

RESOURCES

RESOURCE DOCUMENTATION REQUIREMENTS

Description: Resource documentation requirements vary depending on the Medicaid coverage option selected by the A/R. In some instances, the A/R is allowed to attest to the value of their resources.

Policy: Coverage options must be offered to all Medicaid A/Rs who have a resource test, including Single Individuals and Childless Couples (S/CCs).

References:

SSL Sect.	366-a(2)
Dept. Reg.	360-2.3(c)(3) 360-2.3 360-4.4 360-4.6(b)
ADM	04 OMM/ADM-6
INF	05 ADM/INF-2
GISs	05 MA/012 05 MA/004

Interpretation: When individuals, who have a resource test apply for Medicaid, they are asked to choose one of the following coverage options:

1. Community Coverage Without Long-Term Care;
2. Community Coverage with Community-Based Long-Term Care; or
3. Medicaid coverage for all covered care and services (this option is available only to individuals in Nursing Home Level of Care).

NOTE: There is no resource test for pregnant women and children under one year of age. There is also no resource test for children between the ages of one and 19 who have income below the applicable federal poverty level; for the Family Planning Benefit Program, Medicaid Cancer Treatment Program, or the Qualified Individual Program; or Qualified Medicare Beneficiary; or Specified Low Income Medicare Beneficiaries; or for policy holders who have utilized the minimum required benefits under a total asset Partnership for Long-Term Care insurance policy.