2026 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL POVERTY LEVELS (FPL)

Reference Documents: GIS: 26/MA/05,26/MA/03 and 25/MA/14 MBL

Transmittal 26-1, 25-1, 25-02 and NYS Partnership for Long-Term Care

NYC Human Resources Administration Department of Social Services

MAPDR-01 05/14/2026
(Obsoletes MAPDR-71)

Note: Staff is advised that the Medicaid Continuous Coverage Requirement (CCR) of the Families First Coronavirus Response Act (FFCRA) and originally tied to the federal COVID-19 Public Health Emergency ended effective March 31, 2023, as required by the Consolidated Appropriations Act, 2023 (CAA, 2023). Therefore, Staff must resume responsibility for applications and monthly renewals of Medicaid eligibility.

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	$1,836	$2,489	$3,142	$3,795	$4,449	$5,102	$5,755	$6,408	$7,061	$7,715	$654

2. Non-MAGI Resource Levels

Family Size	1	2
Resource Level	$33,038	$44,796

3. Spousal Support and Resource Levels		
Income (MMMNA) - $4,066.50 (Inst Spouse) - **$50**	**Resources** – (Minimum) $74,820 (Maximum) - $162,660 (Inst Spouse) - $33,038	**Family Member Allowance Formula:** Use - $2,705.00 $902 is the maximum monthly family member allowance

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	*$33,038	$50
Community Spouse	*$162,660 (Maximum)	$4,066.50
Home Care (Community-Based-Long-Term Care Services)		
	Resource Allowance	**Income Allowance (Monthly)**
Applicant	$33,038	$1,836 **Increased to $2,033.25 for QPP's**
Applicant with Spouse	$44,796	$2,489 **Increased to $4,066.50 for QPP's**

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

5. MBI-WPD (Persons 16-64)		
Family Size	**1**	**2**
Monthly Income 250% FPL	$3,325	$4,509
Resources	$33,038	$44,796

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)	$2,966	$4,022	$5,077	$6,133	$7,189	$8,244	$1,056

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. Medicare Savings Program (Buy-In)

QMB 138% FPL			Income		
			Family Size	**1**	**2**
			Annual Income	$22,025	$29,864
			Monthly Income	$1,836	$2,489

	Family of 1	**Family of 2**	**COBRA** (100% FPL)	$1,330	$1,804
QI-1 **Monthly** **Greater than 138%FPL But less than or equal to 186% FPL**	$1,836	$2,489	**AIDS Health Ins. Program (AHIP)** (185% FPL) (No Resource Test)	$2,461	$3,337
QI-1 **Monthly** **Greater than 138%FPL But less than or equal to 186% FPL**	$2,474	$3,355	**QWDI** (200% FPL)	$2,660	$3,607
NO RESOURCE TEST FOR ANY MSP PROGRAM			**COBRA, QWDI (Resource Level)**	$4,000	$6,000
			Pickle/DAC/SSI (Resource Level)	$2,000	$3,000

8. Other Important Figures

Medicare Part A Premium: $311.00 (30-39 Quarters)

$565.00 (Less than 30 Quarters)

For individuals who paid Medicare Taxes for 40 quarters or more, there is no cost for Medicare Part A.

Medicare Part B Premium: (Rates based upon 2025 income tax filings)

- The Cost-of-Living adjustment (COLA) for Social Security will be 2.8% percent for 2026.
- The standard monthly premium for Medicare Part B enrollees is **$202.90** for 2026**,** an increase of $17.90 from $185.00 in 2025. Most Medicare beneficiaries will pay this amount. Less than **1%** of Medicare beneficiaries will pay less than the Full Part B standard monthly premium amount in 2026. Due to the SSA 2.8% COLA, some beneficiaries who were held harmless against Part B premium increases in 2025, will pay the full monthly premium of **$202.90** in 2026. This is because the increase in their Social Security benefits will be greater than or equal to the increase in their Part B premium**.**

Note: Medicaid consumers who are receiving Medicare Insurance Premium Payments (MIPP) at the 2025 standard Medicare Part B premium amount will automatically have their 2026 payments updated to the new premium amount. The Department of Health (DOH) will forward a file containing a list of Medicaid consumers who are receiving MIPP payments for an amount other than the 2025 standard Medicare Part B premium amount of $185.00 per month. Staff will be required to review those cases and take the appropriate follow-up action.

