

+-----+
 | ADMINISTRATIVE DIRECTIVE |
 +-----+

TRANSMITTAL: 90 ADM-30

TO: Commissioners of
 Social Services

DIVISION: Medical
 Assistance

DATE: September 7, 1990

SUBJECT: Transitional Medical Assistance Coverage and Extensions

SUGGESTED

DISTRIBUTION: Medical Assistance Staff
 Public Assistance Staff
 Fair Hearing Staff
 Staff Development Coordinators

CONTACT

PERSON: Call 1-800-342-3715 and ask for the appropriate
 extension:

 Medical Assistance: MA Eligibility County
 Representative - if Upstate, 3-7581; if New York
 City, (212) 587-4853

 Income Maintenance: Greg Nolan, 4-9313

ATTACHMENTS: See Attachment I for list of attachments.

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
90 ADM-9	88 ADM-12	360-3.3(c)	P.L.100-485	MARG pp.	90 LCM-130
88 INF 54	74 ADM-18	369.1	P.L. 99-272	6.1-7.1, 8-	90 LCM-102
85 ADM-33	88 LCM-24	385.14(d)	Section	51.2, 385,	90 LCM-47
82 ADM-5			366.4	PA Source	90 LCM-45
74 ADM-18				Book, XXIV-	GIS 90MA030
				F-1.4-1.6,	
				Worker's	
				Reference	
				Manual,	
				Section K	

ORGANIZATION AND CONTENT OF THIS ADMINISTRATIVE DIRECTIVE

	<u>Page</u>
I. <u>PURPOSE</u>	4
II. <u>DEFINITIONS</u>	4
III. <u>BACKGROUND</u>	5
IV. <u>PROGRAM IMPLICATIONS</u>	5
A. Eligibility Requirements for Transitional Medical Assistance (TMA)	5
1. Initial Six Month Extension Period	5
2. Additional Six Month Extension Period	7
B. Other MA Extensions Remaining in Effect	8
C. Third Party Health Insurance	8
1. Third Party Health Insurance Premiums	8
2. Conditions of Eligibility	9
V. <u>REQUIRED ACTION</u>	9
A. PA Workers' Responsibilities	9
1. Appropriate Reason Code	9
2. Eligibility for MA Extension	9
a. TMA Extensions	9
b. Other MA Extensions Remaining in Effect	11
3. Determine When the Count for the TMA Extension Begins	13
4. Notice of Benefits	13
B. MA Workers' Responsibilities	14
1. Review PA Case Closings on WMS List	14
2. Quarterly Reports (Upstate)	14
a. Third Month Quarterly Report	15
b. Follow-up Third Month Quarterly Report	16
c. Sixth Month Quarterly Report	17
d. Follow-up Sixth Month Quarterly Report	18
3. Quarterly Reports (New York City)	20
4. Recertification	20
a. New York State Department of Social Services (SDSS) sends out Recertification Report	20
b. Local Department of Social Services (LDSS) sends out Recertification Package	20

5.	Notice of Intent to Discontinue/Change Medical Assistance (DSS-3623)	21
a.	No Dependent Child in case	21
b.	Dependent Child in case	21
6.	Retroactive Cases	21
VI.	<u>UPSTATE TMA INTERIM INSTRUCTIONS</u>	22
A.	MA Extension Processing	22
1.	Opening MA Extension Cases	22
2.	Retroactive Implications	23
a.	PA Cases Closed Since April 1, 1990	23
b.	HR, VA and PG-ADC Cases Closed Since April 1, 1990 Due to Ineligibility for PA Resulting From Employment	24
B.	MA Quarterly Report Processing	24
C.	Reauthorization of TMA Extensions	25
D.	Case Closings	25
VII.	<u>NEW YORK CITY (NYC) TMA INTERIM INSTRUCTIONS</u>	25
VIII.	<u>SYSTEMS IMPLICATIONS</u>	25
A.	WMS/MMIS	
1.	Upstate - Prospective Instructions	25
a.	Automated MA Extension Openings	25
b.	TMA Case Closings	31
c.	Retroactive Implications	31
d.	Quarterly Reporting	31
2.	NYC - Prospective Instructions	32
B.	MBL	33
1.	Upstate	33
2.	NYC	33
IX.	<u>EFFECTIVE DATE</u>	33

I. PURPOSE

The purpose of this Directive is to notify social services districts of the provisions of the Family Support Act of 1988 (P.L. 100-485), commonly referred to as Welfare Reform, which affect Medical Assistance (MA) extensions and to advise districts of procedures to be used in implementing required changes. It also clarifies and reminds districts of other extensions still in effect.

II. DEFINITIONS

Additional MA Extension - A conditional MA extension period of up to six months that is in addition to the initial six-month MA extension period, which immediately follows the Public Assistance (PA), including Aid to Dependent Children and Home Relief, closing.

Caretaker Relative - The parent(s) or, if there are no parents in household, other appropriate relative (as described in 18 NYCRR 369.1) who is primarily responsible for the care of the dependent child(ren).

Child Care Costs - The actual child care costs paid by the caretaker relative in order for him or her to work, minus any transitional child care payments or other child care payments which the recipient receives as reimbursement.

Dependent Child - Child under age 21 and living with the caretaker relative. This includes children temporarily living out of the home (i.e. college student).

Fraud - An actual conviction of PA or MA fraud in a court of law - not just an overpayment determination by a worker or fair hearing administrative law judge.

Good Cause - Legitimate reasons for not having earnings in any of the three months prior to reporting, including: involuntary loss of employment, illness, or other good cause in accordance with 18 NYCRR 385.14(d).

Initial Extension - The first six-month MA extension period following the PA closing as the result of increased hours of, or income from, employment of the caretaker relative or loss of the \$30 and 1/3 or \$30 earned income disregarded by any member of the family.

Poverty Line - The federal income official poverty line (as defined and annually revised by the federal office of management and budget). This is often also referred to as the federal "poverty level".

Quarterly Report - A questionnaire sent out by the Department (or in New York City, sent out by the Human Resources Administration) to Transitional Medical Assistance (TMA) recipients. This quarterly report requests information on client's earned income, family composition and other factors to determine on-going eligibility for TMA.

Transitional Child Care - A program which helps former ADC and HR recipients pay for child care if care is needed to allow a family member to accept or retain employment.

Transitional Medical Assistance (TMA) - Extended MA on cases in which the PA portion of the case has been closed due to increased hours of, or income from, employment of the caretaker relative or loss of the \$30 and 1/3 earned income disregard or the \$30 earned income disregard. This includes both the initial and additional extension periods.

III. BACKGROUND

In an attempt to assist families in making the transition from Public Assistance (PA) to employment, the Family Support Act of 1988 mandates automatic MA extensions for six months under certain circumstances when PA cases are closed. In addition, these cases may be eligible for up to six additional months, if certain requirements are met.

The Family Support Act was signed into Federal law on October 13, 1988 with an effective date of April 1, 1990 for MA extensions. State law (Chapter 453 of the Laws of 1990) was enacted and Department regulations were promulgated to support these changes (18 NYCRR 360-3.3; 369.1; 385.14).

IV. PROGRAM IMPLICATIONS

The Family Support Act provides for TMA and establishes eligibility requirements for the automatic (no income/resource test) initial extension of six months after a PA case is closed and a possible additional six-month extension. The additional MA extension is contingent upon the recipient's compliance with quarterly reporting requirements, as well as other requirements described in Section IV.A.2 of this Directive. There may be instances where the TMA ends at the end of the seventh or tenth month. There are also implications for other MA extensions following PA closings (see Attachment II).

