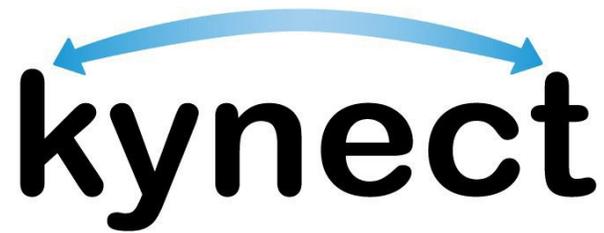# kynect

The Commonwealth of Kentucky

kynect

kynector After Action Reporting Tool (kAART) Quick Reference Guide

Document Control Information

Document Information

Document Name	Kynector After-Action Reporting Tool (kAART)
Project Name	Kentucky Health Benefit Exchange
Client	Kentucky Cabinet for Health and Family Services
Document Version	2.0
Document Status	Revised Submission
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Document Edit History

Version	Date	Additions/Modifications
1.0	05/20/2025	
2.0	02/02/2026	Updated Based on Phases 1 and 2 Enhancements

Table of Contents

Introduction

The kynector After Action Reporting Tool is a web-based application designed for Kentucky Navigators (kynectors) to log their activities related to assisting citizens with Kentucky Medicaid applications. This guide provides step-by-step instructions on how to use the tool to record various activities, including enrollment assistance, outreach and education efforts, and office hours.
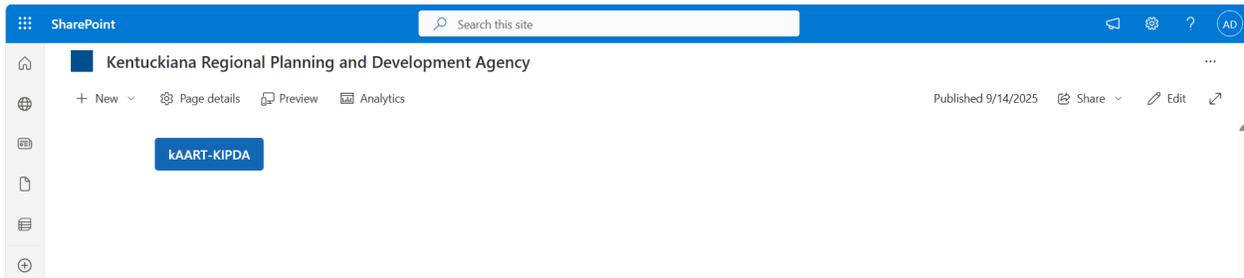
Accessing the Tool

The kynector After Action Reporting Tool can be accessed through a web browser on your laptop, tablet, or cellphone. From any web browser, enter the web address https://kymsoffice.sharepoint.com/sites/chfsext-DMS-kynectreporting.

- Select the kAART button to access the Reporting Tool.

Access to the Tool

Click on a specific organization to select the one relevant to you

- https://kymsoffice.sharepoint.com/sites/chfsext-DMS-kynectreporting/CAK
- https://kymsoffice.sharepoint.com/sites/chfsext-DMS-kynectreporting/KIPDA
- https://kymsoffice.sharepoint.com/sites/chfsext-DMS-kynectreporting/KPCA

Dashboard Navigation

Brief Description of what the dashboard is :

- Data shown – Commands
- Adding / Removing filters
- **Add new item**: select button to open a new kAART form, select the report type, complete the entry by scrolling up the from.

User Roles

- **kynectors:** Kentucky Navigators who use the tool to log their daily activities.

- **Organizational Managers:** Oversee kynectors, review submitted activities and submit monthly reports.

Tool Navigation

Basic Navigation Features

- **Clear**: Click to clear all information previously entered from a kAART form
    - **Important**: Because the multi-select items in the form do not clear when you save and complete a submission, you will need to manually clear the form when you start every new submission.
      EXAMPLE: When entering the first form of the day a user selected that they had made referrals to an Agent and to kynect Resources.
        - When they Save and Submit the form the information is retained in the background of the form.
        - If the kynector selects "No" to Referrals Sent and does not select the Clear button when starting a new entry, the data from the previous form will be retained.
    - Do not clear a form you are editing (This will create a new record; not edit your current one).
- **Save and Complete**: click to save and submit a completed kAART form.
- **Copy Link**: Do not use this button.

