

Table of Contents

State/Territory Name: kansas

State Plan Amendment (SPA) #: 21-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

KS - Submission Package - KS2021MS0001O - (KS-21-0013) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** RAI Transaction Logs News

Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th Street
Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

July 24, 2023

Sarah Fertig
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-21-0013

Dear Sarah Fertig,

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Kansas' State Plan Amendment (SPA) 21-0013, Presumptive Eligibility (PE) and Hospital Presumptive Eligibility (HPE). This amendment proposes to expand PE to include the Parents and other Caretaker Relatives, Former Foster Care and Breast and Cervical Cancer groups, in addition to Children and Pregnant Women, and to allow the state-designated Qualified Entities to complete PE determinations for all groups covered in PE. This amendment additionally includes the online PE application/portal in both the state's PE and HPE programs. CMS has reviewed screenshots of the online PE application, provider training materials, and the Reviewable Units that were submitted with this SPA.

We approve Kansas State Plan Amendment (SPA) KS-21-0013 with an effective date(s) of July 01, 2021.

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

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

KS - Submission Package - KS2021MS0001O - (KS-21-0013) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [RAI](#) [Transaction Logs](#) [News](#)

Related Actions

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

CMS-10434 OMB 0938-1188

Package Header

Package ID	KS2021MS0001O	SPA ID	KS-21-0013
Submission Type	Official	Initial Submission Date	7/30/2021
Approval Date	07/24/2023	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Kansas

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

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

Package Header

Package ID KS2021MS0001O
Submission Type Official
Approval Date 07/24/2023
Superseded SPA ID N/A

SPA ID KS-21-0013
Initial Submission Date 7/30/2021
Effective Date N/A

SPA ID and Effective Date

SPA ID KS-21-0013

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Presumptive Eligibility	7/1/2021	New
Presumptive Eligibility for Children under Age 19	7/1/2021	KS14-0019
Parents and Other Caretaker Relatives - Presumptive Eligibility	7/1/2021	New
Presumptive Eligibility for Pregnant Women	7/1/2021	KS14-0019
Former Foster Care Children - Presumptive Eligibility	7/1/2021	New
Presumptive Eligibility by Hospitals	7/1/2021	KS-14-0008
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	7/1/2021	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

Package Header

Package ID	KS2021MS0001O	SPA ID	KS-21-0013
Submission Type	Official	Initial Submission Date	7/30/2021
Approval Date	07/24/2023	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The Kansas Department of Health and Environment, Division of Health Care Finance, KDHE-DHCF, is amending the Kansas Medicaid State Plan to revise the Presumptive Eligibility (PE) online application. The state is expanding PE to include Parents and other Caretaker Relatives, Former Foster Care and Breast and Cervical Cancer (in addition to children and Pregnant Women); and to include the online PE application/portal in both hospital presumptive eligibility and presumptive eligibility. The PE Tool is being enhanced to use a single application for Medicaid/CHIP and presumptive eligibility. Presumptive eligibility is being expanded to allow all Qualified Entities (QE) to complete PE determinations. This will expand all Qualified Entities' ability to complete PE determinations for parents and caretaker relatives, former foster care children and individuals seeking treatment for breast or cervical cancer in addition to the pregnant woman and children. The portal allows individuals to apply for PE using an online PE-only application, and may also elect to submit both a PE and a full online Medicaid/CHIP application.

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 L

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

Package Header

Package ID	KS2021MS0001O	SPA ID	KS-21-0013
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Superseded SPA ID	N/A		

Governor's Office Review

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

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

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KS - Submission Package - KS2021MS0001O - (KS-21-0013) - Eligibility

[Summary](#)
[Reviewable Units](#)
[Versions](#)
[Correspondence Log](#)
[Analyst Notes](#)
[Approval Letter](#)
[RAI](#)
[Transaction Logs](#)
[News](#)

Related Actions

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

CMS-10434 OMB 0938-1188

Package Header

Package ID	KS2021MS0001O	SPA ID	KS-21-0013
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Approval Date	07/24/2023	Effective Date	<u>7/1/2021</u>
Superseded SPA ID	New User-Entered		

