



Policy Memo	
KDHE-DHCF POLICY NO: PM2024-08-01	From: Erin Kelley, Senior Manager
Date: August 8, 2024	MKEESM Reference(s): 2620, 2650, 2666 KFMAM Reference(s): 02310, 2311, 2312
RE: Implementation of Continuous Eligibility for Non-MAGI Programs	Program(s): All Medical Assistance Programs

This memo sets forth implementation instructions regarding changes related to the continuous eligibility (CE) policy for MAGI budgeted programs now being applied to children under age 19 receiving coverage from a non-MAGI budgeted program. Changes to KEES will be completed effective 8/10/2024, with the August 2024 KEES release. The Consolidated Appropriations Act, 2023 (CAA 2023) mandated the requirement to provide CE to children under age 19, as specified below, and is effective retroactively for all eligibility determinations made on or after 1/1/2024. Related manual references will be updated with the next scheduled policy revision.

I. CONTINUOUS ELIGIBILITY (CE) RULES FOR NON-MAGI PROGRAMS

For children that are determined eligible for non-MAGI budgeted programs, eligibility shall continue for 12 months regardless of changes in financial or functional eligibility. This does not apply to children receiving coverage under the Medically Needy, MSP (QMB, LMB, ELMB, QWD), or TB programs. Based on existing policy, continuous eligibility begins with the month of application (or the first month of eligibility for Medicaid). Continuous eligibility is not applicable to prior medical months if the child is eligible for Medicaid in the month of application. However, if eligibility is established in any of the prior medical months and the child is ineligible for Medicaid in the month of application, the prior medical month shall establish continuous eligibility from that month.

Once the continuous eligibility period expires, the child’s eligibility is reviewed and if eligible, a new 12-month CE period is set. The CE period for a child shall be shortened to end prior to the 12th month if one of the following circumstances occurs:

- The child turns 19.
- The child is no longer a resident of Kansas.
- The child dies.
- There is a voluntary request for case closure.
- The child is later found to have not been initially eligible for benefits.

In any of the above situations, continuous eligibility ends with the month of discontinuance, allowing for timely and adequate notice. CE cannot be reinstated if there is a break in coverage of one or more months and a new application would be required. No other changes in circumstances affect the CE period; however, changes that would positively impact the child's coverage shall be acted upon during the 12-month CE period.

A. CE AND NON-MAGI CHANGES IN CIRCUMSTANCE

A child's enrollment into a non-MAGI program is typically due to a clinical or functional disability need (i.e., HCBS, institutionalization, or SI Medical). Effective with the implementation of this memo, children under age 19 must continue to receive full Medicaid benefits for the duration of their 12-month CE period, even if they are found to no longer meet the clinical or functional criteria that is required to receive coverage on a non-MAGI program. This means that when a child loses their SSI recipient status, disability status, or no longer requires Long Term Care (LTC) coverage (i.e., discharged from a facility or waiver services are terminated), while any level of care coding may be discontinued, the underlying Title 19 full Medicaid coverage must continue through the end of the 12-month CE period.

While CE requires the continuation of coverage, for non-MAGI purposes, that requirement is specific to the underlying Title 19 coverage. A new financial determination will not be needed for the child as they will be continuously eligible through the end of their CE period. When a child is determined to no longer be eligible for non-MAGI coverage, coverage continues under the same coding (i.e., PMG and WKH). However, there are specific situations where it would not be appropriate to continue the same coding and the child should instead receive Title 19 benefits under a different program (as noted in the subsections below) through the end of their CE period.

Example 1: Consumer is an 18-year-old Adult Disabled Child actively receiving coverage under the Protected Medical Group (PMG) program. The consumer will turn 19-years old in 01/2025. The consumer's coverage was reviewed and determined to still meet PMG requirements effective 04/2024. The August 2024 KEES release adds a CE period of 4/1/2024, through 1/31/2025 (the end of the month they turn 19). On 8/14/2024, the consumer contacts the Clearinghouse to report new employment and provides the number of hours, rate of pay, and payment frequency. It is verified that the consumer's income exceeds the limit to remain eligible for PMG/ADC coverage; however, the consumer must maintain PMG/ADC coverage through the end of the CE period (1/31/2025).