Reporting Activities

Each form in the kynector After-Action Reporting Tool contains three report types:

SSP Case Activity: Report activities related to assisting clients with enrollment applications, renewals, case changes, case maintenance, and general case inquiries including additional information. These activities will typically be associated with system activities performed in kynect benefits.

Outreach and Education Activities: Report activities such as conducting presentations, attending events, and distributing materials to promote awareness of the kynector program and the benefit assistance available through kynect. These activities will typically be face-to-face interactions with the general public.

Administrative Duties: Report activities spent on the kynector program that does not require use of the kynect system or face-to-face interactions with the public. These activities typically include time spent on internal planning, case documentation, responding to emails or phone calls, preparing for events, attending staff or program meetings and participating in training sessions. From the Office Hours section, you can also record any time off.
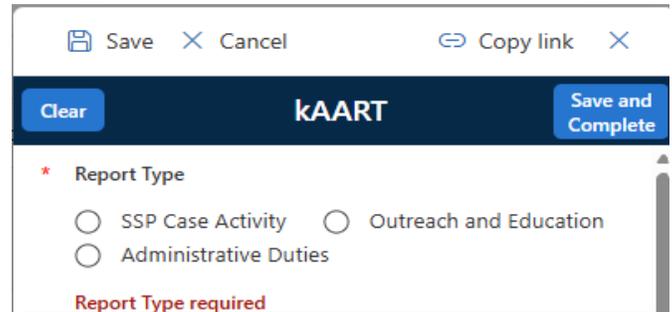
Completing the Forms

Each activity type has a corresponding form with specific questions and fields to complete.

User Organization Information (All Forms)

- **Username:** Automatically captured from your user profile.

- **Date:** Select the date of the activity using the calendar tool.
  - The current date should auto-populate when the form is opened.
  - Can allow backdating of kAART forms. We recommend not backdating entries older than 3 days. **Any forms needing edits of more than 3 days should be sent to your reporting Supervisor / Manager to be approved**.

- **Organization Name:** Select your organization from the list.
  - Your organization's name is preselected.

User Organization Information

* User Name

Adeyimika Desmennu

* Date of Activity

9/26/2025

* Organization Name
  - ○ Community Action Kentucky
  - ◉ KIPDA
  - ○ KPCA

- **Medicaid Region:** Select your Medicaid Region from the list (1-8).
  - Select your Medicaid Region.
  - If you are unsure which Medicaid Region to select, please confer with your organization leadership.
- **Subcontractor Name:** Select your subcontractor's name from the dropdown list.
  - Select the name of the subcontractor organization to which you belong.
  - If no subcontractor is assigned to the region, select "N/A."
- **kynector Home County:** From the dropdown list, select your assigned home county.
  - If you are unsure which county to select, please confer with your organization leadership.

* Medicaid Region

○ Region 1   ○ Region 2   ○ Region 3
○ Region 4   ○ Region 5   ○ Region 6
○ Region 7   ○ Region 8

Medicaid Region required

* Sub-Contractor

Sub-Contractor required

* kynector Home County

Find items

County required

Activity General Information

- **Question 1: How much total time was spent on this activity? (include any Overtime and/or Drivetime Hours)**
  - o **#TotalActivityHours:** Enter the total time spent on the activity in whole hour and/or ¼ hour increments (e.g., 0.25, 0.50, 0.75, 1.0) using the dropdown menus.
  - o **Activity Verification Check Box:** If the activity was completed as part of an event, click the box.
    - Clicking this box will disable the collection of hours to prevent duplicate reports for the same period.
- **Question 1a: Were there overtime hours related to this activity? (Y/N)**
  - o **OT Hours:** Use the y/n toggle selector to indicate overtime hours.
    - Only submit OT hours for time which you would receive overtime compensation.
    - Do not enter OT hours for working over a scheduled shift unless you would receive overtime compensation.
  - o If yes, **#OT hours:** Enter the total time spent on the activity in whole hour and/or ¼ hour increments (e.g., 0.25, 0.50, 0.75, 1.0) using the dropdown menus.

