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MEMORANDUM

To: EES Program Administrators Date: July 6, 2006
All Assistant Regional
Directors
Healthwave Clearinghouse

From: Bobbi Mariani, Director RE: Implementation Instructions KEESM
Economic and Employment Revision 28 Effective
Support July 1, 2006

Scott Brunner, Medicaid
Director
Division of Health Policy and
Finance

This memo provides implementation instructions and information for the following July 1, 2006 policy changes in the Kansas Economic and Employment Support Manual (KEESM):

I. TAF, GA AND FOOD ASSISTANCE

Per Summary of Changes item I.A, Section 2183 of the KEESM has been marked Reserved. Persons with a drug related felony applying for TAF, GA and/or Food Assistance may receive benefits, if otherwise eligible, effective July 1, 2006. As stated in the Summary of Changes, this change is being implemented due to State legislation (Senate Bill 243) that passed in the 2006 session that allows the State to opt out of the Federal legislation required by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. (PRWORA). The change will be applied as follows:

- A. **Applications/Reviews** - The new policy is to be applied to all applications, reviews and interim report reviews processed on or after July 1, 2006.

B. Ongoing Cases - The new policy shall also be applied to ongoing cases within 60 days of July 1, 2006 with restored benefits provided back to July 1, 2006 as appropriate. To aid staff in identifying persons ineligible due to a drug related felony, a report will be issued on or near July 11, 2006 listing all persons age 18 or over coded DI on TAF or GA and DF on FS active cases. The report will also list the following data to aid staff in prioritizing and determining which cases have drug related ineligibility as opposed to ineligibility for another reason:

- County
- Citizenship Code (Note: Persons coded IE (ineligible alien) are not included in the report.)
- PRAP Code(s)
- Review Due Date
- Age
- Program Involvement (TAF, GA and/or FS)
- Relationship Code

If a review is due on a program in July or August, the change can be applied when the review is completed - however, restored benefits must still be provided back to July 1 as appropriate.

The report will be sorted by Region, Unit and Caseload and will be provided electronically to staff on or near July 11, 2006.

C. Tracking - Tracking of drug felons who are now eligible to receive benefits will be needed for several reasons. These include helping identify TAF work program involvement as noted below, and to determine the overall impact of this change. Therefore, the current PRAP code of DG should continue to be used for persons with a drug related felony, even though they are participating in the TAF, GA or FS programs. In addition, the drug felony question on the application form(s) will still need to be completed after July 1.

D. Work Programs - Mandatory TAF and FS (in FS E & T counties) individuals approved for benefits under this new policy will follow the current Work Program assessment process in KEESM 3130. This process includes the required Substance Abuse Subtle Screening Inventory (SASSI). EES staff may score the SASSI initially for the purpose of establishing a self-sufficiency plan and support services. The completed tests are then sent to

the designated RADAC staff in the region for clinical interpretation regardless of the initial score. The RADAC will provide feedback to the EES staff on the clinical interpretations. The Criminal Record (CR) and Alcohol and/or Drug Problem (AD) barrier codes should be entered on WOPA to assist in identifying these individuals.

TAF individuals may be placed in the Alcohol and Other Drug Assessment and Treatment (AOD) work component if the clinical interpretation indicates the need for RADAC or Solutions Intensive Case Management services. When a TAF individual refuses to participate in RADAC recommended substance abuse treatment or self-discharges from treatment, EES staff need to determine if a work program failure has occurred and a work program penalty needs to be established. It is recommended that a multi-disciplinary team (including Department of Corrections staff where applicable) discuss the situation and review options with the TAF individual.

NOTE: The EES customer needs to sign a Release of Information in order for the EES case manager to discuss the case situation with the Kansas Department of Corrections and/or the probation/parole officer.

Individuals with felony convictions are often difficult to place in suitable employment. Some EES Contracted Employment Service providers may be able to assist staff in working with this population.

E. Collaboration with Department of Corrections - Parole, probation or community corrections staff will refer who are exempt from TAF work requirements as well as FS and GA consumers to the RADAC office or a substance abuse provider funded through AAPS for an assessment, if a previous assessment has not been completed . If treatment is required, the offender must participate in and complete treatment.

A few questions will be added to the questionnaire that offenders complete when appearing for post release office visits. The questions will inquire as to whether the offender has applied for and is receiving benefits, and if so, the name and contact information for his/her EES case manager. When the offender is receiving either TAF, GA, or FS, the parole, probation, or community corrections staff will be asked to make contact with the EES case manager when the case plan/management warrants, for joint case management. This would include when the offender is having difficulty, such as relapsing, losing employment, etc., and allows for the parole, probation, or community corrections staff and the EES case manager to work together to get the offender re-stabilized and assure the offender is still cooperating in the process. If an offender has stopped cooperating, is not following up on assessment or treatment requirements, and/or is not attempting to resolve relapse issues, or if the parole, probation, or community corrections staff determine that revocation is warranted, the staff will advise the EES case manager of this fact to help determine whether benefits should be terminated for failure to cooperate.

