

Indiana Health Coverage Program Policy Manual	
Chapter: 3800 Transitional Medical Assistance	Section: 3800.00.00 Table of Contents

3800.00.00 TRANSITIONAL MEDICAL ASSISTANCE

3805.00.00 TMA ELIGIBILITY

3805.05.00 TMA EFFECTIVE DATE

3805.10.00 TMA ELIGIBILITY PERIODS

3805.15.00 TMA REPORTING REQUIREMENTS

3805.20.00 THE PERIODIC REPORTING SUBSYSTEM

3805.20.05 Processing The Periodic Report Form (PR Form)

3805.25.00 COMPLETE TMA REPORTS

3805.35.00 PR FORM NOT RECEIVED OR INCOMPLETE

3805.40.00 DISCONTINUANCE AS A RESULT OF PERIODIC REPORT

3805.40.05 Periodic Report Not Received

3810.00.00 ENDING TMA REPORTING

Indiana Health Coverage Program Policy Manual	
Chapter: 3800 Transitional Medical Assistance	Section: 3800.00.00 Table of Contents

3800.00.00 TRANSITIONAL MEDICAL ASSISTANCE

This chapter includes policy and procedures on the following topics:

TMA (Transitional Medical Assistance) Eligibility (Sections 3805.00.00 through 3805.10.00);

TMA Reporting Requirements (Section 3805.15.00);

The Periodic Reporting Subsystem (Section 3805.20.00);

The Processing and Evaluation of TMA Reports (PR Forms) (Sections 3805.20.05 through 3805.35.00);

Discontinuance of TMA (Sections 3805.40.00 and 3810.00.00)

3805.00.00 TMA ELIGIBILITY

Up to 12 months of full medical coverage under the Transitional Medical Assistance (TMA) category is available to families when a caretaker relative was discontinued from or denied MAGF because of the earnings. To qualify for TMA, the caretaker relative must be ineligible for MAGF due to new or increased earnings.¹

To initially qualify for TMA, the caretaker with new or increased earnings must have received and been eligible for MAGF in Indiana in three of the six months immediately preceding the ineligibility. NOTE: MAGF eligibility from an application retro period counts towards the three of six months.

At the point of initial eligibility, the TMA AG will include all persons who were participating or non-participating members of the MAGF AG during the month in which eligibility was lost. Caretaker relatives who enter the household after the TMA period has been established may qualify for TMA, if the new caretaker relative would have also qualified for MAGF in the month the original caretaker relative lost MAGF eligibility was lost due to earnings. Dependent children who enter the household after

¹Social Security Act (SSA), Section 1925

the TMA period has been established and would have been non-participating members of the MAGF may also qualify for TMA.

Eligibility of a family for this provision follows the caretaker. A unit member, other than the caretaker, who moves out of the unit, loses TMA beginning with the first of the month following the month of departure from the family residence.

3805.05.00 TMA EFFECTIVE DATE

TMA goes into effect on the date of discontinuance of MAGF or on the date on which the AG first becomes ineligible, whichever is earlier.²

3805.10.00 TMA ELIGIBILITY PERIODS

TMA is available for two six-month periods. In addition to the criteria listed in Section 3800.05.00, the AG must also meet the following additional eligibility guidelines:

- The AG will continue to be eligible for TMA throughout the first six months provided at least one child under age 18 continues to live in the household.
- The AG will continue to be eligible for TMA for an additional six months provided the following requirements are met:
 - o A child under age 18 from the original MA C eligible AG continues to live in the household;
 - o The caretaker has earnings in each month or has good cause for not having earnings due to involuntary loss of employment or illness;
 - o The AG meets the reporting requirements included in this chapter; and
 - o The AG's average gross earned income less out-of-pocket child care expense does not exceed 185% of the Federal Poverty Level for a family of comparable size.³

3805.15.00 TMA REPORTING REQUIREMENTS

Families receiving Transitional Medical Assistance (TMA) must report their earnings by completing a Periodic Reporting Form (PR Form).⁴

ICES automatically send a report form to the AG payee. Forms are generated during the third, sixth, and ninth month of

² SSA 1902(d)(1)(A)

³ SSA 1925(b)(3)

⁴ SSA 1925(b)(3)

eligibility. If a form is lost or damaged, the worker may request another form by using the client notice reprint process.

