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To: EES Program Administrators & Staff **Date:** September 21, 2011
HealthWave Clearinghouse Staff

From: Jeanine Schieferecke **RE:** Implementation Instructions –
KFMAM Revision 12, Effective October 1,
2011

This memo sets forth implementation instructions for KFMAM, Revision 12. The effective dates for the changes are stated in the respective sections of this memo. The memo addresses changes made to the following topics:

- Separation of TAF and Family Medical determination
- SRS & KDHE-DHCF Coordination – Sharing Information
- Centralization of Family Medical Refugee cases

A. Separation of TAF and Family Medical Coverage

Background

Historically, TAF, the cash assistance program, has been automatically connected to the Family Medical program. Requesting TAF assistance meant requesting Medical assistance. Approving TAF coverage meant approving Medical coverage. However, over the years, several changes have occurred in the policies for TAF and Family Medical which have created differences in the eligibility rules for these two programs.

Due to the distinctly different policies between the programs, the application and determination of medical coverage is being separated from the cash assistance program. This separation will require less coordination between SRS and Clearinghouse staff, therefore decreasing application processing time. However, it will also require additional education to consumers, to ensure they understand which programs they've requested and will have eligibility determined for.

These changes are effective with applications received on or after October 1, 2011. The following sections outline the various changes that will occur with this change.

Requests for Coverage

A request for family medical coverage may be made on the HealthWave application form or the ES-3100 form. A request for additional medical coverage on an already open medical case may be received verbally when a paper application has been filed within the last 24 months. This verbal request for coverage can only be made to the agency responsible for the case.

Because a request for TAF coverage is no longer an automatic request for medical coverage, changes made to the TAF case will have no effect on medical coverage. Reinstating TAF coverage following a denial or closure does not require reinstatement of medical coverage.

Example 1: A woman completes an application for TAF for herself and her two children on the ES-3100 form. Medical is not requested. The family is approved for TAF. A medical determination is NOT completed because medical coverage was not requested.

Example 2: A TAF case for a woman and her two children is reinstated following the resolution of a work penalty. The children have an open medical case at the Clearinghouse. The PI must be instructed to either submit a paper application to the Clearinghouse or contact the Clearinghouse by phone to request medical coverage for herself.

NOTE: If the TAF applicant or recipient is a mandatory work participant, they are required to apply for and cooperate in obtaining Medicaid. Failure to do so will result in TAF closure. If medical is open at the Clearinghouse, application is to be made through the Clearinghouse. If there is no open medical case, the application can be made at either the local office or the Clearinghouse.

Separate Determination for Medical

Determination for medical assistance is separate from a TAF determination. Every request for family medical coverage must include a separate medical determination. Approval of TAF assistance does not constitute automatic coverage for MACM.

Completion of the W-6 form, MA-CM Electronic Worksheet is required for all MACM determinations. KEESM Appendix item W-6a, Instructions for the MA-CM Electronic Worksheet has been updated with this implementation.

Assistance Planning for MACM

Assistance planning policy for MACM has not changed, despite changes which may occur to the TAF cash assistance program.

Links have existed in the KFMAM to the TAF mandatory filing unit rules in KEESM. The eligibility policies for determining the assistance plan for MACM have now been incorporated into KFMAM section 3000. All eligibility rules for MACM will stand alone from those that exist for TAF and will be incorporated into the family medical manual.

B. SRS & KDHE-DHCF Coordination – Sharing Information

The purpose of these instructions is to establish information sharing requirements between SRS Regional Office Staff and the HealthWave Clearinghouse. While these procedures have been modified numerous times, situations still exist where collaboration is necessary.

KHPA Policy Memo No 2009-12-03 is obsolete with the release of this memo. The procedures outlined in the memo supersede previous instructions.

Family Medical and Other Medical Programs

Staff remain obligated to confer with other agencies as necessary to assure coverage is determined timely and appropriately. Sharing appropriate documentation continues to be a vital part of providing quality services. Changes related to these medical programs shall be shared with the Clearinghouse via email to HW-Info@khpa.ks.gov

When both a family medical case in the Clearinghouse and a medical program in SRS exist, coordination between eligibility staff working on these various programs is required. Examples include Foster Care, SOBRA, and HCBS cases. Policy memos regarding the coordination of these programs remain current as of this date.

Family Medical and non-Medical Programs

Changes reported to SRS for consumers with non-medical programs who also have a Family Medical program at the Clearinghouse will no longer need to be shared with the Clearinghouse. Families who have open programs at multiple locations are responsible for reporting changes to each location. For these cases, when there has been a change in circumstances reported to SRS or the Clearinghouse (e.g. address, income) these change will no longer be reported to the sister agency.

Policies related to initial applications are not changing. Applications for family medical programs continue to be processed in the location they are received. SRS shall use the following procedures when processing a non-medical case which is related to a family medical program.

- Once the initial application is processed it shall be immediately transferred to the Clearinghouse. The customer is responsible to report changes on the family medical case to the Clearinghouse. The customer reports changes for all other programs to the appropriate SRS Service Center.
- When a customer with an open medical case at the Clearinghouse calls SRS to report a change on their TAF, food assistance, or child care case, instruct them to also contact the Clearinghouse with this information. If the customer asks SRS staff to report this information to the Clearinghouse for them, an appropriate response would be:
 - “You are required to report these changes to the Clearinghouse. Their number is 1-800-792-4884.”
- Likewise, when changes are reported to the Clearinghouse, staff shall instruct the individual to contact their SRS worker with this information.
- If SRS or the Clearinghouse have documentation, such as pay stubs, employer statement, etc, and the customer requests a copy be sent to the other agency, staff will respond to this request and fax or mail the information to the other agency.

The TAF Change Form, Appendix item W-11 is obsolete effective with the release of this memo. Changes to the TAF program do not affect eligibility for medical programs and therefore are no longer communicated to the Clearinghouse. Only changes as identified above for other medical programs shall be communicated to the Clearinghouse.

C. Centralization of Family Medical Refugee cases

Effective October 1, 2011, individuals with a current refugee status who are approved for a family medical program will be transferred to the Clearinghouse like all other family medical cases. SRS remains responsible for the initial determination of refugee medical coverage.

KDHE out-stationed eligibility workers will be utilized by the Clearinghouse when individualized language or cultural assistance is needed for a refugee family.

The transition of these cases should begin in October 2011 and be complete by December 2011. The transition will be completed based on region and review due date. Transfers will be coordinated with each individual EES Program Administrator for the Region.

KEESM Appendix item P-10, Medical Program Transfer Checklist shall be completed for each transferred case.

Refugee Medical cases with no Children Involved

Refugee cases involving single adults and childless couples (RE-UA) are not impacted by this policy change. These cases will remain in the field office of origination. These cases are excluded because they are time-limited to a maximum of 8 months from either the date of entry into the United States or the date that asylum is granted and therefore are not subject to annual review.

Conclusion

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

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