

The Commonwealth of Kentucky
kynect State-Based Marketplace



**Report a Change and Case
Maintenance Training Guide**

August 26, 2022

Document Control Information

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Introduction

This course highlights some of the Report a Change and Case Maintenance processes used in kynect benefit. Agents and kynectors need to familiarize themselves with Report a Change and Case Maintenance processes to better assist Residents with their health coverage cases.

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

1 Report a Change and Case Maintenance in kynect benefits

The Report a Change and Case Maintenance processes in kynect benefits are designed to make updating a Resident's case straightforward for Agents, kynectors, and Residents. Residents should **report all changes in their information** in a timely manner to avoid interruptions in their benefits or having to repay benefits. Use the Report a Change process to complete the three categories of change:

1. **Add or Remove Household Members.**
2. **Modify other information such as income, expenses, resources, health, or health coverage.**
3. **Assist with life changes that may trigger a Special Enrollment Period (SEP).**
 - A SEP is triggered once the change is entered in kynect benefits.

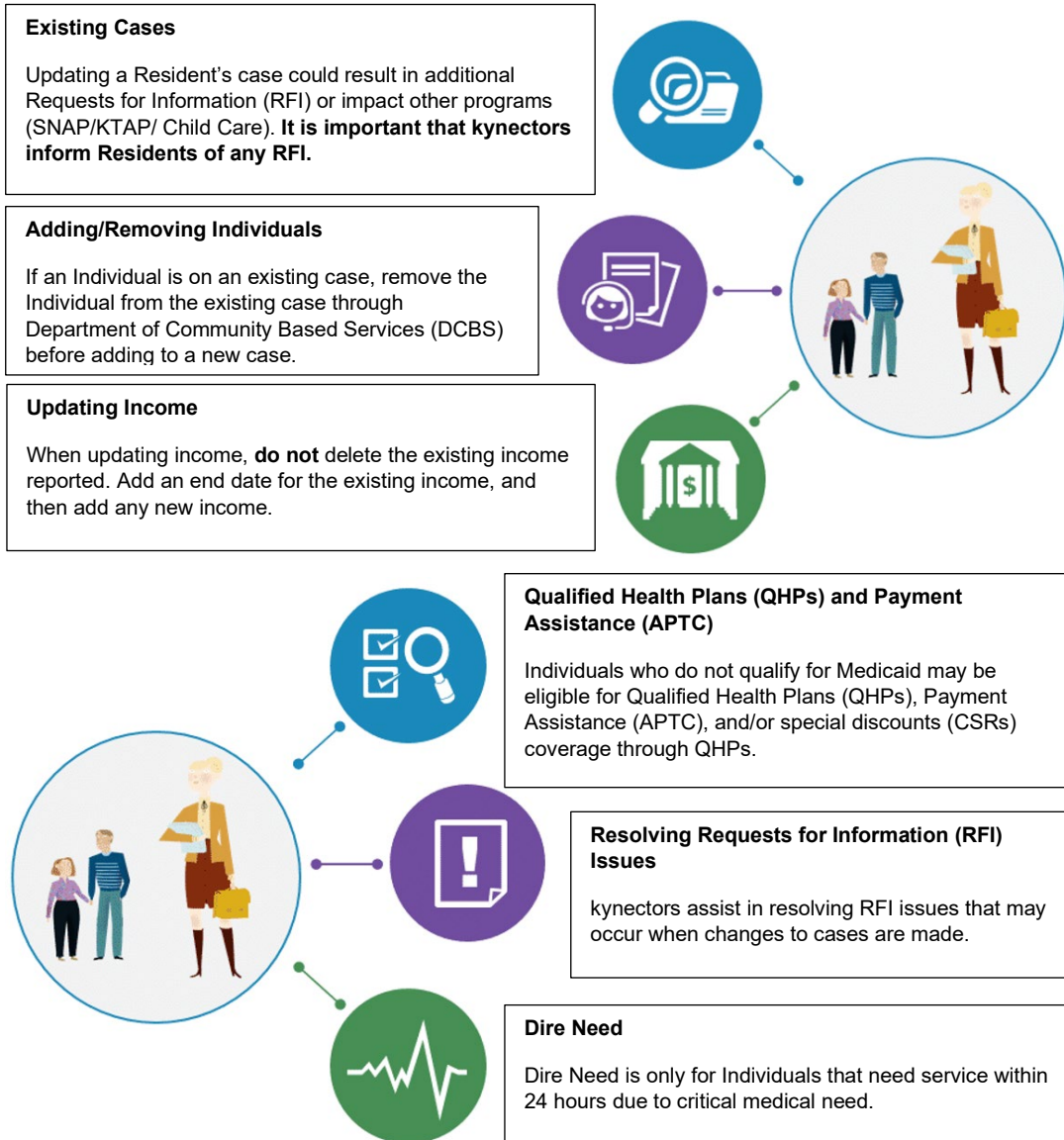
Please note: The Special Enrollment Period Reason Screen is triggered in the Enrollment Manager Module.



Please Note: The Report a Change button may not be accessible if the case is up for renewal or if a Caseworker is working on the case.

1.1 Reporting a Change: What to Know

Agents and kynectors assist Residents with making updates to their cases in kynect benefits. These updates involve Residents reporting changes to their information. Correctly navigating these changes in kynect is key to appropriately updating a Resident's case. Agents and kynectors should be aware of the helpful Report a Change tips below.



1.2 Modifying Information

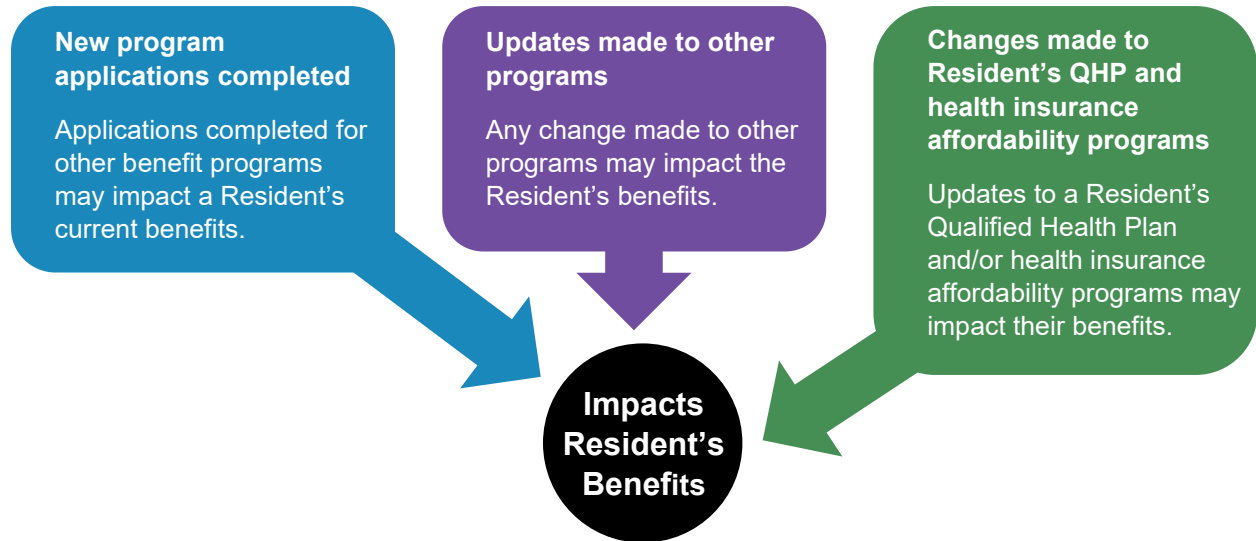
When Residents select “Modify other information such as income, expenses, resources, or health,” they are prompted to change any of the following information:

Editable Information in kynect when Reporting a Change

- Contact Information (Phone, Email Address)
- Relationship and Tax Filing Status
- Medicare Coverage
- Health Coverage
- Pregnancy
- Education
- Disability
- Citizenship
- Income
- Resources
- Expenses
- Living Arrangements
- Emergency Medical Condition (only prompted in kynect for non-citizens when modifying information)
- Member Information

1.3 The One Case Concept

The One Case Concept is important to keep in mind when assisting Residents. Even though Residents may have access to different programs and benefits, they essentially have one case that acts as a comprehensive profile for their personal information. Therefore, any changes made to their information impacts all programs with which they are associated. **Be sure to make Residents aware of these impacts.** The following may change a Resident's benefits.



