

RESOURCES

LEVELS

- Description:** The resource level is an amount of money and/or other resources which an A/R is allowed to retain as a reserve in order to meet any potential needs and still be eligible for Medicaid.
- Policy:** 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. If a child over age one has income in excess of the appropriate poverty level, resources are considered. In addition, there is no resource test for applicants for the Family Planning Benefit Program, Medicaid Cancer Treatment Program, the Medicare Savings Programs including the Qualified Individual Program (QI1), 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)
- References:**
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| SSL Sect. | 366.2 |
| Dept. Reg. | 360-4.7(a)(4)
360-4.8 |
| ADMs | OMM/ADM 97-2
90 ADM-42
89 ADM-38 |
- Interpretation:** When determining eligibility for Medicaid and Family Health Plus, a clear distinction is made between current income and resources. As described in the Income Section, income is considered in the month in which it is received. Any income remaining after the month in which it was received is generally considered a resource. All resources are reviewed and analyzed to determine if they are countable. All countable resources are added together and compared to the appropriate level. Treatment of resources that exceed these levels is discussed in **RESOURCES** EXCESS RESOURCES.

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