# The Commonwealth of Kentucky kynect State-Based Marketplace



kynect Dashboard Training Guide

December 16, 2022

# **Document Control Information**

# **Document Information**

Document Name	kynect Dashboard Training Guide
Project Name	kynect health coverage (SBM)
Client	Kentucky Cabinet for Health and Family Services
Document Author	Deloitte Consulting
Document Version	6.0
Document Status	Revised Submission
Date Released	December 16, 2022

# **Document Edit History**

Version	Date	Additions/Modifications	Prepared/Revised by
1.0	August 27, 2021	Final Submission	Deloitte Consulting
2.0	September 17, 2021	Revised Submission	Deloitte Consulting
3.0	December 10, 2021	Revised Submission	Deloitte Consulting
4.0	August 16, 2022	Revised Submission	Deloitte Consulting
5.0	August 24, 2022	Revised Submission	Deloitte Consulting
6.0	December 16, 2022	Revised Submission	Deloitte Consulting

# Introduction

During this Training Guide, kynectors will learn about the kynector Dashboard. The kynector dashboard allows kynectors to view personal and organization information, view the Message Center, search for Residents, request access to a Resident's case, use the Prescreening Tool, start a benefits application, and navigate to the Resident Dashboard.

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**Please note:** Screenshots may not be representative of actual system behavior. All specific information found in this training module is test data and not representative of any kynect client.

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#### 1 kynector Dashboard

During this module, kynectors will learn how to navigate the kynector Dashboard and the Resident Dashboard

#### kynector Role within kynect health coverage

kynectors educate and assist Kentucky Residents with finding health coverage through the State-Based Marketplace. kynectors may help Residents apply for Medicaid or KI-HIPP, apply for Qualified Health Plans (QHPs) or Advance Premium Tax Credit (APTC), report changes in information, and recertify benefits.

#### What will be covered in this section?

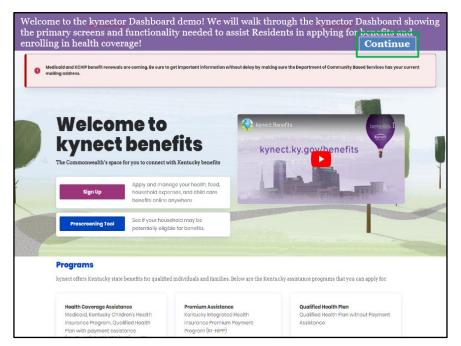
Walkthrough of the kynectors Dashboard including:

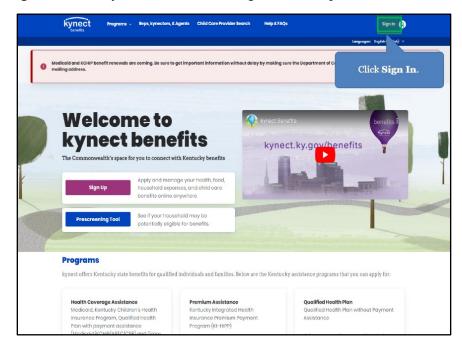
- Message Center
- kynectors Profile
- Resident Search
- · How to request access to a Resident's case
- · How to use the Prescreening Tool



The **kynector Dashboard** is where kynectors may complete a benefits application, view messages, view personal and organization details, search for associated Residents, request access to a Resident's existing case, and utilize the Prescreening Tool.

#### 1.1 kynector Sign In



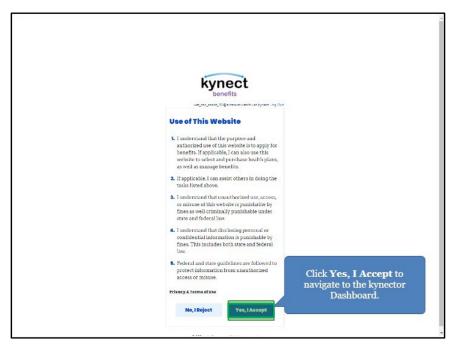


1. Click Sign In on the kynect website to navigate to the kynector Dashboard.

2. Enter the kynector's Kentucky Online Gateway (KOG) Credentials and click Verify.



3. Review the Terms of Use and click **Yes**, **I Accept**.



#### 1.2 Start Benefits Application

4. Click **Start Benefits Application** to review information on the benefits application and initiate an application.

	kynect	Dashboard Programs	· Rops, kynectors, & Agents · C	child Care Provider Searc	ch Help & FAQs	C MORTH ()
		-				Languages: English(English) ~
Overview		Welcom	ne, ANDREV	v		Start Benefits Application
		Your ID	Organization	Coverage Area	Public	Access
		5663	FIVETWENTYTWO	(		Benefits Application a benefits application.
		Search				
		Programs Applicable				
		Medicaid	SNAP/CO	AP:		
		First Norno		L.	ast Name	
		O Cose Number			Application Number	_
Dashboar	d has four	r primary con		age Center	r, kynector p	olication. The kynector rofile, I Want to, and client

5. After reviewing the information, click **Start Benefits Application** to initiate a benefits application or **Exit** to navigate back to the **kynector Dashboard**.

		and come back to your application at a ication may be better supported by a co	
	Gather Important Documents	Fill Out the Application	Get Results & Next Steps
	<ol> <li>Social Security Number</li> <li>Income Information(pey stube, award letters)</li> <li>Expense information (rent, utilities, medical bille)</li> <li>Tax Returns</li> </ol>	<ol> <li>Provide household information (number of members, age, citizenship, education)</li> <li>Provide individual member information (income, expense, assets)</li> </ol>	Set up interviews     Send additional documentation
	Nood help? We understand this can be a difficult These options will remain open to you	application to do by yourself. You can g a throughout your application.	pet free help with your application.
	Contact kynector A kynector can help you with your benefits in the following ways • Apply for Medicaid or K0-HIPP • Report changes in your informat • Recertify your Medicaid benefit	Ask a DCBS worker as have about the applic	ıy questions you
	Click Exit	t to navigate back	to the <b>Dashboard</b> .
l	Exit		Stort Benefits Application
Application.		ve are reviewing th	on, they would click <b>Start Benefits</b> ne <mark>kynector</mark> Dashboard, we will navigate back to

#### 1.3 Message Center Screen

6. On the **kynector Dashboard**, click the **envelope** icon to navigate to the **Message Center** to view messages and notices from kynect.

Overview	kynect bevefs	Welcon	ne, ANDREV	Child Care Provider Sec	Cl	ick the <b>envelope</b> n to navigate to the <b>lessage Center</b> .	
		Your ID 5663	Organization FIVETWENTYTWO	Coverage Area	ð	Magram Access Medicaid/APTC/QHP Xon Mit	
	I	Search Programs Applicable					and the second
		Medicoid Pint Nome C Cose Number	SHAP/CO	CAP	Lost Nome		
	<b>Dashboa</b> he envelor		rs may view me:	ssages and	d notices from	n the kynect system	ı by

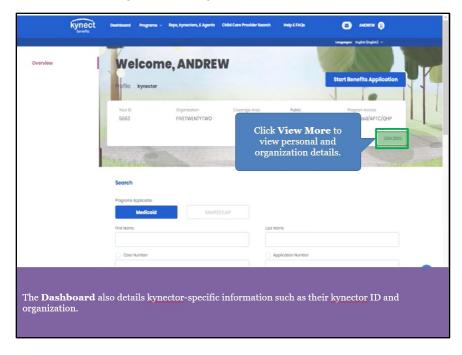
- 7. Click the **Messages** tab to view the kynector's messages.
- 8. Click the **Notices** tab to view the kynector's notices.

Overview	to the	iew to navigate back Dashboard. ge Center	C Macciganity ()
		Notices(0)	Messages(0)
	Q, Search Details	Due bots	
	The expanded	l kynect is working to keep every Kentuckian sa Oo to <u>kynectikygov</u> to see all your options.	fe, healthy and happy.
The Message Co	e <b>nter</b> is where	e kynectors may view incoming	g messages and notices.

9. Click **Overview** to navigate back to the **kynector Dashboard**.

# 1.4 kynector Profile Screen

- 10. The **kynector Profile** details kynector-specific information such as their kynector ID and organization information.
- 11. Click View More to navigate to the kynector Profile.



12. On the **kynector Profile** screen, kynectors may view personal and organization details. Personal information includes contact information for the kynector while the organization details include the kynector's organization name and address. The **kynector profile** is also where kynectors may change their KOG password.

·····	Welcome, Al		Start Benefits Application
Click <b>Ove</b>	crview to navigate ba	ack to the <b>Dashboard</b> .	Program Access Medicaid/APTC/QHP
	Nome	Ernal Address	Phone Number
	Andrew Anna	uat_pro_uat_143@dispostable.com	Photo Ramoo
	Phone Type	Secondary Phone Number	Mailing Address
	Preforred Method Of Contact	Proferred Time Of Contact	Clients 1 Export Client List
	Organization Information		
	Orgonization Name FIVETWENTYTWO	0 734	organization physical address
	Phone Number	Emol	organization mailing address
			barren b

13. Click **Overview** to navigate back to the **kynector Dashboard**.

#### 1.5 Request Access Screen

14. Click **Request Access** to navigate to the **kynector Access Request** screen. A kynector may request access to an existing case if a Resident completed a benefits application and now needs a kynector's help with their application, such as reporting a change in information.

