



Policy Memo	
KDHE-DHCF POLICY NO: 2022-03-01	From: Erin Kelley, Senior Manager
Date: March 30, 2022 End dated Sections: September 30, 2022	Medical KEESM: 1322.4, 1323, 1423, 1431, 1432, 1434, 9124 KFMAM Reference(s): 1330, 1334, 1413, 1422, 1423, 1425, 2050, 2300, 7230
RE: Changes Reported from Third Party Sources	Program(s): All Medical Programs Section 1B (2, 4, 5a) end dated 09-30-2022

This memo sets forth instructions for implementation of changes related to third party reports of residency changes, death, and federal data matches and is effective April 1, 2022. It is important to note that any reference to discontinuance of coverage must align with the existing policies and procedures implemented throughout the scope of the COVID-19 Public Health Emergency (PHE) as outlined in [PD2020-03-01](#). Related manual references will be updated with the next scheduled revision.

Applicable to all Medical Programs:

- Discontinuance Due to Death
- Verification of Address Changes/Residency

Applicable to Elderly and Disabled Medical Programs only:

- Veteran's (VA) Income Match Data

I. CHANGES IMPACTING ALL MEDICAL PROGRAMS

A. DISCONTINUANCE DUE TO DEATH

Prior to the release of this memo, when a death was reported through various interface tasks (KDHE Verify Date of Death, BENDEX and SDX), authorized representatives, funeral homes, incoming mail/reports or household members, the date of death was entered into KEES and eligibility was discontinued for the consumer who was identified as deceased. These sources were considered 'primary' verifications for the death of a consumer which required no further verification. When a death was reported by a Managed Care

Organization (MCO), facilitator, friend, LTC Communications (MS-2126, ES-3160, ES-3161 or ES-3166), or MMIS interface tasks, additional verification of the date of death was required prior to discontinuing eligibility. To verify the date of death, most commonly, obituaries were located and imaged to the case file.

Effective with the release of this memo, the policy and procedures surrounding discontinuance due to death of a consumer is changing.

These directions supersede [PM2015-06-05](#), [PM2018-10-02](#), [PD2018-11-01](#) and [PD2021-04-01](#).

1. DEATH NOTIFICATION – FAMILY/HOUSEHOLD MEMBER & ANYONE ABLE TO ACT ON BEHALF

When a notification of the death of a consumer is received, staff must evaluate the source of information prior to taking action on the consumer's medical assistance. If the reported death comes from a family/household member (non-related household member included) or anyone able to act on behalf of an individual (see [KC-6001](#)), the date of death is added to KEES and eligibility for the consumer is discontinued using adequate notice only as outlined in KFMAM 1423 and Medical KEESM 1432. No further verification is needed. When sending the KEES V400 – Discontinuance Notice of Action (NOA), it will need to be appended utilizing the G-400 – Discontinuance Due to Death. These appends are available on the KDHE Standard Text for Copy and Paste spreadsheet on the Family Medical and the Elderly & Disabled tabs.

NOTE: The household will be notified to contact KanCare if incorrect information was received regarding the death of the consumer. In the event the information was provided incorrectly, staff will need to follow instructions illustrated in the Actions Needed for Incorrect Date of Death/Reinstating Deceased Consumer section of this memo.

The following notice append, G-400, must be used when discontinuing medical assistance due to reported death.

“We have been notified of the death of {insert name} on {insert date of death}. We express our sympathy at this time. If this action is based on incorrect information received by this agency please let us know by calling 1-800-792-4884 or {insert name}'s medical assistance will be discontinued effective {insert last day of coverage}.”

Example 1: Spouse passes away on 11/09/2021. The Primary Applicant contacts KanCare to report the date of death, and action is taken on or by 11/18/2021. Eligibility

runs EDBC for the benefit month of December 2021 (come-up month) allowing adequate notice. The actual date of death feeds to MMIS on the nightly file.

Example 2: The Primary Applicant passes away on 11/09/2021. The Spouse contacts KanCare to report the date of death. Action is taken between 11/19/2021 and 12/18/2021. Eligibility runs EDBC for the benefit month of January 2022 due to December 2021 already being a paid month in KEES. The actual date of death feeds to MMIS on the nightly file.