A. ELIGIBILITY REQUIREMENTS FOR TRANSITIONAL MEDICAL ASSISTANCE (TMA)

1. Initial Extension Period

PA recipients who lose PA benefits on or after April 1, 1990 are eligible for six months of TMA after the PA case is closed, if the following criteria are met:

- a. The PA (ADC, HR or PG-ADC in Upstate districts or HR-PG in New York City) case is closed:
 - (1) due to the termination of the \$30 and 1/3 disregard or the \$30 disregard of the income of a family member; or,
 - (2) due to increased earnings or new employment of the caretaker relative; and,
- b. the family has a dependent child living at home; and,
- c. the family has been receiving PA during three out of the past six months prior to losing PA eligibility.

NOTE: TMA replaces the previous nine (plus possible six) month extension for loss of earned income disregards and the four month MA extension that was given for increased or new employment.

The previous four month extension was for ADC recipients only; however, under TMA, HR recipients are also eligible for the extension if the HR case was closed for the reasons noted above under letter (a). In addition, the previous extension was given for increased or new earnings for any family member; however, under TMA, the earnings must belong to a caretaker relative.

Generally, the only reasons for termination prior to the end of the initial TMA extension are: there is no longer a dependent child in the household; or PA was received fraudulently. When it is brought to the worker's attention that there is no longer a dependent child in the household, a timely and adequate (see 18 NYCRR 358-2.2; 358-2.23; and 358-3.3) closing notice must be sent. If the end of this notice period occurs in the month the worker learns there is no longer a dependent child in the household, the case should be closed at the end of the month. If the end of the notice period occurs in the following month, the case should be closed at the end of the notice period.

2. Additional MA Extension Period

Certain families may be eligible for an additional MA extension. The following conditions must be met before a family can receive this additional MA extension:

- a. The family must have received MA coverage during the entire initial extension;
- b. A dependent child must continue to live with the family;
- c. The family must have responded to the quarterly report;
- d. The household's average gross monthly earned income (less child care costs as are necessary for the employment of the caretaker relative) must not exceed 185% of the poverty line for the applicable household size during the three month period immediately preceding the quarterly report (see GIS Message 90 MA030 for 185% figures effective July 1, 1990). Any transitional child care payments or other child care reimbursements should be deducted when determining net child care costs in this calculation; and

NOTE: In determining the household size, include the individuals who were living in the household the month the PA case was closed. Any absent parents who return to the home during the extension are counted in the household size. However, no one is eligible for the additional MA extension who was not included in the household in the month the PA case was closed.

- e. The caretaker relative must have earnings in each of the three months prior to the report. However, there are good cause exceptions, such as involuntary loss of employment, illness, or other good cause as defined in 18 NYCRR 385.14(d). Although the caretaker relative is required to have earnings in each month, the amount of such earnings will continue to be verified through the receipt of paycheck stubs for an eight week period, if possible. The caretaker must provide verification through the quarterly report process.

NOTE: The Family Support Act mandates that in situations where the family responds to the initial quarterly report, but fails either of the income eligibility requirements described in Section IV.A.2.d. or e., MA must be extended to the end of the seventh month immediately following the PA case closing (see Example 5 of Attachment V).

B. OTHER MA EXTENSIONS REMAINING IN EFFECT

WMS will automatically extend MA when a PA case is closed due to loss of the \$30 and 1/3 earned income disregard or the \$30 earned income disregard or due to increased hours of, or income from, employment. WMS will also automatically extend MA for other situations in which MA extensions are required (see Section VIII). This will assist districts in complying with previous MA extension requirements, as well as the new provisions of the Family Support Act. However, districts should periodically review cases opened through the WMS automatic MA extension process (MA Opening Reason Codes 088, 089, 090 and 700) to determine if they are properly processing cases entitled to the MA extension. These other situations are:

1. Rosenberg Separate Determination extension - When a PA case is closed, a separate determination must be performed by the end of the calendar month following the month of the PA closing to determine continued MA eligibility (see 82 ADM-5, Rosenberg v. The City of New York, Blum, et al.).
2. Four-month extension - When a PA case is closed due wholly or partially to new or increased child or spousal support, the MA coverage is extended for four months [see 85 ADM-33, Implementation of Additional Provisions of the Deficit Reduction Act of 1984 (Public Law 98-369)].

Other MA extensions remaining in effect which are not affected by any system changes are described in Section V.A.2.b.(3) and (4).

C. THIRD-PARTY HEALTH INSURANCE

1. Third-Party Health Insurance Premiums

Third-Party Health Insurance (TPHI) premiums paid by the TMA recipient are not used as a budget deduction for determining eligibility in TMA

cases. However, as with any other MA case, when cost effective, the district must offer to pay the health insurance premium on behalf of the client when net income is at or below the allowable income standard during both the initial extension and additional MA extension. In TMA cases, the net earned income (gross minus such child care costs as are necessary for the employment of the caretaker relative) is compared to 185% of the poverty line.

2. Conditions of Eligibility

The availability of TPHI coverage should be pursued before PA eligibility ends. Since TPHI is not a condition for receiving TMA benefits, TMA for the initial extension cannot be denied or terminated for client's failure to pursue TPHI. However, TPHI information is one of the questions included on the required quarterly report. If TMA recipients fail to respond to this question, the quarterly report may be treated as an incomplete report (see Section V.B.2.).

V. REQUIRED ACTION

A. PA WORKERS' RESPONSIBILITIES

PA workers must become familiar with the changes on MA extensions as shown in the chart on Attachment II and described in Sections IV.A.1., IV.B. and V.B.

1. Appropriate PA Closing Reason Code

It is extremely important to use the correct PA closing reason code when closing a PA case because WMS will automatically extend MA coverage for the appropriate length of time based on the PA Closing Reason Code.

2. Eligibility for MA Extensions

Effective with the WMS enhancements, there will be less decision making necessary regarding MA extensions. The eligibility requirements for MA extensions are described below. These requirements must be followed in the interim when making these decisions.

a. TMA Extensions - Increased Earnings or Loss of Earned Income Disregards

- (1) Is there a dependent child in the family?
There must be a child under 21 in the family

in order to qualify for and remain eligible for TMA. However, such child may be temporarily absent (i.e., living at or near college while attending that college during the school year, etc.). If there is no dependent child, the family is not eligible for TMA, but a separate determination must be done by the worker, if appropriate. After WMS enhancements have been made, WMS will look for this requirement.

- (2) Was the family receiving PA in three of the six months prior to the PA case closing? The family must be receiving PA in three of the six months prior to the PA case closing. This includes any months in which a PA family received aid continuing. In addition, an administrative suspension must be counted toward the three out of six month requirement. (An example is the situation in which a client is temporarily suspended because a fifth weekly paycheck during the month causes income to temporarily fluctuate above the PA Standard of Need.) After WMS enhancements have been made, WMS will also look for this requirement.
- (3) Has any family member committed fraud during the last six months on PA? A family member would not be eligible for TMA if s/he were convicted of PA fraud. However, if the remainder of the family would have been eligible for PA and they met all other TMA requirements, they could be eligible for TMA. A worker's decision or fair hearing officer's decision on overpayment would not constitute fraud under this provision.
- (4) Was it the caretaker relative's earnings that made the family ineligible for PA? When there are natural or adoptive parents living in the home, the earnings which made the family ineligible for PA must belong to one of the parents. When there are no parents living in the home, the caretaker relative may be any relative as described in 18 NYCRR 369.1. If the earnings belong to an absent parent returning home, the family is not eligible for the TMA extension.

b. Other MA Extensions Remaining In Effect

(1) New or Increased Child or Spousal Support (ADC-related)

Persons who are in receipt of ADC for three of the six months preceding ineligibility for ADC due to collection or increased collection of child or spousal support are eligible for four months automatic MA coverage beginning with the month following the month of ADC ineligibility, regardless of other changes which may occur (85 ADM-33). After WMS enhancements have been made, WMS will look for this requirement. Districts must maintain these cases as MA cases and redetermine MA eligibility prior to the end of the extension.