The family must return the report by the first business day following the 20th day of the month and must report the earnings of the TMA AG members. Unearned income need not be reported for TMA purposes. However, the AG should be informed that income reporting and verification responsibilities will continue for any other types of assistance it is receiving.

In addition, recipients who have an out of pocket dependent care expense must provide verification in order to receive a dependent care deduction when income is calculated. Only the earned income of a caretaker relative is considered for budgeting purposes. Please, refer to IHPPM 3010.26.00.

3805.20.00 THE PERIODIC REPORTING SUBSYSTEM

Through the ICES Periodic Reporting Subsystem, PR Forms are logged and the information on them is recorded for the determination of continuing TMA eligibility. The subsystem performs the following functions:

- Generates the Periodic Reporting Form which is mailed from a central location four days prior to the end of the third, sixth and ninth months of TMA;
- From the date entered from the returned report, determines the AG's eligibility for further assistance under the TMA category;
- Discontinues TMA when the AG (without good cause) fails to submit a timely report; and
- Generates notices to the AG of incomplete or missing reports.

NOTE: The Periodic Reporting Subsystem is self-contained. Changes in income and resources which are entered onto its screens will not appear in the general system. Therefore, if a TMA AG receives other benefits as well, any changes reported for TMA must also be entered on the appropriate Application Entry screen.

3805.20.05 Processing The Periodic Report Form (PR Form)

The subsystem includes four screens which are accessed upon receipt of a PR Form.

PRRG:

The form may be logged in on the Periodic Reporting Registration Screen (PRRG) by clerical staff. An alert will be generated to inform the worker that it has been registered and should be reviewed. This alert will not regenerate and should not be deleted until the PR Form has been reviewed. The supervisor is sent an alert if the form has not been reviewed within 10 days of the registration date.

PRES:

If the PR Form is received directly by the worker without having been registered, PRRG may be bypassed and the received date entered on the Periodic Reporting Earnings Screen (PRES). It is on this screen that: the earnings information on the PR Form is captured; and the worker indicates the results of the review (whether the form is considered to be complete, incomplete with good cause, or incomplete without good cause). Good cause considerations are discussed in Section 3805.35.00.

NOTE: If a PR Form is coded as received on PRRG, but the worker has not reviewed it and updated PRES, ICES will allow the benefit to continue regardless of the AG's current eligibility.

PRCC:

Any information on out-of-pocket child care expenses is entered on the Periodic Reporting Child Care (PRCC) screen. If the AG pays the provider a TCC copayment fee, the amount is entered on this screen.

PRHI:

The Periodic Reporting History (PRHI) screen displays a summary (for each report quarter) of the information captured on the other PR screens.

After the data has been entered on the appropriate screens, ED/BC is run and the benefit, if correct, is authorized.

3805.25.00 COMPLETE TMA REPORTS

For the report to be complete, the earnings of each employed family member must be verified. When there are missing pay entries, the report will not be considered incomplete if the correct earnings for the period in question can be calculated from year-to-date amounts.

The worker determines continued eligibility for TMA by evaluating the periodic TMA report as instructed in the following sections.

3805.30.00 EVALUATION OF TMA REPORTS (PR FORMS)

A child under the age of 18 who was a participating member of the formerly eligible TANF AG must continue to reside in the household throughout the report period for TMA eligibility to continue. If a child no longer resides in the household, ICES must be updated with this information.

The second step in the report evaluation is to determine whether the caretaker had earnings in each month of the report period. If not, a good cause determination must be made. Good cause for failing to have earnings in each month is limited to an involuntary loss of employment (lay-off or firing) or illness.

