

2021 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL POVERTY LEVELS (FPL)



MAPDR-01 01/12/2021
(Obsoletes MAPDR-71)

Reference Documents: GIS: 20 MA/12, 20 MA/13, 19 MA/06, 19 MA/12, MBL Transmittal 19-3, 19-4, WLM: 2020- 00359, 2020-302-03, 2019-00065 and [NYS Partnership for Long-Term Care](#).

Note: The figures highlighted in green are the new 2021 levels. The figures that are not highlighted in green are awaiting 2021 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 \(R10\) COVID-19 \(Coronavirus Easements\)](#), [GIS 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	\$884	\$1,300	\$1,495	\$1,690	\$1,885	\$2,080	\$2,275	\$2,470	\$2,665	\$2,860	\$195

2. Non-MAGI Resource Levels											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Additional Person
Resource Level	\$15,900	\$23,400	\$25,013	\$28,275	\$31,539	\$34,800	\$38,064	\$41,325	\$44,588	\$47,850	\$3,263

3. Medicaid Standard Levels for Single Childless Couples (S/CC) Low Income Families (LIF)											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Additional Person
Income Level	\$835	\$1,042	\$1,240	\$1,439	\$1,646	\$1,796	\$1,955	\$2,159	\$2,276	\$2,393	\$118

4. Spousal Support and Resource Levels		
Income (MMMNA) - \$3,259.50 (Inst Spouse) - \$50	Resources – (Minimum) - \$74,820 (Maximum) - \$130,380 (Inst Spouse) - \$15,900	Family Member Allowance Formula: Use - \$2,155 \$719 is the maximum monthly family member allowance

5. 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	*\$15,900	\$50
Community Spouse	*\$130,380 (Maximum)	\$3,259.50
Home Care (Community-Based-Long-Term Care Services)		
	Resource Allowance	Income Allowance (Monthly)
Applicant	\$15,900	\$884 Increased to \$1,608 for QPP's
Applicant with Spouse	\$23,400	\$1,300 Increased to \$3,216 for QPP's

*Note: The Resource Allowances in this chart does not apply to the Total Asset Protection Plan QPP Policy Holders.

6. MBI-WPD (Persons 16-64)

Family Size	1	2
Monthly Income 250% FPL	\$2,659	\$3,592
Resources	\$20,000	\$30,000

7. 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.

8. Medicare Savings Program (Buy-In)

9. Other Important Figures

	Income				1	2
	Family of 1		Family of 2			
QMB 100% FPL	Annual	\$12,760	\$17,240	<p>Medicare Part A Premium: \$259.00 (30-39 Quarters) \$471.00 (Less than 30 Quarters)</p> <p>Medicare Part B Premium: (Rates based upon 2018 income tax filings)</p> <ul style="list-style-type: none"> The Cost of Living adjustment (COLA) for Social Security will be 1.3% percent for 2021. The standard monthly premium for Medicare Part B enrollees is \$148.50 for 2021. Most Medicare beneficiaries will pay this amount. The standard Medicare Part B \$148.50 monthly premium is for beneficiaries with income less than or equal to \$85,000. Due to the SSA 1.3% COLA, some beneficiaries who were held harmless against Part B premium increases in 2020 will pay the full monthly premium of \$148.50 in 2021. This is because the increase in their Social Security benefits will be greater than or equal to the increase in their Part B premium. <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. However, this provision does not apply to the consumers listed below. Their Part B premium increased is currently \$148.50 in 2021.</p> <ul style="list-style-type: none"> Beneficiaries who do not receive Social Security benefits; Individuals who are directly billed for the Part B premium; New Medicare Part B beneficiaries; Individuals who have Medicare and Medicaid, and Medicaid pays the premiums; and Individuals who pay an Income-Related Monthly Adjustment Amount (IRMAA). <p>Standard Allocation: From non-SSI-related parent to non-SSI-related child \$416.00</p> <p>PASS-THROUGH FACTORS: .970 and .148</p> <p>Note: Budgets with a “From” date of January 1, 2021, or later, that utilize a Federal Poverty Level (FPL) must be calculated with the 2019 Social Security benefit amount and Medicare Part B premium amount until the 2021 FPLs are available on MBL. The 2020 Social Security amounts and Part B premium must be used until Phase Two of the Mass Re-budgeting.</p>		
	Monthly	\$1,064	\$1,437			
SLIMB 120% FPL	Annual	\$15,312	\$20,688	Family Size	1	2
	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
	Monthly	\$1,436	\$1,940	QWDI (200% FPL)	\$2,127	\$2,874
NO RESOURCE TEST FOR ANY MSP PROGRAM				COBRA, QWDI (Resource Level)	\$4,000	\$6,000
				Pickle/DAC/SSI (Resource Level)	\$2,000	\$3,000