	First Nome	Lost Nome
	Cose Number	Application Number
	Social Socurity Number (9 digits)	Doto of Birth
	Address Line 1	mm/dd/yyyy B
	Click <b>Request</b> A request access to a existing ca	Resident's Export to Excel
	Request Access Request access to a client's existing case.	Proscreening Tool Check for potential eligibility on behalf of a client
	Schedule Appointment Schedule an Appointment for contact not already in system.	Reschedule/Cancel Appointment Reschedule/Cancel Appointment for contact not already in system
<u>Services (CHFS)</u> Printable Forms		
Recommended brows	ien: Google Chrome, Microsoft Edge, Mozilla Firefox, Apple Saft	ori
Privacy Policy & Torms of Use		© Copyright 2023

15. Enter **information** into the fields and click **Search** to search for Residents.

16. Click **Cancel** to return to the **kynector Dashboard**.

kynector Access	roduost
First Nema	мі
Lost Name	5.0%
	Select 🔘
Sex Date of Birth	
Soloot 🞯 mm/dd/yyyy 🖩	
Social Security Number	
Application Number	Case Number

**Please note**: kynectors may request access to Resident cases they are not associated with if they are in the same organization as that Resident's existing kynector.

#### 1.6 kynect benefits Prescreening Tool

- 17. The kynect benefits Prescreening Tool is an anonymous tool that checks potential eligibility across Health Assistance, Food Assistance, Financial Assistance for Families with Children, and Health Insurance Premium Payment Assistance. The Prescreening Tool is not an application and does not guarantee eligibility. To determine eligibility for any program a full benefits application must be completed.
- 18. Click **Prescreening Tool** to navigate to the kynect benefits **Prescreening Tool** screen.

- 19. Review the prescreening information and click **Start Prescreening** to initiate the kynect benefits Prescreening Tool.
- 2. Food Assistance 3. Financial Assistance for Families with Children 4. Child Care Assistance 6. Health Insurance Premium Payment Learn More Only calculate my potential SNAP benefit amount, I do not want to check for potential eligibility across other programs ð Learn More Basic Eligibility requirements for all programs: You must live in Kentucky Click Exit to navigate back to the Dashboard. · You must be a US citizen or qualifie Exit The **Prescreening Tool** screen displays detailing the programs the Prescreening Tool checks potential eligibility for, and the criteria needed to be eligible for those programs. Please note: Please refer to section 4 kynect benefits Prescreening Tool for steps on how to complete the kynect benefits Prescreening Tool. \_ \_ \_ \_
- 20. Click Exit to navigate back to the kynector Dashboard.

## 2 Resident Dashboard

The **Resident Dashboard** details Resident information and is where kynectors may view additional case details and take action(s) on behalf of a Resident. kynectors may view information on *Benefits, Health Plans, Message Center, Health Plans, Reps, kynectors and Agents, Documents, Hearings, and Client Case Notes.* They may also apply for additional benefits programs or report changes in information on behalf of a Resident.

#### 2.1 Resident Search

1. Enter **information** into the fields to search for associated Residents or click **Search** without entering **information** into the fields to display all associated Residents.

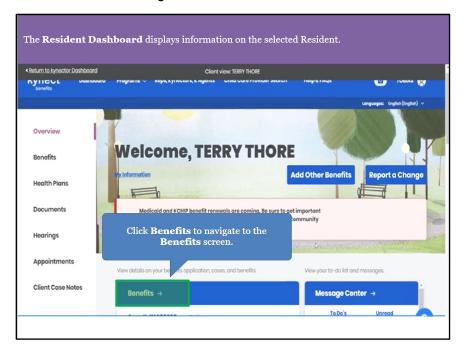
Programs Applicable			
Medicaid	SNAP/CCAP		
First Name		Last Name	
Case Number		Application Number	
Social Security Number (	) digits)	Date of Birth	
		mm/dd/yyyy	ö
Address Line 1		Click <b>Search</b> to sear associated Resid	

2. After clicking **Search**, associated Residents display below. Select the appropriate **Resident** to navigate to the **Resident Dashboard**.

	iated Residents display ctors may click on the R			
	6 Clients Found			
c	lient Details 💿	Case Status 💿	Submitted Date	Last Updated
M	ERRY THORE   Age 39 ose #112968385	Approved	05/18/2022	06/15/2022
F	ARLENE HUDS Age 35 THORE to to the Re Dashb	o navigate e <b>sident</b>	05/24/2022	05/25/2022
М	YHOUSS  Age 32 ase #:112968306	Approved	05/17/2022	05/20/2022
F	INA GINN   Ago 39   3988519	Approved	05/20/2022	06/20/2022
M	MAREP HUTMAREP   Age 49 mea #172882245	Approved	05/16/2022	06/19/2022

#### 2.2 Resident Dashboard Screen

3. After selecting the appropriate Resident, the kynector is navigated to the **Resident Dashboard** screen where they may view the Resident's case details. Click **Benefits** to navigate to the **Benefits** screen to view information including what programs are Approved, Denied, or Pending.



#### 2.3 Benefits Screen

4. The **Benefits** screen displays the Resident's benefits information and the benefits of any other members who are included in the Resident's household.

verview	1	
enefits	Benefits	
ealth Plans	View and manage your approved programs. Ensure your information is up- Change	to-date as changes to your information may affect your benefits. Report a
ocuments		
earings	Interested in other state programs and resources?	⊕
Client Case Notes	Active & Pending Cases	Inactive Coses
	Case #112776605	Burgert o Charrog
	(10) (10) (10) (10) (10)	In focus of the
	Qualified Health Plans (QHP)	
	TEST CASE • Approved	TRIAL CASE Approved
	Type Benafit Period	Typo Bonofit Pariod
	Qualified Health Plan 01/01/2022 - 12/31/2022	Qualified Health Plan 01/01/2022-12/31/2022
	Advanced Premium Tax Credits (APTC)	
	TEST CASE	TRIAL CASE
	Denied     Application Submitted 0/10/2022.	Danied     Application Submitted 0(#0/2022.

- 5. Review the Resident's benefits information.
- 6. Click **Overview** to navigate back to the **Resident Dashboard**.

	Client view. TEST CASE	
kyn	IECT Doubboard Programs - Reps, kynectors, £ Agents Help & FAQs	XQALSO (S)
Return to kynoctor Do Overview	Click <b>Overview</b> to navigate back to the <b>Resident</b> <b>Dashboard.</b>	նուցուցու նչնելիկցեն) տ
Benefits	Benefits	
Health Plans	View and manage your approved programs. Ensure your information is up- information may affect your benefits. <u>Report a Change</u>	to-date as changes to your
Documents	0	
Hearings	Interested in other state programs and resources?	$\oplus$
Appointments		
Client Case Notes	Active & Pending Cases	Inactive Cases
	Case #112988385	Report a Change
	Medicaid/KCHIP	

# 2.4 Resident Message Center Screen

7. Click **Message Center** to navigate to the Resident's **Message Center** to view messages and notices from kynect.

< Return to kynector Dashboard	Client view: TEST CASE	
kynect	Doshboard Programs v Reps, kynectors, £Agents Help£FAQs	XQALSC 8
		Languague: Righth(Righth) v
< Return to kynector Dashboard	Client view: TERRY THORE	
Benefits	TEICOINC, TERRI THORE	
Health Plans	NyInfermation Add	d Other Benefits Report a Change
Documents	Medicaid and KCHIP bend Click Message	
Hearings	• information without dele Bosed Services has your the Message Center to navigate the Message Center.	to
Appointments		
	View details on your benefits application, cases, and benefits.	View y to-do list and messages.
Client Case Notes	Benefits →	Message Center 🧃
	Case#: 112988385 • Active	To Do's Unread
	Approved Pending Interview Pending Verification	0 1
	Medicaid/KCHIP	0 Due this week 1 Notices

- 8. Click the **Messages** tab to view the Resident's messages.
- 9. Click the **Notices** tab to view the Resident's notices.
- 10. Click **Overview** to navigate back to the **Resident Dashboard**.

he <b>Message C</b>	enter displays t	the Resident's messages	and notices.		
Return to kynector Dashboar	rd	Client view: TERRY THOR	KE		
Overview	Messa	ge Center			
naviga	v <b>erview</b> to ate to the <b>Dashboard.</b>	Notiges (1)		Messages (0)	
¢.	Q Search				
Hearings	Details		Due Date	۲	
Appointments	ANNOUNCEMENT				
Client Case Notes	Medicaid and KCHP be information without del Services has your curre Date Message Received	xd: 5/8/2022	munity Based		
ĺ		Go to <u>kynectky.gov</u> to see all your op			
Help & I Find DCF	FAQs BS Office	Contact Us kynect benefits 1-855-306-8959 Technical Assis	Connect	f ¥	?

#### 2.5 Health Plans Screen

11. Click **Health Plans** to navigate to the **Enrollment Manager** screen to view the Resident's health plan details.

< <u>Return to kynector Dashboard</u>	Cit	ont viow: TEST CASE		
kynect •	ashboard Programs v Reps, kynectors, & Ager	nta Help & FAQs	XQALSC 👰	
			Languagus: Reglish(Reglish) v	
< Return to kynector Dashboard	Ci	iont view: TERRY THORE		
Click Health Pl	Modicaid/KCHIP     Qualified Health Plans ans			
to navigate to t Enrollmen Manager scre	t	H <sup>2</sup> p for MCO plans.	Manage and view details about your support Reps, kynectors, & Agents →	team.
	Not Enrolled	Enrolled	Authorized Representative	
	TERRY THORE		Give a trusted friend or family member access to your case or application. kynector Tobias ins	*
			LODIOS INS	

12. The **Enrollment Manager** screen details the Resident's medical, dental, and MCO plan details as applicable. This is also where Residents may shop for, compare, and enroll in coverage.

