

**TO:** Local District Commissioners, Medicaid Directors

**FROM:** Judith Arnold, Director  
Division of Coverage and Enrollment

**SUBJECT:** Elimination of the Resource Test for Non-SSI-Related Medicaid Applicants/Recipients

**EFFECTIVE DATE:** Immediately

**CONTACT PERSON:** Local District Liaison  
Upstate: (518)474-8887 New York City: (212)417-4500

The purpose of this General Information System (GIS) message is to advise local social services districts that effective January 1, 2010, the resource test will be eliminated for Medicaid applicants/recipients (A/Rs) who are not aged (65 or over), certified blind or certified disabled. The resource test will also be eliminated for all Family Health Plus (FHPlus) A/Rs. MBL changes to support this policy will be available December 21, 2009, and WMS changes will be included in the February, 2010 migration.

For SSI-Related individuals where eligibility is determined using the SSI-Related budgeting methodology, (Categorical Codes 10 (Aged), 11 (Blind), 12 (Disabled), 70 (Medicaid Buy-In - Disabled Basic Group) and 71 (Medicaid Buy-In - Medically Improved)), there continues to be a resource test. Eligibility for COBRA Continuation Coverage continues to require a resource test, regardless of the individual's category, because the SSI-Related budgeting methodology is used to determine COBRA Continuation Coverage eligibility. Elimination of the resource test for Medicare Savings Program (MSP) individuals is addressed in GIS 08 MA/016.

If a certified blind or certified disabled A/R is not otherwise eligible for Medicaid, but qualifies for FHPlus, there is no resource test in determining the individual's eligibility for FHPlus.

An SSI-Related individual who also meets the requirements of the ADC-Related category of assistance has a choice between the ADC-Related budget or the SSI-related budget. If the individual's income eligibility is the same under both budgets and the individual is not eligible for, or does not wish to participate in the Medicaid Buy-In for Working People with Disabilities, the individual should be given the ADC-Related category of assistance, since benefits under this category are not limited based on resource documentation. An SSI-Related individual cannot have eligibility determined under the S/CC category of assistance. This rescinds instructions previously provided in GIS 08 MA/022, which allowed SSI-Related A/Rs to use an S/CC budget, if more advantageous.

**Medicaid Renewals Prior to December 21, 2009 for Budgets Effective January 1, 2010**

For renewals completed prior to December 21, 2009, with an effective authorization "From" date of January 1, 2010:

- For budget types 01 (ADC-Related) and 02 (Singles/Childless Couples), resource information is not to be entered in MBL.

- WMS will not support the new policy of allowing a Resource Verification Indicator (RVI) code of 9 (exempt from resource verification) and coverage code of 01 (full coverage) or 02 (outpatient coverage) with ADC-Related or S/CC Individual Categorical Codes until the February, 2010 migration. Therefore, until the migration, district workers should continue to authorize non-SSI-Related cases with existing RVI 3 (attest to value of current resources) or RVI 2 (document current resources), even though they are no longer subject to a resource test.
- For combination budget types 05 (SSI-Related/ADC-Related) and 06 (SSI-Related/SCC), resource information is required on MBL in order to determine eligibility for the SSI-Related person. Until December 21, 2009, MBL will continue to display resource information on the non-SSI-Related budget. However, districts must not discontinue Medicaid coverage for a non-SSI-Related family member due to excess resources or for failure to provide resource information. The case must continue to be authorized with the RVI code that is applicable to the SSI-Related member of the household.

**Medicaid Renewals on or After December 21, 2009 for Budgets Effective January 1, 2010**

Same as above except:

- For budget types 01 and 02, MBL will not allow entry of resources.
- For budget types 05 and 06, resources must be entered but MBL will not calculate or display resources for the non-SSI-Related portion of the combined budget, nor will it display resources for an MSP-only individual.

**Conversion of Existing RVIs/Coverage Codes**

As part of the February 2010 WMS migration, certain RVI codes will be converted as appropriate. Details will be made available in a forthcoming ADM. Until that time, when updating or renewing cases, workers should continue to authorize non-SSI-Related cases with existing RVIs of 2 or 3.

**Applications and Renewals** - Until revisions are made, the Access NY application and the Medicaid renewal form will continue to ask for resource information. However, for budgets beginning January 1, 2010, districts must not pursue resource information/documentation for individuals who do not have a resource test.

**Client Notices System (CNS)**

A system generated notice will be sent to non-SSI-Related Medicaid recipients at the time of the RVI/Coverage Code conversion informing them of their change in coverage.

CNS changes will be made with the February 2010 migration. Until that time, local district workers should not use resource related CNS codes or messages for FHPlus or non-SSI-Related Medicaid individuals that refer to Medicaid or Family Health Plus ineligibility due to resources. Upstate, these reason codes are:

**Acceptance Reason Codes**

S57, S59, S60, S61, S66, S67, S80, S58

**Discontinuance Reason Codes**

V94, U57, U58, U91, X48, X15, X17, U33

**Denial Reason Codes**

X50, U73, U35, U34, X45, X46, X47, U49, U62, U64, S88, U74, U63, X44

**Undercare Reason Codes**

V79, V77, V78, V93, V95, S25, S20/BG, S20/BE, S20/CG, S20/CE

An Administrative Directive advising districts of associated policy changes will be forthcoming.

Please direct any questions to the Local District Support Unit at (518) 474-8887 Upstate and (212) 417-4500 for NYC.