CATEGORICAL FACTORS

UNDER AGE 21

Policy: Persons under the age of 21 are eligible for Medicaid if they meet all other eligibility requirements. For Medicaid purposes, a person under the age of 21 is a child.

References:

SSL Sect. 366
366.1(a) (5)
366-ee

Dept. Reg. 360-3.3(b) (3)

ADM 10 OHIP/ADM-01
01 OMM/ADM-05

GIS 09 MA/027

Interpretation: All children under age 21 regardless of school attendance, marital status or relationship to other members of the family are potentially eligible for Medicaid. The child's eligibility is first determined using Low Income Families (LIF) budgeting. (See **INCOME** LOW INCOME FAMILIES (LIF) BUDGETING METHODOLOGY) If the child is ineligible under LIF budgeting the child's eligibility is determined using the ADC-related budgeting methodology. (See **INCOME** ADC-RELATED DISREGARDS ADC-RELATED BUDGETING) If the child is ineligible under ADC-related budgeting and under the age of 19, the child's eligibility is determined under the appropriate expanded poverty level programs. If the child is certified blind or certified disabled his/her eligibility may be determined using SSI-related budgeting. (See **INCOME** SSI-RELATED BUDGETING METHODOLOGY) Children between the ages of 19 and 21, who are not determined eligible under the aforementioned categories, must have their eligibility evaluated under Family Health Plus. If the person is not eligible under FHP, eligibility is determined for the Family Planning Benefit Program, etc.

NOTE: Infants under age one (1) or a baby born to a woman in receipt of Medicaid, including FHPLus, FPBP, etc., at the time of birth, is automatically eligible for Medicaid until the end of the month the baby turns one (1). (See **CATEGORICAL FACTORS** MEDICAID EXTENSIONS/CONTINUATIONS)

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UNDER AGE 21

When to Verify: When a child is obviously under the age of twenty-one it is not necessary to verify age. However, since an A/R's date of birth is generally relevant at some point during the eligibility process, it is recommended that date of birth be verified at the first application. Once documented, it is not necessary to re-verify an A/R's date of birth. An application or recertification is never delayed or denied for lack of age verification when the child is obviously under twenty-one (21). A newborn's first name, sex, and date of birth are added to the case as soon as the district is informed of the birth, with the documentation obtained later.

Verification: The date of the birth (DOB) is acquired only once, preferably at first application for assistance provided by a program [Public Assistance (PA), Medicaid, Food Stamps (FS) or Services], since the information is not subject to change. The WMS inquiry or Clearance Report is sufficient, even if the information is entered by another district, unless there is reason to believe the system information is not correct or the A/R is misrepresenting himself or herself.

Examples of acceptable forms of verification:

When a newborn is entered on WMS by the Newborn System, the information on WMS is sufficient to verify age. The district may request a birth certificate, but if it is not provided the information on WMS is sufficient.

The district attempts to obtain verification from the applicant first.

Examples include:

- Birth Certificate
- Adoption papers
- Driver's License
- Immigration and Naturalization Service (INS) records
- Bureau of Vital Statistics records
- Church records
- Employer's records
- Baptismal Certificate
- Passport
- Census records
- Hospital records
- Physician records
- Marriage records
- SSA records

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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 I**NCOME** MEDICALLY NEEDY LEVELS for discussion of income level and **REFERENCE** MEDICALLY NEEDY 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-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)