

**CATEGORICAL FACTORS
MEDICAID EXTENSIONS/CONTINUATIONS**

TRANSITIONAL MEDICAID (TMA)

Policy:

In order to assist families in making the transition from Medicaid under the Low Income Families (LIF) category of assistance to self-sufficiency as a result of employment, a twelve (12) month extension of Medicaid benefits is mandated under certain circumstances. Twelve (12) months of Transitional Medicaid (TMA) is available if the household: (1) is ineligible under LIF due to new or increased earned income of the parent/caretaker relative, or the loss of an income related disregard; (2) includes a dependent child (under age 21) living in the household; and (3) was receiving Medicaid under LIF in one out of the last six (6) months prior to the termination of eligibility. Earnings may be in combination with unearned income. When the household's income consists solely of unearned income, the household is not eligible for TMA. There is no requirement for continued employment during the TMA authorization period.

NOTE: Members of a household may be eligible for TMA when the parent/caretaker relative is not in receipt of Medicaid under the LIF category of assistance, if all other TMA criteria are met. For example: A mother receives SSI cash assistance and has Medicaid. Her two children receive Medicaid under LIF in a separate case. When she becomes employed, she loses her eligibility for SSI. When the new, earned income is counted, the family becomes ineligible for Medicaid under LIF. However, the children meet the TMA criteria and are authorized for the twelve month TMA extension. The mother's eligibility for Medicaid is determined applying appropriate rules.

References:

SSL Sect.	366
Dept. Reg.	360-3.3(c) 369.1 385.14(d)
ADMs	11 OHIP ADM-05 OMM/ADM 97-2 90 ADM-30
GIS	09 MA/023

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Interpretation: The TMA extension is for twelve (12) full months. If the recipient is entitled to TMA, the twelve months of TMA begins the first of the month immediately following the month in which the recipient lost eligibility under LIF in either a Temporary Assistance or Medicaid case. However, if the recipient becomes ineligible for Medicaid under LIF at the end of the month and, because of the ten-day notice requirement, his/her case is closed during the first ten (10) days of the following month, the twelve (12) month TMA extension begins the first day of the month in which the notice period ends.

NOTE: Eligibility is not evaluated under FHPlus, Medically Needy or expanded levels until the twelve month authorization period has ended.

Generally, there are only three (3) reasons for terminating the TMA extension prior to the end of the full twelve (12) months:

- (1) There is no longer a dependent child in the household. For TMA purposes, a dependent child is a person under the age of 21 who is living with his/her parent/caretaker relative. This child may or may not be an active member of the Temporary Assistance or Medicaid case. This also includes children temporarily living outside of their home; or
- (2) A court of law has found that the person received social services benefits fraudulently; or
- (3) The family no longer resides in New York State.

Disposition: When terminating TMA because there is no longer a dependent child in the household, a timely and adequate notice is sent. (See **OTHER ELIGIBILITY REQUIREMENTS DECISION AND NOTIFICATION DISCONTINUANCE OR REDUCTION TIMELY NOTICE**) If the end of the notice period occurs during the month in which the local district learned that the dependent child is no longer in the household, TMA is terminated at the end of that month. If the notice period extends into the following month, TMA is discontinued at the end of the notice period.

The availability of third party health insurance (TPHI) coverage is pursued. Enrollment in employer group health insurance is not a condition of eligibility for TMA. However, if a TMA recipient is enrolled

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in an employer-sponsored health insurance plan, the local district must offer to pay the recipient's health insurance contribution to the premium, if the policy is determined to be cost effective,

Before the end of a household's 12-month TMA authorization period, the full renewal process is completed to determine eligibility for continued Medicaid, FHPlus or FPBP coverage.