If the date of death is reported by a source other than a family/household member or anyone not able to act on behalf of an individual, staff will need to follow instructions outlined in Death Notification – Interfaces/Other Sources in the next section.

2. DEATH NOTIFICATION – THIRD PARTY INTERFACES/OTHER SOURCES

When it has been determined that the death of a consumer is reported to KanCare by someone not illustrated in Section A.1., this is known as third party sources' notifications. Third party sources include the following: MCO reports (provided by someone other than consumer or anyone not able to act on behalf of an individual) LTC Communications, facilitators, and interface tasks (MMIS, KDHE Verify Date of Death, BENDEX and SDX). Previously, when notification was received from one of these sources, an obituary would be used to verify the death of the consumer. However, effective upon release of this memo, staff will no longer utilize obituaries as verification unless otherwise notated in this memo. This is solely because obituaries commonly do not contain the necessary information to confirm the identity of the deceased.

After receiving third party notification of the death of the consumer, staff will need to add the deceased date to KEES and discontinue eligibility using timely notice as outlined in KFMAM 1422 and Medical KEESM 1431. Prior to sending the NOA, staff should attempt a collateral contact to verify the reported date of death. If unable to verify this information with a family/household member or anyone able to act on behalf of an individual via collateral contact, the KEES V400 – Discontinuance Notice of Action (NOA) will need to be appended utilizing the G-400 – Discontinuance Due to Death. This additional verbiage is intended to allow the household or responsible party the opportunity to contest the information received from the third party. These appends are available on the KDHE Standard Text for Copy and Paste spreadsheet on the Family Medical and Elderly & Disabled tabs. The household will be notified to contact KanCare if incorrect information was received regarding the death of the consumer. If contact is not made after the NOA is sent out indicating the information received was incorrect, the case will remain discontinued.

The following notice append, G-400, must be used when discontinuing medical assistance due to reported death.

“We have been notified of the death of {insert name} on {insert date of death}. We express our sympathy at this time. If this action is based on incorrect information received by this agency please let us know by calling 1-800-792-4884 or {insert name}'s medical assistance will be discontinued effective {insert last day of coverage}.”

Example 1: A child passes away on 11/09/2021. KEES generates the ‘KDHE Verify Date of Death’ task. Action is taken prior to 11/18/2021 via EDBC discontinuance for the benefit month of December 2021 (come-up month) allowing timely notice. The actual date of death feeds to MMIS on the nightly file.

Example 2: The Primary Applicant passes away on 11/09/2021. KEES generates the ‘KDHE Verify Date of Death’ task. Action is taken between 11/19/2021 and 12/18/2021 to discontinue eligibility via EDBC for the benefit month of January 2022 to allow timely notice. The actual date of death feeds to MMIS on the nightly file.

a) NOTIFICATION FROM DCF

An exception to this direction exists when the death of a consumer has been verified by DCF non-medical programs. When DCF has confirmed the date of death for a consumer, staff shall accept any verified date of death without additional information. Thorough documentation of actions taken as well as the method of verification is required. When the reported death has been verified by DCF, the journal should include DCF as the source of verification. The consumer can be discontinued using adequate notice only.

b) NOTIFICATION VIA MCO SPREADSHEET

There may be times that notification of the death of a consumer is received from the MCO. Staff must refer to the report to determine how the death of the consumer was reported to the MCO. If the source of information is identified as provided by a responsible party, this information is considered verified and KEES can be updated with the date of death and appropriate eligibility action taken using adequate notice. The journal should notate that the date of death was reported to the MCO by a responsible party. When sending the KEES V400 – Discontinuance Notice of Action (NOA), it will need to be appended utilizing the G-400, Discontinuance Due to Death, on the KDHE Standard Text for Copy and Paste spreadsheet on the Family Medical and Elderly & Disabled tabs. The household will be notified to contact KanCare if incorrect information was received regarding the death of the consumer. If contact is not made after the NOA is sent out indicating the information received was incorrect, the case will remain discontinued.

