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**State/Territory Name: Kansas**

**State Plan Amendments (SPA) #: KS-20-0006**

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Children and Adults Health Programs Group

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May 1, 2020

Adam Proffitt  
Medicaid Director  
Department of Health and Environment  
900 SW Jackson Avenue Suite 900  
Topeka, KS 66612-1220

Dear Mr. Proffitt:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA), KS-20-0006, submitted on April 20, 2020, has been approved. This SPA has an effective date of March 16, 2020, unless otherwise noted.

In response to the COVID-19 public health emergency, Kansas requested to implement the following flexibilities during a state or federally declared public health emergency or disaster:

- Conduct tribal consultation subsequent to SPA submission as permitted under section 1135 of the Social Security Act;
- Waive timely processing requirements for applications and renewals, and extend deadlines for families to respond to state requests;
- Delay acting on certain changes in circumstances, except for changes related to residency, death, voluntary termination of coverage, erroneous eligibility determinations, and becoming eligible for Medicaid;
- Provide an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status as long as the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period;
- Waive outstanding premiums, effective January 1, 2020; and
- Waive the 90 day premium lock out period for all enrollees.

In addition, Kansas requested to increase the number of allowable presumptive eligibility periods from one to two within a 12 month time period for CHIP applicants specifically for the duration of the federal or state COVID-19 public health emergency.

In the event of a future disaster, this SPA provides Kansas with the authority to implement the aforementioned temporary policy adjustments, except for the presumptive eligibility flexibility described above, by simply notifying CMS of its intent, the effective date and duration of the provision, and a list of applicable Governor or federally-declared disaster or emergency areas. While the state must provide notice to CMS, this option provides an administratively streamlined pathway for the state to effectively respond to an evolving disaster event.

Page 2 – Mr. Adam Proffitt

Your title XXI project officer is Ms. Kristin Edwards. She is available to answer questions concerning this amendment and other CHIP-related issues. Her contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
7500 Security Boulevard, Mail Stop: S2-01-16  
Baltimore, MD 21244-1850  
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E-mail: [Kristin.Edwards@cms.hhs.gov](mailto:Kristin.Edwards@cms.hhs.gov)

If you have any questions, please contact Meg Barry, Acting Division Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,

/signed Amy Lutzky/

Amy Lutzky  
Acting Deputy Director

cc: Courtney Miller, Director, Medicaid and CHIP Operations Group  
Jackie Glaze, Deputy Director, Medicaid and CHIP Operations Group

State of Kansas – CHIP – Disaster Relief SPA

- 1.4** Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

SPA # KS 20-0006

Purpose of SPA:

To implement temporary adjustments to enrollment, including application and redetermination policies, the reasonable opportunity period, presumptive eligibility period, and premium lock-out policies for children in families living and/or working in Governor or federally declared disaster areas, effective March 16, 2020. The state is also waiving premium effective January 1, 2020. In the event of a disaster, the State will notify CMS of its intent to provide these temporary adjustments, the effective dates, and the target populations/locations.

Proposed effective date: January 1, 2020 for premium adjustments and March 16, 2020 for all eligibility related adjustments, including the premium lock out period.

Proposed implementation date: January 1, 2020 for premium adjustments and March 16, 2020 for all eligibility related adjustments, including the premium lock out period.

- 1.4- TC** **Tribal Consultation** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

The State requests the Tribal Consultation to be amended to zero days in keeping with the Medicaid disaster plan during a declared State of Emergency. The State seeks a waiver under section 1135 of the Act to modify the tribal consultation process by shortening the number of days to zero before submission of the SPA and conducting consultation after submission of the SPA. This provision will remain in place until such time the State of Kansas is no longer in a State of Emergency.

- 4.3** **Methodology.** Describe the methods of establishing and continuing eligibility and enrollment. The description should address the procedures for applying the eligibility standards, the organization and infrastructure responsible for making and reviewing eligibility determinations, and the process for enrollment of individuals receiving covered services, and whether the State uses the same application form for Medicaid and/or other public benefit programs. (Section 2102)(b)(2)) (42CFR, 457.350).

See Approved SPAs 14-0013 and 15-0005, as well as 15-0006 (PE Procedures)

A simplified application/enrollment form is used to access both Medicaid and CHIP coverage. The form is available through a number of access points including schools, churches, medical providers and Department for Children and Families (DCF). The form is mailed in with supporting documentation such as wage information to a central clearinghouse. The clearinghouse is responsible for initial processing and eligibility determination for both Medicaid and CHIP and involves privately contracted staff. The Medicaid state agency administers the portion of the clearinghouse responsible for Medicaid determination and case maintenance.

Contracted staff is responsible for all CHIP processing and determinations as well as ongoing case management.

The Income Eligibility Verification System (IEVS) is used to confirm income information on an ongoing basis and the Systematic Alien Verification for Entitlements (SAVE) program or an appropriate alternative is used to verify immigration status.

Eligibility is continuous for 12 months and re-established annually. The family must meet all eligibility criteria and have paid any applicable premiums from the prior year to be reenrolled for a new 12-month period. The amendment effective 1/1/99 allows an infant born to a KanCare enrolled mother will be retroactively enrolled in KanCare starting with the month of birth, but will be subject to Medicaid screening and enrollment requirements no later than 90 days from the date the Agency has been notified of the birth of the infant.

The application/enrollment form will be used to ascertain current health insurance coverage as well as access to state employee coverage. Children found to have current health coverage will be denied eligibility for CHIP coverage.

If application is made for medical assistance under Medicaid or CHIP, the applicant must provide approved documentation for verification of citizenship and identity.