II. MEDICAL AND GENERAL ASSISTANCE

Verification of citizenship and Identity for Medical Assistance and General Assistance

The Deficit Reduction Act of 2005 requires verification of both citizenship and identity of all new Medicaid applicants and current recipients. The rules will also apply to HealthWave XXI. Because future changes in the General Assistance program will closely link this program to Medicaid, the requirement is also being implemented for MediKan.

- A. **Background/Summary** - When applying for medical assistance, the primary individual who signs the application declares all members of the family group for whom assistance is requested are U.S. citizens. Prior to the DRA, federal Medicaid rules provided the flexibility to accept this statement without additional verification, unless the eligibility worker had cause to suspect the statement. Under the new rules, the applicant must still declare the citizenship status at application for every member of the family group. In addition to the attestation, verification of both citizenship and identity must be obtained.

Verification of citizenship is a one-time activity. Once a person's citizenship is documented, repeat verification does not need to be provided. This is true for new applications received for former recipients where citizenship was previously verified. Verification of identity does not generally need to be repeated for persons continually on assistance. However, significant breaks in assistance may warrant obtaining identity verification.

If the validity of the person's citizenship or identity claim is questionable, additional verification must be obtained.

B. Effective Dates -

1. **Applicants** - The change applies to all new applications for medical assistance or general assistance received on or after July 1, 2006.
2. **Recipients** - Verification must be obtained at the following times:
 - a. At the next scheduled review. The change applies to all reviews mailed on or after July 1, 2006. Although verification may be requested prior to the review, negative action cannot be taken if the information is not provided. Negative action

may only be taken based on the failure to provide information at the next scheduled review.

Example: Betty, who has ongoing QMB coverage, marries Marvin, a Medicare beneficiary. Marvin also wants QMB. The worker requests citizenship and identity verification for both husband and wife. No citizenship or identification is provided for either plan member. Because the information was not provided for Marvin, he is not eligible. However, since Marvin is a member of the assistance plan, he is coded DI. Betty continues to be eligible because her review isn't due for several months. However, adding Marvin raises the income level so that Betty is now LMB eligible.

- b. When the individual applies for a new medical program, if a new application is required. For example, SI to MS, Foster Care/Adoption Subsidy Medicaid to MP, Breast and Cervical Cancer to MS, MP to CI. If the individual is inter-programmed transferred for administrative purposes only, or a new application is not needed, the verification is not due until the next scheduled review. For example, MA CM to MP; HealthWave XXI to HealthWave XIX, LMB to QMB.

C. Impact on Non-Citizens - Because current policy requires the immigration status of all non-citizen household to be verified, there are no additional requirements for non-citizens as a result of this change. The current process of obtaining immigration status documentation and then verifying the information through the SAVE system shall continue for all non-citizens. The verification obtained through this process also provides sufficient identity verification for non-citizens as well. Therefore, this new requirement only impacts those attesting to be U.S. citizens.

D. Verification Process - Verification must be obtained for all persons requesting or receiving assistance. A specific hierarchy is used for obtaining verification. Primary Documents are considered the most reliable and are to be used if available. If the Primary Documents are not available, lower-level documents may be requested in the order established. Client statement is generally accepted regarding the availability of a document.

A complete list of documents and an additional explanation of the hierarchy, see KEESM Appendix Item 12.

1. **Methods For Obtaining Documentation** - There are a variety of methods that can be used to obtain required verification. It is important to consider all possible sources. Although the applicant/recipient bears the initial responsibility for providing the information, the agency (KHPA and their contractors - SRS and Maximus) also have a specific responsibility to provide the individual with support to obtain the verification.

As noted earlier, obtaining verification is a one time activity. If citizenship and identity verification requirements were previously satisfied (as noted by a PRAP code - see Item 3 in Section H below), new verification is not necessary. The processes outlined in this section apply to initial verification only.

- b. **Information in the Current Case File** - All eligibility staff shall initially explore their own case file to determine if acceptable verification for either citizenship or identity already exists. This is especially relevant for cases managed by SRS, where multiple programs are managed by a single case worker. For example, if a current beneficiary has already provided identity verification through a driver's licence and citizenship verification through a birth certificate it is not necessary to obtain further verification. The documentation procedures using the ES-3850 outlined in Item K apply.

For Clearinghouse cases, staff do not need to search the SRS file prior to requesting verification. However, if the applicant/recipient indicates the information has already been provided, the entities must coordinate to obtain the information.

