

MEDICAID FINANCIAL LEVELS

Effective January 1, 2012

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	\$792*	\$9,500	\$14,250.00	
Two (2) person household (If all are applicants)	\$1,159*	\$13,900	\$20,850.00	

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	\$14,250.00
Non-Institutional Community Spouse	\$2,841	\$74,820 or the spousal share (one-half of a married couple's resources) up to a maximum of \$113,640.00**

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

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|------------------|----------|--------------------------|----------|
| a. Central | \$ 8,015 | e. Northern Metropolitan | \$10,335 |
| b. Long Island | \$11,849 | f. Rochester | \$ 9,363 |
| c. New York City | \$10,957 | g. Western | \$ 8,337 |
| d. Northeastern | \$ 8,540 | | |

4. MEDICARE FACTS:

- The Medicare Part B premium deducted from monthly social security benefits. Based on following income levels for new enrollees in the system:
 - Up to \$85,000-----\$ 99.90***
 - \$85,000 to \$107,000-----\$139.90
 - \$107,000 to \$160,000----\$199.90
 - \$160,000 to \$214,000----\$259.70
 - \$214,000 and over-----\$319.70
- Medicare co-payment for Skilled Nursing Facility is \$144.50
- Medicare hospital deductible per benefit period is \$1,156.00

* Plus a \$20 disregard.

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

***Individuals who have received Social Security payments & Medicare prior to 2011 will pay \$96.50