MEDICAID FINANCIAL LEVELS

GRIMALDI YEUNG LAW GROUP

Effective January 1, 2025

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

APPLICANT Who is aged, blind or disabled	MEDICAID MONTHLY INCOME	MEDICAID YEARLY INCOME	MEDICAID RESOURCE LEVEL (1.5 x annual income)	INCOME SPEND DOWN
One (1) person household	$1,800*	$21,597	$32,396	
Two (2) person household (If all are applicants)	$2,433*	$29,187	$43,781	
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)

APPLICANT Who is admitted for Long Term Care	MEDICAID MONTHLY INCOME	MEDICAID RESOURCE LEVEL
Individual	$50	$32,396
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