

RESOURCES

Effective for eligibility periods beginning on or after January 1, 2010 FHPlus and non-SSI-related Medicaid A/Rs will not have resources considered in determining eligibility. This change includes the following Medicaid categories: Singles/Childless Couples (S/CC), Low Income Families (LIF), ADC-related (including adults who spend down excess income to the Medicaid income level), children under 21 years of age when comparing income to the Medicaid income level (Under age 21), and parents living with their dependent child(ren) under age 21 with income at or below the Medicaid income level (FNP Parents).

In determining eligibility, resources are never considered for pregnant women and infants under one year of age. Resources are also not considered for children over age one but under age 19 if income is at or below the appropriate poverty level.

In addition, there is no resource test for applicants for the Family Planning Benefit Program, Medicaid Cancer Treatment Program, the Medicare Savings Program including the Qualified Individual Program (QI), Qualified Medicare Beneficiaries (QMB) and Specified Low Income Medicare Beneficiaries (SLIMB), AIDS Health Insurance Program (AHIP) and policy holders who have utilized the minimum required benefits under a total asset Partnership for Long-Term Care insurance policy. (See **RESOURCES** NEW YORK STATE PARTNERSHIP FOR LONG-TERM CARE)

Resource requirements continue to apply to SSI-related Medicaid A/Rs whose eligibility is determined using the SSI-related budgeting methodology, unless they are applying for Medicare Savings Program (MSP)-only. Qualified Disabled and Working Individuals (QDWIs) and applicants for the Medicaid Buy-In for Working People with Disabilities (MBI-WPD) have a resource test as do applicants for COBRA Continuation Coverage.

SSI-related Medicaid A/Rs, including MBI-WPD A/Rs, who are not seeking coverage of long-term care services, are allowed to attest to the amount of their resources rather than provide proof. However, if an SSI-related or MBI-WPD A/R is seeking Medicaid coverage of community-based long-term care services, the A/R must provide documentation of current resources only, and if otherwise eligible, is entitled to coverage of all Medicaid covered care and services, except for nursing facility services.