- **Question 1b: Were there drive time hours related to this activity? (Y/N)**
  - o **Drive Hours:** Use the y/n toggle selector to indicate drive time hours.
    - Do not include unpaid commute time.
    - If drive time is not associated to a specific activity and was for travel to a work location only; please list those hours under Office Hours / Administrative Duties.

Activity General Information

* Question 1: How much total time was spent on this activity?(include any Overtime and/or Drivetime Hours)

☐ Activity was completed as part of an event.

[0 ⌄] [0.00 ⌄] [　　　]

* Q1 a: Were there overtime hours related to this activity?

○ Yes ○ No ▲▼

Selection required

OT hours

[0 ⌄] [0.00 ⌄] [　　　]

* Q1 b: Were there drive time hours related to this activity?

○ Yes ○ No ▲▼

Selection required

- If yes, **#Drive hours:** Enter the total time spent on the activity in whole hour and/or ¼ hour increments (e.g., 0.25, 0.50, 0.75, 1.0) using the dropdown menus.

*   Q1 b: Were there drive time hours related to this activity?

    ◉ Yes   ○ No

    Drive hours

    | 0 ⌄ | 0.00 ⌄ | |

- **Question 2: Were there interpreter services needed for this action?**
    - **Interpreter:** Use the y/n toggle selector to indicate interpreter services.

*   Q2: Were there interpreter services needed for this action?

    ○ Yes   ○ No

    Selection required

    - **Question 2a: If yes, what type of interpreter?**
        - **Interpreter Type:** If yes, select the type of interpreter from the dropdown list, including options like American Sign Language, Arabic, Bosnian, and others.
        - The dropdown list contains the 10 most used languages in the Commonwealth of Kentucky. If the language you require does not appear in the dropdown list, select "Other".

*   Q2: Were there interpreter services needed for this action?

    ◉ Yes   ○ No

    Q2 a: If yes, what type of interpreter

    American Sign Language

    Arabic

    Bosnian

    Burmese

    French

    Haitian Creole

    Kinyarwanda

Activity Referral Information

- **Question 1: Was this activity initiated as the result of a referral from an outside organization?**
  - o **From Referral? :** Use the radio button Yes/No toggle to indicate referral.
  - o **Question 1a: If yes, who made the referral?**
    - ▪ **Referral Type:** Select the referral source(s) from the multi-select dropdown list, including options like kynect Resources, DCBS, Call Center, and others.
    - ▪ **Please note:** All information selected will be retained unless the clear button is selected after each entry.

- **Question 2: Were any referrals made to outside organizations as part of this activity?**

  - o **Referrals:** Use the radio button Yes/No toggle to indicate referrals made.

  - o **Question 2a: If yes, what type of referral(s) were made?**

    - ▪ **Referral Type:** Select the referral type(s) from the multi-select dropdown list, including options like kynect Resources, DCBS, Call Center, and others.
    - ▪ **Please note:** All information selected will be retained unless the clear button is selected after each entry.

Activity Referral Information

* Q1: Was this activity initiated as the result of a referral from an outside organization?

    ◉ Yes   ◯ No

Q1 a: If yes, who made the referral?

☐ kynect Resources   ☐ kynect OnDemand

☐ DCBS   ☐ Call Center

☐ Agent   ☐ Other kynector

☐ Other client?   ☐ Other Community Resources

* Q2: Were any referrals made to outside organizations as part of this activity?

    ◉ Yes   ◯ No

Q2 a: If yes, what type of referral(s) were made?

☐ kynect Resources   ☐ DCBS

☐ Call Center   ☐ Agent

☐ Other kynector   ☐ Other Community Resources

Form 1: SSP Case Activity

- **What is the Case or Application number associated with this action? (DO NOT Enter a Social Security Number)**
  - Use the radio button Yes/No toggle to indicate referral.
    - **County of Resident:** Select the county in which the primary case individual resides.
    - **Application Number:** Select if you have an application number related to this action.
      - Application numbers will typically start with 6.

