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## Policy Memo

<b>KHPA POLICY NO:</b> 2008-02-01	<b>From:</b> Jeanine Schieferecke, Senior Manager, Medicaid Eligibility, KHPA Denise Kelly, Benefits Section Manager, SRS
<b>Date:</b> February 8, 2008	<b>KFMAM Reference:</b> 2045, 2222.02 <b>KEESM Reference:</b> 3100
<b>RE:</b> Reminder of Centralization procedures and TAF/MACM Coordination	<b>Program(s):</b> Family Medical, TAF

### Background

In July, 2001, case maintenance and review determination for family medical cases was centralized at the HealthWave Clearinghouse. Procedures were established at that time to address coordination between SRS field staff and Clearinghouse staff to report changes and ensure appropriate medical determinations. While family medical applications may still be determined in the local SRS office, they are then immediately transferred to the Clearinghouse. Any additional changes required to the case, including the completion of any future medical reviews, are the responsibility of the Clearinghouse staff.

In recent months, there has been an increase in families who are receiving TAF but not receiving medical coverage. Some of this is a natural consequence related to the new citizenship and identity requirements which do not allow medical coverage without citizenship and identity verification. However, there are a significant number of individuals who appear to be eligible for medical, yet are not receiving coverage. For example, individuals have supplied necessary citizenship and identity verification but are not covered, a TAF review was approved and medical coverage was not continued, or a lack of communication between SRS field staff and Clearinghouse staff regarding notification of changes, primarily TAF changes, which has resulted in no coverage or the loss of coverage. As some time has passed since the original centralization instructions were issued, we felt it was appropriate to update and re-issue these instructions.

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This memo includes information on notification to the Clearinghouse regarding issuing new TAF benefits, completing a TAF review, and obtaining citizenship and identity documentation. We'll also reiterate the programs which are processed in the field and those processed at the Clearinghouse. The processes outlined below will assist customers in receiving uninterrupted medical assistance. As such, it will also remove potential barriers to allow customers active participation in the Work Program. Furthermore, it will prevent unnecessary calls from customers to both, SRS field offices and the Clearinghouse.

### **Eligibility Process for Family Medical**

Applications will continue to be processed where they are received. However, application approvals for the family medical programs addressed below will be immediately transferred to the HealthWave Clearinghouse when they have been determined in a SRS field office. Expedited applications for pregnant woman coverage shall be kept in the SRS field office until the complete determination has been made. Please see transfer instructions and the newly revised Case Transfer Checklist as issued in KEESM revision 33.

### **Family Medical Programs**

The following programs will be maintained at the Clearinghouse:

- MACM – Caretaker medical
- MAEM – Extended medical
- MAWT – Transitional medical
- MP – Poverty Level eligible for pregnant women and children
- TB – tuberculosis
- BCC – Breast and Cervical Cancer
- MK PE – Presumptive Eligibility for children

The following programs will be maintained by staff both at the Clearinghouse and the SRS field offices:

- SI
  - Maintained at the Clearinghouse when other family members are on one of the above programs
  - All others maintained at the SRS field offices
- MA Spenddowns for pregnant women and children (spenddowns will be processed and maintained in the office they are received with the exception of spenddowns requested or children with special health care needs through the Kansas Department of Health Environment. If an application bearing a sticker with this request is received in a SRS field office, these should be immediately forwarded to the Clearinghouse for processing.

All other medical programs will be maintained in the local SRS office.

### **New TAF Approvals:**

When approving eligibility for a new TAF application, it is necessary to ensure that the new TAF recipient is also informed of the appropriate medical programs. Medical coverage is provided for all TAF household members who provide the citizenship and identity documentation. It is important to

note that medical coverage eliminates a barrier to self-sufficiency and allows for active participation in the Work Program.

If an open medical case already exists, the Clearinghouse staff are responsible for providing medical coverage. In addition, if the medical case at the Clearinghouse has been closed for less than 30 days, adding the MACM is also the responsibility of Clearinghouse staff. Please use the procedures outlined as follows:

- Research KAECSES to determine if there is an existing medical case or medical case that has closed in the last 30 days at the Clearinghouse.
  - If yes,
    - Complete the HW-Info form; indicate that this is a notification of TAF opening and include the certification period of TAF benefits.
    - Fax citizenship and identity verification, if it is in the file or newly provided, to the Clearinghouse at 1-800-498-1255. Note the customer's name and other identifying information.
    - Email the HW-Info form to [HW-Info@khp.ks.gov](mailto:HW-Info@khp.ks.gov)
    - Place a copy of the completed HW-Info form in the TAF case file.
    - It is not necessary to send the application to the Clearinghouse.
  - If no,
    - Determine eligibility for MACM coverage on a separate case number
    - Update the PRAP screen with the appropriate citizenship and identity codes (see attached desk guide).
    - Approve MACM only when citizenship and identity has been provided.
    - CARC the case to the Clearinghouse following approval.
    - Transfer the case file to the Clearinghouse with the following documentation:
      - Complete application
      - ES 3850, including all Citizenship/ID documents
      - Income worksheet
      - Income verification, including self-employment income verification
      - Case log
      - Alien verification
      - Trust fund information
      - Pregnancy verification
      - TPL (front and back of card)

