Kansas Family Medical Assistance Manual (KFMAM) Policy Material
Presumptive Eligibility for Children Pilot Project effective July 1, 2006

1408.00 **- Presumptive Eligibility for Children –** The Balanced budget Act of 1997 created Section 1920A of the Social Security Act gives states the option of providing a period of presumptive eligibility to children.

Presumptive Eligibility (PE) is when a qualified entity determines that a child appears eligible for coverage because the family income is below the applicable Medicaid or State Children's Health Insurance Program guidelines.

In the Presumptive Eligible for Children program, staff at designated Qualified Entities makes limited eligibility determinations for children under the age of 19, who are Kansas residents, and are U.S. citizens or meet the qualified alien criteria.

Presumptive Eligibility for Children is being implemented through a pilot project effective July 1, 2006 in order to determine the feasibility of implementing the program statewide in early 2007.

1408.01 – **Qualified Entities-** Section 1920A of the Social Security Act allows each state to determine what type of Qualified Entity it will use when implementing the Presumptive Eligibility for Children program.

Currently Kansas is limiting Qualified Entities to certain Medicaid enrolled hospitals and Safety Net Clinics within the pilot implementation period. Additional hospitals and Safety Net Clinics are being considered for later participation in the program. A list of current participating designated entities for the program is maintained in this manual (see KFMAM Form 1408.04 - List of Participating Qualified Entities for the Presumptive Eligibility for Children Program).

Additional types of Qualified Entities, other than hospitals and clinics, may also be considered at a later date. Refer all requests to become a Qualified Entity to the Program Managers of Family Medical Eligibility Policy in the Division of Health Policy and Finance (DHPF).

1408.02 - **Division of Health Policy and Finance Responsibilities** - DHPF is responsible for providing initial training to each entity. This training is required before the entity is able to participate in the Presumptive Eligibility for Children program.

The entity may train additional staff members to determine eligibility within their facility or they may request additional or follow-up training from DHPF.

Requests for training from an entity should be directed to the Program Managers of Family Medical Eligibility Policy in DHPF.

DHPF is responsible for developing and maintaining copies of the electronic and paper Presumptive Eligibility Determination tools that are used by a Qualified Entity in determining a child's eligibility. Initial copies and updated versions of each tool are distributed to each Qualified Entity through the Kansas Medical Assistance Program provider bulletin process.

1408.03 - **Qualified Entity Presumptive Eligibility Responsibilities -** Staff at each Qualified Entity is responsible for identifying under and uninsured children who could benefit from the Presumptive Eligibility Program.

Qualified Entity staff informs families of the program and assist families who wish to apply for coverage with completing the HealthWave application form.

The Qualified Entity completes a determination of presumptive eligibility using the Presumptive Eligibility Determination Tool created and provided by DHPF. Information provided by the family is used by the Qualified Entity when completing the tool.

Each Qualified Entity makes certain that a child is only provided one presumptive eligibility coverage period within a twelve-month time period.

The Qualified Entity's presumptive determination is final. The applicant household does not have appeal rights regarding the outcome of their presumptive determination.

Each Qualified Entity maintains records of all of the Presumptive Eligibility determinations they complete.

The Qualified Entity communicates the results of each Presumptive Eligibility determination to the HealthWave Eligibility Clearinghouse within 2 business days of the determination.

The Qualified Entity provides each child they determine eligible verification of their coverage start date. This eligibility verification must include the adult caretaker's name, the household's address, the child's name, the child's date of birth, and the child's Social Security Number (if known). This eligibility verification is proof that the child is covered for up to 7 days. After 7 days, the child has their medical card and uses this as proof of eligibility or the provider must verify eligibility through the MMIS.

The Qualified Entity informs families of the reason a child was found ineligible for PE coverage and encourages the household to complete the formal application process even though the child was not presumptively eligible. A presumptive determination is based on household statements and may not have the same outcome as the formal eligibility determination made by the State.

The Qualified Entity forwards each completed application form, regardless of whether the children are found presumptively eligible for coverage, to the HealthWave Eligibility Clearinghouse for a determination of ongoing eligibility.

Qualified Entity staff assists the family, as much as possible, with providing verifications and other household information to the HealthWave Eligibility Clearinghouse for the ongoing formal eligibility determination.

1408.04 - **HealthWave Eligibility Clearinghouse Presumptive Eligibility Responsibilities –** Staff at the HealthWave Eligibility Clearinghouse records the results of each Presumptive Eligibility determination and authorizes presumptive coverage in the KAECSES system.

The 'MK' KAECSES program with the 'PE' Program Subtype is used to record eligibility for the Presumptive Eligibility for Children Program. An individual medical subtype of 'PN' is entered on the system for each child the Qualified Entity determined presumptively eligible for HealthWave 19 (Medicaid) coverage. The individual medical subtype of 'PT' is entered on the system for each child the Qualified Entity determined presumptively eligible for HealthWave 21 (SCHIP) coverage.

A notice of action is sent from the KAECSES system describing the presumptive eligibility coverage period and communicating to the family the importance of completing the formal application process.

The HealthWave Eligibility Clearinghouse is responsible for completing the determination of ongoing eligibility for presumptively eligible children under MA-CM, HealthWave 19, HealthWave 21, or Medically Needy.

The HealthWave Eligibility Clearinghouse makes certain that presumptive coverage ends when the formal determination of eligibility for the child is complete.

The HealthWave Eligibility Clearinghouse ensures that coverage ends at the end of the month following the month of the presumptive determination when the HealthWave application has not been received.

1408.05 - **Applicant Presumptive Eligibility Responsibilities –** The adult applicant household member is responsible for providing the Qualified Entity staff with household information to be used in making the Presumptive Eligibility determination (see KFMAM ^1211.02^). Information provided to each entity for purposes of making a child's presumptive eligibility determination must be true and correct (see KFMAM ^8410^).

1408.06 - **Period of Presumptive Eligibility –** Presumptive Eligibility coverage begins on the date staff at the Qualified Entity completes the Presumptive Eligibility Determination Tool. The approval letter provided to the family by the Qualified Entity reflects this date as when the child's coverage begins. Coverage for days prior to the date the presumptive determination is not possible through the presumptive process. The family must complete the HealthWave application (and request prior medical assistance, if applicable) in order to receive coverage for the time period prior to when the child was presumptively approved.

If the HealthWave application is received by the HealthWave Eligibility Clearinghouse the month of the presumptive determination or by the end of the month following the month of the presumptive determination, a child found presumptively eligible for either HealthWave 19 or HealthWave 21 coverage may continue to receive presumptive coverage until the formal application is processed and a determination of the child's formal eligibility is made.

Presumptive Eligibility coverage must end at the end of the month following the month of the presumptive eligibility determination, if the HealthWave application form is not received by the HealthWave Eligibility Clearinghouse by the end of the month following the month of the presumptive determination.

A child may only be provided with one Presumptive Eligibility coverage period within a twelve-month time frame. The twelve-month period begins on the date the child's presumptive eligibility began. For example, Child X is approved for presumptive eligibility on July 10th, 2006. July is the first month of the twelve-month period. Child X cannot receive additional presumptive coverage until July 1, 2007.

Adequate notice is all that is required to end temporary presumptive benefits (see KFMAM ^1422^). The household does not have a right to continuation of assistance upon pending appeal of the termination of presumptive benefits because the receipt of these benefits is time-limited.

Presumptive Eligibility coverage periods have no impact on continuous eligibility provisions. Continuous eligibility is not applicable until the formal application is processed (see KFMAM ^2310^ & ^2320^).