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**CATEGORICAL FACTORS
 MEDICAID EXTENSIONS/CONTINUATIONS
TRANSITIONAL MEDICAID (TMA)**

Policy: In order to assist families in making the transition from Medicaid under Low Income Families (LIF) to employment, a twelve (12) month extension of Medicaid benefits is mandated under certain circumstances. Twelve (12) additional months of Transitional Medicaid (TMA) is available if the household: (1) is ineligible under LIF due to new or increased earned income of the caretaker relative; (2) includes a dependent child (under age 21) living in the household; and (3) was receiving Medicaid under LIF in three out of the 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.

NOTE: Members of a household may be eligible for TMA when the caretaker relative who receives earnings was not in receipt of Medicaid under LIF. For example: a mother is in receipt of SSI and she resides with her two children who receive Medicaid under LIF. The mother finds employment and loses SSI. When the earned income is counted the children become ineligible for LIF due to excess income. The children are TMA eligible, if all other eligibility requirements are met.

References:

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

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 LIF case is closed. However, if the recipient becomes ineligible for 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 or expanded levels until the twelve month authorization has expired.

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TRANSITIONAL MEDICAID (TMA)

Generally, there are only two (2) 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 caretaker relative. This includes children temporarily living outside of their home; or
- (2) a court of law has found that the person received LIF fraudulently.

Disposition:

A Transitional Medicaid Fact Sheet is sent to all households eligible for a TMA extension, at the time they are determined ineligible for LIF. This applies whether or not LIF is received as part of a PA case or as Medicaid only. The Transitional Medicaid Fact Sheet is sent with the appropriate notice (DSS-3623, DSS-4014 or DSS-4015) and a copy of the ABEL or MBL budget (See attachment 8 of OMM/ADM 97-2).

When terminating the initial TMA extension 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, when a TMA recipient is enrolled in a health insurance plan, the local district offers to pay the recipient's health insurance premium, if the policy is cost effective, (See **RESOURCES THIRD PARTY RESOURCES**) and.

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MEDICAID EXTENSIONS/CONTINUATIONS**

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the recipient's net income is equal to or less than 185% of the poverty level using TMA budgeting methodology.

At the end of any household's TMA extension, the full renewal process is completed to determine eligibility for continued Medicaid coverage.

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