If the source of information is someone not able to act on behalf of a consumer, the date of death is added to KEES and eligibility for the consumer is discontinued using timely notice as outlined in KFMAM 1422 and Medical KEESM 1431. Prior to sending the NOA, staff should attempt a collateral contact to verify the reported date of death. If the collateral contact (family/household member or anyone able to act on behalf of an individual) verifies the information as correct, instructions illustrated in Section 1 should be followed allowing adequate notice only as this is now considered direct verification of the death. If unable to verify this information with a family/household member or anyone able to act on behalf of an individual, the NOA will need to be appended utilizing the specific G-400 append fragment from the KDHE Standard Text for Copy and Paste spreadsheet, previously mentioned. The household will be notified to contact KanCare if incorrect information was received regarding the death of the consumer. If contact is not made after the NOA is sent out indicating the information received was incorrect, the case will remain discontinued.

3. DATE OF DEATH INTERFACE UPDATE

With the October 2018 KEES Release, the date of death interface was updated to import a date of death for a consumer into KEES for consumers with active medical coverage and the task 'KDHE Verify Date of Death' would be generated to alert eligibility of a potential death that needed addressed. However, effective with the February 2022 KEES release, the date of death interface has been updated to include both active and discontinued consumers who have a date of death reported on the interface. Outlined below are the scenarios for which staff can expect to see the 'KDHE Verify Date of Death' task generated:

- The consumer is not currently "Active" on a Medical Case in KEES but was "Active" in the month/year or months after the date of death on the KDHE Death Records file.
- The consumer is currently "Active" or "Pending" on a Medical case.

It is important to note the date of death will still be imported to KEES and placed into "pending." Lastly, only one 'KDHE Verify Date of Death' task will generate. Staff should not expect the task to continually generate each month until acted upon.

A report will also be generated for individuals who have a "verified" date of death in KEES that is different than the date of death on the KDHE Death Records file. These will need to be reviewed to ensure the correct date of death is in KEES and MMIS. Staff should follow existing policy and procedure when addressing this report.

4. ACTIONS NEEDED FOR INCORRECT DATE OF DEATH/REINSTATING DECEASED CONSUMER

If after eligibility for a consumer is discontinued due to death, it is later reported that the consumer's date of death was entered into KEES incorrectly, regardless of when the date of death was confirmed, the date of death shall be corrected in KEES. This will allow the correct date of death to be sent to MMIS for possible recoupment of capitation payments. It is important to note that there may be times when verification of the date of death is needed when conflicting information is received.

When the original date of death is reported by a family/household member or anyone able to act on behalf of an individual, and then the second date of death is reported by another family/household member or someone else able to act on behalf of an individual, verification is needed to confirm the correct date of death. When the original date of death is reported by someone illustrated in Section 2 of this memo and then a second date of death is reported by a family/household member, the date of death is corrected in KEES and no further verification is necessary.

Example 1: Notification was received via 'KDHE Verify Date of Death' task in December 2021 indicating the consumer passed away 11/26/2021. As this is not a direct source of report as illustrated in Section 1, the case is discontinued using timely and adequate notice on 12/01/2021. The discontinuance NOA sent instructed the household to contact KanCare if the information is incorrect. No contact was made to KanCare, therefore, the case remained discontinued. On 12/28/2021, an ES-3161 is received reporting the consumer passed away on 11/27/2021. Due to conflicting dates of death and the source of the second date of death reported, the date of death was verified using an obituary for the consumer and updated in KEES.

In the event information is received indicating the consumer is not deceased after discontinuance, staff will need to evaluate the timing of the new information. If information is provided by the end of the month following discontinuance (see KFMAM 1413 and Medical KEESM 1423), eligibility will be reinstated. If the information is provided outside of the that timeframe, a new application is needed.

NOTE: Refer to the KEES User Manual for instructions on discontinuing medical assistance due to death and reinstatement of a consumer discontinued in error/correcting the date of death in KEES.

