

APPENDIX A**GUIDE TO TRANSITIONAL MEDICAID****PHASE I**

1. Ineligible for AFDC Medicaid due to hours of employment, amount of income from employment or from loss of time-limited earned income disregards (\$30 + 1/3 or \$30 disregard)
2. Received AFDC Medicaid in at least 3 of the last 6 months
3. No indication of AFDC Medicaid fraud
4. AG has a dependent child who would be eligible for AFDC Medicaid
5. Enroll **and** maintain enrollment in employer's free medical plan, if available

PHASE II

1. Received Phase I coverage for entire 6 months
2. All **PRL** forms are returned
3. AG has a dependent child who would be eligible for AFDC Medicaid
4. Income less than 185% FPL. Use income of AFDC Medicaid Income Group.
5. Parent continues to have earnings - unless good cause exists
6. Enroll and maintain enrollment in employer's free medical plan, if available.

TRANSITIONAL MEDICAID FLOW

PHASE I

- 1st Month: Start TM
- 2nd Month: No **action** necessary.
- 3rd Month: PRL3 mailed to **client 25th of month**. Due by 21st of 4th month.
- 4th Month: Alert that PRL3 is due by 21st to report earnings and day care expenses for 1st 3 months of Phase I. If not received send advance notice to client of ineligibility for Phase II.
- 5th Month: Alert that Phase I ends next month. No action necessary.
- 6th Month: **PRL8** mailed to client **25th of month**. Due by 21st of 1st month of Phase II.
- NOTE:** No provision to discontinue Phase I for failure to continue working.

NOTE: Failure (without good cause) to return completed PRL3 by due date results in ineligibility for Phase II. No effect on Phase I.

PHASE II

- 1st Month:
(Total of 7 mos.) Alert that **PRL8** due by 21st of month.
Send advance notice to terminate TM if completed form is not received.
- 2nd Month:
(Total of 8 mos.) No action necessary. **Phase II termination if PRL8 not received and good cause not established.**
- 3rd Month:
(Total of 9 mos.) **PRL9** mailed to client **on 25th of month**. Due by 21st of 4th month.
- 4th Month:
(Total of 10 mos.) Alert that **PRL9** is due **by 21st of month**. Send advance notice to terminate TM if completed form is not received.
- 5th Month:
(Total of 11 mos.) No action necessary. **Phase II termination if PRL9 not received and good cause not established.**
- 6th Month:
(Total of 12 mos.) Alert that Phase II, TM is ending.
Benefits automatically terminate. Determine eligibility under other **Medicaid** coverage groups.

RAPIDS TRANSITIONAL MEDICAID PROCESS

RAPIDS Category	RAPIDS PRL Form	Eligibility Review Period	PRL Issuance Date	PRL Due Date	Closure Date and Reason Code
MEI, ME D ME T	PRL3	Form determines eligibility for months 7 - 12	25 th day of the 3 rd month	21 st day of the 4 th month	End of 6 th month. Code 011- Failure to comply with periodic reporting requirements
MEI, ME D ME T	PRL8	Form determines eligibility for months 9 – 12	25 th day of the 6 th month	21 st day of the 7 th month	End of 8 th month. Code 011
MEI, ME D ME T	PRL9	Form determines eligibility for month 12	25 th day of the 9 th month	21 st day of the 10 th month	End of 11 th month. Code 011

Alerts sent related to the above chart:

- 065 - The Worker receives an alert approximately 3 days prior to adverse action.
- 064 - The Supervisor receives an alert approximately 2 days prior to adverse action.