## 2020 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL POVERTY LEVELS (FPL)

Reference Documents: GIS: 20 MA/01, 20 MA/02, 19 MA/06, 19 MA/12 MBL Transmittal 19-3, 19-4, WLM 2019-00261-04, WLM 2019-00065, and  $\underline{NYS}$  Partnership for Long-Term Care.



## Financial Levels for Medicaid and Related Program Eligibility

1.	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	\$875	\$1,284	\$1,476	\$1,669	\$1,861	\$2,054	\$2,246	\$2,439	\$2,631	\$2,824	\$193		

2.	2. Non-MAGI Resource Levels											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Additional Person	
Resource Level	\$15,750	\$23,100	\$25,013	\$28,275	\$31,539	\$34,800	\$38,064	\$41,325	\$44,588	\$47,850	\$3,263	

3.	Spousal Support and Resource Levels								
Income (MMMNA) - \$3,216.00	Resources – (Minimum) - \$74,820	Family Member Allowance Formula: Use - \$2,155							
(Inst Spouse) - \$50	(Maximum) - \$128,640	\$719 is the maximum monthly family member							
	(Inst Spouse) - \$15,750	allowance							

	p Policy Holder (QPP) Medicaid Ex Pollar Asset Protection Plan Policy E	
	Resource Allowance	Income Allowance (Monthly)
Applicant	*\$15,750	\$50
Community Spouse	*\$128,640 (Maximum)	\$3,216
	Home Care (Community-	Based-Long-Term Care Services)
	Resource Allowance	Income Allowance (Monthly)
Applicant	\$15,750	\$875
		Increased to \$1,608 for QPP's
Applicant with Spouse	\$23,100	\$1,284
		Increased to \$3,216 for QPP's
*Note: The Resource Allo	wances in this chart <b>does not</b> apply to th	e Total Asset Protection Plan QPP Policy Holders.

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5. MBI-WPD (Persons 16-64)										
Family Size	1	2								
Monthly Income 250% FPL	\$2,659	\$3,592								
Resources	\$20,000	\$30,000								

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)	\$2,372	\$3,204	\$4,037	\$4,869	\$5,702	\$6,534	\$833				

**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.

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7. Medica	re Savings Progr	am (Buy-In)		8. Other Important Figures		8. Other Important Figures					
	Fami	Income ly of 1	Family	Medicare Part A Premium: \$252.00 (30-39 Quarters)							
			of 2	\$458.00 (Less than 30 Quarters)							
	Annual	\$12,760	\$17,240	Medicare Part B Premium: (Rates based upon 2018	income tax filings)						
				The Cost of Living adjustment (COLA) for Social percent for 2020.	l Security w	ill be 1.6%					
QMB 100% FPL	Monthly	\$1,064	\$1,437	• The standard monthly premium for Medicare Part B 2020. Most Medicare beneficiaries will pay this Medicare Part B \$144.60 monthly premium is for be less than or equal to \$85,000. Due to the SS beneficiaries who were held harmless against Part 2019 will pay the full monthly premium of \$144.60 the increase in their Social Security benefits will be the increase in their Part B premium.	s amount. The eneficiaries variety A 1.6% COB premium in 2020. This	he standard with income DLA, some increases in s is because					
				Under federal law commonly known as the "hol Medicare Part B premiums cannot raise more than the most consumers. However, this provision does not listed below. Their Part B premium increased is current."	e COLA in a apply to the	any year for consumers					
				Beneficiaries who do not receive Social Security be	enefits;						
				Individuals who are directly billed for the Part B pr	emium;						
				New Medicare Part B beneficiaries;							
				Individuals who have Medicare and Medicaid, premiums; and	and Medicai	d pays the					
				Individuals who pay an Income-Related Month (IRMAA).	ly Adjustme	nt Amount					
				Standard Allocation: From non-SSI-related parent to \$409	o non-SSI- r	elated child					
				PASS-THROUGH FACTORS: .970 and.150							
				<b>Note:</b> Budgets with a "From" date of January 1, 2020, or later, that utilifederal Poverty Level (FPL) must be calculated with the 2019 Social Se benefit amount and Medicare Part B premium amount until the 2020 FPI available on MBL. The 2019 Social Security amounts and Part B premium be used until Phase Two of the Mass Re-budgeting.							
SLIMB	Annual	\$15,312	\$20,688	Family Size	1	2					
120% FPL	Monthly	\$1,276	\$1,724	COBRA (100% FPL)	\$1,064	\$1,437					
QI-1 135% FPL	Annual	\$17,226	\$23,274	AIDS Health Ins. Program (AHIP) (185% FPL)	\$1,968	\$2,658					
133 /0 FFL	Monthly	\$1,436	\$1,940	<b>QWDI</b> (200% FPL)	\$2,127	\$2,874					
NO RESOUR	CE TEST FOR AN	IV MSP PROCR	AM	COBRA, QWDI (Resource Level)	\$4,000	\$6,000					
NO RESOUR	NO RESOURCE TEST FOR ANY MSP PROGRAM			Pickle/DAC/SSI (Resource Level)	\$2,000	\$3,000					