    - **Case Number:** Select if you have a case number related to this action.
      - Case Number will typically start with 2.

    - **Multiple Cases:** Select if there is not a single case or application number associated with this action.
    - This selection is used to report bulk actions of the same type

SSP Case Activity

* What is the Case or Application number associated with this action?(DO NOT Enter a Social Security Number)

○ Application Number   ○ Case Number
○ Multiple Cases

Case or Application Number required

---

* What is the Case or Application number associated with this action?(DO NOT Enter a Social Security Number)

◉ Application Number   ○ Case Number
○ Multiple Cases

County of Resident

Find items	⌄

Application Number

Application Number should be 9 digits.

---

* What is the Case or Application number associated with this action?(DO NOT Enter a Social Security Number)

○ Application Number   ◉ Case Number
○ Multiple Cases

County of Resident

Find items	⌄

Case Number

Case Number should be 9 digits.

---

* What is the Case or Application number associated with this action?(DO NOT Enter a Social Security Number)

○ Application Number   ○ Case Number
◉ Multiple Cases

#Cases [   ]   (Min:1 and Max: 999)

11

completed in a period of time.

- These actions will typically not involve the running of eligibility (Checking Notices, RFIs..,).

- **Question 1: What type of activity was completed?**

  - o **Action Type:** Select the type of enrollment activity completed from the dropdown menu. Options include:
    - Application (this will enable question 1b)
    - Renewal (this will enable question 1b)
    - Case Change (this will enable question 1b)
    - Case Maintenance (this will enable question 1c)
    - General Case Inquiry
- **Question 1b: What was the outcome of the activity completed?**
  - o **Action Outcome:** Select the outcome of the activity from the dropdown menu (single selection only). Options include:
    - Approved (this will enable question 1b.2)
      - Only report the outcome for health coverage (Medicaid/QHP).

    - Pending
      - Do not select Pending if Medicaid/QHP is approved and the only pended portion of the application is for SNAP or CCAP.

Q1: What type of activity was completed?

Application

Renewal

Case Change

Case Maintenance

General Case Inquiry

Q1: What type of activity was completed?

Application ⌄

Q1 b: What was the outcome of the activity completed? (For mixed eligibility cases with SNAP/CCAP included, report the outcomes for Medicaid/QHP related EDGs only.)

○ Approved   ○ Pending   ○ Denied

Outcome of the activity required

- ▪ Denied
  - ▪ Denied should only be used in instances where NO eligibility was determined.
- **Question 1b.1: How many household members were included in this application?**

  Q1 b.1 How many household members were included in this application?

  - o Enter the number of household members listed on the application (Tax Household).

- **Question 1b.2: What programs were included in this activity?**

  Q1 b.2: What programs were included in this activity?

  ☐ Medicaid/QHP with APTC/CSR

  ☐ QHP Only (no APTC)

  ☐ SNAP

  ☐ CCAP

  - o **Program Type:** Select all applicable programs from the multi-select check boxes. Options include:
    - ▪ Medicaid/QHP with APTC/CSR
    - ▪ QHP Only (no APTC)
    - ▪ SNAP
    - ▪ CCAP
- kAART will not allow selection of both Medicaid/QHP with APTC /CSR and QHP only. QHP Only should only be selected when no determination of Financial Assistance was completed.

- **Question 1b.3: What programs were approved for this activity?**
    - ○ **Program Approved:** Select all applicable programs from the multi-select radio buttons. Options include:
        - ▪ **Medicaid** (if selected, this will enable questions 1b.3.1, 1b.3.2, 1b.3.3 and 1b.3.4)
        - ▪ **QHP with APTC/CSR** (if selected, this will enable questions 1b.3.5 and 1b.3.6)
        - ▪ **QHP with no APTC/CSR** (if selected, this will enable questions 1b.3.5 and 1b.3.6)

Q1 b.3: What programs were approved for this activity?

