

# CHANGE NOTICE FOR MANUAL NO. 04-06, TWELVE MONTHS TRANSITIONAL MEDICAID

**DATE: DECEMBER 19, 2005**

**Manual:** Family and Children's Medicaid  
**Change No:** 04-06  
**To:** County Directors of Social Services  
**Effective:** January 1, 2006

## **I. CONTENT OF CHANGE**

MA-3405, Twelve Months Transitional Medicaid, has been updated to clarify policy regarding change in situation during the Transitional Medicaid period. When a parent/specified relative reports he stopped working with "good cause" during the Transitional Medicaid period, continue Transitional Medicaid.

Overview of EIS tracking during the transitional period, has been updated to clarify that cases may be terminated, if there is adequate time, prior to the automatic transfer for two months to MAF-C.

Termination or deletion during the Transitional Period has been updated to list the maximum age limit for Work First and NCHC children to alleviate potential errors when terminating or deleting children from these programs/categories.

## **II. EFFECTIVE DATE AND IMPLEMENTATION**

This change is effective January 1, 2006. Apply this policy to any current or pending applications and to redeterminations.

## **III. MAINTENANCE OF MANUAL**

**Remove:** MA-3405, Twelve Months Transitional Medicaid, pages 5, 6, 7, 8, 9, 10, and 19.

**Insert:** [MA-3405](#), Twelve Months Transitional Medicaid, pages 5, 6, 7, 8, 9, 10, and 19, effective 01/01/06.

If you have any questions, please contact your Medicaid Program Representative.

L. Allen Dobson, Jr., M.D., Assistant Secretary  
for Health Policy and Medical Assistance

(This material was researched and written by Charlotte Gibbons, Policy Consultant, Medicaid Eligibility Unit.)