

CATEGORICAL FACTORS

MEDICAID EXTENSIONS/CONTINUATIONS

access policy which allows recipients to access services on a fee-for-service basis as well as in the plan (if capitated). This guarantee does not apply to a recipient who: is incarcerated; dies; moves out of State or requests that his/her case be closed; is a pregnant woman with a net available income in excess of the medically needy income, but at or below 200% of the poverty level. (See **REFERENCE MEDICALLY NEEDY INCOME LEVELS**) Recipients receiving coverage under a guarantee who have excess income and SSI-related recipients who have resources spend down to gain Medicaid eligibility for services outside of their plans. (See **INCOME EXCESS** and **RESOURCES EXCESS RESOURCES**)

- (17) Children age 18 up to age 21 who are final-discharged from foster care and remain in New York State are eligible for Medicaid until the end of the month in which they turn 21. The Medicaid case for the child must contain necessary documentation including identity, citizenship/immigration status, residency, etc..

If it is determined, based on the address received from the foster care worker, that the child is residing in a different county, the "from district" must authorize Medicaid coverage for an initial 12 month period following the foster care discharge. Once authorized, the child's case can be transferred to the new district of residence using the provisions outline in 08 OHIP/LCM-1, "Continued Medicaid Eligibility for Recipients Who Change Residency (Luberto v.Daines)".

If it is beneficial, a child who moves back into the Medicaid household of his/her legally responsible parent(s) after discharge from foster care may be included in the household budget of the other family members. However, if including the child in the household is not beneficial, the child must remain eligible on his/her own case until his/her 21st. birthday.

This section also describes the following Medicaid provisions:

- Separate Medicaid Determinations (Rosenberg/Stenson);
- Section 249E of the Public Health Law 92-603;
- Pickle Eligible (formerly 503 cases);
- Disabled Adult Children (DAC); and
- Transitional Medicaid (TMA).