



<b>Policy Memo</b>	
<b>KDHE-DHCF POLICY NO: PM2024-08-02</b>	<b>From: Erin Kelley, Senior Manager</b>
<b>Date: August 08, 2024</b>	<b>KFMAM Reference(s): 2260</b>
<b>RE: CE for PPS Programs &amp; AGO Changes</b>	<b>Program(s): All Medical Programs</b>

The purpose of this memo is to provide updated policy and instruction related to continuous eligibility (CE) for children on Prevention and Protection Services (PPS) programs under the Department of Children and Families (DCF) who transition to KanCare during a 12-month CE period. It also includes new instruction regarding automatic AGO medical, or eligibility for children aging out of the foster care up to age 26. These requirements are effective with the August KEES release on August 10, 2024. Previous policies are superseded where noted. The policy manuals will be updated with the next scheduled revision.

Applicable to all medical programs:

- CE for Children on FCM and ASM
- Children Aging out of Foster Care (AGO)

## **I. CHANGES IMPACTING ALL MEDICAL PROGRAMS**

### **A. CE FOR CHILDREN ON FCM AND ASM**

#### **1. BACKGROUND**

CE refers to the 12-month period of continuous coverage, which remains in place for certain populations regardless of changes in circumstances with limited exceptions, see KFMAM 2311. CE applies to all child recipients of Medicaid (both MAGI and non-MAGI) or CHIP.

Historically, the Foster Care Medical (FCM) and Adoption Support Medical (ASM) programs have been administered by the DCF PPS department. Children losing eligibility in one of those programs due to no longer meeting functional requirements, such as a child returning home from foster care, have required a new application to be submitted to the KanCare Clearinghouse in order for eligibility to be determined.

Based on CE provisions for Medicaid funded programs, it is no longer allowable to require an

application and a new eligibility determination for this population. If they are in a 12-month CE period at the time they lose functional eligibility under a PPS medical program, they are automatically eligible to receive Medicaid coverage through the end of their CE period. The Poverty Level 19 (PLN) program will be used to meet this requirement with the exception of children receiving Long Term Care services.

## **2. INTERAGENCY PROCESS**

A process has been established between DCF/PPS and KDHE for the transition of children who lose coverage on a PPS program during a CE period. Via this process, the DCF worker will send a form to a designated mailbox notifying the KDHE Clearinghouse of the CE child, the date their coverage will discontinue on the FCM or ASM program and sufficient identifying information needed to locate the child in KEES, as well as the caretaker(s) in custody of the child and contact information.

**NOTE:** The communication form and designated mailbox will be documented and maintained between DCF and KDHE/contractor operations. They are not detailed in this memo as they are subject to operational decisions and do not impact the overall policy.

Once the notification is received by the KDHE Clearinghouse, staff will research the child in KEES to determine if a useable case exists or if a new case will be needed. If the child has returned to a household with a KanCare case (active or inactive), the child may be authorized on PLN on the case in the month following their discontinuance on the PPS case through the end of their existing CE period. If there is not an existing case, a new one will be created using the information provided by DCF.

Children receiving Long Term Care (LTC) services through DCF at the time their FCM or ASM ends will be routed to the appropriate KDHE mailbox for LTC programs. Staff will ensure any related documentation from the PPS case is imaged to the new case number and reinstate LTC coverage as needed. See PM2024-08-XX for information related to CE for non-MAGI programs.

## **3. PROCESSING IN KEES**

KEES has been updated to establish a 12-month CE period for children on FCM and ASM cases so that when the child is opened or reapplied on the KanCare case, they may be automatically approved for PLN (Title 19) or LTC beginning the month following discontinuance on the PPS program through the end of the original CE period. A new financial determination will not be needed for the child as they will be continuously eligible through the end of their CE period.

Example: A child is in foster care with open FCM. They have a CE period from 09/2024-08/2025. The child returns home on 01/2025. PPS closes the FCM as of 01/31/2025 and notifies the Clearinghouse. Eligibility staff creates a new case for the child using the form receive date as the date of application. EDBC is run according to directions in the KEES User Manual for CE for Non-MAGI Programs and issues PLN for the child effective 01/2025-08/2025, covering the remainder of the original CE period established by the PPS program.

**NOTE:** There may be an overlap between the PPS program and PLN in KEES due to the transfer process, and this is allowable per policy.

## **4. INCARCERATED YOUTH**

Per [PM2021-05-01](#) and [PD2023-11-01](#), a child's Medicaid (or CHIP) cannot be terminated due to incarceration, it can only be suspended. Once a child is released, if they are still within a CE period, they may either be reinstated on their original CE period or be approved for a new CE period,

depending on program eligibility.