B. VERIFICATION OF OUT-OF-STATE ADDRESS CHANGES/RESIDENCY

Since the release of [PM2020-11-01](#), several scenarios regarding single consumers and household members within a family group being listed on the PARIS report have been sent

for KDHE Medicaid Policy guidance, which will be covered in depth below. The purpose of this document is to clarify Medical KEESM 1434 and KFMAM 1425 pertaining to Medicaid consumers whose out-of-state residency is reported by electronic data match sources, such as the PARIS report. Other sources of address changes/residency will be expanded upon, as well. Prior to taking any action on the case, staff must evaluate the source of the report to determine if the Federal Match Data policies apply or if other policies will need to be followed.

NOTE: Refer to the KEES User Manual for instructions on updating addresses in KEES.

1. FEDERAL DATA MATCH – BENEFITS RECEIVED IN MORE THAN ONE STATE

PM2020-11-01 provided policy that allowed the discontinuance of medical coverage for specific reasons, including consumer reported to be receiving medical coverage in more than one state when the agency is unable to verify the consumer's residence in the state of Kansas. This policy was created to include consumers listed on the PARIS report, which is governed by Medical KEESM 1434 and KFMAM 1425.

When a consumer is reported to receive benefits in more than one state (e.g. reported on the PARIS report), staff will initially consider this as a lead and attempt to contact the consumer(s) to clarify their residency. Thirty (30) days must be allowed for the consumer to contact the agency, either in writing or orally, before action to discontinue eligibility may be taken. Attestation that the consumer intends to remain in the state shall be accepted without question. Failure to provide this verification will result in coverage discontinuance for both the consumer identified in the Federal Data Match (e.g. PARIS report), as well as all household members associated with the case (even if only one HH member is reported on the PARIS report). The KDHE Standard Copy & Paste (SCP) spreadsheet has been updated with these appends on the Family Medical and Elderly & Disabled tab - PARIS Report - Request for Information. It is considered 'best practice' to send the request to both the address listed in KEES and the address listed on the PARIS report. However, it is required to send the request to the address listed in KEES.

The following SCP Append, G-857, must be used when processing the PARIS report.

"It has been reported that {Insert names of the individuals} might not live in Kansas anymore and may have coverage in another state. Please call our office and confirm that {Insert names of the individuals} still lives in Kansas and who currently lives in the household. If the information is not provided to us by {Insert 30 days}, your medical assistance may be discontinued.

This action is based on Kansas Family Medical Assistance Manual section 2050 and Medical KEESM 2150."

Example 1: Household consists of PA and 2 CH. 1 CH appeared on the PARIS report. The other CH is found to be active on a non-medical case and appears to be adopted. Written notice is sent to the household requesting clarification of whereabouts and resulted in returned mail. Contact was not made by the PA on the case after at least thirty (30) days and the case was discontinued due to out-of-state residency, allowing timely notice. As confirmation is on file of the CH who is adopted, coverage will be discontinued due to no longer in the household.

Example 2: Parent and CH are active on medical assistance. The parent is listed on the PARIS report; however, the CH is not. Written notice is sent to the parent to request verification of state residency. As the CH is assumed to be with the parent, the CH's whereabouts are known. If verification is not received to confirm the consumers reside in the state, coverage is discontinued allowing timely notice.

NOTE: Per Medical KEESM 9124 and KFMAM 7230, coverage shall not be terminated for continuously eligible children or pregnant women according to the provisions of KFMAM 2300. If the agency becomes aware that the residency requirements of KFMAM 2050 are no longer met, coverage shall be terminated.

2. *EATSS – UPDATED OUT-OF-STATE ADDRESS REPORTED **END DATED **SEPTEMBER 30, 2022*****

Another electronic data source that potentially can report a change in address/residency is the State of Kansas' Electronic Access to Social Security (EATSS). Although EATSS is primarily utilized to verify Social Security Income, disability status and Social Security Numbers (SSN), there may be times where staff navigate to this system to review the most recent address reported to the Social Security Office. To ensure KEES is updated with the appropriate address, a task will generate in KEES when SSA reports an address for a consumer in another State (BENDEX SSA Different Address). Although EATSS data is considered 'verified' as income or SSN through Tier 1 [see KFMAM 1330.01 and Medical KEESM 1322.4(1)], it is not considered 'verified' when there is a reported address change/residence. Staff must treat this information as a lead and obtain confirmation from the consumer that the address is correct. It is considered best practice to send the request to both the address listed in KEES and the address listed in EATSS (most recent record).

