

0344**POVERTY LEVEL COVERAGE GROUPS****0344.05****PREGNANT WOMEN - POVERTY LEVEL**

REV:01/2002

This coverage group is pregnant women in a one or two parent family whose countable income does not exceed 185% of the Federal Poverty Level (FPL) for the family size, including the unborn.

Eligibility considerations are:

- o The pregnancy must be medically verified;
- o Only the pregnant woman is eligible. No other family member qualifies for coverage under this provision;
- o A deprivation characteristic (Section 0306.10.15) need not exist;
- o There is no resource test;
- o Countable income is determined by the MA family-related treatment methodology (See Section 0334 - Determining Income Methodology);
- o There is no spenddown. Costs incurred for medical care are not deducted from the family's income when determining eligibility for this coverage group;
- o Once eligibility is established, the pregnant woman remains Categorically Needy until the end of the month in which the 60th post partum day occurs. Any subsequent change in income does not effect the woman's eligibility status.

If a pregnant woman is ineligible under this coverage group and there are very high medical expenses, eligibility as Medically Needy may be found under the flexible test of income policy (Section 0336). A deprivation characteristic need not exist for the pregnant woman, but there is a resource test coverage as a Medically Needy Pregnant Woman.

0344.05.05**Example of Poverty Level Eligibility**

REV:05/1996

A pregnant woman, living in a family with four members, including the unborn, applies for Medical Assistance for herself. The family's countable income is \$2,360 monthly. Since the income is within the FPL for the family size, the pregnant woman is eligible for Medical Assistance as Categorically Needy.

0344.10

CHILD YOUNGER THAN 6, POVERTY LEVEL

REV:11/2000

These coverage groups consist of children up to one (1) year of age with family countable income is less than one hundred eighty five percent (185%) of the Federal Poverty Level (fpl); and children older than one (1) year of age and younger than six (6) years of age with family countable income is less than one hundred thirty three percent (133%) of the Federal Poverty Level (fpl).

Eligibility considerations are:

- o An eligibility factor of deprivation need not exist;
- o There is no relationship requirement. The child may be living with a non-relative caretaker or in a licensed foster care home;
- o There is no resource test;
- o Countable income is determined by the MA family-related treatment methodology (See Section 0334 - Determining Income Methodology);
- o There is no spenddown. Costs incurred for medical care are not deducted from the family's income when determining eligibility;
- o Once eligibility is established, the child is entitled to the full scope of services as a Categorically Needy individual, from the first of the month of application through the end of the month in which the child's first birthday occurs. If the child is hospitalized on his/her first birthday, coverage will be extended until the child is discharged from the facility.
- o If the child is hospitalized in a hospital or long term care facility when s/he reaches age six (6), coverage is extended until the child is discharged

from the facility.

If the child is ineligible under this coverage group or under a corresponding Rite Care coverage group (Section 0348) because countable income exceeds the appropriate fpl, eligibility as a Medically Needy Ribicoff child may be available based on a flexible test of income. An eligibility factor of deprivation need not exist, but the family must meet the Medically Needy resources limits.

0344.15

CHILD OLDER THAN 6, NOT 19

REV:11/2000

This coverage group consists of children born after September 30, 1983 who have attained six (6) years of age but have not attained nineteen (19) years of age with family countable income within one hundred percent (100%) of the Federal Poverty Level (fpl).

Eligibility considerations are:

- o An eligibility factor of deprivation need not exist;
- o There is no relationship requirement. The child may be living independently, with a non-relative caretaker, or in a licensed foster care home;
- o There is no resource test;
- o Countable income is determined by the MA family-related treatment methodology (See Section 0334 - Determining Income Methodology);
- o There is no spenddown. Costs incurred for medical care are not deducted from the family's income when determining eligibility for this coverage group;
- o If the child is hospitalized in a hospital or long term care facility when s/he reaches age nineteen (19), coverage is extended until the child is discharged from the facility.

If a child is ineligible for this coverage group or under a corresponding Rite Care coverage group (Section 0348) because countable income exceeds the appropriate FPL, eligibility as a Medically Needy "Ribicoff" child may be available based on a

flexible test of income. An eligibility factor of deprivation need not exist, but the family must meet the Medically Needy resource limits.