



To: EES Program Administrators & Staff **Date:** April 23, 2008
HealthWave Clearinghouse Staff

From: Jeanine Schieferecke **RE:** Implementation Instructions –
KFMAM Revision 6, Effective May 1, 2008

This memo sets forth implementation instructions regarding changes to the KFMAM effective May 1, 2008. These requirements are applicable to any decisions made on or after 05-01-08. The memo addresses allowance of electronic records of citizenship and identity, changes to the filing requirements for newborns born to Medicaid mothers, a family medical program hierarchy, and the new application process for minors.

Many manual changes occurred as a result of the recent TAF earnings disregard change. Please refer to SRS Implementation memo dated March 26, 2008.

1. Electronic records of Citizenship and Identity documentation

The CMS final regulations for Citizenship and Identity documentation allow for verification to be maintained in an electronic format. The HealthWave Clearinghouse currently maintains files electronically, and these instructions are applicable only to those cases which are transferred from the Clearinghouse. Policy has been modified to clarify how citizenship and identity records are maintained and documented in an electronic format. Files that are maintained electronically must include an electronic replica of the document(s) or access to the system used as verification. All documents must be available for viewing. An electronic replica of the ES-3850, MAXe2 Citizenship and Identity screen, may be used in lieu of the actual form for electronic files. The electronic ES-3850 shall include the same information that is maintained on the ES-3850. For cases maintained electronically, when a paper file is requested, the ES-3850 form shall be completed, based on the information contained on the electronic ES-3850, and attached to copies of the citizenship and identity documentation in the case file. When the citizenship or identity has been verified through an electronic resource that cannot be printed, the ES-3850 must identify the following:

- system used to verify the information,
- the name of the staff member verifying the information (if applicable), and
- the date of verification.

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Medicaid and HealthWave:
Phone: 785-296-3981
Fax: 785-296-4813

State Employee Health
Benefits and Plan Purchasing:
Phone: 785-296-6280
Fax: 785-368-7180

State Self Insurance Fund:
Phone: 785-296-2364
Fax: 785-296-6995

This policy applies to all existing records of citizenship and identity verification.

2. Reporting requirements for Deemed Newborns

The continuous eligibility provisions for deemed newborns (those born to mothers received Medicaid) outlined in KFMAM 2320 shall only apply to babies for whom coverage is requested prior to the last day of the sixth month following the month of birth. This change in policy is effective with all requests for newborn coverage received on or after May 1, 2008.

A baby meeting the deemed newborn provisions must always be provided with Medicaid coverage for the month of birth. Coverage is provided for the month of birth regardless of when the request of coverage is received, or by whom. However, when coverage is requested within the six months following the month of birth, and other requirements in KFMAM 2320 are met, Medicaid coverage shall be provided to the newborn for the month of birth through the month of the first birthday. The date the caretaker requests coverage establishes the application month and the prior medical period. The policies in KFMAM 2340.02, Adding a Child to a Plan, shall be followed when determining eligibility for the child.

Example: On February 12th, a baby is born to a Title XIX mother. On February 18th, the hospital submits a statement to EDS reporting the birth of a baby. The mother does not contact the Clearinghouse. Medicaid coverage is approved for February only. In October, the mother of the child requests coverage for the baby. Because the request was received after the last day of the 6th month following the month of birth, a complete determination of eligibility is required. The child is added to the existing case with the siblings who are receiving Title XIX coverage. The baby is determined to be eligible for coverage in the current month and prior medical months. Therefore, Medicaid coverage is approved for July through September for the prior medical period, and October through the end of the existing review period.

3. Medical Program Hierarchy

In an effort to provide clarification of the medical programs which take precedence when determining eligibility, a medical program hierarchy has been established. This hierarchy shall be applied to each initial determination of eligibility. The medical program established shall be valid until the next review or request for coverage is received.

These instructions apply to pregnant women, children, and families. Pregnant women must be initially determined under the MACM program. If the applicant is not eligible for MACM, the pregnant woman shall then be determined for MP program eligibility. A notice of denial for the MACM program shall not be sent to the applicant if the MACM program is denied on KAECSES. The notice provided to the applicant as a result of the MP determination is sufficient.

4. Non-Relative Caretakers

In order to apply for medical assistance, a person must be able to act in their own behalf. When applying for another individual, the applicant must meet designated criteria for acting on behalf of that person. Provisions in policy had allowed adults residing with children as a result of an approved Social Services plan, to apply on behalf of children. This policy was problematic for staff and outdated with today's concerns over protecting confidential health information of medical assistance beneficiaries. These changes are applicable to cases processed on or after May 1, 2008.

A legal guardian, custodian, conservator, Social Security payee, or an adult meeting the caretaker

requirements of KFMAM 2110 may continue to apply on behalf of a child they are living with and for whom they have day-to-day care and control. An application received from any other adult with whom the child resides will now require the child's parent or legal guardian to appoint the adult to act in their child's behalf. Even though a child may not be living with the parent or guardian, the parent or guardian remains legally responsible for meeting the needs of their child. By requiring a signed, dated, and notarized statement from at least one of the child's parents the agency can be assured that the child's whereabouts are known to the parent and that a conscious decision has been made to allow the child to live with the applying adult.