1.4 Proration of Premiums

Enrollment premium proration logic uses calendar days instead of the standard 30-day month cycle to calculate premiums. Below are some common scenarios with definitions:

Scenario	Definition
Newborn Addition	After 31 days from the date of birth, a newborn's premium will be prorated daily for the remainder of the month.
Death of Primary Subscriber	When mid-month date of death is reported, enrollment will be terminated. The Premium will be prorated based on the date of death.
Death of Dependent	When mid-month date of death is reported for the dependent, the Premium will be prorated based on date of death of the dependent.
Worker Override	When override worker selects mid-month termination date, the Premium will be prorated based on selected disenrollment date.
Disenrollment Received from Issuer Inbound File	When disenrollment request for mid-month termination is received in the Inbound file from Issuer, the Premium will be prorated based on requested disenrollment date.
SEP with User Input Effective Date	This will occur when a worker selects the mid-month coverage date during a Special Enrollment Period.

1.5 Request for Information (RFI)

Any changes made to a Resident's case may generate a Request for Information (RFI) that the Resident is required to resolve. Be sure to make Residents aware of any RFI because they may directly impact their benefits.



Pending Questions A RFI is an indication that important information is needed to confirm outstanding questions for a Resident's case.



Make Residents Aware of a RFI When Reporting a Change or making any updates to a Resident's case, make them aware that a RFI may be generated.

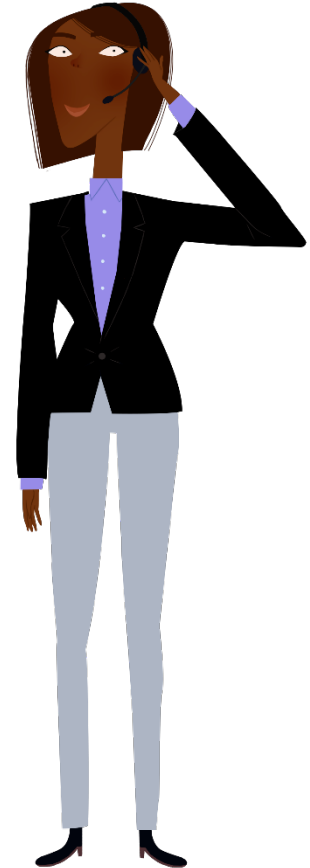


RFI Impacts on Other Benefits For example, if you report a change in address on a Resident receiving Medicaid and SNAP benefits, they will receive an RFI requesting verification for shelter and utility expenses.

- The RFI may pend their case if they have SNAP benefits, but their Medicaid benefits would be approved.
- The case will show pending due to the household composition RFI. When a new address is reported SNAP also re-verifies Household Composition which is a required verification and if not returned SNAP eligibility will discontinue.



Document Uploading Ensuring the required documents are uploaded properly is critical to approving the case. Agents/kynectors should use the Document Wizard on the kynect benefits dashboard to upload documents.



2 Report a Change Navigation

The Report a Change navigation demonstration walks through how to Report a Change in kynect benefits and highlights the following kynect benefits navigation process:

1. Reporting a Change for Resident's contact information.
2. Reporting a Change to add a Resident to a case.
3. Reporting a Change with loss of Employer-Sponsored Insurance (ESI).
4. Displaying Report a Change eligibility results.

The following interactive navigation demonstration will walk you through assisting the Kent family in kynect benefits.



2.1 Accessing an Individual's Information

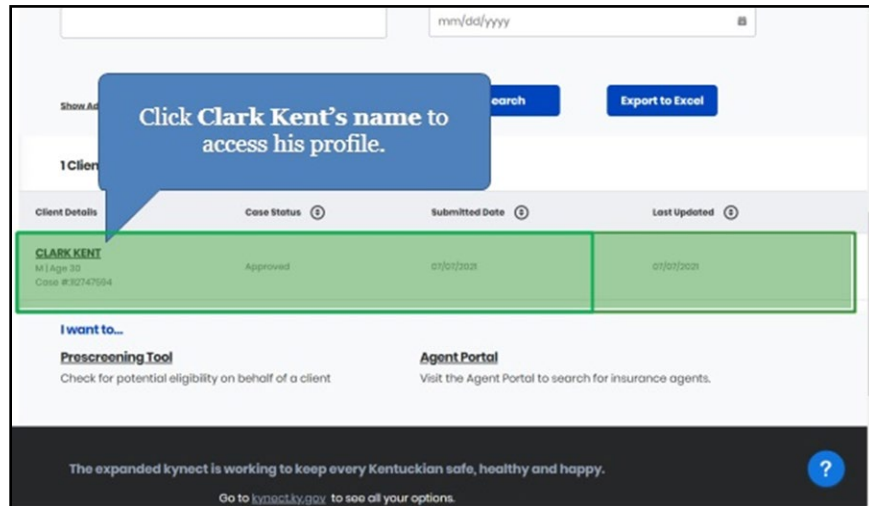
1. Enter the Individual's **Case Number** to begin the reported change.

A screenshot of a web application search interface. The page has a white background with a light blue header. The search form is titled "Search" and includes fields for "First Name", "Last Name", "Case Number", "Application Number", and "Date of Birth". A green rectangular box highlights the "Case Number" field. A blue callout box with white text says "Enter 112747594 then click Enter on your keyboard." A purple callout box with white text says "For this example, the Individual we are assisting is Clark Kent. To access Clark's information enter his case number." Below the form are "Search" and "Export to Excel" buttons. At the bottom, there is an "Agent Portal" link and a help icon.

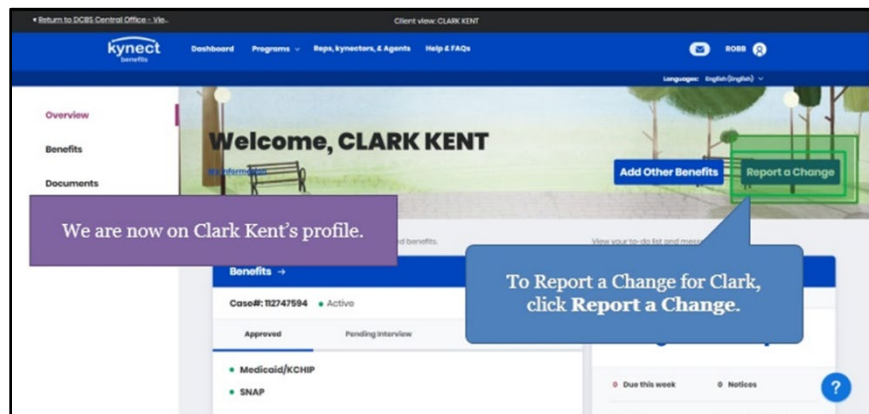
2. Click **Search** to search for the desired Individual.

A screenshot of the same web application search interface. The "Case Number" field now contains the value "112747594". A blue callout box with white text says "Click Search." A green rectangular box highlights the "Search" button. The "Date of Birth" field is now visible. Below the form are "Reset" and "Export to Excel" buttons. At the bottom, there is an "Agent Portal" link and a help icon.