Income information from the PR Form is used to determine continuing eligibility for TMA. If the AG's average gross income less out-of-pocket child care expenses does not exceed 185% of the Federal Poverty Guidelines,⁵ the family continues to be eligible for TMA.

3805.35.00 PR FORM NOT RECEIVED OR INCOMPLETE

ICES terminate TMA for any AG which fails to return a completed form by the due date.

If a report has been received, but is incomplete, the worker updates ICES by entering the status code of incomplete on the PRES screen.

If the family had good cause for not submitting a report, submitting an incomplete report, or submitting a late report, the worker is to enter the code cause indicator and reason code on the PRES screen. Good cause situations include the following if verified:

- Illness;
- Injury;
- Death of immediate family member;
- Natural disaster;
- Circumstances beyond client's control (includes non-recipient of the original report form);
- Administrative error; and
- Hearing request.

⁵ SSA 1925(b)(3)

The codes for these reasons may be found by entering RFDI in the TRAN field and TPRR in PARMS. A determination that good cause exists will prevent automatic case closure.

If the client informs the DFR that the original periodic report form was not received, the worker may request issuance of a second report form by using the client notice reprint process or may provide a hard copy of the form (Report of Transitional Medical Assistance). This action should only take place if the client can submit evidence which substantiates a history of problematic mail delivery or the worker has confirmed that the original report was not returned by the post office to the DFR as undeliverable. The client must be advised, in writing, that a period of no more than thirteen (13) working days from the date the second form was generated by ICES or presented manually, will be allowed for completion and submission to the DFR. Appeal rights must also be reiterated.

Documentation to be presented at an appeal hearing should include:

- A copy of the notice history detail screen (CNHD)
- A copy of the case information screen (AEICI)
- Verification of issuance of a second report form
- A copy of the TMA closure notice.

3805.40.00 DISCONTINUANCE AS A RESULT OF PERIODIC REPORT

When a PR Form is not returned, is returned late, or is incomplete, if good cause is not indicated. TMA is discontinued at the end of the sixth, eighth or 11th month when report requirements are not met. (See Section 3805.10.00)

ICES will send the worker alert 370. The worker should review PRES (also the periodic report form and verification if necessary) to determine if the TMA should close. If the closure is correct, the worker should run AEABC and the system will determine if the individuals on TMA qualify for any other category of medical assistance.

If the report is complete, but income exceeds the TMA guidelines, which are 185% of the Federal Poverty Level, ICES initiates the following adverse action procedures: (Refer to Section 3805.10.00)

- sending an alert to the worker to run ED/BC;
- discontinuing the TMA AG; and

- Generating an adverse action notice to the AG if eligibility under another category is not established.

Once lost, TMA eligibility can only be regained by again qualifying for and being discontinued from MA C in accordance with TMA eligibility requirements.

3805.40.05 Periodic Report Not Received

A periodic report form may be issued to the client in instances where circumstances beyond the control of the client prevented timely completion (EXAMPLE: hospitalization, return of the report to the DFR by the postal authority). Unsubstantiated allegations by the client that the report was not received do not constitute a valid reason for sending a second report form.

The worker may request issuance of a second report form by using the client notice reprint process. The client must be advised, in writing, that a period of no more than thirteen (13) working days from the date the form was generated will be allowed for completion and submission to the DFR. Appeal rights must also be reiterated.

A copy of the ICES history screen detailing issuance of the report must be submitted at any appeal hearing. Any additional hard copy documentation of transactions between the worker and the client which relates to the appeal must also be submitted for consideration.

To re-form a case in ICES which has auto-closed for failure to meet the report deadline, the worker must enter a good cause or hearing reason and run ED/BC.

3810.00.00 ENDING TMA REPORTING

Periodic TMA reporting is ended for an AG whenever the AG is closed for any reason. If an AG is closed after a report is sent out by ICES, the report is not tracked through ICES.

Prior to the end of the 12th month of TMA eligibility, ICES sends an alert to the worker to run ED/BC so that eligibility under other categories of assistance is explored.