

Summary of Prevention and Protection Services Policy and Procedure Manual Changes

October 2026

Introduction

The Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes provides a list of policies, forms, and appendices with explanations for the PPS substantial policy revisions and clarifications for October 2026. These policy revisions are effective October 2026.

Definitions

Substantial Changes: Substantial Changes to policy, forms, and appendices include revisions affecting the meaning or involves a change to practice.



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Substantial Changes

Section 5000 Child Welfare Case Management

List of Policies, Forms, and Appendices involved in this revision:

- 5918 Medical Coverage

What prompted this revision?

KDHE informed DCF that during a meeting with CMS they were informed that H.R. 1 would impact foster care and adoption youth.

Brief description of the revision:

Citizenship verification is required for youth in foster care and adoption. PPS eligibility staff will be required to obtain documentation for eligibility purposes.

What is the anticipated impact to practice?

Youth may lose Medicaid coverage due to DCF not receiving documentation timely.

Drafts of Substantial Changes and Clarifications

See following pages.

5918 Medicaid Requirement for Children in Out of Home Care Medical Coverage

Publication Date: October 1, 2026

Children who are in the custody of the secretary of DCF, the secretary of Kansas Department of Corrections (KDOC) Community Based Services (CBS) or a tribal authority and removed from their home are eligible for Foster Care Medical (FCM) medical assistance up to the month of their 21st birthday.

A. Eligibility

1. **Medicaid Eligibility** Children in out of home placement while in the custody of the Secretary of DCF and children receiving Adoption Assistance are exempt from the citizenship and identity requirements of Medicaid eligibility.

a. To be eligible for Medicaid coverage through the foster care medical (FCM) or adoption subsidy medical (ASM) programs the following children must meet U.S. citizenship or certain specified immigrant status as required by P.L 119-21:

- i. Children placed out of home in custody of the Secretary of DCF, KDOC, or tribal authority
- ii. Adopted children with an adoption subsidy agreement
- iii. Children placed in Kansas through the revised Interstate Compact for the Placement of Children (ICPC)
- iv. Children placed in Kansas through the Interstate Compact on Adoption and Medical Assistance (ICAMA)

b. P.L. 119-21 limits Medicaid eligibility to individuals who provide documentation that supports one of the following:

- i. U.S. citizenship: Verified via acceptable documents listed on KanCare.ks.gov (A-12 Charts of Acceptable Verification for Citizenship and Identity).
- ii. Lawful Permanent Resident (LPR): Verified via documents detailed in the KEES Medical User Guide Verified Lawful Presence (VLP).
- iii. Cuban/Haitian Entrant (CHE): Verified via documents detailed in the KEES Medical User Guide Verified Lawful Presence (VLP).
- iv. COFA Migrants (citizens of Marshall Islands, Palau, or the Federated States of Micronesia). Verified via documents detailed in the KEES Medical User Guide Verified Lawful Presence (VLP).

c. The PPS Eligibility Specialist will review initial documentation for citizenship or immigration records required for eligibility per KDHE Policy No. 2026-09-01 D (1)(2)(3) and:

- i. Approve Medicaid if the initial documentation contains the required verification documents.
- ii. Approve Medicaid for 90 days if the initial documentation indicates a youth is in a qualifying category, but verification documents have not been received, and:

- A. Request documentation from the CWCMP.
- B. If needed, request documentation at 30 days and 60 days.
- C. Discontinue Medicaid at 90 days, if they do not receive documentation at 60 days.

d. Approve an additional 90-day extension period a total of no more than 180 days if the CWCMP requests and efforts are being made to obtain the documents.

- i. Extend Medicaid for additional 90 days.
- ii. Request documentation at 30 days and 60 days if not received.
- iii. Discontinue Medicaid at 150 days if documentation is not received.

e. Send child's information to the DCF.PPSMedicaidAssistance@ks.gov email box for children who do not qualify for Medicaid.

f. Youth placed in JDC or JCF that are eligible for FCM or ASM shall have Medicaid reinstated within the 30 days prior to their discharge.

2. ~~Medical Coverage Medicaid eligibility is based on the child's custody and removal status making them a family unit of one.~~

a. A child in the custody of the Secretary of DCF, without U.S. citizenship or certain specified immigrant status as required by P.L 119-21 shall be provided medical coverage by DCF.

b. The DCF Medicaid and Children's Mental Health team shall be responsible for setting up the medical coverage for each child that is not eligible for Medicaid.

c. The Child Welfare Case Management Provider shall be responsible for paying all out-of-pocket expenses not covered by the medical insurance and submitting those expenditures to DCF for reimbursement.

