



| <b>Policy Memo</b>   |  |
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| <b>KDHE-DHCF POLICY NO: PM2024-05-02</b>                     | <b>From: Erin Kelley, Senior Manager</b> |
| <b>Date: May 20, 2024</b>                                    | <b>Medical KEESM/KFMAM Reference(s):</b> |
| <b>RE: End of PHE Unwinding &amp; Extended Flexibilities</b> | <b>Program(s): All Medical Programs</b>  |

This memo sets forth instructions for implementation of policy changes related to the end of the PHE Unwinding Period, effective April 30, 2024. The PHE Unwinding period refers to the timeframe following the end of the COVID-19 Public Health Emergency (PHE) during which renewals resumed and certain policy requirements and flexibilities were implemented in accordance with federal mandates as well as state decisions to aid processing and/or prevent unnecessary procedural loss of coverage at review, see [PM2023-03-02, v.3](#). Effective with this memo, certain requirements and flexibilities will be continued/extended through at least June 30, 2025. This direction is effective upon release.

Applicable to all medical programs:

- CMS Waivers Still in Effect
- Employer Statements

Applicable to Family Medical Programs Only:

- Unknown Tax Filing Status
- Partial Approvals

Applicable to Elderly & Disabled Medical and Long Term Care Programs Only:

- Whole Life Insurance Verification Simplification

For links to memos referenced below, see [PM2017-02-01](#), [PM2020-04-01](#), [PM2023-03-02, v.3](#), [PM2023-08-02](#), and [PD2024-01-01](#).

**I. APPLICABLE TO ALL MEDICAL PROGRAMS FLEXIBILITIES/PROCESSES STILL IN EFFECT**

**A. CMS WAIVER FLEXIBILITIES STILL IN EFFECT**

During the PHE and PHE Unwinding periods, several waivers were authorized by CMS and implemented for the purpose of reducing burden on consumers and minimizing procedural terminations

due to failure to provide information at review as well as keeping consumer contact information up to date. These waiver authorities have been extended by CMS through June 30, 2025, at which time they will be reassessed and end-dated accordingly. The waivers remaining in place are listed below:

- Renewal of Medicaid Eligibility for Individuals with No Income and No Data Returned on an Ex Parte Basis (All Programs). See PM2023-03-02, v.3.

**NOTE:** The term “Ex Parte” is a term used by CMS referring to the passive and super-passive review processes, or renewing an individual based on available information vs. requesting it from the consumer via review form.

- Renewal of Medicaid Eligibility for Individuals for Whom Information from the Asset Verification System (AVS) Is Not Returned Within a Reasonable Timeframe (E&D). See PM2023-03-02, v.3.
- Suspend the Requirement to Apply for Other Benefits (E&D). See PM2023-08-02 and PD2024-01-01.
- Permit Managed Care Plans to Provide Assistance to Enrollees to Complete and Submit Medicaid Renewal Forms (All Programs). See PM2023-08-02.
- Permit the Designation of an Authorized Representative for the Purposes of Signing an Application or Renewal Form via Telephone without a Signed Designation (All Programs). See PM2023-08-02.
- Partner with Managed Care Plans to Update In-State Beneficiary Contact Information (All Programs). See PM2023-03-02, v.3.
- Partner with National Change of Address (NCOA) Database and/or United States Postal Service (USPS) Forwarding Address to Update In-State Beneficiary Contact Information (All Programs). See PM2023-03-02, v.3.
- Reinstate Eligibility Effective on the Individual’s Termination Date for those Procedurally Disenrolled and Subsequently Redetermined Eligible During the Reconsideration Period (All Programs). This refers to our existing policy for processing reviews received during the 90-day Reconsideration Period under PM2017-02-01 and the retroactive effective date. This practice will continue in place through the end of June 2025 as authorized through the existing waiver. At that time, new policy will be issued regarding the Review Reconsideration Period.

## **B. EMPLOYER STATEMENTS**

During the PHE and Unwinding periods for Family Medical programs and Unwinding period only for the Elderly & Disabled (E&D) and Long Term Care (LTC) programs, the requirement to provide employer statements as verification of a job ending has been waived in order to reduce the burden on consumers to supply proof during that time. While the Unwinding period is now over for all intents and purposes, this flexibility will remain in place through the end of June 2025, to align with other waiver flexibilities.

See PM2023-03-02, v.3 and PM2020-04-01 for reference.

## **II. APPLICABLE TO FAMILY MEDICAL PROGRAMS ONLY**

As CMS has recently extended the unwinding waiver authorities for a second time, the following flexibilities will also be extended to assist with streamlining processing efforts. The waivers listed below will remain in place until otherwise notified by KDHE-DHCF Policy.

### **A. UNKNOWN TAX FILING STATUS**

During the Unwinding period, the requirement to clarify tax filing statuses as a condition of eligibility was waived, and staff have been allowed to default to non-filer household status when tax filing information

was missing or unclear, with certain notice requirements included.

See PM2023-03-02, v.3 for reference.

## **B. PARTIAL APPROVALS**

During the PHE and Unwinding periods, staff have been directed to use the partial approval process to expedite application approvals when the only information missing is needed for a prior medical (PM) determination.

See PM2023-03-02, v.3 and PM2020-04-01 for reference.

## **III. APPLICABLE TO E&D AND LTC PROGRAMS ONLY**

### **A. WHOLE LIFE INSURANCE POLICY VERIFICATION SIMPLIFICATION**

During the Unwinding period, staff have been allowed to use the life insurance cash surrender valuation tables for verification purposes in lieu of requesting verification from the consumer when certain criteria was met in order to decrease pending and loss of coverage for failure to provide. This flexibility will remain in place until otherwise advised by KDHE-DHCF Policy.

See PM2023-03-02, v.3 for reference.

## **IV. QUESTIONS**

For questions or concerns related to this document, please contact the KDHE Medical Policy Staff at [KDHE.MedicaidEligibilityPolicy@ks.gov](mailto:KDHE.MedicaidEligibilityPolicy@ks.gov).

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|--------------------|------------------------------------|
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Questions regarding any KEES issues are directed to the KEES Help Desk at [KEES.HelpDesk@ks.gov](mailto:KEES.HelpDesk@ks.gov).