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State/Territory Name: KS

State Plan Amendment (SPA) #: 19-0023

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- 4) Approved SPA Pages

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KS - Submission Package - KS2019MS0006O - (KS-19-0023) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID KS2019MS0006O**Program Name** N/A**SPA ID** KS-19-0023**Version Number** 3**Submitted By** Bobbie Graff-Hendrixson**Package Disposition****Priority Code** P2**Submission Type** Official**State** KS**Region** Kansas City, KS**Package Status** Approved**Submission Date** 12/30/2019**Approval Date** 7/10/2020 10:21 AM EDT

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group, Division of Program
Operations
601 East 12th St.
Suite 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

July 10, 2020

Christiane Swartz
Interim State Medicaid Director
Kansas Department of Health and Environment, Division of Health
Care Finance
900 SW Jackson, Suite 900 N
Topeka, KS
Topeka, KS 66612


Re: Approval of State Plan Amendment KS-19-0023

Dear Christiane Swartz:

On December 30, 2019, the Centers for Medicare and Medicaid Services (CMS) received Kansas State Plan Amendment (SPA) KS-19-0023 to update Kansas' alternative single streamlined online and paper applications.

We approve Kansas State Plan Amendment (SPA) KS-19-0023 on July 10, 2020 with an effective date(s) of October 01, 2020.

This SPA is being sent with a companion letter to memorialize the timeline agreed to for additional required changes to Kansas' paper and online applications.

Name	Date Created	
KS Application SPA KS-19-0023 Companion Letter	7/6/2020 9:56 AM EDT	

If you have any questions regarding this amendment, please contact Michala Walker at michala.walker@cms.hhs.gov.

Sincerely,
James G. Scott, Division
Director
Division of Program
Operations
Center for Medicaid & CHIP
Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0006O | KS-19-0023

Package Header

Package ID KS2019MS0006O
Submission Type Official
Approval Date 7/10/2020
Superseded SPA ID N/A

SPA ID KS-19-0023
Initial Submission Date 12/30/2019
Effective Date N/A

State Information

State/Territory Name: Kansas

Medicaid Agency Name: Kansas Department of Health
and Environment, Division of
Health Care Finance

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

July 2, 2020

Christiane Swartz, Interim State Medicaid Director
Kansas Department of Health and Environment
Divisions of Health Care Finance
Landon State Office Building
900 SW Jackson Street, Suite 900-N
Topeka, KS 66612-1220

RE: Kansas Application SPA 19-0023

Dear Ms. Swartz:

This letter is being sent as a companion to the Centers for Medicare & Medicaid Services (CMS) approval of state plan amendment (SPA) KS-19-0023, which was submitted to CMS on December 30, 2019. This SPA approval will be effective as of October 1, 2020. Approval of SPA KS-19-0023 included approval of the alternative single streamlined online and paper applications developed by the state.

Until August 2021, Kansas will use interim alternative single streamlined online and paper applications. The state will revise the alternative single streamlined online and paper applications as described below. Please note that CMS considers the required changes marked by an asterisk to be particularly urgent, given their potential impact on applicants and the accuracy of eligibility determinations. CMS urges the state to prioritize these changes for completion prior to August 2021.

Alternative Single Streamlined Online Application	
Necessary changes:	Date by which changes will be completed:
1. The state will revise the application instructions to clearly indicate the program and benefit type for which they are relevant.	August 2021
2. The state will include language on the application to provide applicants an option to designate an authorized representative.	August 2021
3. *The state will make the collection of Social Security Number optional for non-applicants, and update instructional text explaining how the SSN will be used and how applicants may receive assistance from the state in obtaining an SSN.	August 2021
4. The state will update the response options for "Marital status" to collect only "married" and "single." Additional response options will be removed. Instructional text may be added if necessary to indicate which applicants should respond that they are married.	August 2021
5. The state will only ask non-MAGI screening questions of applicants.	August 2021
6. The state will only ask residency questions of applicants.	August 2021

7. The state will not include a “no” response option for the question, “Do you have an eligible immigration status?”	August 2021
8. The state will make immigration status document type detail fields optional, such that applicants can continue the application without providing detailed information such as SEVIS ID number, alien or I-94 number.	August 2021
9. *The state will ask the optional question “Are you, or your spouse or parent, a veteran or an active-duty member of the US military?” for purposes of determining if an applicant is exempt from the 5-year bar. The state will remove all other questions regarding military service.	August 2021
10. The state will make “ethnicity” an optional question and ensure the race and ethnicity response options are compliant with the 1997 OMB race and ethnicity categories.	August 2021
11. *The state will update student status questions to ask, “Are you a full-time student?” and will remove duplicative or detailed questions regarding school enrollment status.	August 2021
12. The state will revise the question, “Is anyone working, planning to work in the next two months, or is self-employed?” to read instead, “Does anyone have income from a job (including self-employment) or training?”	August 2021
13. The state will remove the question “[does this income come from] work or training.”	August 2021
14. *The state will include fields to allow applicants and non-applicants to attest to expenses, deductions, and income types that are necessary to determine MAGI eligibility.	August 2021
15. *The state will add instructional text to “Parental controls” to indicate that this refers to the adult being a primary caretaker for a dependent child. This will be utilized to determine eligibility under the parent/caretaker relative eligibility group.	August 2021
16. The state will remove detailed questions about medical expenses in the past 3 months.	August 2021
17. *The state will remove language requesting that applicants provide verification documentation of any kind at the point of application, even if optional. The state may include language indicating that the state may follow up with the individual to request documentation.	August 2021
18. *The state will update the absent parent attestation language to communicate the requirement for applicants to cooperate with the agency that collects medical support from an absent parent, and that if the applicant thinks that cooperating to collect medical support will harm them or their children, they can tell Medicaid and may not have to cooperate.	August 2021
19. The state will revise Managed Care Organization (MCO) selection to be optional and will only be shown to applicants who appear eligible for Medicaid and CHIP. The application must also provide notice to applicants that the MCO selection will not be utilized if the applicant is	August 2021