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

NEW YORK CITY (All boroughs) - \$13,037	LONG ISLAND - \$13,834 Nassau, Suffolk
NORTHEASTERN - \$11,689 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	NORTHERN METROPOLITAN - \$13,206 Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
WESTERN - \$11,054 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	ROCHESTER - \$13,020 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
CENTRAL - \$10,857 Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	

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

NEW YORK CITY (All boroughs) (Shelter = 59) - \$1,535	LONG ISLAND (Shelter = 60) - \$1,393
NORTHEASTERN (Shelter = 54) - \$524	NORTHERN METROPOLITAN (Shelter = 58) - \$1,075
WESTERN (Shelter = 57) - \$413	ROCHESTER (Shelter = 56) - \$469
CENTRAL (Shelter = 55) - \$450	
CONGREGATE CARE LEVEL III - (42+ Regional Rate for County- Shelter = 63) - \$1,901 - \$3,023	

In determining the community spouse resource allowance on and after January 1, 2021, 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 **\$130,380**. 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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12. 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)	\$2,372	\$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

13. Children's Medicaid Income Eligibility Levels

Family Size	1	2	3	4	5	6	7	8	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 household size calculation includes all expected children.

14. 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 (under 222% FPL)	\$1,701	\$2,298	\$2,895	\$3,493	\$4,090	\$4,687	\$598
\$9 per child per month (Max. \$27 per family) (222% - 249% FPL)	\$2,361	\$3,190	\$4,019	\$4,847	\$5,676	\$6,505	\$829
\$15 per child per month (Max \$45/family) (250% - 299% FPL)	\$2,659	\$3,592	\$4,525	\$5,459	\$6,392	\$7,325	\$934
\$30 per child per month (Max. \$90 per family) (300% - 349% FPL)	\$3,190	\$4,310	\$5,430	\$6,550	\$7,670	\$8,790	\$1,120
\$45 per child per month (Max. \$135 per family) (350% - 399% FPL)	\$3,722	\$5,029	\$6,335	\$7,642	\$8,949	\$10,225	\$1,307
\$60 per child per month (Max. \$180 per family) (400% FPL)	\$4,254	\$5,747	\$7,240	\$8,734	\$10,227	\$11,720	\$1,494
Full Premium per child/month if over 400% FPL (Premium amount varies from plan to plan)	Over \$4,254	Over \$5,747	Over \$7,240	Over \$8,734	Over \$10,227	Over \$11,720	Over 1,494

Note: *Pregnant women count as two.

15. Disabled Adult Children (DAC) Levels

Living Arrangements	Shelter Types	Amount
1	15	\$1,060.48
1	28	\$1,022.48
1	16	\$1,229.00
1	29	\$1,199.00
1	42	\$1,488.00
1 or 5	Other than: 15, 16, 28, 29 or 42	\$881.00
2	15	\$2,120.96
2	28	\$2,044.96
2	16	\$2,458.00
2	29	\$2,398.00
2	42	\$2,976.00
2 or 6	Other than: 15, 16, 28, 29 or 42	\$1,295.00
3	All	\$1,022.48
4	All	\$1,060.48

16. Congregate Care Level I, II and III Levels

Shelter Codes	PNA	Shelter Amount
15 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level I	\$152.00	\$908.48
16 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level II	\$176.00	\$1,053.00
28 - (Rest of State) Level I	\$152.00	\$870.48
29 - (Rest of State) Level II	\$176.00	\$1,023.00
42 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level III	\$210.00	\$1,278.00
42 - (Rest of State) Level III	\$210.00	\$1,278.00

17. SSI Levels				
SSI Consumer		Amount		
Allocation Amount (The difference between the regular Medicaid levels for a household of two [\$1,300.00] and a household of one [\$884.00])		\$416.00		
Personal Needs Allowance (Certain waiver participants subject to spousal impoverishment budgeting)		\$416.00		
Maximum Social Security Benefit at Full Retirement Age		\$3,148.00		
State Supplement (For an individual living with others)		\$23.00		
Federal Benefit Rate	Individual	\$794.00	Couple	\$1,191.00
SSI Resource Levels	Individual	\$2,000.00	Couple	\$3,000.00
Family Care Level (LA 3 & 4)	NYC and Nassau, Suffolk, Westchester and Rockland	\$1,060.48	Upstate	\$1,022.48
SSI-related Student Earned Income Disregard	Monthly	\$1,930.00	Annual Max.	\$7,770.00

18. Substantial Gainful Activity (SGA) Levels		
Category	Amount	Payment Occurrence
Non-Blind	\$1,310.00	Monthly
Blind	\$2,190.00	Monthly
Month Trial Work Period	\$940.00	Monthly

19. Home Equity Maximum	
Medicaid Coverage Limit (RVI 1 and 2 cases)	\$906,000