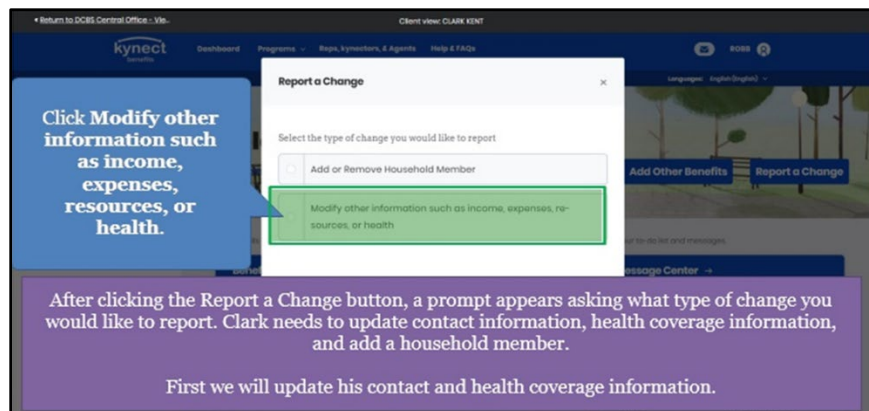
3. Click the **Individual's Name** to access their profile.



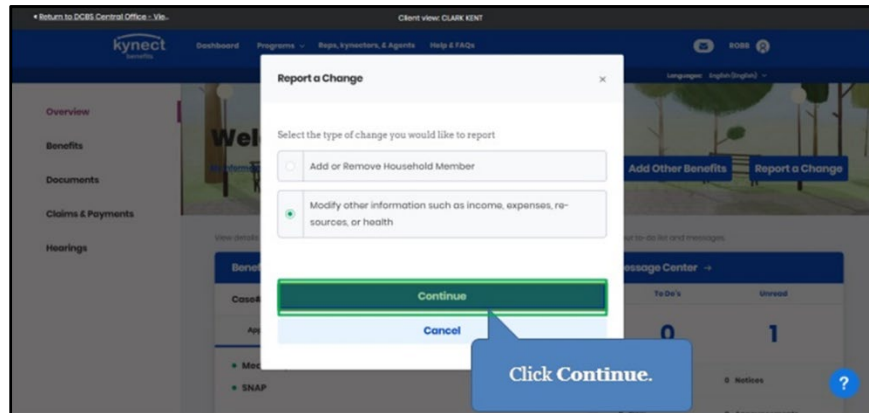
4. To Report a Change for the Individual, click **Report a Change**.



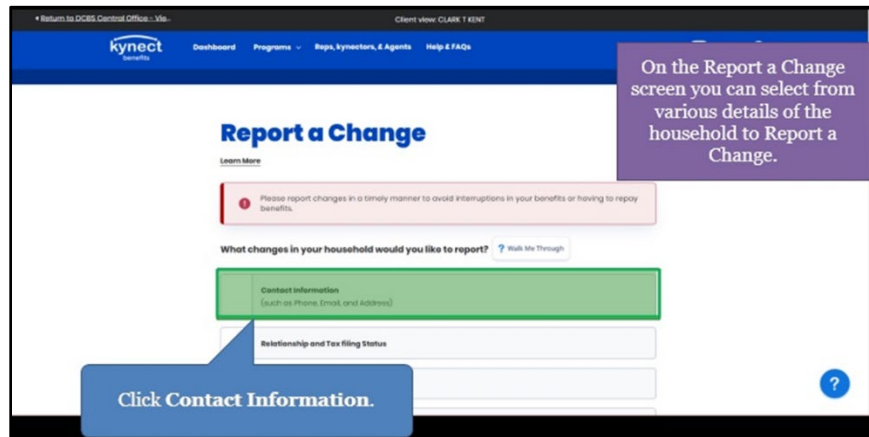
5. After clicking **Report a Change**, a prompt appears asking what type of change the Individual would like to report. Click **Modify other information such as income, expenses, resources, or health**.



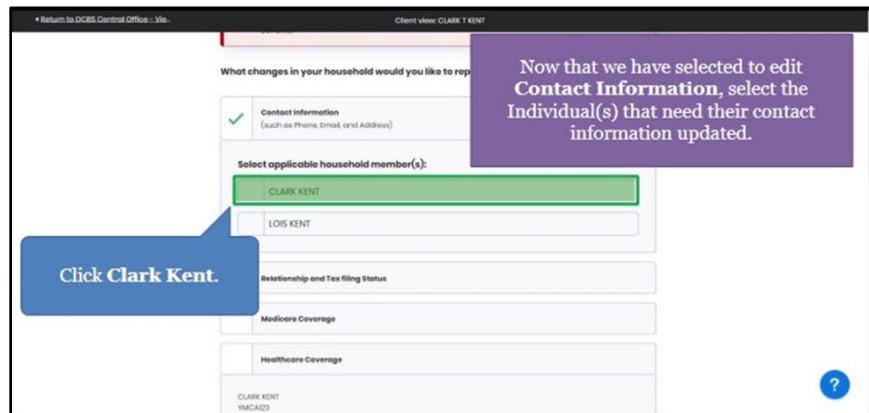
6. Click **Continue**.



7. Click **Contact Information**.



8. Select the **Individual(s)** who need their contact information updated.



9. Select the **Household Member(s)** who need their contact information updated.

What changes in your household would you like to report? [Walk Me Through](#)

Contact Information
(such as Phone, Email, and Address)

Select applicable household member(s):

CLARK KENT

LOIS KENT

Relationship and Tax filing Status

Medicare Coverage

Healthcare Coverage

CLARK KENT
YMCA123

CLARK KENT
YMCA123

Click Lois Kent.

10. Click **Healthcare Coverage** to update the Individual's healthcare coverage information.

Relationship and Tax filing Status

Medicare Coverage

Healthcare Coverage

CLARK KENT
YMCA123
Insurance through an employer, including the parent's employer

CLARK KENT
YMCA123
Insurance through an employer, including the parent's employer
Policy ID: YMCA123

Emergency Medical Condition and Disability

Pregnancy

Member Information

CLARK KENT
YMCA123

Click Healthcare Coverage.

Clark also needs to update his healthcare coverage information.

11. Click **Continue** to navigate to the **Change Summary** screen.

Expense [?](#)
(such as child support or medical)

Living Arrangement [?](#)

Education

If you would like to report a change for something not listed above, call DCBS at 1 (855) 306-8952

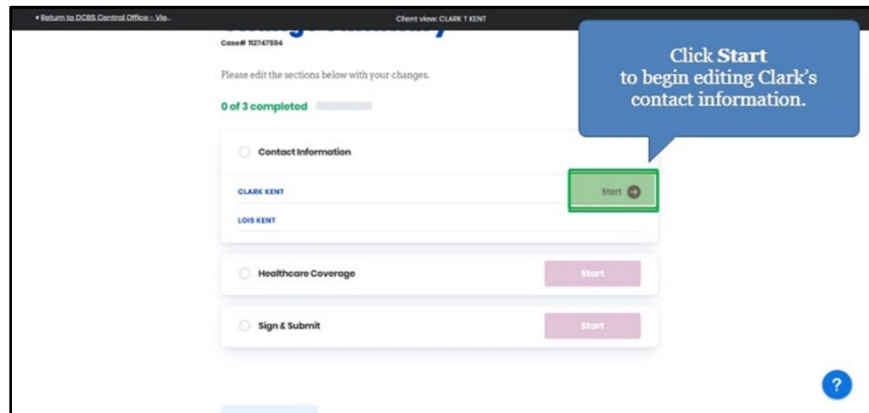
Exit

Continue

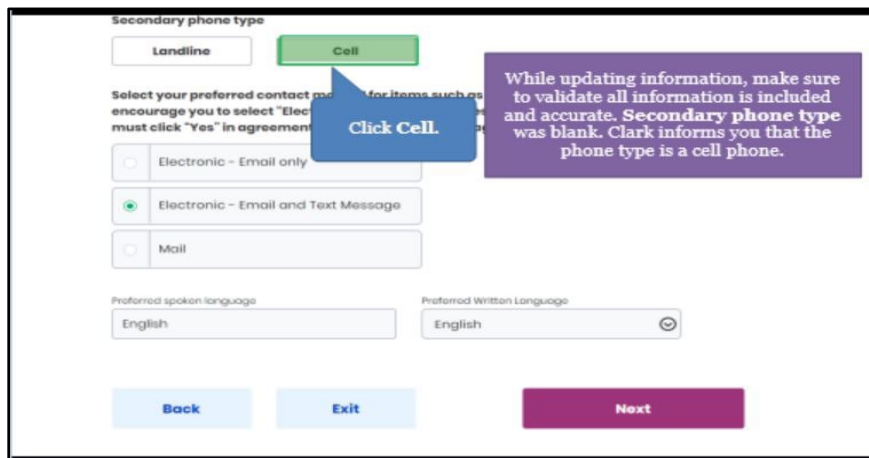
Click Continue.