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility for Children under Age 19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Parents and Other Caretaker Relatives - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Presumptive Eligibility for Pregnant Women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Adult Group - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility by	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Hospitals				

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

Package Header

Package ID	KS2021MS0001O	SPA ID	KS-21-0013
Submission Type	Official	Initial Submission Date	7/30/2021
Approval Date	07/24/2023	Effective Date	7/1/2021
Superseded SPA ID	New		
	User-Entered		

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

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KS - Submission Package - KS2021MS0001O - (KS-21-0013) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [RAI](#) [Transaction Logs](#) [News](#)

Related Actions

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

The state provides Medicaid coverage to children when determined presumptively eligible by a qualified entity.

CMS-10434 OMB 0938-1188

Package Header

Package ID	KS2021MS0001O	SPA ID	KS-21-0013
Submission Type	Official	Initial Submission Date	7/30/2021
Approval Date	07/24/2023	Effective Date	<u>7/1/2021</u>
Superseded SPA ID	KS14-0019		
	System-Derived		

Presumptive eligibility for children is determined under the following provisions:

A. Presumptive Eligibility Income Standard

1. The income standard for presumptive eligibility is the standard used under the Infants and Children under Age 19 eligibility group (42 CFR 435.118), for that child's age.

B. Presumptive Eligibility Age Limit

Children under the following age may be determined presumptively eligible:

Under age:

19

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

Package Header

Package ID	KS2021MS0001O	SPA ID	KS-21-0013
Submission Type	Official	Initial Submission Date	7/30/2021
Approval Date	07/24/2023	Effective Date	7/1/2021
Superseded SPA ID	KS14-0019		
	System-Derived		

C. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 1. a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 2. b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Presumptive Eligibility for Children under Age 19


MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

Package Header

Package ID	KS2021MS0001O	SPA ID	KS-21-0013
Submission Type	Official	Initial Submission Date	7/30/2021
Approval Date	07/24/2023	Effective Date	7/1/2021
Superseded SPA ID	KS14-0019		
	System-Derived		

D. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.
- 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
PE Application Pages	4/27/2023 3:16 PM EDT	

5. Describe the presumptive eligibility screening process:

The Entity will conduct presumptive eligibility determinations for Medicaid based on information provided by applicants. As part of conducting such determinations, the Entity will interview individuals for completion of the presumptive eligibility application, make presumptive eligibility determinations, provide applicants with their eligibility results, and help individuals complete the KanCare application for ongoing coverage. The Entity will conduct these activities in accordance with all applicable laws, rules, regulations, and policies for Medicaid presumptive eligibility determinations.

E. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. Household income must not exceed the applicable income standard for the child's age, described in Section A.

- a. A reasonable estimate of MAGI-based income is used to determine household income.
- b. Gross income is used to determine household size.
- 2. State residency
- 3. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

Package Header

Package ID KS2021MS0001O
Submission Type Official
Approval Date 07/24/2023
Superseded SPA ID KS14-0019
System-Derived

SPA ID KS-21-0013
Initial Submission Date 7/30/2021
Effective Date 7/1/2021

F. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.




2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
Qualified Clinics	Qualified clinic means an entity that is determined by the State to be capable of making determinations of presumptive eligibility for children, pregnant women, parents and caretakers, former foster care, breast, or cervical cancer recipients, and that meets at least one of the following characteristics — (1) Furnishes health care items and services covered under the approved plan and is eligible to receive payments under the approved plan. (2) Is authorized to determine eligibility of a child to participate in a Head Start program under the Head Start Act. (3) Is authorized to determine eligibility of a child to receive childcare services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990. (4) Is authorized to determine eligibility of an infant or child to receive assistance under the special nutrition program for women, infants, and children (WIC) under section 17 of the Child Nutrition Act of 1966. (5) Is authorized to determine eligibility of a child for medical assistance under the Medicaid State plan, or eligibility of a child for child health assistance under the State Children's Health Insurance Program. (6) Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801). (7) Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs. (8) Is a State or Tribal child support enforcement agency. (9) Is an organization that— (i) Provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act. (ii) Is a State or Tribal office or entity involved in enrollment in the program under title XIX, Part A of title IV, or title XXI; or (iii) Determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.). (10) Is a health facility operated by the Indian Health Service, a Tribe or Tribal organization under the Indian Self Determination and Education Assistance Act (25 U.S.C. 450 et seq.), or an Urban Indian Organization under title V of the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.).

