



Cúram 8.2

**Cúram Income Support for Medical
Assistance Program Guide**

Note

Before using this information and the product it supports, read the information in [Notices on page 85](#)

Edition

This edition applies to Cúram 8.2.

© Merative US L.P. 2012, 2025

Merative and the Merative Logo are trademarks of Merative US L.P. in the United States and other countries.

Contents

Note.....	
Edition.....	
1 Cúram Income Support for Medical Assistance (Traditional) Program overview.....	11
1.1 Overview of Medical Assistance Rule Sets.....	11
Medical Assistance Coverage Types.....	11
Medical Assistance Eligibility Rules.....	13
Cascading Eligibility.....	14
1.2 Common Rules - Non-Financial Requirements.....	18
Citizenship.....	18
Social Security Number.....	20
Residency.....	21
1.3 Common Rules - Dependent Child.....	22
Deprivation of Support.....	23
1.4 Common Rules - Alien Sponsor.....	24
1.5 Family - Common Resource Rules.....	25
1.6 Family - Common Income Rules.....	26
1.7 Adult - Common Resource Rules.....	29
Total Countable Resources.....	29
Resource Deeming.....	30
1.8 Adult - Common Income Rules.....	32
Total Countable Income.....	32
Income Deeming.....	35
Income Deductions.....	38
1.9 Low Income Families with Children Medical Assistance Rules.....	39
Household Composition.....	40
Temporary Absence.....	42
Household Determination.....	42
Resource Rules.....	43
Income Rules.....	44
1.10 Transitional LIFC Medical Assistance Rules.....	44
Transitional Medical Assistance Eligibility Determination.....	44
Household Composition.....	45
Transitional Medical Assistance Eligibility Period.....	45
Income Reporting Requirements.....	47
Reinstatement of Transitional Medical Assistance.....	48
1.11 Extended LIFC Medical Assistance Rules.....	48
1.12 Children Medical Assistance Rules.....	49

Common Rules.....	49
Income Rules.....	51
1.13 Pregnant Women Medical Assistance Rules.....	51
1.14 Newborn Medical Assistance Rules.....	53
1.15 Title IV-E Adoption Medical Assistance Rules.....	53
1.16 Title IV-E Foster Care Medical Assistance Rules.....	54
1.17 Medically Needy Children Medical Assistance.....	54
1.18 Medically Needy Pregnant Women Medical Assistance.....	56
1.19 Refugee Medical Assistance Rules.....	58
Household Composition.....	58
Refugee Medical Assistance Coverage Period.....	60
Alien Status.....	60
Financial Unit.....	61
Resource Rules.....	62
Income Rules.....	62
1.20 Aged, Blind, and Disabled Medical Assistance Rules.....	63
ABD Categories.....	63
Section 1619(b) eligible.....	63
Disabled Adult Children.....	64
Disabled Widow(er)s not receiving Medicare.....	65
Children Who Had Received SSI on August 22, 1996.....	67
Pickle People (Pickle Amendment Coverage).....	67
Resource Rules.....	69
Income Rules.....	70
1.21 Qualified Medicare Beneficiaries Medical Assistance.....	70
Financial Unit.....	70
Resource Rules.....	72
Income Rules.....	72
1.22 Specified Low-Income Medicare Beneficiaries Medical Assistance Rules.....	72
Financial Unit.....	73
Resource Rules.....	74
Income Rules.....	74
1.23 Qualified Individual Medical Assistance Rules.....	75
Financial Unit.....	75
Resource Rules.....	76
Income Rules.....	77
1.24 Qualified Disabled Working Individuals Medical Assistance Rules.....	77
Financial Unit.....	77
Resource Rules.....	79
Income Rules.....	79
1.25 Breast and Cervical Cancer Medical Assistance Rules.....	79
1.26 Emergency Medical Assistance Rules.....	80
1.27 Retroactive Medical Assistance Requests.....	82

Notices.....

Privacy policy.....	86
Trademarks.....	86

Chapter 1 Cúram Income Support for Medical Assistance (Traditional) Program overview

Income Support for Medical Assistance enables social program organizations to improve the efficiency and effectiveness of eligibility and entitlement services for medical assistance. Business tools and processes are provided for the effective management of traditional medical assistance programs, plus Affordable Care Act and MAGI-based Medicaid programs.

Use this information to learn about the rules that are used to determine eligibility and entitlements for Medical Assistance. This is reference information and does not contain any technical information about how the rules are run or how to administer the rules. For information about setting up and maintaining rules, see *Working with Cúram Express Rules* in the related links.

Related concepts

1.1 Overview of Medical Assistance Rule Sets

An overview of the Medical Assistance rule sets that are used determine eligibility for coverage types in the Medical Assistance program. The information includes an overview of coverage types, eligibility rules for non-financial factors, rules for coverage types, and rules for financial eligibility. The cascading eligibility process is also described.

Medical Assistance is a program that pays the medical bills, and sometimes the cost of institutional care, of people who have low income and cannot afford medical care. It is a means-tested program that is available only to certain low-income individuals and families who fit into an eligibility group that is recognized by federal and state law.

The Medical Assistance program provides eligibility determination for households based on financial and non-financial factors. The information required to determine program eligibility is captured as evidence. This evidence is assessed against a set of business rules to determine whether or not the household is eligible for Medical Assistance.

Medical Assistance Coverage Types

Use this information to learn which rule sets determine eligibility for which coverage types in the Medical Assistance program.

Medical Assistance is a needs-based program that is available only to certain low-income individuals and families who fit into an eligibility group that is recognized by federal and state law. Income Support for Medical Assistance is comprised of a number of rule sets to determine eligibility for a range of coverage types within the Medical Assistance program. Eligibility determination is provided for the following coverage types.

Mandatory Categorically Needy groups

- Low Income Families with Children (LIFC - includes Transitional and Extended Assistance)*

- Aged Blind and Disabled (ABD)
- Pregnant Women*
- Newborn*
- Children*
- Title IV-E Foster Care
- Title IV-E Adoption
- Cost Sharing Medical Assistance:
 - Qualified Medicare Beneficiaries (QMB)
 - Specified Low-Income Medicare Beneficiaries (SLMB)
 - Qualified Individual
 - Qualified Disabled Working Individual (QDWI)
- Emergency Medical Assistance for the following:
 - Low Income Families with Children*
 - Aged Blind and Disabled
 - Pregnant Women*
 - Newborn*
 - Children*
 - Title IV-E Foster Care and Title IV-E Adoption

*Not evaluated by new applications added since January 1, 2014 because these are now in part of a Cúram MAGI-based Medicaid application.

Optional Categorically Needy Groups

- Refugee
- Breast and Cervical Cancer (BCC)

Mandatory Medically Needy

- Medically Needy Children
- Medically Needy Pregnant Women
- Emergency Medically Needy Children

Mandatory Medically Needy with Spend Down

- Medically Needy Children with Spend Down
- Medically Needy Pregnant Women with Spend Down

Long Term Care

- Long Term Care (SIL)
- Medically Needy Long Term Care
- Medically Needy Long Term Care with Spend Down

All of the coverage types are described except for Long Term Care and Spend Down. For information about Long Term Care and Spend Down, see the *Cúram Income Support for Medical*

Assistance Long Term Care Guide and the *Income Support for Medical Assistance Spend Down Guide* in the related links.

Related concepts

Medical Assistance Eligibility Rules

Use this information to learn about the business rules for each coverage type. The rules are divided into two categories. Coverage type eligibility and financial eligibility. The rules operate against the evidence that is recorded in the system.

The categories can be further divided into the following:

- Coverage Type Eligibility
 - Non-financial requirements
 - Coverage type eligibility rules
- Financial Eligibility:
 - Income rules
 - Resource rules

Non-Financial Requirements

The non-financial requirements include Citizenship, Residency, and Social Security Number. As these rules are common to most Medical Assistance coverage types, they are documented in separately to the coverage type rules. See the Common Rules - Non-Financial Requirements section. Any coverage type-specific variations are described in each coverage type section.

Coverage Type Eligibility Rules

- Determine the individuals or groups of individuals who might be entitled to assistance. This is known as assistance units in Income Support and Income Support for Medical Assistance.

The rules for each coverage type determine how the assistance units are formed. In general, the household composition rules are used to form the assistance unit and determine the household members that are included in the unit. The household determination rules determine the household members that are excluded from the assistance unit.

- Determine whose income and resources should be considered in the financial eligibility rules. Such household members form the financial units.
- Determine how many people should be considered to be in the household. This is known as the household size. This is required in order to determine what income and resource limits should be used in the financial eligibility rules.
- The dependent child rules determine whether a child is considered a dependent child, and is used by many coverage types in the rules for the formation of assistance units. As these rules are common across several coverage types, the rules are described in the Common Rules - Dependent Child section.

Financial Eligibility Rules

The financial eligibility rules determine:

- Which resources and income are countable, not countable, or are excluded.
- How the income and resources should be calculated for each coverage type in the financial eligibility determination. This includes the income deductions that must be applied.

The rules for calculation of income and resources are described separately for each coverage type.

Cascading Eligibility

Use this information to learn about the cascading eligibility process. Cascading eligibility means that coverage type eligibility is determined based on a hierarchy.

The eligibility rule set runs the rules for the coverage type with the highest priority first, followed by the rules for the coverage type of next highest priority. If a client applies for Medical Assistance, the system checks whether they are eligible for a number of coverage types within the program. If they are eligible for a coverage at the top of the cascade, the lower coverage types are not checked. If the client fails a higher coverage type, the system checks the next coverage type, and keeps checking until the rules find a coverage type that the client passes. The client might fail all coverage types.

As part of the integration with the Affordable Care Act (ACA) programs, the Income Support Medical Assistance cascade was updated. As of Jan. 1, 2014, clients can apply for the new MAGI-based Medicaid and any of the remaining non-Modified Adjusted Gross Income (MAGI) Medicaid coverage types. The cascade varies based on when the application was submitted. For applications submitted before Jan. 1, 2014, the pre-Patient Protection and Affordable Care Act of 2010 (PPACA) hierarchy applies. For 2014 onwards, the new cascade as shown in Figure 1 is applied. If a change of circumstance occurred after Jan. 1, 2014, for an ongoing case, the household might be found eligible for one of the programs in the post-PPACA cascade.

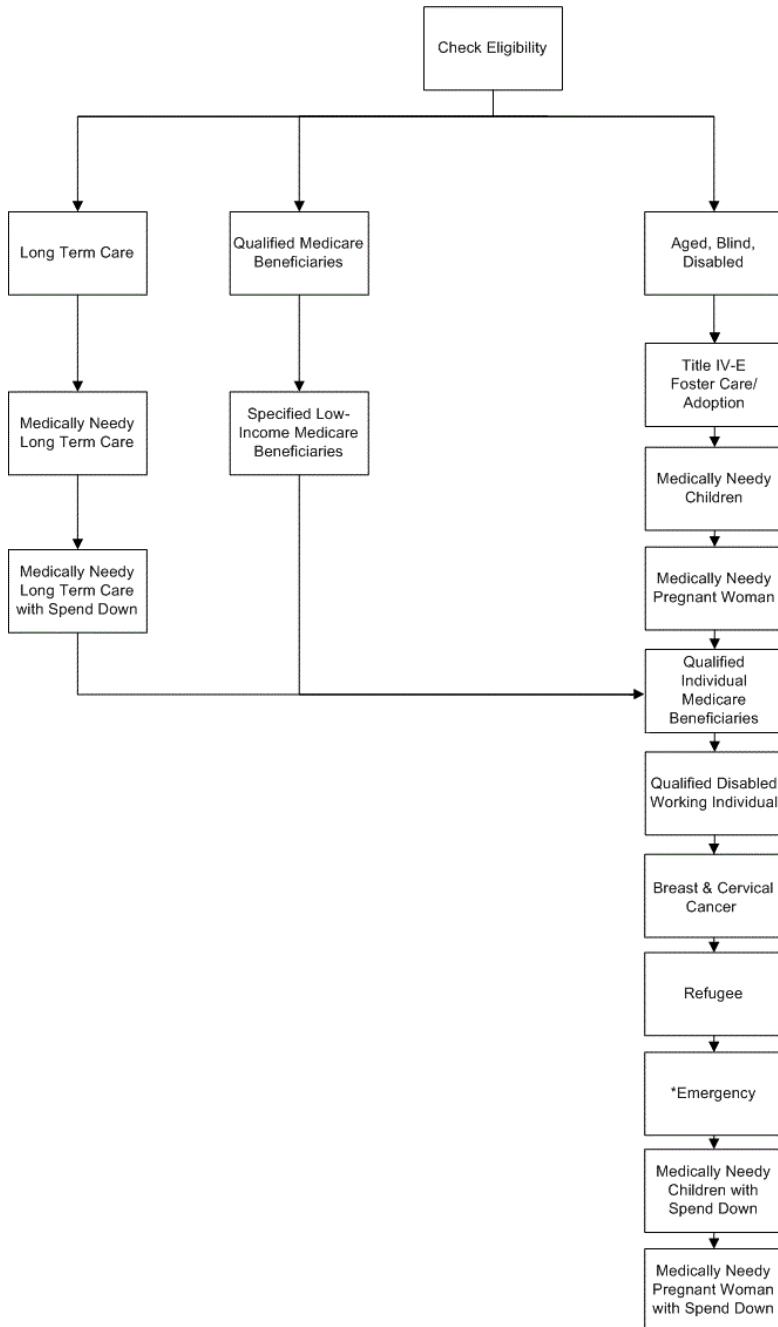


Figure 1: Post-January 2014 Medical Assistance Cascade

The following programs were removed from the cascade effective January 1, 2014:

- Low-Income Families and Children (LIFC)

- Children
- Newborn
- Pregnant Woman
- Emergency Low-Income Families and Children (LIFC)
- Emergency Children
- Emergency Newborn
- Emergency Pregnant Woman

Note: Eligibility for Children's Health Insurance Program (CHIP) is triggered separate to Medical Assistance, and is not included in the cascade. Eligibility for CHIP requires that individuals are not eligible for Medical Assistance, the rules execution ensures and the program rules for CHIP ensure this determination.

The following figure defines the pre-2014 Cúram Medical Assistance cascade.

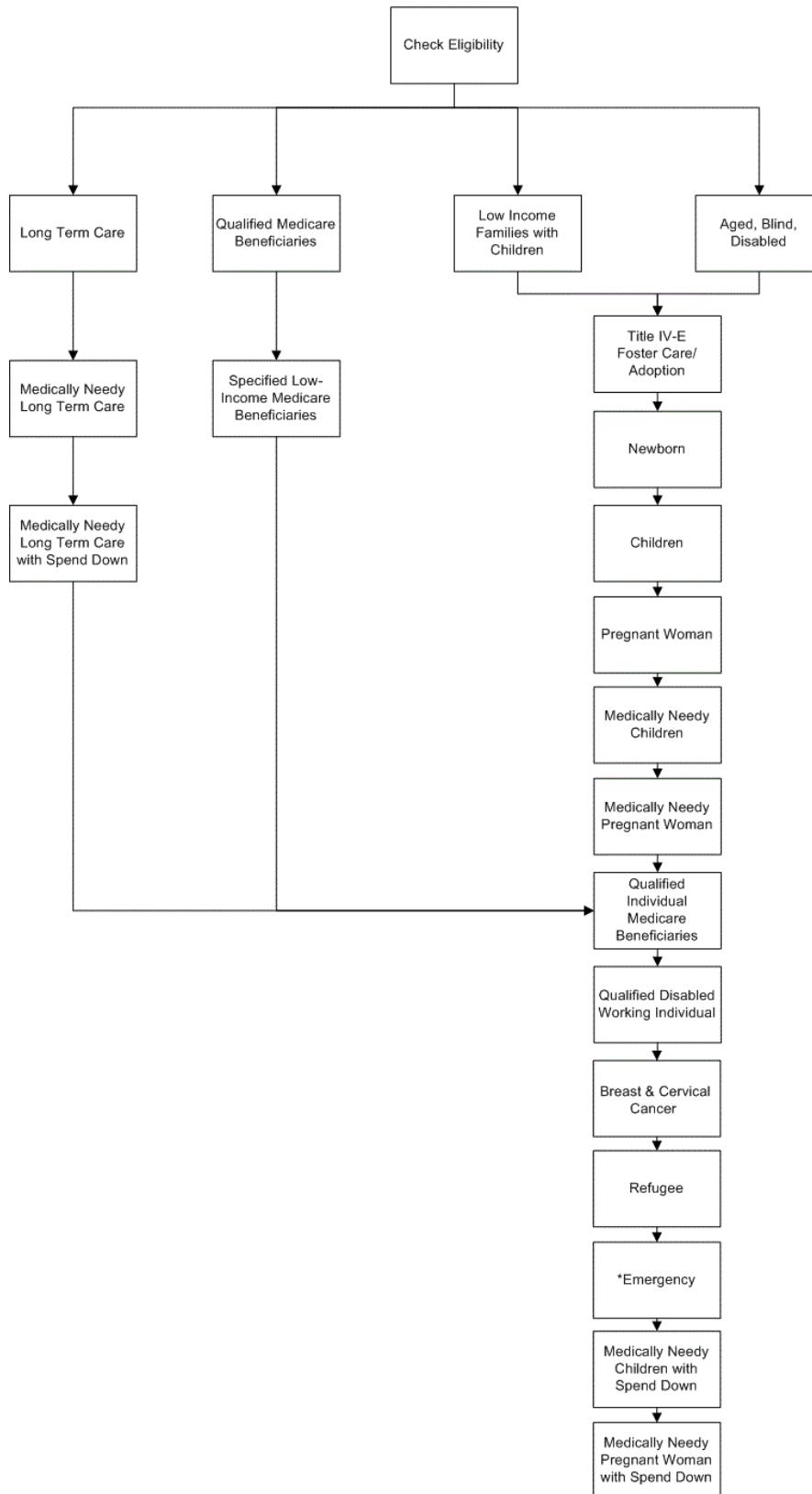


Figure 2: Pre-January 2014 Medical Assistance Cascade

Emergency

Emergency contains the coverage types that are listed as follows in order within the cascade:

1. Emergency Aged, Blind, and Disabled (ABD) / LIFC*
2. Emergency Title IV-E Foster Care/Adoption
3. Emergency Newborn*
4. Emergency Children*
5. Emergency Pregnant Woman*
6. Emergency Medically Needy Children

*Not evaluated by new applications added since January 1, 2014 because these are now in part of a Cúram MAGI-based Medicaid application.

