

**March 19, 2012**

**POLICY MEMO:**

<b>To: KDHE-DHCF HealthWave Clearinghouse Staff and SRS EES Program Administrators</b>	<b>From: Russell Nittler</b>
<b>Eligibility Policy Memo No: 2012-03-01</b>	<b>KFMAM: KFMAM Revision # 12</b>
<b>RE: Summary of Changes for Revision # 12</b>	<b>Program(s): All Family Medical Programs</b>

**Purpose, Background and Reason for Change of the Kansas Family Medical Assistance Manual (KFMAM)**

This document includes policy changes that were implemented for the family medical programs with various effective dates. These effective dates are July 1, 2010, January 1, 2011, and October 1, 2011. All policy changes were available in the KFMAM effective October 1, 2011. Policy Implementation memos for these changes may be found in the KFMAM. Changes are outlined below based on the effective date of the change.

**CHANGES EFFECTIVE JULY 1, 2010**

**1402** has been updated to correct a reference to the TransMed program.

**2230** has been changed to clarify the population included on the TransMed program.

**2230.02** has been updated to reflect the new 12-month eligibility period for TransMed.

**2230.03** has been changed to include instructions on establishing the TransMed eligibility period at the time of the MACM review, when determined eligible for TransMed.

**2230.04, 2230.05, and 2230.06** have been removed due to changes to the TransMed program.

**2230.07** has been renumbered to **2230.04** and updated to remove a reference that is no longer applicable with the implementation of continuous eligibility for adults.

**2310** has been updated to include adults as a continuously eligible population.

**2311** has been updated to remove a no longer applicable reference to TransMed.

**2311.01 through 2311.06 and 2311.08** have been updated to include adults as a continuously eligibility population.

**2311.07** has been updated to remove reference to the TransMed 6-month review.

**2311.10 and 2311.11** are new sections that address additional continuous eligibility policies for non-pregnant adults.

**2340, 2340.01 and 2340.02** have been updated to include adults as a continuously eligible population.

**6221.03** has been updated to eliminate the requirement to provide verification of dependent care expenses.

**6222** has been deleted as it is no longer applicable.

**6514.02** has been updated to remove reference to the TransMed 6-month review.

**7442.03** has been updated to remove reference to the TransMed 6-month review.

#### **CHANGES EFFECTIVE JANUARY 1, 2011**

**1212.01** has been updated to include policies related to Passive Reviews.

**1325.01** has been updated to include a link to a new section addressing self-declaration of income.

**1325.02** has been updated to remove the requirement to verify dependent care expenses. The amount of expenses may be obtained verbally or by information supplied on the application.

**1325.03** is a new section addressing the policy of self-declaration of income.

**2011** has been updated to remove the requirement that the ES-3108 – Appointment of Authorized Agent for Minor must be updated annually at each review.

**6212** has been updated to include a link to a new section addressing self-declaration of income for self-employment income.

**6212.05** is a new section addressing the policy of self-declaration of self-employment income.

**7330** has been rewritten as a more general response of the review process.

**7331** has been updated with the review process that is specific to the Poverty Level Programs and CHIP (MP)

**7332** is a new section addressing the review process that is specific to the Family Medical Programs (MACM)

**7333** has been updated to change wording that incorporates the passive review process.

**7441** has been updated to remove references to the TransMed review process.

**7442** has been deleted as it refers to the TransMed review process.

**7442.01** has been changed to 7441.01 and has been updated to reference continuous eligibility.

**7442.02** has been changed to 7441.02

**7442.03** has been deleted as it refers to the TransMed review process.

#### **CHANGES EFFECTIVE OCTOBER 1, 2011**

**1326.02** has been updated to include the requirement to verify citizenship and identity for HealthWave 21, which became effective January 1, 2010. This section was missed during the original update.

**2065** has been updated based on the separation of TAF and Family Medical coverage.

**2220** has been updated based on the separation of TAF and Family Medical coverage.

**2223** has been updated to indicate that a child may receive MAWT or MAEM even when a caretaker has not requested coverage. If this is the only program the child may qualify for, then eligibility shall be provided under either of these categories, despite a lack of request for adult coverage.

**2300** has been updated based on the separation of TAF and Family Medical coverage.

**3000** has been reformatted to accommodate the changes necessary to the assistance planning section necessitated by the separation of TAF and Family Medical coverage. Section **3110** includes assistance planning requirements for the Caretaker Medical program. Section **3120** includes assistance planning requirements for the Medicaid Poverty Level and HealthWave programs. Section **3130** includes general assistance planning rules.

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