3. *DCF – UPDATED OUT-OF-STATE ADDRESS RECEIVED*

An exception to this direction exists when the out-of-state address has been verified by non-medical programs (DCF) as this agency utilizes more extensive verification standards. When DCF has confirmed the household has moved out of state, staff

should accept this information without additional information unless discrepant information exists. Thorough documentation of actions taken as well as the method of verification is required. When the out-of-state address has been verified by DCF, the journal should be updated to reflect DCF as the verification source. The case can be discontinued based on this information.

4. MCO – UPDATED OUT-OF-STATE ADDRESS REPORTED *END DATED* *SEPTEMBER 30, 2022*

In addition to electronic data sources reporting address change information, routinely, MCOs will provide updated contact information for consumers. When this occurs, staff must review the source of information from the MCO spreadsheet to determine how to proceed with updating the out-of-state address in KEES. If the source of information is identified as provided by the consumer or medical representative, this information is considered as verified and KEES updated with this information. The appropriate eligibility actions will need to be taken and a journal entry added that the address change was reported to the MCO by the consumer/medical representative. No further verification is needed, and the case can be discontinued using adequate notice.

When the source of information is someone other than the consumer or medical representative, staff must treat this information as a lead and obtain confirmation from the consumer that the address is correct by following KFMAM 1330 and Medical KEESM 1322.4(1). Prior to sending the notice, staff should attempt a collateral contact to verify the reported out-of-state address. After exhausting Tiers 1 - 3 and unable to confirm the reported address change with the consumer, a notice must be sent to the address in KEES to verify the current address. It is considered best practice to send a V044 to both the address in KEES and the address reported on the MCO spreadsheet using a specific verification fragment. The specific fragment is available on the KDHE Standard Text for Copy and Paste spreadsheet on the Verification Fragments tab - Address Change Reported on MCO Spreadsheet. If after the due date the consumer has not verified the information, KEES can be updated with the reported address provided by the MCO, and the case is discontinued using timely notice.

5. RETURNED MAIL

There may also be instances where changes in address or residency are reported through other sources such as USPS via returned mail. Prior to taking any eligibility action on the case regarding returned mail, the consumer must be provided the opportunity to clarify/verify their address. The KDHE Standard Copy & Paste (SCP) spreadsheet has been updated with the specific fragment for this verification request on the Verification Fragments tab – Returned Mail. Outlined below are instructions for staff based on the type of returned mail received.

The following notice fragment must be used when addressing returned mail.

“We have been notified by USPS that you may have had a change in your current address. Please provide us with your current address by {insert date – 12 days from today} or your medical assistance coverage will be discontinued.”

a) IN-STATE FORWARDING ADDRESS END DATED SEPTEMBER 30, 2022

When returned mail is received from USPS providing an in-state address for the household, the address will be updated in KEES. No action is needed regarding current eligibility for medical assistance. Internal processes should be followed for resending the documents returned. It is considered best practice to verify the new address reported by USPS on returned mail with in-state forwarding using tier verification or making contact with the consumer prior to updating in KEES. If a notice is sent to the consumer and the updated address is not confirmed, coverage for the consumer will need to remain active.

b) OUT-OF-STATE FORWARDING ADDRESS

There may be times when returned mail is received on a case and the forwarding address is out-of-state. When this occurs, KFMAM 1330 and Medical KEESM 1322.4(1) should be followed. After exhausting Tiers 1 - 3 and unable to confirm residency for the consumer, a notice must be sent to the consumer to clarify prior to discontinuing eligibility. It is considered best practice to send the request to both the address listed in KEES and the address listed on the out-of-state forwarding notice returned by USPS.