For other cases where the original case file is not readily available to the current eligibility worker (eg located out of county), verification may be requested prior to completing the file reviews. A search is completed once the file is obtained.

- b. **Documents From the Applicant/Recipient** - The majority of verification will come directly from the applicant/recipient. When requesting documents from

the applicant/recipient for themselves and their family, additional time may be allowed under the reasonable opportunity period.

Regarding Original Documents - If an original document is provided, the original document is never retained in the case file (eg Drivers License, Kansas ID card, etc). A copy is made of the document and the paper copy must be clearly marked 'COPY' so as not to be confused with an original. If the eligibility worker, or another staff person, have viewed the original, this shall be noted too.

Original documents are not required. Copies are acceptable if they appear to be authentic. When there is reason to question the authenticity of a document, the original document may be viewed or an alternate document requested. Again, any paper copies received and retained by the worker must be clearly marked 'COPY'.

- c. **Third Party Information** - As part of the reasonable opportunity period, it may be necessary for the eligibility worker to request information directly from the source, or the keeper/originator, of the document.

For example: Ramona is a nursing facility resident who is not capable of handling her own affairs and the NF is assisting her. They cannot find a citizenship document for Ramona. However, they know she has been covered by a private health insurance carrier for many years. The eligibility worker may write to the insurance company to determine if their records indicate Ramona was born in the United States. The letter from the insurance company with this information will satisfy the citizenship requirement for Ramona.

- d. **Interfaces and Electronic System Access**
 - Currently, three interfaces exist which may provide verification of citizenship or identity. For each individual, only one of the two necessary documents may be satisfied by a system query by the agency. Another type of verification must be used for the

second document. Additional information on each of these systems are included with this material.

- **Kansas Department of Health and Environment Birth Registration (Vital Statistics)** - Kansas Department of Health and Environment Birth Registration (Vital Statistics)
- For persons born in Kansas, evidence of birth in the U.S. may be obtained from this system in order to satisfy citizenship verification. A screen print of the query results must be retained in the paper case file as documentation. Because access to this system is limited to selected users in each region/office, local processes must be established to refer queries to identified users. Misuse of this system will not be tolerated. Follow criteria in the attached summary. Do not complete unnecessary inquiries. A query from this systems is considered Secondary citizenship verification.

- **Department of Revenue Driver's License Access** - For persons who report having a Kansas drivers license but are not able to provide a copy of the current or expired license, identity verification may be obtained from this system. A screen print of the query results must be retained in the paper case file as documentation. A query from this system may only be used if another identity document has been requested and determined unavailable.

- **Easy Access to Social Security (EATSS) SDX and WTPQY** - Receipt of Social Security, SSI or Medicare does not automatically indicate U.S. citizenship. For current and former SSI recipients, an indicator in the SDX or the SSI portion of the WTPQY record indicates if SSA has verified citizenship. The indicator is found on the 'Detailed Information for SSI Aliens' help window with an indicator of 'Proven U.S. Citizen' in the Citizen field. The presence of this

indicator in either interface provides citizenship verification. A screen print of the query results must be retained in the paper case file as documentation.

- e. **Cases With Prior Assistance** - As stated earlier, citizenship and identity verification is a one time activity. Once verification has been established, it is not necessary to obtain new documents. The presence of an IM code on the KAECSES PRAP screen is considered sufficient verification to process a request for medical assistance, even if the ES-3850 and documents are not a part of the current case record. Every effort shall be made to locate the ES-3850 and associated documents for retention in the new case file. This includes an ES-3850 that was originally part of another case. The previous entity responsible for maintenance of the beneficiary's file is responsible for providing the information to the new case worker.

When documents are needed from the HealthWave Clearinghouse, an email to HW-Info is to be sent making the request. A PDF document containing the imaged files will be sent to SRS. SRS may print the file for retention in the new case file.

When documents are needed from SRS, the HealthWave Clearinghouse will email the listed worker directly requesting the necessary information.

Example: Josie, a 20 year old SSI recipient, applies for medical assistance with SRS. At case registration it is discovered she was covered on her mother's case in the HealthWave Clearinghouse when she was 17. An IM person alert is on the KAECSES PRAP screen for Josie. The citizenship and identity verification criteria are met, but the ES-3850 and supporting documents must be obtained for the current file. The EES worker requests the documents from the Clearinghouse. An email with an attached PDF file is sent to the worker. The worker screen prints the information, highlights Josie's documentation status, and retains for the file.

- 2. **Primary Verification** - Primary documents are the only documents that provide verification of both citizenship and identity. If a primary document is not

provided, two separate documents **MUST** be obtained: one to establish identity and one to establish citizenship. There are **NO EXCEPTIONS** to the two-document rule.