1.2 Common Rules - Non-Financial Requirements

The rules that specify the non-financial requirements that a household member must satisfy before they can meet further requirements for Medical Assistance. Non-financial requirements include the rules for Citizenship, Residency, and Social Security Number.

Most Medical Assistance coverage types require that individuals satisfy these rules. However, there are some exceptions to this, such as Emergency Medical Assistance and Refugee Medical Assistance, as these coverage types are specifically for non-citizens.

Citizenship

The rules for citizenship are described in this section.

The following rules must be satisfied:

1. Individual must be a United States Citizen OR
2. Individual must be a US Non Citizen National OR
3. Individual must be an Eligible Alien

Eligible Alien

- An eligible alien is an individual who is BOTH classified as a:
 - Qualified Alien AND
 - Meets the Qualified Alien Eligibility Criteria to be eligible for Medical Assistance.

Qualified Alien

1. An alien who is lawfully admitted for permanent residence OR
2. An alien who is admitted as a refugee OR
3. An alien who is granted conditional entry OR
4. An alien who is granted asylum OR
5. An alien who is paroled into the United States for a period of at least one year OR
6. An alien whose deportation is being withheld OR
7. An alien granted status as a Cuban and Haitian entrant OR
8. An alien admitted as an Amerasian immigrant OR
9. An American Indian born in Canada OR

10. Victims of a severe form of trafficking OR
11. An alien receiving SSI is eligible for Medical Assistance OR
12. Hmong and other Highland Lao tribal peoples who have been lawfully admitted to the United States for permanent residence who is a US veteran OR
13. An alien who is the spouse of a Hmong or Highland Laotian who is a US veteran OR
14. An alien who is a surviving spouse (who has not remarried) of a Hmong or Highland Laotian who was a US veteran OR
15. An alien who is an unmarried dependent child of a Hmong or Highland Laotian who was a US veteran OR
16. An alien who has been battered or subjected to extreme cruelty who meets the following conditions:
 1. The battered alien must be battered by their U.S. citizen or LPR alien spouse or parent AND
 2. If a parent is the battered alien, any child who lives with them is also a battered alien OR
If a child is the battered alien, the parent who lives with them is also a battered alien as long as the parent did not actively participate in the battery.
 3. The alien must not currently be residing in the same household as the individual responsible for the battery or extreme cruelty AND
 4. There must be a substantial connection between the battery or extreme cruelty suffered by the alien (or the alien's child or parent) and the need for Medicaid benefits

Qualified Alien Eligibility Criteria

A qualified alien must meet the following conditions to be eligible for Medical Assistance.

- **Entry prior to August 22, 1996**

1. A qualified alien who entered the United States prior to August 22, 1996 may receive Medical Assistance provided she/he is determined to be otherwise eligible OR
2. A qualified alien who attained qualified alien status subsequent to August 22, 1996 and who can demonstrate to the district's satisfaction that they have continuously resided in the United States from their date of entry through the date they became a qualified alien, may receive Medical Assistance provided she/he is determined to be otherwise eligible.

- **Entry on or after August 22, 1996**

A qualified alien who entered the United States on or after August 22, 1996 is ineligible to receive Medical Assistance for 5 years from the date the alien entered the United States or the date the alien obtained qualified alien status whichever is the later unless the alien meets one of the Exceptions to the 5 year Ineligibility Period.

- **Exceptions to the 5 year Ineligibility Period**

The five year disqualification period for Medical Assistance does not apply to the following qualified aliens:

1. Someone who has lawfully resided as a qualifying immigrant in the U.S. for five years OR
2. An individual who is a lawful permanent resident with 40 qualifying quarters of Social Security coverage OR
3. An alien who is admitted as a refugee OR

4. An alien who is granted asylum OR
5. An alien whose deportation is being withheld OR
6. An alien granted status as a Cuban and Haitian entrant OR
7. An alien admitted as an Amerasian immigrant OR
8. An American Indian born in Canada OR
9. A qualified alien who is a veteran with an honorable discharge from the Armed Forces of the United States OR
10. A qualified alien who is the spouse of an honorably discharged veteran OR
11. A qualified alien who is a surviving spouse (who has not remarried) of an honorably discharged veteran OR
12. A qualified alien who is an unmarried dependent child of an honorably discharged veteran OR
13. A qualified alien who is a Hmong or Highland Laotian who has been lawfully admitted to the United States for permanent residence, and who is a US veteran OR
14. A qualified alien who is the spouse of a Hmong or Highland Laotian who was a US veteran OR
15. A qualified alien who is a surviving spouse (who has not remarried) of a Hmong or Highland Laotian who was a US veteran OR
16. A qualified alien who is an unmarried dependent child of a Hmong or Highland Laotian who was a US veteran OR
17. A qualified alien lawfully residing in the State who is on active duty in the United States military OR
18. A qualified alien who is the spouse of an individual on active duty in the United States military OR
19. A qualified alien who is an unmarried dependent child of an individual on active duty in the United States military OR
20. Victims of a severe form of trafficking

Social Security Number

The Social Security Number (SSN) rules are described in this section.

The following rules must be satisfied:

1. An individual must provide a Social Security Number OR
2. An individual must apply for a Social Security Number

Exceptions to the Social Security Number Requirement

The following individuals do not have to provide an SSN:

1. Children who are eligible under the Medical Assistance category Newborn OR
2. Children placed for adoption who do not have a Social Security Number are not required to provide a Social Security Number until after the adoption is finalized OR
3. Household members not included in the assistance unit are not required to provide an SSN

Residency

The rules for state residency. The state residency rules are divided into two sections that outline the factors in determining residency for children: Individuals under aged 21 and individuals aged 21 or over.

The following rules must be satisfied.

Individuals Under Age 21

- **Non-Institutionalized Individuals**

1. For a competent individual who is capable of stating intent and living independently from his or her parents or married, the state of residence is the state where the individual is living with the intention to remain there permanently or for an indefinite period OR
2. For a non-institutionalized individual whose Medical Assistance is based on blindness or disability, the state of residence is the state in which the individual is living OR
3. For any other non-institutionalized individual to whom (1) or (2) above does not apply, the child is a resident of the State in which the caretaker is a resident.

Individuals Age 21 and Over

- **Non-Institutionalized Individuals**

1. For a non-institutionalized individual, the state of residence is the state where the individual is living with the intention to remain permanently for an indefinite period OR
2. For a non-institutionalized individual if incapable of stating intent, the state of residence is the state where the individual is living OR
3. For a non-institutionalized individual, the state of residence is the state where the individual is living and in which the individual entered with a job commitment or seeking employment (whether or not currently employed)
4. The Individual is alive. An individual cannot receive benefits if they are deceased.

Incapability of Stating Intent

1. An individual is considered incapable of stating intent if the individual has an I.Q. of 49 or less or has a mental age of 7 or less, based on test acceptable to the mental retardation agency in the State OR
2. An individual is considered incapable of stating intent if the individual is judged legally incompetent, OR
3. An individual is considered incapable of stating intent if the individual is found incapable of stating intent based on medical documentation obtained from a physician, psychologist, or other person licensed by the State in the field of mental retardation/mental health

Determining State of Residence in Special Situations

1. For an individual of any age who is receiving a state supplementary payment, the state of residence is the state paying the state supplementary payment OR

2. For individuals of any age who are receiving Federal payments for foster care or adoption assistance under Title IV-E of the Social Security Act, the state of residence is the state where the child lives

Change in Residency

- A person cannot receive Medical Assistance coverage in more than one State
- Member must be alive to be eligible for benefits

1.3 Common Rules - Dependent Child

The rules that determine if children in the household are dependent children.

The rules specify that:

1. A dependent child must be living in the home of a non-parent caretaker relative AND
2. Child must meet the Age Limit for a Child rules AND
3. Child must be deprived of parental support and care

Caretaker Relative Relationship

1. For Low Income Families with Children Medical Assistance the household must include a child who is living with their natural parent(s) or adoptive parent(s) OR
2. The household must include a child who is living with a non-parent caretaker, in the non-parent caretaker's home, and who has a relationship to the child as specified below:
 - Grandfather and grandmother OR
 - Sibling OR
 - Uncle or aunt OR
 - Cousin OR
 - Nephew or niece OR
 - Persons of prior generations designated by the prefix grand, great, great-great, or great-great-great AND
 -
3. The non-parent caretaker relative must be an adult

Age Limit for a Child

- **Child Under 18**
 1. A child must be under age 18 and single AND
 2. Age rule is satisfied through the month in which the child reaches age 18 OR
- **Child Under 19**
 1. A child must be under age 19, single and participating full-time in a secondary school, GED or vocational or technical training and expects to graduate before or in the month of their 19th birthday AND
 2. Age rule is satisfied until the last day of the month of course completion, withdrawal of the child from enrollment, or the child's 19th birthday, whichever occurs first.

Deprivation of Support

To be eligible for Medical Assistance, a child must be deprived of parental support and care for one of the following reasons.

1. Death of parent(s)
2. Continued absence of parent(s) from the home where the parent's absence interrupts or terminates the parent's functioning as a provider of maintenance, physical care, or guidance and prevents the family from relying on their support or care of the child.
3. Physical or mental incapacity of one or both parents and the incapacity is expected to last at least 30 days and the incapacity reduces or eliminates the parent's ability to support or care for the otherwise eligible child
4. Unemployment or underemployment of the parent designated as the principal wage earner.

Continued Absence

The following reasons constitute deprivation by continued absence:

1. Divorce
2. Legal Separation
3. Desertion
4. Incarceration
5. Deportation
6. Hospitalization
7. Birth out of wedlock
8. A single parent adoption

The following reasons do not constitute deprivation by continued absence:

1. The parent is voluntarily absent to visit friends or relatives, to seek employment, to maintain a job, to attend school or training, so long as the parent in the home and the absent parent do not regard themselves as separated.
2. The parent is absent solely to serve active military duty.

Unemployment or Underemployment

1. One of the parents living in the home is the principal wage earner AND
2. That parent is unemployed or Underemployed

- **Principal Wage Earner**

1. The parent who has earned the greater amount of income in the 24 months prior to the month of application OR
2. The parent designated as the principal wage earner by the parents when both parents earned an equal amount of income in the 24 months prior to the month of application.

- **Unemployed Parent**

1. The parent is unemployed and has been unemployed for at least 30 days prior to the effective date of assistance AND

2. The unemployed parent must not have refused, without good cause, a bonafide offer of employment or training for employment within of assistance prior to the effective date of assistance. The following are refusal reasons that constitute good cause:
 1. The parent's physical limitations result in an inability to engage in the work
 2. No transportation to or from the work;
 3. Unsafe working conditions;
 4. The employment is not covered by workman's compensation protection;
 5. The employment was offered through a public employment or manpower agency, which determined good cause existed.
 6. The offered wage was less than minimum wage;
 7. The parent lacked suitable day care;
 8. The parent was personally providing care for a child under the age of 2 at the time of the refusal;
 9. The commuting time to and from work would normally exceed 2 hours, round trip;
 10. The parent could not accept the job due to illness of the parent or another family member;
 11. The offered position was vacant due to a labor strike or lockout;
 12. The parent was incarcerated or making a required court appearance;
 13. Inclement weather prevented the parent from accepting the job or reporting for work; or
 14. The parent was laid off but is expected to return to the prior place of employment within 30 days of the date of the job offer;
- **Underemployed Parent**
 1. The parent is employed fewer than 100 hours a month AND
 2. The parent is employed less than 100 hours in the payment month OR
 3. Work hours are expected to be more than 100 hours in the payment month but the work hours were less than 100 hours in the two months immediately preceding the payment month AND
 4. The work hours are expected to be less than 100 hours in the month following the payment month

1.4 Common Rules - Alien Sponsor

The rules that define an alien sponsor and sponsor deeming exceptions. The deeming rules for sponsors use these rules.

Sponsor

1. A person who signed an Affidavit of Support on behalf of an alien as a condition of the alien's entry or admission to the U.S. AND
2. The sponsor is not included in the assistance unit AND
3. The sponsor and/or the sponsor's spouse are financially responsible for the alien by deeming their income to the alien unless an exception is met AND
4. An alien may have more than one sponsor

Sponsor Deeming Exceptions

The following aliens are not subject to the alien sponsor deeming rules and so do not deem the income or resources of a sponsor if the alien falls into any of the following categories:

1. The alien is a refugee OR
2. The alien is a refugee parolee OR
3. The alien is a parolee OR
4. The alien is an asylee OR
5. The alien is a asylee parolee OR
6. The alien is an special immigrant OR
7. The alien is a Cuban entrant OR
8. The alien is a Haitian entrant OR
9. Lawful Permanent Residents (LPR) who adjusted from refugee or asylee status OR
10. Lawful Permanent Residents (LPR) who entered the country before December 19, 1997 OR
11. Lawful Permanent Residents (LPR) who applied for a visa or adjusted their status before December 19, 1997 OR
12. An alien whose Deportation is Withheld OR
13. An alien admitted as an Amerasian immigrant OR
14. An American Indian born in Canada OR
15. Indigent Alien Exemption applies for 12 months from the month of determination OR
16. Alien is sponsored by an organization or group as opposed to an individual OR
17. The sponsored alien becomes a naturalized citizen OR
18. The sponsored alien has worked, or can be credited with, 40 qualifying quarters OR
19. The alien's sponsor dies OR
20. The sponsored alien leaves the U.S. permanently OR
21. Sponsor signed the Affidavit of Support

1.5 Family - Common Resource Rules

The steps to follow to calculate resources for family coverage groups. Resource rules are used to calculate the household's total countable resources. Total countable resources include resources deemed to the household.

For the rules that are specific to a coverage type, such as resource limits, see [Medical Assistance Coverage Types](#).

Total Countable Resources

For every individual in the financial unit whose resources are counted, complete the following steps:

1. Calculate individual's countable resources AND
2. Add total deemed resources, if any, to the individual's total countable resources to determine the total countable resources, see Resource Deeming, AND
3. Add individual's countable resources to other household member's countable resources to determine household's total countable resources

Resource Deeming

The individuals whose resources are deemed is determined as part of the coverage type's household determination rules.

1. If the individual is the spouse of an eligible non parent caretaker relative, carry out Spouse to Spouse Deeming
2. If the individual is a parent who is not included in the assistance unit for LIFC, carry out Parent to Child Deeming
3. If the individual is a sponsor, carry out sponsor to alien deemming

Spouse to Spouse Deeming

1. Calculate countable resources for the ineligible spouse AND
2. Deem the ineligible spouse's total countable resources to the eligible individual

Parent to Child Deeming

1. Calculate countable resources for the parent(s) AND
2. Deem the ineligible parent(s) total countable resources to the eligible child

Sponsor to Alien Deeming

You must apply the sponsor definition and sponsor deemming exception rules in the Common Rules - Alien Sponsor section first when you deem resources from a sponsor to an alien.