Example 2: An application is received on 1/12/2024, for an 18-year-old disabled individual requesting Working Healthy coverage, due to their earned income. The individual had recently turned 18 on 5/4/2023. The application is processed, and Working Healthy coverage was approved effective 7/11/2024. The August 2024 KEES release added the CE period beginning 7/11/2024, through 5/31/2025 (the end of the month they turn 19). On 9/3/2024, the consumer contacts the Clearinghouse to report loss of employment. In coordination with the Working Healthy Benefit Specialists and the Working Healthy Eligibility team, a Temporary Unemployment Plan (TUP) is established for four months. At the conclusion of the TUP, the consumer reports that they are still unemployed, which means they no longer meet the eligibility criteria for Working Healthy. However,

as the consumer is in the middle of their CE period, WKH coverage remains in place through the end of their CE period (5/31/2025).

Note: While the KEES system has been updated to process these changes effective 8/10/2024, there may be situations where manual processing may be required. Specific instructions to process this change in KEES will be provided separately.

1. ACTIVE FAMILY MEDICAL PROGRAM

It is imperative that staff review the case to determine if there is active MAGI coverage for the child's household prior to continuing coverage on either the non-MAGI aid code or moved to the PLN aid code as noted in the subsections below. When the child's family does have an active family medical program and the child is no longer eligible on their non-MAGI aid code, the child will then be determined eligible to receive benefits on the MAGI program through the end of their CE period per KFMAM 02310 and 2312.

2. LOSS OF SSI RECIPIENT STATUS

Child(ren) who have received an SSI disability determination through the Social Security Administration (SSA) are eligible to receive medical coverage under the SI Medical Assistance Program. However, per SSA policy, the disability determination must be re-reviewed when the child reaches 18 years of age. When this disability review occurs (or if the child's disability is reviewed prior to their 18th birthday) and when the child is determined to no longer meet SSI disability criteria, it is important for staff to observe the child's CE period to ensure the full 12-months of continued coverage is received.

To ensure the child receives the appropriate full Medicaid benefit through the end of their CE period, and to prevent continued coverage past the 12-month CE in error, the worker shall address the SSI Ending task by moving the child to from the SI Medical Program to the PLN Program, using the existing CE period.

Note: See section (1) above for guidance when the child's family is actively receiving medical coverage.

3. HCBS ENDS OR DISCHARGED FROM AN LTC FACILITY

Children who receive Home and Community Based Services (HCBS) or who reside in a Medicaid approved facility, such as a PRTF, State Hospital, SIA, etc., are eligible on the basis of that functional eligibility requirement. As such, they are budgeted as a single household. When children are determined to no longer meet functional criteria and require a "living arrangement change", the level of care coding is end dated (per standard policy and process). However, they must continue to receive Title 19 benefits through the end of their 12-month CE period.

To ensure there are no downstream impacts within the KMMS system, the level of care should be end dated accordingly per MKEESM 8173 and 8272 and PLN coverage authorized for the duration of their CE period.

Note: See section (1) above for guidance when the child's family is actively receiving medical coverage.

B. ADDING CE DATES TO NON-MAGI CHILDREN IN KEES

The KEES System is being updated with the August 2024 KEES release to include specific logic to not only apply a 12-month CE period to children newly determined eligible for non-MAGI coverage, but also to determine and apply a 12-month CE period to active non-MAGI children recipients.

1. NEW APPLICANT FOR NON-MAGI COVERAGE

As noted above, continuous eligibility (CE) begins with the first month of Medicaid eligibility or the first month following the end of the review period. When a child is in need of non-MAGI coverage and is determined eligible in the month of application, program eligibility continues through the 12 months beginning with the month of application. However, when the child is not eligible in the month of application, but is eligible in one of the three prior medical months, eligibility continues through the 12 months beginning with the first Medicaid eligible prior month.

2. ACTIVE NON-MAGI CHILDREN RECIPIENTS

To ensure that children actively receiving non-MAGI coverage (determined eligible prior to the August 2024 KEES release) receive their full 12 months of continuous coverage in accordance with the CAA's 1/1/2024 effective date, the system is being updated to review each active child's case/coverage history to determine when their last full eligibility determination (either the initial application or annual review according to review month as noted in KEES) was completed. As the child's CE period began with their last eligibility determination, CE period will be added to each child's program details within KEES based on that date. This includes non-MAGI approvals prior to 1/1/2024, who are still within their 12-month CE period.

Note: While the SI Medical Program is a "no review" program, the system does contain a "review month" on the program block that is dated 12 months from the initial SI Medical Program determination. Each year, the SSI recipient's coverage is continued when this month comes due on the basis of being a continued SSI recipient. This is the month that shall be used when applying CE logic to children actively receiving SI Medical Program coverage.

