

**NEW YORK STATE INCOME AND RESOURCE STANDARDS  
AND FEDERAL POVERTY LINES EFFECTIVE 2/1/2009**

HOUSE HOLD SIZE	MEDICAID STD S/CC - LIF		MEDICAID INCOME LEVEL		100% FPL		120% FPL		133% FPL		135% FPL		150% FPL		185% FPL		200% FPL		250% FPL		RESOURCES	
	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY		
<b>ONE</b>	8,462	706	9,200	767	10,830	903	12,996	1,083	14,404	1,201	14,621	1,219	16,245	1,354	20,036	1,670	21,660	1,805	27,075	2,257	13,800	<b>1</b>
<b>TWO</b>	10,563	881	13,400	1,117	14,570	1,215	17,484	1,457	19,379	1,615	19,670	1,640	21,855	1,822	26,955	2,247	29,140	2,429	36,425	3,036	20,100	<b>2</b>
<b>THREE</b>	12,568	1,048	15,410	1,285	18,310	1,526			24,353	2,030			27,465	2,289	33,874	2,823	36,620	3,052			23,115	<b>3</b>
<b>FOUR</b>	14,593	1,217	17,420	1,452	22,050	1,838			29,327	2,444			33,075	2,757	40,793	3,400	44,100	3,675			26,130	<b>4</b>
<b>FIVE</b>	16,686	1,391	19,430	1,620	25,790	2,150			34,301	2,859			38,685	3,224	47,712	3,976	51,580	4,299			29,145	<b>5</b>
<b>SIX</b>	18,217	1,519	21,440	1,787	29,530	2,461			39,275	3,273			44,295	3,692	54,631	4,553	59,060	4,922			32,160	<b>6</b>
<b>SEVEN</b>	19,829	1,653	23,450	1,955	33,270	2,773			44,250	3,688			49,905	4,159	61,550	5,130	66,540	5,545			35,175	<b>7</b>
<b>EIGHT</b>	21,899	1,825	25,460	2,122	37,010	3,085			49,224	4,102			55,515	4,627	68,469	5,706	74,020	6,169			38,190	<b>8</b>
<b>EACH ADD'L PERSON</b>		99	2,010	168	3,740	312			4,975	415			5,610	468	6,919	577	7,480	624			3,015	<b>+</b>

SPOUSAL IMPOVERISHMENT	INCOME	RESOURCES
Community Spouse	\$2,739	\$109,560
Institutionalized Spouse	\$50	\$13,800
Family Member Allowance	\$1,822 is used in the FMA formula the maximum allowance is \$608	N/A

CATEGORY	INCOME COMPARED	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES
		1	2	1	2	
<b>PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN</b>	100% FPL	N/A	1,215	NO RESOURCE TEST		Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility.
	200%FPL	N/A	2,429			
<b>PREGNANT WOMEN</b>	100% FPL	N/A	1,215	NO RESOURCE TEST		A woman determined eligible for Medicaid for any time during her pregnancy remains eligible for Medicaid coverage until the last day of the month in which the 60th day from the date the pregnancy ends occurs, regardless of any change in income, resources or household composition. If the income is above 200% FPL the A/R must spenddown to the Medicaid income level. The baby will have guaranteed eligibility for one year.
	200%FPL	N/A	2,429			
<b>CHILDREN UNDER ONE</b>	200%FPL	1,805	2,429	NO RESOURCE TEST		If the income is above 200% FPL the A/R must spenddown to the Medicaid income level. One year guaranteed eligibility if mother is in receipt of Medicaid on delivery. Eligibility can be determined in the 3 months retro to obtain the one year
<b>CHILDREN AGE 1 THROUGH 5</b>	133% FPL	1,201	1,615	NO RESOURCE TEST		If the income is above 133% FPL the A/R must spenddown to the Medicaid income level, resources will also be evaluated.
<b>CHILDREN AGE 6 THROUGH 18</b>	100% FPL	903	1,215	NO RESOURCE TEST		If the income is above 100% FPL the A/R must spenddown to the Medicaid income level, resources will also be evaluated.
<b>UNDER 21, ADC-RELATED AND FNP</b>	MEDICAID LEVEL	767	1,117	13,800	20,100	FNP parents cannot spenddown.
<b>SINGLES/CHILDLESS COUPLES</b>	MEDICAID STANDARD	706	881	13,800	20,100	The A/R cannot spenddown income or resources.
<b>LOW INCOME FAMILIES</b>	MEDICAID STANDARD	706	881	13,800	20,100	The A/R cannot spenddown income or resources.
<b>SSI-RELATED</b>	MEDICAID LEVEL	767	1,117	13,800	20,100	Household size is always one or two.
<b>Qualified Medicare Beneficiary (QMB)</b>	100%FPL	903	1,215	NO RESOURCE TEST		Medicare Part A & B, coinsurance, deductible and premium will be paid if eligible.
<b>COBRA CONTINUATION COVERAGE</b>	100%FPL	903	1,215	4,000	6,000	A/R may be eligible for Medicaid to pay the COBRA premium.
<b>AIDS INSURANCE</b>	185%FPL	1,670	2,247	NO RESOURCE TEST		A/R must be ineligible for Medicaid, including COBRA continuation.
<b>QUALIFIED DISABLED &amp; WORKING INDIVIDUAL</b>	200%FPL	1,805	2,429	4,000	6,000	Medicaid will pay Medicare Part A premium.
<b>SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLIMBS)</b>	BETWEEN 100% BUT LESS THAN 120%	903	1,215	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		1,083	1,457			
<b>QUALIFIED INDIVIDUALS (QI-1)</b>	BETWEEN 120% BUT LESS THAN 135% FPL	1,083	1,457	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		1,219	1,640			
<b>FAMILY HEALTH PLUS PARENTS LIVING WITH CHILDREN SINGLES/CHILDLESS COUPLES</b>	150%	1,354	1,822	13,800	20,100	The A/R must be ineligible for Medicaid. The A/R cannot spenddown to become eligible for Family Health Plus.
	100%	903	1,215			
<b>FAMILY PLANNING BENEFIT PROGRAM</b>	200%	1,805	2,429	NO RESOURCE TEST		Provides Medicaid coverage for family planning services to persons of childbearing age with incomes at or below 200% FPL. Potentially eligible individuals will be screened for eligibility for Medicaid and FHPlus, unless they specifically request to be screened only for FPBP eligibility.
<b>MEDICAID BUY-IN Program-MBI-WPD for Working People with Disabilities</b>	250%	2,257	3,036	13,800	20,100	A/R's with a net income that is at least 150% but at or below 250% FPL will pay a premium. Currently, there is a moratorium on premium payment collection.