The amendment effective 7/1/01 allows children who had health coverage within eight months prior to application for the CHIP program to receive benefits. They will be denied benefits in the situation when other private health coverage is active on the day of application. Kansas does track those who had health coverage within 90 days, per approved SPA 14-0013, prior to application. Premiums will be charged to families above 167% of FPL in the CHIP program. There are exceptions which are listed in section 4.4.4.2.

The agency will verify the applicant is not covered by any insurance at the time of application and will monitor any conditions that may contribute to crowd out on at least an annual basis for up to 200% of Federal Poverty Level. For those applicants above 250% of the 2008 Federal Poverty Guidelines the agency will require that private insurance has not been voluntarily terminated within the previous 90 days, per approved SPA 14-0013.

Once determined eligible for the CHIP program, children are enrolled into one of three Managed Care Organizations contracted to provide services. Once approval is authorized in the state's eligibility system, the record is transferred to the MMIS, which in turn sends an 834-enrollment record to the MCO. Applicants may choose any of the MCOs in which to enroll, however if a choice is not indicated on the application the beneficiary will be auto assigned to an MCO. There is a 90-day choice period after enrollment during which beneficiaries may chose a different MCO. Once the 90-day choice period is over, the beneficiary remains assigned to the plan for one year.

Procedures for disenrollment for cause:

All disenrollment requests are processed by the Single State Medicaid Agency. MCOs are not permitted to process disenrollments. Oral or written requests are received and documented by the State's fiscal agent. Determination criteria mirror 42 CFR 438.56 with the following additions for case continuity: children who change custodial arrangements between family households (change cases) or are adopted by a new family may change health plans outside the open enrollment period. The State of Kansas does not require enrollees to seek redress through the MCO grievance

process prior to requesting disenrollment. Requests based on provider access are compared with the MCO network. If a provider is available, the MCO is required to offer assistance to the beneficiary in scheduling an appointment for needed services. If the MCO is unable to offer an appointment, disenrollment is allowed. Disenrollment requests based on provider quality are allowed if another in-network provider is not available. Quality grievances are investigated by the MCO and reviewed by the State. Information explaining how to access the State Fair Hearing process is included on all disenrollment denial notices.

#### Presumptive Eligibility Process:

Staff of designated entities selected and trained by the Medicaid state agency are authorized to determine presumptive eligibility. The determination will be completed using only the Kansas Presumptive Eligibility determination tool. The tool will be provided by the agency. If the income of the family group is above 250 % of the 2008 Federal Poverty Guidelines the child is presumptively eligible for medical coverage. Children within the CHIP income guidelines may be eligible for medical coverage if he or she has no other health coverage. Information on eligible children will be submitted by the qualified entity to the central clearinghouse within 5 working days. The staff at the designated entity will assist the family in completing a formal application for CHIP and submit it to the central clearinghouse.

Presumptive eligibility begins on the day the designated entity determines that the child appears eligible. If an application is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day a final determination of eligibility is made. If an application is not filed by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

Each child is eligible for only one period of presumptive eligibility within a 12-month period. The 12-month period begins on the first day of presumptive eligibility determination.

Children who are determined presumptively eligible for Title XXI will receive the Title XIX benefit package until such time as eligibility for Title XXI is confirmed or denied. When formal determination of the PE application is complete, the child will be enrolled in the appropriate program, either Title XIX or Title XXI. Program placement will be based on established eligibility criteria.

Claims for services being provided to individuals found to be presumptively eligible for CHIP will be processed in accordance with the State Medicaid Manual, Option 1 (report all expenditures at Medicaid match rate). For applicants who qualify at or under 250% of the 2008 Federal Poverty Guidelines would be those persons not enrolled in a comprehensive health insurance for the time period of the application date minus eight months.

#### Emergency Flexibilities:

At State discretion, requirements related to timely processing of applications may be temporarily waived for CHIP applicants who reside and/or work in a State or Federally declared disaster area

At State discretion, requirements related to timely processing of renewals and/or deadlines for families to respond to renewal requests may be temporarily waived for CHIP beneficiaries who reside and/or work in a State or Federally declared disaster area.”

The State will temporarily delay acting on certain changes in circumstances for CHIP beneficiaries whom the state determines are impacted by a State or Federally declared disaster such that processing the change in a timely manner is not feasible. The state will continue to act on changes in circumstance related to residency, death, voluntary termination of coverage, erroneous eligibility determinations, and becoming eligible for Medicaid...

At State discretion, the agency may provide for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the State or Federally declared disaster or public health emergency.

The state may temporarily increase the allowable number of presumptive eligibility periods from one to two within a 12-month time period for CHIP applicants for the duration of the national or state COVID-19 public health emergency.

**8.2.1. Premiums:**

\$20 per month per family where family income is between 167% and 191% of FPL  
\$30 per month per family where family income is between 192% and 218% of FPL  
\$50 per month per family where family income is between 219% of FPL and the CHIP upper income limit in the state.

The premiums are based on current year FPLs.

At State discretion, non-payment of premiums may be temporarily forgiven/waived for CHIP applicants and/or existing beneficiaries who reside and/or work in a State or Federally declared disaster area.

**8.7** Provide a description of the consequences for an enrollee or applicant who does not pay a charge (42CFR 457.570 and 457.505(c)).

See Approved SPA 14-0013; specifically form CS21.

At State discretion, the premium lock-out policy may be temporarily suspended, and coverage is available regardless of whether the family has paid their outstanding premium for existing beneficiaries who reside and/or work in state or Federally declared disaster area.