

NON-SPENDDOWN

Coverage Code	Resource Documentation	Benefit Package	RVI Code
01 (Full Coverage)	Current Resources <u>and</u> previous 36/60 months (unless exempt)	All Medicaid covered services	1 (documenters) or 9 (exempt)
10 (All services except Nursing Facility Services)	Current Resources <u>and</u> previous 36/60 months	All Medicaid covered services except nursing facility services	4
11 (Legal/Alien – Full Coverage)	Current Resources <u>and</u> previous 36/60 months	All Medicaid covered services	1
19 (Community Coverage with Community-Based Long-Term Care)	Current Resources	Coverage Code 10 plus up to 29 days nursing home care/12 months	2
20 (Community Coverage without Long-Term Care)	Attest to value of current resources	Coverage Code 10 plus up to 29 days nursing home care/12 months but: - No community-based LTC except up to 29 days CHHA/12 months	3
24-(NYC Only) (Community Coverage without Long-Term Care (legal alien during 5 year ban)	Attest to value of current resources	Same as 20	3

SPENDDOWN

Coverage Code	Resource Documentation	Benefit Package	RVI Code
02 (Outpatient Coverage)	Current Resources <u>and</u> previous 36/60 months	Outpatient services only (including waived services)	1
21 (Outpatient Coverage with Community-Based Long-Term Care)	Current Resources	Outpatient services plus up to 29 days of nursing home care/12 months but: No waiver services	2
22 (Outpatient Coverage without Long-Term Care)	Attest to value of current resources	Outpatient services plus up to 29 days of nursing home care/12 months but: No community-based LTC except up to 29 days of CHHA/12 months No waiver services	3
23 (Outpatient Coverage with no Nursing Facility Services)	Current Resources <u>and</u> previous 36/60 months	Outpatient services but no waived services	4