



KC-1201 Family Medical Pre-Populated Review Form – Eligibility Processing Instructions

This document is intended to provide instruction on the required elements of the *KC1200 – Family Medical Pre-Populated Review* form. This document identifies when an answer left blank is acceptable and when additional follow-up is required. The review form includes the following sections:

- Signature Page:** Attest to changes and sign (simplified signature page).
- Step 1:** Review your household information.
- Step 2:** Tell us about changes in your household.
- Step 3:** Tell us about new people in your household.
- Step 4:** Read and Sign the form.
- Step 5:** Return to the KanCare Clearinghouse.

Assumptions and Requesting Information

In the sections outlined below, there will be various places where staff are allowed to make assumptions about the answer (or lack of an answer) provided. However, if contact is required with the consumer about any eligibility component, clarification is required for all elements for which an assumption was made. If all information is not received from the consumer, re-evaluate the information requested to determine if an assumption could have been made in order to complete processing of the review.

Signature Page: Consumer may attest to changes and sign (simplified signature page)

This is a simplified signature page added as page 3 to the beginning of the review packet to allow the consumer to attest to whether they have changes to the review form and submit a signature.

Check the box that applies:	
Option 1: I have read all parts of the Renewal Form and 'Before you Sign' for KanCare. All information in the Renewal Form is correct. I do not need to make changes or corrections to the information.	If selected, the rest of the review form is not required to be returned for processing. The review form sent to the consumer can be viewed from Distributed Documents in KEES.
Option 2: I have read all parts of the Renewal Form and 'Before you Sign' for KanCare. I need to make changes or corrections to the information. I am returning the Renewal Form with my changes and corrections.	If selected, the rest of the review form must be returned for processing.

If neither option is selected (section left blank), the review form will need to be requested from the consumer to complete processing. If the full review form has been submitted with a signature but both checkboxes are left blank, the review may be screened and processed as usual with attention to reported changes. For additional information/scenarios, see PD2024-04-01.

NOTE: Regardless of whether option 1 or 2 is selected, only one signature page is required for the review to be considered signed.

Step 1 – Review your household information.

Section A: Name and Address

Form asks to confirm the name, address, and contact information.

Review Question	Eligibility Action
Are your name, address, and contact information correct in the box in the upper right-hand corner?	If left blank, assume the information is correct.

Section B: Household Information

Form lists all household members, their relationship to the Primary Applicant, whether or not the individual is currently covered, and asks to confirm each person is in the home and if the person wants medical assistance. This section also asks if there is anyone else living with them.

The form only reports information for the Program Block being reviewed. If there is a household member open on another program block, such as an SSI or LTC recipient, they will be listed as NOT receiving medical coverage currently because they are not on the same program block as the Family Medical recipient(s).

NOTE: It should never be assumed that the consumer wants to end the other household member’s medical assistance based on a response or lack of a response in this section.

The form does not ask additional questions that might be needed to make an eligibility determination for existing beneficiaries or individuals already in the home who are now requesting medical assistance on the review form. Therefore, to determine eligibility for these individuals, assumptions may be needed.

Specific assumptions are allowed and documented below:

- Assume the individual is NOT pregnant.
- Assume the individual is NOT disabled.
- Assume the individual was NOT in foster care on their 18th birthday.
- Assume the individual is NOT requesting assistance with unpaid medical bills.

If the individual is requesting medical assistance and enough information is not on file to decide, then send a *KC-1100 Medical Assistance Application for Families with Children Application Form* to the consumer to complete.

Review Question	Eligibility Action
Still live with you?	If left blank, assume Yes.
Want medical assistance?	If left blank, assume all current recipients want to continue coverage and non-recipients do not want coverage.
Is there anyone else living with you?	If left blank, assume No.

Section C: Income

Form lists all high-dated income that is on file in KEES and asks to confirm if the income still exists and if the amount is still the same. Also asks if there are any changes in any of the income. If the form indicates 'No Information Reported', and they don't indicate that there are any changes, it is assumed that the consumer still has no forms of income.

Review Question	Eligibility Action
Still have this income?	If left blank, assume No changes.
Is the amount the same?	If left blank, assume No changes.
Is there a change in any of the income listed above?	If left blank, assume No changes. Note: Answering No to this question is also indicative that there are no other new income sources to report unless additional information is provided in Step 3.

