



April 23, 2008

POLICY MEMO:

To: All SRS and KHPA Staff	From: Jeanine Schieferecke
Eligibility Policy Memo No: 2008-05-01	KFMAM: KFMAM Revision # 6
RE: Summary of Changes for Revision # 6	Program(s): All Family Medical Programs

Purpose, Background and Reason for Change for the Kansas Family Medical Assistance Manual (KFMAM) effective May 1, 2008

The purpose of this document is to identify the policy changes implemented in the KFMAM effective May 1, 2008.

Overview

This revision includes quite a few policy updates. Many of the changes are a reaction to the recent TAF earnings disregard change. As this change further de-linked the TAF and MACM programs, many policy references to TAF eligibility were removed.

One significant change is in regards to the application for a minor by a non-caretaker. A new process has been created to further protect children living in the home of a non-caretaker and to ensure that parents have knowledge of their children's whereabouts.

Other changes are the result of work that a family medical workgroup has conducted over the last few months. Most of these can be considered clarifications of policy wording.

In addition, the manual will now include the policies for the presumptive eligibility for children program.

Changes

1325.01 (3) is updated to clarify the requirement to supply the Social Security Number prior to approval of coverage.

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1325.01 (5) is updated to clarify that family planning clinics are the only source of pregnancy verification requiring a legible signature and facility name.

1408 is a new section which outlines the policies of the Presumptive Eligibility for Children program which began July 1, 2006.

1601 has been updated to remove references to requirements which do not exist for family medical programs and clarifies that all letters from clients must be retained in the case file.

1602 has been updated to correct numbering issues and to remove references to requirements which do not exist for family programs. Sections 1602.01, 1602.02, 1602.03, 1602.04, 1602.05, 1602.06, 1602.07, and 1602.08 have been deleted. A note which was included in 1602.07 has been moved to a new 1602.01.

2011 has been updated to identify those persons who are permitted to apply for a minor unable to act in their own behalf. When a child resides with a non-caretaker adult, a completed Appointment of Authorized Agent for Minor must be obtained from the parent or legal guardian authorizing this adult to apply on behalf of the child.

2011.01 (5) removed references to TAF.

2031 clarifies the requirement to apply for a Social Security Number and the SSN verification process.

2045 is updated to allow documentation of citizenship and identity to be maintained in an electronic format. In addition, the ES-3850 is only required for cases maintained in a paper file.

2050 adds a reference to individuals residing in an institution.

2100 is updated to delete a reference to create a false date of birth for a child when the date of birth is unknown.

2140 has been updated to include a reference to a child's temporary visit to the absent parent or on a vacation.

2211.01 removed references to TAF.

2222.02 includes changes that occurred as a result of the TAF earnings disregard change.

2222.03 includes changes that occurred as a result of the TAF earnings disregard change.

2223 is a new section that has been added to clarify the hierarchy of family medical programs.

2230 has been updated to remove references to TAF and to add clarification regarding increases in income that have not been reported timely.

2320 includes a new policy which will require the caretaker of a newborn born to a Title XIX mother to report the birth of the baby by end of the sixth month following the month of the baby's birth in order to be eligible for continuous eligibility under the newborn provisions.

6220 includes changes that occurred as a result of the TAF earnings disregard change and further

clarifies the allowable deductions for the TransMed program.

6311.01 References to automatic eligibility based on TAF were removed. In addition, a clarification was made that the MACM, TransMed, Extended Med, and MP programs are determined on a one month base period.

Conclusion

If you have any questions about the material included in this memo, please contact:

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Questions regarding any KAECSSES issues are directed to the SRS Business Help Desk at helpdeskbusiness@srs.ks.gov .