The Enrollment Mar	nager screen displays the	Resident's medical, dental, and MCO informat	ion.
	Case Number: 112776605		
	< Back to Dashboard		
	Enroliment Mo	anager	
	Medicaid Plans	Qualified Health Plans	G
	Qualified Health Plan	as (QHPs)	
	Below is the household's enrollment st	tatus of certified health plans.	
	View QHP History	Add Case Notes	
	View Maximum APTC Summary	Calculate Maximum APTC	
	and the second	Coverage Year 2022	
	Anthem Health Plans of KY(Anthen BCBS) Medical Plan - Medical	n Care Source Inc. Eligible Bronze - Dental	
	Premium You Pay	Premium You Pay	+

13. After viewing the Resident's coverage details, click **Back to Dashboard** to navigate back to the **Resident Dashboard**.

Case Number:	112776605		
navigat	eard the to Dashboard to the Resident Dashboard.	Qualified Health Plans	
Qualified	d Health Plans (Q	HPs)	
Below is the ho	uschold's enroliment status of	certified health plans.	
Vie	w QHP History	Add Case Notes	
	Maximum APTC Summary	Calculate Maximum APTC	
Coverage Ye	ear 2022 🖂	Coverage Year 2022	Θ
	ith Plans of KY(Anthem al Plan - Medical	Care Source Inc. Eligible Bronze - Dental	
kyshopping.ky.gov/EnrollmentMedule/BackToSSPUashboard?t. Yo		Premium You Pay	

Please note: Please refer to the Benefits Application Web-Based Training and Guide for more details on the Enrollment Manager and shopping for plans.

#### 2.6 Reps, kynectors, and Agents Screen

14. Click **Reps, kynectors, and Agents** to navigate to the **Reps, kynectors, and Agents** screen. The **Reps, kynectors, and Agents** screen details the Resident's support team which includes the Authorized Representative, kynector, and/or Agent who are assigned to their case.

< Return to kynector Dashboard	c	liont viow: TERRY THORE		
	<ul> <li>Modicaid/KCHIP</li> <li>Qualified Health Plans</li> </ul>			
	View your current health core plans and Health Plans →	ish <mark>o</mark> p for MCO plans.	Manage and view details about your support Reps, kynectors, & Agents →	. team.
	Not Enrolled	Errolled	Authorized Representative Give a trusted friend or family member access to your case or application.	•
	kyı Agen kyı	Click <b>Reps</b> , nectors, and its to navigate to the <b>Reps</b> , nectors, and gents screen.	kynector Tobios ins	

15. View the Resident's support team which includes Authorized Representatives, Agents, and kynectors as applicable.

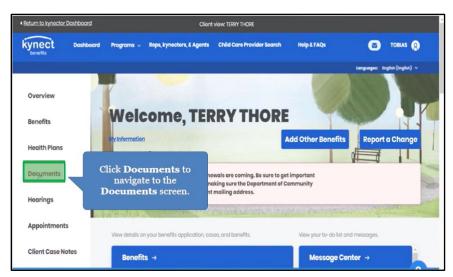
The <b>Reps, kynectors, and Agents</b> screen displays the Resident's support tea	m.
Authorized Representative An Authorized Representative can apply for and manage your benefits on your behalf. You can give them permission to do any of the following activities on your behalf: b • apply for benefits • Report Changes in your information • recertify your benefits application	C
receive a copy of notices (Medicaid)     Use EBT Card (SNAP and KTAP)  Add on Authorized Representative	
Insurance Agent An Insurance Agent can help you with your benefits in the following ways: • Apply for a Qualified Health Plan and APTC • Report Changes in your information • Recertify your benefits • May Apply for Medicaid	
Find an Insurance Agent	

< Return to kynector D	ashboord Clien	t view. Terry Thore			
kynect	Dashboard Programs v Reps, kynectors, & Agents	Child Care Provider Search	Help & FAQs		TOBIAS 🚫
				Longuages: En	glish (English) 🗸
	Dashboard to navigate to kynector Dashboard.				
	An Authorized Representative can apply for an them permission to do any of the following act		your behalf. You can g	live	
	<ul> <li>apply for benefits</li> <li>Report Changes in your information</li> <li>recertify your benefits application</li> <li>receive a copy of notices (Medicaid)</li> <li>Use EBT Card (SNAP and KTAP)</li> </ul>				
	An authorized Representative can be a family	member, friend, provider, or	attorney.		
	Add an Author	ized Representative			

16. After reviewing the Resident's support team, click Dashboard.

#### 2.7 Documents Screen

17. Click **Documents** to navigate to the Documents screen. The **Documents** screen is where kynectors may view the **Document Wizard** as well as documents that are needed for upload. The **Document Wizard** displays step-by-step actions needed to upload required documentation.



18. The **Documents** screen displays documents that are needed for the Resident's application and documents that have been recently reviewed. This is where documents may be uploaded such as proof of U.S Citizenship.

turn to kynector Dashboard	c	iont viow: TERRY THORE	
Overview Benefits Documents Hearings Appointments	Documents In order to continue with your appl Click Hearings to navigate to the Hearings screen.	e not accepted.	on the following. Please allow 30 days *TIF, and *TIFF files or 5MB for * JPEG,
	Document Wizard	usebold step-oy-step.	
	Documents Needed (2)	Recently Reviewed (0)	Documents Uploaded (2)
1	BRA'DAN FOURSET TW		

19. Click Hearings to navigate to the Hearings screen.

20. Click Request a Hearing.

Return to kynector Dashboard	Client view: TERRY THORE
Overview	
Benefits	Hearings
Documents	CHFS takes your concerns seriously. If you have a problem, we would like to know about it. You can request a hearing if you disagree with a decision made or action taken.
Hearings	Learn More
Appointments	Click Request a Request a Hearing Hearing.
Client Case Notes	
The	expanded kynect is working to keep every Kentuckian safe, healthy and happy.

# 2.8 Hearings Screen

- 21. The **Hearings** screen is where kynectors may request a hearing if a Resident disagrees with a decision made or action taken.
- 22. Click **Appointments** to schedule an appointment.

turn to kynector Dashboard	Client view TERRY THORE
Overview	<b>Request a Hearing</b>
Benefits	What is the program you are appealing?
Hearings	Modicoid O
Appointments	to schedule an appointment.
Client Case Notes	Prohibited Transfer of Resources Income Related Resource Related Incorrect Patient Liability Amount Denied Retroactive Eligibility
	y ivan if you knue to reasy them? Depending on the

23. Click Client Case Notes to navigate to the Client Case Notes screen.

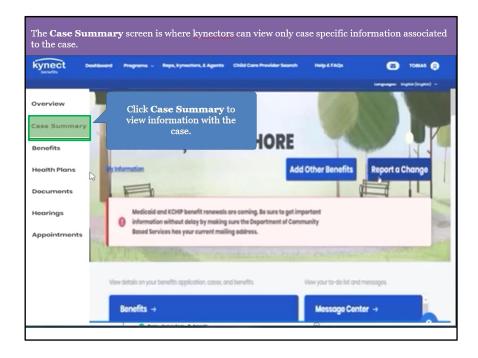
< Return to kynector Dashboard	Clie	nt view: TERRY THORE		
kynect Dashboard	Programs 🧹 Reps, kynectors, & Agents	Child Care Provider Search	Help & FAQs	🛛 TOBIAS 🚫
				Languages: English(English) ~
Overview	Appointme			
Benefits	View and manage your upcoming	and past appointments.		
Health Plans	Schedule Appointme	nt		
Documents	Upcoming Appointn	nents	Past/Cancelled Ap	pointments
Hearings	ą			
Appointments	Click Client Case N			
Client Case Notes	to view and manag personal notes for this			•

#### 2.9 Client Case Notes Screen

24. The **Client Case Notes** screen is where kynectors may add notes to a Resident's case as an update or reminder.

atum to kynector Dashboard		Client	t view: Terry Thore			
ynect Dashboar	d Programs v	Reps, kynectors, & Agents	Child Care Provider Search	Help & FAQs	۲	TOBIAS
					Languages: D	nglish (English) 🗸
Overview	Clie	nt Case N	otes			
Benefits	View and m	anage your personal note	es for this case.			
Health Plans	Case# 1129	88385 (Active) 🛇			Add N	ew Note
Documents				¢.		
Hearings						
Appointments						
Client Case Notes						

25. Click **Case Summary** to view information with the case.



26. The Case Summary screen will only be available if the case has at least "Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)" or "QHP (Medical and Dental Insurance plans without payment assistance)" selected as a program from the program selection screen.

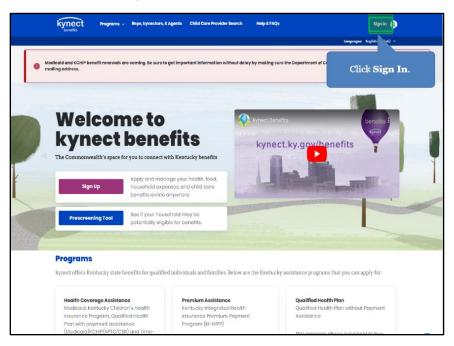
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## 3 Organization Administrator Dashboard

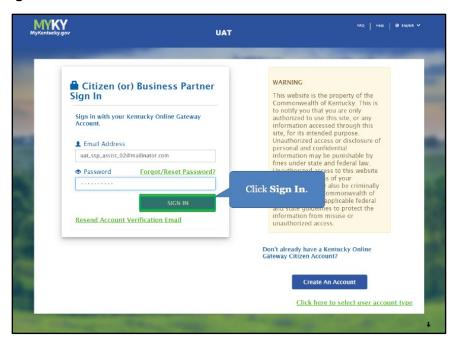
The **Organization Administrator Dashboard** is where Organization Administrators may reassign Resident cases from one kynector to another, so long as the kynectors are in the same organization. Organization Administrators may search for specific Residents by entering Resident information, or for specific kynectors by searching their name to display all associated Residents. Organization Administrators reassign Resident cases when a kynector is inactive, no longer employed with the organization, or a Resident has requested a new kynector.

