

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Child Support Enforcement Program

MEMORANDUM

TO : CSE Chiefs
CSE CO Management Staff
IM Policy Staff

DATE : December 2, 1998

FROM: Robin Smith

SUBJECT: HealthWave Referrals

We have heard from several Chiefs that staff are receiving system generated referrals on pure HealthWave (Title XXI) cases. The cause of the problem is two-fold. First, in cases new to the system, IM staff are completing the CHSE screen in sequence of setting up the case. When eligibility is later determined in the sequence, an automatic referral is made. This can be avoided if IM staff will bypass CHSE until after completing PLID. If all of the children are Title XXI eligible, no edit will occur. However, if one or more children are Title XIX eligible, an edit will occur and IM staff will need to go back and complete CHSE to generate the referral.

The second problem involves cases that are currently closed but have had prior IM involvement (cash or medical). In these cases, if CHSE had previously been completed, a reopen referral will be made when the eligibility determination is authorized. In cases where all children are Title XXI eligible, the automated referral can only be avoided if IM staff go back into CHSE and untie the child from the AP and, then, authorize the case for benefits..

A related issue has also surfaced regarding cases where there is a mix of Title XIX and XXI children. This could involve cases where (a) there is one or more Title XIX eligible children and one or more Title XXI children with the same AP or (b) one or more Title XIX children and one or more Title XXI children with two or more AP's. From the start, CSE expected to receive referrals on these types of cases and would send out an NA packet to the AR in order to provide services to the Title XXI eligible children. However, IM staff can avoid making the referral on Title XXI children if they follow the modifications discussed above. The issue is whether we really want IM staff to avoid these referrals. This matter has been discussed with CSE and IM management staff and there is consensus that such referrals should be made. In essence, if there is one or more Title XIX eligible children in the family group, CHSE is to be completed for all children and a referral is to be generated. The basis for this decision is that, if CSE services are to be made available for one child in the family group where a parent is absent, then, CSE services should be offered to all children when one or more parents are absent without regard to their Title XXI eligibility status.

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It is recommended that the CSE and IM Chiefs review this memorandum and establish local procedures on the referral process to avoid inappropriate referrals. This memorandum has been coordinated with IM Policy and Help Desk. Separate instructions will be sent to IM staff by the IM Policy Section.

Finally, it is recognized that no matter how hard staff try to clean up the referral process, errors will occur. When this happens, CSE staff will need to deactivate inappropriate referrals.


WRS:vr