



# STATE OF NEW YORK DEPARTMENT OF HEALTH

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Commissioner

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Executive Deputy Commissioner

**ADMINISTRATIVE DIRECTIVE**

**TRANSMITTAL:** 06 OMM/ADM-4

**TO:** Commissioners of  
Social Services

**DIVISION:** Office of Medicaid  
Management

**DATE:** July 10, 2006

**SUBJECT:** Increased Medicaid Income and Resource Standards and Federal Poverty Levels Effective January 1, 2005 and January 1, 2006

<b>SUGGESTED DISTRIBUTION:</b>	Medical Assistance Staff Fair Hearing Staff Legal Staff Audit Staff Staff Development Coordinators
<b>CONTACT PERSON:</b>	Local District Support Liaison Upstate: (518) 474-8887 NYC: (212) 417-4500
<b>ATTACHMENTS:</b>	Medicaid-Only Income and Resource Standards and Federal Poverty Levels Effective January 1, 2005 and January 1, 2006

**FILING REFERENCES**

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
05 OMM/ADM-4		360-1.4(r)	101		GIS Messages
05 OMM/ADM-2		360-3.7(d)	101-a		06 MA/006
04 OMM/ADM-5		360-4.1(b)	366		05 MA/047
04 OMM/ADM-2		360-4.3(f)	P.L. 92-603		05 MA/045
03 OMM/ADM-4		360-4.7(b)	P.L. 94-48		05 MA/027
02 OMM/ADM-7		360-4.8(a)(c)	P.L. 94-566		05 MA/013
02 OMM/ADM-1		360-7.7			05 MA/011
01 OMM/ADM-5					04 MA/030
99 OMM/ADM-3					04 MA/031
98 OMM/ADM-28					03 MA/006
93 ADM-30					03 MA/005
93 ADM-28					02 MA/029
91 ADM-53					02 MA/018
91 ADM-50					02 MA/010
90 ADM-48					02 MA/008

## FILING REFERENCES (Continued)

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
90 ADM-42					02 MA/003
90 ADM-9					01 MA/041
90 ADM-6					00 MA/024
89 ADM-38					99 MA/028
89 ADM-21					98 MA/010
89 ADM-7					MBL
87 ADM-50					Transmittal
85 ADM-35					Upstate:
85 ADM-3					04 MBL-2
					05 MBL-2
					05 MBL-6
					05 MBL-7
					06 MBL-1
					NYC:
					2005.1
					2005.3
					2006.1
					2006.2

I. PURPOSE

This Administrative Directive (ADM) advises social services districts of:

- A. increases in the Medicaid Income and Resource Standards, and
- B. annual updates to the federal poverty level (FPL) effective January 1, 2005 and January 1, 2006.

II. BACKGROUND

A. MEDICAID INCOME AND RESOURCE STANDARDS

The Social Security Administration (SSA) establishes the cost-of-living-adjustment (COLA) to the Supplemental Security Income (SSI) income standard. SSA announced that effective January 1, 2005, the COLA was 2.7 percent; effective January 1, 2006, the COLA was 4.1 percent. The 2005 and 2006 Medically Needy income standards were adjusted to reflect this increase and maintain a one hundred dollar (\$100) differential between household sizes.

Due to federal limitations, the Medically Needy income and resource standards for a household of two (2) was decreased effective January 1, 2006.

Medically Needy income standards cannot exceed 133 1/3 percent of the standards for the Aid to Dependent Children (ADC) Program at the time Welfare Reform was implemented, for an individual or family of comparable size. The Centers for Medicare and Medicaid Services (CMS) determined that New York's Medically Needy income standard for a household of two exceeded this limit. As a result, it was necessary to cap the Medically Needy income standard for household of two at \$10,800 annually, or \$900 per month effective January 1, 2006.

The resource standards for Medicaid and Family Health Plus (FHPlus) are linked to the Medically Needy income standards. Therefore, the resource standards for households of two for Medicaid and FHPlus have decreased. The Medicaid resource standard for a household of two was reduced from \$5,850 to \$5,400 effective January 1, 2006. The resource standard for FHPlus households of two was reduced from \$17,550 to \$16,200 effective January 1, 2006.