☐ Medicaid   ☐ QHP with APTC/CSR

☐ QHP with no APTC/CSR

- **Question 1b.3.1: Total Members Approved for Health Coverage (Includes QHP APTC, Medicaid, and KCHIP)**
    - Enter the number of members approved for coverage in the text box (numerical entry, no decimals).
- **Question 1b.3.2: Total number of Medicaid Members (Including KCHIP)**
    - Enter the number of Medicaid members in the text box (numerical entry, no decimals).
- **Question 1b. 3.3: Total number of KCHIP Members**
    - Enter the number of KCHIP members in the text box (numerical entry, no decimals).
- **Question 1b. 3.4: Total number of Medicare Savings Program**
    - Enter the number of members enrolled in the Medicare Savings Program in the text box (numerical entry, no decimals).

Q1 b.3: What programs were approved for this activity?

[✓] Medicaid   [ ] QHP with APTC/CSR

[ ] QHP with no APTC/CSR

Q1 b.3.1 Total Members Approved for Health Coverage (Includes QHP APTC, Medicaid, and KCHIP)

Q1 b.3.2: Total number of Medicaid Members (Including KCHIP)

Q1 b.3.3: Total number of KCHIP Members

Q1 b.3.4: Total number of Medicare Savings Program

- **Question 1b.3.5: Total number of QHP Approved**
    - If QHP with APTC/CSR or QHP with no APTC/CSR are selected in 1b.3, enter the number of approved members in the text box (numerical entry, no decimals).
- **Question 1b.3.6: Total number of QHP Enrolled**
- If QHP with APTC/CSR or QHP with no APTC/CSR are selected in 1b.3, enter the number of enrollees in the text box (numerical entry, no decimals).

Q1 b.3: What programs were approved for this activity?

☐ Medicaid   ☑ QHP with APTC/CSR

☐ QHP with no APTC/CSR

Q1 b.3.5: Total number of QHP Approved

Q1 b.3.6: Total number of QHP Enrolled

- **Question 1c: Identify below the type of case maintenance action(s) taken.**
    - **Maintenance Type:** Select all applicable actions from the multi-select radio button list. Options include: Document upload, QHP Enrollment, Disposition of Pending Case, MCO Change).
    - **Please note:** All information selected will be retained unless the clear button is selected after each entry.

Form 1: Enrollment Activity Report Questions

* Q1: What type of activity was completed?

Case Maintenance ⌄

Question 1c: Identify below the type of case maintenance action(s) taken

☐ Document upload   ☐ QHP Enrollment

☐ Disposition of pending case   ☐ MCO Change

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- **QHP Enrollment: Were there enrollments related to this action? Enrollments:** Use the yes/no radio button toggle to indicate enrollments.
  - **If yes, #MembersEnrolled:** Enter the number of members enrolled for each type (MCO, QHP w/ APTC, QHP w/o APTC) in the numerical entry fields (no decimals).

Question 1c: Identify below the type of case maintenance action(s) taken

☐ Document upload   ✓ QHP Enrollment

☐ Disposition of pending case   ☐ MCO Change

Were there enrollments related with this action?

◉ Yes   ○ No

If yes, how many members were enrolled for each type below?

☐ MCO   ☐ QHP w/ APTC

☐ QHP w/o APTC

If yes, how many members were enrolled for each type below?

✓ MCO   ✓ QHP w/ APTC

✓ QHP w/o APTC

MCO

[   ]

QHP without APTC

[   ]

QHP with APTC

[   ]

- **Disposition of pending case (if selected, this will open a toggle radio button selection with the following options: Approved, Denied)**
    - If Approved is selected under Disposition of pending case:
        - **Were there enrollments related to this action? Enrollments:** Use the yes/no radio button toggle to indicate enrollments.
- **If yes**, **#MembersEnrolled:** Enter the number of members enrolled for each type (MCO, QHP w/ APTC, QHP w/o APTC) in the numerical entry fields (no decimals).

Question 1c: Identify below the type of case maintenance action(s) taken

☐ Document upload   ☐ QHP Enrollment

☑ Disposition of pending case   ☐ MCO Change

Disposition of pending case

◉ Approved   ○ Denied

Were there enrollments related with this action?

