



LEGAL

SERVICES

INCORPORATED

Medicaid

WHAT IS MEDICAID?

Medicaid is a health insurance program funded by federal and state monies for persons with limited income and resources. The program helps pay for medical costs like doctor visits, hospital care, nursing care, and medical-aid devices. Coverage extends to individuals with no medical insurance as well as those with inadequate medical insurance, so long as certain income and resource requirements are met.

WHO IS ELIGIBLE TO APPLY?

All U.S. citizens and lawful permanent residents (including those permanently residing under color of law (PRUCOL)) residing in New York may apply for Medicaid.¹ Eligibility primarily depends upon two variables: (1) Income – any money earned or unearned that is received from any source and (2) Resources – savings, property, or any other assets. Additionally, depending upon what category an individual falls into, there may be some variation as to how much income and resources may be maintained. In the instances where income and/or resources are too great, the individual may be eligible for Medicaid with a *Spend-Down* (see MFY Fact Sheet “Medicaid Spend-Down Program” for more information) or, if the person is disabled, a *Special Needs Trust*.

The **FIRST STEP** is to select what category applies to your situation. See Below.

CATEGORY 1* (Federal Category)

- **SSI Related Recipients**
 - Aged: 65 years and older
 - Blind: certified blind
 - Disabled: SSI Recipients (automatic qualification) or certified as disabled by Medicaid
- **ADC – Aid to Dependent Children**
 - Family with child(ren) under age 21
 - Persons under age 21
 - Pregnant Women

CATEGORY 2 (NY State Only Category)

- **S/CC – Single Individuals and Childless Couples**

*Only Category available for Medicaid with a *Spend-Down*.

The **SECOND STEP** is to find the Chart that corresponds with your Category. Based upon family size, determine your income and resource maximums.² Note: With respect to pregnant women and children through their 18th year, if they do not qualify under ADC, they may be eligible under “Expanded Levels” which have no resource test.

¹ Undocumented immigrants are ONLY eligible for Medicaid coverage for pregnancy or a medical emergency.

² Individuals who receive SSI and Public Assistance as well as foster care children and unrelated household members should *not* be included in the family size.

SSI-RELATED 2008 MEDICAID INCOME AND RESOURCE LEVELS (Adults 65 and older, Blind, or Disabled) (See MFY Fact Sheet "How to Maintain SSI Benefits to Ensure Medicaid Coverage" for more information)							
Family Size	1	2	3	4	5	6	For each add'l
Net Monthly Income	\$725	\$1,067	\$1,234	\$1,392	\$1,550	\$1,709	+159
Resources	\$13,050	\$19,200	\$22,200	\$25,050	\$27,900	\$30,750	+2,850

ADC-RELATED 2008 MEDICAID INCOME AND RESOURCE LEVELS (Adults caring for child(ren) under Age 21, Pregnant Women, or Persons under Age 21)							
Family Size	1	2	3	4	5	6	For each add'l
Net Monthly Income	\$725	\$1,067	\$1,234	\$1,392	\$1,550	\$1,709	+159
Resources	\$13,050	\$19,200	\$22,200	\$25,050	\$27,900	\$30,750	+2,850

EXPANDED LEVELS 2008 MEDICAID INCOME LEVELS (Pregnant Women – Family Size begins with two)								
Family Size		1	2	3	4	5	6	Each add'l
Net Monthly Income	Full Coverage		\$1,167	\$1,467	\$1,767	\$2,067	\$2,367	+300
	Prenatal Coverage		\$2,334	\$2,934	\$3,534	\$4,134	\$4,734	+600

EXPANDED LEVELS 2008 MEDICAID INCOME LEVELS (Children)								
Family Size		1	2	3	4	5	6	For each add'l
Net Monthly Income	Birth to 1	\$1,734	\$2,334	\$2,934	\$3,534	\$4,134	\$4,734	+600
	Ages 1 to 5	\$1,153	\$1,552	\$1,951	\$2,350	\$2,749	\$3,148	+399
	Ages 6 to 18	\$867	\$1,167	\$1,467	\$1,767	\$2,067	\$2,367	+300