B. FEDERAL POVERTY LEVEL

The federal Office of Management and Budget (OMB) establishes the FPL. The OMB announces the FPL in late February, but it is effective retroactively to January 1. The retroactive nature of the FPL traditionally caused eligibility problems. When the COLA went into effect on January 1, the increased income caused some individuals to become ineligible for benefits only to become eligible again a few months later when the new level was implemented. Consequently, the Department of Health received

permission from CMS to estimate the FPL. The Department is now able to implement the COLA and the estimated FPL on January 1.

The FPL announced in February 2005 was \$50.00 higher than the estimated poverty level implemented on January 1, 2005. As a result, the poverty level used to determine Medicaid eligibility was revised in February 2005 retroactive to January 1, 2005.

The 2006 FPL was announced in mid January 2006. It also differed from the estimated poverty level implemented on January 1, 2006. As a result, the poverty level used to determine Medicaid eligibility was revised in February 2006 retroactive to January 1, 2006.

### III. PROGRAM IMPLICATIONS

#### A. MEDICAID INCOME AND RESOURCE STANDARDS

As a result of the January 1, 2005 2.7 percent, and January 1, 2006 4.1 percent COLA increases in SSI benefits, the Medicaid income standards used to determine Medicaid eligibility for Medically Needy A/Rs were revised as described in Section II., BACKGROUND, A., MEDICAID INCOME AND RESOURCE STANDARDS.

The Medicaid income and resource standards also apply to certain adults who are financially ineligible for Low Income Families (LIF) and who do not meet the categorical requirements of Aid to Dependent Children (ADC). Adults who do not meet the ADC definition include a step-parent who does not have birth or adopted child in the household and the father of an unborn who lives with the pregnant woman and who is not the father of a child already born and living in the household. These step-parents and boyfriends/husbands are categorically federally non-participating (FNP) and are not eligible for Medicaid if their income and/or resources exceed the Medically Needy standards. The new Medicaid standards for 2005 and 2006 are specified on the attached charts.

#### B. FEDERAL POVERTY LEVEL

The FPL was updated effective January 1, 2005, and January 1, 2006. The updated FPL is the basis for the Medicaid income eligibility standards which are applied to the following groups of A/Rs:

1. Presumptive Eligibility for Pregnant Women - Qualified providers determine presumptive eligibility for pregnant women by comparing their household incomes to 100 percent and 200 percent of the applicable FPL. There is no resource test for pregnant women (90 ADM-42, GIS 01MA005 and GIS 00MA024).

2. Pregnant Women and Infants - Medicaid eligibility for pregnant women and infants under age one, who are not otherwise eligible, is determined by comparing their household incomes to 100 percent or 200 percent of the applicable FPL. There is no resource test for pregnant women and infants under age one (02 OMM/ADM-1, 90 OMM/ADM-9 and GIS 00MA024).
3. Children Ages One Through Five - Medicaid eligibility for children who are at least one year of age, but younger than six years of age are eligible for Medicaid by comparing their household incomes to 133 percent of the applicable FPL. There is no resource test if eligibility is determined under the poverty based program (90 OMM/ADM-42).
4. Children Ages 6 Through 18 - Medicaid eligibility for children who are at least six years of age, but younger than 19 years of age and are not otherwise eligible for Medicaid, is determined by comparing their household income to 133 percent FPL from January 1, 2005 through March 31, 2005, and to 100 percent of the applicable FPL effective April 1, 2005. There is no resource test if eligibility is determined under the poverty based program (05 OMM/ADM-2, 99 OMM/ADM-3, GIS 05 MA011 and GIS 02MA008).
5. Qualified COBRA Continuation Beneficiaries (CCBs) - Eligibility for the COBRA Continuation Coverage Program for qualified CCBs is determined by comparing their household incomes to 100 percent of the FPL for a one- or two-person household. The resource limit is twice the SSI resource level (91 ADM-53).
6. Persons with AIDS or HIV-Related Illness - Financial eligibility for the Health Insurance Continuation Program (AIDS Health Insurance Program) for persons with AIDS or HIV-related illness is determined by comparing their household incomes to 185 percent of the FPL for a one-or-two person household. There is no resource test (93 ADM-28).
7. Qualified Medicare Beneficiaries (QMBs) - Eligibility for the Medicare Savings Program for QMBs is determined by comparing their household incomes to 100 percent of the FPL for a one- or two-person household. QMBs are eligible for Medicaid payment of Medicare Part A and B premiums, deductibles, and co-insurance. The resource level is twice the SSI resource level (89 ADM-7 and 90 ADM-6).