#### 3.1 Organization Administrator Sign In

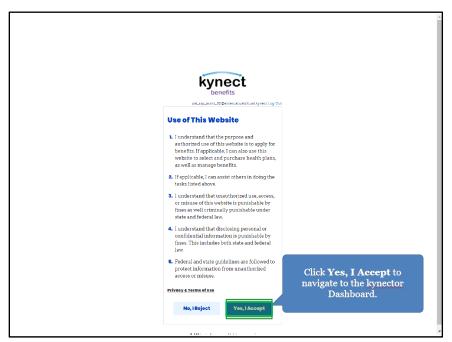
1. Click **Sign In** to navigate to the **Organization Administrator Dashboard** to reassign Resident cases if a kynector is inactive, no longer employed with the organization, or if a Resident requests a new kynector.



2. Click Sign In.



3. Review the Terms of Use and click **Yes**, **I Accept**.



#### 3.2 Agency Management Screen

4. After signing in, Organization Administrators are navigated to the **kynector Dashboard**. Click **Agency Management** to reassign Resident cases from one kynector to another by searching for a specific Resident or kynector.



	ector who is having their case(: cynector's name or the Resident kynector's name into tl	's case they would like to reas ae <b>Assigned To</b> box.	
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Help & FAQs Find DCBS Office		Connect	() ()

5. Enter the kynector's **Name** to display search results.

6. Select the appropriate kynector's **Name** from the search results.

Select Harry Llo	<b>yd</b> and click <b>Search</b> to display ti kynector.		sociated with	that
Overview Agency Management	Agency Management Here you can reassign individuals to different kynectors in you	ur agency. Use the search fields to locate client	3.	
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Help & FAQs Find DCBS Office	Contact Us kynect benefits 1-555-308-6939 Technical	Connect	f 🗹	?

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Agency Management			
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	Search		
	Assigned To		
	Harry lloyd		
	Client First Nome	Cliant Lost Nomo	
	Application Kumber	Case Normber	Click Search
			Reset Search

7. C

8. Check the **box** next to the Resident(s) the Organization Administrator would like to reassign.

Contact Us kynect benefits 1-855-306-89

Help & FAQs Find DCBS Offic

	Application Kumber	Coso Number	
			Rosot Search
	5 Rosuits		Change Assignment
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	MARK SMITH M Age 20 Application #900204099	or/m/2020	нолу даус
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TF TESTINO M 1 Ago 22 Application #000204372	05/17/2025	Horry Baye
TF TESTING M (ago 38 Applearise #500204374	05/17/2021	Henry Huget

9. Click **Change Assignment** to reassign the selected case(s).

10. Enter the kynector's **Name** who will receive the reassigned Resident case(s).

Search for and select	t the kyne	ctor who will r to <b>Ric</b>	nanage the cas hard Madde	se(s). For this example, reassign the case e <b>n</b> .
	Application N	uerber		Coor Number
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TF TEST Int Lago S Apprison				Harry Licyd	
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					?

11. Select the appropriate kynector **Name** to reassign the Resident case(s).

12. Click **Assign** to reassign the selected Resident case(s) to the kynector.

Click As	ssign t	reassign the selected case	(s) to the chosen kynector.
Mark Smith's case is	reassig	ned and his name is remov Residents.	ed from Harry Lloyd's list of associated
			Rosot. Search
0	Tolionts	Change Assignment for MARK SMITH	Click Assign.
	Client	Richard Madden	Assigned to ①
	MIAD MIAD Const	Assign	HonyDayd
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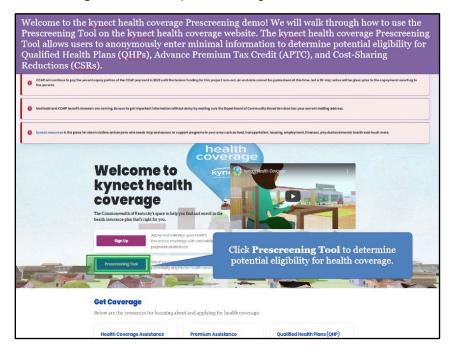
13. The Resident is now reassigned to the selected kynector.

# 4 kynect health coverage Prescreening Tool

The kynect health coverage Prescreening Tool allows Residents to anonymously enter minimal information to check potential eligibility for Qualified Health Plans (QHPs), Advance Premium Tax Credit (APTC), and Cost-Sharing Reductions (CSR). The Prescreening Tool is not an application and does not guarantee eligibility. To determine eligibility for any program a full benefits application must be completed.

## 4.1 Navigating to the kynect health coverage Prescreening Tool

- 1. Navigate to the kynect health coverage website.
- 2. Click **Prescreening Tool** to view prescreening information.



- We will check potential eligibility across the following: 1. Tax Credits to Help Pay Your Premium 2. Qualified Health Plans (QHP) Learn More Basic Eligibility requirements for all progr · You must be a resident of Kentucky Check the **box** for *I'm not a robot*. You must be a US citizen or qualified immigrant Exit C Go to kynectiky.gov to see all your options. Contact Us Help & FAQs f¥ Find DCBS Offic kynect benefits 1-855-306-8959 Cabinet for Health & Family Services (CHFS) 1-844-407-83 kynect fieuw - -1-855-459-6328 Printable Fe ded browsers: Google Chrome, Microsoft Edge, Mozilla Firefax, Apple Safari Privacy Policy 6. Terms of Use Copyright 2021
- 3. After reviewing the prescreening information, check the **box** to confirm the Resident is not an automated program.

4. Click Start Prescreening tool.

We will check potential eligibility across the tollowing: 1. Tax Credits to Help Pay Your Premium 2. Qualified Health Plans (QHP) EsemMore Esem Service Se
<ul> <li>2. Qualified Health Plans (QHP)</li> <li>LearnMore</li> <li>Basic Eligibility requirements for all program</li> <li>You must be a resident of Kentucky</li> <li>You must be a US citizen or qualified immigrant</li> </ul>
Learn More Basic Eligibility requirements for all program • You must be a resident of Kentucky • You must be a US citizen or qualified immigrant Exit Trace and Construction Store Prescreening tool
Click Start Prescreening tool  Exit
You must be a resident of Kentucky     You must be a US citizen or qualified immigrant      Exit     Trace uses     Start Prescreening tool
You must be a resident of Kentucky     You must be a US citizen or qualified immigrant      Exit     Trace uses     Start Prescreening tool
You must be a resident of Kentucky     You must be a US citizen or qualified immigrant      Exit     Trace under     Start Prescreening tool
You must be a US citizen or qualified immigrant  Exit  Find under  Start Prescreening tool
Exit Instance C Start Prescreening tool
The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
Go to kynectiky gov to see all your options.
Help & FAQs Contact Us
Find DCBS Office kynoct benefits Connect 4
1-855-308-8959 Technical Assistance
Services (CHFS) kynect health coverage
Printable Forme.
CHFS Family Services
Recommended browsers: Ocogle Chrome, Microsoft Edge, Mozillo Firefax, Apple Safari
Ascuration aced of waster. Coogle children, with both Logie, matters thereas, Apple scillar

#### 4.2 Section 1: Household Details Screen

Enter **information** on the **Household Details** screen. The **Household Details** screen asks about the county the Resident resides in and how many people will be included in coverage.

5. Enter the **County** the Resident resides in.

PRESCREENING TOOL				
	Househo	old detail	S	
	Section 1 of 3			
	Complete the quest	tions below about th	e household's members.	
	Which county do you reside	in9		
	How many people, including dependents)	yourself, will you claim on ya	ar fe tax return? (This includes your spouse o	nd any
			Enter Fayette and	l click Enter
			to move for	
	Back	Exit	Next	
	The evenended humo	et is weating to been	over Kentuckies of healthy as	d hanna
	The expanded kyne	ct is working to keep	every Kentuckian safe, healthy an	d happy.

6. Select the **County** the Resident resides in from the search results.

PRESCREENING TO	DOL				
	Househo	ld detail	S		
	Section 1 of 3	_			
			e household's members.		
	Which county do you reade in foyette	12			
	Haw many people, including y	yourself, will you claim en we	ur foca	nouse and any	
	dependents)		Select Fayette.		
		_	-		
	Back	Exit	Ne	oxt	

7. Enter the **number** for *How many people, including yourself, will you claim on your federal tax return (this includes your spouse and any dependents)?*.

kynect health coverage	Programs V Rops, kynootors, 8	& Agents Help & FAQs	Sig	nin (8)
			Languagos: Rigilia (J	inglish) ~
PRESCREENING TO	OL .			
	Househo	ld details		
	Section 1 of 3			
	Complete the questi	ons below about the h	ousehold's members.	
	Which county do you reside in			
	Fayette			
		1	derail tax return? (This includes your spouse and any	
	dependents)	oursen, will you old m on your le	aeral tax returning (This Includies your spouse and biny	
			Enter <b>2</b> and click <b>Enter</b> to	
			move forward.	
	Back	Exit	Next	
	The expanded kynec	t is working to keep ev	ery Kentuckian safe, healthy and happy.	
		Go to <u>kynect.ky.gov</u> to	see oll your options.	