(2) Rosenberg (Separate Determination)

In accordance with the decision in the case of Rosenberg v. City of New York, Blum, et al. (82 ADM-5), a separate MA determination must be done by the end of the calendar month following the month of the PA closing to determine continued MA eligibility. When a PA case is closed, MA must be continued until a separate determination for MA is done unless both PA and MA can be closed concurrently for the same reason. After WMS enhancements have been made, WMS will automatically extend MA coverage for one month for those cases being extended for a separate determination (see Section VIII.A.). If a worker determines in less than one month that the case is not entitled to MA, the worker may close it day specific after timely and adequate notice has been sent to the client. Children's MA should not be discontinued for parents' refusal to comply with non-financial requirements (i.e., Social Security number enumeration; eligibility of aliens and cases eligible pursuant to Woe v. Perales); rather, the parents should be deleted from the case.

(3) Sixty-Day Postpartum Extension

A woman who was eligible for and receiving MA on the last day of her pregnancy is automatically eligible for MA for 60 days beginning on the last day of her pregnancy. Pursuant to the amendment contained in the Omnibus Budget Reconciliation Act of 1987 (P.L. 100-203), this coverage extends through

the end of the month in which the 60 day postpartum period ends. Eligibility for this extension is not retroactive. The application must have been filed prior to the date the pregnancy ended. (See 90 ADM-9, "MA Eligibility: Perinatal Care/Presumptive Eligibility", regarding guaranteed continuous MA eligibility for pregnant women.)

When MA continues for a woman who is eligible for and receiving MA on the last day of her pregnancy, the case type may remain PA or be changed to MA.

(4) MA for Newborns

A child born to a woman eligible for and receiving MA (on the basis of either a cash grant or MA Only) at the time of the child's birth is deemed eligible for MA for one year, as long as the woman remains eligible for MA and as long as the child continues to live with the mother. Eligibility for this extension is retroactive.

If the woman is not eligible or is receiving MA pursuant to Woe v. Perales at the time of the child's birth, the child's eligibility must be redetermined at the end of the 60-day postpartum period comparing the infant's income and legally responsible relative's income to 185% of the poverty line. The case type may remain PA or be changed to MA. If the case type remains PA, the newborn must be added with an Individual Categorical Code 41 when the newborn is non-PA.

NOTE: Recipients who do not receive a cash grant because the monthly budget deficit is less than \$10, or where a recoupment reduces the grant to \$0, are automatically eligible for MA [81 ADM-55: Implementation of the Applicable Provisions of the Omnibus Budget Reconciliation Act of 1981 (OBRA) (Public Law 97-35)]. Such individuals remain a PA case type.

(5) Guaranteed Eligibility for Pregnant Women

A pregnant woman determined eligible for MA or PA for any month during her pregnancy is guaranteed MA eligibility until the end of the

month in which the 60th day occurs following the date the pregnancy ends, without regard to any changes in family circumstances. Thus, if a pregnant woman's PA case is closed and she was eligible for PA while she was pregnant, her MA should be continued until the end of the 60-day post partum period.

3. Determine When the Count for a TMA Extension Begins

When a PA case closes in the middle of the month, MA is extended to the end of the month and, if entitled to TMA, the six-month count begins the first of the month immediately following the PA closing. However, if the PA case becomes ineligible at the end of the month, but because of the ten-day notice period, closes within the first ten days of the following month, the count begins the first of the month in which the notice period ends. Remember the month of the PA closing is always month zero. After, WMS enhancements have been made, WMS will determine when the MA extension begins.

4. Notice of Benefits

All PA recipients whose cases are closed and who are potentially eligible for any MA extensions must be advised of their eligibility for continued MA coverage. If the client does not want continued MA coverage, the PA worker or MA worker must indicate in writing that the client declined continued MA benefits after the provision of extended MA coverage was fully explained.

If a client requests the case be closed, the PA worker must ask if it is due to new employment or increased earnings. If the client responds it is, the PA worker must explain that the client may be eligible for TMA. The client should be requested to send in verification of earnings to the MA unit.

The Family Support Act requires a notice be sent at the time of PA closing to notify all families eligible for TMA extensions of the right to TMA, a description of the reporting requirements and the circumstances under which such benefits may be terminated (see Attachment III, "Notice of Potential Eligibility for Transitional Benefits").

PA workers should attach one copy of this notice to the PA Closing Notice [DSS-4014, "Action Taken on Your Recertification: Public Assistance, Food Stamps, Medical Assistance Coverage and Services" or DSS-4015, "Notice of Intent to Change Benefits: Public

Assistance, Food Stamps, Medical Assistance Coverage and Services (Timely and Adequate)" or DSS-4016, "Notice of Intent to Change Benefits: Public Assistance, Food Stamps, Medical Assistance Coverage and Services (Adequate Only)". The PA worker should check the first box of the MA section on the DSS-4014, DSS-4015, or DSS-4016 indicating continued MA coverage.

B. MA WORKERS' RESPONSIBILITIES

1. Review Cases

When a PA case is closed with one of the appropriate PA closing codes, WMS will automatically extend MA for the appropriate length of time and send a monthly report (WINR9157) of such cases to the district. In Upstate districts, these cases described in Sections V.A.2.a. and b. are established as MA Only cases. In New York City, the TMA cases will remain PA cases and be maintained by the Office of Employment Services (OES). Districts should periodically review the records of some of the cases listed on the report to ensure that these cases are being processed correctly. For instance, a PA case may have been closed using the upstate PA closing code 109 (Other Person) because the other person had increased earnings, but that person may not be a caretaker relative. Also, MA/OES workers should be aware that when WMS looks to see if there is a child under age 21 in a case and finds one, it could be a single person or couple under age 21 with no dependent child. These cases are not entitled to a TMA extension. See Section V.A.2. for PA case closing situations where the system will generate an MA extension and what MA/OES workers should be looking for when conducting a review of extended cases.

2. Quarterly Reports (Upstate)

Recipients of TMA are required to report income by responding to quarterly report mailings. WMS will produce a monthly tape of all PA cases which have had eligibility extended under TMA and are due to report income information. From this tape, the Department will send the quarterly reports to TMA recipients. The quarterly report process is described below and in Section VIII.A.1.d. Attachment III is a sample chart of the process.

a. Third Month Quarterly Report

(1) SDSS sends out Third Month Quarterly Report

The Department will send the quarterly report on the 20th day of the 3rd month of a recipient's initial extension. This report requires a response to the district by the 7th day of the 4th month.

(2) LDSS reviews response

If a response to the Third Month Quarterly Report is received, the MA worker must review the response and indicate on the MA Quarterly Reporting Input Screen that a response was received to prevent generation of the Follow-up Third Month Quarterly Report. In instances where a client's response is received, but required information is missing (i.e. verification of income), the case should be extended to the end of the 7th month. However, the MA worker should follow up to obtain information. If the necessary information is subsequently returned, the MA worker should proceed to review the response for on-going TMA eligibility. The due date for processing the case for needed information is the end of the month following the month the quarterly report was due. For example, if the quarterly report was due November 21, the worker must have the documentation and report completed by December 31.

