

AND FEDERAL POVERTY LINES EFFECTIVE APRIL 1, 2008

HOUSE HOLD SIZE	MEDICAID STD S/CC - LIF		Medically Needy 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		
ONE	8,067	673	8,700	725	10,400	867	12,480	1,040	13,832	1,153	14,040	1,170	15,600	1,300	19,240	1,604	20,800	1,734	26,000	2,167	13,050	1
TWO	10,070	840	12,800	1,067	14,000	1,167	16,800	1,400	18,620	1,552	18,900	1,575	21,000	1,750	25,900	2,159	28,000	2,334	35,000	2,917	19,200	2
THREE	11,981	999	14,800	1,234	17,600	1,467			23,408	1,951			26,400	2,200	32,560	2,714	35,200	2,934			22,200	3
FOUR	13,911	1,160	16,700	1,392	21,200	1,767			28,196	2,350			31,800	2,650	39,220	3,269	42,400	3,534			25,050	4
FIVE	15,907	1,326	18,600	1,550	24,800	2,067			32,984	2,749			37,200	3,100	45,880	3,824	49,600	4,134			27,900	5
SIX	17,366	1,448	20,500	1,709	28,400	2,367			37,772	3,148			42,600	3,550	52,540	4,375	56,000	4,734			30,750	6
SEVEN	18,903	1,576	22,400	1,867	32,000	2,667			42,560	3,547			48,000	4,000	59,200	4,934	64,000	5,334			33,600	7
EIGHT	20,876	1,740	24,400	2,034	35,600	2,967			47,348	3,946			53,400	4,450	65,860	5,489	71,200	5,934			36,600	8
EACH ADD'L PERSON		95	1,900	159	3,600	300			4,788	399			5,400	450	6,660	555	7,200	600			2,850	+

Attachment

NEW YORK STATE INCOME AND RESOURCE STANDARDS

SPOUSAL IMPOVERISHMENT	INCOME	RESOURCES
Community Spouse	\$2,610	\$104,400
Institutionalized Spouse	\$50	\$13,050
Family Member Allowance	\$1,750 is used in the FMA formula the maximum allowance is \$584.	N/A

*In determining the community resource allowance on and after January 1, 2008, 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 \$104,400. 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 on or after September 30, 1989.

CATEGORY	INCOME COMPARED TO	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES *April 1, 2008*
		1	2	1	2	
PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	100% FPL	N/A	1,167	NO RESOURCE TEST		Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility.
	200%FPL	N/A	2,334			
PREGNANT WOMEN	100% FPL	N/A	1,167	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	2,334			
CHILDREN UNDER ONE	200%FPL	1,734	2,334	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
CHILDREN AGE 1 THROUGH 5	133% FPL	1,153	1,552	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.
CHILDREN AGE 6 THROUGH 18	100% FPL	867	1,167	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.
UNDER 21, ADC-RELATED AND FNP	MEDICALLY NEEDY LEVEL	725	1,067	13,050	19,200	FNP parents cannot spenddown.
SINGLES/CHILDLESS COUPLES	MEDICAID STANDARD	673	840	13,050	19,200	The A/R cannot spenddown income or resources.
LOW INCOME FAMILIES	MEDICAID STANDARD	673	840	13,050	19,200	The A/R cannot spenddown income or resources.
SSI-RELATED	MEDICALLY NEEDY LEVEL	725	1,067	13,050	19,200	Household size is always one or two.
Qualified Medicare Beneficiary (QMB)	100% FPL	867	1,167	NO RESOURCE TEST		Medicare Part A & B, coinsurance, deductible and premium will be paid if eligible.
COBRA CONTINUATION COVERAGE	100%FPL	867	1,167	4,000	6,000	A/R may be eligible for Medicaid to pay the COBRA premium.
AIDS INSURANCE	185%FPL	1,604	2,159	NO RESOURCE TEST		A/R must be ineligible for Medicaid, including COBRA continuation.
QUALIFIED DISABLED & WORKING INDIVIDUAL	200%FPL	1,734	2,334	4,000	6,000	Medicaid will pay Medicare Part A premium.
SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLIMBS)	More than 100% FPL but less than 120%	867	1,167	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		1,040	1,400			
QUALIFIED INDIVIDUALS (QI-1)	At least 120% FPL but less than 135% FPL	1,040	1,400	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		1,170	1,575			
FAMILY HEALTH PLUS PARENTS LIVING WITH CHILDREN SINGLES/CHILDLESS COUPLES	150% FPL	1,300	1,750	13,050	19,200	The A/R must be ineligible for Medicaid. The A/R cannot spenddown to become eligible for Family Health Plus.
	100% FPL	867	1,167			
FAMILY PLANNING BENEFIT PROGRAM	200% FPL	1,734	2,334	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.
MEDICAID BUY-IN Program-MBI-WPD for Working People with Disabilities	250% FPL	2,167	2,917	13,050	19,200	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.