8. Click **Next** to proceed to **Section 2** of the kynect health coverage Prescreening Tool. The number of sections in the kynect health coverage Prescreening Tool is dynamic based upon the number of people entered in the previous step.

health coverage	Programs 🗸 Ropa, kynootora,	۵ Agonts Holp ۵ FAQs	Sign In 🤗
			Languagos: English(English) ~
PRESCREENING	DOL		
	Househo	old details	
	Section 1 of 3	-	
	Complete the quest	ions below about the household's m	embers.
	Fayette		
	Haw many people, including dependents)	yourself, will you altain an your federal tax return? (1	his includes your spouse of Click Next.
	2		
	Back	Exit	Next
on the nui al inform	mber of persons tl	e user wants to include a	coverage Prescreening Tool is dy is they explore health coverage op old members. After clicking <b>Nex</b>

### 4.3 Section 2: Tell Us About You Screen

Enter **information** on the **Tell Us About You** screen. The **Tell Us About You** screen asks personal information about the Resident.

9. Enter the Resident's Age.

neelith coverage	Programs 🗸 Rops, kynootors, S	Agonts Holp & FAQs	Sign in 👔
			Languagoos: English(English) ~
RESCREENING	TOOL		
	Tell Us At	oout You	
	Section 2 of 4	-	
	Complete the question	ons below about the l	household's members.
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	-	Ļ	
	Sox	*	Enter 45 and click Enter to
			move forward.
	Below listed questions ar response as 'No' to evalua		eled
	Do you use tobacco?		
	Yos	No	
	Are you a member of a federa	ally recognized American Indi	an or Alaskan Native tribe, band, nation, community, or
	other group?		
	Yes	No	
	Are you eligible for health cov	verage through Job, Medicare	Medicaid, or CHIP?
	Yos	No	

10. Select the Resident's **Sex** from the drop-down.

kynect health coverage	Programs 🗸 Rops, kynootors	& Agonts Holp & FAQs		Sign In 🚫
				tanguagas: English(English) ~
PRESCREENING	TOOL			
	<b>Tell Us A</b>	hout Voi		
	I CII VS A	bout rot		
	Section 2 of 4	_		
	Complete the quest	tions below about th	e household's members.	
	Age			
	45			
	Sox		Select Male.	
			·	
	Maka		elect an option this tool will consider the	
	Other			
			_	
	Yes	No		
	Are you a member of a fede other group?	rally recognized American i	ndian or Alaskan Native tribe, band, nation, community,	or
	Yes	No		
	Are you eligible for health c	overage through Job, Medic	are, Medicaid, or CHIP?	
	Yes	No		

11. Click Yes or No for Do you use tobacco?.

health coverage	Programs - Rops, kynoetors, & Agonts - H	Holp & FAQs	Sign in (8
			Longuagos: English(English) ~
PRESCREENING TOO	L.		
	<b>Tell Us About</b>	You	
	Section 2 of 4		
	Complete the questions below	w about the household	's members.
	Age		
	45		
		1	
	Sex	*	
	Mare		
	Below listed questions are optional, response as 'No' to evaluate potenti		on this tool will essend on the
	Do you use tobacco?	ai ochema.	Click No for Do you use
		No	tobacco?
	Are you a member of a federally recognize other group?	ed American Indian or Alaskan I	Native tribe, band, nation, community, or
	Yes	No	
	Are you eligible for health coverage throu	inh Joh Medicare Medicaid or C	54807 ···
		No	
	TOS	NO	

12. Click **Yes** or **No** for *Are you a member of a federally recognized American Indian or Alaskan Native tribe, band, nation, community, or other group?.* 

kynect	Programs 🗸 Ropa, kynostora, & Agonta Holp & FAQa	Sign in (2)
		langungos: English(English) 🗸
PRESCREENIN	10 TOOL	
	Tell Us About You	
	Section 2 of 4	
	Complete the questions below about the household's members.	
	Age	
	45	
	Sex Male	
	Below listed questions are optional, if you do not select an option this tool will cons response as 'No' to evaluate potential benefits.	sider the
	Do you use tobacco?	
	Yos No	
	Are you a member of a faderally recognized American Indian or Alaskan Native tribe, band, nati	an computity of
	other group?	
	Yes No Click No 1	for Are you a member of a
		ecognized American India Native tribe, band, nation
		unity, or other group?

13. Click **Yes** or **No** for *Are you eligible for health coverage through Job, Medicare, Medicaid, or CHIP?.* 

health coverage	Programs 🗸 Reps, kynootors, & Agonta Holp & FAQə	Sign in (R)
		Languagass English (English) ~
PRESCREENING	TOOL	
	Tell Us About You	
	Section 2 of 4	
	Complete the questions below about the household's mem	bers.
	Age 45	
	43	
	Sex	
	Male *	
	Below listed questions are optional, if you do not select an option this to response as 'No' to evaluate potential benefits.	ol will consider the
	Do you use tobacco?	
	Yes No	
		No for Are you eligible for healt, verage through Job, Medicare,
	Yes No	Medicaid, or CHIP?
	Are you eligible for health coverage through Job, Medicare, Medicaid, or CHIP?	
	Yes No	

14. Click **Next** to proceed to **Section 3** of the kynect health coverage Prescreening Tool.

a 3					2
	Sex	-			
	Maio	•			
	Below listed questions ar response as 'No' to evalu		t an option this tool will consider the		
	Do you use tobacco?				
	Yes	No			
	Are you a member of a federa other group?	ally recognized American Indian o	Alaskan Native tribe, band, nation, commun	nity, or	
	Yes	No			
	Are you eligible for health cov	rerage through Job, Medicare, Me	dicaid, or CHIP?		
	Yes	No			
8	1			_	
	By answering t prices, also ba	sed on your age and incon formation. If you skip to see rson who's 35.	es based on your household. These te, may be much lower than prices plans now, we'll show you prices		
				Click Next.	
	Back	Exit	Next		
Please note: If there is Click Yes or No for Are					
expected from the pregr	nancy?.				

### 4.4 Section 3: Tell Us About Household Member 2 Screen

Enter information on the Tell Us About Household Member 2 screen. The Tell Us About Household Member 2 screen asks personal information about the other household members.

15. Enter the Age of the Second Household Member.

health coverage			Languagos: Enylish(Enylish) ~				
PRESCREENING	3 TOOL						
	Tell Us Ak	Tell Us About Household Member2					
	Section 3 of 4						
	Complete the question	ons below about the h	nousehold's members.				
	Age	ŕ					
		1					
	Sicx	×	Enter <b>46</b> and click <b>Enter</b> to				
	Below listed questions an	e optional, if you do not se	move forward.				
	response as 'No' to evalua						
	Do you use tobacco? Yos	No					
		, <u> </u>					
	Are you a member of a federa other group?	illy recognized American India	an or Alaskan Natifve tribe, band, nation, community, or				
	Yes	No					
	Are you eligible for health cov	erage through Job, Medicare,	Medicaid, or CHIP?				
	Yes	No					

16. Select the **Sex** of the Second Household Member from the drop-down.

health coverage	Programs \vee Ropa, kynootors	& Agonts Holp & FAQs		Sign In 🔗
				tangungos: English(English) ~
RESCREENING	TOOL			
	<b>Tell Us A</b>	bout Hou	usehold Member	2
	Section 3 of 4			
	Complete the quest	tions below about th	ne household's members.	
	Age			
	46			
			Select Female.	
	Sox		select remate.	
	Maka		elect an option this tool will consider the	
	Other			
	Yes	No		
	Are you a member of a ferie	nelly recomited american	indian or Alaskan Native tribe, band, nation, commu	nity or
	other group?			
	Yes	No		
	Are you eligible for health c	overcos through Job Medi	rore Medicoid or CUIR?	
			en e, neen end, er ernr :	
	Yes	No	1	

17. Click **Yes** or **No** for *Do you use tobacco?*.

sealth coverage	Programs – Rops, kynootors, & Agonts – F	Holp & FAQa	Sign In 🤗
			tangungos: English(English) 🗸
RESCREENING TOO			
	<b>Tell Us About</b>	Household	Member2
	Section 3 of 4		
	Complete the questions below	wabout the household's men	ibers.
	Age		
	46		
	Sex		
	Female	*	
	Below listed questions are optional, response as 'No' to evaluate potentia		- I will const decade
	Do you use tobacco?		lick <b>No</b> for <i>Do you use</i>
		No	tobacco?
	Are you a member of a federally recognize other group?	ad American Indian or Alaskan Native trib	be, band, nation, community, or
	Yes	No	
	Are you pregnant?		
	Yes	No	

18. Click **Yes** or **No** for *Are you a member of a federally recognized American Indian or Alaskan Native tribe, band, nation, community, or other group?.* 

kynect	Programs 🗸 Ropa, kynootora, & Agonta 🛛 Holp & FAQa	sign in 🔗
		Languagos: English(English) ~
PRESCREENING	TOOL	
	Tell Us About Household Men	nber2
	Section 3 of 4	
	Complete the questions below about the household's members.	
	Age 46	
	Sex.	
	I Below listed questions are optional, if you do not select an option this tool will con response as 'No' to evaluate potential benefits.	nsider the
	Yes No.	
	Are you a member of a federally recognized American Indian or Alaşkan Mathie bibe, band, na other group?	
	federally	o for Are you a member of a recognized American Indian
		ın Native tribe, band, nation, munity, or other group?

