



Policy Memo	
KDHE-DHCF POLICY NO: SOC2018-12-02	From: Jeanine Schieferecke, Senior Manager
Date: Dec 31, 2018	KFMAM Sections: 1330.1, 133.04, 2031.01, 2036.01, 2037, 7331, 7410, 7410.02, 7420, 7431, and 7432
RE: Summary of Changes (SOC) for KFMAM Revision #22	Program(s): Family Medical

The purpose of this document is to identify the changes which have been included in the KFMAM effective January 1, 2019. In addition to this document, KDHE Policy Memo 2018-12-02 has been issued. Manual changes are outlined below.

- 1330.01 Tier 1: Payer Interfaces** – This subsection has been updated to reflect that for all programs, earned income shall be verified under the tiered process.
- 1333.04 Income** – This subsection has been updated to allow use of paystubs voluntarily provided by the employee or employer at the time of application or request for assistance as a Tier 1 payor source.
- 2031.01 Verification of SSN** - This section has been updated to reflect the change in the State Processing System, KEES, when verifying Social Security Numbers provided by the beneficiary. The Social Security Numbers provided will be initially verified by using an automated match with the Social Security Administration through the Federal Hub.
- 2036.01** This section has been revised to reflect the change in the State Processing System, KEES, when using the SSN-1 form. The state welfare ID number is to be indicated on the form so that the SSN will be provided. The ID number must be listed in the sequence referenced and entered into KEES.
- 2037 Entering SSN's on KAECSES** – Removed
- 7331 Notice of Expiration** - This section has been updated to reflect that a notice of expiration of the review period shall be sent to household subject to a pre-populated review. A notice of expiration of review is not required for passively or super-passively

reviewed households. The notice of expiration and pre-populated review form shall be mailed to the household on or about the 15th of the next to last month of the review period. This allows the household approximately 30 days to complete and return the review form to the agency.

7410 **Review Form** - This section has been revised to clarify that a signed pre-populated review must be returned to the agency by the 15th of the last month of the review period to be considered timely received. This section has also been updated to include policy related to the automatic discontinuance of eligibility if the signed review form is not returned to the agency by the closure processing deadline in the last month of the review period.

7410.02 **Continuance of Coverage Pending Completion of Review** – This section has been added to include policy which allows eligibility at current levels to continue automatically when a review form is timely received but untimely processed by the agency. Months where coverage is extended past the end of the review period are called extended months and may be subject to correction.

7420 **Agency Action on Timely Review** – This section has been updated to define timely processing standards for review forms received timely.

7431 **Household Failure to Act Timely** – This section has been updated to clarify that a household which untimely submits a review form or timely submits a review form but submits all verification in an untimely manner loses the right to a prompt review of eligibility.

Additionally, a review reconsideration period is not applicable to an individual who is approved at review or is denied at review for not meeting eligibility criteria. When eligibility has been discontinued for failure to provide required verification, and the verification is later provided within the review reconsideration period, eligibility shall not be reinstated pending completion of the review. The discontinuance shall be rescinded, but no coverage past the end of the review period shall be provided, unless and until the review is fully processed.

7432 **Agency Failure to Act Timely** – This section has been updated to include policy related to evaluation of extended months of coverage and potential correction when eligibility has continued with coverage at the current level as a result of the agency failing to timely process a timely received review form.

For questions or concerns related to this document, please contact one of the KDHE Medical Policy Staff listed below.

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