

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 by 3rd Friday of month. Due by 1st work day after 20th of 4th month.
- 4th Month: Alert that PRL3 is due by 1st work day after 20th of month 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 by 3rd Friday of month. Due by 1st work day after 20th 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 1st work day after 20th of month.
Send advance notice to terminate TM if completed form not received.
- 2nd Month:
(Total of 8 mos.) No action necessary. Phase II ends if PRL8 not received and good cause not established.
- 3rd Month:
(Total of 9 mos.) PRL9 mailed to client by 3rd Friday of month. Due by 1st work day after 20th of 4th month.
- 4th Month:
(Total of 10 mos.) Alert that PRL9 is due by 1st work day after 20th of month. Send advance notice to terminate TM if completed form not received.
- 5th Month:
(Total of 11 mos.) No action necessary. Phase II ends if PRL9 not received and good cause not established.
- 6th Month:
(Total of 12 mos.) Alert that Phase II is ending.
Benefits automatically terminate. Determine eligibility under other Medicaid coverage groups.

NOTE: The PRL dates in Appendix A will vary due to adverse action deadline and non-work days.

RAPIDS TRANSITIONAL MEDICAID PROCESS

RAPIDS Category	RAPIDS Letter	Eligibility Review Period	PRL Issuance Date	PRL Due Date	Closure Date and Reason Code
MEI, ME D ME T	PRL3	Months 7 - 12	By 3 rd Friday of the 3 rd month	By 1 st work day after the 20 th 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	Months 9 – 12	By 3 rd Friday of the 6 th month	By 1 st work day after the 20 th of the 7 th month	End of 8 th month. Code 011
MEI, ME D ME T	PRL9	Month 12	By 3 rd Friday of the 9 th month	By 1 st work day after the 20 th of the 10 th month	End of 11 th month. Code 011

Review Periodic Report alerts 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.

NOTE: The PRL dates in Appendix A will vary due to adverse action deadline and non-work days.