

CATEGORICAL FACTORS**UNDER AGE 21**

Documentation: Sufficient to establish an audit trail:

the date of birth, type of document, place and date of filing, and identifying numbers or the available document or name of the official who signed the document.

Disposition: When determining eligibility for a child under age 21 the net income of the child's household after applying the appropriate budgeting methodology is compared to the income level (Medically Needy level, Medicaid Standard or federal poverty level as appropriate). (See **INCOME MEDICALLY NEEDED LEVELS** for discussion of income level and **REFERENCE MEDICALLY NEEDED INCOME AND FEDERAL POVERTY LEVELS**) Treatment of the household's resources depends on the budgeting methodology used. (See **REFERENCE MEDICAID RESOURCE LEVELS**)

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: Single/Childless Couples (SCC), 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).

SSI-related individuals residing with children under age 21 may be LIF or ADC-related. If the SSI-related individual, not seeking long-term care services, LTC services, is eligible as LIF or ADC there is no resource test. 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**)