determined eligible for coverage through the Health Insurance Marketplace, what happens if the applicant does not select an MCO, and how the applicant can get assistance in selecting an MCO.	
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Alternative Single Streamlined Paper Application	
Necessary changes:	Date by which changes will be completed:
1. *The state will remove language requesting that applicants provide verification documentation of any kind at the point of application, even if optional. The state may include language indicating that the state may follow up with the individual to request documentation.	August 2021
2. The state will not include a “no” response option for the question, “If this person is not a US citizen or national, do they have eligible immigration status?”	August 2021

Please submit the revised alternative single streamlined online and paper applications to CMS for review no later than August 2021 to ensure approval. We continue to be available to provide technical assistance. If you have any questions about this letter, please contact Michala Walker at (816) 426-6503 or Michala.walker@cms.hhs.gov.

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations

cc: Bobbie Graff-Hendrixson, KDHE
William Stelzner, KDHE
Erin Kelley, KDHE
Kim Tjelmeland, KDHE

Submission Component

☒ State Plan Amendment

☒ Medicaid

☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0006O | KS-19-0023

Package Header

Package ID KS2019MS0006O
Submission Type Official
Approval Date 7/10/2020
Superseded SPA ID N/A

SPA ID KS-19-0023
Initial Submission Date 12/30/2019
Effective Date N/A

SPA ID and Effective Date

SPA ID KS-19-0023

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
MAGI-Based Methodologies	10/1/2020	KS15-0003
Application	10/1/2020	KS-14-0003

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0006O | KS-19-0023

Package Header

Package ID	KS2019MS0006O	SPA ID	KS-19-0023
Submission Type	Official	Initial Submission Date	12/30/2019
Approval Date	7/10/2020	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The State of KS is modifying its single stream lined application and paper application to update critical questions required by CMS in accordance with the SHO 19-003 and the State of Kansas CAP.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$0
Second	2022	\$0

Federal Statute / Regulation Citation

42 CFR 435, Subpart J and Subpart M

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0006O | KS-19-0023

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Package ID KS2019MS0006O
Submission Type Official
Approval Date 7/10/2020
Superseded SPA ID N/A

SPA ID KS-19-0023
Initial Submission Date 12/30/2019
Effective Date N/A

Governor's Office Review

- ☒ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☐ Other

Medicaid State Plan Eligibility

MAGI Based Methodologies

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0006O | KS-19-0023

Package Header

Package ID	KS2019MS0006O	SPA ID	KS-19-0023
Submission Type	Official	Initial Submission Date	12/30/2019
Approval Date	7/10/2020	Effective Date	10/1/2020
Superseded SPA ID	KS15-0003		
	User-Entered		

The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

A. Household Composition

1. In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.
2. In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:
 - ☒ a. The pregnant woman is counted just as herself.
 - ☐ b. The pregnant woman is counted as herself, plus one.
 - ☐ c. The pregnant woman is counted as herself, plus the number of children she is expected to deliver.
3. In establishing household composition under the rules for non-filers set forth at 42 CFR 435.603(f)(3), the state elects the following age for children:
 - ☐ a. Age 19
 - ☒ b. Age 19, or in the case of full-time students, age 21

MAGI Based Methodologies

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0006O | KS-19-0023

Package Header

Package ID	KS2019MS0006O	SPA ID	KS-19-0023
Submission Type	Official	Initial Submission Date	12/30/2019
Approval Date	7/10/2020	Effective Date	10/1/2020
Superseded SPA ID	KS15-0003		
	User-Entered		

B. Household Income

Financial eligibility is determined consistent with the following provisions:

1. When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.
2. When determining eligibility for current beneficiaries, financial eligibility is based on:
☒ a. Current monthly household income and family size
☐ b. Projected annual household income and family size for the remaining months of the current calendar year.
3. In determining current monthly or projected annual household income, the state considers reasonably predictable changes in income:
☐ Yes ☒ No
4. MAGI-based income is calculated using the financial methodologies defined in section 36B(d)(2)(B) of the Internal Revenue Code, except as described at 42 CFR 435.603(e), and without regard to whether an individual expects to file taxes.
5. Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.
6. In determining the eligibility of an individual using MAGI-based income, the state must subtract an amount equivalent to 5 percentage points of the federal poverty level for the applicable family size only to determine the eligibility of an individual for medical assistance under the eligibility group with the highest income standard using MAGI-based methodologies in the applicable Title of the Act, but not to determine eligibility for a particular eligibility group.
7. Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.
☐ Yes ☒ No

MAGI Based Methodologies

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0006O | KS-19-0023

Package Header

Package ID	KS2019MS0006O	SPA ID	KS-19-0023
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Approval Date	7/10/2020	Effective Date	10/1/2020
Superseded SPA ID	KS15-0003		
	User-Entered		

C. Resource Test

There is no resource test applied to eligibility groups that use MAGI-based methodologies.

D. Additional Information (optional)

Medicaid State Plan Eligibility

General Eligibility Requirements

Application

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0006O | KS-19-0023

Package Header

Package ID	KS2019MS0006O	SPA ID	KS-19-0023
Submission Type	Official	Initial Submission Date	12/30/2019
Approval Date	7/10/2020	Effective Date	10/1/2020
Superseded SPA ID	KS-14-0003		
	System-Derived		

A. MAGI Paper Application

The state uses the following paper application(s) for individuals applying for coverage based on the applicable modified adjusted gross income (MAGI) standard.

- ☐ 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- ☒ 2. One or more alternative single, streamlined applications developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Name

KC1100 Application for families with children

The paper application(s) has been uploaded.

Document Name	Date Created	
KC1100-FM App v36CHL 103019	12/4/2019 2:52 PM EST	

- ☐ 3. One or more alternative applications used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs
- ☐ 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0006O | KS-19-0023

Package Header

Package ID	KS2019MS0006O	SPA ID	KS-19-0023
Submission Type	Official	Initial Submission Date	12/30/2019
Approval Date	7/10/2020	Effective Date	10/1/2020
Superseded SPA ID	KS-14-0003		
	System-Derived		

B. MAGI Online Application



The state uses the following online application(s) for individuals applying for coverage based on the applicable MAGI standard.

- ☐ 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- ☒ 2. One or more alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Name

Single stream lined application for Families with Children

Screenshots or other documentation of the online application(s) has been uploaded.

Document Name	Date Created	
SSP Baseline Application questions_12.5.19b pgs31_59_Part 2	12/6/2019 12:52 PM EST	
SSP Baseline Application questions_12.5.19b pgs1_30_Part 1	12/6/2019 12:51 PM EST	

- ☐ 3. One or more alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single application used only for insurance affordability programs to individuals seeking assistance only through such programs
- ☐ 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0006O | KS-19-0023

Package Header

Package ID	KS2019MS0006O	SPA ID	KS-19-0023
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Approval Date	7/10/2020	Effective Date	10/1/2020
Superseded SPA ID	KS-14-0003		
	System-Derived		

C. Basis Other than MAGI - Paper Application


The state uses the following paper application(s) for individuals applying for coverage on a basis other than the applicable MAGI standard:

- ☐ 1. The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary
- ☒ 2. One or more applications designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary

Name

KC 1500 application for medical assistance for Elderly and Disabled

The paper application(s) has been uploaded.

Document Name	Date Created	
kc-1500-application-for-medical-assistance-for-the-elderly-and-persons-with-disabilities_11-18	3/9/2020 5:02 PM EDT	

- ☐ 3. One or more applications used to apply for multiple human service programs
- ☐ 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0006O | KS-19-0023

Package Header

Package ID	KS2019MS0006O	SPA ID	KS-19-0023
Submission Type	Official	Initial Submission Date	12/30/2019
Approval Date	7/10/2020	Effective Date	10/1/2020
Superseded SPA ID	KS-14-0003		
	System-Derived		

D. Other than MAGI - Online Application



The state uses the following online application(s) for individuals applying for coverage who may be eligible on a basis other than the applicable MAGI standard:

- ☐ 1. The single, streamlined application developed by the Secretary or one of the alternate online forms developed by the state and approved by the Secretary, and supplemental online forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary
- ☒ 2. One or more application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary

Name

SSP Baseline Application Questions

Screenshots or other documentation of the online application(s) has been uploaded.

Document Name	Date Created	
SSP Baseline Application questions_12.5.19b pgs31_59_Part 2	3/9/2020 5:24 PM EDT	
SSP Baseline Application questions_12.5.19b pgs1_30_Part 1	3/9/2020 5:24 PM EDT	

- ☐ 3. One or more application used to apply for multiple human service programs
- ☐ 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | KS2019MS0006O | KS-19-0023

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	System-Derived		

E. Additional Information (optional)

Due to MacPro limitation of 2MB, the single streamlined application is submitted in two sections. Please note, the online application has explanations in red font regarding the changes the State will make upon CMS approval. It is submitted in this format due to other changes CMS may require.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 7/13/2020 12:23 PM EDT