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
Presumptive Eligibility Policy	4/28/2023 9:49 AM EDT	
Presumptive Eligibility Approval.Denial	4/28/2023 9:49 AM EDT	
Presumptive Eligibility Approval	4/28/2023 9:49 AM EDT	
Presumptive Eligibility Denial	4/28/2023 9:49 AM EDT	
Immigrant Eligibility Worksheet	4/28/2023 9:49 AM EDT	

1 - 5 of 5

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

Package Header

Package ID	KS2021MS0001O	SPA ID	KS-21-0013
Submission Type	Official	Initial Submission Date	7/30/2021
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	System-Derived		

G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

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KS - Submission Package - KS2021MS0001O - (KS-21-0013) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [RAI](#) [Transaction Logs](#) [News](#)

Related Actions

Medicaid State Plan Eligibility

Presumptive Eligibility

Parents and Other Caretaker Relatives - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

The state covers parents and other caretaker relatives when determined presumptively eligible by a qualified entity.

CMS-10434 OMB 0938-1188

Package Header

Package ID	KS2021MS0001O	SPA ID	KS-21-0013
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Approval Date	07/24/2023	Effective Date	<u>7/1/2021</u>
Superseded SPA ID	New		
	User-Entered		

The state covers parents and other caretaker relatives when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Parents and Other Caretaker Relatives - Presumptive Eligibility


MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

Package Header

Package ID	KS2021MS0001O	SPA ID	KS-21-0013
Submission Type	Official	Initial Submission Date	7/30/2021
Approval Date	07/24/2023	Effective Date	7/1/2021
Superseded SPA ID	New		
	User-Entered		

B. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.
 - a. Paper - A copy of the application form is included.
 - b. Online - A copy of the application form is included.
- 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
PE Application Pages	4/27/2023 3:29 PM EDT	

5. Describe the presumptive eligibility screening process:

The Entity will conduct presumptive eligibility determinations for Medicaid based on information provided by applicants. As part of conducting such determinations, the Entity will interview individuals for completion of the presumptive eligibility application, make presumptive eligibility determinations, provide applicants with their eligibility results, and help individuals complete the KanCare application for ongoing coverage. The Entity will conduct these activities in accordance with all applicable laws, rules, regulations, and policies for Medicaid presumptive eligibility determinations.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- 1. The individual must be a caretaker relative, as described at 42 CFR 435.110.
- 2. Household income must not exceed the applicable income standard described at 42 CFR 435.110.
 - a. A reasonable estimate of MAGI-based income is used to determine household income.
 - b. Gross income is used to determine household income.
- 3. State residency
- 4. Citizenship, status as a national, or satisfactory immigration status

Parents and Other Caretaker Relatives - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

Package Header

Package ID	KS2021MS0001O	SPA ID	KS-21-0013
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Superseded SPA ID	New		
	User-Entered		

D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.





2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
Qualified Clinics	<p>Qualified clinic means an entity that is determined by the State to be capable of making determinations of presumptive eligibility for children, pregnant women, parents and caretakers, former foster care, breast, or cervical cancer recipients, and that meets at least one of the following characteristics —</p> <p>(1) Furnishes health care items and services covered under the approved plan and is eligible to receive payments under the approved plan.</p> <p>(2) Is authorized to determine eligibility of a child to participate in a Head Start program under the Head Start Act.</p> <p>(3) Is authorized to determine eligibility of a child to receive childcare services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990.</p> <p>(4) Is authorized to determine eligibility of an infant or child to receive assistance under the special nutrition program for women, infants, and children (WIC) under section 17 of the Child Nutrition Act of 1966.</p> <p>(5) Is authorized to determine eligibility of a child for medical assistance under the Medicaid State plan, or eligibility of a child for child health assistance under the State Children's Health Insurance Program.</p> <p>(6) Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801).</p> <p>(7) Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs.</p> <p>(8) Is a State or Tribal child support enforcement agency.</p> <p>(9) Is an organization that—</p> <p>(i) Provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act.</p> <p>(ii) Is a State or Tribal office or entity involved in enrollment in the program under title XIX, Part A of title IV, or title XXI; or</p> <p>(iii) Determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.).</p> <p>(10) Is a health facility operated by the Indian Health Service, a Tribe or Tribal organization under the Indian Self Determination and Education Assistance Act (25 U.S.C. 450 et seq.), or an Urban Indian Organization under title V of the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.).</p>