8. Qualified Disabled and Working Individuals (QDWIs) - QDWIs are eligible for Medicaid payment of Part A only. The recipient must be a disabled worker under age 65 who lost Part A benefits because of return to work. Eligibility for Medicaid payment of Medicare Part A premiums for QDWIs is determined by comparing their household incomes to 200 percent of the poverty level for a one- or two-person household. The resource limit is twice the SSI resource level (90 ADM-48).
9. Specified Low Income Medicare Beneficiaries (SLIMBs) - Eligibility for Medicaid payment of Medicare Part B premiums for SLIMBs is determined by comparing their household incomes to 100 and 120 percent of the FPL. The resource limit is twice the SSI resource level (93 ADM-30 and GIS 01MA001).
10. Qualified Individuals - 1 (QI-1s) - Eligibility for Medicaid payment of Part B premiums for QI-1s is determined by comparing their household income to 120 percent and 135 percent of the FPL. There is no resource test (GIS 98MA010, GIS 02MA009, GIS 02MA010 and GIS 02MA025).
11. Medicaid Buy-In Program for Working People with Disabilities (MBI-WPD) - Medicaid coverage is extended to certain persons with disabilities who are working and have a net income that is at or below 250 percent of the FPL. The resource level is \$10,000 for a household of one or two (04 OMM/ADM-5, 03 OMM/ADM-4 and GIS 03MA009).
12. Family Health Plus (FHPlus) - Family Health Plus eligibility for parents and their 19 or 20 year old children living with them is determined by comparing their household income to 150 percent of the applicable poverty level. Eligibility for FHPlus is determined under the standard applicable to parents for a step-parent who does not have a birth or adopted child in the household and a father of an unborn who lives with a pregnant women and who is not the father of a child already born. Eligibility for single adults and childless couples is determined by comparing their household income to 100 percent of the applicable poverty level. Effective August 1, 2005, individuals must have resources at or below 150 percent of the annual Medically Needy income amount permitted for the individual household size (05 OMM/ADM-4 and 01 OMM/ADM-6).
13. Family Planning Benefit Program (FPBP) - The FPBP was implemented on October 1, 2002. Eligibility for individuals of childbearing age is determined by comparing their household income to 200 percent of the applicable poverty level. There is no resource test (02 OMM/ADM-7).

The updated FPLs for January 1, 2005, and January 1, 2006 are specified on the attached charts.

IV. REQUIRED ACTION

A. MEDICAID INCOME AND RESOURCE STANDARDS

1. For all Medically Needy A/Rs whose eligibility is determined or redetermined for the month of January 2005 through December 2005, the January 1, 2005 income and resource standards must be used. For all Medically Needy A/Rs whose eligibility is determined or redetermined for the month of January 2006 through December 2006, the January 1, 2006 income and resource standards must be used.
2. These revised standards also are applied in determining eligibility effective January 1, 2005 and January 1, 2006 for a step-parent living with a spouse and that spouse's child under age 21, or a father of an unborn with no children of his own in the household who lives with the pregnant woman. This standard is applied only to parents who are ineligible for Medicaid when their income and resources are compared to the LIF income and resource standards based on the standard of need (89 ADM- 38).
3. All excess income and/or resource cases (inpatient and outpatient) active on or after January 1, 2005 and/or January 1, 2006 have their liability recomputed under these revised standards. Cases in which the six-month excess income period extends into the month of January 2005 or January 2006 must be reevaluated using the new standards.

