

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.

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: Alert that PRL8 due by 21st of month.
(Total of 7 mos.) Send advance notice to terminate TM if completed form is not received.

2nd Month: No action necessary. Phase II termination if PRL8 not received and good
(Total of 8 mos.) cause not established.

3rd Month: PRL9 mailed to client on 25th of month. Due by 21st of 4th month.
(Total of 9 mos.)

4th Month: Alert that PRL9 is due by 21st of month. Send advance notice to
(Total of 10 mos.) terminate TM if completed form is not received.

5th Month: No action necessary. Phase II termination if PRL9 not received and good
(Total of 11 mos.) cause not established.

6th Month: Alert that Phase II, TM is ending.
(Total of 12 mos.) 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 a task or reminder approximately 3 days prior to adverse action.
- 064 - The Supervisor receives a task or reminder approximately 2 days prior to adverse action.