. .

19. Click Yes or No for Are you pregnant?.

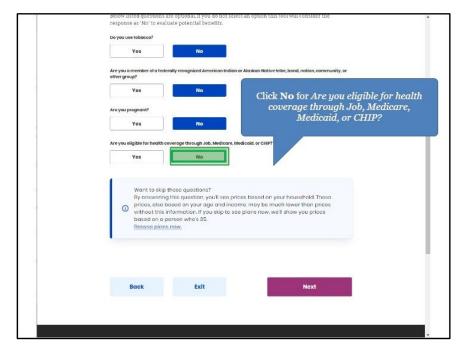
i

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	10 TOOL
	and the lot of the second s
	Tell Us About Household Member2
	Section 3 of 4
	Section 3 of 4
	Complete the questions below about the household's members.
	Ago
	46
	Sex
8	Female *
	Below listed questions are optional, if you do not select an option this tool will consider the response as 'No' to evaluate potential benefits.
	Yes No
	Are you a member of a faderafly recognized American Indian or Alaskan Native tribe, band, nation, community, or other group?
	Yes No
	Are you pregnant? Click No for Are you Pregnant?

Please note: Are you Pregnant? populates if the Resident is female.

20. Click **Yes** or **No** for Are you eligible for health coverage through Job, Medicare, Medicaid, or CHIP?.



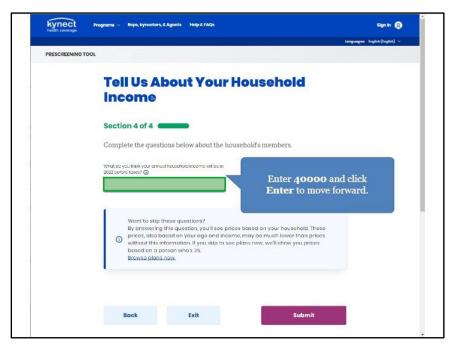
Yes	No		
Are you a member of a federally reco other group?	gnized American Indian or Alaskar	Native tribe, band, nation, communit	y, or
Yos	No		
Are you pregnant?			
Yes	No		
Are you eligible for health coverage t	nrough Job, Medicare, Medicaid, or	CHIP?	
Yos	No		
prices, also based on	estian, you'll see prices base your age and income, may ion, If you skip to see plans i	ed on your household. Those be much lower than prices how, we'll show you prices	Click Next.
		Next	
Back	Exit	NCX	

21. Click Next to proceed to Section 4 of the kynect health coverage Prescreening Tool.

### 4.5 Section 4: Tell Us About Your Household Income Screen

Enter **information** on the **Tell Us About Your Household Income** screen. The **Tell Us About Your Household Income** screen asks about the household's projected annual income.

22. Enter the **Number** for *What do you think your annual household income will be in* [Year] *before taxes?.* 



23. Click **Submit** to submit the kynect health coverage Prescreening Tool.

DOCODECUM		
PRESCREENIN	5100L	
	The little was a second by a s	
	<b>Tell Us About Your Household</b>	
	Income	
	Section 4 of 4	
	Complete the questions below about the household's members.	
	What do you think your annual household income will be in 2022 before taxes?	
	\$ 40000	
	Want to skip these questions? By answering this question, you'll see prices based on your household. These	
	prices, also based on your age and income, may be much lower than prices without this information. If you skip to see plans now, well show you prices	
	based on a person who's 35. Browse plans now.	
	ETOWARE (HETE TOW)	Click Submit.

24. Click Browse Plan.

and the amount of payment a application must be submitted benefits application at the bot	iling if the Individual(s) may be eligible ssistance and CSR category, if applicable d to determine actual eligibility. Individu ttom of the <b>Prescreening Results</b> scre	e. A formal benefits 1als may submit a formal
-	rescreening kesuits	
	potential eligibility for the below programs. Take note of your results and by for benefits by clicking the button below.	
	The Presensoning Tool is not an application. The results below do not guarantee Quarking of the second sec	
,	Qualified Health Plans (with payment assistance) You and Household member? are potentially aligible for \$222 of monthly payment assistance (or promium tax credits).	
	In an interpretation of the control	Click Browse Plans.
	You will got your exact payment assistance armount whon you complete an application.	
	Loom about other programs offered on kynect. Nates go to	
	Exit Apply for Benefits	

# 25. Click Email.

Medical F	Plan Search		Dental	Plan	Search
Edit Your Information	Annual Household Income				<u>S</u>
County Enter County Name	Enter Annual Income				Click Emai
Members Details	Age Gender	Tobacco User?	Eligible for Other Coverage?	Is Pregnant?	Is AJAN?
Household Member 1	23 Male ©				
Household Member 2	32 Female O				
* More Dependents					Update Results
Collectively, your household is q The premium listed below oute	r a category B Cost-Sharing Reduction ualified for maximum Advance Premiu prnatically reflects the APTC appl	m Tax Crodit (AP	rc) in the amount o	y promium. P	lease note that the APTC and
	ct's estimate based on the inform				
	unt by using the slider OR by spe		ct amount in the	text below.	
S0		\$575			
Payments Assistance for Medical:					

26. Click Send Email to send the result to the client.

	Email a link to this page	×	
	Who would you like to send this to?  Myself Someone else		
	From		
	Email		
	By entering your email in the field above, you agree to receive copy of the emails sent from kynect. You can opt-out at anytime.		
	То		
	Email		
	Please edit comments, if required		
	I have created a health plan proposal for you. Please review the proposal and contact me with any questions. I look forward to assisting you in making the best selection for you and your household members' health coverage needs.		
	Limit - 500 characte	ers	
	Link		
	https://kyshopping.ky.gov/PrescreeningHome/AnonymousShoppin	g	
	Copy link to clipboard		end Email to send esult to the client.
	m not a robot mcGMCOA. Heater, form		
	Send Email		
Enter the client's email add	ress and a description prior to sending	to the c	lient.

27. Click **Exit** to complete this section.

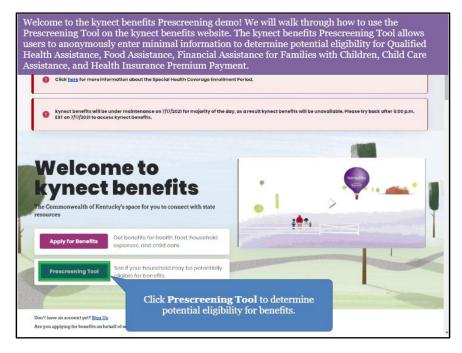
eligibility for Qualified Hea and users may shop for QH	et health coverage Prescreening Tool may l hth Plans, Payment Assistance, and CSRs. I Ps or submit a formal benefits application	Prescreening is an	onymous
to complete the course.			Exit
	From		
	Email		
	By entering your email in the field above, you agree to receive copy of the emails sent from kynect. You can opt-out at anytime.		
	То		
	Email		
	Please edit comments, if required		
	I have created a health plan proposal for you. Please review the proposal and contact me with any questions. I look forward to assisting you in making the best selection for you and your household members' health coverage needs.		
	Limit - 500 characters		
	Link		
	https://kyshopping.ky.gov/PrescreeningHome/AnonymousShopping		
	Copy link to clipboard		
	fm not a robot		
	Send Email		

# 5 kynect Prescreening Tool

The kynect benefits Prescreening Tool allows Residents to anonymously enter minimal information to check potential eligibility across Health Assistance, Food Assistance, Financial Assistance for Families with Children, Child Care Assistance, and Health Insurance Premium Payment Assistance. The Prescreening Tool is not an application and does not guarantee eligibility. To determine eligibility for any program a full benefits application must be completed.

## 5.1 Navigating to the kynect benefits Prescreening Tool

- 1. Navigate to the kynect benefits website.
- 2. Click **Prescreening Tool** to view prescreening information.



3. Select the benefits the household would like to screen for by clicking the radio button to the left of either option.

ect the b her optio	enefits the household would like to screen for by clickir n.	g the radio button to the l	eft
Click tl opt	ion. household would like to screen for:		
	potential SNAP bonefit amount. We will check potential oligibility across the following: 1. Health Assistance 2. Food Assistance 3. Financial Assistance for Families with Children 4. Child Care Assistance 5. Health Insurance Premium Payment Learn More		
	Only calculate my potential SNAP benefit amount. I do not want to check for potential oligibility across other programs		
	sic Eligibility requirements for all programs: You must live in Kentucky You must be a US citizen or qualified immigrant		?

4. After reviewing the prescreening information, check the **box** to confirm the Resident is not an automated program.

۲	<ol> <li>Health Assistance</li> <li>Food Assistance</li> <li>Financial Assistance for Families with Children</li> <li>Child Care Assistance</li> <li>Health Insurance Premium Payment</li> <li>Leorn More</li> </ol>	
	Only calculate my potential SNAP benefit amount. I do not want to check for potential eligibility across other programs Learn More	
• Yo	Eligibility requirements for all programs: u must live in Kentucky u must be a US citizen or qualified immigrant	
	Exit Stort Prescreening tool	

5. Click Start Prescreening tool.

۲	Health Assistance     Food Assistance     Fond Assistance or Families with Children     A. Child Care Assistance     Health Insurance Premium Payment     Learn More
0	Only colculate my potential SNAP benefit amount. I do not want to check for potential eligibility across other programs Learn More
• Yo	c Eligibility requirements for all programs: u must live in Kentucky u must be a US citizen or qualified immigrant
	Exit Content Content Stort Prescreening tool

## 5.2 Section 1: Household Details Screen

Enter **information** on the **Household details** screen. The **Household details** screen asks about the number of people in the household and situations that apply to the household.

