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Revision: HCFA-PM-91-4
August 1991

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OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: New York

Income Levels (Continued)

D. Medically Needy

Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on the attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for ___ months.	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007	Net income for persons living in rural areas for ___ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007
	<input type="checkbox"/> Urban Only <input type="checkbox"/> Urban & Rural			
1	\$ 8,300 *	\$	\$	\$
2	\$ 10,400 *	\$	\$	\$
3	\$ 12,300 *	\$	\$	\$
4	\$ 13,300	\$	\$	\$

*New York is using a disregard under Section 1902(r)(2) to allow income for households of one, two and three equal to \$8,400, \$10,800 and \$13,200 respectively. There shall be at least a one hundred differential among households of three or more.

TN#: 07-19

Approval Date: JUN 04 2009

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: New York

Income Levels (Continued)

D. Medically Needy

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for ___ months.	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007	Net income for persons living in rural areas for ___ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007
	___ Urban Only			
	___ Urban & Rural			
5	\$ 13,400	\$	\$	\$
6	\$ 13,600	\$	\$	\$
7	\$ 15,300	\$	\$	\$
8	\$ 17,000	\$	\$	\$
9	\$ 18,700	\$	\$	\$
10	\$ 20,400	\$	\$	\$
For each additional Person add	\$ 1,700	\$	\$	\$

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OMB No. 0938-**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State: New York**Resource Levels** (Continued)B. Medically Needy
Applicable to all groups-

___ Except those specified below under the provision of section 1902 (f) of the Act.

<u>Family Sizes</u>	<u>Resource Level</u>
<u>1</u>	\$ <u>4,200</u>
<u>2</u>	\$ <u>5,400</u>
<u>3</u>	\$ <u>6,600</u>
<u>4</u>	\$ <u>6,650</u>
<u>5</u>	\$ <u>6,700</u>
<u>6</u>	\$ <u>6,800</u>
<u>7</u>	\$ <u>7,650</u>
<u>8</u>	\$ <u>8,500</u>
<u>9</u>	\$ <u>9,350</u>
<u>10</u>	\$ <u>10,200</u>

For each additional person \$ 850TN#: 07-19Approval Date: JUN 04 2009Supersedes TN#: 06-15Effective Date: APR 01 2007

State: New York

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Standards for Optional State Supplementary Payments

Payment Category	Administered by		Income Level				Income Disregard Employed
			<u>Gross</u>		<u>Net</u>		
Reasonable Classification	Federal	State	1 person	Couple	1 person	Couple	
(1)	(2)		(3)		(4)		(5)
Living Alone	X		300% of SSI FBR	300% of SSI FBR	710	1,038	As per CFR 416. Part K
Living w/ others	X		300%	300%	646	980	300%
Level I Family Care NYC, Nassau, Rockland, Suffolk, Westchester Counties	X		300%	300%	889.48	1,778.96	
Rest of State	X				851.48	1,702.96	
Level II Residential Care NYC, Nassau, Rockland, Suffolk, Westchester Counties	X		300%	300%	1,058	2,116	
Rest of State	X				1,028	2,056	
Level III Enhanced Residential Care NYC, Nassau, Rockland, Suffolk, Westchester Counties and Rest of State	X		300%	300%	1,264	2,528	

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