RESOURCES

EXCESS RESOURCES

Description: Countable resources in excess of the appropriate Medicaid level are considered available to meet the cost of medical care and services of SSI-related A/Rs. The countable value of all resources is determined as of the first day of the month for which the applicant is requesting Medicaid coverage.

Policy: SSI-related applicants, may be eligible for Medicaid coverage during a month in which their medical bills are equal to or greater than their excess resources.

References:

SSL Sect	366	
	366-ee	
Dept. Reg.	360-4.8(b)	
ADMs	10 OHIP/ADM-01	
	OMM/ADM 97-2	
	91 ADM-31	
	91 ADM-17	
GIS	09 MA/027	

Interpretation: An SSI-related applicant's resources are evaluated as of the first day of the month for which s/he is requesting coverage. Certain resources are disregarded (See **RESOURCES** MEDICAID RESOURCE LEVEL) when determining eligibility for Medicaid. Countable resources are compared to the appropriate Medicaid level. With the exception of transfers of the community spouse resource allowance, countable resources possessed by the applicant on the first day of a month are considered available in that month, even if subsequently transferred.

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).

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-1), 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.

RESOURCES

EXCESS RESOURCES

NOTE: Bills which are paid by the Child Health Plus program cannot be considered viable because a child can not be dually eligible for Medicaid and Child Health Plus.

In determining the amount of such bills, first deduct the amount of any third party payment or liability. Third party payments include, but are not limited to health insurance and payments by friends and/or non-applying, non-legally responsible relatives.

When the amount of the SSI-related applicant's medical bills (minus any third party payment or liability) equals or exceeds his/her excess resources, s/he is resource eligible. The excess resource amount is the amount of the client's liability.

NOTE: When an SSI-related applicant with excess resources also has excess income, excess income (See I**NCOME** EXCESS) and excess resource rules both apply. Bills or portions of bills applied to meet excess income cannot be applied to excess resources and vice versa.

A community case may be authorized for up to six (6) months of coverage. Coverage for an applicant residing in a medical facility may be authorized for up to 12 months. The SSI-related applicant is not required, as a condition of eligibility, to pay the medical bills used to determine his/her liability. When the local district is notified that the SSI-related applicant's resources have increased, that his/her viable medical bills are being paid by means other than his/her resources, or that the provider is no longer seeking payment for the bills, the case is reviewed to determine if the A/R is still eligible.

After the initial certification period, another snapshot comparison of resources to medical bills is made. The viability of incurred bills is reevaluated. The same viable bills (or portions of bills) used to offset excess resources may again be used to offset these resources if they continue to be available. If the amount of excess resources exceeds the amount of viable bills, the SSI-related A/R is no longer eligible and Medicaid is discontinued after appropriate notification. (See **OTHER ELIGIBILITY REQUIREMENTS** DECISION AND NOTIFICATION) Procedures to continue coverage depend upon what has happened to the resources and what viable bills remain.