◉ Yes   ○ No

If yes, how many members were enrolled for each type below?

☑ MCO   ☑ QHP w/ APTC

☑ QHP w/o APTC

MCO

QHP without APTC

QHP with APTC

- **Q2. Were there any QHP disenrollment related to this activity?**
  - **Q2.a.** If yes, enter the number of members enrolled in the text box.

Q2. Were there any QHP disenrollments related to this activity?

Find items

Yes

No

Q2. Were there any QHP disenrollments related to this activity?

Yes

Q2.a. How many members were disenrolled?

Q2.b. Name of Issuer disenrolled from?

Find items

Q2.c. Disenrollment Reason?

Find items

- **Q2.b**. Select the name of Issuer disenrolled from, from the options provided in the dropdown.

Q2.b. Name of Issuer disenrolled from?

Find items

Anthem

Ambetter/Wellcare

Passport/Molina

Caresource

19

- **Q2.c.** Select reason for disenrollment from the dropdown.
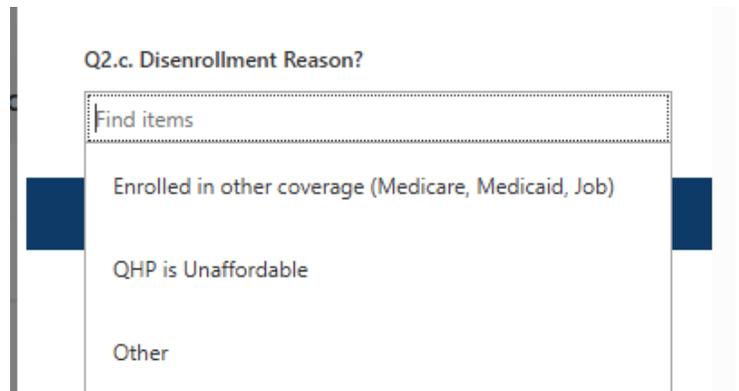
Q2.c. Disenrollment Reason?

Find items

Enrolled in other coverage (Medicare, Medicaid, Job)

QHP is Unaffordable

Other

Form 1.1: Additional Information

- **Q1: What is the race of the applicant?**
  - **Applicant Race:** Select the applicant's race from the dropdown menu, including options like American Indian or Alaska Native, Asian, Black or African American, and others.
- **Q2: What is the ethnicity of the applicant?**
  - **Applicant Ethnicity:** Select the applicant's ethnicity from the dropdown menu, including options like Hispanic or Latino, Not Hispanic or Latino, and Prefer not to say.
- **Q3: What is the immigration status of the applicant?**
  - **Applicant Immigration Status:** Select the applicant's immigration status from the dropdown menu, including options like U.S. Citizen, Permanent Resident, Temporary Resident, and others.
  - **Please note:** All information selected will be retained unless the clear button is selected after each entry.
- **Q4: Was any external intervention/assistance required on this action?**
  - **Intervention Required:** Use the Y/N radio button toggle to indicate intervention.
  - If yes, **who did you contact and how much time was spent with this contact?**
    - **Intervention Type:** Select the type of intervention from the multi-select radio buttons, including options like Professional Services Line, DCBS, and Sent to KHBE Inbox. If an option is selected, enter the time spent in a text box with the format xxxx.xx (two decimal points, ¼ hour increments only).

Form 1. 1 Additional Information

* Q1: What is the race of the applicant?

Applicant Race required

* Q2: What is the ethnicity of the applicant?

Applicant Ethnicity required

* Q3: What is the immigration status of the applicant?

Applicant Immigration Status required

* Q4: Was any external intervention/assistance required on this action?

( ) Yes   ( ) No

InterventionType

[✓] Professional Services Line   [ ] DCBS

[ ] Sent to KHBE Inbox

Professional Services Line

| 0 | 0.00 | |

OR

OR

- **Q5: Was this activity related to re-entry/justice-involved applicant?**
  - o Use the radio button **Yes** or **No** to indicate re-entry/justice-involved applicant.