Example 1: An application was received 2/26/2024, requesting LTC/PRTF coverage due to the child's admission into the PRTF on 2/20/2024. The child is determined eligible and Title 19 coverage was approved effective 2/1/2024, with the PRTF level of care beginning 2/20/2024. This system release will find that this child is active on non-MAGI coverage with no CE period assigned, as coverage was approved prior to the August 2024 KEES release. The system will update the case to assign the child's CE period appropriately with a 2/1/2024, begin date and a 1/31/2025, end date.

Example 2: An application was received in 10/2023 requesting HCBS/SED waiver services. The child was determined eligible with HCBS/SED coverage beginning 10/16/2023. The child is currently still active on this same coverage at the time of the August 2024 KEES release. While

this individual was determined eligible prior to the 1/1/2024, effective date of this policy, the child is still within their 12 month CE period that began 10/1/2023, when the child's Title 19 coverage began. As such, the system is updated to assign the CE begin date as 10/1/2023, and the CE end date as 09/30/2024.

Example 3: A child is an active SSI recipient who has been actively receiving SI Medical coverage since 3/1/2019, when the child was originally determined eligible. The August 2024 KEES release is completed and finds this is a child under 19 on a non-MAGI program block and no CE date was assigned as coverage was approved prior to the release date. The system finds that while this is a "no review" program, the last time EDBC was run to continue coverage effective 3/1/2024 (based on the review month on the program block). KEES identifies this date and adds a CE begin date of 3/1/2024, to the program block and a CE end date of 2/28/2025.

3. CLOSURES PRIOR TO KEES RELEASE

As the effective date of this policy is retroactively backdated to 1/1/2024, there may be some children who were closed from 1/1/2024, through the KEES release implementation date. A report will be created to identify the children who were closed prior to receiving their full 12-month CE period versus those that were allowable closures as noted in section (I) above.

Children who were inadvertently closed pending this KEES release shall be reinstated as expeditiously as possible, and the appropriate CE period applied to their eligibility. It is not appropriate to continue a new 12-month CE period to a child who was discontinued from 1/1/2024, through this implementation date, if they received a full 12-months of continuous coverage prior to discontinuance.

Example 4: The worker enters a case from the reinstatement report and finds that the child was discontinued effective 2/29/2024, after the agency received an ES-3161 stating the child was no longer eligible for HCBS services. The worker reviews the case and finds that the child was originally determined eligible for the HCBS coverage beginning 11/1/2023 and noted that the child was not previously receiving MAGI coverage before the HCBS determination.

The worker identifies that this child's CE period should have been 11/1/2023, through 10/31/2024. Following the KEES processing instructions, the worker reinstates Title 19 coverage by authorizing PLN coverage effective 3/1/2024 and coverage continues through the end of the child's CE period (10/31/2024).

Example 5: A child had been an SI Medical recipient for several years. The child's SI Medical coverage was discontinued effective June 30, 2024 (allowing for timely and adequate notice).

Although this child was discontinued between the policy implementation date and August 2024 KEES release date, this child will not show on the reinstatement report specified above because the child received a full 12 months of continuous eligibility from 5/1/2023 to 4/30/2024, plus the additional months of 05/2024 and 06/2024.

Note: The CE begin date for this child is based on the Review Month noted on the SI Medical program block as the case journal and EDBC history verifies that this was the last "full"

redetermination made on the case. While SI Medical is a “no review” program, the review month listed within the program block establishes the beginning of the next 12-months of SI Medical coverage entitlement.

4. *MAGI TO NON-MAGI LIVING ARRANGEMENT CHANGES*

Children receiving MAGI coverage that require services under a non-MAGI program had their 12-month CE period assigned when their MAGI coverage was approved (either at initial application or their last annual review). When the child is determined eligible for non-MAGI services, their CE period assigned from the MAGI determination would remain in place, unless the coverage change is considered a positive change (i.e., PLN to SI Medical and a new CE period is set (see KFMAM 2311)). Note the exception to children receiving CHIP coverage who are determined eligible for non-MAGI coverage, as a new CE period is established per PD2024-07-01 CE for CHIP to Medicaid Transitions.

QUESTIONS

For questions or concerns related to this document, please contact the KDHE Medical Policy Staff at KDHE.MedicaidEligibilityPolicy@ks.gov.

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Questions regarding any KEES issues are directed to the KEES Help Desk at KEES.HelpDesk@ks.gov.