

**H-1500**      **CONTINUED MEDICAID FOR THE PARENTS AND CARETAKER RELATIVES GROUP****H-1510**      **GENERAL INFORMATION**

Medicaid coverage may be continued for parents or caretakers who lose Parent and Caretaker Relatives Group (PCR) coverage because of an increase in Modified Adjusted Gross Income (MAGI) from employment.

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To be eligible for continued Medicaid, the parent/caretaker must have been eligible for and received PCR in at least three (3) of the six (6) months immediately preceding the first month in which the parent/caretaker became ineligible for PCR. This includes coverage from other states.

**H-1510.1**      **Coverage**

Former PCR enrollees of a MAGI-related program whose eligibility is continued are eligible for the full range of Medicaid covered services.

**Note:**

\*\*Enrollees who appeal the decision to discontinue/close the case often continue to receive PCR while the appeal is pending. If the hearing officer upholds the agency's decision, the months that PCR coverage was received during the appeal process are counted as months of continued Medicaid coverage.

**H-1520 -****H-1524**      **RESERVED****H-1530**      **TRANSITIONAL MEDICAID**

Transitional Medicaid (TM) provides continued Medicaid coverage for a parent/caretaker who loses eligibility in PCR because of an increase in MAGI.

**Note:**

A parent/caretaker who is added to the MAGI household must be given TM. The parent/caretaker must be included for all purposes (e.g. eligibility, determination of income) if the parent/caretaker would have been considered a member of the MAGI household at the time benefits were terminated.

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**H-1531 ELIGIBILITY CRITERIA**

A former PCR enrollee is eligible to receive TM if the parent/caretaker was eligible for and received PCR in at least three (3) of the six (6) months immediately preceding the month in which the parent/caretaker became ineligible for PCR due to new or increased MAGI earnings from employment.

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**Note:**

A parent/caretaker from another state who \*\* received PCR in that state must receive PCR in Louisiana for at least (one) 1 month to qualify for TM. The months PCR was received in another state are counted in determining if the parent/caretaker meets the criteria of having received PCR in three (3) of the prior six (6) months.

Document the specific reason PCR eligibility was lost.

The parent/caretaker continues to be eligible for TM unless the parent/caretaker becomes ineligible based on one or more of the factors listed in H-1534 Reasons For Ineligibility. \*\*

**H-1532 PERIOD OF ELIGIBILITY**

A new application is not required for TM. Eligibility begins with the first month of PCR ineligibility. If earnings were not reported timely, the parent/caretaker is still entitled to the first six (6) months of TM, but may receive Medicaid under an incorrect type case (For example, PCR rather than TM).

**Example:**

Beginning June, Mrs. Apple's earnings exceeded the limit for PCR. She reported earnings in August. The months of June, July, and August are considered the first three (3) months of TM.

TM is not available to a parent/caretaker if it is determined that, at any time in the last six (6) months of receipt of PCR, the parent/caretaker was ineligible because of fraud.

TM may continue for up to twelve (12) months if certain eligibility requirements are met.

If a parent/caretaker again becomes PCR eligible during the twelve (12) months of TM, the family may choose between TM and PCR.

If the parent/caretaker chooses PCR and subsequently becomes ineligible for that program, the parent/caretaker may be:

- 1) Eligible for a new period of continued benefits. To be eligible for a new period, the parent/caretaker would have to again meet the requirements to establish initial eligibility (such as the requirement for PCR eligibility in three (3) of the preceding six (6) months); or
- 2) Eligible for the remainder of the original period of continued benefits. To qualify for the remainder of the original period of continued eligibility, the parent/caretaker would have to lose eligibility for a reason related to employment. The parent/caretaker would not have to meet the requirement for PCR eligibility in three (3) of the preceding six (6) months.

### H-1533 REPORTING REQUIREMENTS FOR TRANSITIONAL MEDICAID

Once in TM, the enrollee must continue to report any changes in <sup>\*\*</sup> household composition and gross earnings <sup>\*\*</sup> as they occur.

Changes reported by the enrollee should be evaluated for continuing eligibility. Refer to H-1532 Period of Eligibility and H-1534 Reasons For Ineligibility. Not all changes reported in the initial six (6) month period will require action; some changes may need to be reviewed again in the 7th month to determine effect on eligibility.

**Example:**

Mrs. Apple was certified for TM beginning June because she started a part-time job and her earnings exceeded the income limit for PCR. In September (the 4th month of TM), she reported that she is now working full time. While the increase in earnings does not affect eligibility in the initial six (6) month period, a review in December must be conducted to determine if Mrs. Apple is still working full time and if so, if her income is less than 185 percent of the Federal Poverty Level (FPL) to remain eligible in the second six (6) month period.

**H-1533.1 RESERVED****H-1533.2 RESERVED****H-1534 REASONS FOR INELIGIBILITY**

TM recipients/enrollees continue to be eligible \*\* unless one of the factors below applies. Take action as indicated.

Reasons for ineligibility during the first six (6) month period:

- A child is no longer in the home or no longer meets the \*\* age requirement. \*\*
- The parent/caretaker is no longer in the home. \*\*  
\*\*
- The residency requirement not met.

Reasons for ineligibility during the second six (6) month period:

- A child is no longer in the home or no longer meets the \*\* age requirement. \*\*
- The former parent/caretaker is no longer in the home. \*\*
- MAGI income exceeds 185 percent FPL. Refer to [Z-200 Federal Poverty Income Guidelines](#). Termination is not retroactive.
- The parent/caretaker had no earnings in one or more of the previous three (3) months. \*\*

**Exception:**

If lack of earnings was due to involuntary loss of employment, illness, or other good cause, the parent/caretaker continues to be TM eligible.

**H-1535 NOTICES**

At the time eligibility is determined for TM, a notice of decision is sent.

Consideration for coverage under all other Medicaid programs is required for parents/caretakers who lose TM eligibility.

Advance notice of decision is sent to the recipient/enrollee \*\* at any time case closure is proposed. This includes closures for failure to respond to the renewal process or when TM eligibility is exhausted and other eligibility is not established.