B. FEDERAL POVERTY LEVEL

Effective January 1, 2005, and January 1, 2006, for all new applications and renewals, social services districts must use the updated FPL when determining eligibility for: children under the age of 19 and pregnant women; COBRA Continuation Coverage for CCBs; the AIDS Health Insurance Program for persons with AIDS or HIV-related illness; the Medicare Savings Program including QMBs, SLIMBs, QDWIs and QI-1s; the MBI-WPD program, the Family Health Plus program; and the FPBP.

There is no resource standard for children under the age of 19 when their income is being compared to the FPL, or for persons with AIDS or HIV-related illness who are applying for benefits under the AIDS Health Insurance Program. There is never a resource standard for infants under the age of one or pregnant women applying for Medicaid. There is never a resource test for individuals applying for the FPBP. The resource standard for Family Health Plus is three (3) times the Medicaid resource standard. The resource standard for the MBI-WPD program is \$10,000 for a one- or two-person household. The resource standards for QMBs, SLIMBs, QDWIs, and qualified CCBs remain at \$4,000 for a one-person household and \$6,000 for a two-person household. There is no resource test for QI-1s.

V. ADDITIONAL INFORMATION

A. NOTICE REQUIREMENTS

When rebudgeting under the new income standards results in a change in Medicaid spend down liability, the social services district must notify the recipient of the change in accordance with 89 ADM-21. Social services districts are reminded that in instances in which there is a decrease in the monthly spend down liability, recipients must be notified in writing of such decrease in liability. Notices of change in coverage due to increased Social Security benefits are included with MBL Transmittals 04-2 and 05-6.

In accordance with 91 ADM-53, social services districts should make the "Notice to Potential Qualifying COBRA Continuation Beneficiaries" available to any individual requesting information concerning the COBRA Continuation Program and to any individual who has health insurance coverage as the spouse or dependent child of a covered employee. Social services districts must update the federal poverty lines for one- and two-person households on page two of the notice to reflect the January 1, 2006 revision.

B. 249E AND 503 CASES

Social services districts are reminded that for applicants eligible under the provisions of Section 249E of Public Law 92-603, as amended by Public Law 94-48, the amount of the October 1972 COLA increase in Social Security Retirement, Survivors and Disability Insurance (RSDI) benefits must be disregarded in determining Medicaid eligibility. Budgeting procedures as described in 85 ADM-3 should be followed using the new conversion figures of .202 to determine what the A/R's RSDI income would have been in August, 1972, and .960 to allow for the disregard of the 20 percent increase of October, 1972 effective January 1, 2005. Effective January 1, 2006, .194 and .961, respectively, are used.

In addition, applicants eligible under Section 503 of Public Law 94-566 ("Pickle" individuals) who became ineligible for SSI on or after April 1977 must have a determination of Medicaid eligibility based on the Social Security benefit at the time they became ineligible for SSI. Budgeting procedures as described in 85 ADM-35 and 87 ADM-27 should be followed.

NOTE: The SSI resource level for one person remains \$2,000 and for two persons remains \$3,000 on and after January 1, 2005 and January 1, 2006.



C. ALLOCATION

When allocating income to a non SSI-related child effective January 1, 2005, use the allocation amount of \$308. The allocation amount represents the difference between the Medicaid income standards for two- and one-person households.

The allocation amount must equal at least the difference between the federal benefit rates (FBR) for two- and one-person households. When allocating income to a non SSI-related child effective January 1, 2006, use the allocation amount of \$301.

VI. SYSTEMS IMPLICATIONS

A. MBL UPSTATE

On November 24, 2004, MBL supported action on the January 1, 2005 Medicaid income and resource levels. MBL Transmittals 04-2 and 05-2 provided details related to system support. The 2005 Federal Poverty Levels were available on production March 7, 2005.