If the consumer clarifies they are residing in Kansas, self-attestation is accepted, and the case will remain active. If the consumer indicates they no longer reside in Kansas, the case will be discontinued using timely notice. If the consumer does not respond to the request within the allotted timeframe, the case will be discontinued due to failure to provide information using timely notice.

c) NO FORWARDING ADDRESS – WHEREABOUTS UNKNOWN

In addition to in-state and out-of-state forwarding addresses, USPS may notify KanCare that documents are being returned due to no forwarding address. If updated information is not located on the case, allowing adequate notice only (see Medical KEESM 1432(6) and KFMAM 1423.06), coverage is discontinued for all non-pregnant adults on the case.

Example 1: An active recipient's case receives a 'Returned Mail' task as USPS received a no forwarding address response. The agency does not locate updated contact information, therefore medical assistance is discontinued. As this consumer was not reported on the PARIS report, the Whereabouts Unknown policies apply.

I) REINSTATEMENT – WHEREABOUTS UNKNOWN

If at any time prior to the consumer's next renewal (12-month review period) their whereabouts become known, eligibility must be reinstated, including those continued beyond their original 12-month review period due to the Public Health Emergency as outlined in PD2020-03-01. This means that if a consumer contacts the agency after being discontinued due to whereabouts being unknown and they provide an updated in-state address, eligibility must be reinstated back to the date of discontinuance if the consumer is still within the original review period. For Family Medical reinstatements, staff should refer to the KC-7003 for authorizing agency. An exception to this policy exists when a consumer's change in circumstances is processed resulting in a change of eligibility. Based on KFMAM 1334 and Medical KEESM 1323, the agency is required to act on information when it becomes known.

Example 2: USPS notified KanCare of no forwarding address for an active recipient. Case was discontinued 03/31/2021. On 07/15/2021, the consumer calls in and provides an updated address. Their original continuous eligibility period is through 10/31/2021. As the consumer provided clarification of whereabouts prior to 10/31/2021, medical assistance is reinstated back to 04/01/2021.

Example 3: A consumer applied for Medically Needy coverage with a Spenddown and was approved effective 08/01/2021. The spenddown base period is established 08/2021 through 01/2022 and the review date set for 07/2022. After COLA ran in 12/2021, the NOA was returned to the agency with a No Forwarding Address – Whereabouts Unknown note from USPS. Coverage was discontinued 01/31/2022 after the consumer failed to respond to the 12-day timeframe to contact the agency. In 03/2022, the consumer contacts the agency to advise they reside in the state and an updated address is provided. As the consumer contacted the agency within their 12-month review period (prior to 07/31/2022), Medically Needy (MDN) coverage is reinstated back to 02/01/2022.

In example 3, coverage is reinstated regardless if the spenddown is met or unmet. Additionally, if the consumer had Medicare Savings Program

(MSP) coverage at the time of discontinuance, that coverage must be reinstated as well.

Example 4: A consumer applied for Caretaker coverage on 05/16/2021 and was approved effective 05/01/2021. On 09/29/2021, USPS notified KanCare of a no-forwarding address. Written notice is sent to the household requesting clarification of whereabouts. No updated contact information was received so the case was discontinued 11/30/2021. On 02/04/2022, the consumer calls to provide an updated address. While providing an updated address, the consumer states the household moved to Oklahoma in December 2021 and moved back on 02/02/2022. As the consumer provided a change in circumstance indicating the household was not residing in Kansas, coverage can only be reinstated beginning 02/01/2022.

Example 5: A consumer applied for Medically Needy coverage on 8/12/2021 and was approved effective 08/01/2021 establishing the spenddown base period of 08/2021 – 01/2022. On 10/21/2021, USPS notified KanCare of a no-forwarding address. Written notice is sent to the household requesting clarification of whereabouts. No updated contact information was received so the case was discontinued 11/30/2021. On 1/3/2022, the consumer calls to provide an updated address. During this call, the consumer states they moved to Colorado in October 2021 and moved back in December 2021. As the consumer provided a change in circumstance indicating the household was not residing in Kansas, Medically Needy coverage can only be reinstated beginning 12/01/2021. *Note: As this spenddown was previously established and sent to MMIS, the base period remains intact, there would not be any eligibility in KEES during the month(s) the consumer was closed for out of state residency.

