

MEDICAID FINANCIAL LEVELS

Effective January 1, 2026

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

<u>APPLICANT</u> Who is aged, blind or disabled	<u>MEDICAID MONTHLY INCOME</u>	<u>MEDICAID YEARLY INCOME</u>	<u>MEDICAID RESOURCE LEVEL</u> (1.5 x annual income)	<u>INCOME SPEND DOWN</u>
One (1) person household	\$1,836*	\$22,025	\$33,038	
Two (2) person household (If all are applicants)	\$2,489*	\$29,864	\$44,796	
Married Couple	\$4,066.50		\$74,820 or the spousal share (one-half of a married couple's resources) up to a maximum of \$162,660**	

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

<u>APPLICANT</u> Who is admitted for Long Term Care	<u>MEDICAID MONTHLY INCOME</u>	<u>MEDICAID RESOURCE LEVEL</u>
Individual	\$50	\$33,038
Non-Institutional Community Spouse	\$4,066.50	\$74,820 or the spousal share (one-half of a married couple's resources) up to a maximum of \$162,660**

3. NYS MEDICAID REGIONAL RATES FOR AVERAGE COST OF NURSING HOME CARE TO BE USED IN DETERMINING TRANSFER PENALTY PERIOD AS OF 2026:

a. Central	\$14,146	e. Northern Metropolitan	\$15,024
b. Long Island	\$15,193	f. Rochester	\$15,675
c. New York City	\$15,282	g. Western	\$13,765
d. Northeastern	\$14,783		

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 \$109,000	\$202.90	- \$171,000 to \$205,000	\$527.50
- \$109,000 to \$137,000	\$284.10	- \$205,000 to \$500,000	\$649.20
- \$137,000 to \$171,000	\$405.80	- \$500,000 and over	\$689.90

b. Medicare co-payment for Skilled Nursing Facility is \$217.00

c. Medicare hospital deductible per benefit period is \$1,736.00

*Plus a \$20 disregard

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

5. HOME EQUITY MAXIMUM: \$1,130,000

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