For each sponsor, determine the resources to be deemed to the alien as follows:

- If the sponsor does not have a spouse living in the home:
 - Calculate countable resources for the sponsor AND
 - Compare the total countable resources to the resource limit for an individual AND
 - Deem the value of resources in excess of the resource limit to the alien
- If the sponsor has a spouse living in the home:
 - Calculate countable resources for the sponsor and his or her spouse AND
 - Combine their countable resources and compare to the resource limit for a couple AND
 - Deem the value of resources in excess of the resource limit to the alien

1.6 Family - Common Income Rules

The steps to follow to calculate income for family coverage types. Income rules are used to determine the unearned, earned, and self-employment income that is countable or non-countable for a household.

For more information about rules that are specific to a coverage type, such as income limits, see [Medical Assistance Coverage Types](#).

Total Countable Income

For each individual in the financial unit whose income is counted, complete the following steps:

1. Calculate individual's countable gross unearned income from all sources
2. Add deemable income, if any, to the individual's unearned income. (See Income Deeming)
3. Add individual's countable gross unearned income to other household member's countable gross unearned income.
4. Calculate the individual's countable gross earned income from all sources including income from self-employment.
5. Add individual's countable gross earned income to other household member's countable gross earned income.
6. If a gross income test is applicable, then combine the household's total gross unearned income and the total gross earned income to determine the household's total gross income. (Gross income test only applicable to LIFC.)
7. Apply income deductions to individual's gross income. (See Income Deductions below)
8. Add individual's total countable net income to other household member's countable net income after deductions to get the household's net countable income.

Income Deeming

The individuals whose income is deemed is determined as part of the coverage type's household determination rules.

1. Total the individual's countable gross unearned income from all sources
2. Total the individual's countable gross earned income from all sources including income from self-employment OR
3. If the individual is the spouse of an eligible non-parent caretaker relative, carry out Spouse to Spouse Deeming OR
4. If the individual is a parent who is not included in the assistance unit, carry out Parent to Child Deeming
5. If the individual is a sponsor, carry out sponsor to alien deeming

Spouse to Spouse Deeming

From the Spouse's gross countable earned income:

1. Deduct up to \$90 Work Allowance per month from the employed person's earned income AND
2. Add the countable unearned income AND
3. Subtract an amount equal to 100% Standard of Need for the number of ineligible individuals, living in the home, not including the eligible spouse AND
4. Subtract any child support or alimony actually paid by the spouse to individuals not living in the home AND
5. The remaining amount, if any, is deemed as unearned income to the spouse

Income Deeming Exceptions

1. Income from a Supplemental Security Income (SSI) recipient are never deemed.
2. Deeming does not apply in situations where a family does not have a residence.

The following deeming exceptions are in addition to any income which is excluded under the general income rules.

1. Do not deem from an individual income from payments resulting from the Refugee Act of 1980
2. Tribal Payments from general assistance programs of the Bureau of Indian Affairs
3. Exclude any income used by an ineligible person to make child or spousal support payments under a court order
4. Veteran's Administration Pension
5. Veteran's Administration Compensation paid to the parent of a child
6. ISM received by a deemor is not deemed to the Medical Assistance individual

Parent to Child Deeming

From the parent(s) gross countable earned income:

1. Deduct up to \$90 Work Allowance per month from the gross countable earned income of each parent AND
2. Add the countable unearned income for each parent AND
3. Subtract an amount equal to 100% Standard of Need for the number of ineligible individuals living in the home, including the parents (but not including the minor parent) AND
4. Subtract any child support or alimony actually paid by each parent to individuals not living in the home AND
5. The remaining amount, if any, is deemed as unearned income to the child (who might be a minor parent)

Sponsor to Alien Deeming

The sponsor definition and sponsor deeming exception rules in Common Rules - Alien Sponsor chapter must be applied first when deeming income from a sponsor to an alien.

Carry out the following process if no sponsorship deeming exceptions apply.

1. For each sponsor, determine the amount of money to be deemed to the alien
2. From the sponsor's and their live-in spouse (if any) countable earned income:
 1. Deduct the \$90 Work Allowance AND
 2. Add the gross countable unearned income AND
 3. Subtract an amount equal to 100% Standard of Need for the number of ineligible individuals, living in the sponsor's home AND
 4. The remaining amount, if any, is deemed as unearned income to the alien

Income Deductions

For every individual in the financial unit whose income is counted, deductions may be applied. Apply disregards in the following order for each employed/self-employed individual in the household

1. Deduct the \$90 Work Allowance (all Family coverage types)
 - Deduct up to \$90 per month from the employed person's earned income
2. Deduct the \$30 and 1/3 Disregard (LIFC only)

1. The employed person has not received the \$30 and 1/3 disregard in 4 consecutive months in the last 12 months AND
 2. Deduct the first \$30 and 1/3 of the remainder from the employed person's income
 3. Deduct the \$30 Disregard (LIFC only)
 1. The employed person has received the 4 consecutive months of the \$30 and 1/3 disregard AND
 2. Deduct the first \$30 from the employed person's income AND
 3. This disregard applies for 8 consecutive months AND
 4. Count all months including months that the person does not receive Medical Assistance or does not have earnings in determining the 8 consecutive months
 4. Deduct the Dependent Care Allowance (all Family coverage types)
 - Deduct the monthly amount paid for the care of each dependent child or incapacitated adult up to the maximum defined based on age of dependent and hours of work if the
 - Child or incapacitated adult is an eligible member of the assistance unit AND
 - Actual cost of child care is not reimbursed AND
 - The care is necessary for employment

Apply the following disregard to each individuals remaining total income (any earned plus any unearned):

- Deduct child support/alimony payments (all Family coverage types)
 - Reduce income by the verified amount paid for dependents not living in the home

1.7 Adult - Common Resource Rules

The steps to calculate resources for adult coverage types. Resource rules are used to calculate the household's total countable resources. Total countable resources include resources that are deemed to the household.

Total Countable Resources

The steps to complete when determining the total countable resources for ABD and other adult coverage types.

The financial unit will consist of one of the following:

1. Eligible individual with no spouse
2. Eligible child
3. Eligible individual and ineligible spouse
4. Eligible couple

Eligible Individual with No Spouse

1. Calculate individual's countable resources AND

2. If the individual is a sponsored alien, carry out sponsor to alien deeming and add total deemed resources, if any, to the individual's total countable resources to determine the total countable resources for the alien

Eligible Child

1. Calculate eligible child's countable resources AND
2. If the eligible child is a sponsored alien, carry out sponsor to alien deeming and add total deemed resources, if any, to the eligible child's total countable resources AND
3. If parent(s) are living with the eligible child, carry out parent to child deeming and add total deemed resources from the parent(s), if any, to the individual's total countable resources to determine the total countable resources for the eligible child

Eligible Individual and Ineligible Spouse

1. Calculate eligible individual's countable resources AND
2. If the eligible individual is a sponsored alien, carry out sponsor to alien deeming and add total deemed resources, if any, to the individual's total countable resources AND
3. Carry out spouse to spouse deeming and add total deemed resources, if any, to the individual's total countable resources to determine the total countable resources for the individual

Eligible Couple

1. Calculate eligible individual's countable resources AND
2. If the eligible individual is a sponsored alien, carry out sponsor to alien deeming and add total deemed resources, if any, to the individual's total countable resources AND
3. Total eligible spouse's countable resources AND
4. If the eligible spouse is a sponsored alien, carry out sponsor to alien deeming and add total deemed resources, if any, to the spouse's total countable resources to determine the total countable resources for the alien spouse AND
5. Combine the countable resources for the eligible individual and the eligible spouse

Resource Deeming

The individuals whose resources are deemed is determined as part of the coverage type's household determination rules.

1. If the individual is the spouse who is not included in the assistance unit, carry out Spouse to Spouse Deeming
2. If the individual is a parent who is not included in the assistance unit, carry out Parent to Child Deeming
3. If the individual is a sponsor, carry out sponsor to alien deeming

Resource Deeming Exception

Resources from a Supplemental Security Income (SSI) recipient are never deemed.

Deeming does not apply in situations where a family does not have a residence.

The following resources cannot be deemed during resource deemming:

The following resources cannot be deemed during Medicare Cost Sharing coverage type resource deemming:

1. A pension fund is not counted as a resource in the deemming process if it is owned by:
 - An ineligible spouse OR
 - An ineligible parent
2. This exclusion applies to pension funds administered by an employers or union OR
 - Pension funds administered by an employers or union OR
 - Individual Retirement Accounts (IRA) OR
 - Keogh accounts

Spouse to Spouse Deeming

1. Calculate countable resources for the ineligible spouse AND
2. Deem the ineligible spouse's total countable resources to the eligible individual

Parent to Child Deeming

- Calculate the total countable resources for the parent(s) AND
 - If only one parent is living in the household with the child, deem the parent's resources as follows:
 1. Subtract the individual resource limit that is appropriate from the parent's countable resources AND
 2. Determine the amount in excess of the Individual resource limit AND
 3. Determine the number of potential blind/disabled children in the household AND
 4. Divide the value of the resources among all blind/disabled children equally to the determine the amount to be deemed to the eligible child
 - If two parents are living in the household with the child, deem the parents resources as follows:
 1. Subtract the couple resource limit that is appropriate from the combined countable resources of both parents AND
 2. Determine the amount in excess of the Couple resource limit AND
 3. Determine the number of potential blind/disabled children in the household AND
 4. Divide the value of the resources among all blind/disabled children equally to the determine the amount to be deemed to the eligible child

Sponsor to Alien Deeming

The sponsor definition and sponsor deemming exception rules in Common Rules - Alien Sponsor chapter must be applied first when deemming resources from a sponsor to an alien.

For each sponsor, determine the resources to be deemed to the alien as follows:

If the sponsor does not have a spouse living in the home:

- Calculate countable resources for the sponsor AND

- Compare the total countable resources to the resource limit for an individual AND
- Deem the value of resources in excess of the resource limit to the alien

If the sponsor has a spouse living in the home:

- Calculate countable resources for the sponsor and his/her spouse AND
- Combine their countable resources and compare to the resource limit for a couple AND
- Calculate the amount of resources in excess of the resource limit to the alien

Total all deemable amounts to determine the amount to be deemed to the alien.

1.8 Adult - Common Income Rules

The steps to complete to calculate income for adult coverage types. Income rules are used to determine the unearned, earned, and self employment income that are countable or non-countable for a household.

For more information about the rules that are specific to a coverage type, such as income limits, see [Medical Assistance Coverage Types](#).

Total Countable Income

The following are the steps to complete when determining the total countable income for ABD and other adult coverage types.

The financial unit will consist of one of the following groups:

1. Eligible individual with no spouse
2. Eligible Child
3. Eligible Couple
4. Eligible individual with ineligible spouse

The following are the steps to be undertaken when determining the total countable income for ABD and other adult coverage types.

Eligible Individual with No Spouse

- **Individual is Not Sponsored Alien**

1. Determine value of the individual's In-kind Support and Maintenance
2. Total the individual's countable gross unearned income from all other sources and add the value of any In-kind Support and Maintenance (determined above)
3. Apply unearned income deductions to determine the net unearned income
4. Total the individual's countable gross earned income from all sources (including self employment income)
5. Apply earned income deductions to determine the net earned income
6. The total net countable income is determined by adding the countable net unearned income and the countable net earned income

7. If the individual is not a sponsored alien, this is the end of the income steps. Use total net countable income determined above
- **Individual is Sponsored Alien**
 1. Determine value of the individual's In-kind Support and Maintenance
 2. Total the individual's countable gross unearned income from all other sources and add the value of any In-kind Support and Maintenance (determined above)
 3. Apply unearned income deductions to determine the net unearned income
 4. Total the individual's countable gross earned income from all sources (including self employment income)
 5. Apply earned income deductions to determine the net earned income
 6. The total net countable income is determined by adding the countable net unearned income and the countable net earned income
 7. If the individual is a sponsored alien, determine if they are eligible based on their own income by comparing the total net countable income determined above in Step 6 to the CER SSI Federal Payment Standard rate for an individual
 8. If the individual is eligible based on their own income, use amount determined in Step 2 and proceed
 9. Carry out the steps outlined in Sponsor to Alien Deeming
 10. Apply unearned income deductions to the alien's countable unearned income to determine the net unearned income
 11. Using the gross earned income (determined in step 4), apply earned income deductions to determine the net earned income
 12. Add the net countable unearned income (determined in Step 10) and the net countable earned income (determined in Step 11) to determine the total net countable income for the eligible alien

Eligible Child

1. Determine value of the child's In-kind Support and Maintenance
2. Calculate the child's countable gross unearned income from all other sources and add the value of any In-kind Support and Maintenance (determined above)
3. If the child is a sponsored alien, carry out the steps outlined in Sponsor's Deemed Income
4. Calculate the parent(s) countable gross unearned income from all sources with the exception of In-Kind Support and Maintenance
5. Calculate the parent(s) countable gross earned income from all sources (including self employment income)
6. Carry out the parent to child deeming process
7. Add the total deemable income, if any, of the parent(s) to the eligible child's countable gross unearned income
8. Apply unearned income deductions to the child's countable gross unearned income to determine the countable net unearned income
9. Calculate the child's countable gross earned income from all sources (including Self Employment income)
10. Apply earned income deductions to the child's countable gross earned income to determine the net earned income

11. Add the countable net unearned income and the countable net earned income to determine the total net countable income for the eligible child

Eligible Couple

1. Determine value of the couple's In-kind Support and Maintenance
2. Calculate the individual's countable gross unearned income from all other sources and add the value of any In-kind Support and Maintenance (determined above)
3. If the individual is a sponsored alien, carry out the steps outlined in Sponsor's Deemed Income
4. Calculate the spouse's countable gross unearned income from all sources
5. If the spouse is a sponsored alien, carry out the steps outlined in Sponsor to Alien Deeming
6. Combine the countable gross unearned income of the couple
7. Apply unearned income deductions to the couple's income to determine the countable net unearned income
8. Calculate the individual's countable gross earned income from all sources (including self employment income)
9. Calculate the spouse's countable gross earned income from all sources
10. Combine the countable gross earned income of the couple
11. Apply earned income deductions to the couple's income to determine the net earned income
12. Add the countable net unearned income and the countable net earned income to determine the total net countable income for the eligible couple

Eligible Individual with Ineligible Spouse

1. Determine value of the individual's In-kind Support and Maintenance
2. Calculate the individual's countable gross unearned income from all other sources and add the value of any In-kind Support and Maintenance (determined above)
3. Apply unearned income deductions to determine the net unearned income
4. Calculate the individual's countable gross earned income from all sources (including self employment income)
5. Apply earned income deductions to determine the net earned income
6. Add the countable net unearned income and the countable net earned income to determine the total net countable income
7. Determine if the individual is eligible based on their own income by comparing the total net countable income determined above in Step 6 to the FBR limit for an individual
8. If the individual is eligible based on their own income and if the individual is a sponsored alien, carry out the steps outlined in Sponsor's Deemed Income
9. Total the ineligible spouse's countable gross unearned income from all sources with the exception of In-Kind Support and Maintenance
10. Calculate the ineligible spouse's countable gross earned income from all sources
11. Carry out the spouse to spouse deeming process
12. Add the total deemable unearned income, if any, of the ineligible spouse to the eligible spouse's unearned income
13. Apply unearned income deductions to the individual's unearned to determine the net unearned income

14. Add the total deemable earned income, if any, of the ineligible spouse to the eligible spouse's countable earned income
15. Apply earned income deductions to the individual's earned to determine the net countable earned income
16. Add the net countable unearned income and the net countable earned income to determine the total net countable income for the eligible individual with ineligible spouse

Income Deeming

The individual's whose income is deemed is determined as part of the coverage type's household determination rules.

1. If the individual is the spouse who is not included in the assistance unit, carry out Spouse to Spouse Deeming
2. If the individual is the parent who is not included in the assistance unit, carry out Parent to Child Deeming
3. If the individual is the sponsor who is not included in the assistance unit, carry out Sponsor to Alien Deeming

Deeming Exceptions - Individuals

Income of the Supplemental Security Income (SSI) recipient is never deemed to any other individual. This applies to all income of the SSI recipient, not just the SSI amount.