S/CC 2008 MEDICAID INCOME AND RESOURCE LEVELS (Single Individuals and Childless Couples)		
Family Size	1	2
Net Monthly Income	\$352.10	\$468.50
Resources	\$2000 Ceiling for Singles/Childless Couples (\$3000 if H/H member is 60-64)	

If your income is higher than allowable in these categories, you may still be eligible for state-subsidized private health insurance plans. (See MFY Fact Sheets "Health Insurance for Low-Income Workers – Family Health Plus" and "Alternative Health Care Options for Working Individuals" for more information).

WHAT SERVICES WILL BE COVERED?

Federally Mandated Services include:

- Inpatient/Outpatient Hospital Care
- Laboratory Tests and X-Ray Services
- Physician's Services
- Family Planning Services
- Nurse Midwife Services
- Pediatric and Family Nurse Practitioner Services
- Skilled Nursing Facility Services for Persons Over Age 21
- Home Health Care Services including: Medical Home Health Services, Personal Care Services, Private Duty Nursing
- Early and Periodic Screening Diagnosis and Treatment (EPSDT) for Persons Under Age 21

Note: Optional services also included with EPSDT category

- Medical Transportation

Optional Services New York State offers:

- Prescription Drugs
- Sickroom Supplies
- Personal Care Services
- Eyeglasses, Hearing Aids
- Prosthetic Appliances
- Physical Therapy and Rehabilitation Services
- Dental Care
- Emergency Hospital Services
- Psychologist Services

HOW DO I APPLY?

Individuals may apply by mail, telephone or in-person at the local Department of Social Services (DSS) office or through a Facilitated Enroller.

For a listing of local DSS offices or information on how to apply if homebound, call:

HRA Medicaid Helpline (NYC)
(888) 692-6116; or
HRA Info Line (877) 472-8411

To locate a Facilitated Enroller, call:
(don't worry that it seems FHP specific)

Family Health Plus Info Line
(877) 934-7587; or visit this website:
<http://www.health.state.ny.us/nysdoh/fhp/lus/where.htm>

Pregnant women with a verified pregnancy can apply through the Prenatal Care Assistance Program (PCAP). These offices, typically hospitals, clinics and the like, do presumptive eligibility, meaning a pregnant woman will be able to receive immediate services for prenatal care up to 45 days depending on a full Medicaid determination.

For a PCAP clinic call the Women's Health Line:

(800) 698-0411 – After selecting language choose Option 3

WHEN I GO TO APPLY, WHAT SHOULD I BRING?

You should gather the following items:

- Proof of your age (birth certificate)
- Proof of citizenship or immigration status (passport or green card)
- Recent pay stubs if you have a job
- Proof of income from government sources like Social Security (retirement and disability insurance), Supplemental Security Income or Veterans benefits
- Proof of where you live, like a receipt for rent, utility bills in your name or a copy of your lease
- Insurance card if you have other insurance
- Medicare Benefit Card if you already have one

You will need to show these items so that the interviewer can determine whether or not you are eligible for Medicaid benefits.

WHAT ARE MY RIGHTS?

A local district must determine if you are eligible and issue a notice of acceptance or denial within 45 days of the date of your application. If you are pregnant or applying on behalf of children, the time period is 30 days from the initial application date. If you are applying and have a disability which must be evaluated, it may take up to 90 days to determine eligibility.

If you are dissatisfied with a decision made by the local social services district, you may request a conference with the agency. You may also appeal to the New York State Office of Temporary and Disability Assistance (OTADA) and request a Fair Hearing.

To request a conference with the agency call:

Conference Unit
(212) 630-0996/7/8

To request a Fair Hearing call:

OTADA – (800) 342-3334;
Via Fax: (518) 473-6735;
Online: www.otda.state.ny.us/oah
In Person: 330 W34th Street, 3FL
(between 8th & 9th Avenues)