8. Other Figures (Continued)

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 $202.90 (or higher) in 2026:

- Individuals whose income is less than or equal to **$109,000.00,** or a married individual when the couple's combined income is over **$218,000**, will pay the standard premium of **$202.90** 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 $653.00

- **PASS-THROUGH FACTORS:** .976 and .118

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

NEW YORK CITY (All boroughs) - $15,282	**LONG ISLAND - $15,193 Nassau, Suffolk**
NORTHEASTERN - $14,783 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	**NORTHERN METROPOLITAN - $15,024 Duchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester**
WESTERN - $13,765 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	**ROCHESTER - $15,675 Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates**
CENTRAL - $14,146 Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	

10. Fair Market Regional Rates (Averages) / Special Standards for Housing Expenses	
NEW YORK CITY (All boroughs) (Shelter = 59) - $**2,104**	**LONG ISLAND (**Shelter = 60) - **$1,828**
NORTHEASTERN (Shelter = 54) - **$567**	**NORTHERN METROPOLITAN** (Shelter = 58) - **$1,380**
WESTERN (Shelter = 57) - **$402**	**ROCHESTER** (Shelter = 56) **- $505**
CENTRAL (Shelter = 55) - **$439**	
CONGREGATE CARE LEVEL III - (42+ Regional Rate for County- Shelter = 63) **- $2,090 - $3,828**	

In determining the community spouse resource allowance on and after January 1, 2026, 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 $162,660. 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**
Pregnant Individuals and Infants Under Age 1 (223% FPL)	$2,966	$4,022	$5,077	$6,133	$7,189	$8,244
Infants Under Age 1 223% FPL	$2,966	$4,022	$5,077	$6,133	$7,189	$8,244
Children Age 1-5 154% FPL	$2,049	$2,778	$3,507	$4,235	$4,964	$5,693
Children Aged 6 -19 110% FPL	$1,463	$1,984	$2,505	$3,025	$3,546	$4,067
Children Aged 6-19 (Expanded - 154% FPL)	$2,049	$2,778	$3,507	$4,235	$4,964	$5,693
Parents and Caretaker Relatives 138% FPL	$1,836	$2,489	$3,142	$3,795	$4,449	$5,102
19- and 20-Year Olds Living with Parents 138% FPL	$1,836	$2,489	$3,142	$3,795	$4,449	$5,102
19 and 20 Year Olds Living with Parents (Expanded - 155% FPL)	$2,062	$2,796	$3,529	$4,263	$4,997	$5,730
S/CCs and 19- and 20-Year Olds Living Alone (100% FPL)	$1,330	$1,804	$2,277	$2,750	$3,224	$3,697
S/CCs and 19- and 20-Year Olds Living Alone (Expanded 138% FPL)	$1,836	$2,489	$3,142	$3,795	$4,449	$5,102

11. MAGI Levels for Medicaid and Related Program Eligibility (Continued)					
Family Size	**7**	**8**	**9**	**10**	**Each Add'l Person**
Pregnant Individuals and Infants Under Age 1 (223% FPL)	$9,300	$10,355	$11,411	$12,466	$1,056
Infants Under Age 1 (223% FPL)	$9,300	$10,355	$11,411	$12,466	$1,056
Children Age 1-5 (154% FPL)	$6,422	$7,151	$7,880	$8,609	$729
Children Age 6 -19 (110% FPL)	$4,587	5,108	$5,629	$6,149	$521
Children Age 6-19 (Expanded - 154% FPL)	$6,422	$7,151	$7,880	$8,609	$729
Parents and Caretaker Relatives (138% FPL)	$5,755	$6,408	$7,061	$7,715	$654
19- and 20-Year Olds Living with Parents (138% FPL)	$5,755	$6,408	$7,061	$7,715	$654
19- and 20-Year Olds Living with Parents (Expanded - 155% FPL)	$6,464	$7,198	$7,931	$8,665	$734
S/CCs and 19- and 20-Year Olds Living Alone (100% FPL)	$4,170	$4,644	$5,117	$5,590	$474
S/CCs and 19- and 20-Year Olds Living Alone (Expanded 138% FPL)	$5,755	$6,408	$7,061	$7,715	$654