2.2 Reporting a Change for Resident's Contact Information

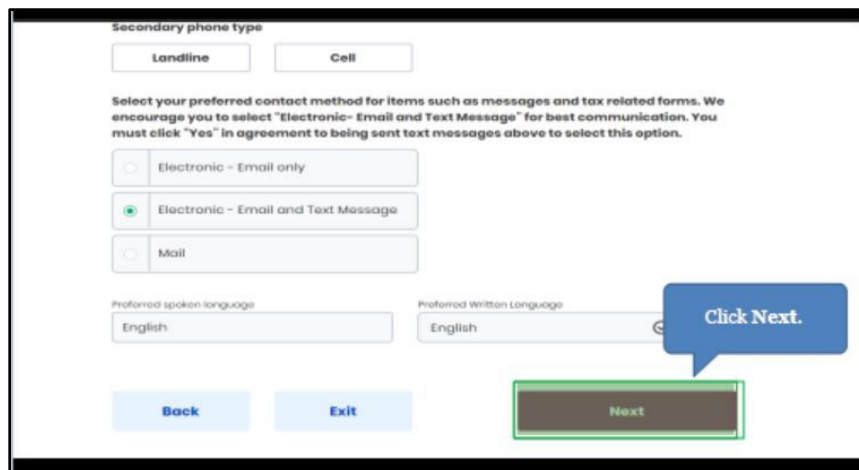
12. Click **Start** to edit the Individual's contact information.



13. Click the **Cell** or **Landline** box to update the Individual's contact information.



14. Click **Next** to continue updating the Individual's contact information.



15. Enter the **Individual's Household Address**. Make the Individual aware that updating an address may create a Request for Information (RFI).

Clark informs you that he needs to update his address for the household. Updating an address for the household may create a Request for Information (RFI). Be sure to make Clark aware of this and any necessary steps he needs to take to resolve the RFI.

Enter 200 Meridian Ave then click Enter on your keyboard to update Clark's address.

16. Select the **Individual's Address** from the drop-down.

Click the top address option from the address list.

17. Click **Yes** or **No** for *Does the Individual have a different mailing address.*

Click No since Clark does not have a different mailing address.

18. Click **Next** to continue updating contact information.

This screenshot shows the 'Client view: CLARK T KENT' page. At the top, there are two address input fields: 'Address' with the value '200, MERIDIAN AVENUE, LOUISVILLE, JEFFERSON' and 'Address Line 2' with the value 'IE, APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. BI'. Below these are two confirmation questions: 'Does CLARK KENT have a different mailing address?' with 'Yes' and 'No' radio buttons, and 'Does everyone in CLARK KENT's household have the same address information?' with 'Yes' and 'No' radio buttons. A blue callout bubble with the text 'Click Next.' points to a green-bordered 'Next' button. At the bottom, a footer reads 'The expanded kynect is working to keep every Kentuckian safe, healthy and happy.' with a help icon.

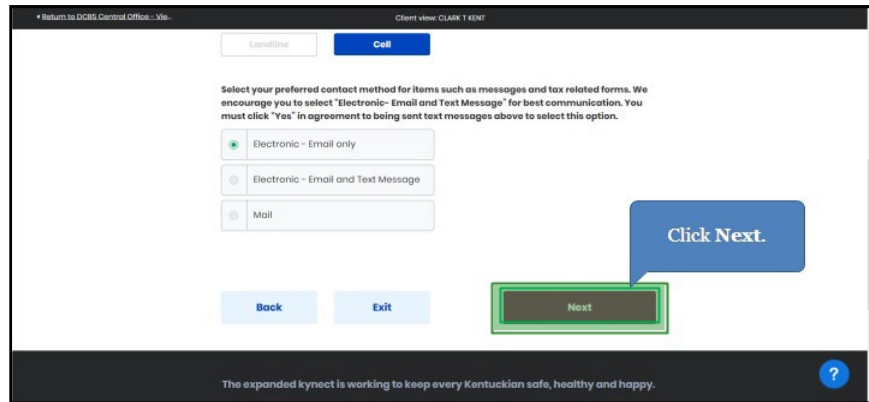
19. Click **Start** to update the Household Member(s) contact information.

This screenshot shows the 'Client view: CLARK T KENT' page with a progress bar indicating '0 of 4 completed'. A purple callout bubble says 'Now we will update contact information for Lois Kent.' Below the progress bar is a list of household members: 'CLARK KENT' and 'LOIS KENT'. A green-bordered 'Start' button is next to 'LOIS KENT'. A blue callout bubble with the text 'Click Start.' points to this button. Below the list are sections for 'Member Details', 'Healthcare Coverage', and 'Sign & Submit', each with a 'Start' button. A help icon is in the bottom right corner.

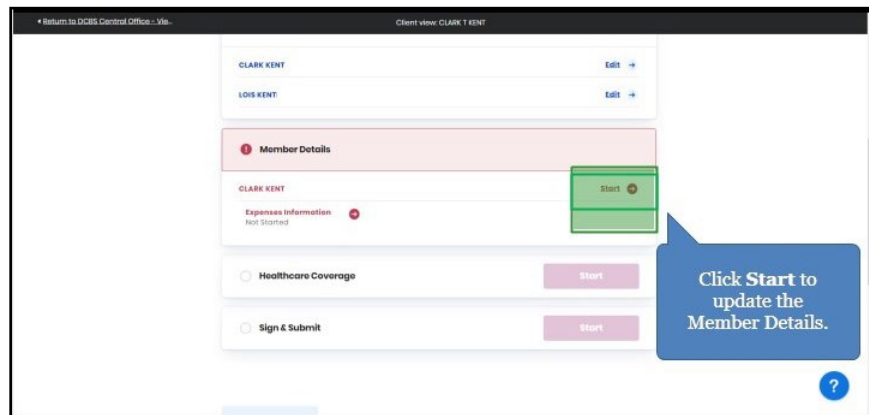
20. If the Individual and Household Member(s) share the same contact information, check the **box** that says they have the same contact information.

This screenshot shows the 'Client view: CLARK T KENT' page with a purple callout bubble saying 'Lois and Clark share the same contact information.' Below this is a 'Contact Information' section for 'LOIS KENT'. A green-bordered box contains the text 'LOIS KENT (MCI) has the same contact information as CLARK KENT'. Below this are input fields for 'Email' (value: 'kent@mailinator.com'), 'Phone Number' (value: '005-0937'), and 'Ext.'. A blue callout bubble with the text 'Click the box.' points to the green-bordered box. A help icon is in the bottom right corner.

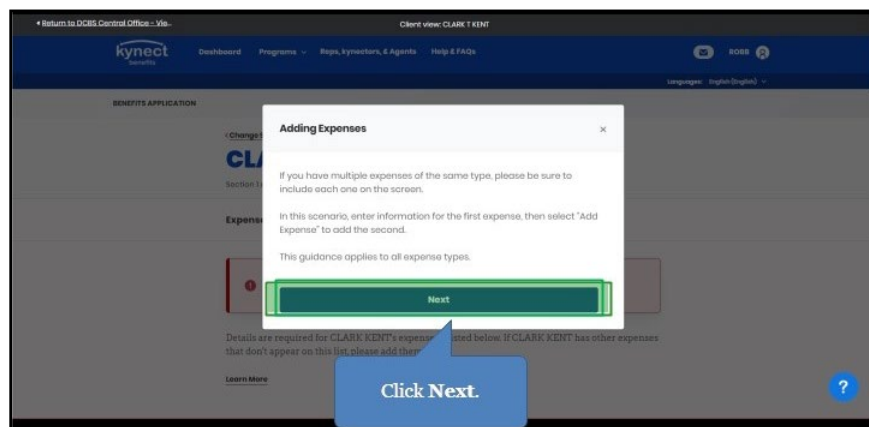
21. Click **Next** to complete the contact information update.