- (a) Income less than or equal to 185% of poverty line - If the household's average gross monthly earned income, minus child care costs for the employment of the caretaker relative, was less than or equal to 185% of the poverty line, MA coverage is continued to the end of the 10th month as long as a dependent child remains in the household. If at any time there is no longer a dependent child in the home, the MA worker should close the case effective at the end of the month in which the agency determines that there is not a dependent child in the household and after timely and adequate notice has been sent (DSS-3623, "Notice of Intent to Discontinue/Change Medical Assistance") (see Example 2 of Attachment V).

(b) Income greater than 185% of poverty line - If the household's average gross monthly earned income, minus child care costs for the employment of the caretaker relative, was above 185% of the poverty line, the worker should reauthorize the case until the end of the 7th month. The case will then come due for recertification.

b. Follow-up Third Month Quarterly Report

(1) SDSS sends out Follow-Up Quarterly Report

Based on the data input on the MA Quarterly Report Input Screen, WMS will identify recipients who did not return the quarterly report by the 7th day of the 4th month (see Section VIII.A.1.d(2) and e. of this ADM). The Department will send out a Follow-Up Quarterly Report on the 10th day requesting a response from each family by the 21st day of the 4th month.

(2) LDSS reviews response

If the Follow-Up Quarterly Report is returned by the 21st of the 4th month, the MA worker must review the recipient's response and indicate on the MA Quarterly Reporting Input Screen that a response was received. If it is not returned, the case will come due for recertification at the end of the 6th month.

(a) Income less than or equal to 185% of poverty line - If the household's average gross monthly earned income, minus child care costs for the employment of the caretaker relative, was less than or equal to 185% of the poverty line, continue MA coverage until the end of the 10th month if a dependent child remains in the household.

(b) Income greater than 185% of poverty line - If the household's average gross monthly earned income, minus child care costs for the employment of the caretaker relative, was above 185% of the poverty line, the MA worker should reauthorize the case until the end of the 7th month.

(The MA worker should re-authorize the case through the 7th month because the original authorization was for only six months.) The case will then come due for recertification.

NOTE: Families that indicate on the quarterly report that they are receiving transitional child care payments will have the amount of such payments deducted from actual child care costs (see Example 5 in Attachment V).

(3) No response

If the quarterly report is not returned by the 21st of the 4th month, the authorization remains effective until the end of the 6th month. The case will then come due for recertification.

(4) No earnings

If the caretaker relative had no earnings during one or more of the previous three months without good cause, such as involuntary loss of employment, illness or other good cause, in accordance with 18 NYCRR 385.14(d), MA coverage must be reauthorized until the end of the 7th month. The case will then come due for recertification.

c. Sixth Month Quarterly Report

(1) SDSS sends out Sixth Month Quarterly Report

SDSS sends out a Sixth Month Quarterly Report on the 20th day of the 6th month of a recipient's initial extension to those families that met the income and reporting requirements to receive TMA beyond the initial extension. (This does not include cases extended to the end of the 7th month.) The quarterly report requires a response by the 7th day of the 7th month.

(2) LDSS reviews response

If a response to the Sixth Month Quarterly Report is received, the MA worker must review the response and indicate on the MA Quarterly

Reporting Input Screen that a response was received to prevent generation of a follow up to the initial Sixth Month Quarterly Report.

In instances where a client's response is received, but required information is missing (i.e. verification of income), the case remains authorized until the end of the 10th month. However, the MA worker should follow up to obtain information.

(a) Income less than or equal to 185% of poverty line - If the household's average gross monthly earned income, minus child care costs for the employment of the caretaker relative, was less than or equal to 185% of the poverty line, continue MA coverage until the end of the 12th month if a dependent child remains in the household. The case will then come due for recertification. As during the initial extension, if at any time there is no longer a dependent child in the home, the MA worker should close the case to be effective at the end of the month in which the agency determines that there is not a dependent child in the household and after timely and adequate notice has been sent (DSS-3623, "Notice of Intent to Discontinue/Change Medical Assistance").

(b) Income greater than 185% of poverty line - If the household's average gross monthly earned income minus child care costs for the employment of the caretaker relative, was above 185% of the poverty line, MA coverage remains authorized until the end of the 10th month. The case will then come due for recertification.

d. Follow-up Sixth Month Quarterly Report

(1) SDSS sends out Follow-Up Quarterly Report

Based on the data input on the MA Quarterly Report Input Screen, WMS will identify recipients who did not return the quarterly report by the 7th day of the 7th month. The Department will send out a Follow-Up Quarterly Report on the 10th day requesting a response from each family by the 21st day of the 7th month.

(2) LDSS reviews response

If the Follow-Up Quarterly Report is returned by the 21st day of the 7th month, the MA worker should review the recipient's response for continued MA eligibility and indicate on the MA Quarterly Reporting Input Screen that a response was received.

(a) Income less than or equal to 185% of poverty line - If the household's average gross monthly earned income, minus child care costs for the employment of the caretaker relative, was less than or equal to 185% of the poverty line, continue MA coverage for another two months (until the end of the 12th month) if a dependent child remains in the household. The case will then come due for recertification.

(b) Income greater than 185% of poverty line - If the household's average gross monthly earned income, minus child care costs for the employment of the caretaker relative, was above 185% of the poverty line, MA coverage remains authorized until the end of the 10th month. The case will then come due for recertification.

(3) No response

If the response to the quarterly report is not returned by the 21st of the 7th month, the case remains authorized until the end of the 10th month. The case will then come due for recertification.

(4) No earnings

If the caretaker relative had no earnings during one or more of the previous three months without good cause, such as involuntary loss of employment, illness or other good cause, in accordance with Department Regulation 385.14(d), MA coverage will remain authorized until the end of the 10th month. The case will then come due for recertification.

NOTE: Before closing a TMA case with a child under age 21, for any reason during the TMA extension, a recertification package should be sent to the TMA recipient.

3. Quarterly Reports (New York City)

Instructions for the quarterly reporting process in New York City will be provided under separate cover.

4. Recertification

a. SDSS sends out Recertification Report

On the first weekend of the month, SDSS sends the monthly WMS report, WINR4133, "Recertification Notice", listing cases due for recertification. The TMA cases which are in their 10th month will be included in this report of cases due for recertification at the end of the 12th month.

b. District sends out Recertification Package

The district should handle these TMA cases that have reached the 10th month of the extension like any other case due for recertification (i.e. send out the recertification package, schedule face-to-face interview, do a standard FP or FNP budget).

NOTE: This is the standard recertification. The new 185% TMA budgeting, which is the gross income test, minus child care deductions, no longer applies.

(1) If the recipient complies with all recertification procedures and the household income and resources are below the appropriate MA or PA levels, the case must be reauthorized.

(2) If the recipient complies with all recertification procedures, but the household income or resources are above the standard MA or PA levels (whichever is higher), the case should be closed at the end of the 12th month and sent a timely notice (DSS-3623, "Notice of Intent to Discontinue/Change Medical Assistance"). If a family has incurred or anticipates incurring medical bills that would allow a spenddown of excess income or resources, members of the case related to the federal categories of assistance, that is, ADC

or SSI (see MARG, pages 8-51.2) should be reauthorized as an excess income case, effective the 1st of the 13th month.

(3) If the recipient fails to comply with the recertification procedures (i.e., for failure to appear for an interview), the case should be closed effective the end of the 12th month and sent a timely and adequate notice (DSS-4023 "Notice of Intent to Discontinue for Failure to Comply With Recertification Procedures") (see Example 3 of Attachment V).

