

## Specific Medicaid Requirements

- When the child receives Title IV-E Foster Care from a state other than West Virginia, coverage is provided in West Virginia as an SSI Recipient. See Section 16.6,A.

**C. TRANSITIONAL MEDICAID (TM) (ME I, ME T, ME D)**

**Income:**      **Phase I - N/A**  
                    **Phase II - 185% FPL**

**Assets: N/A**

This coverage group consists of families which lose eligibility for AFDC Medicaid because of earned income, the loss of earned income disregards or the number of hours worked. TM provides continuing medical coverage after AFDC Medicaid eligibility ends and occurs in 2 phases as described below.

There are no application procedures for Transitional Medicaid. Instead, when an AFDC Medicaid case becomes ineligible, the Worker must automatically determine eligibility for TM. If the case is closed in error instead of being converted to a TM case, the case must be reopened without reapplication by the client.

The periodic review letter (PRL) dates throughout this Section will vary due to adverse action deadline and non-work days. See Appendix A.

**NOTE:** Transitional Medicaid (TM) is not related in any way to DCA eligibility or ineligibility or the loss of WV WORKS eligibility. TM eligibility is related only to ineligibility for AFDC Medicaid.

**NOTE:** Recipients of TM are not referred to nor required to cooperate with child support activities.

**NOTE:** Loss of TM coverage must not affect 12 months of continuous Medicaid eligibility for the children in the AG. See Section 2.8.

**NOTE: When a child loses eligibility as a Qualified or Poverty-Level child and his family is receiving Transitional Medicaid (TM), he is included in the AG, if otherwise eligible.**

1. Phase I Coverage
  - a. Eligibility Requirements

In order to be eligible for Phase I coverage, all of the following conditions must be met:

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- The AG became ineligible for AFDC Medicaid due to hours of employment, amount of income from employment or from loss of the AFDC/U time-limited earned income disregards (\$30 + 1/3 or \$30 disregard).\*

**NOTE:** In determining ineligibility for AFDC Medicaid, the Worker must consider income of the AG and any individual who would normally be included in the AG, but who has been penalized.

- The AG received AFDC Medicaid in any 3 or more months during the 6-month period immediately preceding the 1<sup>st</sup> month of ineligibility for AFDC Medicaid.

**NOTE:** Receipt of WV WORKS or a DCA payment does not meet this requirement. It is met only by receipt of AFDC Medicaid for at least 3 of the last 6 months.

- The AG did not receive AFDC Medicaid fraudulently during any of the 6 months prior to the 1<sup>st</sup> month of AFDC Medicaid ineligibility.
- The family has a dependent child who would be included in the AFDC Medicaid AG, if the family were eligible.

\* When the AG becomes ineligible for AFDC Medicaid for a combination of reasons, the Worker must determine if the amount of earned income, hours worked or loss of time-limited disregards (or the addition of an individual with earnings who has received AFDC Medicaid in 3 of the past 6 months), had an effect on the ineligibility. Only when this is the case is the AG eligible for TM.

\* The steps below are to be followed to determine if such factors had an effect on ineligibility for AFDC Medicaid:

\* Step 1: Determine if the increase in income (or hours of employment or loss of the AFDC/U earned income disregards) would have resulted in loss of AFDC Medicaid if all other factors in the case remained the same (i.e., there was no other change in income, no change in family composition, no change in AFDC Medicaid standards, etc.).

\* If yes, the AG meets the requirement.

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- \* If no, go to Step 2.
- \* Step 2: Determine if events other than the increase in income (or hours of employment or loss of the