

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.

References:

SSL Sect.	366 366-a(2) 366-ee
Dept. Reg.	360-2.3(c)(3) 360-2.3 360-4.4 360-4.6(b)
ADMs	11 OHIP/ADM-1 10 OHIP/ADM-01 04 OMM/ADM-6
INF	05 ADM/INF-2
GISs	09 MA/027 05 MA/012 05 MA/004

Interpretation: When SSI-related 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: 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