### **TAF Reviews:**

When a TAF review is received in the local SRS office, the SRS Case Manager is to notify the customer of the MACM citizenship and identity requirements if the PRAP screen has not already been coded with the 'IM' code. This will help notify and reinforce the new federal citizenship and identity requirements.

As stated above, it is necessary to ensure that the TAF applicant is also informed of the appropriate medical programs as well. Medical coverage is provided for all TAF household members who provide the citizenship and identity documentation. It is important to note that medical coverage eliminates a barrier to self-sufficiency and allows for active participation in the Work Program.

Please use the procedures outlined as follows:

- Complete the TAF determination process, and if needed ask the customer for citizenship and identity information during the TAF review. Instruct the customer to return the citizenship and identity information directly to the Clearinghouse.
- Fax citizenship and identity verification, if it is in the file or newly provided, to the Clearinghouse at 1-800-498-1255. Note the customer's name and other identifying information.
- Once the TAF review is completed, e-mail the Clearinghouse attaching the HW-Info Form.
  - Indicate if the TAF review was approved.
  - If the TAF review was not approved, indicate the closure reason on the HW-Info form.
  - Also specify on the HW-Info Form if the customer provided citizenship and identity documents and when they were sent to the Clearinghouse.
  - The Clearinghouse is to notify the SRS Case Manager when the HW-Info Form was received.
- MACM review dates should be set to coincide with the TAF review dates unless the TAF review date provides less than 12 months of coverage. If that is the case, the MACM review shall be set for 12 months.

If no TAF review is sent to the local SRS office, but a medical review is returned to the Clearinghouse, the Clearinghouse will process the medical review accordingly. If the Clearinghouse has not received an e-mail with an attached HW-Info form from the local SRS Case Manager and no medical review form is received, the medical case will automatically close when the current medical review period ends.

## Sharing Information

Often, families will have two cases, one maintained in the local office and one maintained in the Clearinghouse. Information may be reported by the applicant or recipient to just one case manager, when both need the information. As indicated in the memo dated 5/22/01, the HW-Info form is the tool used to report changes. The following changes shall be communicated to the other office involved:

- Address change
- Family or individual moving out of state
- TAF case opening
- TAF review completed
- TAF case closing
- Death of a recipient
- Birth of a child
- Add Person/Remove Person

Changes are reported by the field to the Clearinghouse by use of the [HW-Info@khpa.ks.gov](mailto:HW-Info@khpa.ks.gov) email address.

Changes are reported by the Clearinghouse to the field by use of the county email address. These addresses are established based on the county code. For example, Shawnee county is [SN@srs.ks.gov](mailto:SN@srs.ks.gov) Refer to local SRS regional procedures involving changes reported to these addresses.

## Addressing Concerns

At times, applicants may contact both the SRS field office and the Clearinghouse with concerns about the service received by the other agency.

When the SRS field office receives such a report about cases held at the Clearinghouse, an e-mail shall be sent to the Clearinghouse Supervisors at [HW-Supervisors@khpas.gov](mailto:HW-Supervisors@khpas.gov). This mailbox is continually viewed and action will be taken accordingly. SRS may contact the Clearinghouse Supervisors directly, if needed. A current contact list is attached and is also maintained at the SRS intranet website: [http://srsnet/commissions/ees/Directory/HealthWave\\_contact\\_list.pdf](http://srsnet/commissions/ees/Directory/HealthWave_contact_list.pdf). The contact list is not to be given to the public. The public may contact the Clearinghouse at 1-800-792-4884. If it is necessary for SRS to process a case maintained at the Clearinghouse, approval must be obtained from one of the Clearinghouse Supervisors. When the determination is complete, the SRS field office staff must transfer case logs and any other documentation used to support the eligibility decision to the Clearinghouse to maintain the integrity of the case file.

When the Clearinghouse receives a concern about a case held at the SRS field office, it is handled through the standard grievance process. These are referred to KHPA Customer Service staff who will address the issue with the office involved.

## Closing

In order to ensure all medical assistance applicants receive timely benefits, it is critical for SRS and KHPA staff to follow these procedures and work to improve the quality of communication among the agency staff.

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](mailto:helpdeskbusiness@srs.ks.gov).