Section D: Pre-Tax Deductions

Form lists information about pre-tax deductions and asks if the deductions information has changed. If the form indicates 'No Information Reported', and they don't indicate that there are any changes, it is assumed that the consumer still has no pre-tax deductions.

Review Question	Eligibility Action
Still have this deduction?	If left blank, assume No changes.
Is the amount the same?	If left blank, assume No changes.
Is the frequency still the same?	If left blank, assume No changes.
Is there a change in any of the pre-tax deductions listed above?	If left blank, assume No changes.

Section E: Federal Tax Deductions

Form lists information about federal tax deductions and asks if the deduction information has changed. If the form indicates 'No Information Reported', and they don't indicate that there are any changes, it is assumed that the consumer still has no federal tax deductions.

Review Question	Eligibility Action
Still have this deduction?	If left blank, assume No changes.
Is the amount the same?	If left blank, assume No changes.
Is the frequency the same?	If left blank, assume No changes.
Is there a change in any of the federal tax deductions listed above?	If left blank, assume No changes.

Section F: Health Insurance

Form lists information about health insurance and asks if the insurance information has changed. If the form indicates 'No Information Reported', and they don't indicate that there are any changes, it is assumed that the consumer still has no other health insurance.

Review Question	Eligibility Action
Any change?	If left blank, assume No changes.
Is there any change in any of the health insurance listed above?	If left blank, assume No changes.

Section G: Tax Household

Form lists information about each individual's tax filing status, dependents claimed, and whether or not the individual is claimed by someone else. If the form indicates 'No Information Reported', then you **MUST** obtain tax household information. This means that the case was previously processed without tax household information, which is required to determine eligibility. If the information cannot be obtained via a phone call, the KC-4510 Tax Information and Relationship (TIAR) form must be sent.

Note: If tax information was previously reported but not added to the case file, this should be updated in the KEES tax detail. KEES will assume non-filer rules if no tax records are created.

Review Question	Eligibility Action
Do you have a new tax filing status?	If left blank, assume No changes.
Are you claiming any new dependents?	If left blank, assume No changes.
Are there any changes to the above information?	If left blank, assume No changes.

Step 2 – Tell us about changes in your household.

Section A: Address or Phone Number

This section is used to provide an update to the address or phone number for the household. Assume no

changes if nothing included in this section.

Section B: Tell us about other people living in your home.

This section is used to add a person who is living in the home that was not already included on the Review Form. If the individual is requesting medical assistance and enough information is not provided in the questions outlined below, then send a *KC-1100 Medical Assistance Application for Families with Children Application Form* to the consumer to complete.

Note: The application date for the new member will remain the date the review was received. The KC-1100 will be treated as a request for information only, no signature required. If the information needed can be obtained over the phone or through a regular request for verifications, this is also allowable.

Review Question	Eligibility Action
Name (First, Middle, Last)	Must obtain answer
Maiden Name	Not required
What is this person's relationship to you?	Must obtain answer; use Mother's and Father's name and other known family relations to try to determine relationship before contacting applicant.
Gender	Must obtain answer
Date of Birth	Must obtain answer
Marital Status	Not required unless eligibility is affected.
Does this person live at the same address as you?	Assume Yes, if left blank
Has this person lived in a state other than Kansas in the last 3 months?	Required if requesting assistance with prior medical
Is this person applying for medical assistance?	Assume No, if left blank
Is this person pregnant? Due Date # of babies	Assume No, if left blank Assume 9 months from the application date, if left blank Assume 1, if left blank
Does this person have a guardian or conservator?	Assume No, if left blank
Social Security #	Required, if requesting assistance.
U.S. Citizen	Required, if requesting assistance. The Federal Hub may provide the answer.
Race	Required for KEES. If left blank, choose Other
Ethnicity	Required for KEES. If left blank, choose Other
Does this person have income?	Use as a comparison to income sections.
In the past year did this person: change jobs, stop working, start working less hours?	Question is for the FFM. Use as a tool to help explain changes of income, when appropriate.