Persons born in the United States are U.S. citizens. Therefore, a key step in obtaining proper documentation is to determine the individual's place of birth.

- a. For persons born in the United States, the only primary document that may be used is a passport. If the individual does not have a passport, secondary or other level document must be obtained.
- b. For persons born outside of the United States, a Certificate of Naturalization or a Certificate of Citizenship must be provided. There is an exception for persons considered citizens at birth. Citizens at birth may be granted citizenship status based on the status of one or both parents. For persons considered citizens at birth, a secondary document - such as a birth record issued from a foreign consulate - is acceptable verification of citizenship. In addition, many persons born in the U.S. territories of Puerto Rico (Swain's Island), The Virgin Islands, American Samoa, Northern Mariana Islands or Guam are also considered citizens. Individuals born in these territories on or after specific dates are considered citizens. Other individuals became citizens through collective naturalization. Chart N of KEESM Appendix Item 12 defines individuals whose citizenship was based on collective naturalization.

3. **Secondary and Other Citizenship Documents** - For persons born in Kansas, a screen print of the query results from the KDHE Birth Records system will generally provide satisfactory secondary verification.

However, if that information is not available or if the individual was not born in Kansas, another secondary document must be requested. Examples of secondary documents include birth certificates or other form of public birth record (these are documents issued by the state or territory), certain birth records issued by the Department of State or certain military records (e.g., a DD-214). A final adoption decree may also be used, but only if it specifies a U.S. place of birth. An adoption decree itself does not verify U.S. citizenship.

4. **Secondary and Other Identity Documents** - Similar to citizenship requirements, if a primary document is not available, a secondary identity document must be requested. Chart I of KEESM Appendix Item 12 provides a list of secondary identity documents. Examples of common forms of identity verification include a drivers license (including expired licenses), a Kansas ID card, certain Native American tribal documents, government ID cards (including employee badges or inmate ID cards) and school ID cards with a picture.

For children under 16, if none of the above are readily available, an alternate document may be used. Special documents for children include:

- **School Records** - the document must include the parent's name and the date and place of birth. Information included on various documents will vary by school standards, but could include transcripts, report cards or admission forms. **Do not ask the school to provide a copy of a birth certificate.** A copy of a page in a yearbook or school directory which includes the child's picture is also adequate.
- **Daycare or Nursery School Records** - the daycare must be licensed or registered. Acceptable forms include the forms required by KDHE, computerized records or other official document indicating the child's date and place of birth and parent's names.
- **Certain Medical Records** - documents from a doctor, hospital or clinic which include the child's name and

date of birth. For example, the 'foot print' document, immunization records, and certain reports.

5. **Readily Available Documents** - If a secondary document does not exist or is not readily available, another document must be requested. Documents are not considered readily available when the individual does not have possession of them or cannot easily secure the document. Cost of obtaining the document, time to obtain the document and the effort involved in making the request are considered when making these decisions.

Example: Beth applies for medical assistance for herself and her two preschool age children. Beth and her children were born out of state. She provides birth certificates for her children, but she indicates she cannot locate her own birth record. She indicates the other state will charge her \$20 for a birth certificate and it will take about 3 weeks to obtain it. Due to the time and expense involved in getting this document, it would not be considered easily obtainable. Other verification sources are explored. Beth has a life insurance policy her parents purchased when she was small, which clearly indicates her date and place of birth. The life insurance policy is used to verify U.S. place of birth and citizenship. The eligibility worker records on the ES-3850 that Beth indicates a birth certificate was available, but due to the time and expense of obtaining it, other documentation was accepted.

- E. **Reasonable Opportunity to Provide Information** - All individuals must be given reasonable opportunity to provide evidence of both citizenship and identity if it does not already exist in the case file. Much latitude is being given to the caseworker when applying a reasonable opportunity period. Consider situations on a case by case basis within general guidelines established locally. The following rules apply :

1. **For New Applications** - If the individual is attempting to provide verification and is cooperating, the application for benefits shall pend a final decision until documentation is provided, the individual ceases to cooperate or the individual indicates no other sources are available. Because of the hierarchal approach that must be followed, multiple

requests from various sources may be needed before final documentation is provided. Although policy provides a minimum of 10 days must be given to provide information, additional time to provide is granted when requested for a valid reason. The individual must be given 10 days to provide information with each new request.

If verification has been provided for some plan members and is still pending for other members, the application may be processed for the members who have satisfied the requirement. A final determination shall continue to pend for the remaining members. Plan members where information is pending are coded 'DI' for medical. The decision to process for some plan members prior to receipt of all information is made on a case-by-case basis and factors such as length of time pending, the urgency of medical care needed and the likely availability of a document shall be considered. The decision must be noted in the case file.

