

2162 - LOW INCOME MEDICAID**POLICY STATEMENT**

Low Income Medicaid (LIM) provides Medicaid benefits for eligible children up to age 18 and the specified related adult(s) who are responsible for those children. LIM individuals may or may not be receiving Temporary Assistance to Needy Families (TANF), but may not be receiving Supplemental Security Income (SSI).

**BASIC
CONSIDERATIONS****Basic Eligibility
Criteria**

LIM AU members must meet the following basic eligibility requirements:

- **Age**

A child must be under the age of 18 to be eligible for LIM. There is no age requirement for adult AU members. Refer to Section 2255, Age.

- **Application for Other Benefits**

The A/R must apply, or agree to apply for and accept other benefits to which s/he or other AU members may be entitled.

A parent who does not meet this requirement and those children for whom the parent is responsible are excluded from the AU. A non-parent relative or a child for whom this requirement is not met is excluded from the AU.

Refer to Section 2210, Application for Other Benefits.

- **Citizenship/Alienage**

Each AU member must be a U.S. citizen or meet alien eligibility requirements. Refer to Section 2215, Citizenship/Alienage.

- **Enumeration**

The A/R must furnish, apply for, or agree to apply for a Social Security Number (SSN) for each AU member, unless Good Cause is established.

A parent who does not meet this requirement, without Good Cause, is penalized. A non-parent relative or a child for whom this requirement is not met, without Good Cause, is excluded from the AU.

Refer to Section 2220, Enumeration.

**BASIC
CONSIDERATIONS****Basic Eligibility
Criteria
(cont.)**

- **Child Support Enforcement (CSE)**

The AU must cooperate with CSE in the attempt to obtain medical support from the absent parent (AP), unless Good Cause is established. A referral to, and cooperation with Child Support Enforcement (CSE) is, however **NOT** a requirement for child-only Medicaid cases.

A child-only Medicaid case is defined as a Medicaid AU in

BASIC**CONSIDERATIONS****Basic Eligibility
Criteria
(cont.)**

- **Third Party Resource Requirements**

The LIM A/R is required to provide information regarding any Third Party Resources (TPR) available to any AU member. The A/R must assign his/her TPR rights to DMA, unless Good Cause exists.

A parent who does not meet this requirement, without Good Cause, is penalized. A non-parent relative who does not meet this requirement, without Good Cause, is excluded from the AU.

Refer to Section 2230, Third Party Resources.

**Financial
Eligibility
Criteria**

A LIM AU's total countable resources must be equal to or less than the LIM resource limit.

Refer to Chapter 2300, Resources, and Appendix A2, Financial Limits for Family Medicaid.

LIM AU's must have income within the following limits:

- **Gross Income Ceiling (GIC)**

The gross countable income of the LIM AU must be equal to or less than the GIC for the AU size.

- **Standard of Need (SON)**

The net countable income of the LIM AU must be less than the SON for the AU size.

For income limits, refer to Appendix A2, Financial Limits for Family Medicaid.

Refer to Chapter 2650, Family Medicaid Budgeting.

**BASIC
CONSIDERATIONS
(cont.)****Financial Eligibility
Budgeting**

Prospective budgeting is used in determining LIM eligibility for the application month and the ongoing benefit period. If available, actual income may be used for intervening months.

Actual income is used in determining LIM eligibility for prior months.

Income is deemed from a non-AU member to an AU member for whom the deemor is financially responsible.

Income may be allocated from a LIM AU member to his/her ineligible spouse and/or ineligible child.

LIM income deductions include the following:

- \$90 standard work expense deduction
- \$30 earned income deduction
- 1/3 deduction of the remaining earned income
- \$50 child support deduction
- dependent care deduction (amount is dependent upon 1 of the child)

The \$30 + 1/3 deduction is not used if it is not needed in order for the AU to be eligible.

Refer to Chapter 2650, Family Medicaid Budgeting.