



Policy Memo	
KDHE-DHCF POLICY NO: 2017-12-03	From: Jeanine Schieferecke, Senior Manager
Date: December 29, 2017	MKEESM/KFMAM Reference: KFMAM 2060, 2061, 2062 and subsections, 2063 and subsections, 2066, 2067, 2068, 2069, 2070, subsections of 2071, 2072, subsections of 2311, and 2520
RE: Policy Implementation Instructions of Cooperation with Child Support Services (CSS)	Program(s): Family Medical Programs

This memo sets forth instructions for implementation of policy changes specific to the Medical Assistance programs as outlined below. The following implementation instructions are applicable to actions processed on or after January 1, 2018.

1. COOPERATION WITH CHILD SUPPORT SERVICES (CSS)

With the implementation of KEES Phase 2 in July 2015, cooperation with Child Support Services (CSS) as a condition of eligibility was temporarily suspended. That requirement is being reinstated.

Non-pregnant caretakers approved for medical coverage on the CTM program are required to cooperate with Child Support Services (CSS) when there is a parent absent from the home. Cooperation involves providing requested information to CSS about the noncustodial parent(s) to establish paternity, current child support, medical support, and collect payments for the child. Cooperation is required whether the referral to CSS originated from a medical or a non-medical program.

When processing a new request for Caretaker Medical assistance, it is assumed that the applicant is going to cooperate with CSS, until information is received to the contrary. Failing to cooperate will result in loss of coverage for the caretaker.

2. REFERRALS TO CSS

Upon approval for Caretaker Medical coverage when there is a parent absent from the home, a referral is automatically generated from KEES to the CSS division of the Department for Children and Families (DCF) via a nightly file.

The Non-Custodial Parents page is used to capture information about the absent parent and generates the referral to CSS. The non-custodial record must be completed with as much information as is known about the absent parent in order to make a complete referral. Staff shall refer to previous applications to obtain the absent parent's name if it is not present on the current application. While the referral to CSS may contain information about the absent parent, such as their address or employer name, this information is not required in order to generate a referral. A request for medical assistance may not be delayed in order to obtain information in order to complete the CSS referral. If the absent parent's name is not known, a record shall be completed with 'unknown' in the Noncustodial Parent First and Last name fields.

3. FAILURE TO COOPERATE WITH CSS

If a caretaker fails to cooperate with CSS, medical assistance is discontinued for the non-pregnant adult caretaker, allowing for timely notice. Medical coverage under all other categories shall be considered for the caretaker at the time the penalty is applied. If the caretaker is over age 65 or has previously reported a disability, the case shall be referred to E&D staff to determine potential eligibility for an E&D program. If the caretaker has reported earnings that exceed the CTM income limits, eligibility may exist for the TransMed program, which does not require cooperation with CSS.

A penalty cannot be applied to any caretaker under age 19 or one that is continuously eligible for pregnant woman coverage. For caretakers that meet this criteria, no change is made to their medical assistance. A journal entry is required to indicate the task was received notifying the agency of the non-cooperation status, but that a penalty is not being applied. For pregnant women, the cooperation status will be assessed at the end of the postpartum period. For individuals under age 19, the cooperation status will be evaluated at the time of their next determination.

When a caretaker enters a non-cooperation status with CSS, Eligibility staff will be notified one of two ways: via a task in KEES or via email. The new task is called CSS Non-Cooperation. A non-cooperation task will be received when CSS staff update the individual from a Cooperation status to a Non-cooperation status in the CSS system. In situations where the consumer is a shared consumer with non-medical, there may be times that the CSS staff cannot update the status in their system. In these situations, the non-cooperation status update will be communicated via email. The penalty shall still be applied even when the referral generated from a non-medical referral.

The discontinuance of medical assistance is processed by using the Negative Action process in KEES. Staff shall use the V400 discontinuance notice in KEES and include the applicable KFMAM references.

4. RE-ESTABLISHING COOPERATION STATUS

If the consumer begins cooperating with CSS, staff will be notified in KEES via the CSS Cooperation task. If the cooperation occurs in the month following the month of closure, coverage can be reinstated without a new application or request for medical assistance. Coverage is rescinded and reinstated retroactively to prevent a gap in coverage. The existing Continuous Eligibility periods will be reinstated.

If cooperation occurs more than one month following the month of closure, a new request for coverage must be received in order to determine eligibility for the caretaker again. This is a new determination that would require re-establishing eligibility for Caretaker medical assistance and a new continuous eligibility period.

In situations where the consumer was determined eligible for TransMed at the time of the non-cooperation, a change to cooperation status will have no impact on their medical assistance. The consumer cannot be switched back to CTM because they have been determined to no longer be financially eligible for that program.

5. EVALUATING THE COOPERATION OF AN APPLICANT

When approving eligibility for Caretaker Medical assistance it is assumed that the caretaker will cooperate with CSS. If the caretaker was penalized for failing to cooperate with CSS in the six months prior to the month of application, the caretaker must self-attest to cooperation with CSS prior to approval of medical assistance. Eligibility staff shall make a telephone call to the applicant to attempt to obtain a verbal self-attestation of their willingness to cooperate. When unable to reach the consumer by phone, the application shall be pended. Staff shall use the applicable verification fragment from the Standard Text for Copy and Paste Spreadsheet. Self-attestation of the agreement to cooperate may be provided verbally or in writing. The request for medical assistance will be denied for failure to provide information if the self-attestation of cooperation is not received.

6. GOOD CAUSE

In situations where it is determined that it would be against the best interest of the child or caretaker to pursue child support, a good cause exception can be allowed. It is the responsibility of eligibility staff to determine the validity of a good cause claim. When the good cause reason is reported prior to the approval of Caretaker Medical coverage, a referral shall NOT be sent until the good cause can be validated. When the good cause reason is reported after a referral has been sent to CSS, the referral shall be updated with the good cause reason so that CSS will be aware. In situations where the good cause reason is reported after discontinuance for non-cooperation, if

the report is made within the first month following discontinuance, coverage may be reinstated while the good cause reason is validated. See KFMAM 2063 for additional information about how to establish good cause.

7. KEES REQUIREMENTS

When approving medical assistance under the Caretaker Medical program, KEES will require one of the following:

- Two parents recorded as 'in the home',
- One parent in the home and one CSS referral for the absent parent, or
- Two CSS referrals for the absent parents if neither parent is in the home.

In situations where the above options are not applicable to the case circumstances, such as when there was a single-parent adoption, a special process must be followed in order to approve Caretaker Medical coverage in KEES. Refer to the KEES User Manual, Noncustodial Parents section for more information.

8. COMMUNICATION WITH CSS

When special situations arise, it may be necessary to conduct additional research or communicate directly with CSS staff. Staff may access the KAECSES-CSE system to view the current status of the CSS case or to read journal entries. This may provide additional information that will be useful to resolve a discrepancy.

If CSS or Clearinghouse staff identify a situation where they need to communicate, the communication will occur via e-mail through designated channels.

If a consumer has questions about their child support case, they shall be referred to the Child Support Call Center at 1-888-757-2445.

9. QUESTIONS

For questions or concerns related to this document, please contact one of the KDHE Medical Policy Staff listed below.

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