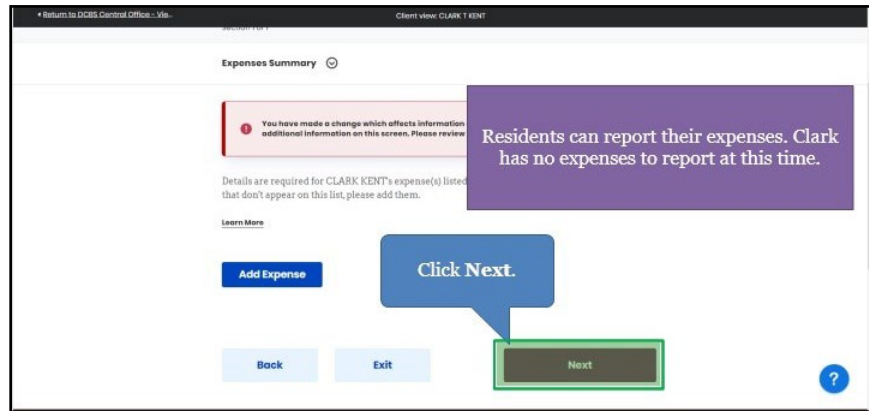
22. Click **Start** to begin the *Member Details* section.



23. Click **Next**.

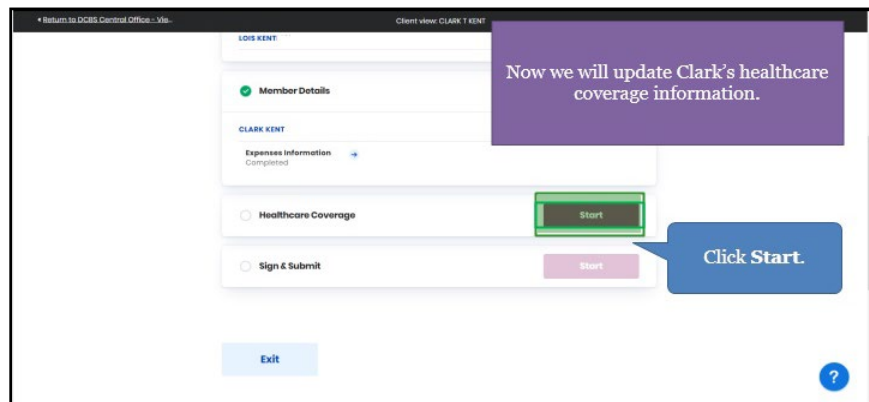


24. Click **Next** since there are no expenses to report.

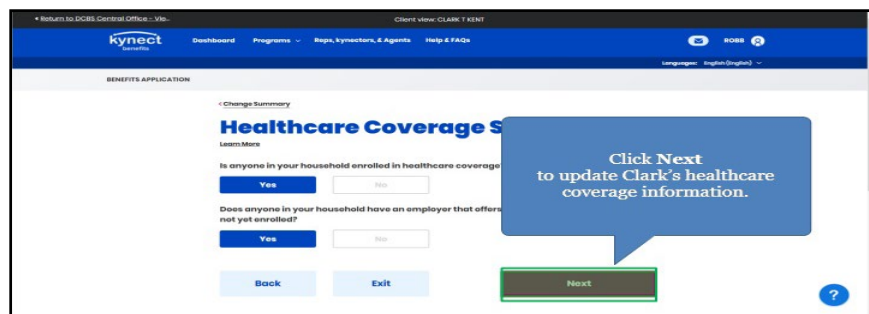


2.3 Reporting a Change for Resident's Health Coverage

25. Click **Start** to update the Individual's Healthcare Coverage.

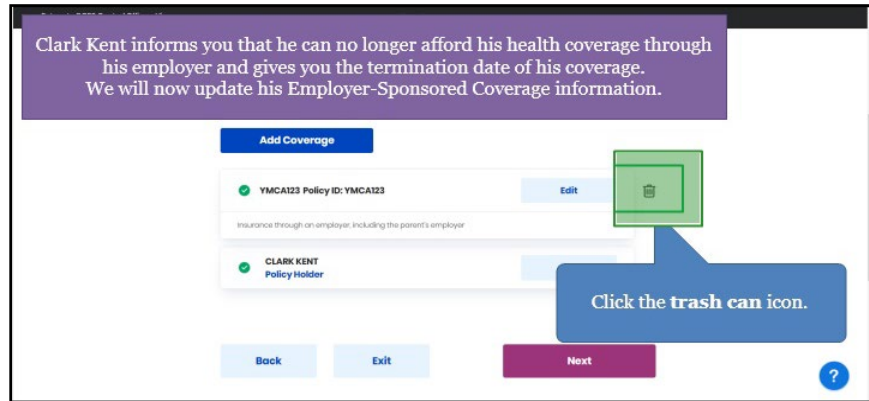


26. Click **Next** to update the Individual's healthcare coverage information.

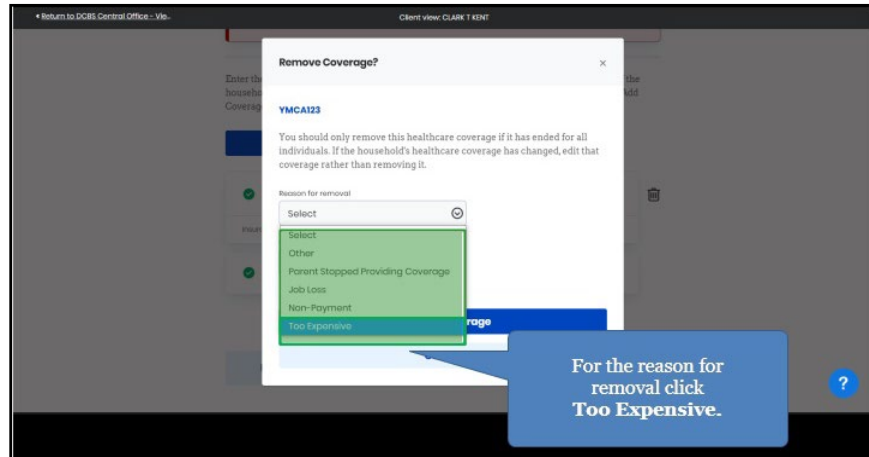


2.4 Reporting a Change with loss of Employer-Sponsored Insurance (ESI)

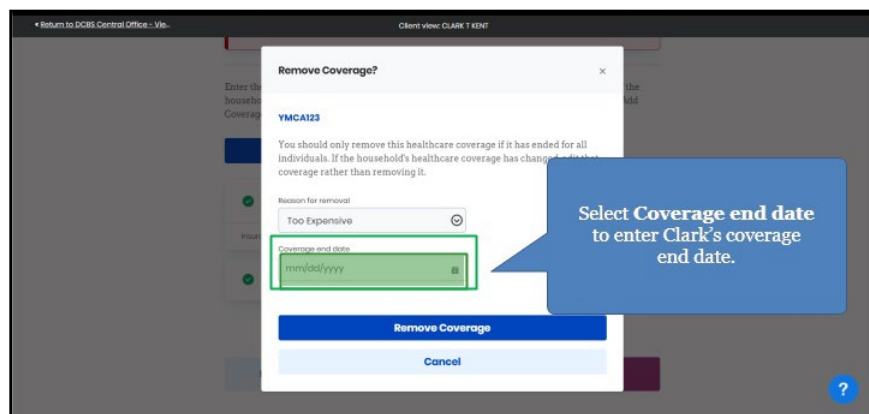
27. Click the **trash can** icon next to the Employer-Sponsored Insurance plan being terminated.