This new process is intended to ensure that eligible children are provided the medical assistance as well as make certain that those legally responsible for the child are aware and involved in deciding who exercises daily care and control over their child.

A. The Appointment of Authorized Medical Agent for a Minor

A new form (ES - 3108), *Appointment of Authorized Medical Agent for a Minor*, is required for cases where the applying adult doesn't meet the established criteria outlined above. This form can be found in the Forms section of KEESM. It shall be obtained by the eligibility worker prior to authorization of eligibility.

The ES-3108 form is not necessary when the minor is emancipated or meets other criteria included in KFMAM 2011.01, as the minor is able to act in their own behalf. It is important to note that policies related to emancipation and un-emancipated criteria have not changed.

The form must be fully completed, signed and notarized.

B. Authorization Process

When an application for a child is received from an adult who does not appear to be authorized to act in that child's behalf, the eligibility worker must request verification that the adult is capable of acting in the child's behalf. The request must be in writing and the consequences for failing to respond must be included. The household must be provided adequate time to respond to the written request before negative action is taken. A new KAECSES system notice, V075 - Request for Appointment of Authorized Medical Agent for a Minor is to be used. The notice includes the request for information, instructions, and one copy of the form to be completed.

NOTE: If assistance is requested for more than one child living in the household of the non-related adult, a written request for each child must be sent separately to the applicant.

Eligibility for the child cannot be approved until the applicant has provided verification that they have the legal authority to act in the child's behalf, such as copies of the legal documentation supporting verification of the applicant's authority over the child is received. This verification may be a copy of their documents verifying their legal authority for the child or through completion of the Appointment of Authorized Medical Agent for a Minor, form ES-3108. This requirement is not applicable to a presumptive eligibility determination for a child, but verification must be on file in order to process the HealthWave application for ongoing benefits for these children.

Once verification is received documenting the adult has authorization to act in the child's behalf, the formal application can be processed. Assistance planning rules are not impacted by the Appointment of Authorized Medical Agent. The child's eligibility is based on their needs and anyone in the home who is legally responsible. Only persons meeting the caretaker requirements of KFMAM 2110 may access medical coverage under MA-CM. Therefore, adults not meeting the caretaker requirements

may not receive medical assistance for themselves under the MA-CM program on the basis of a completed Appointment of Authorized Medical Agent form.

The Appointment of Authorized Medical Agent for a Minor, form ES-3108 is time-limited and a new form is required at each review. It is important to note that the form is only valid for a maximum of 15 months. A new form must always be requested by the eligibility worker at review, even when it has been less than 15 months since the form on file has been signed.

Example: A review is scheduled for medical assistance for a Topeka teenager, Tootie Ramsey. Tootie's mother, who resides in Wichita, appointed Edna Garrett as Tootie's Authorized Medical Agent and the form on file is dated 9 months ago. A new form is required, since it is a review. Even though it has not been 15 months since the last one was signed, dated, and notarized, policy states a new form is to be obtained at each recertification.

C. Failure to Complete Authorization

Failure to provide verification of legal authority over the child or to provide a completed authorization form will result in a denial of assistance for the child (or closure if being requested at review time).

If the applicant reports the child's parent or legal guardian can not be located, the applicant shall be notified that they may instead provide two corroborative pieces of evidence that substantiate or confirm the relationship of the child to the applicant. Corroborative evidence may include a written statement from a public or private licensed social agency, clergy, attorney, school official, medical provider, or other professional. The applicant may have additional items which serve this purpose, and those shall be considered on a case by case basis.

As stated above, a separate authorization is required for each child. If authorization is received for one child, but not another, eligibility must be determined for the child for whom authorization was provided. If the other children are siblings by blood or adoption, the household size will include the needs of each in accordance with KFMAM 3112 even though only the child for whom an authorization has been received is coded **IN** and eligible to receive coverage. This is accomplished by coding the other children for whom authorization is not received as **DI** on the **SEPA** screen in KAECSES.

D. Current Caseload

Cases that are currently open as a result of the past provisions in KFMAM Section 2011 regarding non-relatives and the approved Social Service plans may remain open until the next scheduled review. At re-certification the eligibility worker must obtain either the Appointment of Authorized Medical Agent or other proof the adult is legally capable of acting in the child's behalf in order to provide continued benefits to the child or children.

E. Coordination with SRS - Children and Family Policy

If an application is denied because the Appointment of Authorized Medical Agent for a Minor was not received and the eligibility worker is aware of a medical need for the child (e.g. pregnancy or needed medications), a referral to the CFS Protection Reporting Center (PRC) is appropriate. This is meant to ensure that the child's current medical needs are being met by their parent or guardian and that

the child is not being neglected. If the Appointment of Authorized Medical Agent for a Minor is received after a PRC referral has been made, the eligibility worker is responsible for following up with the PRC to share the new information.

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 .