Form 2: Outreach and Education Activity Report

- **What County was the Outreach and Education activity performed in?**
    - Select County the activity was performed in.

Form 2: Outreach and Education Activity Report Questions

What county was the Outreach and Education activity performed in?

Find items

Adair

Allen

Anderson

Ballard

Barren

Bath

- **Question 1: What Outreach or Education Activity was performed?**
- **O&E Activity** Type: Select the type of activity from the dropdown menu. Options include:
    - Event (this will enable the following question
    - Date of Event
    - Name of kynector Event
    - Canvasing/Promotion/Delivering Materials (this will enable question 1b)
    - Presentation
    - Direct Client Education
    - Kynect On Demand

Question 1: What Outreach or Education Activity was performed?

○ Event
○ Canvasing/Promotion/Delivering Materials
○ Presentation   ○ Direct Client Education
○ kynect On Demand

Selection required

Question 1: What Outreach or Education Activity was performed?

- ⦿ Event
- ○ Canvasing/Promotion/Delivering Materials
- ○ Presentation   ○ Direct Client Education
- ○ kynect On Demand

* **Date of Event**

`12/31/2001`

* **Name of the kynector Event**

* **1.3: Was this a Partnered Event?**

`Find items` ⌄

- **Q1.3. Was this a Partnered Event?** If yes,
  - o **Q1.3.1** is prompted; select appropriately from the dropdown.

* **1.3: Was this a Partnered Event?**

`Yes` ⌄

1.3.1: Were you the primary kynector organizing the event?

`Find items` ⌄

- **If yes to Q1.3.1**, Question 1a is prompted.
  - o Select appropriately from the dropdown.

1.3.1: Were you the primary kynector organizing the event?

`Yes` ⌄

Question 1a: What type of event was held?

- ○ Enrollment   ○ Outreach & Education

- **Question 1a: What type of event was held?**
  - o Event Type: Select the type of event using the radio buttons. Selections are:
    - Enrollment and,
    - Outreach & Education.

- **Question 1a.1: How many total attendees were there at the event?**
  - o #**Attendees**: Select the number of attendees from the dropdown menu with ranges like 1-9, 10-19, 20-49, and others.

- **Question 1a.2: How many contacts were made during the event?**
  - o #Contacts: Enter the number of contacts in the text box (numerical, no decimals).
    - *A contact is considered as any **direct interaction** with a resident that results in passing of contact information from either the kynector to the resident or the resident to the kynector.*
    - *A direct interaction with a resident – (conversation, discussion of health coverage, answering questions, looking up a case, etc...) AND one of the following...*
      1. Getting the contact information from the resident, or,
      2. Giving the residents their contact information

Question 1a: What type of event was held?

◯ Enrollment   ◯ Outreach & Education

Selection required

Question 1a.1: How many total attendees were there at the event?

0
1-9
10-19
20-49
50-99
100+

Q 1a.2: How many contacts were made during the event?

[   ]

Required value

- **Question 1a.3: How many enrollment activities were completed during the event?**
    - **#Enrollments**: Enter the number of enrollments in the text box (numerical, no decimals).
- **Question 1a.4: Do you have pictures to upload for this event?**
    - **#Event Pic**: Use the y/n radio button toggle to indicate pictures. If yes, the feature to upload pictures will be enabled.
    - **Please use the approved naming format for pictures.**
    - **Please submit pictures in .jpeg form**.

Q 1a.3: How many enrollment activities were completed during the event?

Required value

Q 1a.4: Do you have pictures to upload for this event?

(•) Yes   ( ) No

Upload Pictures

(Please follow naming format MMDDYYYY_City_EventName_KynectorInitials)

There is nothing attached.

📎 Attach file

- **Question 1: What Outreach or Education Activity was performed?**
    - **O&E Activity Type**: Select the type of activity from the dropdown menu. Options include:
        - **Canvasing/Promotion /Delivering Materials** (this will enable question 1b)
        - Presentation
        - Direct Client Education
        - Kynect On Demand

Question 1: What Outreach or Education Activity was performed?

