

## 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.



MAPDR-01 02/15/2023  
(Obsoletes MAPDR-71)

**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

#### 1. Non-MAGI Medicaid Levels (SSI and SSI-Related Consumers With or Without A Surplus)

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

#### 2. Non-MAGI Resource Levels

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

#### 3. Spousal Support and Resource Levels

<b>Income</b> (MMMNA) - \$3,715.50 (Inst Spouse) - <b>\$50</b>	<b>Resources</b> – (Minimum) - \$74,820 (Maximum) - \$148,620 (Inst Spouse) - \$30,182	<b>Family Member Allowance Formula:</b> Use - \$2,465 \$822 is the maximum monthly family member allowance
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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 (Maximum)	\$3,715.50
Home Care (Community-Based-Long-Term Care Services)		
	Resource Allowance	Income Allowance (Monthly)
Applicant	\$28,133	\$1,133 Increased to \$1,857.75 for QPP's
Applicant with Spouse	\$37,902	\$1,526 Increased to \$3,715.50 for QPP's
*Note: 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 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 Additional Person
FPBP 223% FPL (Childbearing 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				
QMB 138% FPL			Annual	\$20,121	\$27,214		
			Monthly	\$1,677	\$2,268		
					Medicare Part A Premium: \$278.00 (30-39 Quarters)		
					\$506.00 (Less than 30 Quarters)		
					Medicare Part B Premium: (Rates based upon 2022 income tax filings)		
					• The Cost-of-Living adjustment (COLA) for Social Security will be 8.7% percent for 2023.		
					• 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.		
					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:		
					• 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);		
					• Beneficiaries who do not receive Social Security benefits;		
					• Individuals who are directly billed for their Part B premium;		
					• New Medicare Part B beneficiaries; and		
					• Individuals who have Medicare and Medicaid, and Medicaid pays the premiums.		
					Standard Allocation: From non-SSI-related parent to non-SSI- related child \$543.00		
					PASS-THROUGH FACTORS: .974 and .128		
					Note: 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.		
			Family of 1	Family of 2	Family Size	1	2
					COBRA (100% FPL)	\$1,215	\$1,644
QI-1	Annual	138%FPL	20,121	27,214	AIDS Health Ins. Program (AHIP) (185% FPL)	2,248	\$3,041
	Monthly		1,677	2,268			
	Annual	186% FPL	27,119	36,680	QWDI (200% FPL)	2,430	\$3,287
	Monthly		2,260	3,057			
NO RESOURCE TEST FOR ANY MSP PROGRAM					COBRA, QWDI (Resource Level)	\$4,000	\$6,000
					Pickle/DAC/SSI (Resource Level)	\$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
Pregnant Women and Infants Under Age 1 (223% FPL)	\$2,710	\$3,665	\$4,620	\$5,575	\$6,531	\$7,486	\$8,441	\$9,396	\$10,351	\$11,307	\$956
Infants Under Age 1 223% FPL	\$2,710	\$3,665	\$4,620	\$5,575	\$6,531	\$7,486	\$8,441	\$9,396	\$10,351	\$11,307	\$956
Children Age 1-5 154% FPL	\$1,872	\$2,531	\$3,191	\$3,850	\$4,510	\$5,170	\$5,829	\$6,489	\$7,149	\$7,808	\$660
Children Age 6 -19 110% FPL	\$1,337	\$1,808	\$2,279	\$2,750	\$3,222	\$3,693	\$4,164	\$4,635	\$5,106	\$5,577	\$472
Children Age 6-19 (Expanded - 154% FPL)	\$1,872	\$2,531	\$3,191	\$3,850	\$4,510	\$5,170	\$5,829	\$6,489	\$7,149	\$7,808	\$660
Parents and Caretaker Relatives 138% FPL	\$1,677	\$2,268	\$2,859	\$3,450	\$4,042	\$4,633	\$5,224	\$5,815	\$6,406	\$6,997	\$592
19 and 20 Year Olds Living with Parents 138% FPL	\$1,677	\$2,268	\$2,859	\$3,450	\$4,042	\$4,633	\$5,224	\$5,815	\$6,406	\$6,997	\$592
19 and 20 Year Olds Living with Parents (Expanded - 155% FPL)	\$1,884	\$2,548	\$3,212	\$3,875	\$4,539	\$5,203	\$5,867	\$6,531	\$7,195	\$7,859	\$664
S/CCs and 19 and 20 Year Olds Living Alone (100% FPL)	\$1,215	\$1,644	\$2,072	\$2,500	\$2,929	\$3,357	\$3,785	\$4,214	\$4,642	\$5,070	\$429
S/CCs and 19 and 20 Year Olds Living Alone (Expanded 138% FPL)	\$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
Children Under 1; Pregnant Adult*	\$2,710	\$3,665	\$4,620	\$5,575	\$6,531	\$7,486	\$8,441	\$9,396	\$956
Children 1-18 Years	\$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 (Max \$45/family) <b>(223% - 250% FPL)</b>	\$3,038	\$4,109	\$5,180	\$6,250	\$7,321	\$8,392	\$1,071
\$30 per child per month (Max. \$90 per family) <b>(251% - 300% FPL)</b>	\$3,645	\$4,930	\$6,215	\$7,500	\$8,785	\$10,070	\$1,285
\$45 per child per month (Max. \$135 per family) <b>(301% - 350% FPL)</b>	\$4,253	\$5,752	\$7,251	\$8,750	\$10,250	\$11,749	\$1,500
\$60 per child per month (Max. \$180 per family) <b>(351%-400% FPL)</b>	\$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> 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

16. SSI Levels				
SSI Consumer	Amount			
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

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

18. Home Equity Maximum	
Medicaid Coverage Limit (RVI 1 and 2 cases)	\$1,033,000.00