6. Enter the number for How many people are in the household?.

kynect	Programs 🗸 Reps, k	mectors, & Agents	Child Care Provider Search	Help & FAQs	sign in 🛞
					Languagae: English(English) v
PRESCREENING 1	TOOL				
	Hous	ehold	details		
	Section 1 of	-			
	Complete the	questions below a	about the household's membe	rs.	
	How many paop	e are in the househ			and click <b>Enter</b> to ove forward.
	Are there only ch	laran ago 18 yaars a	old or youngar in the household?		Jve tor ward.
	Yes		No		
	Is anyone in the l	iousehold pregnan	12		
	Yes		No		
	Are you currently	homoloss?			
	Yes		No		
	Is anyone in the I	ouschold a migrar	t or secondi form worker?		
	Yes		No		
	Is anyono in the t	iousahold aga 60 o	rolder, blind or disabled?		
	Yes		No		
	Does anyone in t	his household have	an employer that offers health car	e coverage?	
	Yes		No		

7. Click **Yes** or **No** for Are there any children age 18 years old or younger in the household?.

kynect Pro	ograms 🧹 Reps, kynectors, & Agen	nts Chilld Cars Provider Search	Help & FAQs	Signan 🔗
PRESCREENING TOOL				Langungne: trightn((righn) ↔
	Household	d details		
	Soction 1 of 3 🌑			
	Complete the questions below	w about the household's membe	rs.	
	How many people are in the hous	ondar		
	Are there any childron and 18	No		
	Is anyone in the household pregn			Click No for Are
	Yes Aro you ourranity hemeless?	No		there any
	Yes	No		children age 18 years old or younger in the
	ts anyone in the household a migr	rant or seasonal form worksr?		younger in the household?
	is anyono in the household age 60	100		
	Yes Does anyone in this household ha	No	e coverage?	
	Yos	No		

8. Click **Yes** or **No** for *Is anyone in the household pregnant*?.

Kynect Prog	rams 🤟 Reps, kynectors, & Ager	nts Child Care Provider Search	Help & FAQs	sign in 🔞
PRESCREENING TOOL				rogrague sogica(ingtin) v
	Househol	d details		
	Section 1 of 3	w about the household's membe	rs.	
	How many people are in the hous			Click No for Is
	Ara thore any childron ego 18 year	rs old or younger in the household?		anyone in the household pregnant?
	Is anyone in the househ	No	-	prognana
	Aro you ourrantly homeloss?	No		
	Is anyone in the household a mig	rant or seasonal form worker?		
	Is anyono in the household age 6 Yes	10 or oktor, blind or disabled?		
	Doos onyone in this household he	ave an employer that offers health as	te coveraĝes	

9. Click Yes or No for Are you currently homeless?.

kynect	Programs 🤟 Reps, kynectors, & Age	ints Child Care Provider Search	Help & FAQs	sign in 👔
PRESCREENING TO	21			Langungunc English((inglish) ~
PRESCREENING TO				
	Househol	d details		
	Section 1 of 3			
	Complete the questions belo	ow about the household's membe	NTS.	
	How many people are in the hou	usohokd?		
	Are there any children ago III yes Yes Is anyone in the household preg	No	Click <b>No</b> currently	for Are you homeless?
	Are you ourrently the metabolic Yes Is anyone in the household a me	No		
	Yes	No		
	is anyona in the household age i	50 or older, blind or disabled?		
	Yes	No		
	Does anyone in this household h	iove on employer that offers health as	re coveroge?	
	Yes	No		
	1967 - MC 123			

10. Click Yes or No for Is anyone in the household a migrant or seasonal farm worker?.

kynect	Programs 🗸 Reps, kynectors, & Ag	gents Child Care Provider Search	Help & FAQs	sign in 🔗
				Languagese: English(English) ~
PRESCREENING T	DOL			
	Househo	ld details		
	Section 1 of 3			
	Complete the questions be	elow about the household's membe	rs.	
	How many people are in the he	susohold?		
	Are there any children age 18 y	ears eld or younger in the household?		
	Is onyone in the household pre	No	Click No f	or Is anyone in
	Are you ourrantly homeloss?		the house or seasond	hold a migrant Il farm worker?
	Yes	No		
	Is anyone in the household on	nigrant or seasonal form worker?		0
	Yes	No		
	Is anyone in the household and	s 60 or older blind or disabilitid?		
	Yes	No		
	Does anyone in this household	have an employer that offers health co	re coverage?	
	Yes	No		

			Languages: English(English) ~
PRESCREENING TOOL			ամունու անուլտնույ չ
Househ	old details		
Section 1 of 3			
Complete the question:	s below about the household's memb	ers.	
How many people are in th	ie household?		
Are there any shildren ago	18 years old or younger in the household?		
Yes	No		
Is anyona in the household	pregnont?		
Yes	No		
Are you currently homoloss			
Yes	No	Click No for	Is anyone in the age 60 or older,
is prepare in the household	l o migrant or seasonal form worke	household	age 60 or older,
Yos	No	blind o	r disabled?
te enyone in the heusehold	No		
Tes	NO		
Does anyone in this house	hald have an employer that offers health a	oni coverage?	
Yes	No		

11. Click **Yes** or **No** for *Is anyone in the household age 60 or older, blind, or disabled?.* 

12. Click **Yes** or **No** for *Does anyone in this household have an employer that offers healthcare coverage?.* 

			Languages: English(English) ~
PRESCREENING TOOL			
	the second states and		
	Household det	alls	
	C. N. STATISTICS		
	Section 1 of 3 C		
	Complete the questions below about the he	pusehold's members.	
	How many people are in the household?		
	2		
	Ara thare any childron ago 18 yaars old er yeunge	v in the low evened	
	Yes No		
	Is anyons in the household pregnant?		
	Yes No		
	Are you currently homoloss?		
	Yes No		
	Is anyone in the household a migrant or seasonal	Horm works	
	Yes No	Click No for	r Does anyone in this
	Is anyona in the household age 60 or older, blind	er dicabled?	r Does anyone in this ave an employer that ilthcare coverage?
	Yes No	offers ned	utncare coverage?
	Does anyone in this household have an employer	that offers health care coverage?	
	Yes No		

Yes	Νο	
Is anyono in the household a	migrant or seasonal farm worker?	
Yes	No	
Is anyone in the household a	go 60 or oldor, blind or disablod?	
Yes	No	
Yes	Id have an employer that offers health	Click Next
	Exit	Wext
Back		

13. Click Next to proceed to Section 2 of the kynect benefits prescreening Tool.

### 5.3 Section 2: Income and Resource Details Screen

Enter **information** on the **Income and Resource Details** screen. The **Income and Resource Details** screen asks about the household's monthly gross income and current financial situation.

14. Enter the **number** for *What is the household's combined monthly gross income (income before taxes) from working and other sources?.* 

kynect Doast	board Programs - Reps, kynect	ors, & Agents Child Care Pr	rovider Search	Help & FAQs		ANDREW
PRESCREENING TOOL					Longuages: 1	English (English) 🗸
	income & Re	esource D	etails			
	Section 2 of 3					
	Complete the questions below ab	out the household's income	ie and resources.			
	What is the household's combined mor	nthly gross income (income be	ofore taxes) from wag	ios and solf-employment?		
	What is the household's combined more unemployment, and money given by response to the second		Enter 1,	500 and click move forward	Enter	• to
	How much does the household have in	checking/saving acco				
	•					

15. Enter the **number** for *What is the household's combined monthly gross income from other sources (such as social security, child support, unemployment, and money given by relatives?).* 

Kynect Dashboard Programs - Rept, kynectors, £ Agents Child Care Provider Search Holp & FAQs 📧 ANDREW 👔
ւուցացու։ եպնոն(ոգնո) տ PRESCREENING TOOL
Income & Resource Details
Section 2 of 3
Complete the questions below about the household's income and resources.
S
What is the household's contained monthly gross income from other sources (such as social socurity, child support unemployment, and morey given by relatives?)
Now much does the household have in cheesing/soving accounts. S

16. Enter the **number** for *How much does the household have in checking/saving accounts and cash on hand?.* 

kynect	Dashboard Programs - I	Reps, kynectors, & Agents	Child Care Provider Search	Help & FAQs		ANDREW 🙎
PRESCREENING TOO	L				Languages: Eng	lish (English)   √
	Income	& Resou	r <mark>ce Detai</mark> ls	6		
	Section 2 of 3					
			hold's income and resources. mo (income before taxes) from wi			
	\$	monea moneny gross inco	ine (income before takes) from w	agos ana son-employment?		
	What is the household's co unemployment, and more		me from other sources (such as s	ocial socurity, child support,		
		shold have in checking/savir	ig accounts and cash on hand?			
				and click <b>En</b> nove forward.		

kynect Pro	grams 🤟 Rops, kynoctors, & Ag	ionta Holp & FAQs		sign in 🔗
	Languages: Arabic (تربي)   Bosnian (Bo	sanski)   Chinese (中文)   English (I	inglish)   French (Français)   Russian (pycc)	zž)   Somali (Somali)   Spanish (Español)   Vietnamese (Tiáng Việt)
PRESCREENING TOOL				
	What is the household's combin	ed monthly gross income	(income before taxes) from wage	os and solf-omployment?
	\$ 1,500.00			
	What is the household's combin- unemployment, and money give		from other sources (such as soci	al socurity, child support,
	\$ 0.00			
	How much does the household I	navo in checking/saving a	ccounts and cash on hand?	
	\$ d			
				Click Next.
	Back	Exit	lu	Next

17. Click Next to proceed to Section 3 of the kynect benefits Prescreening Tool.

### 5.4 Section 3: Expense Details Screen

Enter **information** on the **Expense Details** screen. The **Expense Details** screen asks about the household's current expenses.