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
Presumptive Eligibility Policy	4/28/2023 9:52 AM EDT	
Presumptive Eligibility Approval.Denial	4/28/2023 9:52 AM EDT	
Presumptive Eligibility Approval	4/28/2023 9:52 AM EDT	
Presumptive Eligibility Denial	4/28/2023 9:52 AM EDT	
Immigrant Eligibility Worksheet	4/28/2023 9:52 AM EDT	

1 - 5 of 5

Parents and Other Caretaker Relatives - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

Package Header

Package ID	KS2021MS0001O	SPA ID	KS-21-0013
Submission Type	Official	Initial Submission Date	7/30/2021
Approval Date	07/24/2023	Effective Date	7/1/2021
Superseded SPA ID	New		
	User-Entered		

E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

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KS - Submission Package - KS2021MS0001O - (KS-21-0013) - Eligibility

[Summary](#)
[Reviewable Units](#)
[Versions](#)
[Correspondence Log](#)
[Analyst Notes](#)
[Approval Letter](#)
[RAI](#)
[Transaction Logs](#)
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Related Actions

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

CMS-10434 OMB 0938-1188

Package Header

Package ID	KS2021MS0001O	SPA ID	KS-21-0013
Submission Type	Official	Initial Submission Date	7/30/2021
Approval Date	07/24/2023	Effective Date	<u>7/1/2021</u>
Superseded SPA ID	KS14-0019		
	System-Derived		


The state covers ambulatory prenatal care for individuals qualifying as pregnant women under 42 CFR 435.116 when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. There may be no more than one period of presumptive eligibility per pregnancy.

B. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.
 - a. Paper - A copy of the application form is included.
 - b. Online - A copy of the application form is included.
- 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
PE Application Pages	4/27/2023 3:34 PM EDT	

5. Describe the presumptive eligibility screening process:

The Entity will conduct presumptive eligibility determinations for Medicaid based on information provided by applicants. As part of conducting such determinations, the Entity will interview individuals for completion of the presumptive eligibility application, make presumptive eligibility determinations, provide applicants with their eligibility results, and help individuals complete the KanCare application for ongoing coverage. The Entity will conduct these activities in accordance with all applicable laws, rules, regulations, and policies for Medicaid presumptive eligibility determinations.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The woman must be pregnant.
2. Household income must not exceed the applicable income standard at 42 CFR 435.116.
 - a. A reasonable estimate of MAGI-based income is used to determine household income.

- b. Gross income is used to determine household size.
- 3. State residency
- 4. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

Package Header

Package ID KS2021MS0001O
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System-Derived

SPA ID KS-21-0013
Initial Submission Date 7/30/2021
Effective Date 7/1/2021

D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.

2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
Qualified Clinics	Qualified clinic means an entity that is determined by the State to be capable of making determinations of presumptive eligibility for children, pregnant women, parents and caretakers, former foster care, breast, or cervical cancer recipients, and that meets at least one of the following characteristics — (1) Furnishes health care items and services covered under the approved plan and is eligible to receive payments under the approved plan. (2) Is authorized to determine eligibility of a child to participate in a Head Start program under the Head Start Act. (3) Is authorized to determine eligibility of a child to receive childcare services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990. (4) Is authorized to determine eligibility of an infant or child to receive assistance under the special nutrition program for women, infants, and children (WIC) under section 17 of the Child Nutrition Act of 1966. (5) Is authorized to determine eligibility of a child for medical assistance under the Medicaid State plan, or eligibility of a child for child health assistance under the State Children's Health Insurance Program. (6) Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801). (7) Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs. (8) Is a State or Tribal child support enforcement agency. (9) Is an organization that— (i) Provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act. (ii) Is a State or Tribal office or entity involved in enrollment in the program under title XIX, Part A of title IV, or title XXI; or (iii) Determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.). (10) Is a health facility operated by the Indian Health Service, a Tribe or Tribal organization under the Indian Self Determination and Education Assistance Act (25 U.S.C. 450 et seq.), or an Urban Indian Organization under title V of the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.).

