 |
|   | <b>Monthly</b> |                    | 2,260              | 3,057  |   |          |         |
| <b>NO RESOURCE TEST FOR ANY MSP PROGRAM</b> |                |                    |                    | <b>COBRA, QWDI (Resource Level)</b>  | \$4,000   | \$6,000  |         |
|   |                |                    |                    | <b>Pickle/DAC/SSI (Resource Level)</b>   | \$2,000   | \$3,000  |         |

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

|   |   |
|---|---|
| <b>NEW YORK CITY (All boroughs) - \$14,142</b>  | <b>LONG ISLAND - \$14,136 Nassau, Suffolk</b>   |
| <b>NORTHEASTERN - \$12,744 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington</b> | <b>NORTHERN METROPOLITAN - \$13,906 Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester</b> |
| <b>WESTERN - \$12,130 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming</b>   | <b>ROCHESTER - \$13,421 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates</b> |
| <b>CENTRAL - \$11,726 Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins</b>  |   |

**10. Fair Market Regional Rates (Averages) / Special Standards for Housing Expenses**

|   |   |
|---|---|
| <b>NEW YORK CITY (All boroughs) (Shelter = 59) - \$1,701</b>  | <b>LONG ISLAND (Shelter = 60) - \$1,445</b>           |
| <b>NORTHEASTERN (Shelter = 54) - \$425</b>  | <b>NORTHERN METROPOLITAN (Shelter = 58) - \$1,031</b> |
| <b>WESTERN (Shelter = 57) - \$301</b>   | <b>ROCHESTER (Shelter = 56) - \$367</b>               |
| <b>CENTRAL (Shelter = 55) - \$358</b>   |   |
| <b>CONGREGATE CARE LEVEL III - (42+ Regional Rate for County- Shelter = 63) - \$1,909 - \$3,309</b> |   |

In determining the community spouse resource allowance on and after January 1, 2023, 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 \$148,620. 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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**11. MAGI Levels for Medicaid and Related Program Eligibility**

| Family Size   | 1       | 2       | 3       | 4       | 5       | 6       | 7       | 8       | 9        | 10       | Each Add'l Person |
|---|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|-------------------|
| <b>Pregnant Women and Infants Under Age 1 (223% FPL)</b>              | \$2,710 | \$3,665 | \$4,620 | \$5,575 | \$6,531 | \$7,486 | \$8,441 | \$9,396 | \$10,351 | \$11,307 | \$956             |
| <b>Infants Under Age 1 223% FPL</b>                                   | \$2,710 | \$3,665 | \$4,620 | \$5,575 | \$6,531 | \$7,486 | \$8,441 | \$9,396 | \$10,351 | \$11,307 | \$956             |
| <b>Children Age 1-5 154% FPL</b>                                      | \$1,872 | \$2,531 | \$3,191 | \$3,850 | \$4,510 | \$5,170 | \$5,829 | \$6,489 | \$7,149  | \$7,808  | \$660             |
| <b>Children Age 6-19 110% FPL</b>                                     | \$1,337 | \$1,808 | \$2,279 | \$2,750 | \$3,222 | \$3,693 | \$4,164 | 4,635   | \$5,106  | \$5,577  | \$472             |
| <b>Children Age 6-19 (Expanded - 154% FPL)</b>                        | \$1,872 | \$2,531 | \$3,191 | \$3,850 | \$4,510 | \$5,170 | \$5,829 | \$6,489 | \$7,149  | \$7,808  | \$660             |
| <b>Parents and Caretaker Relatives 138% FPL</b>                       | \$1,677 | \$2,268 | \$2,859 | \$3,450 | \$4,042 | \$4,633 | \$5,224 | \$5,815 | \$6,406  | \$6,997  | \$592             |
| <b>19 and 20 Year Olds Living with Parents 138% FPL</b>               | \$1,677 | \$2,268 | \$2,859 | \$3,450 | \$4,042 | \$4,633 | \$5,224 | \$5,815 | \$6,406  | \$6,997  | \$592             |
| <b>19 and 20 Year Olds Living with Parents (Expanded - 155% FPL)</b>  | \$1,884 | \$2,548 | \$3,212 | \$3,875 | \$4,539 | \$5,203 | \$5,867 | \$6,531 | \$7,195  | \$7,859  | \$664             |
| <b>S/CCs and 19 and 20 Year Olds Living Alone (100% FPL)</b>          | \$1,215 | \$1,644 | \$2,072 | \$2,500 | \$2,929 | \$3,357 | \$3,785 | \$4,214 | \$4,642  | \$5,070  | \$429             |
| <b>S/CCs and 19 and 20 Year Olds Living Alone (Expanded 138% FPL)</b> | \$1,677 | \$2,268 | \$2,859 | \$3,450 | \$4,042 | \$4,633 | \$5,224 | \$5,815 | \$6,406  | \$6,997  | \$592             |

