

TO: Local District Commissioners, Medicaid Directors, Managed Care Directors

FROM: Judith Arnold, Director
Division of Coverage and Enrollment

SUBJECT: Transitional Medical Assistance

EFFECTIVE DATE: July 1, 2009

CONTACT PERSON: Local District Support Unit
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The purpose of this General Information System (GIS) message is to provide Local Departments of Social Services (LDSS) with information regarding new procedures for authorizing Transitional Medical Assistance (TMA).

As a result of the passage of the American Recovery and Reinvestment Act (ARRA) of 2009, recipients of TMA will no longer require determination of continuing TMA eligibility at four and six months. Effective July 1, 2009, households that meet the TMA requirements will be authorized for coverage for twelve months of transitional Medicaid. The requirements to be eligible for TMA remain the same:

1. the household is no longer eligible under LIF due to new or increased earnings of the caretaker relative. These earnings may be in combination with unearned income; and
2. the household includes a dependent child (under 21) living in the household; and
3. the household was receiving Medicaid under LIF in three out of the six months immediately preceding the month the family became ineligible under LIF.

Effective July 1, 2009, mailers are no longer required for new and current TMA households. For TMA recipients who are in the middle of a TMA extension, TMA is to be authorized for twelve months from the date of the original TMA extension.

LDSS should continue to process TMA cases in the normal manner. Since the TMA coverage period is automatically twelve months and there are no extensions, there is no need to calculate earned income and compare it to 185 percent of the Federal Poverty Level.

Temporary Assistance

This change also applies to Temporary Assistance (TA) households that meet the TMA criteria. TA cases closed with the correct reason code (E31, M 92 or M93) will generate a Medicaid case under TMA for twelve months. When reason codes O88, O89, E08, Y78, or Y79 are used, WMS will generate an Auth From Date (example 7/1/09) and take it to the last day of the month (example 7/31/09) and then add twelve months for an end date of July 31, 2010.

Systems

Upstate system support will be available for July 1, 2009. The 9.2 WMS coordinator letter outlines the system changes related to TMA.

Additionally, subsequent to the upstate migration, a special upstate system's run will identify current TMA cases that require extension to the twelve months allowable under law. The system will look at the authorization period of the earliest month of TMA and will authorize the TMA case and the Medicaid coverage to the last day of the month of the authorization from date plus 12 months. A new reason code "888 - TMA Conversion to 12 Months" with an "A" in Notice Indicator will be generated and a unique authorization of "TMAEXT12". This new reason code will have CNS language associated with it. CNS notices will be generated and sent out during this special run. This new reason code is only a system generated code and not worker entered; it will only be used for this specific cleanup activity.

As the special clean-up may not occur for TMA cases scheduled to close June 30, 2009 that have less than twelve months of TMA authorized, the LDSS should manually extend these cases for the entire twelve month period following the first month of the TMA authorization.

New York City system support will be available in the fall.