5. "Notice of Intent to Discontinue/Change Medical Assistance" (DSS-3623)

a. No Dependent Child in Case

When a TMA case is closed because there is no longer a dependent child in the home, the worker should indicate on the DSS-3623 this reason and that the recipient no longer qualifies for TMA. The worker should also explain on the DSS-3623 that although the client is no longer eligible for the TMA extension, the family may still be eligible for MA, if they reapply. However, a new DSS-2921 (Application for Medical Assistance) must be completed in order to obtain a separate MA eligibility determination using the standard MA requirements which are different from TMA requirements.

b. Dependent Child in Case

When a TMA case with a dependent child in the case is closed, a recertification package must be sent along with the DSS-3623. The reason for discontinuing the TMA case must be given on the notice. The notice must state that by using the enclosed recertification package, eligibility for regular MA will be determined.

6. Retroactive Cases

On July 17, 1990, the Department issued 90 LCM-102 informing districts that HR cases are also eligible for TMA if they were closed on or after April 1, 1990 due to increased hours or income from employment of the caretaker relative. They must meet the same requirements as ADC cases to be eligible for TMA.

As 90 LCM-102 stated, districts must send letters to these HR individuals regarding their retroactive TMA eligibility. Attachment VII of this Directive should be used for this purpose as well as to transmit the Transitional Medical Assistance Extension Questionnaire (Attachment VII).

The TMA Questionnaire will replace the first quarterly report that the Department sends out during the third month of the TMA extension. This is necessary because these cases which were opened retroactively were not included in the automated quarterly report process. A case must be opened with MA Opening Reason Code 088 or 089 to receive automated quarterly reports.

Districts must also send the attached letter and questionnaire (Attachments VI and VII) to all TMA recipients that were not included in the Department's initial mailing of the Third Month Quarterly Report. Districts may verify which recipients were sent mailers by accessing the Quarterly Reporting Inquiry function of the new WMS MA Quarterly Reporting Menu. The returned questionnaires will be used to determine TMA clients' on-going eligibility for MA coverage.

VI. UPSTATE TMA INTERIM SYSTEMS INSTRUCTIONS

A. MA EXTENSION PROCESSING (NOTE: NOT ALL EXTENSIONS ARE TMA. SEE MA OPENING REASON CODE 090)

1. Opening MA Extension Cases

Effective with the date of this ADM, and until further automated system support is available, the processing of extensions must be accomplished by opening a separate MA case, just as has been done for previous extensions.

The following are the MA Reason Codes which should be used when opening an MA-Only case (Case Type 20) for the purpose of providing an MA extension:

- * 088 Beginning of extension of TMA eligibility after finding of ineligibility for PA resulting from employment (available on WMS on April 9, 1990)
- * 089 Beginning of extension of eligibility for TMA after finding of ineligibility for PA resulting from loss of \$30 & 1/3 or \$30 disregard

090 Beginning of four month extension of eligibility for MA after finding of ineligibility for ADC resulting from receipt of support

* TMA Extension

Use of the correct MA Opening Reason Code when processing MA extensions will be especially important for TMA cases due to the "special processing" required of these cases. This special processing involves the mailing of quarterly reports to TMA cases opened with Reason Code 088 or 089.

When establishing an MA extension during this interim period, the Authorization From Date should be "backdated" to the beginning of the month in which MA coverage ended on the PA case. This will ensure that there will be no gap in MA coverage between the closing of the PA case and opening of the MA case, and that the quarterly reports will be sent in the appropriate month for TMA cases. (The reporting process will count the first month of the extension as beginning on the first of the month after the Authorization From Date on the MA case.) The Authorization To Date must be set equal to the end of the initial extension period of six months for TMA openings (or four months for 090 openings).

For example, if the PA closing transaction date was 07/06/90 and MA coverage extended to 07/16/90, the Authorization Dates for the TMA opening would be 07/01/90 to 01/31/91 (one month "backdate" for July followed by a six month extension beginning 08/01/90). The first quarterly report would be mailed about 10/22/90. If, however, the PA closing transaction date was 07/13/90 (because the PA worker was late in closing the case), and MA coverage had already ended on 06/30/90, the Authorization Dates for the TMA opening would be 06/01/90 to 12/31/90 (one month "backdate" for June followed by a six month extension beginning 07/01/90). The first quarterly report would be mailed about 09/17/90.

2. Retroactive Implications

Because the TMA provisions of the Family Support Act are retroactive to PA case closings effective April 1, 1990, districts need to take the following actions:

a. PA CASES CLOSED SINCE APRIL 1, 1990

Since this change in policy was anticipated, districts were advised in 90 LCM-47 to maintain a

list of TMA (088/089) cases opened as a result of PA cases closed on or after April 1, 1990. Adjust to six months the length of the TMA extensions authorized for four months under previous policy. For ADC and HR cases closed due to loss of \$30 1/3 or \$30 earned income disregard, adjust the length of the MA extension from nine months to six months. Districts may wish to make this adjustment during the processing of the quarterly reports.

TMA cases opened as a result of PA closings on or after April 1, 1990, and having a current MA Opening Reason Code other than 088 or 089, will not be included in the Quarterly Reporting pulldown (scheduled for the third weekend each month). To include such cases in subsequent Quarterly Reporting pulldowns, districts must perform an undercare entry (Transaction Type 05 or 06) using Reason Code 088 or 089 and the original TMA Authorization From Date.

b. HR, VA, AND PG-ADC CASES CLOSED SINCE APRIL 1, 1990
DUE TO INELIGIBILITY FOR PA RESULTING FROM
EMPLOYMENT

Authorize retroactive six-month MA extensions in accordance with instructions contained in this Administrative Directive. Because this change in policy due to State legislation was not anticipated, districts were not previously advised to maintain lists of such cases. However, the Department has produced a special report listing such cases closed on or after April 1, 1990, with a PA Closing Reason Code 108 (Recipient-HR) or 109 (Other Person). This report was sent to local districts in August. Upon receipt of that report, districts were advised to review the cases listed and authorize six-month MA extensions (using Reason Code 088) retroactive to the appropriate date for those cases meeting the eligibility criteria for TMA.

B. MA QUARTERLY REPORT PROCESSING

Starting in July 1990, districts began monthly processing of the MA Quarterly Reports, which the Department sends shortly after the 3rd full weekend of the 3rd month and 6th month of a recipient's TMA extension. The first mailing of these reports occurred on July 24.

C. REAUTHORIZATION OF TMA EXTENSIONS

Reauthorization of TMA extensions (i.e., from the 7th month to the 10th month and from the 11th month to the 12th month) should be done using WMS Transaction Type Code 06 (Recertification/Reauthorization). The Authorization From date should not be changed when extending TMA for additional months. For TMA cases opened from PA cases closed on or after 04/01/90 and authorized for only four months, the reauthorization of the extension should include months five and six.

D. CASE CLOSINGS

When WMS enhancements have been made, MA workers will be allowed to enter the desired closing date for up to four months in the future on TMA cases. Generally, the only situations where a TMA case would be closed instead of recertified/reauthorized would be where there is no longer a dependent child in the case or, if following a recertification package being sent out, it is determined the case should be closed.

Closing transactions with an MA Opening code of 088, 089, or 090 should be given an MA Coverage To Date equal to the end of the last month of the TMA authorization, or ten days into the future, whichever is greater.

VII. NYC TMA INTERIM SYSTEMS INSTRUCTIONS

Detailed instructions will be provided under separate cover.

VIII. SYSTEM IMPLICATIONS

A. WMS/MMIS

1. UPSTATE - PROSPECTIVE INSTRUCTIONS

a. Automated MA Extension Openings

Effective October 1, 1990, new automated system support for TMA extensions will enter the production system, and all MA extension openings will be system generated, based on information input during the PA case closing transaction and by the circumstances of the PA closing (i.e., combination of case type and PA Closing Reason Code). The new automated system will process the following MA extension openings:

<u>MA REASON CODE</u>	<u>EXTENSION (in months)</u>	<u>DEFINITION</u>
088	6	Beginning of extension of TMA eligibility after finding of ineligibility for PA resulting from employment.
089	6	Beginning of extension of TMA eligibility after finding of ineligibility for PA resulting from loss of 30 and 1/3 or the \$30 disregard.
090	4	Beginning of four month extension of eligibility for MA after finding of ineligibility for ADC resulting from receipt of support.
700	1	MA continuing pending separate determination.
093	12/31/99	MA-SSI Opening.