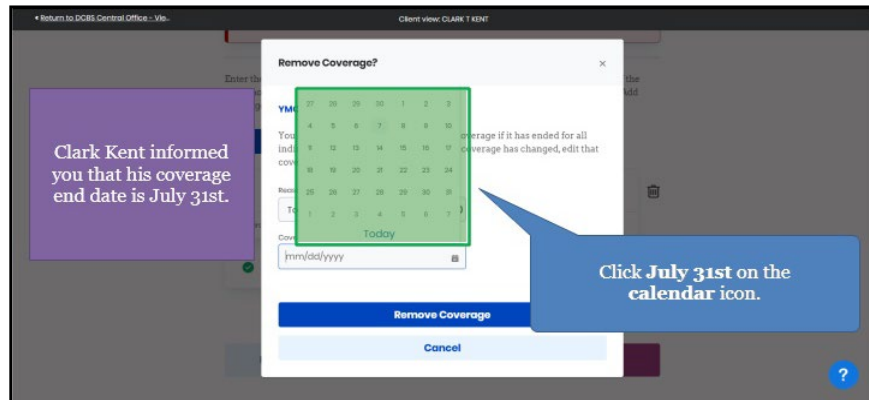
28. Select the **Reason for removal** from the drop-down.



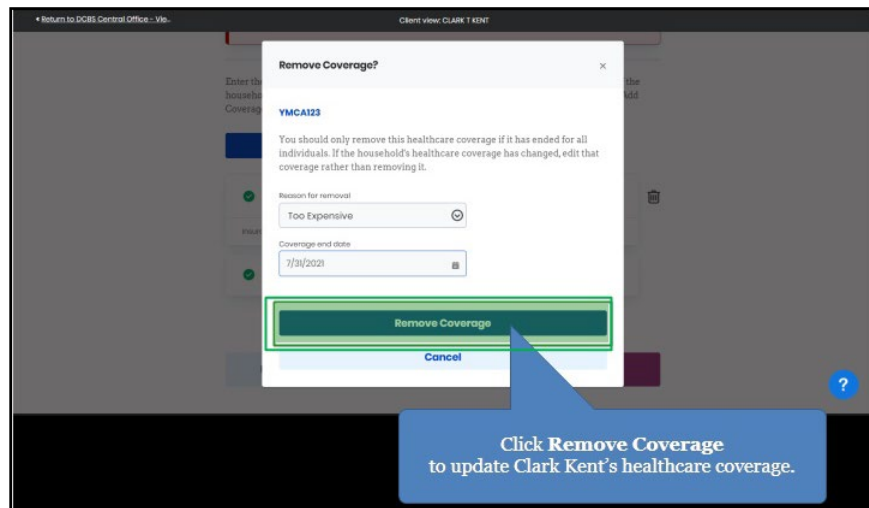
29. Enter the **Individual's Coverage end date**.



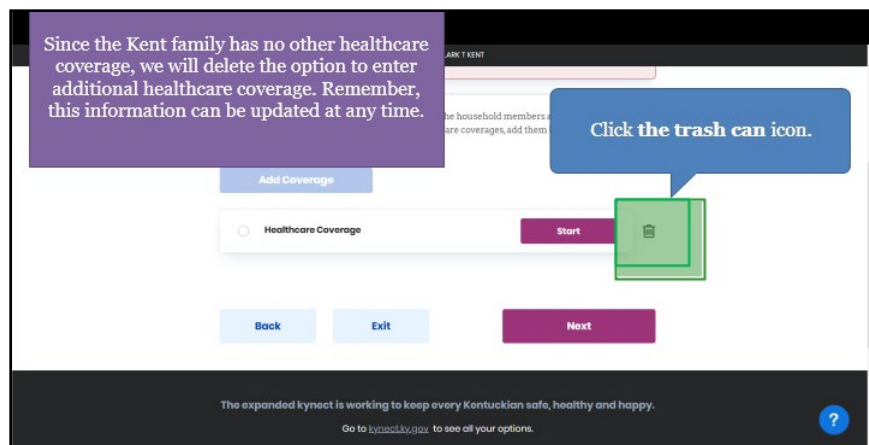
30. Select the appropriate **Year, Month, and Day** for the coverage end date from the calendar.



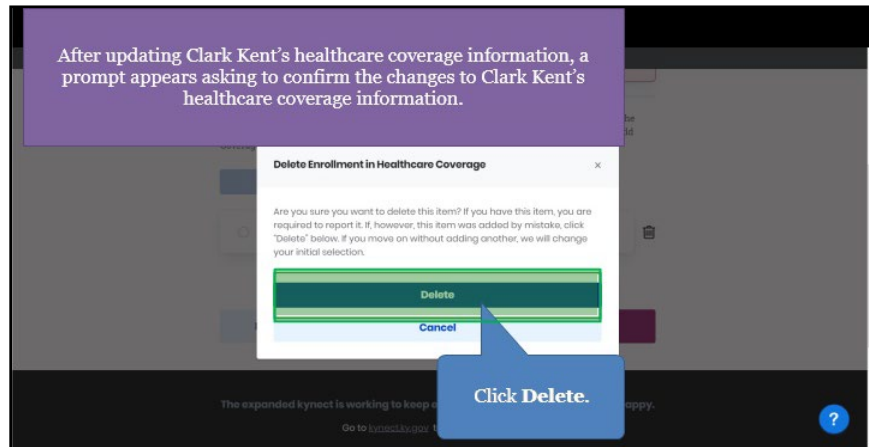
31. Click **Remove Coverage** to update the Individual's health coverage.



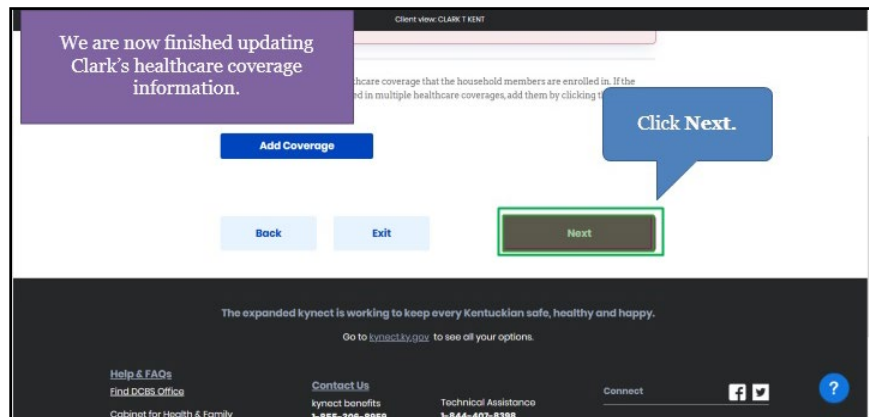
32. If the Individual has no other health coverage, delete the option to enter additional healthcare coverage by clicking the **trash can** icon.



33. A prompt will appear asking to confirm the changes to the Individual's healthcare coverage information. Click **Delete** to confirm.