Deeming Exceptions - Income Types

The following deeming exceptions are in addition to any income which is excluded under the general income rules.

1. Do not deem from an individual income from payments resulting from the Refugee Act of 1980
2. Tribal Payments from general assistance programs of the Bureau of Indian Affairs
3. Exclude any income used by an ineligible person to make child or spousal support payments under a court order
4. Veteran's Administration Pension
5. Veteran's Administration Compensation paid to the parent of a child
6. ISM received by an ineligible spouse or parent is not deemed to the Medical Assistance individual

Spouse to Spouse Deeming

1. Exclude from the ineligible spouse's unearned income any ineligible child deductions they are entitled to AND
2. If the ineligible spouse does not have enough unearned income to cover these allocations, the balance is deducted from the ineligible spouse's earned income AND
3. Compare the ineligible spouse's remaining income (that is, total earned and unearned) to the living allowance for a spouse

- **Renaming Income Greater Than Living Allowance**
 1. If the remaining income (that is, total earned and unearned) is greater than the living allowance, deeming is applicable AND
 2. Deem the remaining unearned income to the eligible spouse as unearned income AND
 3. Deem the remaining earned income to the eligible spouse as earned income
- **Remaining Income Equal to Living Allowance**
 - If the remaining income (that is, total earned and unearned) is equal to or less than the living allowance, no income is deemed.

Parent to Child Deeming

1. Combine the ineligible parent(s) countable unearned income AND
2. Combine the ineligible parent(s) countable earned income AND
3. Exclude from the ineligible parent(s) unearned income any ineligible child deductions they are entitled to AND
4. If the ineligible parent(s) does not have enough unearned income to cover these allocations, the balance is deducted from the ineligible parent(s) earned income AND
5. Apply unearned income deductions to the combined unearned income of the parent(s) AND
6. Apply earned income deductions to the combined earned income of the parent(s) AND
7. Total the net unearned and the net earned of the parent(s) income to determine the parent(s) total net income
8. Exclude from the ineligible parent(s) total net income the maximum allocation for a parent(s) AND
9. The remaining amount, if any, is the deemable income to the child.
10. If the parents have more than 1 eligible child under age 18 in the household, divide the parental income equally among the eligible children.

Sponsor to Alien Deeming

1. The sponsor definition and sponsor deeming exception rules in Common Rules - Alien Sponsor chapter must be applied first when deeming income from a sponsor to an alien.
2. Carry out the following process if no Sponsorship Deeming exceptions apply:
 - For each sponsor, determine the amount of money to be deemed to the alien:
 - Combine the total gross countable earned and unearned income of the alien sponsor and spouse, if any, living in the home with the sponsor AND
 - Exclude from the total income the maximum allocation for a sponsor AND
 - If the sponsor has a spouse and if the spouse is also a sponsor for the alien, exclude the maximum allocation for a sponsor for the spouse OR
 - If the spouse is also a sponsor for the alien, exclude the maximum allocation for a sponsor for the spouse OR
 - If the spouse is not a sponsor and the spouse is not receiving payments from any of the following exclude from the total income the allocation for a spouse:
 - TANF
 - Veteran's Administration Pension

- Veteran's Administration Compensation paid to the parent of a child
- Refugee Act of 1980
- Disaster Relief and Emergency Assistance Act Payments
- SSI
- General assistance programs of the Bureau of Indian Affairs AND

Exclude from the total income an allocation for each child living in their household
AND
- The remaining amount, if any, is the deemable income

Ineligible Child Deductions

Additional deductions are applied to the deemed income amount when there are other children the household. This deduction is calculated as follows:

1. Subtract an allocation for each non-disabled child in the home if the following criteria are met:
 1. The child is under age 18, or if age 18 to 19 is a full-time student AND
 2. The child is living in the home AND
 3. The child is not receiving payments from the following:
 - TANF AND
 - Veteran's Administration Pension AND
 - Veteran's Administration Compensation paid to the parent of a child AND
 - Refugee Act of 1980 AND
 - Disaster Relief and Emergency Assistance Act Payments AND
 - SSI AND
 - General assistance programs of the Bureau of Indian Affairs
2. Ineligible Child Allocation is calculated as follows:
 1. Determine child's countable income
 2. Subtract the child's countable income from the maximum allocation amount
 3. The remainder is the amount to be allocated for the child

Sponsor's Deemed Income

An eligible alien's income will consist of deemed income from a sponsor in addition to their own income. Follow these steps to determine how much should be deemed to the alien from a sponsor:

1. Determine value of the sponsor's and spouse's, if any, In-kind Support and Maintenance
2. Total the sponsor's and spouse's, if any, countable gross unearned income from all other sources add the value of any In-kind Support and Maintenance (determined above)
3. Total the sponsor's and spouse's, if any, countable gross earned income from all sources (including self employment income)
4. Carry out the deeming process for Sponsor to Alien deeming
5. Add the total deemable income, if any, of the sponsor(s) to the eligible alien's unearned income

The above steps are repeated for each of the alien's sponsors.

Income Deductions

For every individual in the financial unit whose income is counted, deductions can be applied. Apply disregards in the following order for each employed/self employed individual in the household.

Deductions are applied for as long as there is available income. If there is no available income from which a deduction can be made all income is excluded.

Unearned Income Deductions

If dealing with an eligible couple whose income is combined, combine the unearned income before applying the unearned income deductions. Similarly, if counting the income of parents of a child, for deeming purposes, combine the parents unearned income before applying the unearned income deductions.

The following unearned income deduction applies.

- **\$20 General Income Disregard**

The \$20 General Income Disregard is applied unless the type of unearned income is one where an exception applies:

1. Deduct a \$20 General Income Disregard from unearned income for the individual where the income type is not any of the types listed in the Exceptions to the \$20 Disregard sub rule group OR
2. Deduct \$20 from the combined unearned income for a married couple where the income type is not any of the types listed in the Exceptions to the \$20 Disregard sub rule group

Do not deduct \$20 General Disregard from the following types of unearned income:

1. Tribal General Assistance payments made by BIA
2. Income from payments resulting from the Refugee Act of 1980
3. Veteran's Administration Pension
4. Veteran's Administration Compensation paid to the parent of a child

Earned Income Deductions

If dealing with an eligible couple whose income is combined, combine the earned income before applying the earned income deductions. Similarly, if counting the income of parents of a child (for deeming purposes), combine the parents earned income before applying the earned income deductions.

The following earned income deductions apply:

- **\$20 General Income Disregard**

Deduct the balance of the \$20 general income disregard remaining, if any, after allowing this deduction from unearned income

- **Loss from a Self-Employment Business**

1. Individual is self-employed AND

- 2. Individual's business is losing money AND
- 3. Determine the amount of the loss from the self-employment business AND
- 4. Only deduct the current loss (that is, loss from the last 12 months) from earned income
- **\$65 deduction**
Deduct \$65 from the remaining earned income
- **Impairment-related Work Expenses**
 1. Deduct monthly expenses the client pays for services and items related to the individual's disability when those expenses are necessary for the individual to work AND
 2. These expenses are not covered by Medical Assistance or any third party

Examples of these work expenses:

 1. Transportation for a disabled client who cannot use public transportation because of his impairment
 2. Medications not covered by Medical Assistance or any third party
 3. Wheelchairs
 4. Respirators
 5. Braces
 6. Typing Aids
 7. Telecommunications Devices for the Deaf
 8. Dog Guide
 9. Special visual aid equipment
- **1/2 deduction**
Deduct one half of the earned income that remains

1.9 Low Income Families with Children Medical Assistance Rules

The rules that the household must satisfy to qualify for Low Income Families with Children (LIFC) Medical Assistance. LIFC is a covered group of individuals in families who have a dependent, one or more deprived children living in the home, and whose income and resources are within the program defined limits.

The following rules must be satisfied.

- The household members must satisfy the Non-Financial Requirements
- The household must satisfy the Household Composition Rules or the Household Composition - Special Household Circumstances AND
- The household satisfies the Household Determination rules AND
- The household must satisfy the Resource Test AND
- The household must satisfy the Income Test

For more information about the non-financial requirements, see .

Household Composition

The LIFC coverage type rules determine all potentially eligible LIFC assistance units in the household. The assistance units are formed around the dependent child and include all individuals based on the mandatory household member rules and exceptions.

An unborn child for a pregnant household member in her last trimester of pregnancy is also included.

- Household composition rules are used to form the assistance unit and determine the household members that are included in the unit.
- The dependent child rules determine whether a child is considered a dependent child.
- Household determination rules determine the household members that are not included or excluded from the assistance unit.

This rule group determines the mandatory and optional household members in an assistance unit. If a household member is determined mandatory, they are included in the assistance unit. If a household member is determined to be an optional member, they can be included in the assistance unit. An assistance unit can be formed with and without the optional household member.

Mandatory Household Member

Mandatory household members of an assistance unit for Medical Assistance coverage are determined by the Mandatory Household Member rules. Mandatory Household Member Exception rules define when members who would normally be mandatory members, but in certain exceptions may be optional members. The rules also define when other members of the household must be considered as mandatory members of a unit as a result of the inclusion of specific optional members in a unit.

The following household members, who live in the home, must be included for Medical Assistance coverage, their income and resources are counted and they are included in the household size:

1. Dependent child who meets the Dependent Child rules AND
2. Natural or adoptive parent or parent of the dependent child AND
3. Blood-related or adoptive siblings who satisfy the Dependent Child rules

For more information, see Dependent Child rules in Common Rules - Dependent Child.

Parent Exception

1. A non-SSI disabled parent in receipt of Social Security Disability benefits AND
2. Regardless of whether or not they choose to be included under Low Income Families with Children Medical Assistance, their income and resources are counted and they are included in the household size

Minor Parent Living with Parents - NPCR Exception

A minor parent and their dependent minor child are eligible for Medical Assistance coverage. If the Minor Parent living with Parents/NPCR Exceptions are satisfied the minor parent and minor child will form an assistance unit with and without the minor parent's parents. The assistance unit

with the minor parent's parents will also include the minor parent's siblings if they satisfy the dependent child rules.

1. A minor parent is a parent who is under 18, has never been married and has care of a minor child AND
2. Minor Parent is living with their parent or parents/Non-parent caretaker relative AND
3. The Minor parent is the parent of a dependent child AND
4. Minor parent's parents/NPCR are not currently receiving Low Income Families with Children Medical Assistance AND
5. Minor parent and his/her dependent child or children must be included in the assistance unit AND
6. The parents or non parent caretaker relative of the minor parent may be included (that is, optionally) if they are otherwise eligible, and the minor parent satisfies the Dependent Child rules AND
7. If the parent or non parent caretaker relative is included, siblings of the minor parent must also be included if they satisfy the Dependent Child rules

Household Size and Financial Units

1. If minor parent's parents are not included for Medical Assistance coverage, their income/resources are deemed but they are not included in the household size OR
2. If minor parent's parents are included for Medical Assistance coverage, household size and financial units consists of minor parent, minor parent's parent(s), minor parent's dependent child or children and minor parent's siblings

Optional Household Members

The following household members, who live in the home, can optionally be included for Medical Assistance coverage. If they are included their income and resources are counted and they are included in the household size:

1. Dependent children, other than their own children, for whom the caretaker relative has responsibility.
2. Only one non parent caretaker relative where both of the child's parents are absent from the caretaker relatives home

Household Composition Special Circumstances

This rule group determines the assistance unit for a pregnant woman in her last trimester with no dependent children other than her unborn child. The assistance unit formed will only contain the pregnant woman.

- **Household Size and Financial Unit for Pregnant Woman**

1. Pregnant Woman in her last trimester is eligible for Medical Assistance where the unborn child is counted as a dependent child and there are no other dependent children in the household
2. Include the pregnant woman's spouse

Temporary Absence

This rule group determines whether a household member is absent from the household on a temporary or long term basis. A household member can be absent from the household and maintain eligibility for Medical Assistance if all other program requirements are satisfied provided there is a definite plan for the absent individual to return home.

Temporary Absence Household Members

1. A household member who is temporarily absent from the home for a period of not more than 180 days but who intends to return is eligible for Medical Assistance OR
2. A household member who is temporarily absent from the home for more than 180 days is ineligible for Medical Assistance unless an exception applies

Temporary Absence Exceptions

The allowable period can be extended provided there is a definite plan for the return of the individual and one of the following apply:

1. The household member is being cared for in a hospital or other public or private institution to receive treatment for a mental or physical illness OR
2. The household member is receiving education or training that is not available in the home community

Household Determination

This rule group determines if there are any non household members, excluded household members or individuals whose income or resources will be later deemed to a household member. None of these individuals will be included in the assistance unit.

Non-Household Members

The following household members, who live in the home, are not eligible for Medical Assistance coverage, their income and resources are not counted, and they are not included in the household size:

1. SSI Recipients OR
2. Children receiving Federal, State or Local government Foster Care payments OR
3. Children receiving Federal, State or Local government Adoption Assistance payments OR

Excluded Household Members

The following household members, who live in the home, are not eligible for Medical Assistance coverage however their income and resources are counted and they are included in the household size:

1. Sanctioned parent of a dependent child, when the parent is disqualified from Medical Assistance eligibility for failure to cooperate with CSED OR
2. Individual who is receiving ABD unless they were excluded above for receiving SSI OR

3. The parent of a dependent child who is not cooperating with Third Party Liability (TPL) requirements OR
4. Individual who does not satisfy the citizenship and alienage rules OR
5. Individual who failed to apply for an Social Security Number OR
6. Individual who does not meet residency requirements OR
7. Sanctioned Parent of a child who is guilty of Intentional Program Violation (IPV) OR
8. Sanctioned Parent for failure to comply with work requirements for Cash Assistance OR

Excluded Household Member Exception

1. Income and resources of excluded dependent children are not counted in determining eligibility and they are not included in the household size OR
2. If the excluded individual is a non parent caretaker relative, this individual is removed from the assistance unit (his/her income/resources are not counted and they are not included in the household size and they do not receive assistance)

Deemed Members

If the household member falls into any of the following categories, there may be deemed members in the financial unit:

1. The household member is an alien and income and resources of an alien sponsor and the sponsor's spouse, if they live with the sponsor, are deemed to an alien who is included in the assistance unit OR
2. The household member is a minor parent and income and resources of a non recipient parent or parents of a minor parent are deemed to the minor parent
3. The household member is a non parent caretaker relative and income and resources of the non parent caretaker relative's spouse, if spouse is living with the NPCR and not included in the assistance unit, are deemed to the NPCR who is included in the assistance unit

Resource Rules

The resource rules that are used to determine what resources are countable or non-countable for the household. Resources are classified as either countable or non-countable and liquid or non-liquid. Only countable resources are included in the resource eligibility determination. A household's countable resources must be less than a specified resource limit.

The following rules must be satisfied:

1. Countable resources for the household must be less than \$2000 for a 1 member household OR
2. Countable resources for the household must be less than \$3000 for a 2 member household OR
3. Countable resources for the household must be less than \$3000 + \$25 for each additional household member

For the steps to calculate the household's total countable resources, see [1.5 Family - Common Resource Rules on page 25](#).

Income Rules

The income rules that are used to determine the unearned, earned, and self-employment income that are countable or non-countable for the household. Income is classified as either countable or non-countable. Only countable income is included in the income eligibility determination.

The following rules must be satisfied:

1. The household's gross countable income is equal or less than 185% of the monthly limit for the household size AND
2. The household's net countable income is equal to or less than the 100% of the monthly limit for the household size

For the steps to calculate the household's total countable income, see [1.6 Family - Common Income Rules on page 26](#).

1.10 Transitional LIFC Medical Assistance Rules

The rules that the household must satisfy for inclusion in the Transitional Low Income Families with Children (LIFC) group. Transitional Medical Assistance is designed to encourage households to take advantage of better employment opportunities, even if it means that the household earns too much money to qualify for LIFC.

When a household loses LIFC because the earnings of a specified relative have increased, the household may qualify for extended medical assistance eligibility for up to 12 months. The purpose of this extended Medical Assistance is to ease the transition from welfare to work.

Transitional Medical Assistance Eligibility Determination

To be eligible for Transitional Medical Assistance, the following rules must be satisfied.

1. Household must have been both eligible for and in receipt of Low Income Families with Children Medical Assistance coverage in any 3 of the 6 months immediately preceding the month in which the household became ineligible for Low Income Families with Children Medical Assistance AND
2. Household lost eligibility for Low Income Families with Children Medical Assistance for one of the following reasons:
 - Household must have lost Low Income Families with Children Medical Assistance wholly or partly due to increased earnings of a Caretaker Relative OR
 - Any household member (including a dependent child) is no longer eligible for the time limited \$30 and 1/3 income disregard or \$30 disregard and this causes the countable income to exceed the limit for Low Income Families with Children Medical Assistance.