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9. Monthly Regional Nursing Home Rates (Use the rate for the region in which the facility is located)									
NEW YORK CITY (All boroughs) - \$12, 844	LONG ISLAND - \$13,407 Nassau, Suffolk								
NORTHEASTERN - \$11,295 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	NORTHERN METROPOLITAN - \$12,805 Duchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester								
WESTERN - \$10,720 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	ROCHESTER - \$12,460 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates								
CENTRAL - \$10,451 Broome, Cayuga, Chenango, Cortland, Herkimer, Jef St. Lawrence, Tioga, Tompkins	ferson, Lewis, Madison, Oneida, Onondaga, Oswego,								

10. Fair Market Regional Rates (Averages) / Special Standards f	or Housing Expenses
NEW YORK CITY (All boroughs) (Shelter = 59) - \$1451	<b>LONG ISLAND</b> (Shelter = 60) - \$1361
NORTHEASTERN (Shelter = 54) - \$483	NORTHERN METROPOLITAN (Shelter = 58) - \$1032
<b>WESTERN</b> (Shelter = 57) - <b>\$386</b>	ROCHESTER (Shelter = 56) - \$444
<b>CENTRAL</b> (Shelter = 55) - \$436	
CONGREGATE CARE LEVEL III - (42+ Regional Rate for County- She	lter = 63) - \$1,863 - \$2,928

In determining the community resource allowance on and after January 1, 2020, 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 \$128,640. 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	1	MAGI Le	vels for M	edicaid a	nd Relate	d 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)	\$2,372	\$3,204	\$4,037	\$4,869	\$5,702	\$6,534	\$7,367	\$8,199	\$9,032	\$9,865	\$833
Infants Under Age 1 223% FPL	\$2,372	\$3,204	\$4,037	\$4,869	\$5,702	\$6,534	\$7,367	\$8,199	\$9,032	\$9,865	\$833
Children Age 1-5 154% FPL	\$1,638	\$2,213	\$2,788	\$3,363	\$3,938	\$4,513	\$5,088	\$5,663	\$6,237	\$6,812	\$575
Children Age 6 -19 110% FPL	\$1,170	\$1,581	\$1,991	\$2,402	\$2,813	\$3,223	\$3,634	4,045	\$4,455	\$4,866	\$411
Children Age 6-19 (Expanded - 154% FPL)	\$1,638	\$2,213	\$2,788	\$3,363	\$3,938	\$4,513	\$5,088	\$5,663	\$6,237	\$6,812	\$575
Parents and Caretaker Relatives 138% FPL	\$1,468	\$1,983	\$2,498	\$3,013	\$3,529	\$4,044	\$4,559	\$5,074	\$5,589	\$6,105	\$516
19 and 20 Year Olds Living with Parents 138% FPL	\$1,468	\$1,983	\$2,498	\$3,013	\$3,529	\$4,044	\$4,559	\$5,074	\$5,589	\$6,105	\$516
19 and 20 Year Olds Living with Parents (Expanded - 155% FPL)	\$1,649	\$2,227	\$2,806	\$3,385	\$3,963	\$4,542	\$5,121	\$5,699	\$6,278	\$6,857	\$579
S/CCs and 19 and 20 Year Olds Living Alone (100% FPL)	\$1,064	\$1,437	\$1,810	\$2,184	\$2,557	\$2,930	\$3,304	\$3,677	\$4,050	\$4,424	\$374
S/CCs and 19 and 20 Year Olds Living Alone (Expanded 138% FPL)	\$1,468	\$1,983	\$2,498	\$3,013	\$3,529	\$4,044	\$4,559	\$5,074	\$5,589	\$6,105	\$516

12.	12. Children's Medicaid Income Eligibility Levels											
									Each Additional Person			
Children Under 1 year; Pregnant Women*	\$2,372	\$3,204	\$4,037	\$4,869	\$5,702	\$6,534	\$7,367	\$8,199	\$833			
Children 1-18 Years	\$1,638	\$2,213	\$2,788	\$3,363	\$3,938	\$4,513	\$5,088	\$5,663	\$575			
Note: *Pregnant women hou	sehold size	calculation i	includes all	expected chil	dren.							