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
Presumptive Eligibility Policy	4/28/2023 9:54 AM EDT	
Presumptive Eligibility Approval.Denial	4/28/2023 9:54 AM EDT	
Presumptive Eligibility Approval	4/28/2023 9:54 AM EDT	
Presumptive Eligibility Denial	4/28/2023 9:54 AM EDT	
Immigrant Eligibility Worksheet	4/28/2023 9:54 AM EDT	

1 - 5 of 5

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

Package Header

Package ID	KS2021MS0001O	SPA ID	KS-21-0013
Submission Type	Official	Initial Submission Date	7/30/2021
Approval Date	07/24/2023	Effective Date	7/1/2021
Superseded SPA ID	KS14-0019		
	System-Derived		

E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

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Medicaid State Plan Eligibility

Presumptive Eligibility

Former Foster Care Children - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

The state covers former foster care children when determined presumptively eligible by a qualified entity.

CMS-10434 OMB 0938-1188

Package Header

Package ID	KS2021MS0001O	SPA ID	KS-21-0013
Submission Type	Official	Initial Submission Date	7/30/2021
Approval Date	07/24/2023	Effective Date	<u>7/1/2021</u>
Superseded SPA ID	New		
	User-Entered		

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Former Foster Care Children - Presumptive Eligibility


MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

Package Header

Package ID	KS2021MS0001O	SPA ID	KS-21-0013
Submission Type	Official	Initial Submission Date	7/30/2021
Approval Date	07/24/2023	Effective Date	7/1/2021
Superseded SPA ID	New		
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B. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.
 - a. Paper - A copy of the application form is included.
 - b. Online - A copy of the application form is included.
- 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
PE Application Pages	4/27/2023 3:50 PM EDT	

5. Describe the presumptive eligibility screening process:

The Entity will conduct presumptive eligibility determinations for Medicaid based on information provided by applicants. As part of conducting such determinations, the Entity will interview individuals for completion of the presumptive eligibility application, make presumptive eligibility determinations, provide applicants with their eligibility results, and help individuals complete the KanCare application for ongoing coverage. The Entity will conduct these activities in accordance with all applicable laws, rules, regulations, and policies for Medicaid presumptive eligibility determinations.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- 1. The individual must meet the categorical requirements of 42 CFR 435.150.
- 2. State residency
- 3. Citizenship, status as a national, or satisfactory immigration status

Former Foster Care Children - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

Package Header

Package ID KS2021MS0001O
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SPA ID KS-21-0013
Initial Submission Date 7/30/2021
Effective Date 7/1/2021

D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.




2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
Qualified Clinics	<p>Qualified clinic means an entity that is determined by the State to be capable of making determinations of presumptive eligibility for children, pregnant women, parents and caretakers, former foster care, breast, or cervical cancer recipients, and that meets at least one of the following characteristics —</p> <ol style="list-style-type: none">(1) Furnishes health care items and services covered under the approved plan and is eligible to receive payments under the approved plan.(2) Is authorized to determine eligibility of a child to participate in a Head Start program under the Head Start Act.(3) Is authorized to determine eligibility of a child to receive childcare services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990.(4) Is authorized to determine eligibility of an infant or child to receive assistance under the special nutrition program for women, infants, and children (WIC) under section 17 of the Child Nutrition Act of 1966.(5) Is authorized to determine eligibility of a child for medical assistance under the Medicaid State plan, or eligibility of a child for child health assistance under the State Children's Health Insurance Program.(6) Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801).(7) Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs.(8) Is a State or Tribal child support enforcement agency.(9) Is an organization that—<ol style="list-style-type: none">(i) Provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act.(ii) Is a State or Tribal office or entity involved in enrollment in the program under title XIX, Part A of title IV, or title XXI; or(iii) Determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.).(10) Is a health facility operated by the Indian Health Service, a Tribe or Tribal organization under the Indian Self Determination and Education Assistance Act (25 U.S.C. 450 et seq.), or an Urban Indian Organization under title V of the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.).