LIFC - Reason for Ineligibility

1. Where Low Income Families with Children Medical Assistance ineligibility is caused solely by new or increased earnings of a Caretaker Relative, the household is eligible for Transitional Medical Assistance OR
2. Where Low Income Families with Children Medical Assistance ineligibility is as a result of an increase in earnings of a Caretaker Relative and a concurrent change in unearned income AND
 - If the increase in earnings would have resulted in the loss of Low Income Families with Children Medical Assistance eligibility if all other factors remained the same, household is eligible for Transitional Medical Assistance OR
 - When two factors of eligibility change, one of which is increased earnings, and either one could cause ineligibility, the household is eligible for Transitional Medical Assistance OR
3. Where Low Income Families with Children Medical Assistance ineligibility is as a result of an increase in earnings of a Caretaker Relative and a concurrent change in unearned income AND
 - If other factors in the case change that do not, when considered individually, result in loss of Low Income Families with Children Medical Assistance eligibility, but when combined with increased earnings do cause loss of eligibility, the household is eligible for Transitional Medical Assistance benefits

Household Composition

All household members who were covered under Low Income Families with Children Medical Assistance at the time of closing Low Income Families with Children Medical Assistance are eligible for coverage.

New Household Members

Anyone who moves into the home after Transitional Medical Assistance has started as long as that person would have been covered under Low Income Families with Children if the family were applying in the current month.

Remove Household Members

If a household member leaves the home after Transitional Medical Assistance has started they are no longer eligible for Transitional Medical Assistance.

Transitional Medical Assistance Eligibility Period

A description of the Transitional Medical Assistance eligibility period and associated rules.

- Transitional Medical Assistance coverage lasts for up to 12 months, divided into two six-month periods. To receive the entire 12 months of coverage, the eligible group must meet all eligibility criteria for each six-month period AND

- A household is eligible to receive Transitional Medical Assistance for 12 months, beginning with the first month following the last month of Low Income Families with Children Medical Assistance

First 6 Month Period

The household is eligible to receive Transitional Medical Assistance benefits for the first 6 months if:

- Household contains at least one dependent child during the first 6-month period AND
- There is no income test for the first 6 months of Transitional Medical Assistance AND
- There is no resource test for the first 6 months of Transitional Medical Assistance
- **Loss of Residency**
If the family move out of state during the initial 6 month period eligibility ends.
- **Resume Residency**
The family can resume eligibility under the first 6 month Transitional Medical Assistance period if they return to the state and the first 6 month Transitional Medical Assistance period has not expired.

Second 6 Month Period

To remain eligible for the second 6 months of Transitional Medical Assistance:

- Household must have received Transitional Medical Assistance benefits throughout the first 6 month period AND
- Household must continue to contain at least one dependent child during the second 6-month period AND
- There is no resource test for the second 6-month period AND
- Household must have met the reporting requirements unless good cause exists AND
- The Caretaker Relative's average gross earned income minus the Dependent Care expenses for the second and third report periods must not exceed 185% of the Federal Poverty Level for the household size AND
- A specified Caretaker Relative must have earnings in each of the three months in the 3 report periods or have good cause for no earnings
- **Good Cause for No Earning**

The following reasons constitute good cause for no earnings:

- The individual was employed in the month but date on which s/he was paid did not fall in that month OR
- Involuntary loss of employment OR
- The employed person or a family member was ill OR
- A death in the family OR
- Loss of transportation OR
- Harassment OR
- Risk to health and safety OR
- Loss of child care if there is not any other adequate replacement OR
- Other

Income Reporting Requirements

To remain eligible for Transitional Medical Assistance, the household must report gross earnings on a quarterly basis.

First Report

- For the first report period, the only requirement is that a caretaker relative must have had earnings or good cause for no earnings in the first three months of the 12 month period. If the caretaker relative did not receive earnings in one or more of the first 3 months, the household must report this information by the <21st> of the 4 month.
- If the household reports that the Caretaker Relative did not have earnings in one or more of the first 3 months and good cause exists, eligibility for Transitional Medical Assistance continues
- If the household reports that the Caretaker Relative did not have earnings in one or more of the first 3 months and good cause does not exist, eligibility ends after 6 months of Transitional Medical Assistance

Second and Third Reports

- The household must report the earnings of the caretaker relative, the family's gross monthly earnings, and the costs for dependent care necessary for the employment of the caretaker relative (1) by the 21st day of the 7 month for each of months 4, 5, and 6, and (2) by the 21st day of the 10 month for each of months 7, 8, and 9.
- Household is ineligible for 12 Month Transitional Medical Assistance at the end of the report month (i.e. end of the 7th month and end of 10th month) if:
 - The household did not provide the information needed and the information was not otherwise available OR
 - The caretaker relative did not have earnings and did not have good cause for no earnings in one or more of the 3 report months OR
 - The averaged earned income minus the averaged Dependent Care expenses for the 3 report months exceeds 185% of the poverty level for the household size.
- If the household provided all necessary information and the household meets all of the eligibility requirements for the program, the household is eligible for continued coverage under 12 Month Transitional Medical Assistance

Good Cause for Failure to Meet Reporting Requirements

Good cause for failing to meet reporting requirements exists if:

- There was a serious illness or death of the recipient or a member of the recipient's family OR
- There was a family emergency or household disaster, such as a fire, flood or tornado OR
- There were other reasons beyond the recipients control for not returning the report OR
- The household did not receive the form for a reason that was not the recipients fault

Reinstatement of Transitional Medical Assistance

A household might become eligible for reinstatement of Transitional Medical Assistance if the following conditions are met.

- A household who again becomes eligible for LIFC during their transitional benefit period stops receiving Transitional Medical Assistance however the clock on the transitional benefit period continues to run AND
- If the household subsequently loses LIFC, they may be eligible for either:
 - A new transitional benefit period, if they meet the all of the conditions for Transitional Medical Assistance eligibility OR
 - The time remaining of the original Transitional Medical Assistance period.

1.11 Extended LIFC Medical Assistance Rules

When child support payments are made by an absent parent, and the amount paid causes the child or children to be ineligible, Medical Assistance benefits are automatically continued for four months. The eligibility determination rules are described in this section.

Coverage begins on the first day of the month following the month of closure and the extended period is four consecutive months.

Extended Medical Assistance Eligibility Determination

To be eligible for four month extended Medical Assistance:

1. Household must have been both eligible for and in receipt of Low Income Families with Children Medical Assistance in any 3 of the 6 months immediately preceding the month in which the household became ineligible for Low Income Families with Children Medical Assistance AND
2. Household lost Low Income Families with Children Medical Assistance wholly or partly due to new or increased payments in child support or spousal support AND
3. Household must contain at least one dependent child during the four month period.

LIFC - Reason for Ineligibility

1. Where Low Income Families with Children Medical Assistance ineligibility is caused solely by new or increased payments in child support or spousal support, the household is eligible for four months extended Medical Assistance OR
2. Where Low Income Families with Children Medical Assistance ineligibility is as a result of an increase in child or spousal support and a concurrent change in unearned income AND
 - If the increase in child or spousal support would have resulted in the loss of Low Income Families with Children Medical Assistance eligibility if other unearned income remained the same, household is eligible for four months extended Medical Assistance OR
 - When two types of unearned income change, one of which is increased child or spousal support, and either one could cause ineligibility, the household is eligible for four month extended Medical Assistance OR

3. Where Low Income Families with Children Medical Assistance ineligibility is as a result of an increase in child or spousal support and a concurrent change in unearned income AND
 - The increase in child or spousal support contributes to ineligibility but does not itself cause ineligibility AND
 - If other unearned income factors in the case change that do not, when considered individually, result in loss of Low Income Families with Children Medical Assistance eligibility, but when combined with increased child or spousal support payments do cause loss of eligibility, the household is eligible for four month extended Medical Assistance.

Residency

The following residency rules apply to Extended LIFC Medical Assistance.

- **Loss of Residency**

If the family move out of state during the 4 month period, eligibility ends.

- **Resume Residency**

The family can resume eligibility under the initial four month extended Medical Assistance period if they return to the state and the 4 month extended Medical Assistance period has not expired.

1.12 Children Medical Assistance Rules

Children's Medical Assistance assists with medical expenses for children up to the age of 19. The children Medical Assistance coverage type contains two categories: Children Under 6 and Children Aged 6 - 9.

Children Under 6

Children may receive Medical Assistance coverage through the end of the month in which they turn 6 years old.

Children Aged 6 - 9

Children born after September 30, 1983 may qualify for this coverage type through the month in which they turn 19.

The rules for both categories are the same with the exception of the income test.

Common Rules

This section contains the common rules for both children under 6 and children aged 6 - 19.

Household Rules

The following rules must be satisfied:

1. Child satisfies the Non-Financial Requirements AND
2. Child is not an SSI Recipient AND

3. Child is not receiving Federal, State or Local government Foster Care payments AND
4. Child is not receiving Federal, State or Local government Adoption Assistance payments AND
5. The Household must satisfy the Resource Test AND

For more information about dependent child rules, see [1.3 Common Rules - Dependent Child on page 22](#).

For more information about the non-financial requirements, see .

Financial Unit

Include the income and resources of the following individuals in the financial unit:

- The child AND
- The child's mother, if living in the home AND
- The child's legal father, if living in the home AND
- Blood-related or adoptive siblings living in the home who are dependent children (Dependent Child rules must be satisfied with the exception of Deprivation) AND
- If the child for whom assistance is being provided is a sponsored alien, include the income and resources of the sponsor and the sponsor's spouse, if s/he lives with the sponsor.

For more information about dependent child rules, see Common Rules - Dependent Child.

Exception to Financial Unit

Do not include the income and resources of the following individuals in the financial unit:

- SSI Recipients OR
- Children receiving Federal, State or Local government Foster Care payments OR
- Children receiving Federal, State or Local government Adoption Assistance payments

Household Size

The household size is the same the financial unit with the following exception:

- Do not include the alien sponsor or the sponsor's spouse in the household size

Deemed Members

If the household member is an alien, there may be deemed members in the financial unit and income and resources of an alien sponsor and the sponsor's spouse, if s/he lives with the sponsor, are deemed to an alien who is included in the assistance unit.

Resource Rules

Resource rules are used to determine what resources are countable/non countable for the household. Resources are classified as either countable or non-countable and liquid or non-liquid. Only countable resources are included in the resource eligibility determination. A household's countable resources must be less than a specified resource limit.

The resource limit for both Children Under 6 and Children aged 6 to 19 are as follows:

1. Countable resources must not exceed \$2,000 for an individual OR
2. Countable resources must not exceed \$3,000 for a two member household OR
3. Countable resources for the household must be less than \$3000 + \$25 for each additional individual

For the steps to calculate the household's total countable resources, see [1.5 Family - Common Resource Rules on page 25](#).

Income Rules

The income rules that are used to determine the unearned, earned, and self-employment income that are countable or non-countable for the household. Income is classified as either countable or non-countable. Only countable income is included in the income eligibility determination.

Children Under 6 Income Limit

The household's net countable income must be equal to or less than 133% of the federal poverty level for the household size.

Children Age 6 - 9 Income Limit

The household's net countable income must be equal to or less than 100% of the federal poverty level for the household size.

For the steps to calculate the household's total countable income, see [1.6 Family - Common Income Rules on page 26](#).

1.13 Pregnant Women Medical Assistance Rules

Pregnant Woman Medical Assistance is a coverage type that provides Medical Assistance to pregnant women whose income and resources are within the program defined limits. When a woman is determined to be eligible as a Pregnant Woman, any changes in her income do not affect eligibility.

The following rules must be satisfied:

1. The woman is pregnant AND
2. The woman meets Non-Financial Requirements AND
3. She is not an SSI Recipient AND
4. She is not a Child receiving Federal, State or Local government Foster Care payments AND
5. She is not a Child receiving Federal, State or Local government Adoption Assistance payments AND
6. Household must satisfy the Resource Test AND
7. Household must satisfy the Income Test

For more information about the non-financial requirements, see [1.2 Common Rules - Non-Financial Requirements on page 18](#).

Financial Unit

Include the income and resources of the following individuals in the financial unit:

1. Pregnant Woman AND
2. Unborn(s) AND
3. Her Spouse AND
4. Blood-related or adoptive siblings who are dependent children (Dependent Child rules must be satisfied with the exception of Deprivation) if any exist AND
5. If the pregnant woman for whom assistance is being provided is a sponsored alien, include the income and resources of the sponsor and the sponsor's spouse, if the spouse lives with the sponsor AND
6. If the pregnant woman is a minor, that is, under 18 and has never been married, and lives with major parent(s), then income and resources of major parent(s) are included.

- **Financial Unit Exception**

Do not include the income and resources of the following individuals in the financial unit:

1. SSI Recipients OR
2. Children receiving Federal, State or Local government Foster Care payments OR
3. Children receiving Federal, State or Local government Adoption Assistance payments

- **Household Size**

The household size is the same as the financial unit with the following exceptions:

1. Do not include major parent in the household size OR
2. Do not include the alien sponsor or the sponsor's spouse in the household size

Deemed Members

If the household member falls into any of the following categories, there may be deemed members in the financial unit:

1. The household member is an alien and income and resources of an alien sponsor and the sponsor's spouse, if they live with the sponsor, are deemed to an alien who is included in the assistance unit OR
2. The household member is a minor parent and income and resources of a non-recipient parent or parents of a minor parent are deemed to the minor parent

Resource Rules

Resource rules are used to determine what resources are countable/non countable for the household. Resources are classified as either countable or non-countable and liquid or non-liquid. Only countable resources are included in the resource eligibility determination. A household's countable resources must be less than a specified resource limit.

- Countable resources must not exceed \$2,000 for an individual OR
- Countable resources must not exceed \$3,000 for a two member household OR
- Countable resources for the household must be less than \$3000 + \$25 for each additional individual

See the Family - Common Resource Rules chapter for the steps to calculate the household's total countable resources.

Income Rules

Income rules are used to determine the unearned, earned and self employment income that are countable/non countable for the household. Income is classified as either countable or non-countable. Only countable income is included in the income eligibility determination.

Household income must be less than or equal to 133% of federal poverty level.

See the Family - Common Income Rules chapter for the steps to calculate the household's total countable income.

60 Days Postpartum

Once eligibility is established, pregnant women remain eligible for Medical Assistance through the end of the calendar month in which the 60th day after the end of the pregnancy falls.

The 60 day postpartum eligibility period is determined as follows:

1. Count forward 60 days beginning with the day the baby is born or the pregnancy ends.
2. Continue the postpartum eligibility period through the end of the month in which the 60th day falls.

1.14 Newborn Medical Assistance Rules

A child born to a woman determined eligible for Medical Assistance benefits on the date the child is born shall also be deemed Medical Assistance eligible for up to one year. Newborns are not required to satisfy income or resource eligibility.

Deemed Eligibility of Newborns

A child born to a woman eligible for and receiving Medical Assistance on the date of the child's birth is deemed to have filed an application and been found eligible on the date of birth and remains eligible for 1 year.

1.15 Title IV-E Adoption Medical Assistance Rules

Title IV-E is a section of the Social Security Act, which addresses federal payments for foster care and adoption assistance. Children for whom Title IV-E Adoption Assistance Payments are made are categorically needy eligible for Medical Assistance.

Non-Financial Requirements

For more information, see Non Financial Requirements in Common Rules - Non-Financial Requirements.

Title IV-E Adoption Payments

A child for whom adoption assistance payments are made under Title IV-E of the Social Security Act is eligible for Medical Assistance.

1.16 Title IV-E Foster Care Medical Assistance Rules

Title IV-E is a section of the Social Security Act, which addresses federal payments for foster care and adoption assistance. Children for whom Title IV-E Foster Care Maintenance Payments are made are categorically needy eligible for Medical Assistance.

Non-Financial Requirements

For more information, see Non Financial Requirements in Common Rules - Non-Financial Requirements.

Title IV-E Foster Care Payments

A child for whom foster care maintenance payments are made under Title IV-E of the Social Security Act is eligible for Medical Assistance.

1.17 Medically Needy Children Medical Assistance

The rules that a child or family must satisfy for inclusion in the Medically Needy coverage type. Medically Needy are individuals or families whose income is within the Medically Needy Income Level and whose resources fall within the specified limits of the Medically Needy Program.