On November 21, 2005, MBL supported action on the January 1, 2006 Medicaid income and resource levels. MBL Transmittals 05-6 and 06-1 provide details related to system support. The 2006 Federal Poverty Levels which were effective January 1, 2006 were available on production February 13, 2006.

B. MBL NYC

On January 29, 2005, MBL supported action on the January 1, 2005 Medicaid income and resource standards. Transmittals 2005.1 and 2005.3 provide details related to system support. The 2006 Federal Poverty Levels and were available on production, March 7, 2005.

On January 3, 2006, MBL supported action on the January 1, 2006 Medicaid income and resource levels. MBL Transmittals 2006.1 and 2006.2 provided details related to system support. The 2006 Federal Poverty Levels were available on production February 13, 2006.

VII. EFFECTIVE DATE

The provisions of this Administrative Directive are effective retroactively to January 1, 2005 and January 1, 2006 as described.

  
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Brian Wing, Deputy Commissioner  
Office of Medicaid Management

**NEW YORK STATE INCOME AND RESOURCE STANDARDS  
AND FEDERAL POVERTY LINES EFFECTIVE JANUARY 1, 2006**

HOUSE HOLD SIZE	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	Medicaid	FHPlus	
ONE	8,300	692	9,800	817	11,760	980	13,034	1,087	13,230	1,103	14,700	1,225	18,130	1,511	19,600	1,634	24,500	2,042	4,150	12,450	1
TWO	10,800	900	13,200	1,100	15,840	1,320	17,556	1,463	17,820	1,485	19,800	1,650	24,420	2,035	26,400	2,200	33,000	2,750	5,400	16,200	2
THREE	12,200	1,017	16,600	1,384			22,078	1,840			24,900	2,075	30,710	2,560	33,200	2,767	41,500	3,459	6,100	18,300	3
FOUR	12,300	1,025	20,000	1,667			26,600	2,217			30,000	2,500	37,000	3,084	40,000	3,334	50,000	4,167	6,150	18,450	4
FIVE	12,400	1,034	23,400	1,950			31,122	2,594			35,100	2,925	43,290	3,608	46,800	3,900	58,500	4,875	6,200	18,600	5
SIX	13,600	1,134	26,800	2,234			35,644	2,971			40,200	3,350	49,580	4,132	53,600	4,467	67,000	5,584	6,800	20,400	6
SEVEN	15,300	1,275	30,200	2,517			40,166	3,348			45,300	3,775	55,870	4,656	60,400	5,034	75,500	6,292	7,650	22,950	7
EIGHT	17,000	1,417	33,600	2,800			44,688	3,724			50,400	4,200	62,160	5,180	67,200	5,600	84,000	7,000	8,500	25,500	8
EACH ADD'L PERSON	1,700	142	3,400	284			4,522	377			5,100	425	6,290	525	6,800	567	8,500	709	850	2,550	+

SPOUSAL IMPOVERISHMENT	INCOME	RESOURCES
Community Spouse	2,489	99,540*
Institutionalized Spouse	50	4,150
Family Member Allowance	1650 is used in the FMA formula the maximum allowance is 550	N/A

