



Medicaid for Adults FACT SHEET

Medicaid is a health insurance program for low-income New Yorkers that offers complete coverage for all of their health needs. Although there are no premiums, some adults may need to pay a small co-payment for certain services.

Medicaid Benefits

Medicaid offers adults comprehensive coverage for all of their health care needs even when the care is expensive or long term. Medicaid coverage includes doctors visits, hospitalization, specialty care, prenatal care, prescription drugs, dental care, eyeglasses, mental health services, smoking cessation products, durable medical equipment, and much more. Some people may need to pay small co-payments for certain services. Medicaid may also provide up to 90 days of retroactive coverage for unpaid medical bills.

How Health Care is Provided

People with Medicaid may receive care in one of two ways:

Fee-for-Service: Adults can visit doctors, health centers, clinics, and hospitals that accept Medicaid to receive their health care. People in fee-for-service will get a Medicaid card only.

Managed Care: Adults select a health plan. They can then visit the health plan's network of doctors, health centers, and hospitals. People in a managed care plan will get a Medicaid Card and an insurance card from their health plan. *Note: People should keep their Medicaid card! They will need this card for some services, like prescriptions.*

In most parts of New York, most people with Medicaid are required to join a health plan. In some areas, it is the individual's choice to join a health plan or not.

Eligibility Requirements for Adult Medicaid

Many working adults, insured adults, and immigrants are eligible. Medicaid eligibility requirements include:

- Age/Identity:** Must be 19 years and older (those 65 years and older must apply at a local Medicaid office) and must be able to document identity.
- Residency:** New York State Resident (no minimum length of time required).
- Citizenship/Immigration Status:** Can be a U.S. citizen or an immigrant. *(Good news! There is no longer a 5 year waiting period preventing immigrants from participating in New York State's health insurance programs. Most immigrant groups are now eligible).*
- Income:** Income requirements for Medicaid are different for adults with children than those without children. There is a resource (assets) test for all adult Medicaid applicants, except pregnant women. This means applicants may need to show information about their home or car ownership or their bank accounts.

Monthly Income and Resource Levels for Adult Medicaid
(For 19 and 20 Year Olds, Parents Living with Children Under 21, and Disabled Adults)

Family/ Household Size	1	2	3	4	5	Each Additional Family Member Add
Monthly Income	\$725	\$1,1067	\$1,100	\$1,109	\$1117	+ \$142
Resource Level	\$4,350	\$6,400	\$6,600	\$6,650	\$6,700	+ \$850

This chart is only a guide. Adults with incomes above these levels may still be eligible and should be referred to an enrollment counselor.

The income levels for single and married adults without children are the same as those for Public Assistance and differ from county to county throughout New York State. Adults who think they are eligible for Medicaid should visit a local enroller to determine their eligibility. *Call the Family Health Plus Information Line, 1-877-934-7587 to find out the nearest location for application assistance.*

Adults with higher incomes may be eligible for Family Health Plus or the Medicaid Spenddown Program. Children and teenagers under 19 may be eligible for Child Health Plus.

Medicaid Spenddown Program

Some adults with ongoing or special health care needs, who have incomes too high for Medicaid, should consider enrolling in the Medicaid Spenddown Program instead of Family Health Plus. Medicaid Spenddown may better meet their health care needs. For more information about this program, contact a local Medicaid office.

How To Sign Up for Medicaid

People can sign up for Medicaid through a program called Facilitated Enrollment which uses community-based organizations, some health plans, and others to help with the enrollment process. Through this program, community enrollment counselors are available to determine eligibility, help fill out the application, gather the required documents, and ensure that applicants become enrolled. The enrollment counselor can also help applicants understand how managed care works, help them choose a health plan, and even select a doctor. People also can sign up at their local Medicaid office or Department of Social Services. ***For help finding an enroller in your area call, 1-877-934-7587.***

Documentation Required to Apply:

People applying will need to prove identity, age, residence, citizenship/immigration status, and family income and resources (assets). Enrollment counselors can help gather required documents. Here are some examples of documents that can be used.

Proof of Identity and Age: Birth certificate, baptismal certificate, official photo I.D., driver's license, or official school records.

Proof of Residency: Official I.D. with address, utility bill, bank statement, lease, letter from landlord, official school records, or a postmarked envelop.

Proof of Family Income: Paycheck stubs (last four consecutive weeks), letter from employer, signed income tax return, benefit checks, or award letters.

Proof of Resources (assets): Checking and saving account statements, savings passbook, life insurance policy, stock or bond copies, property tax statements, car registration, or statement from vehicle dealer.

Proof of Citizenship/Immigration Status: Birth Certificate, Legal Permanent Residency card ("green card"), Naturalization Certificate, Passport, Employment Authorization Card, or other INS forms.

Renewal/Re-certification for Medicaid

Medicaid coverage needs to be renewed every year. Before the year is over, participants will receive a pre-printed form and instructions in the mail explaining how to renew. Coverage can be renewed through the mail, at a facilitated enrollment program, or at a local Medicaid office. It is important for consumers to follow all the directions in their renewal package and to return it by the date listed on their form. If people do not renew on time, they may lose their health insurance coverage. If this happens, applicants have a right to a fair hearing.

**For more information call toll-free, 1-877-934-7587
Or 1-877-898-5849 (TTY line for hearing impaired)**

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