



## **Policy Directive: 2022-08-02**

### **Title: Presumptive Tuberculosis (TB) Determinations**

**Date: August 18, 2022**

**From: Erin Kelley, Senior Manager**

**Program(s) impacted: All Medical Programs**

The purpose of this directive is to communicate policy and procedure changes in the Tuberculosis (TB) Coverage program, a state funded medical assistance program. These changes are being made to ensure individuals diagnosed with TB receive a streamlined eligibility determination of presumptive TB coverage while eligibility for Medicaid is being determined. This policy is effective upon release and may be applied retroactively.

#### **Background**

Effective with the implementation of [PM2004-09-01](#) Tuberculosis Coverage an individual must meet the following criteria to be eligible for TB coverage:

- Individual is a Kansas Resident
- No income, resource, or other financial test is required
- No citizenship or alienage test is required
- Individual is not Medicaid eligible

Due to the infectious nature of TB, ensuring individuals diagnosed with TB have access to medical coverage for TB treatment is critical for the benefit of the public health protection. Current policy dictates that an individual diagnosed with TB is not Medicaid eligible.

As TB coverage requests are typically received from the [ES-3100.3 Certification of Need](#) for Tuberculosis Treatment form, which does not request citizenship or financial information, eligibility staff are required to request this information to make a Medicaid determination. This delays the time in which TB coverage could be authorized for the individual if the other criteria above are met.

#### **Presumptive TB Determinations**

Effective with the release of this directive, TB coverage may be granted presumptively to those determined in need by the KDHE TB Specialty Team. This will allow the individual to receive treatment for TB specific services prior to a full Medicaid determination being completed.

Once the individual is determined in need of TB coverage and that coverage is authorized, the eligibility worker shall send the [KC-1100](#) Families with Children Medical Assistance Application

to the individual, allowing twelve (12) days for the application to be completed, signed, and received by the agency. Once the application is received by the agency, eligibility staff will complete the Medicaid determination following existing policy and process. Additional verification(s) may be required for the MAGI or Non-MAGI determination. Once determined eligible, Medicaid may overlay the TB coverage treating the date of application as the date the ES-3100.3 form was received, and TB coverage will be closed allowing for adequate notice only (see Medical KEESM 1432 and KFMAM 1422.01).

Communication with the KDHE TB Program staff and Fiscal Agent about Medicaid eligibility will be required to ensure claims are paid correctly. TB coverage shall not be affected by a denial of Medicaid eligibility for any reason and shall only be discontinued if approved for Medicaid coverage or once determined appropriate by KDHE TB Program staff. The denial Notice of Action (NOA) will need sent utilizing the TB-200 TB Denial FTP MAGI App verbiage. This notice is available on the KDHE Standard Text for Copy and Paste spreadsheet in the Specialty Apps tab.

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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