

**CATEGORICAL FACTORS**

**Policy:** The Medicaid eligibility determination process begins with a determination of an applicant's category. The applicant may be eligible for Medicaid in any one of the following categories:

receiving Supplemental Security Income (SSI);

eligible under Low Income Families (LIF);

eligible under Singles/Childless Couples (S/CC);

***ADC-related***  
***receiving Title IV-E Foster Care and Adoption Assistance (see page 169)***  
***Federal Poverty Level Programs (see page 115);***

SSI-related (Aged, certified blind/disabled);

under 21;

pregnant women; or

parents living with their dependent children under 21.

**References:**

SSL Sect.	366.1 453(1)(b)
Dept. Reg.	360-3.3 369 369.3(d)(1)
ADMs	OMM/ADM 97-2 94 ADM-12 93 ADM-34 87 ADM-22 82 ADM-24

**Interpretation:** The federal government participates in the cost of care for all categories except S/CC.

**NOTE:** New York State is currently providing Medicaid with federal participation to most recipients, regardless of category. This time limited waiver was granted pursuant to Section 1115 of the Social Security Act.

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Certain other persons are eligible for Medicaid as a result of their eligibility remaining in effect from a previous period of time. These persons are listed on page 42, Medicaid Extensions/Continuations.

### **Disposition:**

When the proper categorical relationship has been established, financial eligibility is determined according to the guidelines specified in the **Income** and **Resource** sections of this manual, in addition to any applicable requirements found in the **Other Eligibility Requirements** section.

This section describes the following categorical relationships and requirements:

Low Income Families (LIF);

ADC-Related;

SSI-Related;

Under 21;

Pregnant women;

**Parents** living with their dependent children under 21; and

Singles/Childless Couples (S/CC)

**Child Health Plus**

Medicaid Extensions/Continuations.