\*In determining the community resource allowance on and after January 1, 2006, 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 \$99,540. 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	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES COLA 4.1%; actual FPLs
		1	2	1	2	
<b>PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN</b>	100% FPL 200%FPL	N/A N/A	1,100 2,200	NO RESOURCE TEST		Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility.
<b>PREGNANT WOMEN</b>	100% FPL 200%FPL	N/A N/A	1,100 2,200	NO RESOURCE TEST		If the woman is determined eligible in any month of her pregnancy, she is guaranteed eligibility for the entire pregnancy (prospectively). If the A/R applies prior to the birth of the child she is entitled to a 60 day post-partum extension also. The baby will have guaranteed eligibility for one year. If the income is above 200% FPL the A/R must spenddown to the Medicaid income level.
<b>CHILDREN UNDER ONE</b>	200%FPL	1,634	2,200	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 extension.
<b>CHILDREN AGE 1 THROUGH 5</b>	133% FPL	1,087	1,463	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	817	1,100	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	692	900	4,150	5,400	FNP parents cannot spenddown.
<b>SINGLES/CHILDLESS COUPLES</b>	PA STANDARD OF NEED	VARIABLES BY COUNTY	VARIABLES BY COUNTY	2,000	2,000	The A/R cannot spenddown income or resources. Over age 60, resources are \$3000.
<b>LOW INCOME FAMILIES</b>	PA STANDARD OF NEED	VARIABLES BY COUNTY	VARIABLES BY COUNTY	3,000	3,000	The A/R cannot spenddown income or resources.
<b>SSI-RELATED</b>	MEDICAID LEVEL	692	900	4,150	5,400	Household size is always one or two.
<b>BUY-IN (QMB)</b>	100%FPL	817	1,100	4,000	6,000	Medicare Part A & B, coinsurance, deductible and premium will be paid if eligible.
<b>COBRA CONTINUATION COVERAGE</b>	100%FPL	817	1,100	4,000	6,000	A/R may or may not be eligible for Medical Assistance benefits.
<b>AIDS INSURANCE</b>	185%FPL	1,511	2,035	NO RESOURCE TEST		A/R must be ineligible for Medicaid, including COBRA continuation. Premium payments are FNP.
<b>QUALIFIED DISABLED &amp; WORKING INDIVIDUAL</b>	200%FPL	1,634	2,200	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%	817	1,100	4,000	6,000	If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
		980	1,320			
<b>QUALIFIED INDIVIDUALS (QI-1)</b>	BETWEEN 120% BUT LESS THAN 135% FPL	980	1,320	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare part B premium.
		1,103	1,485			
<b>FAMILY HEALTH PLUS PARENTS LIVING WITH CHILDREN SINGLES/CHILDLESS COUPLES</b>	150%	1,225	1,650	12,450	16,200	The A/R must be ineligible for Medical Assistance. The A/R cannot spenddown to become eligible for Family Health Plus.
	100%	817	1,100	12,450	16,200	
<b>FAMILY PLANNING BENEFIT PROGRAM</b>	200%	1,634	2,200	NO RESOURCE TEST		The A/R must be ineligible for Medical Assistance or Family Health Plus. The A/R cannot spenddown to become eligible for the Family Planning Benefit Program..

**NEW YORK STATE INCOME AND RESOURCE STANDARDS  
AND FEDERAL POVERTY LINES EFFECTIVE JANUARY 1, 2005**

HOUSE HOLD SIZE	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	Medicaid	FHPlus**	
ONE	8,000	667	9,570	798	11,484	957	12,729	1,061	12,920	1,077	14,355	1,197	17,705	1,476	19,140	1,595	23,925	1,994	4,000	12,000	1
TWO	11,700	975	12,830	1,070	15,396	1,283	17,064	1,422	17,321	1,444	19,245	1,604	23,736	1,978	25,660	2,139	32,075	2,673	5,850	17,550	2
THREE	11,800	984	16,090	1,341			21,400	1,784			24,135	2,012	29,767	2,481	32,180	2,682	40,225	3,353	5,900	17,700	3
FOUR	11,900	992	19,350	1,613			25,736	2,145			29,025	2,419	35,798	2,984	38,700	3,225	48,375	4,032	5,950	17,850	4
FIVE	12,000	1,000	22,610	1,885			30,072	2,506			33,915	2,827	41,829	3,486	45,220	3,769	56,525	4,711	6,000	18,000	5
SIX	13,600	1,134	25,870	2,156			34,408	2,868			38,805	3,234	47,860	3,989	51,740	4,312	64,675	5,390	6,800	20,400	6
SEVEN	15,300	1,275	29,130	2,428			38,743	3,229			43,695	3,642	53,891	4,491	58,260	4,855	72,825	6,069	7,650	22,950	7
EIGHT	17,000	1,417	32,390	2,700			43,079	3,590			48,585	4,049	59,922	4,994	64,780	5,399	80,975	6,748	8,500	25,500	8
EACH ADD'L PERSON	1,700	142	3,260	272			4,336	362			4,890	408	6,031	503	6,520	544	8,150	680	850	2,550	+

SPOUSAL IMPOVERISHMENT	INCOME	RESOURCES
Community Spouse	2,378	95,100 *
Institutionalized Spouse	50	4,000
Family Member Allowance	1604 is used in the FMA formula the maximum allowance is 535	N/A

\*In determining the community resource allowance on and after January 1, 2005, 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 \$95,100. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989.