The Children's Medically Needy coverage type provides limited health coverage to children under the age of 19 who do not qualify for regular Medical Assistance because their family income or financial resources are too high. Medically needy children must satisfy the following rules:

1. Child must satisfy the Non-Financial Requirements AND
2. Child must meet the Age Limit for a Child rules and caretaker relative rules (see Common Rules - Dependent Child chapter) AND
3. Child is not an SSI Recipient AND
4. Child is not receiving Federal, State or Local government Foster Care payments AND
5. Child is not receiving Federal, State or Local government Adoption Assistance payments AND
6. Household must satisfy the Medically Needy Resource Test AND
7. Household satisfy the Medically Needy Income Test.

For more information about the non-financial requirements, see [1.2 Common Rules - Non-Financial Requirements on page 18](#).

Financial Unit

Include the income and resources of the following individuals in the financial unit:

1. The child AND

2. The child's mother, if living in the home AND
3. The child's legal father, if living in the home AND
4. Blood-related or adoptive siblings living in the home who are dependent children (Dependent Child rules must be satisfied with the exception of Deprivation) AND
5. If the child for whom assistance is being provided is a sponsored alien, include the income and resources of the sponsor and the sponsor's spouse, if they live with the sponsor.

For dependent child rules see Common Rules - Dependent Child chapter.

- **Financial Unit Exception**

Do not include the income and resources of the following individuals in the financial unit:

1. SSI Recipients OR
 2. Children receiving Federal, State or Local government Foster Care payments OR
 3. Children receiving Federal, State or Local government Adoption Assistance payments.
- **Household Size**

The household size is the same as the financial unit for Medically Needy Children with the following exception:

- Do not include the alien sponsor or the sponsor's spouse in the household size.

Deemed Members

If the household member is an alien, there may be deemed members in the financial unit and income and resources of an alien sponsor and the sponsor's spouse, if s/he lives with the sponsor, are deemed to an alien who is included in the assistance unit.

Resource Rules

Resource rules are used to determine what resources are countable/non countable for the household. Resources are classified as either countable or non-countable and liquid or non-liquid. Only countable resources are included in the resource eligibility determination. A household's countable resources must be less than a specified resource limit.

1. Countable resources for the household must be less than \$2000 for a 1 member household OR
2. Countable resources for the household must be less than \$3000 for a 2 member household OR
3. Countable resources for the household must be less than \$3000 + \$25 for each additional household member

For the steps to calculate the household's total countable resources, see Family - Common Resource Rules.

Income Rules

To enable the medically needy child to qualify for Medically Needy Children Medical Assistance, the household must satisfy the Medically Needy Income Test. The household's net countable income must be less than or equal to the Medically Needy Income Level (MNIL) which is 133% of Federal Poverty Level.

For the steps to calculate the household's total countable income, see the Family - Common Income Rules.

1.18 Medically Needy Pregnant Women Medical Assistance

All pregnant women during the course of their pregnancy who, except for income and resources, would be eligible for Medicaid as mandatory or optionally categorically needy are eligible for Medically Needy Medicaid.

The following rules must be satisfied:

1. The pregnant woman satisfies the Non-Financial Requirements AND
2. All pregnant women during the course of their pregnancy who satisfy the categorically needy requirements (except income and resources) AND
3. Household must satisfy the Medically Needy pregnant woman resource test AND
4. Household must satisfy the Medically Needy pregnant woman income test

For more information about the non-financial requirements, see [1.2 Common Rules - Non-Financial Requirements on page 18](#).

Categorically Needy Pregnant Women Requirements

The following rules must be satisfied:

1. The woman is pregnant AND
2. She is not an SSI Recipient AND
3. She is not a Child receiving Federal, State or Local government Foster Care payments AND
4. She is not a Child receiving Federal, State or Local government Adoption Assistance payments AND
5. The pregnant woman does not leave the state.

Financial Unit

Include the income and resources of the following individuals in the financial unit:

1. Pregnant Woman AND
2. Unborn(s) AND
3. Unborn child's father (if living in the household) AND
4. Blood-related or adoptive siblings who are dependent children (Dependent Child rules must be satisfied with the exception of Deprivation) if any exist AND
5. If the pregnant woman for whom assistance is being provided is a sponsored alien, include the income and resources of the sponsor and the sponsor's spouse, if the spouse lives with the sponsor AND
6. If the pregnant woman is a minor, that is, under 18 and has never been married, and lives with major parent or parents, then income and resources of major parent or parents are included.

- **Financial Unit Exception**

Do not include the income and resources of the following individuals in the financial unit:

1. SSI Recipients OR
2. Children receiving Federal, State or Local government Foster Care payments OR

3. Children receiving Federal, State or Local government Adoption Assistance payments
- **Household Size**

The household size is the same as the financial unit with the following exceptions:

1. Do not include major parent in the household size OR
2. Do not include the alien sponsor or the sponsor's spouse in the household size.

Resource Rules

Resource rules are used to determine what resources are countable/non countable for the household. Resources are classified as either countable or non-countable and liquid or non-liquid. Only countable resources are included in the resource eligibility determination. A household's countable resources must be less than a specified resource limit.

1. Countable resources for the household must be less than \$2000 for a 1 member household OR
2. Countable resources for the household must be less than \$3000 for a 2 member household OR
3. Countable resources for the household must be less than \$3000 + \$25 for each additional household member

See the Family - Common Resource Rules chapter for the steps to calculate the household's total countable resources.

Income Rules

Income rules are used to determine the unearned, earned and self employment income that are countable/non countable for the household. Income is classified as either countable or non-countable. Only countable income is included in the income eligibility determination.

Household income must be less than or equal to 185% of federal poverty level.

See the Family - Common Income Rules chapter for the steps to calculate the household's total countable income.

60 Days Postpartum

Once eligibility is established, pregnant women remain eligible for Medical Assistance through the end of the calendar month in which the 60th day after the end of the pregnancy falls, regardless of any changes in the family's income, resources or household composition.

The 60 day postpartum eligibility period is determined as follows:

1. Count forward 60 days beginning with the day the baby is born or the pregnancy ends.
2. Continue the postpartum eligibility period through the end of the month in which the 60th day falls.

1.19 Refugee Medical Assistance Rules

The rules that the individual must satisfy to qualify for Refugee Medical Assistance. Refugee Medical Assistance provides medical assistance to needy individuals designated as refugees who are not eligible to receive benefits from any other Medical Assistance coverage type.

The household must satisfy household composition, non-financial requirements, resource test and income test rules. To be eligible for Refugee Medical Assistance:

- The household members must satisfy the Non-Financial Requirements
- The household must satisfy the Household Composition Rules AND
- The individual satisfies the Adult Refugee Medical Assistance or Child Refugee Medical Assistance qualifying conditions AND
- The individual must not be a student AND
- The individual must not be receiving any other Medical Assistance AND
- The individual must be a qualified alien AND
- The individual is limited to 8 months of Refugee eligibility AND
- The household must satisfy the Resource Test AND
- The household must satisfy the Income Test

For more information about the non-financial requirements, see [1.2 Common Rules - Non-Financial Requirements on page 18](#).

Household Composition

The following household members, who live in the home, must be included for Medical Assistance coverage, their income and resources are counted and they are included in the household size.

- This assistance unit consists of an individual that meets Refugee Medical Assistance Qualifying Conditions AND
- This assistance unit consists of the individual's Spouse who meets Refugee Medical Assistance Qualifying Conditions AND

This assistance group includes all children that meet the following categories of eligible children:

- This assistance unit includes the individual's and the Spouse's dependent children who meet the US Born Child Refugee Medical Assistance Qualifying Conditions
- This assistance unit includes any minor child of the individual's or Spouse's Dependent children who meet the Child Refugee Medical Assistance Qualifying Conditions
- This assistance unit includes any minor child of the individual's or Spouse's Dependent children who meet the US Born Child Refugee Medical Assistance Qualifying Conditions

Adult Refugee Medical Assistance Qualifying Condition

- The individual does NOT qualify for any other Medical Assistance coverage type or CHIP program AND

- Is not a dependent child AND
- The individual meets Refugee Medical Assistance Non-Financial Conditions
- **Adult Refugee Medical Assistance Age**
 - The individual is aged 18 or older and less than or equal to 65 OR
 - The individual is aged less than 18 and married

Child RMA Qualifying Condition

- Child meets Dependent Child Rules with respect to an individual or individuals in a Refugee Medical Assistance assistance unit AND
- The child does NOT qualify for any other Medical Assistance coverage type or CHIP program AND
- The child meets Refugee Medical Assistance Non-Financial Conditions

US Born Child Refugee Medical Assistance Non-Financial Conditions

- Child is born in the US AND
- Child meets Dependent Child Rules AND
- Child does NOT qualify for any other Medical Assistance coverage type or CHIP program AND
- The child's parent or parents who live with the child have an alien status eligible for Refugee Medical Assistance AND
- Satisfies student exemption AND
- For children who are born in the U.S. the start of their eligibility period is the same as their refugee parent or parents. If the refugee parents have different eligibility period use that of the mother. AND
- The child is eligible on the first day of the month application is made on or after the start of their Eligibility Period

Dependent Child

Use the Dependent Child Rules in the Common Rules chapter, with the exception of deprivation, to determine that the child is a dependent child of a individual or individuals in a RMA assistance unit.

Student Exemption

Individual is NOT a full-time student in an institution of higher learning or is exempt AND

- Individual is NOT a full-time student in an institution of higher learning OR
- Individual is a full-time student in an institution of higher learning program but course is approved by the State as part of a Refugee resettlement program

Refugee Medical Assistance Non-Financial Conditions

- The individual has an alien immigration status eligible for Refugee Medical Assistance AND
- The individual has not been has not been denied or terminated from Medical Assistance; AND
- Individual is within their eligibility period for Refugee Medical Assistance

Refugee Medical Assistance Coverage Period

The Refugee Medical Assistance coverage period time limit applies to each individual, not to each case.

- The start of the Refugee Medical Assistance eligibility period for a person who has a qualifying alien status on entry to US rules is on the first day of the month that a person enters the US OR
- The start of the Refugee Medical Assistance eligibility period for a person who receives a qualifying alien status after entry to US is on the first day of the month that the person receives this status.

Refugee Medical Assistance Eligibility Period

The eligibility period continues for 8 full months after the start date of the eligibility period as defined above to the last day of that month

Coverage

The individual is eligible on the first day of the month application is made on or after the start of the Refugee Medical Assistance eligibility period until the end of the Refugee Medical Assistance eligibility period. The individual is eligible until the end of the Refugee Medical Assistance eligibility period.

Alien Status

The individual must have qualified alien status.

1. Qualifies On Entry to US

- Individual is an alien and had an alien status of Eligible for Refugee Medical Assistance on entry to US AND
- Individual has a current alien status that is eligible for Refugee Medical Assistance

2. Qualifies After Entry to US

- Individual does not have an alien status of Eligible for Refugee Medical Assistance on entry to US AND
- Individual has a current alien status that is eligible for Refugee Medical Assistance

Eligible Alien Status on US Entry

1. An alien who is admitted as a refugee on entry to US OR
2. An alien who is granted asylum on entry to US OR
3. An alien whose deportation is being withheld on entry to US OR
4. An alien who is paroled into the United States OR
5. An alien granted status as a Cuban and Haitian entrant on entry to US OR
6. An alien admitted as an Amerasian immigrant on entry to US OR
7. Victims of a severe form of trafficking on entry to US OR

8. Individual is an Alien had an alien status eligible for time-limited special immigrant on entry to US

Special Immigrant

1. Qualified Afghan or Iraqi special immigrant OR
2. Qualified Afghan or Iraqi special immigrant spouse OR
3. Qualified Afghan or Iraqi who is dependent child

Current Eligible Alien Status

1. An alien who is assigned a status of refugee after entry to US OR
2. An alien who is granted asylum after entry to US OR
3. An alien who is paroled into the United States after entry to US OR
4. An alien whose deportation is being withheld OR
5. An alien granted status as a Cuban and Haitian entrant after entry to US OR
6. Victims of a severe form of trafficking after entry to US OR
7. An alien admitted as an Amerasian immigrant after entry to US OR
8. An alien who is lawfully admitted for permanent residence and held one of the identified statuses previous to this OR
9. Individual is an alien had an alien status eligible for time-limited special immigrant after entry to US

Financial Unit

Include the income and resources of the following individuals in the financial unit.

- The refugee for whom assistance is being provided AND
- The spouse who is living in the home AND
- The Dependent children of the individual or spouse (Dependent Child rules must be satisfied with the exception of Deprivation) AND
- If a dependent child is a minor parent, then include the dependent child of the minor parent.

The following household members, who live in the home, are not eligible for Medical Assistance coverage, their income and resources are not counted and they are not included in the assistance unit:

- SSI Recipients OR
- Children receiving Federal, State or Local government Foster Care payments OR
- Children receiving Federal, State or Local government Adoption Assistance payments
- **Household Size**

The household size is the same as the financial unit for the Refugee assistance unit.

Resource Rules

The resource rules that are used to determine what resources are countable or non-countable for the household. Resources are classified as either countable or non-countable and liquid or non-liquid. Only countable resources are included in the resource eligibility determination.

A household's countable resources must be less than a specified resource limit.

1. Countable resources for the household must be less than \$2000 for a 1 member household OR
2. Countable resources for the household must be less than \$3000 for a 2 member household OR
3. Countable resources for the household must be less than \$3000 + \$25 for each additional household member

For the steps to calculate the household's total countable resources, see Family - Common Resource Rules.

Resource Rules Exception

The following resources are also specifically excluded from resource calculations for Refugee Medical Assistance.

- **Refugee resettlement cash grant received from Department of State or Department of Justice Reception and Placement programs**
Any cash grant received from the Department of State or Department of Justice Reception and Placement programs
- **Reception and Placement (R&P) cash assistance from a voluntary resettlement agency**
Do not count R&P cash assistance from a voluntary resettlement agency.

Income Rules

To enable the medically needy child to qualify for Medically Needy Children Medical Assistance, the household must satisfy the Medically Needy Income Test. The household's net countable income must be less than or equal to 200% of Federal Poverty Level.

For the steps to calculate the household's total countable income, see [1.6 Family - Common Income Rules on page 26](#).

Income Rules Exception

The following Unearned Incomes are also excluded from income calculations for Refugee Medical Assistance.

- **Match Grant Payments**
Do not count Match Grant payments as income.
- **Refugee Cash Payments**
Do not count Refugee Cash Assistance Payments

1.20 Aged, Blind, and Disabled Medical Assistance Rules

The rules that a household must satisfy to qualify for Aged, Blind, and Disabled Medical Assistance. Aged, Blind, and Disabled Medical Assistance assists with medical expenses for individuals who are aged 65 years or older, blind, or disabled (disability as classified by the Social Security Administration for an adult or child.)

The following rules must be satisfied:

- The household members must satisfy the Non-Financial Requirements
- The household must satisfy an ABD Category
- The household must satisfy the Resource Test
- The household must satisfy the Income Test

For more information about the non-financial requirements, see [1.2 Common Rules - Non-Financial Requirements on page 18](#).

ABD Categories

Aged, Blind and Disabled Medical Assistance provides coverage for both SSI recipients and deemed SSI recipient. Deemed SSI recipients (protected group) are individuals who used to receive SSI benefits but have now lost it.

Individuals who meet the eligibility criteria specific to the protected group continue to receive Medicaid even though their total income may exceed the poverty level.

SSI Recipients

The following rules must be satisfied:

1. Individual receiving SSI payments is eligible for Medical Assistance OR
2. Individual receiving mandatory State supplements is eligible for Medical Assistance

Deemed SSI Recipients

- Pickle People
- Section 1619(b) eligible
- Disabled Adult Children (DAC)
- Disabled Widow(er)s not receiving Medicare
- Children Who Had Received SSI on August 22, 1996

Section 1619(b) eligible

To be section 1619 (b) eligible, the following rules must be satisfied.

- Individual who has had 1619 (b) status determined by the Social Security Administration (SSA) is eligible for Medical Assistance

Note: Individuals eligible as 1619b are categorically financially eligible, that is, there are no resource or income tests for this category, provided they satisfy all other factors of eligibility.

Disabled Adult Children

Social Security will continue to pay Child's insurance benefits (these are payments on a parent's record due to the retirement, death or disability of a parent) to a child age 18 or over who was disabled before age 22, whether or not they received such payments as a minor child.

