CATEGORICAL FACTORS
MEDICAID EXTENSIONS/CONTINUATIONS

SEPARATE HEALTH CARE COVERAGE DETERMINATIONS

Policy: ***Recipients of Temporary Assistance (TA) and Medicaid/Child Health Plus A who are closed on Temporary Assistance and who are pregnant, under 21 years of age, parents residing with children under age 21, certified blind/disabled, or age 65 and over, are provided a separate determination for Medicaid/Child Health Plus A/Family Health Plus/Family Planning Benefit Program Benefit eligibility. Single adults/childless couples determined ineligible for Safety Net Assistance based on income or resources, and whose income is at or below 100% of the federal poverty level will have Medicaid continued pending a separate determination.***

References: Dept. Reg. 360-2.2

ADMs ***01 OMM/ADM-6***
90 ADM-30
82 ADM-5
80 ADM-84
80 ADM-19

Interpretation: When an SSI recipient loses eligibility, Medicaid is continued until a separate Medicaid determination is made.

When a TA recipient loses eligibility, the reason for the TA closing will:

- ***(1) Allow Medicaid to continue unchanged if the reason for closing the TA case does not apply to Medicaid;***
- ***(2) Prompt a separate determination of Medicaid eligibility if the reason for the TA closing may affect Medicaid eligibility; or***
- ***(3) Close the Medicaid case if the reason for closing the TA case also applies to Medicaid.***

The separate determination for Medicaid is completed by the end of the calendar month following the month in which cash assistance was terminated. A separate statement is made in the Notice of Intent advising the recipient of the action to be taken on his/her Medicaid case, the reasons for the action and the supporting regulations.

When the ***T***A case is closed, the separate determination is made from information in the ***T***A case record. If additional information is required, the district requests it from the recipient (Rosenberg court decision).

CATEGORICAL FACTORS

SEPARATE HEALTH CARE COVERAGE DETERMINATIONS

When a SSI cash benefit is discontinued, a separate determination is made from information provided by the Social Security Administration on the SDX. If additional information is required, the local district requests the information from the recipient (Stenson court decision). ***See page 373.1.***

NOTE: When an application for both ***T***A and ***health care coverage*** is made and ***T***A is denied, a separate ***health care coverage*** determination is completed, unless the reason to deny ***T***A is also a proper basis for the denial of ***health care coverage***.