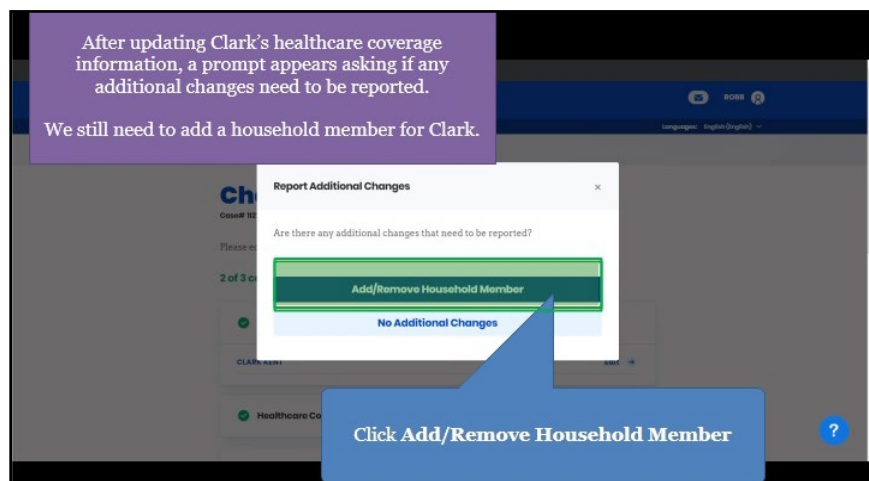


34. Click **Next** after the healthcare coverage information has been updated.

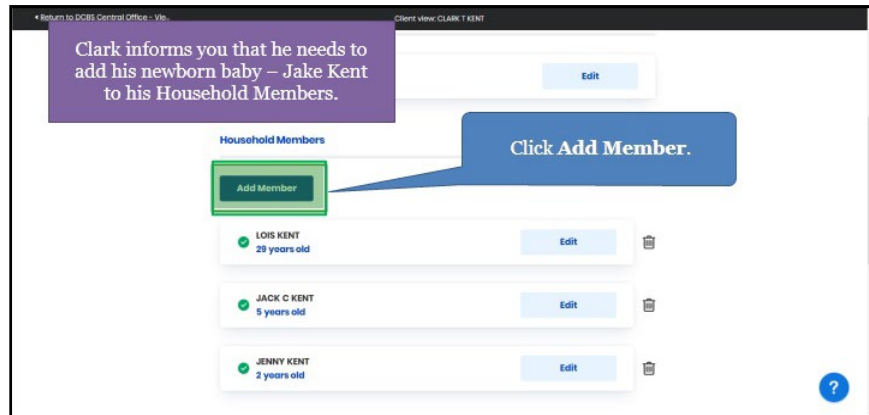


2.5 Reporting a Change to add a Resident to a case

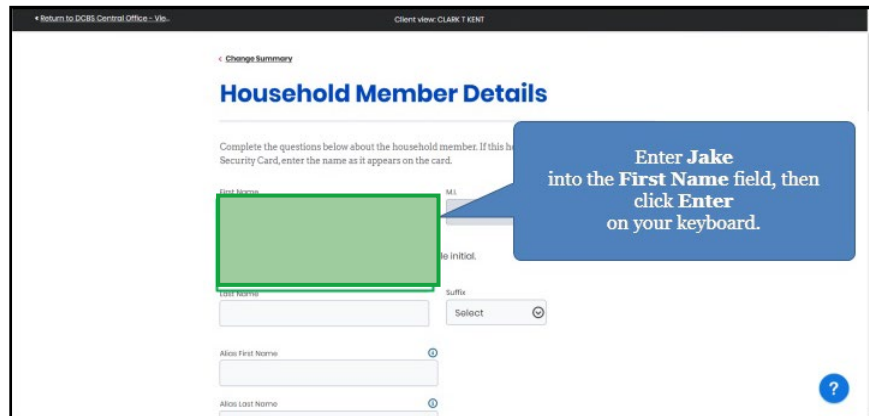
35. Click **Add/Remove Household Member** when the **Report Additional Changes** prompt displays.



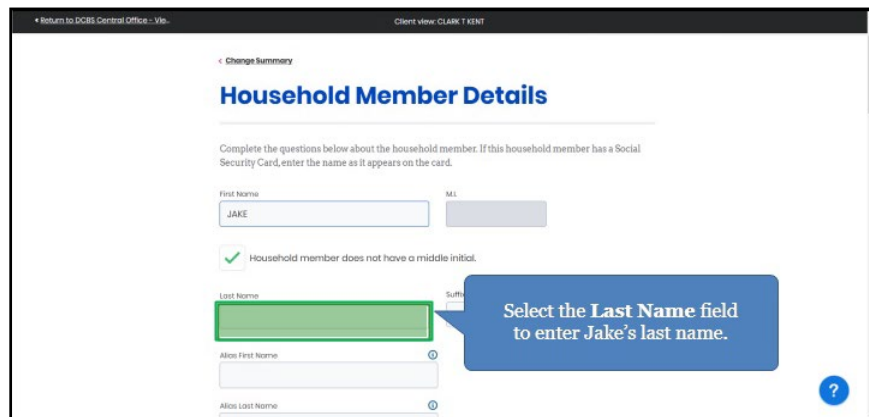
36. Click **Add Member**.



37. Enter the Household Member's **First Name** into the field.



38. Enter the Household Member's **Last Name** into the field.



39. Select the Household Member's **Sex** from the drop-down.

Form fields include: Name (JAKE), Household member does not have a middle initial (checked), Last Name (KENT), Suffix (Select), Alias First Name, Alias Last Name, Sex (dropdown), Date of Birth (mm/dd/yyyy), Does this individual have a Social Security Number? (Yes/No), and Is this individual a resident of the Commonwealth of Kentucky? (Yes/No).

40. Select the appropriate **Year, Month, and Day** for the Household Member's Date of Birth from the calendar.

The date of birth field is highlighted with a calendar. The calendar shows the month of June 2021, with the 30th day selected.

41. Click **Yes** or **No** for *Does this Individual have a Social Security Number*.

The 'Does this individual have a Social Security Number?' question has 'Yes' and 'No' buttons. The 'No' button is highlighted. Below this are ethnicity selection options: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian/Other Pacific Islander, White, and Unknown. At the bottom is the question 'Is this individual Hispanic/Latino?' with 'Yes' and 'No' buttons.

42. Check **why the Individual does not have a Social Security Number.**

Client view: CLARK T KENT

- Not eligible to receive SSN based on immigrant status
- Applied for SSN
- Refuses to obtain an SSN because of a well-established religious objective
- Does not have an SSN and may only be issued an SSN for a valid non-work reason
- Refuses to provide an SSN
- Newborn without SSN
- Without SSN Card

Has this individual served in the U.S. military?

43. Click **Yes** or **No** for *Is this Individual a U.S citizen?*

Client view: CLARK T KENT

- Not eligible to receive SSN based on immigrant status
- Applied for SSN
- Refuses to obtain an SSN because of a well-established religious objective
- Does not have an SSN and may only be issued an SSN for a valid non-work reason
- Refuses to provide an SSN
- Newborn without SSN
- Without SSN Card

Is this individual a U.S. Citizen?

Yes No

Has this individual served in the U.S. military?

44. Click **Yes** or **No** for *Was this Individual in the U.S military?*

Client view: CLARK T KENT

Has this individual served in the U.S. military?

Yes No

Is this individual a resident of the Commonwealth of Kentucky?

Yes No

Select this individual's race(s)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White

45. Click **Yes** or **No** for *Is this Individual a Resident of the Commonwealth of Kentucky?*

The screenshot shows a form with the question "Is this individual a resident of the Commonwealth of Kentucky?". The "Yes" button is highlighted in green. A blue callout box points to the "Yes" button with the text "Click Yes since Jake is a Kentucky Resident." Below the question are several dropdown menus for selecting the individual's race(s): American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian/Other Pacific Islander, White, and Unknown. At the bottom, there is a question "Is this individual Hispanic/Latino?" with "Yes" and "No" buttons. A small blue question mark icon is in the bottom right corner.

46. Select the Household Member's **Race**.

The screenshot shows the same form as in step 45. The "White" dropdown menu is highlighted in green. A blue callout box points to the "White" dropdown menu with the text "Click White for Jake's race." The "Yes" button for the residency question is also highlighted in blue. A small blue question mark icon is in the bottom right corner.

47. Click **Yes** or **No** for *Is this Individual Hispanic/Latino*

The screenshot shows the form with the question "Is this individual Hispanic/Latino?". The "No" button is highlighted in green. A blue callout box points to the "No" button with the text "Click No since Jake is not Hispanic/Latino." Below this question is a checkbox for "This household member passed away in the last three months." and a "Program Selection" section with two dropdown menus: "Medicaid/CHIP/Qualified Health Plan with payment assistance (APTC)" and "CHIP (Medical and Dental Insurance plans without payment assistance)". At the bottom are "Cancel" and "Save" buttons. A small blue question mark icon is in the bottom right corner.

