CATEGORICAL FACTORS

MEDICAID EXTENSIONS/CONTINUATIONS

(12) An individual under the age of 22, if the individual attained the age of 21 while receiving psychiatric services in a State hospital for the mentally disabled, is entitled to a one year extension;

(13) A child who was in receipt of SSI on August 22, 1996, and whose SSI payment was discontinued on or after July 1, 1997 due to the change in disability criteria as defined by the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, will continue to be eligible in the SSI-related category until the earliest event occurs:

a) the child reaches 18 years of age;

b) the child no longer meets the income and/or resource levels of the SSI program;

c) the child no longer meets the definition of disabled that was in effect prior to the PRWORA; or

d) the child fails to meet another Medicaid eligibility requirement;

(14) A refugee or a Cuban-Haitian entrant eligible under the Refugee Assistance Program (RAP) who becomes ineligible as a result of increased earnings from employment remains Medicaid eligible for the duration of the RAP eligibility period (currently eight (8) months from the date of entry into the United States). See page 485;

(15) Effective with determinations or redeterminations of eligibility made on or after January 1, 1999, children under the age of 19 will be guaranteed coverage for up to 12 months. Each time eligibility is determined, (i.e., at initial determination, and at every recertification or redetermination), children up to the age of 19 who are found **fully** eligible for Medicaid will be provided coverage for 12 months from the date of the determination or redetermination or until their 19th birthday, whichever is sooner, regardless of any changes in income or circumstances. It also applies to children in families who are in Public Assistance cases and receiving Medicaid. It

does not apply to children who are non-qualified aliens seeking coverage for emergency medical treatment, to children eligible with a spenddown; or to children only eligible using the SSI-related budgeting methodology;

NOTE: Children whose last eligibility determination was made at any time prior to January 1, 1999, are not entitled to this 12 month guarantee of coverage.

(16) An individual enrolled in a Managed Care Organization (MCO) is guaranteed six months of Medicaid coverage for the capitated benefits offered through the MCO even if he or she loses Medicaid eligibility. The six-month period of eligibility starts on the recipient's effective date of enrollment in an MCO and continues through the end of the sixth month. Enrollees who are no longer Medicaid eligible and are in guaranteed eligibility status receive pharmacy services through the fee-for-services program and family planning services through free 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 the LDSS is unable to locate; was fraudulent during the application process; is a pregnant woman with a net available income in excess of the medically needy income, but at or below 185% of the poverty level (see page 115); or is a single adult or member of a childless couple and is not pregnant, aged, blind, or disabled and commits an Intentional Program Violation (IPV) prior to the first month enrolled in the managed care plan. Recipients receiving coverage under a guarantee who have excess income/resources spend down to gain Medicaid eligibility for services outside of their plans (see pages 239 and 339).

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).