In some instances, a child in DCF custody who is incarcerated will be released from foster care prior to being released from the correctional facility. While they will technically still retain their 12-month CE period during their incarceration, KanCare will not typically receive the release date information for these children; however, if this information is provided by PPS or through some other channel (such as a family member calling in), the child should be reapplied and reinstated on the appropriate program through the end of their original CE period. If sufficient information is available to determine full eligibility, a new 12-month CE period may be issued; however, if the information available is insufficient to complete a financial determination, the child's CE may be manually adjusted in order for them to receive the correct eligibility through the end of their original CE/review period.

Example: A parent calls the Clearinghouse on 06/01/2025 and reports that their child has just returned home from a correctional facility and needs coverage. Upon research, staff confirm that the child's FCM ended 04/2025, previous to the end of their CE period which would have been 12/2025. The information provided in the contact log is insufficient to determine full financial eligibility for the child. Because the child is still in a CE period based on the last FCM determination, the child will be reapplied in the month of release from the facility and reestablished on the appropriate program through 12/2025.

Reporting a child's entry to or release from a correctional facility is required under standard reporting requirements, so timeliness factors apply. As long as the child's release was reported within three months of the release, staff can automatically reinstate assistance back to the month of release; however, if a parent or caretaker reports their child's release more than three months after the change occurred, it should be treated as a typical household change or add-child request and processed accordingly, including a request for prior medical assistance, and automatic reinstatement would not apply. If there is no active case for the child, a new application may be required.

## **B. CHILDREN AGING OUT OF FOSTER CARE (AGO)**

### **1. BACKGROUND**

As outlined in [PM2014-01-01](#) and [PM2023-01-01](#), the Aged-Out Foster Care program (AGO) is a Medicaid program that provides assistance through the month of the 26<sup>th</sup> birthday for former foster care youth. This program is available to former foster care youth residing in Kansas who were in foster care in any state at the age of 18 and received Medicaid. Historically, in order to be approved on AGO coverage, consumers were expected to submit an application to KanCare to apply for benefits.

### **2. NEW AGO PROCESS**

Going forward, in an effort to reduce hurdles and achieve a smoother transition for Aged Out Foster Care youth, the requirement to submit an application for AGO has been eliminated. While the consumer must still meet the policy requirements outlined in [PM2023-01-01](#) and [2014-01-01](#) to be granted AGO approval, the need to submit an application as a condition of eligibility has been removed.

**NOTE:** Although applications are not required for AGO, there may be instances when applications are received, particularly in situations when a child aged out of foster care in another state. These applications may be processed following the current guidelines in [PM2023-01-01](#).

Although AGO eligibility may be determined without an application, it is still a Medicaid determination for new program eligibility and must be completed by KDHE staff. A new process has been established for KDHE staff to receive and process AGO requests when no application is received. Similar to the interagency process for CE for FCM/ASM children, an interagency communication process will be utilized in order to send and receive AGO requests.

Via this process, the PPS worker will send a form to a designated shared mailbox notifying the KDHE Clearinghouse of the Aged-Out Foster Care Child. This form will contain the date of discontinuance for the child and sufficient identifying information needed to locate the individual in KEES, as well as contact information for that child. KDHE Clearinghouse staff will access this mailbox and use this form to process the AGO request.

Once the notification form is received by the KDHE Clearinghouse, staff will register a new case for the aged out individual and authorize AGO for the qualifying aged out individual beginning in the month of request, following the current operational process. Staff may refer to the KEES user manual for more information on registering applications for these individuals. If any additional information is needed, staff should reach out to PPS through the standard process or reach out to the AGO individual; however, any failure on the individual's part to respond to contact or request for information (outside of potential fraud) does not impact the individual's eligibility as long as they meet the general eligibility requirements for AGO.

**NOTE:** Any application received from an individual potentially eligible for AGO will continue to be processed according to normal rules, including those submitted through the PE portal. All other eligibility requirements outlined in [PM2014-01-01](#) and [PM2023-01-01](#) will remain the same.

## II. QUESTIONS

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).

Erin Kelley	Senior Manager
Amanda Corneliusen	Family Medical Program Manager
Jennifer Sanders	Family Medical Program Manager
Danielle Burns	Elderly & Disabled Program Manager
Jessica Pearson	Elderly & Disabled Program Manager

Questions regarding any KEES issues are directed to the KEES Help Desk at [KEES.HelpDesk@ks.gov](mailto:KEES.HelpDesk@ks.gov).