The adult child can apply at any time, but must be able to prove the disability started before age 22. We refer to an individual who receives "Child's insurance benefits" when they reach 18 years old as a Disabled Adult Child or DAC. A person who was receiving SSI may lose their SSI when they become eligible for the child's benefit, or when they get an increase in those benefits. It is these people who may qualify for protected medical assistance status.

The following rules must be satisfied:

1. Individual is age 18 or over AND
2. Individual is currently entitled to and receives Title II Disabled Adult Child's benefit on a parent's record due to the retirement, death or disability of a parent AND
3. Individual has a disability or blindness which began before age 22, AND
4. Individual has received SSI and then lost the SSI payment after July 1, 1987 due to receipt or increases of the Title II Disabled Adult child's benefit AND
5. Individual satisfies the Resource Test for DAC (See Resource Rules in Section 4 of this chapter) AND
6. Individual satisfies the Income Test for DAC (See Resource Rules in Section 5 of this chapter)

Income Requirements

If the individual only receives Title II Disabled Adult Child payment (no other income type), then there is no need to do an income test, otherwise an income test must carried out.

DAC Financial Unit

The financial unit will consist of one of the following:

1. Individual With No Spouse
 - The disabled adult child AND
 - If the disabled adult child is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included.
 - SSI Recipients are not included.
2. Eligible Couple
 - The disabled adult child AND
 - If the disabled adult child is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included AND
 - The spouse who is living in the home AND

- The spouse is also potentially eligible for Medical Assistance under the Disabled Adult Child, Pickle or Disabled Widow(er) category AND
 - If the spouse is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included.
 - SSI Recipients are not included.
- 3. Eligible Individual With Ineligible Spouse**
- The disabled adult child AND
 - If the disabled adult child is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included AND
 - The spouse who is living in the home AND
 - The spouse is not eligible for Medical Assistance under the Disabled Adult Child, Pickle or Disabled Widow(er) categories AND
 - The spouse is receiving Title II benefits as a widow/widower, ex-wife/ex-husband, parent, disability payments under their own work history.
 - SSI Recipients are not included.

Resource Household Size for Disabled Adult Children

The household size consists of the same individuals as listed in the financial unit above with the following exceptions:

1. Do not include the alien's sponsor and the sponsor's in-home spouse in the household size OR
2. Do not include a parent(s) living in the home in the household size OR
3. Do not include SSI recipients in the household size

Income Household Size for Disabled Adult Children

The household size consists of the same individuals as listed in the financial unit above with the following exceptions:

1. Do not include the alien's sponsor and the sponsor's in-home spouse in the household size OR
2. Do not include SSI recipients OR
3. Do not include the ineligible spouse in the household size when there is no deemable income

Disabled Widow(er)s not receiving Medicare

The following rules must be satisfied.

1. Individual is receiving Social Security Disabled Widow(er) benefits AND
2. Individual is at least age 60, but not yet attained age 65 AND
3. The individual is not receiving Medicare Part A AND
4. Individual has received SSI and then lost the SSI payment due to receipt of the widow/widower Title II benefits AND
5. Individual is currently blind or disabled AND
6. Individual satisfies the Resource Test for Disabled Widower (See Resource Rules in Section 4 of this chapter) AND

7. Individual satisfies the Income Test for Disabled Widower (See Income Rules in Section 5 of this chapter)

Disabled Widow(er)s Financial Unit

The financial unit will consist of one of the following:

- 1. Individual With No Spouse**

- The Disabled widow(er) AND
- If the individual is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included.
- SSI Recipients are not included.

- 2. Eligible Couple**

- The Disabled Widow(er) AND
- If the individual is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included AND
- The spouse who is living in the home AND
- The spouse is also potentially eligible under the category of Aged, Blind and Disabled AND
- If the eligible spouse is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included
- SSI Recipients are not included

- 3. Eligible Individual With Ineligible Spouse**

- The Disabled widow(er) AND
- If the individual is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included AND
- The spouse who is living in the home AND
- The spouse is not eligible under the category of Aged, Blind and Disabled
- Do not include SSI recipients

Resource Household Size for Disabled Widow(er)s

The household size consists of the same individuals as listed in the financial unit above with the following exceptions:

1. Do not include the alien's sponsor and the sponsor's in-home spouse in the household size OR
2. Do not include a parent(s) living in the home in the household size OR
3. Do not include SSI recipients in the household size

Income Household Size for Disabled Widow(er)s

The household size consists of the same individuals as listed in the financial unit above with the following exceptions:

1. Do not include the alien's sponsor and the sponsor's in-home spouse in the household size OR
2. Do not include SSI recipients OR
3. Do not include the ineligible spouse in the household size when there is no deemable income

Children Who Had Received SSI on August 22, 1996

On August 22, 1996, Public Law 104-193 was passed which changed Social Security's definition of disability for children. As a result, some children receiving SSI have had their disability status reviewed and have subsequently been terminated from SSI because they do not meet the new disability criteria.

On August 5, 1997, Public Law 105-33 (The Balanced Budget Act of 1997) was passed. Under this law, children receiving SSI on August 22, 1996 who lose their SSI because they do not meet the new disability criteria, may continue to receive Medicaid. The Balanced Budget Act protects their Medicaid eligibility.

1. Child is under age 18 AND
2. Child was receiving SSI on August 22, 1996 AND
3. Child's SSI payment stopped on or after July 1, 1997 AND
4. Child's SSI was terminated due to the revised childhood disability criteria established under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193) AND
5. Child continues to meet the SSI child disability criteria in effect prior to August 22, 1996 AND
6. Individual satisfies the Resource Test for Children Who Had Received SSI on August 22, 1996 (See Resource Rules in Section 4 of this chapter) AND
7. Individual satisfies the Income Test for Children Who Had Received SSI on August 22, 1996 (See Income Rules in Section 5 of this chapter)

Children Who Had Received SSI on August 22, 1996 Financial Unit

The following individual's income and resources are included in the financial unit:

1. The disabled child AND
2. The parent(s) living with the child AND
3. If the disabled child is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included.
4. Do not include SSI recipients

Pickle People (Pickle Amendment Coverage)

People who are eligible for medical assistance because of the Pickle Amendment are sometimes called Pickle People. Most of these people used to receive both SSA (Social Security) and SSI, but they are now ineligible for SSI because their income exceeds the SSI limit.

Usually, the SSA income has increased beyond the SSI payment level because of cost-of-living adjustments (COLA).

The following rules must be satisfied:

1. Individual is currently receiving Social Security Benefits AND
2. Individual was eligible for and received SSI in at least one month after April 1977 AND
3. Individual was entitled to Social Security Benefits concurrently with the SSI benefits in at least one month after April 1977 AND

4. Individual lost eligibility for SSI after April 1977 because their unearned income exceeds the SSI limit AND
5. Individual is aged 65 or older or currently blind or disabled as determined by the Social Security Administration or the Disability Determination Office AND
6. Individual satisfies the Resource Test for Pickle People (See Resource Rules in Section 4 of this chapter) AND
7. Individual satisfies the Income Test for Pickle People (See Income Rules in Section 5 of this chapter)

Pickle Financial Unit

The financial unit rules defines whose income and resources are considered in the financial eligibility determination.

In the Pickle People category the financial unit will consist of one of the following:

1. Eligible Individual with no Spouse
 - The aged blind or disabled person AND
 - If the individual is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included.
 - SSI Recipients are not included
2. Eligible Child
 - The aged blind or disabled child AND
 - The parent(s) if the child is living with parent(s) AND
 - If the child is an alien, the income of the child's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included.
 - SSI recipients are not included
3. Eligible Couple
 - The aged blind or disabled individual AND
 - If the individual is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included AND
 - The spouse who is living in the home AND
 - The spouse is also potentially eligible for Medical Assistance under the Aged, Blind and Disabled category AND
 - If the spouse is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included.
 - SSI recipients are not included
4. Eligible Individual With Ineligible Spouse
 - The aged blind or disabled person AND
 - If the individual is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included AND
 - The spouse who is living in the home AND
 - The spouse is not eligible for Medical Assistance under the Aged, Blind and Disabled category.
 - SSI recipients are not included

Resource Household Size for Pickle People

The household size consists of the same individuals as listed in the financial unit for Pickle People above with the following exceptions:

1. Do not include the alien's sponsor and the sponsor's in-home spouse in the household size OR
2. Do not include a parent(s) living in the home in the household size OR
3. Do not include SSI recipients in the household size

Income Household Size for Pickle People

The household size consists of the same individuals as listed in the financial unit for Pickle People above with the following exceptions:

1. Do not include the alien's sponsor and the sponsor's in-home spouse in the household size OR
2. Do not include a parent(s) living in the home in the household size OR
3. Do not include SSI recipients in the household size OR
4. Do not include the ineligible spouse in the household size when there is no deemable income

Resource Rules

The resource rules that are used to determine what resources are countable or non-countable for the household. Resources are classified as either countable or non-countable and liquid or non-liquid. Only countable resources are included in the resource eligibility determination.

A household's countable resources must be less than a specified resource limit.

The following are the resource limits for the various categories of ABD. Note there is no resource test for the 1619(b) category as mentioned previously.

1. Pickle People
 - Resources must not exceed \$2000 for individual OR
 - Resources must not exceed \$3000 for a couple
2. Disabled Adult Children (DAC)
 - Resources must not exceed \$2000 for individual OR
 - Resources must not exceed \$3000 for a couple
3. Disabled Widow(er)s not receiving Medicare
 - Resources must not exceed \$2000 for individual OR
 - Resources must not exceed \$3000 for a couple
4. Children Who Had Received SSI on August 22, 1996
 - Resources must not exceed \$2000 for individual

For the steps to calculate the household's total countable resources, see [1.7 Adult - Common Resource Rules on page 29](#).

Income Rules

The income rules that are used to determine the unearned, earned, and self-employment income that are countable or non-countable for the household. Income is classified as either countable or non-countable. Only countable income is included in the income eligibility determination.

The following are the income limits for the various categories of ABD. Note there is no income test for the 1619(b) category as mentioned previously.

1. Pickle People

- If income is less than the current SSI Income Limit then individual has satisfied the income test.

2. Disabled Adult Children (DAC)

- If income is less than the current SSI Income Limit then individual has satisfied the income test.

3. Disabled Widow(er)s not receiving Medicare

- If income is less than the current SSI Income Limit then individual has satisfied the income test.

4. Children Who Had Received SSI on August 22, 1996

- Child continues to meet federal SSI income Limit

For the steps to calculate the household's total countable income, see [1.8 Adult - Common Income Rules on page 32](#).

1.21 Qualified Medicare Beneficiaries Medical Assistance

The rules that an individual must satisfy to qualify for the Qualified Medicare Beneficiaries (QMB) coverage type. This is for people who receive Part A Medicare and whose income is below 100% of poverty.

To receive QMB medical assistance the following conditions must be met:

- Individual must satisfy the Non-Financial Requirements AND
- Individual is receiving Medicare Part A benefits AND
- Individual must satisfy the Resource Test AND
- Individual must satisfy the Income Test

For more information about the non-financial requirements, see [1.2 Common Rules - Non-Financial Requirements on page 18](#).

Financial Unit

The financial unit rules are provided in this section.

The financial unit will consist of one of the following:

- Eligible Individual With No Spouse
- Eligible Child
- Eligible Couple
- Eligible Individual With Ineligible Spouse

Eligible Individual With No Spouse

- The Medicare Part A recipient AND
- If the individual is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included

Exception: SSI recipients are not included.

Eligible Child

- The child who is a Medicare Part A recipient AND
- The parent or parents if the child is living with parent AND
- If the child is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included

Exception: SSI recipients are not included.

Eligible Couple

- The Medicare Part A recipient AND
- If the Medicare Part A recipient is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included AND
- The spouse who is living in the home and is a Medicare Part A recipient AND
- If the spouse is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included

Exception: SSI recipients are not included.

Eligible Individual with Ineligible Spouse

- The Medicare Part A recipient AND
- If the Medicare Part A recipient is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included AND
- A spouse living in the home who is not a Medicare Part A recipient

Exception: SSI recipients are not included.

Resource Household Size

The household size consists of the same individuals as listed in the Financial Unit section above with the following exceptions:

- Do not include the alien's sponsor and the sponsor's in-home spouse in the household size OR
- Do not include a parent or parents living in the home in the household size OR
- Do not include SSI recipients in the household size

Income Household Size

The household size consists of the same individuals as listed in the Financial Unit section above with the following exceptions:

- Do not include the alien's sponsor and the sponsor's in-home spouse in the household size OR
- Do not include parent or parents living in the home in the household size OR
- Do not include the ineligible spouse in the household size when there is no deemable income OR
- Do not include SSI recipients in the household size

Resource Rules

The resource rules that are used to determine what resources are countable or non-countable for the household. Resources are classified as either countable or non-countable and liquid, or non-liquid. Only countable resources are included in the resource eligibility determination. A household's countable resources must be less than a specified resource limit.

- Resources must not exceed \$6,940 for individual OR
- Resources must not exceed \$10,410 for a couple

For the steps to calculate the household's total countable resources, see [1.7 Adult - Common Resource Rules on page 29](#).

Income Rules

The income rules that are used to determine the unearned, earned, and self-employment income that are countable or non-countable for the household. Income is classified as either countable or non-countable. Only countable income is included in the income eligibility determination.

Income must be less than or equal to 100% of federal poverty level.

For the steps to calculate the household's total countable income, see [1.8 Adult - Common Income Rules on page 32](#).

1.22 Specified Low-Income Medicare Beneficiaries Medical Assistance Rules

The Specified Low-Income Medicare Beneficiaries coverage type is for people who receive Part A Medicare and whose income exceeds the QMB level but is equal to or less than 120% of poverty.

To receive Specified Low-Income Medicare Beneficiaries medical assistance the following conditions must be met:

- Individual must satisfy the Non-Financial Requirements AND
- Individual is receiving Medicare Part A benefits AND
- Individual must satisfy the Resource Test AND

- Individual must satisfy the Income Test

For more information about the non-financial requirements, see [1.2 Common Rules - Non-Financial Requirements on page 18](#).

Financial Unit

The financial unit rules are provided in this section.

The financial unit will consist of one of the following:

- Eligible Individual With No Spouse
- Eligible Child
- Eligible Couple
- Eligible Individual With Ineligible Spouse

Eligible Individual With No Spouse

- The Medicare Part A recipient AND
- If the individual is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included

Exception: SSI recipients are not included.

Eligible Child

- The child who is a Medicare Part A recipient AND
- The parent or parents if the child is living with parent AND
- If the child is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included

Exception: SSI recipients are not included.

Eligible Couple

- The Medicare Part A recipient AND
- If the Medicare Part A recipient is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included AND
- The spouse who is living in the home and is a Medicare Part A recipient AND
- If the spouse is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included

Exception: SSI recipients are not included.

Eligible Individual with Ineligible Spouse

- The Medicare Part A recipient AND
- If the Medicare Part A recipient is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included AND
- A spouse living in the home who is not a Medicare Part A recipient

Exception: SSI recipients are not included.

Resource Household Size

The household size consists of the same individuals as listed in the Financial Unit section above with the following exceptions:

- Do not include the alien's sponsor and the sponsor's in-home spouse in the household size OR
- Do not include a parent or parents living in the home in the household size OR
- Do not include SSI recipients in the household size

Income Household Size

The household size consists of the same individuals as listed in the Financial Unit section above with the following exceptions:

- Do not include the alien's sponsor and the sponsor's in-home spouse in the household size OR
- Do not include parent or parents living in the home in the household size OR
- Do not include the ineligible spouse in the household size when there is no deemable income OR
- Do not include SSI recipients in the household size

Resource Rules

Resource rules are used to determine what resources are countable or non-countable for the household. Resources are classified as either countable or non-countable, and liquid or non-liquid. Only countable resources are included in the resource eligibility determination. A household's countable resources must be less than a specified resource limit.

- Resources must not exceed \$6,940 for individual OR
- Resources must not exceed \$10,410 for a couple

For the steps to calculate the household's total countable resources, see [1.7 Adult - Common Resource Rules on page 29](#).

Income Rules

The income rules that are used to determine the unearned, earned, and self employment income that are countable or non-countable for the household. Income is classified as either countable or non-countable. Only countable income is included in the income eligibility determination.

Income must be greater than 100% and less than or equal to 120% of federal poverty level.

For the steps to calculate the household's total countable income, see [1.8 Adult - Common Income Rules on page 32](#).

1.23 Qualified Individual Medical Assistance Rules

The Qualified Individual Medicare Beneficiaries (QI-1) coverage type is for people who receive Part A Medicare and whose income exceeds the Specified Low-Income Medicare Beneficiaries level but is equal to or less than 135% of poverty.