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*	$2,966	$4,022	$5,077	$6,133	$7,189	$8,244	$9,300	$10,355	$1,056
Children 1-18 Years	$2,049	$2,778	$3,507	$4,235	$4,964	$5,693	$6,422	$7,151	$729
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	$2,953	$4,004	$5,055	$6,105	$7,156	$8,207	$1,051
$15 per child per month (Max $45/family) (**223% - 250% FPL)**	$3,325	$4,509	$5,692	$6,875	$8,059	$9,242	$1,184
$30 per child per month (Max. $90 per family) **(251% - 300% FPL)**	$3,990	$5,410	$6,830	$8,250	$9,670	$11,090	$1,420
$45 per child per month (Max. $135 per family) (**301% - 350% FPL)**	$4,655	$6,312	$7,969	$9,625	$11,282	$12,939	$1,657
$60 per child per month (Max. $180 per family) **(351%-400% FPL)**	$5,320	$7,214	$9,107	$11,000	$12,894	$14,787	$1,894
Full Premium per child/month if **over 400%** FPL (Premium amount varies from plan to plan)	Over $5,320	Over $7,214	Over $9,107	Over $11,000	Over $12,894	Over $14,787	Over $1,894
Note: *Pregnant individuals count as two.							

14. Disabled Adult Children (DAC) Levels		
Living Arrangements	**Shelter Types**	**Amount**
1	15	$1,260.48
1	28	$1,222.48
1	16	$1,429.00
1	29	$1,399.00
1	42	$1,688.00
1 or 5	Other than: 15, 16, 28, 29 or 42	$1,081.00
2	15	$2,520.96
2	28	$2,444.96
2	16	$2,858.00
2	29	$2,798.00
2	42	$3,376.00
2 or 6	Other than: 15, 16, 28, 29 or 42	$1,595.00
3	All	$1,222.48
4	All	$1,260.48

15. Congregate Care Level I, II and III Levels		
Shelter Codes	**PNA**	**Shelter Amount**
15 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level I	$191.00	$1,069.48
16 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level II	$219.00	$1,210.00
28 - (Rest of State) Level I	$191.00	$1,031.48
29 - (Rest of State) Level II	$219.00	$1,180.00
42 - (NYC, Nassau, Suffolk, Westchester, Rockland Counties) Level III	$262.00	$1,426.00
42 - (Rest of State) Level III	$262.00	$1,426.00

16.	SSI Levels			
SSI Consumer	**Amount**			
Allocation Amount (The difference between the regular Medicaid levels for a household of two [$2,489.00] and a household of one [$1,836.00])	$653.00			
Personal Needs Allowance (Certain waiver participants subject to spousal impoverishment budgeting)	$653.00			
Maximum Social Security Benefit at Full Retirement Age	$4,152.00			
State Supplement (living with others)	Individual	$23.00	Couple	$46.00
State Supplement (living alone)	Individual	$87.00	Couple	$104.00
Federal Benefit Rate	Individual	$994.00	Couple	$1,491.00
SSI Resource Levels	Individual	$2,000.00	Couple	$3,000.00
Family Care Level (LA 3 & 4)	NYC and Nassau, Suffolk, Westchester and Rockland Counties	$1,260.48	Upstate	$1,222.48
SSI-related Student Earned Income Disregard	Monthly	$2,410.00	Annual Max.	$9,730.00

17.	Substantial Gainful Activity (SGA) Levels	
Category	**Amount**	**Payment Occurrence**
Non-Blind	$1,690.00	Monthly
Blind	$2,830.00	Monthly
Month Trial Work Period	$1,210.00	Monthly

18.	Home Equity Maximum
Medicaid Coverage Limit (RVI 1 and 2 cases)	$1,130,000.00