

**GENERAL INFORMATION SYSTEM**

11/01/07

**DIVISION:** Office of Health Insurance Programs

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**GIS 07 MA/021**

**TO:** Local District Commissioners, Medicaid Directors  
**FROM:** Judith Arnold, Director, Division of Coverage and Enrollment  
**SUBJECT:** Singles/Childless Couples and Medical Need  
**EFFECTIVE DATE:** Immediately  
**CONTACT PERSON:** Local District Liaison: Upstate (518)474-8887  
New York City (212)417-4500

It has come to our attention that some districts may have been inappropriately denying Family Health Plus (FHPlus) to single individuals and childless couples (S/CCs) who have no "unmet needs".

As you are aware, the Temporary Assistance Standard of Need applies when determining Medicaid eligibility for single, childless individuals and childless couples who are between the ages of 21 and 64 and are not pregnant, certified blind or certified disabled. When an S/CC lives in a room and board arrangement, s/he may indicate that the landlord or person with whom s/he is living provides for all of his/her needs. These individuals usually have little or no income. Since medical care is not considered an item of need for Temporary Assistance, S/CCs are considered ineligible for Medicaid when they have no "unmet needs".

However, while such individuals may be ineligible for Medicaid, they may be determined eligible for Family Health Plus as long as they meet all other FHPlus requirements.

MBL budget logic will not generate the Expanded Eligibility/FHP screen for an individual with little or no income. Therefore, in these situations, the worker should enter a MBL budget type 02, with shelter type 04, room and board, and the applicant's income, if any, then print the budget, annotate it with the number of this GIS, and store it in the case record.

Please be aware that districts should continue to process applications for Medicaid when the applicant indicates that he or she does have an unmet need.

Please direct any questions to your local district liaison.