



KC-1101 Family Medical Application Eligibility Processing Instructions

This Job Aid is intended to provide instruction on the required elements of the KC1100 Family Medical application. This Job Aid identifies when an answer left blank is acceptable and when additional follow-up is required.

Note: Mandatory verification policies still apply. Obtain verification as required in KEESM 1322 or KFMAM 1330. When a Leading Question has been answered Yes – then the Follow-up Questions will typically be required. For example, if a customer indicates they are self-employed, then it is necessary to obtain answers to all of the self-employment Follow-up questions.

Section A: Tell us about the primary applicant

This section is in reference to the primary applicant and contact information.

Application Question	Eligibility Action
Name (First, middle, last)	Must obtain answer. Middle name is not required but should be added to the record if provided.
Other Names Used	Not required, but needed to run interface to check Electronic Verification of Vital Events (EVVE)

Section B: Tell us about yourself and the people in your household

This section is in reference to the primary applicant and other people in the household.

Application Question	Eligibility Action
Name (first, middle, last)	Must obtain answer. Middle name is not required but should be added to the record if provided.
Other names used	Not required but may be needed to run SSN verification.
Applying for medical assistance	<p>When some household members have answered the question and others have left blank, determine eligibility for household members who answered yes.</p> <p>If only one individual is on the application and left the question blank, assume yes.</p> <p>If all individuals on the application are blank, must obtain the answer.</p> <p>If all individuals on the application are answered no, assume none are applying for coverage.</p> <p>If not applying for medical assistance, no additional questions are required until Section D.</p> <p>Note: If all individuals on the application answered no, it would be best practice to call and confirm before assuming no one is requesting coverage; however, this is not a policy requirement.</p>
Relationship	Contact applicant to obtain answer if not otherwise known
Gender	Must obtain answer
Date of Birth	Must obtain answer
Marital Status	Must obtain answer if eligibility is affected
Does this person live at the same address as applicant?	Assume yes if left blank
In the past year did this person: Change jobs, Stop working, Start working fewer hours, none of these	Question is for the FFM. Use as a tool to help explain changes of income when appropriate.
Is this person under 26? (Includes follow up-question)	Not required. Used to determine eligibility for the Foster Care Aged Out program (AGO)
Is this person under 23? (Includes follow-up questions)	Question is for the FFM. Use as a tool to help explain change of income/insurance when appropriate.
Social Security Number (SSN)	Required only if requesting assistance
U.S. citizen/naturalized or derived citizen?	If left blank, use the Federal Hub to obtain answer prior to contact with the consumer. Required only if requesting assistance.

Section B Continued

Application Question	Eligibility Action
Eligible immigration status (Includes follow-up questions)	Answer of yes only required if eligibility is affected and status cannot be determined through other sources. Applicant is not asked to attest to an ineligible status per federal rules. Follow up questions are not required. (Reasonable Opportunity process may be followed post-eligibility determination if eligible immigration status is attested.)
Has this person lived in the U.S. since 1996?	Assume no if left blank. This question pertains to non-citizens. A response of yes may result in exemption from the 5-year bar.
Is this person, or is their spouse or parent, a veteran or an active duty member of the U.S. military?	Assume no if left blank. This question pertains to non-citizens. A response of yes may result in exemption from the 5-year bar.
Race	Not required
Ethnicity	Not required
Does anyone in your household have discharged, forgiven or canceled student loan debt after January 1, 2018? (Includes follow-up questions)	Not required. Assume no if left blank. No action needed if answered yes.
Is this person Pregnant? # of babies Due date	Assume no if left blank Assume 1 if left blank Assume 9 months from the application date
Disability that will last at least 12 months or result in death/ Needs help paying for in-home care or nursing home costs	Assume no if left blank. If yes, applicant's ineligible for MAGI programs will need to be routed accordingly.
Incarcerated (Includes follow-up question)	Assume no if left blank. If yes for a child applicant, follow the process for Incarcerated Minors. See PM2021-05-01.
Taking care of at least one child under the age of 19	Not required. Question is for the FFM.
If this person is applying, are they a child under the age of 19	Not required if it can be determined through other information provided.
Mother's Full Name Father's Full Name	Answer may assist in determining relationship of each member of the household. Use along with the Relationship to the Primary Application question to determine household relationship.

Section C: Help with medical bills in the past 3 months

These questions apply to applicants only in most cases. If any are marked yes for a non-applicant, no action is needed unless they are a non-citizen who could potentially qualify for SOBRA services for the birth of a child applicant, which would qualify the child for coverage beginning the month of birth.

Application Question	Eligibility Action
Deliver a baby in the last 3 months	Identifies a potential SOBRA application. Used when the applicant is a non-citizen. Assume no if left blank
Emergency care in the last 3 months to save life, organs or bodily function	Identifies a potential SOBRA application. Used when the applicant is a non-citizen. Assume no if left blank
Need help paying medical bills from the last 3 months	Assume no if left blank <i>unless</i> a baby was born in the prior 3 months, there is indication of emergency services in the prior 3 months for someone requesting coverage, or additional follow-up questions regarding prior medical changes (section E) are answered. In those cases, assume yes.
Lived in a state other than Kansas in the last 3 months (Includes follow-up question)	Required if requesting assistance with unpaid medical bills. Available sources (i.e. case file, DCF cases, etc.) should be researched prior to contact with the consumer.

Section D: Federal income tax information

This section is required for the Primary Applicant. If answered by the Primary applicant, the answers can be inferred for other household members. Example: Primary applicant lists the children’s names as dependents – then it is inferred that the children are not filing tax returns and are claimed as a dependent by the primary applicant.