To receive QI-1 medical assistance the following conditions must be met:

- Individual must satisfy the Non-Financial Requirements AND
- Individual is receiving Medicare Part A benefits AND
- Individual must satisfy the Resource Test AND
- Individual must satisfy the Income Test

For more information about the non-financial requirements, see [1.2 Common Rules - Non-Financial Requirements on page 18](#).

Financial Unit

The financial unit rules are provided in this section.

The financial unit will consist of one of the following:

- Eligible Individual With No Spouse
- Eligible Child
- Eligible Couple
- Eligible Individual With Ineligible Spouse

Eligible Individual With No Spouse

- The Medicare Part A recipient AND
- If the individual is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included

Exception: SSI recipients are not included.

Eligible Child

- The child who is a Medicare Part A recipient AND
- The parent or parents if the child is living with parent AND
- If the child is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included

Exception: SSI recipients are not included.

Eligible Couple

- The Medicare Part A recipient AND
- If the Medicare Part A recipient is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included AND

- The spouse who is living in the home and is a Medicare Part A recipient AND
- If the spouse is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included

Exception: SSI recipients are not included.

Eligible Individual with Ineligible Spouse

- The Medicare Part A recipient AND
- If the Medicare Part A recipient is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included AND
- A spouse living in the home who is not a Medicare Part A recipient

Exception: SSI recipients are not included.

Resource Household Size

The household size consists of the same individuals as listed in the Financial Unit section above with the following exceptions:

- Do not include the alien's sponsor and the sponsor's in-home spouse in the household size OR
- Do not include a parent or parents living in the home in the household size OR
- Do not include SSI recipients in the household size

Income Household Size

The household size consists of the same individuals as listed in the Financial Unit section above with the following exceptions:

- Do not include the alien's sponsor and the sponsor's in-home spouse in the household size OR
- Do not include parent or parents living in the home in the household size OR
- Do not include the ineligible spouse in the household size when there is no deemable income OR
- Do not include SSI recipients in the household size

Resource Rules

The resource rules that are used to determine what resources are countable or non-countable for the household. Resources are classified as either countable or non-countable and liquid, or non-liquid. Only countable resources are included in the resource eligibility determination. A household's countable resources must be less than a specified resource limit.

- Resources must not exceed \$6,940 for individual OR
- Resources must not exceed \$10,410 for a couple

For the steps to calculate the household's total countable resources, see [1.7 Adult - Common Resource Rules on page 29](#).

Income Rules

The income rules that are used to determine the unearned, earned, and self employment income that are countable or non-countable for the household. Income is classified as either countable or non-countable. Only countable income is included in the income eligibility determination.

Income must be greater than 120% and less than or equal to 135% of federal poverty level.

For the steps to calculate the household's total countable income, see [1.8 Adult - Common Income Rules on page 32](#).

1.24 Qualified Disabled Working Individuals Medical Assistance Rules

The rules that an individual must satisfy to qualify for Qualified Disabled Working Individual Medical Assistance (QDWI). The Qualified Disabled Working Individual coverage type is designed to help pay an individual's Medicare Part A monthly premium. It is for individuals under age 65, disabled, and no longer entitled to free Medicare Hospital Insurance Part A, solely because of returning to work.

To receive QDWI medical assistance the following conditions must be met:

- Individual must satisfy the Non-Financial Requirements AND
- Individual is under 65 years of age AND
- Individual has lost entitlement to premium free Medicare Part A solely because his/her earnings exceeded the Substantial Gainful Activity (SGA) amount AND
- Individual continues to have the same disability AND
- Individual satisfies the Resource Test AND
- Individual satisfies the Income Test

For more information about the non-financial requirements, see [1.2 Common Rules - Non-Financial Requirements on page 18](#).

Financial Unit

The financial unit rules are provided in this section.

The financial unit will consist of one of the following:

- Eligible Individual With No Spouse
- Eligible Child
- Eligible Couple
- Eligible Individual With Ineligible Spouse

Eligible Individual With No Spouse

- The Medicare Part A recipient AND

- If the individual is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included

Exception: SSI recipients are not included.

Eligible Child

- The child who is a Medicare Part A recipient AND
- The parent or parents if the child is living with parent AND
- If the child is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included

Exception: SSI recipients are not included.

Eligible Couple

- The Medicare Part A recipient AND
- If the Medicare Part A recipient is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included AND
- The spouse who is living in the home and is a Medicare Part A recipient AND
- If the spouse is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included

Exception: SSI recipients are not included.

Eligible Individual with Ineligible Spouse

- The Medicare Part A recipient AND
- If the Medicare Part A recipient is an alien, the income of the alien's sponsor and the sponsor's spouse if the spouse lives with the sponsor is included AND
- A spouse living in the home who is not a Medicare Part A recipient

Exception: SSI recipients are not included.

Resource Household Size

The household size consists of the same individuals as listed in the Financial Unit section above with the following exceptions:

- Do not include the alien's sponsor and the sponsor's in-home spouse in the household size OR
- Do not include a parent or parents living in the home in the household size OR
- Do not include SSI recipients in the household size

Income Household Size

The household size consists of the same individuals as listed in the Financial Unit section above with the following exceptions:

- Do not include the alien's sponsor and the sponsor's in-home spouse in the household size OR
- Do not include parent or parents living in the home in the household size OR
- Do not include the ineligible spouse in the household size when there is no deemable income OR

- Do not include SSI recipients in the household size

Resource Rules

The resource rules that are used to determine what resources are countable or non-countable for the household. Resources are classified as either countable or non-countable, and liquid or non-liquid. Only countable resources are included in the resource eligibility determination. A household's countable resources must be less than a specified resource limit.

- Resources must not exceed \$4000 for individual OR
- Resources must not exceed \$6000 for a couple

For the steps to calculate the household's total countable resources, see [1.7 Adult - Common Resource Rules on page 29](#).

Income Rules

The income rules that are used to determine the unearned, earned, and self-employment income that are countable or non-countable for the household. Income is classified as either countable or non-countable. Only countable income is included in the income eligibility determination.

Income must be greater than 135% and less than or equal to 200% of federal poverty level.

For more information about the non-financial requirements, see [1.2 Common Rules - Non-Financial Requirements on page 18](#).

1.25 Breast and Cervical Cancer Medical Assistance Rules

The Breast and Cervical Cancer coverage type provides full traditional medical assistance benefits to uninsured women under age 65 who are identified through Center for Disease Control providers and are in need of treatment for breast or cervical cancer, precancerous conditions, or early stage cancer.

For an individual to be deemed eligible for Breast and Cervical Cancer only related services:

- The individual must be a woman AND
- The individual must be screened for breast and/or cervical cancer under a Breast and Cervical Cancer Program and is found to be in need of treatment for breast and/or cervical cancer AND
- The individual must satisfy the Non-Financial Requirements AND
- The individual must be under 65 years of age AND
- The individual must satisfy the no creditable insurance test AND
- The individual must not be eligible for Medical Assistance under any of the categorically or medically coverage types AND
- The individual must not be in receipt of Medicare B
- The individual must not be sanctioned on a Medical Assistance coverage type

For more information about the non-financial requirements, see [1.2 Common Rules - Non-Financial Requirements on page 18](#).

Creditable Insurance Coverage

The individual must not have creditable medical insurance coverage under any of the following:

- Group Health Insurance Plan OR
- Armed Forces Insurance OR
- Indian Health Services OR
- Native American Health Services OR
- Health Care for Peace Corps Volunteer

Exceptions to Creditable Insurance

- The individual's medical insurance consists of limited benefits OR
- The individual's insurance does not include coverage for treatment of breast or cervical cancer or precancerous conditions OR
- The individual's lifetime limit on all benefits under the plan or coverage has been exhausted.

Certification

- The certification period is based on the individual's course of treatment as established by a physician AND
- The certification period begins with the first day of the application month the individual is found to be eligible for Breast and Cervical Cancer Medical Assistance AND
- The certification period can not be longer than 12 months.

1.26 Emergency Medical Assistance Rules

The rules that individuals must satisfy to qualify for the Emergency Medical Assistance program. Emergency Medical Assistance is a short-term program that provides coverage only for emergency services to individuals who meet all the requirements for a Medical Assistance coverage type but are not US citizens, and do not meet the eligible qualified alien status requirements for full Medical Assistance coverage.

Emergency Medical Assistance Eligibility

The following rules must be satisfied:

- Household members must meet EMA qualifying conditions AND
- Household members must be eligible for medical assistance coverage under any of the following programs for all rules except citizenship and SSN.

Emergency Medical Assistance is available under the following programs:

1. Emergency ABD
2. Emergency Title IV-E Foster Care/Adoption
3. Emergency LIFC
4. Emergency Newborn

5. Emergency Children
6. Emergency Pregnant Woman
7. Emergency Medically Needy Children
8. Emergency Medically Needy Pregnant Woman
9. Emergency Medically Needy Children with Spend Down
10. Emergency Medically Needy Pregnant Woman with Spend Down

EMA Qualifying Conditions

- The individual is not a US citizen or does not have an alien status eligible for Medical Assistance AND
- The household member must meet residency rules AND
- The household member must have an Emergency Need AND
- The individual is not eligible for coverage under the Refugee Medical Assistance coverage type AND
- These household members are covered for Emergency Medical Assistance coverage period.

Citizenship Requirements

To be eligible for Emergency Medical Assistance, the individual must NOT pass any of the Citizenship Rules as documented in Common Rules - Non-Financial Requirements.

Residency Requirements

To be eligible for Emergency Medical Assistance, the individual must pass the Residency rules as documented in Common Rules - Non Financial Requirements.

Emergency Medical Need

- Emergency shall mean a medical condition for which the absence of immediate medical attention could reasonably be expected to result in death or permanent disability and is approved as such by relevant authorities AND
- The care and services cannot be related to either an organ transplant procedure AND
- The care and services cannot be related to routine prenatal or postpartum care AND
- The application date must not be later than the last day of the third Month following the month in which the emergency need started.

Emergency Medical Assistance Coverage Period

- The date the household member first sought treatment is considered the first day of the coverage period AND
- The coverage period ends when the emergency treatment period ends

1.27 Retroactive Medical Assistance Requests

When an application is made for Medical Assistance, the applicant is entitled to request retroactive Medical Assistance coverage, for all programs offering retroactive coverage, for a retroactive period prior to their initial application date.

An applicant will request retroactive Medical Assistance coverage if an outstanding or pending medical expense, arising in the retroactive period, exists. Retroactive Medical Assistance may be requested with an initial Medical Assistance application or subsequently at a later point in time.

When retroactive eligibility is requested with the initial medical assistance application, it is not necessary for an applicant to have been determined eligible, in the month of application, for prospective medical assistance coverage in order to receive retroactive coverage. When retroactive medical assistance is requested at a date later than an initial application date, the applicant must have been determined eligible for, and have received medical assistance coverage following the initial application. Thus subsequent applications for retroactive eligibility can only be requested for the retroactive periods of existing product deliveries.

It is a prerequisite for retroactive medical assistance that all required evidence has been recorded for the requested retroactive period.

Retroactive Period

The retroactive period is the 3 month period immediately prior to the month in which the application for medical assistance was made. The retroactive period starts on a date in the 3rd month prior to the month in which the application for medical assistance was made. The retroactive period ends on the last day of the month immediately prior to the medical assistance application month.

For example, if a medical assistance application is filed in July, the retroactive period will start in April and end on the last day of June.

In the retroactive period:

- Eligibility is determined individually for each retroactive month.
- The business requirement for the coverage type must be satisfied as well as the retroactive requirements. The individual/household must have incurred a valid medical expense within each retroactive month to be determined eligible.
- Medical Assistance coverage is available for one or more retroactive months.

For example, if a medical assistance application is filed in July, the retroactive period is April to June. An applicant is eligible to receive coverage in any or all of the months April, May and June in which they are found eligible.

Retroactive Period Start Date

The retroactive period start date in the 3rd retroactive month varies. In some states it is dependent on the date of application in the application month, and in others it starts from the 1st day in the 3rd retro month (configured option). A system variable is defined which when set defines which retro period start date option is used ('retroPeriodStartsOnFirstDayOfMonth').

Check Retroactive Eligibility

The retroactive medical assistance check can be triggered from the application or the integrated case post application. If requested from the integrated case, the user can view all the potential retroactive periods for which retroactive eligibility can be requested and select the required period.

The system then checks retroactive eligibility for all household members, for all programs in each of the selected retroactive months. The system checks for eligibility for all programs except for CHIP and Qualified Medicare Beneficiaries (QMB).

Notices

Permissions for the use of these publications are granted subject to the following terms and conditions.

Applicability

These terms and conditions are in addition to any terms of use for the Merative website.

Personal use

You may reproduce these publications for your personal, noncommercial use provided that all proprietary notices are preserved. You may not distribute, display or make derivative work of these publications, or any portion thereof, without the express consent of Merative.

Commercial use

You may reproduce, distribute and display these publications solely within your enterprise provided that all proprietary notices are preserved. You may not make derivative works of these publications, or reproduce, distribute or display these publications or any portion thereof outside your enterprise, without the express consent of Merative.

Rights

Except as expressly granted in this permission, no other permissions, licenses or rights are granted, either express or implied, to the publications or any information, data, software or other intellectual property contained therein.

Merative reserves the right to withdraw the permissions granted herein whenever, in its discretion, the use of the publications is detrimental to its interest or, as determined by Merative, the above instructions are not being properly followed.

You may not download, export or re-export this information except in full compliance with all applicable laws and regulations, including all United States export laws and regulations.

MERATIVE MAKES NO GUARANTEE ABOUT THE CONTENT OF THESE PUBLICATIONS. THE PUBLICATIONS ARE PROVIDED "AS-IS" AND WITHOUT WARRANTY OF ANY KIND, EITHER EXPRESSED OR IMPLIED, INCLUDING BUT NOT LIMITED TO IMPLIED WARRANTIES OF MERCHANTABILITY, NON-INFRINGEMENT, AND FITNESS FOR A PARTICULAR PURPOSE.

Merative or its licensors may have patents or pending patent applications covering subject matter described in this document. The furnishing of this documentation does not grant you any license to these patents.

Information concerning non-Merative products was obtained from the suppliers of those products, their published announcements or other publicly available sources. Merative has not tested those products and cannot confirm the accuracy of performance, compatibility or any other claims related to non-Merative products. Questions on the capabilities of non-Merative products should be addressed to the suppliers of those products.

Any references in this information to non-Merative websites are provided for convenience only and do not in any manner serve as an endorsement of those websites. The materials at those

websites are not part of the materials for this Merative product and use of those websites is at your own risk.

This information contains examples of data and reports used in daily business operations. To illustrate them as completely as possible, the examples include the names of individuals, companies, brands, and products. All of these names are fictitious and any similarity to actual people or business enterprises is entirely coincidental.

The licensed program described in this document and all licensed material available for it are provided by Merative under terms of the Merative Client Agreement.

COPYRIGHT LICENSE:

This information contains sample application programs in source language, which illustrate programming techniques on various operating platforms. You may copy, modify, and distribute these sample programs in any form without payment to Merative, for the purposes of developing, using, marketing or distributing application programs conforming to the application programming interface for the operating platform for which the sample programs are written. These examples have not been thoroughly tested under all conditions. Merative, therefore, cannot guarantee or imply reliability, serviceability, or function of these programs. The sample programs are provided "AS IS", without warranty of any kind. Merative shall not be liable for any damages arising out of your use of the sample programs.

Privacy policy

The Merative privacy policy is available at <https://www.merative.com/privacy>.

Trademarks

Merative™ and the Merative™ logo are trademarks of Merative US L.P. in the United States and other countries.

IBM®, the IBM® logo, and ibm.com® are trademarks or registered trademarks of International Business Machines Corp., registered in many jurisdictions worldwide.

Adobe™, the Adobe™ logo, PostScript™, and the PostScript™ logo are either registered trademarks or trademarks of Adobe™ Systems Incorporated in the United States, and/or other countries.

Oracle and Java are registered trademarks of Oracle and/or its affiliates.

The registered trademark Linux® is used pursuant to a sublicense from the Linux Foundation, the exclusive licensee of Linus Torvalds, owner of the mark on a worldwide basis.

Microsoft™, Windows™, and the Windows™ logo are trademarks of Microsoft™ Corporation in the United States, other countries, or both.

UNIX™ is a registered trademark of The Open Group in the United States and other countries.

Other company, product, and service names may be trademarks or service marks of others.