



## **Policy Directive: 2024-01-01**

### **Title: Pursuing SSA Benefits Waiver – COVID-19 Unwinding**

**Date: 2024-01-05**

**From: Erin Kelley, Senior Manager**

**Program(s) impacted: E&D Medical Programs**

The purpose of this document is to provide updated policy guidance regarding the state's COVID-19 Unwinding 1902(e)(14)(A) waiver to temporarily suspend the requirement for applicants and recipients to pursue potential benefits. This guidance supersedes the information found in section I.C of [PM2023-08-02 PHE Unwinding Flexibilities](#).

#### **A. Background**

Upon release of PM2023-08-02, eligibility staff were informed of the temporary suspension of the requirement to pursue potential benefits that would otherwise be required per standard policy (see MKEESM 2124). The agency received CMS approval to waive this requirement effective August 1, 2023, to help facilitate efficient application and renewal processing.

The original guidance that was provided specifically excluded the requirement to apply for Social Security (SSA) disability benefits from this waiver due to the disability determination being a basic program requirement for the Elderly & Disabled programs for applicants and recipients under the age of 65 years old.

#### **B. Policy**

Effective with the release of this policy directive, and applicable retroactively to August 1, 2023, the requirement to pursue potential SSA benefits shall also be included with the waiver. This means that individuals may not be denied or discontinued solely for failure to apply or provide verification of applying for benefits with SSA.

#### **C. Policy Implementation Instructions**

While the requirement to apply for SSA benefits shall still be requested for all individuals requesting E&D coverage that do not have an existing SSA disability determination or pending application with SSA, staff shall no longer deny or discontinue coverage solely for failure to apply or provide verification of their SSA application, during the COVID-19 PHE Unwinding period. The requirement to pursue potential benefits (including applying for SSA benefits) is to be addressed by staff at the next scheduled annual review after the unwinding period ends.

In situations where this policy is applied retroactively (to 8/1/2023 when this waiver was implemented) to individuals closed solely for failure to apply (or provide verification of applying) for SSA benefits, staff should review the case to determine if the PMDT referral is still active.

**Active PMDT Referral:** No further verifications should need requested. Staff shall wait for the PMDT referral outcome and complete the eligibility determination accordingly (see section D. below)

**Closed PMDT Referral:** If the PMDT referral has been closed due to failure to provide verification of pursuing SSA benefits, the PMDT referral shall be reinitiated and a verification request sent to the consumer advising that a PMDT packet has been sent to them for completion, as well as, requesting they apply for benefits with SSA.

If notified by the PMD Team that the PMDT packet was not returned, closure for failure to cooperate with PMDT is appropriate. If the packet has been returned and verification of applying for SSA has not been received by the consumer, staff shall complete a collateral contact to SSA for verification of applying. In the instance that the individual has not applied, the case journal shall be noted and the requirement to pursue SSA benefits shall be followed up at annual review. Staff should then wait for the PMDT determination to be completed and act accordingly (see section D. below).

#### **D. PMDT Referral Outcomes**

Applicants and recipients shall still cooperate with the PMDT referral process, including timely completing and returning all requested documents and information. Failure to cooperate with the PMDT referral process will result in coverage being denied or discontinued per MKEESM 2120. When the PMDT decision is received by eligibility staff, the following policies should be applied:

**Tier 1 Decision:** No further verification is needed, and the eligibility determination may be completed. Proof of applying for SSA benefits shall be followed up on at the next scheduled review. Staff must notate this information in the case journal.

**Tier 2 Decision:** Staff shall review the case to determine if proof of applying for SSA was completed by following the tiered verification policy, as applying for SSA is a requirement for Tier 2 MediKan.

MediKan coverage may be approved if tiered verification verifies that the individual has applied for benefits with SSA (or has a scheduled appointment with SSA).

MediKan shall be denied for failure to cooperate with the PMD process if tiered verification confirms that the individual has not applied for benefits with SSA (or has a scheduled appointment with SSA).

**PMD Denial:** If PMD denies the individual for failure to provide the PMDT packet or if PMD determines that the individual does not meet disability requirements to receive a Tier 1 or Tier 2 decision, the medical request may be denied accordingly for either failure to cooperate with PMD or failure to meet program requirements.

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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