

**12 Month Transitional Medicaid
Frequently Asked Questions
September 21, 2009**

The Fine Points of 12 Month T-Med

- Starting October 1, 2009, T-Med will be authorized for a 12 month period with no required interim reports.
- During October, 2009, all open T-Med cases will be extended through their 12th month.
- A household may remain eligible for 12 months of T-Med as long as they retain residency, and have an eligible child in the home. The caretaker relative(s) remain eligible as long as they continue to cooperate with CSSD and with the department in the recovery of third party resources.
- A T-med case will be converted back to a Family Medicaid case if the household reports a change and provides the necessary verification, *or* submits a review for another program that shows renewed eligibility for Family Medicaid.
- If a household is converted from T-Med to Family Medicaid, a new 12 month review period (and a new CEP for children) will be assigned.
- If a household is converted back to T-Med from Family Medicaid, they will be held to the original T-Med 12 month period, *unless* the household received FM for 3 or more months in the previous 6 month period. In that case, they will be given a new 12 month T-Med period.

FAQ's

1. What if a household fails to turn in a 4th month report that was due in September?

You would normally let the case close at the end of November, but because all open cases will be extended through their 12th month after October 1st, the household will continue to get T-Med. Systems Operations staff will convert ongoing T-Med cases manually during the month of October.

2. What if a household fails to turn in a 10th month report that was due in September?

If no report is registered, their case will close at the end of September. The same is true for 7th month reports. This is because the case would normally close then for failure to submit a 7th or 10th month report.

3. Explain the process for moving from T-Med to Family Medicaid and back again when the household has 2 months of FM and when it has 3 months of FM.

- a) A Family Medicaid household reports on October 10th that a new job has started. We request and receive income verification by sending the M412 and we open T-Med for 11/09 – 10/10. We send the M702. In February, the household turns in a Food Stamp review and we discover that the household is once again FM eligible starting in March. All necessary

verifications are included with the review, and we ask about resources. The re-determination is made and the household is given an FM review period of 03/10 – 02/11. In April, the caretaker relative calls and tells us she found another job and in May she will be over income for FM again. We re-determine Medicaid and convert the case back to T-Med starting in May. Since the household was only eligible for FM for 2 months out of the past 6, (3/10 & 4/10 out of 11/09 – 04/10) we use the original T-Med through date of 10/10.

Nov – T-Med	Dec - T-Med	Jan - T-Med	Feb - T-Med	Mar - FM	Apr - FM
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- b) Another household is given an original T-Med period of 11/09 -10/10. In January they submit a Food Stamp review and we discover they are again eligible for FM starting in February. In March, the household reports a new job which will put them back into T-med starting in April.. In this case we look back at the preceding 6 month period from 10/09 – 3/10 and see that they were on FM for 3 of those months (10/09, 2/10, and 3/10). They would be given a new 12 month T-Med period (4/10 – 3/11) because they received FM in 3 of the past 6 months.

Oct - FM	Nov - T-Med	Dec - T-Med	Jan - T-Med	Feb - FM	Mar - FM
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4. What if a T-Med household reports that they have received an inheritance of \$10,000 and will be keeping it in the bank for emergencies?

We take no action on their T-Med case because their resources do not affect T-Med eligibility.

5. What happens if we do not hear from a household until they reapply after their T-Med case closes and at that time they indicate they were without income for part of the past year?

We only need to process their application for Family Medicaid because they were instructed in the M702 to report a decrease in income while on T-Med if they wanted to be considered for additional months of Medicaid. We do not need to go back through the past year to make any determinations for additional T-Med eligibility.

6. What happens when a caretaker relative fails to cooperate with CSSD?

CSSD Cooperation is a requirement for T-Med. However, if the caretaker relative fails to cooperate, we only code the caretaker relative(s) OU. The children continue to receive T-Med throughout their 12 month period.

7. Should a newborn have a separate case or be on the T-Med case?

Put the newborn on T-Med with the rest of the family but make sure to CANO the first and last month of newborn eligibility. Track this the same way you would children’s CEPs.

8. What happens when a child on T-Med turns 19?

The 19 year old can be transferred to an Under 21 Medicaid case if there is enough information at hand, or he can be invited to reapply. Either action would be correct depending on the situation and your prudent personal judgment.