Application Question	Eligibility Action
Plan to file a tax return	Assume no if left blank (unless following questions are answered ‘yes’)
Will this person file jointly with a spouse?	Required if planning to file
Does this person have any dependents on their tax return?	Required if planning to file
Is this person claimed as a dependent on the tax return of someone who is not a household member?	Required if planning to file
If yes, who claims Person 1 as a dependent on their tax return?	Required if leading question is answered yes
How is Person 1 related to the person who claims them?	Required if leading question is answered yes

Section E: Tell us about changes in your household

Application Question	Eligibility Action
Has your household size changed in the last 3 months because someone moved in or out?	Required if requesting prior medical coverage
Has your household income changed in the last 3 months?	Required if requesting prior medical coverage

Section F: Tax Deductions

This section collects Federal/IRS deduction information to use in the MAGI income determination. This information is not a condition of eligibility, but the consumer has the opportunity to provide the information in order to reduce their overall countable income.

Application Question	Eligibility Action
Name of person with deduction Type of deduction Amount Frequency	Assume no if left blank. If any are answered, all must be answered/clarified by the consumer in order for the deduction to be used in the determination and verification requested as needed.

Section G: Jobs and Other Household Income

This section applies to all questions related to income, both earned and unearned.

Application Question	Eligibility Action
Does anyone in your household have a job?	Assume no if left blank (and follow-up questions are not answered)
Worker's name and company information	Name of the worker is required for income budgeting. Company information is not required.
Income before any taxes or deductions are taken out	When the applicant has answered yes to the leading question, enough information is required in this section to make a determination. The following two elements are required: Amount paid Frequency If these questions are not answered on the application form but are found elsewhere, such as with pay verification provided, that is acceptable.
What deductions are taken out of the gross pay before taxes? Check the box and tell us the amount	Assume no if left blank. If any checkboxes are marked, an amount must also be provided/obtained.
Date of next paycheck	Not required
How many hours does this person usually work each week? (Includes follow-up question)	Not required if information can be determined from previous questions
Do any of these jobs include tips, commissions or bonuses? (Includes follow-up question)	Assume no if left blank
Is anyone in your household self-employed?	Assume no if left blank
Name of self-employed person/Business name/What type of business	Not required as this should be included on the tax return or Self-Employment Worksheet (KC-5150) requested
Estimated monthly income and expenses	Not required but helpful in determining if there have been significant changes that would warrant the SE Worksheet (KC-5150)
Have the monthly income or expenses changed since you filed taxes last year? (Includes follow-up questions)	Not required but helpful in determining if there have been significant changes that would warrant the SE Worksheet (KC-5150)
Does anyone in your household have income from sources other than work?	Assume no if left blank and no information for amounts is provided

Section H: Health Insurance

This section addresses questions about other health insurance policies that may exist.

Application Question	Eligibility Action
Tell us about health insurance policies household members have now or had in the last 3 months	Assume no if left blank
Other health insurance information	<p>The requirement to have answers to the health insurance questions depends upon what type of medical assistance the individual is eligible for.</p> <p>CHIP: Being uninsured is requirement for CHIP eligibility. Therefore, enough information must be obtained about the type of insurance coverage available in order to determine if CHIP eligible. Doctor and Hospital types will result in ineligibility for CHIP coverage.</p> <p>Medicaid: A TPL referral is completed with all information known. All answers are not required in order to approve Medicaid coverage, but the information must be sufficient as a lead for the fiscal agent to locate the record. If additional information is needed about the health insurance policy, it will be requested after Medicaid approval, and only after the MMIS fiscal agent has a chance to verify the information.</p>

Section I: Health coverage from jobs

This section is not required. It pertains to criteria for the HIPPS program. A HIPPS referral may be needed if criteria is met, see KFMAM 02540.

Section J: Parent living outside the home

This section provides information to the consumer regarding cooperation with Child Support Services (CSS), which may affect Caretaker Medical eligibility.

Application Question	Eligibility Action
Does anyone on this application have a child under the age of 19 whose other parent lives outside the home?	Not required

Section K: American Indian or Alaska Native

This section is not required. The information about individuals who are American Indian, or Alaska Natives is sent to the FFM when the applicant is not eligible for Medicaid or CHIP. For tribal income information, assume no if left blank.

Section L: Choose a Health Plan

This section is used to capture the consumer's choice of KanCare MCOs for each applicant. The answer will be entered into KEES so the individual can be assigned to this MCO if determine eligible. If the applicant has not made a choice, they will be assigned automatically to one of the MCOs. Note: Once entered into KEES and run through EDBC, the MCO choice can only be updated at review or through consumer contact with the KanCare Enrollment Center at 1-866-305-5147.

Section M: If you have someone to help you with your case.

If the applicant has appointed someone to help them with their medical assistance case, but has NOT identified if that person is to be a Facilitator or a Medical Representative:

- Assume the person is a Facilitator (this will generate copies of the letters to the individual).
- Send a notice asking the applicant if they intended to appoint the person as their Medical Representative. This does not prevent the application from being processed.
- If the person indicated is not qualified to serve as a facilitator or medical representative, they should be entered as an additional correspondent.
- If a Guardian, Conservator, Financial POA, or SS Payee is indicated, verification is required before adding them to the case.
- If Guardian or Conservator are indicated, check the signature on the application as the consumer cannot act on their own behalf.

Section N: Read and Sign

This section gathers the signature for the application. See PM2020-09-01.