Review Question	Eligibility Action
Are you, your spouse, or your parent a veteran or active-duty member of the U.S. Military?	Assume No, if left blank
Has this person delivered a baby in the last 3 months?	Assume No, if left blank. Used when the applicant is a non-citizen. Identifies a potential SOBRA application and a separate prior medical request is not required.
Did this person have emergency care in the last 3 months?	Assume No, if left blank. Used when the applicant is a non-citizen. Identifies a potential SOBRA application and a separate prior medical request is not required.
Prior Medical?	Assume No, if left blank, unless a baby was born in the prior 3 months, other indication of recent major medical expense or approving LMB.
Does this person live with at least one child and are they the main person taking care of child under the age of 19?	Question is for the FFM. Not required to be answered.
This person's Mother's Full Name/ Father's Full Name?	Answer may assist in determining relationship of each member of the household. Use along with the relationship to the Primary Applicant question to determine household relationship. Not required to be answered.

Federal Income Tax Information	
Review Question	Eligibility Action
Does this person plan to file a tax return?	Must obtain answer for individuals aged 18 and older. For individuals under age 18, this answer is not required if they are already listed as a dependent of the Primary Applicant.
Will this person file jointly with a spouse or partner?	Required for individuals who plan to file a tax return.
If yes, name of spouse/partner	
1. Does this person have any dependents on their tax return?	Required for individuals who plan to file a tax return.
If yes, list name(s) of Dependents	Required if dependents are being claimed.
2. Is this person claimed as a dependent on someone else's tax return?	Required for individuals who plan to file a tax return.
If yes, list the name of the tax filer	
How is this person related to the tax filer?	
Did this person have insurance through a job and lose it within the last 3 months?	Question is for the FFM. Not required to be answered. Answer may assist in understanding changes which have occurred in the last 3 months.
Is this person a full-time student?	Question is for the FFM
Was this person in foster care at the time of their 18th birthday?	Used to determine eligibility for the Foster Care Aged Out Program Assume No, if left blank
Does this person have a parent living outside the home?	Question is for the FFM

Help with medical bills in the past 3 months	
Have there been any changes in the household during the last 3 months?	Must obtain answer if prior medical assistance has been requested.
If yes, tell us about the household changes:	Required if above answered Yes.
Have there been any changes in the household income during the last 3 months?	Must obtain answer if prior medical assistance has been requested.
If yes, tell us about the income changes:	Required if above answered Yes.
Immigration Status – Only applicable to individuals who declare themselves to be non-citizen	
Name (First, Middle, Last)	Required
Document Type	Required to request verification through the VLP. A manual SAVE may be completed if not available.
Immigration Number	Required to request verification through the VLP. A manual SAVE may be completed if not available.
Immigration Status	If an eligible status is attested here (such as refugee or asylee) a Reasonable Opportunity Period (ROP) should be granted in the absence of document information or VLP results.
Does anyone on this application have a child under the age of 19 whose other parent lives outside the home?	Assume No, if left blank

Step 3 – Other Important Household Information

In Step 3, the applicant is required to provide additional information about any changes that were reported in Step 1. This is the place to provide income, pre-tax deductions, health insurance, and federal tax deductions information for a person added in Step 2.

Review Question	Eligibility Action
Income	
Are there any other people from Step 2 who have income?	Must obtain answer
Name	If answer to above is Yes, or consumer indicated a change in income in Step 1, an answer to all of these questions is required.
Source of Income	
How much?	
How often?	
Pre-Tax Deductions	
Name	Assume No, if left blank
Type of Pre-Tax Deduction	
How much?	
How often?	

Health Insurance	
Multiple Health Insurance Questions	A TPL referral is completed with all information known. The information must at least include the name of the policy holder, the insurance carrier name and either the policy number/ID or the SSN of the policy holder in order for the fiscal agent to search for a match. If additional information is needed about the health insurance policy, it will be requested after Medicaid approval, and only after the MMIS fiscal agent has a chance to verify the information.
Federal Tax Deductions	
Name	Assume No, if left blank
Type of Federal Deduction	
How much?	
How often?	

Medical Representative or Facilitator

Form allows the applicant to appoint a medical representative or facilitator.

If nothing new reported, confirm the existing administrative role(s) should continue.

If a new medical representative is reported and one already exists, make contact with the consumer to determine if they are revoking the initial medical representative or adding a second one.

Review Question	Eligibility Action
Health Plan	
Choose a health plan for the new people from Step 2 applying for coverage.	Not Required

Step 4 – Read and Sign

This section gathers the signature for the review. See [PM2020-09-01](#) and [PC2021-10-01](#).

NOTE: The signature needs to be on one of the two signature pages, indicating they are authorizing consumer Rights and Responsibilities. It does not have to be on the exact line designated for the consumer signature as long as it meets other requirements for a valid signature.