With these new WMS enhancements, the Separate Determination process will no longer be used for MA extension openings, although it will still be available to continue Food Stamp cases. The Separate Determination Indicator field, involving Code A (Open MA) and Code B (Close MA) will be abolished. Separate Determination will be available for closed PA cases with a transaction date earlier than 10/1/90.

The following new fields will be added to WMS Screen 01 of the PA closing authorization, with entry required for cases entitled to a 088, 089, or 090 extension of MA coverage:

- MA Case Number
- MA Local Office (optional)
- MA Unit Number, and/or
- Worker ID Number

Also, districts will be given the option of entering the MA Extension Reason Code, formerly known as the Separate Determination Code, on Screen 01 of the PA closing transaction, or allowing the system to generate the appropriate MA Extension Reason Code (see Attachment II).

The entry of data in these new Screen 01 fields, combined with information already present on WMS, will provide the system with the capability to generate an MA case opening for the extension of MA benefits following the PA case closing, and will help ensure that continued MA coverage is authorized for those who are entitled to an extension of MA eligibility.

(1) Separate Determination Case Openings

- (a) For PA case closings in which Attachment II indicates that a one month MA extension may be appropriate, the allowable MA Extension Reason Code values are:

700 MA CONTINUING PENDING SEPARATE DETERMINATION

195 NO SEPARATE DETERMINATION REQUIRED (no MA case generated)

197 SEPARATE DETERMINATION COMPLETED (new effective 10/1/90) (no MA case generated)

- (b) For PA case closings containing pregnant women or newborn individuals, MA extensions processed after 10/1/90 should be performed in two steps:

(i) On Screen 01 of the PA closing transaction, enter PA Closing Reason Code 126 and MA Extension Reason Code 700.

(ii) Following Batch Update, perform undercare maintenance on the generated MA case opening to adjust the length of the MA coverage from a one month period to the appropriate length (e.g., twelve month DEFRA MA extension for newborns).

(2) 088/089/090 MA Case Openings

As explained in Section V.A.2. of this ADM, 088/089/090 MA extension openings require that

the case be active for three of the past six months. Therefore, PA case closings having PA Closing Reason Code 105, 106, 108, 109, 120, 138, 139 or 176, in combination with the appropriate PA Case Type (see Attachment II), will trigger an internal system authorization file search, upon the transmission of Screen 01 of the PA closing. This system search will determine whether the PA case was active for at least three out of the past six months prior to the PA Authorization To Date pulled down from the database at the time of the PA closing, or the Transaction Date, whichever is earlier.

- (a) If the PA case passes the above test, the MA Opening Reason Code on the automated MA case opening will be either carried over from the MA Extension Reason Code entered on Screen 01 of the PA closing, or generated to the default Opening Code (see Attachment II) when the MA Extension Code is left blank and an MA extension is required.
- (b) If the PA case fails the above test, then the 700 value will be generated in the MA Extension Code field of the pending PA closing record and in the MA Opening Reason Code field of the pending MA opening record. There will also be a warning message following the PA Closing Transaction that the MA Extension Code defaulted to Code 700. If districts wish to change the defaulted code 700 to 195 (No Separate Determination Required) or 197 (Separate Determination Completed) to suppress an inappropriate MA opening, districts would need to cancel the pending PA record and process the PA pending case closing with the appropriate MA Extension Reason Code.

(3) 093 (MA/SSI) Case Openings

If the PA Closing Reason Code is 126, the allowable MA Extension Reason Code values are 093 (MA-SSI Opening) -- which will generate an MA-SSI case authorized through 12/31/99 -- 700, or blank. If the field is blank, the system will generate MA Opening Reason Code 700 and a one month MA extension. [Caution:

The PA Closing Reason Code 126 and MA Extension Reason Code 093 combination should NOT be used if individuals on the closing case are already active in an MA-SSI case (22).]

(4) PA Closing Reason Code 179 - Other

If the PA Closing Reason Code is 179 (Other - including moved out of district), in combination with Case Types 11, 12, 14, 16, and 17, the allowable MA Extension Reason Code values are 195, 197, 088, 089, 090, 700, or blank. If left blank, then the MA Opening Reason Code will default to 700 with a one month MA Extension.

(5) MA Case Creation

The Authorization Period of the new MA case will be system generated. The MA Authorization From Date will be the first of the month of the PA Authorization To Date pulled down from the database at the time of the PA closing, or the Transaction Date, whichever is earlier. (This will insure an accurate Quarterly Reporting pulldown for TMA cases, regardless of occasions where the PA Authorization Date is extended beyond the transaction month.) The MA Authorization To Date will equal the last day of the first, fourth, or sixth full month (see Attachment II) following the MA Authorization From Date.

Individual Disposition Status Code 07 (Active) will be system generated for active individuals having MA Coverage Code 01 or 30 in the PA case, and will be unchangeable by the district until after batch update. Active individuals having any other MA Coverage Code will not be carried over to the MA case. Also, the system will perform a date of birth check to prevent the inappropriate carryover of individuals age 21 or older to one month extension cases for Case Types 14, 16 and 17 having PA Closing Reason Codes 108-109, 138, 152-156, 158, 176, 183 or 184, and for Reason Code 171 (Case Types 11, 12, 14, 16 and 17). If the PA case does not contain any active individuals having MA Coverage Code 01 or 30, or if the date of birth test is required and there are no individuals in the case under age 21, then there will be no MA case generated

and there will be a System Acknowledgement Warning Message following the PA closing, stating that there are no individuals who qualify for an MA extension.

MA Coverage Codes 01 and 30 will be carried over from the PA case for the above individuals who are selected to receive an MA extension, and the codes will be unchangeable by the district until after batch update.

MA Coverage Dates will be system generated from the MA Authorization Dates.

Following the error free completion of a PA closing transaction for which an extension of MA Coverage is required (see Attachment II), a pending MA case opening will be system generated simultaneously with the pending PA closing record, and will be authorized for the appropriate duration. The Acknowledgement Screen following the PA closing will display a message indicating that an MA case has been created as a result of the PA closing transaction. The resulting pending MA case will contain all the information required to enter batch update status. The pending MA case will enter batch update on the same night as the PA closing transaction date. If the pending PA case is cancelled, then the pending MA record will be automatically cancelled as well.

In addition to the current fields that cannot be changed in the pending PA closing record prior to batch update, districts will be unable to change the PA Closing Reason Code and the MA Extension Reason Code value, even if left blank when the closing transaction was initiated. Also, access to the pending MA opening record will not be permitted because no changes will be allowed to the pending MA data fields.

Until the 3209 Authorization Form is modified, a message will be printed on the PA closing 3209 to indicate that an MA case is being generated.

b. TMA Case Closings

In order to terminate the MA coverage of TMA case closings at the end of a specific month as indicated in the Program Implications of this ADM, system edits have been revised to allow the MA Coverage To Date to exceed the month that the case is closed by up to four months into the future. MA case closings having MA closing Reason Code 188, 189, or 190 will be allowed to have an Authorization To date up to the last day of the fourth month in the future. Such case closings will also be required to have an MA Coverage To date equal to the greatest of the following dates: the Authorization To date of the closing record; "today's date" plus ten days; or the end of the current month.

c. Retroactive Implications

It may be necessary to do an undercare maintenance change on cases opened with an incorrect MA Opening Reason Code. For example, if a case is opened with MA Extension Opening Code 090 and it should have been 088, the worker must do an undercare change to 088 so that such cases will receive quarterly reports. When appropriate, follow the Retroactive Implications described in Section VI.A.2. of this Directive.

d. Quarterly Reporting

Starting in July, 1990, districts began monthly processing of the MA Quarterly Reports, which the Department began mailing on July 24, 1990, to MA cases in the third month of the TMA authorization.

