

RESOURCES

EXCESS RESOURCES

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.

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)

Disposition:

- (1) Determine the value of the SSI-related applicant's resources as of the first day of the month for which the applicant is seeking coverage. If the SSI-related applicant is seeking coverage for medical bills during the three-month retroactive period (See **OTHER ELIGIBILITY REQUIREMENTS AUTHORIZATION**), the local district determines the value of the SSI-related applicant's resources as of the first day of the month for each retroactive month that the applicant is seeking coverage. Compare the SSI-related applicant's countable resources to the appropriate resource level.
- (2) Determine whether or not an irrevocable pre-need funeral agreement exists.
- (3) Determine the amount of the applicant's medical bills. Bills are applied against excess resources in the following order:
 - viable bills as of the first of the month for which the provider is seeking payment (viable bills are those that providers seek payment for and have not written off their books);
 - viable bills for medical expenses incurred during the month;
 - bills paid by the applicant during the month;
 - bills paid by public programs.

Public program bills are considered viable for up to six consecutive months after payment. The six-month count begins on the first day of the month for which Medicaid coverage is sought.