2. **Ongoing Cases - Reviews** - As indicated above, necessary documentation is obtained at the normally scheduled Medicaid review. If the eligibility worker determines that sufficient information doesn't exist in the case file, additional information may be requested from the individual. If the individual is making a good faith effort to provide the information assistance shall continue. Benefits continue until a final decision can be made based on the documentation received or the individual no longer cooperates. The level of benefits is established by other factors, such as income and resources, and other eligibility requirements must be met (e.g., residency). Individuals otherwise ineligible (e.g., excess resources) are not given extended coverage.

EXAMPLE: George's Working Healthy review period expires October 31. George turns in the review on 10-14. By 10-24 all information to process the review is received, except for identity verification, and George is otherwise eligible. George tells the worker his mother is mailing his military cards and papers to him. He indicates he should have it within 2 weeks. The worker determines that a reasonable opportunity period exists and requests the additional information within 15 days. Coverage is authorized for November to ensure there is no break in assistance. The eligibility worker may set a Worker Alert or other tickler to check in 15 days.

3. **Applicant/Recipient Responsibility** - Reasonable opportunity periods are only applicable if the individual is cooperating. If the individual fails to respond to a request for documentation or follow through with an action without explanation, negative action may be taken.

The applicant/recipient is given a minimum of 10 days to respond to an initial request for verification (see special notices, Item G). If no response is received, the reasonable opportunity does not apply. Use the following guidelines for subsequent contacts from the applicant/recipient:

- If, following negative action, the individual provides verification within 45 days of the original application date the application is to be reactivated.
- If, following negative action, the individual provides some evidence of making a reasonable attempt within 45 days, but does not provide all information, the application is to be reactivated provided cooperation continues. The evidence presented must be demonstrable and justify additional time to obtain documentation. A phone call asking for additional time would not be considered satisfactory evidence.

EXAMPLE: Applicant provides a copy of a drivers license but indicates he doesn't have a birth certificate, but will request one. He thinks he can get the certificate within 2 weeks. This would be considered satisfactory evidence and the application is reactivated pending final verification.

- When it appears processing time frames will exceed the minimum standards (45 days), periodic contact with the applicant/recipient is required. The individual is expected to provide information on the types of documents that have been requested and an estimated length of time to provide them. Where verification has been pending over 90 days, the worker may ask for copies of letters sent to obtain the verification or similar information.

- F. **Medical Assistance for TAF Cash Recipients** - These requirements do not apply to TAF cash assistance. Persons who fail to comply with the citizenship/identity verification requirements may receive TAF, but do not qualify for medical assistance. Therefore, medical assistance is no longer provided based solely on the receipt of TAF cash. Medicaid continues to rely on the TAF determination for other eligibility factors, such as income.

Additional guidelines for coordination, in particular the case transfer protocol, between the Clearinghouse and SRS Service Centers are in development and will be sent under separate cover. Forms and other tools used by the entities to communicate will also be updated.

1. **TAF Application, No Open Medical Case** - The current process does not change. The EES Worker shall request appropriate citizenship and identity verification and process the MA CM program on a separate case number. The following action is required:
 - a. **Citizenship/Identity Verification Provided For All Plan Members** - If verification is received for all plan members, the case is processed on the MA CM program as per current policy.

The case file and ES-3850 shall be clearly documented with verification sources. Copies of all application pages and supporting documents (such as copies of health insurance cards), copies of case logs, and the ES-3850 with all supporting documentation are mailed to the Clearinghouse for the case transfer to be complete.
 - b. **No Citizenship/Identity Verification Provided** - If no verification is received for any plan members, MA CM is denied. TAF may be approved if other eligibility factors are met. If the family is attempting to provide the information, and the reasonable opportunity period is exercised, TAF may be approved and MA CM shall be left in pending status. The EES caseworker shall continue to hold the MA CM pending case until a final decision is made.
 - c. **Citizenship/Identity Verification Provided For Some Plan Members - Not Attempting to Provide Information on Others** - If required documentation is provided for some family members, MA CM coverage is provided to those whose verification is obtained. Since no attempt is being made to provide the information on the other plan members, no reasonable opportunity period exists. Medical assistance is denied for individuals without verification. All household members may still receive TAF cash, however. The case file and ES-3850 shall be clearly

documented with verification sources. Copies of all application pages and supporting documents (such as copies of health insurance cards), copies of case logs, and the ES-3850 with all supporting documentation are mailed to the Clearinghouse for the case transfer to be complete.

