



# MEDICAID FINANCIAL LEVELS

Effective January 1, 2025

## 1. COMMUNITY-BASED MEDICAID-FOR HOME CARE, ADULT DAY PROGRAM, HOSPITAL STAY, OUTPATIENT REHAB (ONE MONTH LOOK BACK PERIOD)

| <u>APPLICANT</u><br>Who is aged, blind or disabled  | <u>MEDICAID MONTHLY INCOME</u> | <u>MEDICAID YEARLY INCOME</u> | <u>MEDICAID RESOURCE LEVEL</u><br>(1.5 x annual income)  | <u>INCOME SPEND DOWN</u> |
|---|--------------------------------|-------------------------------|--|--------------------------|
| One (1) person household                            | \$1,732*                       | \$20,783                      | \$31,175   |                          |
| Two (2) person household<br>(If all are applicants) | \$2,351*                       | \$28,208                      | \$42,312   |                          |
| Married Couple                                      | \$3,948.00                     |                               | \$74,820, or the spousal share (one-half of a married couple's resources) up to a maximum of \$157,920** |                          |

## 2. INSTITUTIONAL-BASED MEDICAID-NURSING HOME & HOSPITAL STAYS (5YR. LOOK BACK PERIOD)

| <u>APPLICANT</u><br>Who is admitted for Long Term Care | <u>MEDICAID MONTHLY INCOME</u> | <u>MEDICAID RESOURCE LEVEL</u>  |
|--|--------------------------------|---|
| Individual   | \$50                           | \$31,175  |
| Non-Institutional Community Spouse                     | \$3,948.00                     | \$74,820 or the spousal share (one-half of a married couple's resources) up to a maximum of \$157,920** |

## 3. NYS MEDICAID REGIONAL RATES FOR AVERAGE COST OF NURSING HOME CARE TO BE USED IN DETERMINING TRANSFER PENALTY PERIOD AS OF 2025:

- |                  |          |                          |          |
|------------------|----------|--------------------------|----------|
| a. Central       | \$13,042 | e. Northern Metropolitan | \$14,569 |
| b. Long Island   | \$14,914 | f. Rochester             | \$15,127 |
| c. New York City | \$14,582 | g. Western               | \$12,842 |
| d. Northeastern  | \$13,916 |                          |          |

## 4. MEDICARE FACTS:

a. The Medicare Part B premium deducted from monthly social security benefits. Based on following income levels for new enrollees in the system:

- |                          |          |                          |          |
|--------------------------|----------|--------------------------|----------|
| - Up to \$106,000        | \$185.00 | - \$167,000 to \$200,000 | \$480.90 |
| - \$106,000 to \$133,000 | \$259.00 | - \$200,000 to \$500,000 | \$591.90 |
| - \$133,000 to \$167,000 | \$370.00 | - \$500,000 and over     | \$628.90 |

b. Medicare co-payment for Skilled Nursing Facility is \$209.50

c. Medicare hospital deductible per benefit period is \$1,676.00

\*Plus a \$20 disregard

\*\*Higher amounts may be kept under the "Spousal Refusal" provisions

## 5. HOME EQUITY MAXIMUM: \$1,097,000

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