Additionally, if the consumer contacted the agency after the first base period end date but within their existing review period, a new base period would be established.

NOTE: When rescinding a discontinuance for whereabouts unknown after confirmation is received of whereabouts, a Helpdesk ticket is needed if staff are rescinding more than 6 months from the effective date of discontinuance.

II. CHANGES IMPACTING ELDERLY AND DISABLED MEDICAL PROGRAMS ONLY

A. VETERAN'S (VA) INCOME MATCH DATA

This section is to clarify use of the PARIS report and VA income match data and how it is used for Tier 3 verification of VA income. This document does not supersede previous policy regarding consumers who must pursue potential benefits and apply for VA benefits, however, may be used concurrently to verify those benefits once a data match has occurred.

While use of the PARIS report is mandated, the agency cannot deny, terminate, or reduce benefits on the basis of information received through this electronic data interface, unless the consumer has been given the opportunity to verify the information, as noted in Medical KEESM 1434 and KFMAM 1425.

Note: The PARIS report may be used to verify \$90 reduced VA income for individuals residing in a Medicaid-approved nursing facility. This income is exempt per Medical KEESM 6410 (69) and therefore not an adverse action. However, if the amount is something other than \$90 and may not be exempt, then adverse action cannot be taken without first reaching out to the consumer to verify the amount.

Once the consumer(s) applies for medical coverage and is otherwise eligible, they may be determined and approved for Medicaid coverage if the consumer(s) continues to pursue and provide proof of their VA benefits application. (See [PM2020-08-01](#) and [PM2019-06-02](#) for VA Referral policy). The consumer(s) must then report any changes to the agency, including approval or denial of the VA application. Failure to report VA benefits may result in overstated eligibility.

Consumers approved for VA benefits may show on the PARIS report by VA Income match data. This information should be considered known to the agency and a request for verification of VA benefits formally sent to the consumer allowing thirty (30) days to provide the information. If the consumer fails to respond, only after that pending timeframe has passed, may the VA income found on the PARIS report be updated on the case and eligibility re-determined, which may include changes in eligibility coverage, share of cost, or discontinuance of eligibility.

Example 1: It is found on the PARIS report that PA has \$90 reduced VA income. PA's VA income was previously known to the agency as \$1,183 per month but now the PA has been admitted to a Medicaid-approved nursing facility. Since this income is exempt for long term care and is a reduced amount, updating the amount within the case does not result in negative or adverse action. The worker updates the VA income without needing to contact the consumer. Appropriate notices are sent advising of the change.

Example 2: It is found on the PARIS report that PA is receiving \$765 in VA income. When reviewing the case, it is found that the PA was previously in a Medicaid-approved nursing facility and receiving \$90 in reduced VA income. They have since been discharged but had not reported this increase in income. Since this would be an adverse action and increase the spenddown amount or share of cost, the worker sends a verification request to the consumer. If the PA does not respond, the worker will take action to increase the income based on the PARIS report income verification after 30 days.

Example 3: It is found on the PARIS report that the PA is receiving VA income. VA income was not previously reported or known to the agency, so it was not applied to the PA's Medically Needy Spenddown. Since this would be an adverse action and increase the spenddown amount, the worker sends a verification request to the consumer. If the PA does not respond, the worker will take action to increase the Spenddown based on the PARIS report income verification after 30 days.

III. QUESTIONS

For questions or concerns related to this document, please contact the KDHE Medical Policy Staff at KDHE.MedicaidEligibilityPolicy@ks.gov.

Erin Kelley	Senior Manager
Amanda Corneliusen	Family Medical Program Manager
Jessica Pearson	Elderly & Disabled Program Manager
Sara Reese	Elderly & Disabled Program Manager
Shawna Pilkington	Family Medical Program Manager

Questions regarding any KEES issues are directed to the KEES Help Desk at KEES.HelpDesk@ks.gov.