( ) Event
(•) Canvasing/Promotion/Delivering Materials
( ) Presentation   ( ) Direct Client Education
( ) kynect On Demand

Question 1b: At how many locations did you perform canvasing/promotion/delivering materials?

- Question 1b: At how many locations did you perform canvasing/promotion/delivering materials?
    - **#Locations**: Enter the number of locations in the text box (numerical, no decimals).

Question 1: What Outreach or Education Activity was performed?

( ) Event
(•) Canvasing/Promotion/Delivering Materials
( ) Presentation/Direct Client Education

Question 1b: At how many locations did you perfor... canvasing/promotion/delivering materials?

- **Question 1**: What Outreach or Education Activity was performed?
    - **O&E Activity Type**: Select the type of activity from the dropdown menu. Options include:
        - **Kynect On Demand** (this will enable questions as shown)

Question 1: What Outreach or Education Activity was performed?

- ◯ Event
- ◯ Canvasing/Promotion/Delivering Materials
- ◯ Presentation   ◯ Direct Client Education
- ◉ kynect On Demand

How many kynect on Demand referrals were received?

[   ]

How many Referrals resulted in an application?

[   ]

How many Application resulted in an enrollment?

[   ]

- **Question 2: Was the Outreach and Education Activity Targeted to a vulnerable or under-served population?**
    - **Under-served**: Use the Y/N radio button to indicate targeting.
    - **If yes, Question 2.1**: Which population?
        - **Population**: Enter the population in the text box (alpha only, 15 characters).
        - **Please Note**: Vulnerable Population i.e. Disabled, Veterans, Homeless...

Question 2: Was the Outreach and Education Activity Targeted to a vulnerable or under-served population?

◯ Yes   ◯ No

Selection required

Question 2: Was the Outreach and Education Activity Targeted to a vulnerable or under-served population?

◉ Yes   ◯ No

Question 2.1: Which population?

[   ]

Required value

27

Form 3: Administrative Duties

- **Question 1: What type of Administrative Duties were performed?**
    - o **#of Administrative Duties:** Select the type of activity from the dropdown menu. Options include:
        - ▪ Administrative (this will enable question 1a)
        - ▪ Holiday/Time Off
        - ▪ Meetings/Training (this will enable question 1b)
        - ▪ Paid Travel To/ From Worksite

Form 3: Administrative Duties

Question 1: What type of Administrative Duties were performed?

Find items ⌄

Find items

Administrative

Holiday/Time Off

Meetings/Training

Paid Travel To/From Worksite

- **Question 1a: What type of administrative activity was performed?**

    - o **Admin Duties:** Select the type(s) of administrative activity from the dropdown menu, including options like Phone Calls, Email, Filing, and Event Prep.

Form 3: Administrative Duties

Question 1: What type of Administrative Duties were performed?

Administrative ⌄

AdminDuties

☐ Phone Calls   ☐ Email

☐ Filing   ☐ Event Prep

☐ Identity Proofing   ☐ General Program Inquiry

☐ Dashboard Review   ☐ Reports

- **Q1a.1: If phone call,** enter number of calls.

- **If Meetings/Training, then, Question 1b: What type of meeting/training was attended?**

  - o **Meeting Type:** Select the type of meeting or training from the options provided, including Internal Organization Meeting, KHBE/kynector Meeting, and others.

Submitting Reports

Once you have completed all the required fields in a form, click the "Save" button. The report will be submitted to your Organizational Manager for review.

Data Management

All reported data will be stored in a SharePoint site managed by the Kentucky Health Benefit Exchange (KHBE) and the Department of Medicaid Services (DMS).

Integration with Power BI

The kynector After Action Reporting Tool will be integrated with Power BI for reporting and analysis purposes. More information on the Power BI integration will be provided later.

Troubleshooting and Support

If you encounter any issues while using the After Action Reporting Tool, please contact your Organizational Manager for assistance.

Conclusion

The kynector After Action Reporting Tool is a valuable resource for Kentucky Navigators to document their activities and track their progress in assisting citizens with Medicaid applications. By following the instructions in this guide, you can effectively use the tool to report your activities and contribute to the success of the Kentucky Medicaid program.