

**APPENDIX A****GUIDE TO TRANSITIONAL MEDICAID****PHASE I****Parents/Caretaker Relatives**

1. Received **Parents/Caretaker Relatives** Medicaid in at least 3 of the last 6 months
2. No indication of **Parents/Caretaker Relatives** Medicaid fraud
3. AG has a dependent child
4. 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
4. Income less than 185% FPL. Use income of **Parents/Caretaker Relatives** 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.