18. Enter the **number** for *How much is the household's combined monthly shelter expense, such as rent or mortgage?*.

kynect Pro	jrams – Rops, kynoctors, & Ago	ents Chilid Care Provider Search	Holp & FAQs	sign in 🛞
				languagen: Briglish(Inglish) ↓
PRESCREENING TOOL				
	Expense [	Details		
	Soction 3 of 3	-		
	Complete the questions belo	ow about the household's exper	nses.	
_			in as ront or mortgago?	
		ting or cooling separate from rant a		o and click nove forward.
	graator than 520 in the last 12 me	No	Enter to h	nove forward.
		mbined monthly child support expe	inse for children who are not part of house	hold?
	S			
	How much is the household's co	mbined monthly child care and/or a	dapondionit care exponse?	
	3			
				_
	Back	Exit	Submit	
	The expended lowest	ie working to keep a served	Contuckian safe, healthy and	2010-201
	nio oxpanado kynacti	Go to <u>kyneat kygav</u> to see c		аарру.
usis action				

19. Click **Yes** or **No** for *Does the household pay for heating or cooling separate from rent or mortgage?*.

Kynect Pro	agrama 🗸 Rops, kynaetors, & Agents Child Care Pro	vider Bearch Help EFAQs Signin 👩 Languagee: Righti(righti) v
PRESCREENING TOOL		
	<b>Expense Details</b>	
	Section 3 of 3	
	Complete the questions below about the h	Click Yes for Does the household pay
	How much is the household's combined monthly \$ 800	for heating or cooling separate from rent or mortgage OR did you receive
1	Does the household pay for heating or pool grooter than \$20 in the last 2 months? Yes No	a LIHEAP payment greater than \$20 in the last 12 months?
1		support expanse for children who are not part of household?
	\$	
	How much is the household's combined menthly shild	core one/or dependent core expense?
	Back Exit	Submit
	The expanded kynect is working to kee	ep every Kentuckian safe, healthy and happy.
	Go to <u>kyneat ky.g</u>	ov to see all your options.

20. Click **Yes** or **No** for How much is the household's combined monthly child support expense for children who are not part of household?.

Kynect Program - Reps, kynactors, LAgents	Child Care Provider Search Help & FAQs	Signin (g) Languagas: Brythol(Brythol) v
PRESCREENING TOOL		tangangne nignot(nignot) v
Expense De	tails	
Section 3 of 3		
Complete the questions below at	out the household's expenses.	
Hew much is the household's combine \$ 800.00	ad monthly shelter exponse, such as rent or mortgage?	
Does the household pay for hooting o greater than \$20 in the last 12 months!	r cooking separate from rant or martgage GR did you re	aceivo o UHEAP payment
Yes	No	Click How much is the
How much is the household's combine	at monthly child support expense for child	household's combined monthly child support expense for
How much is the household's combine	ad monthly ohild care and/or dependent care	children who are not part of household? <b>box.</b>
Bock	Exit	Submit
	orking to keep every Kentuckian safe, h to <u>kyneatky gav</u> to see all your options.	realthy and happy.
	Calco on your options.	(?)

21. Type **0** and click **Enter** to move forward.

kynect Progr	rams 👳 Reps, kynectors, & Agents Child Care Provider Search Help & F	AQs Signin 👰	
PRESCREENING TOOL		Longuogen: English(English) v	
	Expense Details		
	Section 3 of 3 Complete the questions below about the household's expenses.		
	How much is the household's combined monthly shelter sepanee, such as rent or m	ion(goge)	
	Deep the hould held pay for heading or cooling separate from rant or mortgoge OP gradeer than 520 in the lost 12 months?	dki you roboliva a UHEAP payment	
	Bow much is the household's combined monthly child assess to upon	Type <b>o</b> and click <b>Enter</b> to move forward.	
	S		
	Back Exit	Submit	
			_
Line FEAG	The expanded kynect is working to keep every Kentuckian Ge to <u>kynem kyspy</u> to see all your option		?

22. Click **Yes** or **No** for how much is the household's combined monthly child care and/or dependent care expense?

PRESCREENING TO	a	
PRESCREEMING TO	v.	
	Expense Detail	S
	Section 3 of 3	
	Complete the questions below about the ho	usehold's expenses.
	How much is the household's combined mentility s \$ 800.00	histor expanse, such as ront or montgage?
	Coesi the household pay for Heating or coo greater than \$20 in the least 12 months? Yes	Click How much is the household's
	How much is the household's combined m	combined monthly childcare and/or dependent care expense? <b>box</b> .
-		and converting close a supported
- 1	\$	
_		
	Back Exit	Submit

23. Type **0** and click **Enter** to move forward.

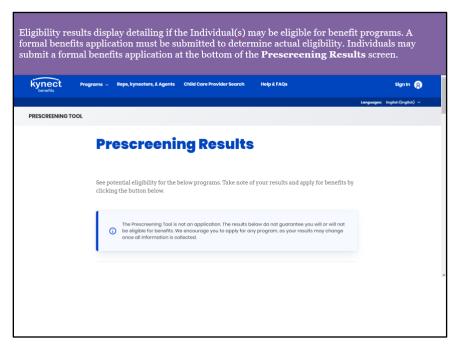
Example Programs Reps, Symochars, & Agents Child Care Provider Search Help & FAQs	sign in 👩
PRESCREENING TOOL	Languages: English(English) ~
PRESERVITION	
Expense Details	
Section 3 of 3	
Complete the questions below about the household's expenses,	
How much is the household's combined manifely shotter separate such as rear pages?	
\$ 600.00	
Dates the household pay for hooting as sociling toppreter from rent or montgoge OR did you noos gradate them S20 in the lost It months?	ive o LREAP poyment
Yes No	
How much is the household's combined mentity shild support expanse for children who are no S. cl	port of household?
How much is the household's contained monthly still a cars and/or dependence or T	ype <b>o</b> and click <b>Enter</b> to move forward.
	move forward.
Back Exit S	ubmit
The expanded kynect is working to keep every Kentuckian safe, he	althy and happy.

24. Click **Submit** to submit the kynect benefits Prescreening Tool.

Is the household billed for	2 or more utilities that are NOT hea	ting or cooling?	
Yes	No		
Is the household only bille	d for telephone?		
Yes	No		
\$ 0.00 How much is the househo \$ 0.00	id's combined monthly child care a	ndfor dependent care expense? Click S	ubmit.
Back	Exit	Submit	

#### 5.5 Prescreening Results Screen

25. Potential eligibility results display after submitting the kynect benefits Prescreening Tool. From here, Residents may anonymously browse plans or submit a formal benefits application.



26. Click **Apply for Benefits** to initiate a formal benefits application.

10 DV virginite for NFP     At least one member	игг, учитных нали интинтина илетучи читницьки интризуитаритали валинии. on the ESI policy MUST be eligible for Medicald.
or Advanced P	ligible for these programs, you may still be eligible for Qualified Health Plans (QHP) remium Tax Credit (APTC) from kynest health.coxerage. Click Apply for Benefits
Exit	Apply for Benefits

# 6 Assessment

- 1. The \_\_\_\_\_\_ Wizard aids kynectors in uploading necessary documents for Residents.
  - a) Document
  - b) Tool Tip
  - c) Harry Potter
  - d) Navigation
- 2. kynectors search for Residents by all of the following, EXCEPT:
  - a) First and Last Name
  - b) Case Number
  - c) Social Security Number
  - d) Metal Level
- 3. kynectors may initiate a formal \_\_\_\_\_ application on a Resident's behalf.
  - a) Benefits
  - b) Unemployment
  - c) Request for Information
  - d) Visa
- 4. \_\_\_\_\_ is the anonymous tool used to determine potential eligibility without completing a formal benefits application.
  - a) Tax Estimator
  - b) Full Time Equivalent Employee Calculator
  - c) 1095 Portal
  - d) Prescreening
- 5. If an Individual completes either of the Prescreening Tools, what must they do if they wish to receive benefits?
  - a) Nothing, the Prescreening Tool applies for benefits
  - b) Contact their employer
  - c) Submit a formal benefits application
  - d) Send KHBE an email
- 6. Organization Administrators may reassign cases for
  - a) All kynectors
  - b) kynectors within their organization
  - c) Issuers
  - d) Agents
- 7. Where do kynectors begin the kynect benefits Prescreening Tool?
  - a) HealthCare.gov
  - b) kynect resources
  - c) kynect health coverage

- d) kynect benefits
- 8. The kynect health coverage Prescreening Tool determines potential eligibility for:
  - a) Qualified Health Plans (QHPs), Advance Premium Tax Credit (APTC), and Cost-Sharing Reductions (CSRs)
  - b) SNAP and KTAP
  - c) Employer Insurance
  - d) Unemployment
- 9. kynectors may add notes to Resident's cases on the Resident Dashboard via...
  - a) Client Case Notes
  - b) Written letters
  - c) Hearings
  - d) Data center
- 10. kynectors may request a \_\_\_\_\_\_ if the Resident disagrees with a decision made or action taken regarding their case.
  - a) Adjustment
  - b) Redo
  - c) Call
  - d) Hearing