EXAMPLE ONE: Mother (M), Father (F), Child 1 (C1) and Child 2 (C2). Citizenship and identity provided for Mother and Father but not for children. TAF cash approved for entire household. MA CM case established, but coverage provided only for Mother and Father. Medical assistance is denied for the children. MA CM SEPA coding: M - IN, F - IN, C1- SS, C2-OU. Also note that because these verification requirements apply to all medical programs, the children would not be able to receive MP medical either.

EXAMPLE TWO: Same as above with Mother, Father , Child 1 and Child 2. Verification provided for mother and child 1 only. All members receive TAF cash but MA CM coverage only available for Mother and Child 1. MA CM SEPA coding: M-IN, F-DI, C1- IN, C2- OU.

- d. **Citizenship/Identity Verification Provided For Some Plan Members - Attempting to Provide Information On Others**
- If required documentation is provided for some family members, MA CM coverage is provided to those whose verification is obtained. If verification is still pending for the other members, a reasonable opportunity period exists and final action is not taken.

Once a final decision is reached, the case file and ES-3850 shall be clearly documented with verification sources. Copies of all application pages and supporting documents (such as copies of health insurance cards), copies of case logs, and the ES-3850 with all supporting documentation are mailed to the Clearinghouse for the case transfer to be complete.

2. **TAF Application, Open Medical at Clearinghouse** - The EES worker does not process the MA CM case if a medical case is already open at the Clearinghouse, this is the responsibility of the Clearinghouse. Note that if a request for medical assistance has been made by the applicant, the request must be processed even if the TAF application is denied.

EES is responsible for the following:

- Review the case for existing citizenship or ID documents for any plan member.
- Notify the Clearinghouse of the medical request within 5 business days of receiving the application. Send copies of any citizenship/ID documents along with other information (such as a copy of the entire application and income) to the Clearinghouse.
- Notify the Clearinghouse of the results of the TAF determination within 5 business days.

The Clearinghouse is responsible for the following:

- Request any additional documents needed for the medical determination.
- Process the medical assistance request.

EXAMPLE THREE: Mother, Father, Child 1 and Child 2. The Clearinghouse has an open MP case for Child 1 and Child 2 with a Continuous Eligibility date in the future. Citizenship and identity verification is provided for mother and father only. However, the children remain eligible based on the determination under the MP program. SEPA coding for the MA CM program: M - IN, F- IN, C1 - SS and C2 - OU. The MP case remains the same. If documentation for the children is not provided at the MP review, assistance shall terminate for the children. If documentation is provided, the children are added to the MA CM case.

G. Special Notices - Three notices have been created as a result of these new requirements. These notices will be available for staff no later than July 5, 2006.

V070 - Identity/Citizenship Request - This notice explains the verification requirements according to the hierarchy. This notice is sent for each application or review where verification is needed.

V071 - Identity/Citizenship Info Pending - This notice explains that a final determination of is still pending the receipt of identity or citizenship documentation. We recommend using this notice when a reasonable opportunity period is in place and processing deadlines have passed or when coverage is determined for some plan members while coverage pends for others.

V072- Identity/Citizenship Info Due - This notice informs the individual that citizenship or identity verification is due and must be provided or negative action will result.

H. **KAECSES Changes** - Several new KAECSES codes have been developed to support these new rules. Although no KAECSES programming changes were made, staff may use these codes to flag certain case situations. These codes will also be the primary source of any data reported to the legislature, CMS and others. Accurate data collection is dependent upon the deliberate, careful use of these codes. Supervisors and others responsible for reviewing case accuracy are asked to pay close attention to the proper use of these codes. Pen and ink changes should be made to the KAECSES code cards as noted below:

1. **Denial Closure Reason** - A new Denial/Closure code has been added (Page 19):

ID - Identity/Citizenship Verification Not Provided - Use the ID code when the case fails due to failure to provide citizenship/identity. Use this code when the ONLY piece of documentation they failed to provide was the Citizenship/Identity verification. Otherwise, the PI or other suitable code may be used.

Example: Client fails to provide requested income verification and citizenship verification, deny using the PI (failure to provide) code.

2. **Untimely Good Cause Code** - An untimely/good cause code has been added when processing time frames exceed maximum timeliness (Page 20):

ID - Identity/Citizenship Verification Delayed - Use this code when a medical application exceeds maximum processing time if the attempt to provide citizenship or identity documentation was the primary cause of the delay.

3. **Person/Program Alerts (PRAP)** - Four new Person (Client) Alerts have been added (Page 23).

Alerts have been developed to allow staff to enter a code for each individual on the case. Although not a mandatory field in KAECSES at this time, the possibility of adding this as a mandatory field is under evaluation.

For all new applications, staff should enter the appropriate code for

the individual. The same is to be done as each case review is completed. Error reports may be produced in the future to identify cases where verification hasn't been considered.