(1) Quarterly Reporting Form - DSS-4151

DSS Form #4151 consists of instructions, a return envelope and three questions that must be answered by the client. The instructions and questions are printed in both Spanish and English. The client must provide the following information on the quarterly report:

- Income received during the period (previous 8 weeks):
 - The name of the person receiving the income
 - The source of the income

- Dates received
- The gross amount received
- Number of hours worked.

- Changes in the number of people in the household:
 - The names of people added or subtracted
 - The type of change
 - The date the change occurred
 - Proof of the change.

- Any other change in case makeup that occurred during the reporting period (such as marriage, amount paid for child care) or any anticipated household change:
 - Proof of these changes.

- Child care costs and transitional child care reimbursement received:
 - The amount spent/received.

- Health Insurance coverage:
 - The name of the insurance company
 - The policy number.

(2) Data Entry and Inquiry Screens

The information the client sends to the LDSS on the quarterly report must be entered into WMS by accessing the "Monthly and Quarterly Reporting Menu" (selection #24) on the main WMS menu and selecting the "MA Quarterly Reporting Menu". As with PA Monthly Reporting, districts are given the ability to update or inquire on either the current or previous month's Quarterly Reporting screens. Because the data entry and inquiry functions are similar for both Monthly and Quarterly Reporting, please refer to Section O of the Worker Reference Manual and the System Reference Manual for additional instructions.

2. New York City - Prospective Instructions

The current method for providing MA extensions for closed PA cases will be modified to provide the initial

extension to PA cases closed due to hours of or income from employment of the caretaker relative or loss of \$30 and 1/3 or the \$30 earned income disregard. Case maintenance for all cases meeting the above criteria will be processed by HRA Office of Employment Services. Detailed instructions will be provided under separate cover.

B. MBL

1. Upstate

On July 30, 1990, MBL began calculating the appropriate budget for those individuals whose eligibility for additional TMA must be determined. Refer to Transmittal 90-3 regarding instructions for this capability.

2. New York City

Processing of cases for the initial extension does not require the calculation of a MBL budget. Instructions for utilization of MBL during the additional extension period will be forthcoming under separate cover.

IX. EFFECTIVE DATE

The provisions of this Directive are effective October 1, 1990, retroactive to April 1, 1990.

Jo-Ann A. Costantino
Deputy Commissioner
Division of Medical Assistance

Attachment II	Upstate Automated Medical Assistance (MA) Extensions (not available on-line)
Attachment III	Notice of Potential Eligibility for Transitional Benefits (available on-line)
Attachment IV	Sample Chart - Transitional MA Extensions-Quarterly Reporting (not available on-line)
Attachment V	Examples (available on-line)
Attachment VI	Letter for cases entitled to retroactive TMA (available on-line)
Attachment VII	Transitional Medical Assistance Extension Questionnaire (available on-line)

Notice of Potential Eligibility for Transitional Benefits

Dear _____:

This letter contains important information about transitional child care and medical assistance benefits you may be entitled to receive.

Transitional Child Care

A new Transitional Child Care Program is available to help families in purchasing child care (babysitting/day care) for children under 13 years of age (and older children physically or mentally incapable of caring for themselves). This program helps former recipients of Public Assistance (PA) pay for child care if care is needed to allow a family member to accept or retain employment.

If you are determined eligible, you are entitled to receive child care benefits for a period of up to 12 months.

Who Is Eligible For Transitional Child Care?

Transitional Child Care is available for up to 12 months to families who become ineligible for PA on or after April 1, 1990, due to increased hours of employment, increased earnings from employment, or loss of the income disregard.

In order to be eligible for Transitional Child Care benefits, your family must have received PA in at least 3 of the 6 months before you became ineligible for PA. In addition, your family's income must not exceed certain limits.

Potential eligibility begins the first month you are ineligible for PA and continues for 12 months. If you are eligible for child care benefits prior to the date of your application, you may receive payment for these prior months.

How to Apply for Transitional Child Care

In order to receive benefits, you must complete an application. You must provide the following information at the time of application:

- o Current pay stub or other verification of the amount of income received by your family.
- o Dates of birth of your child or children.
- o If you have a child aged 13 or older who is unable to care for him/herself you will need to provide verification from a physician or psychologist.
- o Information regarding the person or child care program that will be providing care for your child.

We have enclosed for your convenience an Application for Public Assistance, Medical Assistance, Food Stamps, and other Social Services. You may complete the application and mail it in or you may apply in person at the department of social services. If you apply by mail be sure to enclose copies of documents (i.e., birth certificates, pay stubs, etc.) verifying the above information.

Also enclosed are instructions entitled, How To Complete the Social Services Application Form. Please note that in order to apply for transitional child care you only need to complete Sections 1, 4, 5, 6, 8 & 9 and sign the last page of the application. (The department of social services will automatically determine your eligibility for extended Medicaid.)

If you need assistance in completing the application, you may call the department of social services for assistance or go in person to apply.

What Are Your Responsibilities Under Transitional Child Care?

In order to continue to receive child care benefits you must:

- o Notify your caseworker of any change in family income, household composition or circumstances (i.e., birth of a child, etc.), child care arrangements or termination of employment.
- o Complete and return to your caseworker a questionnaire that will be used to determine your continued eligibility.
- o Pay the fee required by your local department of social services.
- o Cooperate in establishing paternity and enforcement of child support obligations.

When Will Benefits End?

Your Transitional Child Care benefits will be terminated when:

- o The twelve month eligibility period ends
- o You quit your job without good cause
- o You fail to pay your child care fee
- o You change child care providers from a legal provider to an illegal provider
- o Child care is no longer needed to allow a family member to accept or retain employment
- o Your income exceeds the maximum allowed for your family size

You are entitled to a fair hearing if you feel you were incorrectly denied Transitional Child Care benefits.

You may request a fair hearing by calling _____.

Medical Assistance

If you become ineligible for PA because your earned income increased or because your hours of employment increased or because of loss of an earned income disregard, you may be eligible for extended Medicaid coverage.

Continued Medicaid coverage will be available for up to 6 months if you meet ALL of the following requirements:

- 1) Your family received cash assistance during 3 of the past 6 months.
- 2) A child of yours under the age of 21 must be living with you.
- 3) You or your spouse are working or recently employed.

You may be eligible to receive Medicaid for up to 6 more months after the first 6 months of extended Medicaid has ended if your earned income remains below certain levels. You must complete the information on the reports we send to you every 3 months starting in the third month of your extended Medicaid period. This includes mailing us pay stubs with the reports by the 7th day of the month after you receive the report. The information you provide us in the report will be used to determine your eligibility for the additional 6 months of Medicaid benefits.

THE DEPARTMENT OF SOCIAL SERVICES WILL AUTOMATICALLY DETERMINE YOUR ELIGIBILITY FOR EXTENDED MEDICAID. YOU DO NOT NEED TO APPLY FOR THIS BENEFIT.

