

Rule No. 560-X-25-.15 Parents and Other Caretaker Relatives, ~~Extended Medicaid Benefits due to Spousal Support~~, and Transitional Medical Assistance Medicaid Benefits.

(1) Parents and Other Caretaker Relatives (POCR)

(a) Parents and Other Caretaker Relatives (~~i.e. formerly Medicaid for Low Income Families [MLIF]~~): ~~Parents and other caretaker relatives are defined as is a Medicaid eligibility coverage group available to~~ parents and other caretaker relatives of dependent children with household income at or below 13% of the federal poverty level (FPL). ~~This POCR~~ also includes qualified pregnant women without other children whose family income falls within the standards for POCR. A standard income disregard of 5% of the federal poverty level is applied if the individual is not eligible for coverage due to excess income.

(b) ~~The POCRs are~~ must be related to the dependent child by blood, adoption, or marriage, ~~and~~ with whom the dependent child lives, and who has primary responsibility for the dependent child's care. An all-inclusive list of POCR relationships includes: ~~caretaker relative includes:~~

1. The dependent child's father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew or niece;
2. The spouse of such POCR parent or relative, even after the marriage ends due to divorce or death.

(c) A "dependent child" is defined as a child who is under the age of 19.

(d) Self-attestation must be accepted to verify the POCR relationship for caretaker relatives unless there is information that is not reasonably compatible with such attestation. In such cases, if the caretaker relationship must be verified the following documents are acceptable to verify POCR relationship:

1. Primary sources: Birth record, school records, sworn, notarized or witnessed statement of applicant/recipient, affidavit of paternity, hospital birth record, court orders signed by the judge where the relationship is acknowledged as claimed and there is no evidence to the contrary. If there are no primary sources to verify the POCR relationship, then the combination of both a documentation use Declaration of Natural Relationship Fform made by with the applicant/recipient or other persons with knowledge of the relationship and ~~secure a~~ secondary source to verify the POCR relationship verification.

2. Secondary sources: Insurance policy, other agency records, (example Red Cross, SSA, Census records, VA, Department of Senior Services records, Department of Human Resources), bible records, income tax records, official records, (example school report card, juvenile court), other hospital records, clinic or Health Department records, church records, military records, statement from a minister, priest or rabbi, baptismal certificate or other.

(e) Technical Requirements:

1. The dependent child must be living in the home of the POCR a parent or other close relative.
2. The dependent child must be under age 19.
3. The dependent child must be a U.S. citizen or an alien in satisfactory immigration status.

4. The POCR caretaker must cooperate with the Department of Human Resources and Alabama Medicaid Agency in Medical Support Enforcement Activities and in Third Party Medical Liability Activities unless good cause for not cooperating is determined.

5. When application is made for a dependent child ~~(ren)~~ the POCR relative who cares for the dependent child ~~him/her (them)~~ automatically assigns to the State all medical insurance or medical support benefits to the extent medical assistance is provided to both the dependent child and the POCR ~~him/her or a child in their care~~.

6. The POCR parent/caretaker must furnish all Social Security numbers for everyone in the household or apply for a Social Security number for anyone who does not have a number and furnish the number upon receipt. (These numbers will be used in addition to any other means of identification in the administration of the program as provided for in Section 402(a)(25) of the Social Security Act). The number provided will be used in computer matches, program reviews and audits. Eligibility and income information will be requested regularly from the Internal Revenue Service, Social Security Administration, Alabama Department of Industrial Relations and other public and private organizations.

7. The POCR parent/caretaker must apply for any other benefits for which they or other members of the household appear to be eligible, such as Veteran Benefits, Social Security, Unemployment Compensation, etc.

(f) The Agency uses less restrictive **income and resource methodologies** than those in effect as of July 16, 1996, as follows:

1. Resources are excluded.
2. Gifts and inheritance are considered excluded income.

(2) Extended Medicaid Benefits due to Spousal Support Collections

~~—All persons who are correctly members of the household that becomes ineligible for Parents and Other Caretaker Relatives due wholly or partly to the collection or increased collection of spousal support are entitled to Extended Medicaid coverage for four months (children eligible for 12 continuous months) provided:~~

~~(a) —The case was terminated (wholly or partly) due to the collection or increased collection of spousal support; and~~

~~—(b) —The household (or any member of the household) correctly received Medicaid in Alabama for at least three of the six months immediately prior to the first month of ineligibility.~~

(32) Transitional Medical Assistance (TMA)

~~(a) When a household loses eligibility for Medicaid benefits under the POCR coverage group due wholly or partly to the collection of increased earnings or hours of employment, the household Parents and Other Caretaker Relatives (POCR) because of earned income and has correctly received POCR under this group in at least three of the preceding six months, the family is entitled to twelve (12) continuance months of Transitional Medical Assistance (TMA), provided that: —Once eligibility is established, the family is eligible for 12 continuous months following the month of the transitional Medicaid eligibility determination.~~

~~To be eligible for 12 months of Transitional Medical Assistance all of the following must apply:~~

~~1. Medicaid benefits under the POOCR coverage group were terminated due wholly or partly to the parent's/caretaker POOCR's increased earnings or hours of employment;~~

~~2. The household correctly received Medicaid benefits under the POOCR coverage group in Alabama for at least three (3) of the six (6) months immediately prior to the first month of ineligibility; and~~

~~3. There is a child under 19 in the home.~~

~~(b) When a household loses eligibility for Medicaid benefits under the POOCR coverage group due wholly or partly to the collection or increased collection of spousal support, the household is entitled to four (4) continuous months (and children are eligible for twelve (12) continuous months) of Extended Medicaid coverage, provided that both:~~

~~1. Medicaid benefits under the POOCR coverage group were terminated due wholly or partly to the POOCR's collection or increased collection of spousal support; and~~

~~2. The household (or any member of the household) correctly received Medicaid benefits under the POOCR coverage group in Alabama for at least three (3) of the six (6) months immediately prior to the first month of ineligibility.~~

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Statutory Authority: Personal Responsibility and Work Opportunity Reconciliation Act of 1996. 1902(a)(10)(A)(i)(I) and 1931(b) and (d) of the Act, 42 C.F.R. 435.110, 42 C.F.R. 435.112, 408(a)(11)(B) and 1931(c)(1) of the Act, 408(a)(11)(A), 1902(a)(52), 1902(e)(1)(B), 1925, and 1931(c)(2) of the Act, 1902(a)(52), 1902(e)(1)(B), and 1925 of the Act.

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