One of the following four codes are to be used for each member of the assistance plan for whom assistance is requested:

IM - Identity/Citizenship Verification Requirement Met - Use when the individual has satisfied both the citizenship and identity verification requirements. EES, HealthWave Clearinghouse and CFS staff shall use this alert when complete verification has been received.

ID - Identity/Citizenship Verification Requirement Failed (benefits were denied or terminated) - Use when the individual fails to meet the verification requirements.

IP - Identity/Citizenship Verification - Pended or Continued Benefits - Use for new approvals when processing is delayed because verification is pending. Also used for recipients who are receiving continued benefits while awaiting verification.

IC - CFS Only - Identity/Citizenship Pended - A special code to be used only by CFS staff for cases where medical assistance is authorized, but verification is pending. Primarily for new FC and AS children in out of home placements. The code remains in place if verification is never received.

- I. **Medical Program Rules** - As previously indicated, these verification requirements are applicable to all medical assistance programs, including MediKan and Title XXI. The new requirements have specific impact on several individual medical programs, as described below:
 1. **SOBRA** - The SOBRA program continues to provide coverage of emergency medical care to individuals who fail to meet citizenship and alienage criteria. The new citizenship and identity documentation requirements apply strictly to individuals who attest to be citizens. Individual who claim to be citizens cannot receive coverage under the SOBRA program. Coverage under the SOBRA program continues to provide assistance only to persons who are not citizens: those who are undocumented and those who fail to meet the alienage requirements for full Medicaid.

2. **Presumptive Eligibility (PE) for Children** - These verification requirements are not applicable to PE for children. However, verification requirements must be met in order to make a final eligibility determination.
3. **Expedited Pregnant Women** - Citizenship and identity verification are required to expedite a Medicaid application for a pregnant woman. Pregnancy coverage is expedited only after appropriate verification is received. The date that all verification is received is considered the date of discovery for expedited purposes.
4. **TransMed/Extended Medical** - When a family is transitioning from MA CM to TransMed or Extended Medical without a new application or review, the citizenship and identity requirements do not apply. If the transition occurs with a review, these verification requirements do apply.
5. **SI** - Because SI programs do not review, it is likely many of these cases shall never require citizenship or identity verification. However, the eligibility worker is encouraged to obtain the information when processing other changes (eg food stamp reviews or coverage for other non-SI household members) but negative action cannot be taken as a result if the information is not provided.
6. **ADAP (AIDS Drug Assistance Program)** - Because this non-Medicaid program continues to be administered by KDHE, these requirements do not apply to ADAP.
7. **HealthWave XXI** - Remember the HealthWave XXI program is not backdated, and eligibility usually begins the first business day following the date of approval. This policy is not changing. Delays in providing verification necessary for determining eligibility is not a valid reason to consider retroactive XXI coverage and will not change with these requirements.

Where coverage has been approved for some children in the plan and pending for others, the Continuous Eligibility date is based upon the date the original children were approved. Children approved later are given the same CE period.

Current system processes apply for late reviews. A review received after the review has expired must be fully processed within the month following the month coverage ended in order for the system to allow continuous coverage. Late reviews processed after that date are treated as a new application. Coverage may be continued and a reasonable opportunity period may be exercised if the review is received prior to the expiration of coverage.

EXAMPLE: HealthWave XXI Coverage for Larry's children ended on September 30 due to no review. On October 9, the review is received. The review must be fully processed by October 31 in order for coverage to be retroactive to October 1, including the full receipt of all citizenship and identity verification.

8. **Foster Care and Adoption Support Medical** - These requirements are applicable to both IV-E and Non IV-E FC and AS cases. DHPF is working with Children and Family Services to provide an implementation strategy which will not put children at risk and will comply with these requirements. More information will be provided at a later date.

CFS staff will also be using the special Person Alerts discussed above. A special alert denoting pending status has been established specifically when coverage is being provided while verification is obtained.

9. **Refugee Medical** - These new rules should not impact RM as eligibles are not citizens and these requirements would not apply.
10. **Breast and Cervical Cancer** - These rules apply to BCC applicants/recipients as well. KDHE has been notified of the new requirements and will assist with providing the verification where possible.
11. **Tuberculosis (TB)** - Citizenship/Identity verification does NOT apply to the special TB program. This program is an all-state funded program that only provides coverage of TB-related services to individuals with TB. The limited nature of the program and the controlled payment of claims prevents individuals without TB from receiving coverage other medical.

12. **Medicare Part D Subsidy** - Citizenship/Identify verification is not required for Medicare Part D Subsidy determinations. Part D Subsidy is not considered a Medicaid program and policy is determined at the federal level.