Examples1. ADC Case Closed Due to Increased Earnings and Qualifies for Initial Six Month Extension

Jack Spencer's PA case closed on April 25, 1990 due to increased earned income after being on ADC since February 15, 1990. Since he and his six year old daughter, Hillary, had been receiving ADC cash benefits for three out of the past six months and their case was closed due to increased earnings, they are eligible for at least six months of transitional MA as long as Hillary remains living with her father.

Receives Initial Six Month Extension and Qualifies for an Additional Four Months

Jack Spencer's MA extension begins on May 1. On July 20, the Department sends the first quarterly report to him and he sends back the completed quarterly report on August 3, prior to the due date of August 7. Jack's average gross monthly earnings for May through July were \$1,250. His average monthly child care expenses necessary for his employment were \$200. Therefore, his net income of \$1,050 was below 185% of the poverty line for household size of two. During the entire initial six month extension, Hillary remains living with her father and they continue to receive MA coverage. They have met all of the requirements to qualify for an additional four months (November - February).

Receives Additional Extension for Months 7, 8, 9 and 10 But Fails to Qualify for Months 11 and 12

On November 1, 1990, Jack Spencer's additional six month extension begins. On October 20, 1990 he was sent a quarterly report requesting information from the prior three months to determine his eligibility for the MA extension to continue for months 11 and 12 (March and April). Jack's response on this quarterly report is due on November 7, 1990. When the local district does not receive a response to the first request, a follow-up quarterly report is sent to him on November 10 with a response date of November 21. Jack responded on November 18 with all the required information. If Jack had failed to return the follow-up quarterly report, their MA would have been discontinued at the end of the tenth month (February 28) after a 10 day closing notice is sent. After reviewing the latest quarterly report, the local district discovers that Jack's income has increased above 185%. Therefore, their MA was discontinued at the end of the tenth month (February).

2. No Longer a Dependent Child

Martha Livingston was an ADC cash recipient from May 1, 1989 through May 5, 1990. Martha had been working during that period and receiving earned income disregards. Her ADC case was closed due to loss of the \$30 earned income disregard on May 5, 1990. Martha's 17 year old son lives with her. Martha meets all of the conditions to receive TMA and

the extension begins June 1, 1990. However, on July 6, 1990, her son moves into his own apartment. In order for a recipient to continue receiving TMA, the recipient must have a dependent child under age 21 living at home. Martha reports on September 5 on the Third Month Quarterly Report that her son moved out. Since Martha's only dependent child is no longer living with her, she becomes ineligible for TMA effective at the end of the month (September) in which the agency discovers the change in household composition (after the closing notice has been sent (DSS-3623)).

3. Failed to Appear for Face-to-Face Interview

June Larson is 24 years old and has a 2 year old child. She was on PA, became employed on April 15, 1990, lost ADC cash benefits and met all the requirements for TMA May 1 - October 31, 1990. She responded to her third month and sixth month quarterly reports and met the other requirements which entitled her to receive up to six additional months of MA (to April 30, 1991). In February 1991, the local district sent out the recertification package and scheduled her for a face-to-face interview. June failed to appear for the interview. Therefore, the local district sent her a closing notice (DSS-3623) notifying her that her case would be closed effective April 30, 1991. If she had appeared for her recertification interview, she would have been required to comply with the regular ADC-related financial and non-financial MA requirements.

4. No Earnings

Howard and Betsy Roth are HR cash recipients. They live with their 16 year old daughter, Joan, who is no longer in school. On December 15, 1990 they lose their HR cash assistance due to Betsy's loss of the \$30 earned income disregard. Howard is unemployed but not eligible for ADC-U. Their MA is continued through the end of the month. They meet all the requirements for TMA, and their initial six month extension begins on January 1, 1991. The Roth's respond to the third month quarterly report and meet all the requirements to receive MA through the end of October. When the local district receives the Roths' sixth month quarterly report in July, they learn that Betsy has quit her job during the previous three months without good cause. Therefore, the TMA extension is discontinued at the end of the tenth month (October 30, 1991) after a closing notice has been sent (DSS-3623). The TMA extension would also have been discontinued at the end of the sixth month if the Roths had failed to return the third month quarterly report by the 21st day of the fourth month.

5. Failed 185% of the Federal Poverty Line Income Test

Candy Dumont has a seven year old son, Brad, and a one year old daughter, Judy. She began receiving an initial six month TMA extension on July 1 due to her ADC case being closed for increased earnings. She completes and mails her third month follow-up quarterly report before the 21st day of the fourth month of her extension. The data from the quarterly report shows the following:

Gross average monthly earned income:	\$2,000
Gross monthly child care expenses for Candy's employment:	450
Monthly Transitional Child Care Reimbursement received*:	<u>-350</u>
Net Monthly Amount of Child Care Expenses:	<u>-100</u>
Amount of Income to be compared to 185% of Poverty	\$1,900

Since \$1,900 is above the 185% Federal poverty line for a household of three (\$1,628), Candy is not eligible for the additional TMA extension and her MA ends at the end of the seventh month. If Candy's net income was less than \$1,628, her TMA extension would continue for up to six additional months. If she had not returned the quarterly report, MA would have been discontinued at the end of the sixth month.

* This Transitional Child Care figure is for illustration purposes only.

Dear _____:

If you became ineligible for Public Assistance (PA) after April 1, 1990 because of increased earnings or loss of earned income disregards, you may be eligible for extended Medical Assistance (MA) coverage.

This MA coverage should have begun immediately after your PA case was closed and may continue for up to one year from that time.

To be eligible for this MA extension:

- 1) your family must have received PA during 3 of the 6 months immediately prior to your case being closed;
- 2) a child of yours under age 21 must be living with you; and
- 3) you or your spouse must be working or recently employed.

You may be eligible to receive additional MA after the first 6 months of extended Medicaid has ended if your earned income remains below certain levels. You must complete the information on the attached questionnaire and on the reports we will send you every 3 months of this MA extension. This includes returning paystubs with the questionnaire and reports by the 7th day of the month after you receive the report. The information you provide will be used to determine your eligibility for the additional 6 months of MA benefits.

The Department of Social Services will automatically determine your eligibility for extended MA. You do not need to complete another application for this benefit.

If your case was closed after April 1, 1990 and you believe you were eligible for MA, you should bring in any medical bill you incurred during this time period. If you already paid the bills, you may be reimbursed at the MA rate. If these bills are unpaid, MA may pay these bills.

If you have any questions, call the MA office at:_____.

Sincerely,

Enc.

TRANSITIONAL MEDICAL ASSISTANCE EXTENSION QUESTIONNAIRE

- 1. Did you or anyone in your household (including stepparents) receive earned income during the previous 8 weeks? [] No [] Yes

If yes, enclose paystubs.

- 2. Does you household contain a child of yours under the age of 21? [] No [] Yes

- 3. Did anyone move in or out of your household during the period (including births)? [] No [] Yes

If yes, write in names of the persons who moved in or out, a parent who returned home, someone who is pregnant, a baby is born, etc.:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>WHAT CHANGED</u>	<u>DATE OF CHANGE</u>
-------------	---------------------	---------------------	-----------------------

- 4. Did anything else change or do you expect any changes in your household during the next 3 months? (i.e., marriage, moving, persons moving in or out of home, only child in home turning age 21) [] No [] Yes

If yes, explain. _____

- 5. List the weekly amount spent on child care costs \$_____. List the amount, if any, of child care costs reimbursed to you (Transitional Child care or other child care reimbursement) \$_____.

- 6. Do you have health care insurance coverage? [] No [] Yes

Insurance Company _____ Policy No. _____

You must complete and return this questionnaire with your signature in the enclosed envelope with proof of any changes by _____. Photocopies are allowed.

Recipient's Signature

Date

Telephone number

NOTE: DO NOT FORGET TO ENCLOSE YOUR PAYSTUBS