\*\* The FHPlus resource levels are effective August 1, 2005

CATEGORY	INCOME COMPARED	HOUSEHOLD SIZE		RESOURCE LEVEL		SPECIAL NOTES COLA 2.7%; inflation rate 2.6% estimate 01/01/05
		1	2	1	2	
PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	100% FPL 200%FPL	N/A N/A	1,070 2,139	NO RESOURCE TEST		Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility.
PREGNANT WOMEN	100% FPL 200%FPL	N/A N/A	1,070 2,139	NO RESOURCE TEST		If the woman is determined eligible in any month of her pregnancy, she is guaranteed eligibility for the entire pregnancy (prospectively). If the A/R applies prior to the birth of the child she is entitled to a 60 day post-partum extension also. The baby will have guaranteed eligibility for one year. If the income is above 200% FPL the A/R must spenddown to the Medicaid income level.
CHILDREN UNDER ONE	200%FPL	1,595	2,139	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 extension.
CHILDREN AGE 1 THROUGH 5	133% FPL	1,061	1,422	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	798	1,070	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 SINGLES/CHILDLESS COUPLES	MEDICAID LEVEL	667	975	\$4,000.00	\$5,850.00	FNP parents cannot spenddown.
LOW INCOME FAMILIES	PA STANDARD OF NEED	VARIES BY COUNTY	VARIES BY COUNTY	\$2,000.00	\$2,000.00	The A/R cannot spenddown income or resources. Over age 60, resources are \$3000.
SSI-RELATED	MEDICAID LEVEL	667	975	\$4,000.00	\$5,850.00	Household size is always one or two.
BUY-IN (QMB)	100%FPL	798	1,070	\$4,000.00	\$6,000.00	Medicare Part A & B, coinsurance, deductible and premium will be paid if eligible.
COBRA CONTINUATION COVERAGE	100%FPL	798	1,070	\$4,000.00	\$6,000.00	A/R may or may not be eligible for Medical Assistance benefits.
AIDS INSURANCE	185%FPL	1,476	1,978	NO RESOURCE TEST		A/R must be ineligible for Medicaid, including COBRA continuation. Premium payments are FNP.
QUALIFIED WORKING & DISABLED INDIVIDUALS	200%FPL	1,595	2,139	\$4,000.00	\$6,000.00	Medicaid will pay Medicare Part A premium.
SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLIMBS)	BETWEEN 100% BUT LESS THAN 120%	798 957	1,070 1,283	\$4,000.00	\$6,000.00	If the A/R is determined eligible, Medicaid will pay Medicare Part B premium.
QUALIFIED INDIVIDUALS (QI-1)	BETWEEN 120% BUT LESS THAN 135% FPL	957 1,077	1,283 1,444	NO RESOURCE TEST		If the A/R is determined eligible, Medicaid will pay Medicare part B premium.
FAMILY HEALTH PLUS PARENTS LIVING WITH CHILDREN SINGLES/CHILDLESS COUPLES	150% 100%	1197 798	1,604 1,070	\$12,000.00 \$12,000.00	\$17,550.00 \$17,550.00	The A/R must be ineligible for Medical Assistance. The A/R cannot spenddown to become eligible for Family Health Plus.
FAMILY PLANNING BENEFIT PROGRAM	200%	1,595	2,139	NO RESOURCE TEST		The A/R must be ineligible for Medical Assistance or Family Health Plus. The A/R cannot spenddown to become eligible for the Family Planning Benefit Program..