K. Persons Who are Not Able to Provide Information/Use of the Affidavit - Individuals who exhaust all other sources for documentation may request to use an affidavit. These are expected to be used very rarely and only when no other documents are available. Approval of the EES Program Administrator or HealthWave Clearinghouse Manager (or designee) is required for all affidavits. All affidavits must be notarized.

8. **Affidavit of Citizenship** - Two separate affidavits must be obtained. One must be from an unrelated person who has knowledge of the applicant/recipient's claim of citizenship (eg present for their birth in the United States). The second may be from a relative. A model affidavit is included in the KEESM Appendix, Item P8, Third Party Affidavit of Citizenship.

9. **Affidavit of Identity** - an affidavit to satisfy the identity verification requirement may only be used for children age 16 or under. The document must be completed and signed by the parent or legal guardian. A model affidavit for this purpose is also included in the KEESM Appendix, Item P7 - Identity Affidavit.

10. **Persons Who Cannot Provide Information**
- Special care is to be taken for individuals who cannot provide an affidavit. For example, for an elderly applicant, all persons with knowledge of her birth are deceased. Or, an individual was born in a remote location outside of a hospital. In these cases, the health and safety of the individual is the primary concern.

Adults - If the eligibility worker has worked with the advocate and/or representative (i.e., DPOA, NF Social Service staff, family member, designated representative) to obtain necessary documentation, and the vulnerable person has not been able to satisfy the requirement OR the vulnerable person has no advocate and/or representative; a referral may be made to Adult Protective

Services for assistance in securing needed documentation. The request for assistance would be made to ensure the vulnerable adult's health and safety needs are met. APS emergency allocation monies can be used to help pay for documents that need to be obtained.

For an adult who is not vulnerable, the eligibility worker or other local staff member, should be prepared to discuss other documents that may be available in order to satisfy these requirements. Again, requests to use alternate documents are to be referred to KHPA.

- L. **Document Retention** - All documents used to verify both citizenship and identity must be retained indefinitely as part of the case record. For each plan member requesting or receiving assistance, the specific documents used and the date the individual document are to be recorded on the ES-3850, Record of Identity and Citizenship Documentation. Individual offices may specify a specific location in the case file for the information.
- M. **Desk Aid** - To assist staff in evaluating an applicant or recipient for necessary information, a desk guide has been created. It is included with this material.
- N. **Impact on Other Programs** - For FS, TAF and Child Care, a consumer's statement of US citizenship is not required to be verified unless the agency believes that the statement of citizenship is questionable. By itself, failure to provide documentary evidence of citizenship for Medical or General Assistance does not make the consumer's U.S. citizenship questionable for FS, TAF or Child Care. Therefore, persons shall not be closed or removed from those programs based solely on failure to provide documentation for Medical or General Assistance purposes. If, however, the person presents documents that indicate they are not a citizen, and they do not meet any of the eligible non-citizen criteria of KEESM Section 2142 or 2143, then action can be taken to deny assistance or terminate their participation in the appropriate program.

Since these requirements are not applicable to TAF, we may now have TAF recipients who are mandatory for work requirements and ineligible for medical benefits. EES staff may use the Special Services Allowance (see KEESM 3411.2) to assist TAF work program recipients in obtaining citizenship and identity verification documentation.

During the ongoing work program assessment process, EES staff need to consider the TAF recipient's eligibility for Medicaid in planning appropriate work program assignments with the recipient. TAF recipients who are ineligible for Medicaid should not be placed on Work Experience sites as there would be no comparable coverage provision for worksite injuries [see KEESM 3310.3 (2) (e)],

III. MISCELLANEOUS

Social Security Advocacy Project -

This item will be addressed in the October KEESM Revision 29 but procedural changes will need to be implemented in July 2006.

The 2006 Kansas Legislature transferred the responsibility and funding for the General Assistance Social Security Advocacy Services contract with Kansas Legal Services (KLS) to the Kansas Health Policy Authority effective July 1, 2006. Social Security Advocacy services for TAF adults are no longer covered under the KLS contract.

TAF applicants/recipients who are identified as potentially meeting Social Security disability requirements must cooperate in establishing this potential resource. SRS Regions may utilize the TAF Employment Services allocation to purchase Legal Representation and/or Mentoring services through a local provider agreement for TAF customers identified as potentially meeting Social Security disability requirements.

EES Central Office is obtaining a list of TAF customers who were referred to KLS but will not be served due to changes in the contract.

There is no change in the special procedures in KEESM 1724 (6) for ongoing TAF cases with children who might qualify for SSI.

Additional information will be provided under separate cover concerning General Assistance customers.

BM:DP:PJ:PG:AM:jmm

[Citizenship and Identity Verification for U.S. Citizens Worker Desk Aid](#)

[Citizenship Verification Through EATSS](#)

[KDHE Vital Statistics \(Birth Records\)](#)