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13. Child Health Plus Premium Levels – Monthly Income by Family Size (Children Under 19 Not Medicaid Eligible)											
1	2	3	4	5	6	Each Add'l Person					
\$1,701	\$2,298	\$2,895	\$3,493	\$4,090	\$4,687	\$598					
\$2,361	\$3,190	\$4,019	\$4,847	\$5,676	\$6,505	\$829					
\$2,659	\$3,592	\$4,525	\$5,459	\$6,392	\$7,325	\$934					
\$3,190	\$4,310	\$5,430	\$6,550	\$7,670	\$8,790	\$1,120					
\$3,722	\$5,029	\$6,335	\$7,642	\$8,949	\$10,225	\$1,307					
\$4,254	\$5,747	\$7,240	\$8,734	\$10,227	\$11,720	\$1,494					
Over \$4,254	Over \$5,747	Over \$7,240	Over \$8,734	Over \$10,227	Over \$11,720	Over 1,494					
	\$1,701 \$2,361 \$2,659 \$3,190 \$3,722 \$4,254 Over	1 2 \$1,701 \$2,298 \$2,361 \$3,190 \$2,659 \$3,592 \$3,190 \$4,310 \$3,722 \$5,029 \$4,254 \$5,747 Over Over	1 2 3 \$1,701 \$2,298 \$2,895 \$2,361 \$3,190 \$4,019 \$2,659 \$3,592 \$4,525 \$3,190 \$4,310 \$5,430 \$3,722 \$5,029 \$6,335 \$4,254 \$5,747 \$7,240 Over Over Over	1 2 3 4 \$1,701 \$2,298 \$2,895 \$3,493 \$2,361 \$3,190 \$4,019 \$4,847 \$2,659 \$3,592 \$4,525 \$5,459 \$3,190 \$4,310 \$5,430 \$6,550 \$3,722 \$5,029 \$6,335 \$7,642 \$4,254 \$5,747 \$7,240 \$8,734 Over Over Over Over	1       2       3       4       5         \$1,701       \$2,298       \$2,895       \$3,493       \$4,090         \$2,361       \$3,190       \$4,019       \$4,847       \$5,676         \$2,659       \$3,592       \$4,525       \$5,459       \$6,392         \$3,190       \$4,310       \$5,430       \$6,550       \$7,670         \$3,722       \$5,029       \$6,335       \$7,642       \$8,949         \$4,254       \$5,747       \$7,240       \$8,734       \$10,227         Over       Over       Over       Over       Over	1       2       3       4       5       6         \$1,701       \$2,298       \$2,895       \$3,493       \$4,090       \$4,687         \$2,361       \$3,190       \$4,019       \$4,847       \$5,676       \$6,505         \$2,659       \$3,592       \$4,525       \$5,459       \$6,392       \$7,325         \$3,190       \$4,310       \$5,430       \$6,550       \$7,670       \$8,790         \$3,722       \$5,029       \$6,335       \$7,642       \$8,949       \$10,225         \$4,254       \$5,747       \$7,240       \$8,734       \$10,227       \$11,720         Over       Over       Over       Over       Over       Over       Over					

14. I	Disabled Adult Children (DAC) Levels				
Living Arrangements	Shelter Types	Amount			
1	15	\$1,049.48			
1	28	\$1,011.48			
1	16	\$1,218.00			
1	29	\$1,188.00			
1	42	\$1,477.00			
1 or 5	Other than: 15, 16, 28, 29 or 42	\$870.00			
2	15	\$2,098.96			
2	28	\$2,022.96			
2	16	\$2,436.00			
2	29	\$2,376.00			
2	42	\$2,954.00			
2 or 6	Other than: 15, 16, 28, 29 or 42	\$1,279.00			
3	All	\$1,011.48			
4	All	\$1,049.48			

Congregate Care Level I, II and III Levels		
Shelter Codes	PNA	Shelter Amount
15 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level I	\$150.00	\$899.48
16 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level II	\$174.00	\$1,044.00
28 - (Rest of State) Level I	\$150.00	\$861.48
29 - (Rest of State) Level II	\$174.00	\$1,014.00
42 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level III	\$207.00	\$1,270.00
42 - (Rest of State) Level III	\$207.00	\$1,270.00

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16. SSI Levels				
SSI Consumer	Amount			
Allocation Amount (The difference between the regular Medicaid levels for a household of two [\$1,284.00] and a household of one [\$875.00])	\$409.00			
Personal Needs Allowance (Certain waiver participants subject to spousal impoverishment budgeting)	\$409.00			
Maximum Social Security Benefit at Full Retirement Age	\$3,011			
State Supplement (For an individual living with others)	\$23.00			
Federal Benefit Rate	Individual	\$783.00	Couple	\$1,175.00
SSI Resource Levels	Individual	\$2,000.00	Couple	\$3,000.00
Family Care Level (LA 3 & 4)	NYC and Nassau, Suffolk, Westchester and Rockland	\$1,049.48	Upstate	\$1,011.48
SSI-related Student Earned Income Disregard	Monthly	\$1,900.00	Annual Max.	\$7,670.00

17. Substantial Gainful Activity (SGA) Levels			
Category	Amount	Payment Occurrence	
Non-Blind	\$1,260.00	Monthly	
Blind	\$2,110.00	Monthly	
Month Trial Work Period	\$910.00	Monthly	

18. Home Equity Maximum		
Medicaid Coverage Limit (RVI 1 and 2 cases)	\$893,000	

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