Medicaid State Plan Eligibility
Eligibility Groups - Mandatory Coverage

Transitional Medical Assistance

Families with Medicaid eligibility extended for up to 12 months because of earnings.

The state covers the mandatory transitional medical assistance group in accordance with the following provisions:

A. Characteristics

1. An individual qualifying under this eligibility group must meet one of the following criteria:

   a. Lost coverage under the parents and other caretaker relatives group (42 CFR 435.110) due to work hours or income from employment, or
   b. Is the child of a parent or caretaker relative described in A.1.a.

2. In accordance with the requirements described in section 1925 of the Act, and in this reviewable unit, the state provides extended Medicaid eligibility, as follows:

   a. The initial extended eligibility period is for 6 months, followed by a second extended eligibility period of 6 months.
   b. The initial extended eligibility period is for 12 months, with no second extended eligibility period.
B. Individuals Covered

1. Parents or other caretaker relatives

   a. A parent or other caretaker relative must meet the following criteria to qualify for an initial extended eligibility period:

      i. Was eligible and enrolled in the parents and other caretaker relatives eligibility group, during the six months immediately preceding the month that eligibility was lost, for at least:

         (1) 1 month  
         (2) 2 months  
         (3) 3 months

      ii. Lost eligibility under the parents and other caretaker relatives eligibility group because:

         (1) The earnings of a parent or caretaker relative caused household income to exceed the income standard of that group; or

         (2) The hours of employment of a parent or caretaker relative resulted in the individual no longer being considered to have a dependent child (as described in 42 CFR 435.4 and the Parents and Other Caretaker Relatives RU).

      iii. Continues to live with a child.

2. A child qualifying under this eligibility group must meet all of the following requirements:

   a. Lives with a parent or other caretaker relative who is eligible under this eligibility group.

C. Initial Extended Eligibility Period

1. Income/Resource Standard Used

There is no income or resource standard.

2. Medical Assistance Provided

   a. The amount, duration, and scope of coverage provided is the same as that provided to parents and caretaker relatives enrolled in the parents and other caretaker relatives eligibility group and to children enrolled in the eligibility group for infants and children under age 19.

   b. The state’s election to provide premium assistance for employer sponsored coverage is described in the benefits section of the state plan.

3. Termination of Extension

   a. If the family ceases to include a child, the initial extension of eligibility will end prior to the scheduled end date. In such cases, eligibility is terminated at the close of the first month in which the family no longer includes a child.

   b. Termination of eligibility will occur in accordance with all requirements described in the Eligibility Process RU.
F. Additional Information (optional)
PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.