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
Presumptive Eligibility Policy	4/28/2023 9:56 AM EDT	
Presumptive Eligibility Approval.Denial	4/28/2023 9:56 AM EDT	
Presumptive Eligibility Approval	4/28/2023 9:56 AM EDT	
Presumptive Eligibility Denial	4/28/2023 9:56 AM EDT	
Immigrant Eligibility Worksheet	4/28/2023 9:56 AM EDT	

1 - 5 of 5

Former Foster Care Children - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

Package Header

Package ID	KS2021MS0001O	SPA ID	KS-21-0013
Submission Type	Official	Initial Submission Date	7/30/2021
Approval Date	07/24/2023	Effective Date	7/1/2021
Superseded SPA ID	New		
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E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

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KS - Submission Package - KS2021MS0001O - (KS-21-0013) - Eligibility

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Related Actions

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

CMS-10434 OMB 0938-1188

Package Header

Package ID	KS2021MS0001O	SPA ID	KS-21-0013
Submission Type	Official	Initial Submission Date	7/30/2021
Approval Date	07/24/2023	Effective Date	<u>7/1/2021</u>
Superseded SPA ID	KS-14-0008		
	System-Derived		

- The state provides an assurance that it has policies and procedures in place to enable qualified hospitals to determine presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.
- The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A. Qualifications of Hospitals

A qualified hospital is a hospital that:

- Participates as a provider under the state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.
- Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.
- Assists individuals in completing and submitting the full application and understanding any documentation requirements.

Yes No

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

Package Header

Package ID	KS2021MS0001O	SPA ID	KS-21-0013
Submission Type	Official	Initial Submission Date	7/30/2021
Approval Date	07/24/2023	Effective Date	7/1/2021
Superseded SPA ID	KS-14-0008		
	System-Derived		

B. Eligibility Groups or Populations Included

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

1. Pregnant Women
2. Infants and Children under Age 19
3. Parents and Other Caretaker Relatives
4. Adult Group, if covered by the state
5. Individuals above 133% FPL under Age 65, if covered by the state
6. Individuals Eligible for Family Planning Services, if covered by the state
7. Former Foster Care Children
8. Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

The state limits qualified hospitals for this group to providers who conduct screenings for breast and cervical cancer under the state's Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program.

Yes No

9. Other Medicaid state plan eligibility groups:

10. Demonstration populations covered under section 1115

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

Package Header

Package ID	KS2021MS0001O	SPA ID	KS-21-0013
Submission Type	Official	Initial Submission Date	7/30/2021
Approval Date	07/24/2023	Effective Date	7/1/2021
Superseded SPA ID	KS-14-0008		
	System-Derived		

C. Standards for Participating Hospitals

The state establishes reasonable standards for qualified hospitals making presumptive eligibility determinations.

Yes No

The state has a standard requiring that a percentage of individuals who are determined presumptively eligible submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Percentage of individuals submitting a regular application:

98.00%

The state has a standard requiring that a percentage of individuals who are determined presumptively eligible be determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Percentage of individuals found eligible for Medicaid

85.00%

The state has elected one or more other reasonable standard(s).

Description
95.00% of Presumptive Eligibility determinations are completed accurately.

D. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.

2. The end date of the presumptive period is the earlier of:

- The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
- The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

3. Periods of presumptive eligibility are limited as follows:

- a. No more than one period within a calendar year.
- b. No more than one period within two calendar years.
- c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
- d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- e. Other reasonable limitation:

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

Package Header

Package ID	KS2021MS0001O	SPA ID	KS-21-0013
Submission Type	Official	Initial Submission Date	7/30/2021
Approval Date	07/24/2023	Effective Date	7/1/2021
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	System-Derived		

E. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses the single streamlined paper and/or online application form for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is included.
- 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
PE Application Pages	4/27/2023 3:45 PM EDT	

5. Describe the presumptive eligibility screening process:

The Entity will conduct presumptive eligibility determinations for Medicaid based on information provided by applicants. As part of conducting such determinations, the Entity will interview individuals for completion of the presumptive eligibility application, make presumptive eligibility determinations, provide applicants with their eligibility results, and help individuals complete the KanCare application for ongoing coverage. The Entity will conduct these activities in accordance with all applicable laws, rules, regulations, and policies for Medicaid presumptive eligibility determinations.

F. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)
2. Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.
 - a. A reasonable estimate of MAGI-based income is used to determine household income.
 - b. Gross income is used to determine household size.
 - c. Other income methodology
3. State residency
4. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility by Hospitals




MEDICAID | Medicaid State Plan | Eligibility | KS2021MS0001O | KS-21-0013

Package Header

Package ID	KS2021MS0001O	SPA ID	KS-21-0013
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Approval Date	07/24/2023	Effective Date	7/1/2021
Superseded SPA ID	KS-14-0008		
	System-Derived		

G. Qualified Entity Requirements

- 1. The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals.
- 2. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
Presumptive Eligibility Policy	4/28/2023 9:59 AM EDT	
Presumptive Eligibility Approval.Denial	4/28/2023 9:59 AM EDT	
Presumptive Eligibility Approval	4/28/2023 9:59 AM EDT	
Presumptive Eligibility Denial	4/28/2023 9:59 AM EDT	
Immigrant Eligibility Worksheet	4/28/2023 9:59 AM EDT	

1 - 5 of 5

H. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

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KS - Submission Package - KS2021MS0001O - (KS-21-0013) - Eligibility

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Reviewable Units Print Preview

Select a reviewable unit below to view in a printer friendly format. To view all the package components in a consolidated print preview, click the "View Consolidated Print Preview" button at the bottom of the page. After generating the consolidated print preview, you may use your browser to print or save the content. The preview will automatically terminate after 5 minutes.

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Should Package Information be included in the consolidated report?

Yes No

Should Approval/Disapproval notice be included in the consolidated report?

Yes No

Should RAI data be included in the consolidated report?

Yes No

Please select reviewable units that need to be present in the consolidated report. If none are selected, all of the reviewable units will be present in the consolidated report by default. Also, on click of an individual reviewable unit name, printer friendly format of that reviewable unit data can be viewed.

Submission Form - Reviewable Units

<input type="checkbox"/>	Reviewable Unit	Updated By	Updated Date	Sta
<input type="checkbox"/>	Submission - Summary	William Stelzner	4/27/2023 3:13 PM EDT	
<input type="checkbox"/>	Submission - Public Comment	William Stelzner	7/30/2021 4:03 PM EDT	
<input type="checkbox"/>	Submission - Tribal Input	William Stelzner	7/30/2021 4:04 PM EDT	

Medicaid Eligibility SPA - Reviewable Units

<input type="checkbox"/>	Reviewable Unit	Proposed Effective Date	Effective Date	Updated By	Updated Date	Other Approvals	Version
<input type="checkbox"/>	Presumptive Eligibility	7/1/2021	7/1/2021	William Stelzner	7/30/2021 4:04 PM EDT		
<input type="checkbox"/>	Presumptive Eligibility for Children under Age 19	7/1/2021	7/1/2021	William Stelzner	5/17/2023 9:36 AM EDT		
<input type="checkbox"/>	Parents and Other Caretaker Relatives - Presumptive Eligibility	7/1/2021	7/1/2021	William Stelzner	5/17/2023 9:38 AM EDT		
<input type="checkbox"/>	Presumptive Eligibility for Pregnant Women	7/1/2021	7/1/2021	William Stelzner	5/17/2023 9:39 AM EDT		
<input type="checkbox"/>	Former Foster Care Children - Presumptive Eligibility	7/1/2021	7/1/2021	William Stelzner	5/17/2023 9:41 AM EDT		
<input type="checkbox"/>	Presumptive Eligibility by Hospitals	7/1/2021	7/1/2021	William Stelzner	4/28/2023 11:15 AM EDT		
<input type="checkbox"/>	Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	7/1/2021	7/1/2021	William Stelzner	5/17/2023 9:43 AM EDT		

1 - 7 of 7

CANCEL

VIEW CONSOLIDATED PRINT PREVIEW