B. Placement

1. Placements ineligible for Medicaid:

- a. Juvenile Detention Center (JDC)
- b. Juvenile Correctional Facility (JCF)
- c. Jail
- d. Prison

2. A hospital is considered a Medicaid eligible placement when a child in a hospital is placed in custody and is expected to be placed out of home when discharged.

a. Opening Medical

- i. The Eligibility Specialist shall open a medical block in the Kansas Eligibility Enforcement System (KEES). Selecting the Custody Authority on the Foster Care Eligibility Determination page allows the KEES Eligibility Determination Benefit Calculator (EDBC) to generate the correct medical aid code. This selection generates the aid code when EDBC is run for the Medical program block and prompts the interchange Kansas Modular Medicaid System (KMMS) to reflect the correct population code for budget purposes. This coding also assures the correct custody authority is charged for Medicaid paid placements by the KMMS.
- ii. If the child is currently open for medical in KEES, the Eligibility Specialist is to verify a task was generated for KanCare. This will allow KanCare to close their medical case and allow the child to receive Foster Care Medicaid benefits. If a task is not created in KEES, the Eligibility Specialist is to complete a Contact Log notifying KanCare that Foster Care Medical has been established.
- iii. The Child Welfare Case Management Provider (CWCMP) shall receive a Temporary FC Medical Care letter when a child is placed in their care. This letter provides the child's Medicaid ID number and assigned Managed Care Organization (MCO) for medical providers to use until the out of home placement receives the child's medical card.

C. ~~Medicaid~~ **Medical** Coverage at Reintegration.

1. When a child is **no longer in out of home placement** ~~reintegrated~~, their Foster Care Medicaid eligibility ends. Exceptions to this include:
 - a. Extension – approved by the Regional PPS Program Administrator or designee
 - b. Extension – approved by the KDOC Director of **Special Projects**/Early Intervention ~~Services~~ or designee
 - c. Youth appointed a Soul Family Legal Permanency Custodian
2. **Eligible** children covered through an Adoption Assistance Agreement will resume coverage through the Adoption Subsidy Medical program.
3. **Coverage for children receiving medical through an independent medical policy will be discontinued when the child is no longer in an out-of-home placement.**
 - a. **The CWCMP will provide the medical policy information to the family with the option for the family to continue the policy.**

4. Children and youth who return home with Continuous Eligibility (CE) coverage left on their Medicaid program will be referred to the Kansas Department of Health and Environment (KDHE) to retain coverage for the remainder of the CE period. Form PPS 5918 Continuous Eligibility (CE) and Aged Out Foster Care Medical (AGO) Transfer Form is to be sent to KDHE.

45. Youth who age out of foster care with CE coverage left on their medical program will be referred to the KDHE to retain coverage for the remainder of the CE period. Form PPS 5918 Continuous Eligibility (CE) and Aged Out Foster Care Medical (AGO) Transfer Form is to be sent to KDHE.

56. Youth who are no longer eligible for Adoption Subsidy Medical and have CE coverage left on their medical program will be referred to the KDHE to retain coverage for the remainder of the CE period. Form PPS 5918 Continuous Eligibility (CE) and Aged Out Foster Care Medical (AGO) Transfer Form is to be sent to KDHE.

67. If a child in the custody of DCF is denied Medicaid coverage by ~~the Clearinghouse~~ KanCare, the CWCMP shall forward written documentation of continued need for medical coverage to the Regional Foster Care Program Administrator for approval. The approval for an extension and the documentation shall be forwarded to the PPS Eligibility Specialist.

78. If a child in the custody of KDOC is denied Medicaid coverage by KanCare, the case manager shall forward the denial and written documentation supporting continued need for medical coverage to the KDOC Director of Early Intervention Services. KDOC ~~CBS Juvenile and Adult Community Corrections~~ works with KDHE to reinstate Medicaid medical claims denied by KMMS. The approval for an extension and the supporting documentation shall be forwarded to the Eligibility Specialist.

a. Extensions may be approved for up to six months.

b. Extension needed beyond six months must be requested from and approved by the Director of Permanency or designee.

89. If the child continues to need medical treatment and the caregiver(s) cannot pay, the following steps are taken:

a. In the case log, the PPS Eligibility staff shall provide documentation supporting the need for continued medical treatment and information regarding the lack of medical care being a barrier to reintegration.

b. Caregiver(s) or relative must apply for medical coverage on behalf of the child through ~~the Clearinghouse~~ KanCare if the child is not covered by private medical insurance.

i. The application should be sent to ~~the Clearinghouse~~ KanCare on the day the child is reunified.

- ii. If the child has an urgent medical need, it shall be noted on the front page of the application.
- c. To expedite the Medicaid eligibility determination, the following documentation must be submitted with the application sent to ~~the Clearinghouse~~ KanCare.
 - i. Proof of U.S. citizenship or certain specified immigrant status as required by P.L. 119-21
 - ii. Proof of identity
 - iii. Proof of income
 - iv. Proof of other health insurance (if applicable)