**12. Children's Medicaid Income Eligibility Levels**

| Family Size                              | 1       | 2       | 3       | 4       | 5       | 6       | 7       | 8       | Each Additional Person |
|--|---------|---------|---------|---------|---------|---------|---------|---------|------------------------|
| <b>Children Under 1; Pregnant Adult*</b> | \$2,710 | \$3,665 | \$4,620 | \$5,575 | \$6,531 | \$7,486 | \$8,441 | \$9,396 | \$956                  |
| <b>Children 1-18 Years</b>               | \$1,872 | \$2,531 | \$3,191 | \$3,850 | \$4,510 | \$5,170 | \$5,829 | \$6,489 | \$660                  |

**Note:** \*Pregnant adult household size calculation includes all expected children.

**13. 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   | \$2,698      | \$3,649      | \$4,600      | \$5,550       | \$6,501       | \$7,452       | \$951             |
| \$15 per child per month<br>(Max \$45/family) (223% - 250% FPL)  | \$3,038      | \$4,109      | \$5,180      | \$6,250       | \$7,321       | \$8,392       | \$1,071           |
| \$30 per child per month<br>(Max. \$90 per family) (251% - 300% FPL)                                     | \$3,645      | \$4,930      | \$6,215      | \$7,500       | \$8,785       | \$10,070      | \$1,285           |
| \$45 per child per month<br>(Max. \$135 per family) (301% - 350% FPL)                                    | \$4,253      | \$5,752      | \$7,251      | \$8,750       | \$10,250      | \$11,749      | \$1,500           |
| \$60 per child per month<br>(Max. \$180 per family) (351%-400% FPL)                                      | \$4,860      | \$6,574      | \$8,287      | \$10,000      | \$11,714      | \$13,427      | \$1,714           |
| <b>Full Premium</b> per child/month if <b>over 400%</b><br>FPL (Premium amount varies from plan to plan) | Over \$4,860 | Over \$6,574 | Over \$8,287 | Over \$10,000 | Over \$11,714 | Over \$13,427 | Over \$1,714      |

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

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

| Living Arrangements | Shelter Types                    | Amount     |
|---------------------|----------------------------------|------------|
| 1                   | 15                               | \$1,180.48 |
| 1                   | 28                               | \$1,142.48 |
| 1                   | 16                               | \$1,349.00 |
| 1                   | 29                               | \$1,319.00 |
| 1                   | 42                               | \$1,608.00 |
| 1 or 5              | Other than: 15, 16, 28, 29 or 42 | \$1,001.00 |
| 2                   | 15                               | \$2,360.96 |
| 2                   | 28                               | \$2,284.96 |
| 2                   | 16                               | \$2,698.00 |
| 2                   | 29                               | \$2,638.00 |
| 2                   | 42                               | \$3,216.00 |
| 2 or 6              | Other than: 15, 16, 28, 29 or 42 | \$1,475.00 |
| 3                   | All                              | \$1,142.48 |
| 4                   | All                              | \$1,180.48 |

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

| Shelter Codes   | PNA      | Shelter Amount |
|---|----------|----------------|
| 15 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level I   | \$175.00 | \$1005.48      |
| 16 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level II  | \$202.00 | \$1,147.00     |
| 28 - (Rest of State) Level I  | \$175.00 | \$967.48       |
| 29 - (Rest of State) Level II   | \$202.00 | \$1,117.00     |
| 42 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level III | \$241.00 | \$1,367.00     |
| 42 - (Rest of State) Level III  | \$241.00 | \$1,367.00     |

| <b>16. SSI Levels</b>  |   |            |             |            |
|--|---|------------|-------------|------------|
| <b>SSI Consumer</b>  | <b>Amount</b>                                     |            |             |            |
| Allocation Amount (The difference between the regular Medicaid levels for a household of two [\$2,106.00] and a household of one [\$1,563.00]) | \$543.00  |            |             |            |
| Personal Needs Allowance (Certain waiver participants subject to spousal impoverishment budgeting)   | \$543.00  |            |             |            |
| Maximum Social Security Benefit at Full Retirement Age   | \$3,627.00  |            |             |            |
| State Supplement (For an individual living with others)  | \$87.00   |            |             |            |
| Federal Benefit Rate   | Individual  | \$914.00   | Couple      | \$1,371.00 |
| SSI Resource Levels  | Individual  | \$2,000.00 | Couple      | \$3,000.00 |
| Family Care Level (LA 3 & 4)   | NYC and Nassau, Suffolk, Westchester and Rockland | \$1,180.48 | Upstate     | \$1,142.48 |
| SSI-related Student Earned Income Disregard  | Monthly   | \$2,220.00 | Annual Max. | \$8,950.00 |

| <b>17. Substantial Gainful Activity (SGA) Levels</b> |               |                           |
|--|---------------|---------------------------|
| <b>Category</b>                                      | <b>Amount</b> | <b>Payment Occurrence</b> |
| Non-Blind  | \$1,470.00    | Monthly                   |
| Blind  | \$2,460.00    | Monthly                   |
| Month Trial Work Period                              | \$1,050.00    | Monthly                   |

| <b>18. Home Equity Maximum</b>              |                |
|---|----------------|
| Medicaid Coverage Limit (RVI 1 and 2 cases) | \$1,033,000.00 |