2.6 Applying for Medicaid/KCHIP

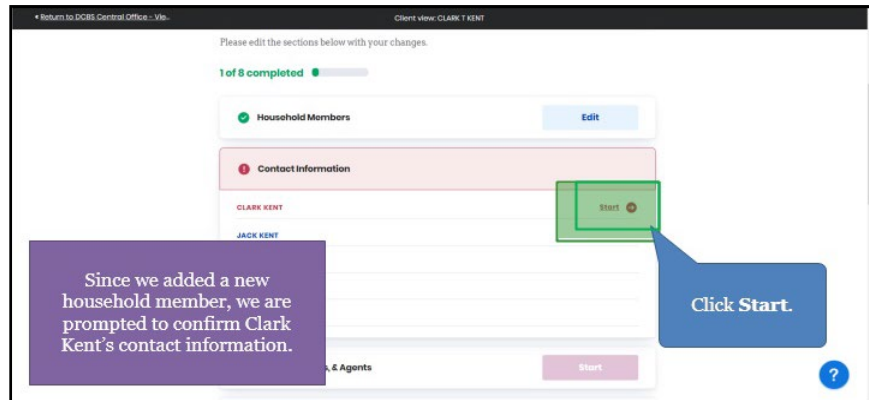
48. If the Individual wants to apply for Medicaid/KCHIP, check the **box** for Medicaid/KCHIP.

49. Click **Save** to confirm the selection.

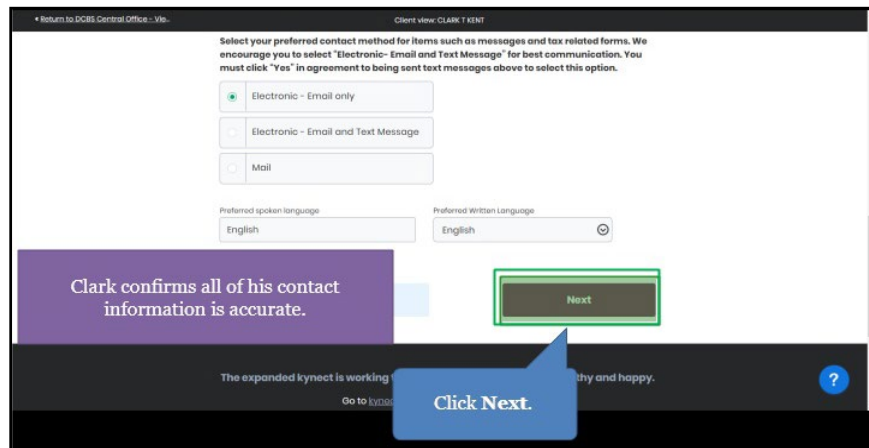
2.7 Confirming and Saving Household Members Information

50. Click **Next** once all Household Members have been added.

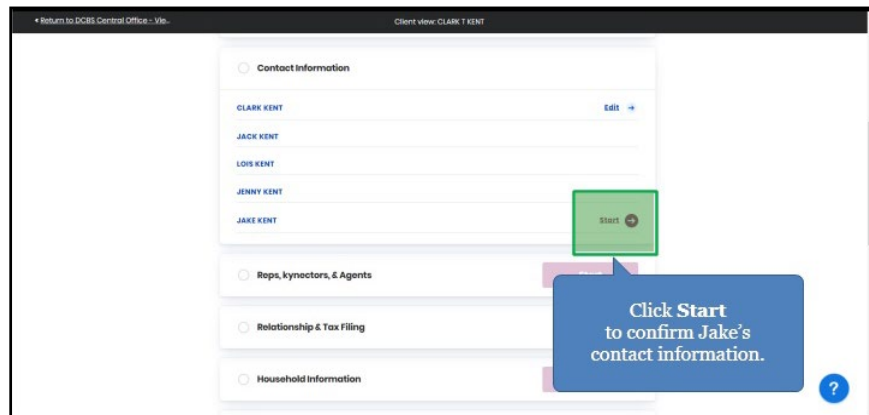
51. Click **Start** to confirm the Individual's contact information.



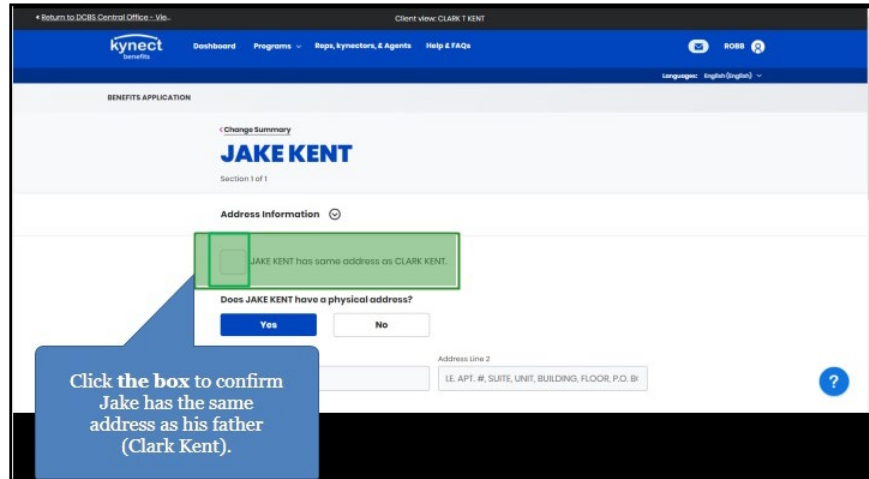
52. Click **Next** after confirming the Individual's information is accurate.



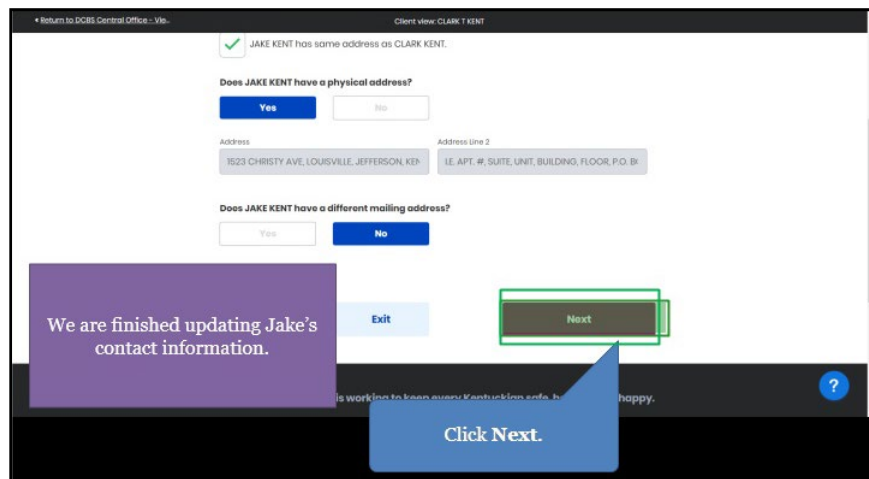
53. Click **Start** to confirm that the new Household Member's information is correct.



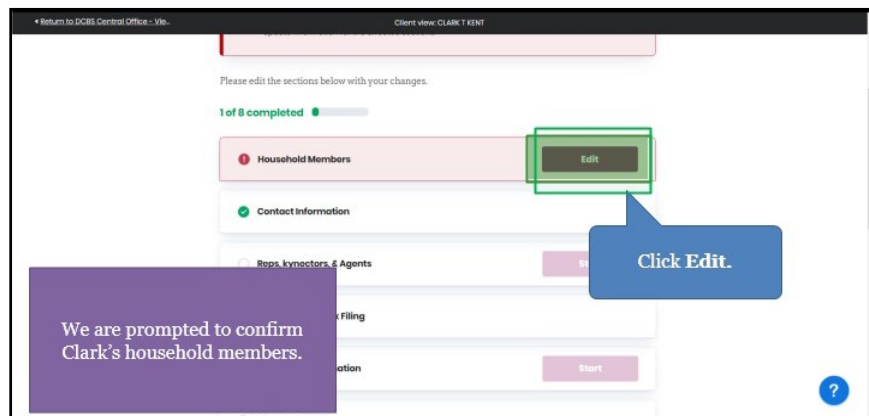
54. Check the **box** to confirm that the Individual and Household Member have the same address.



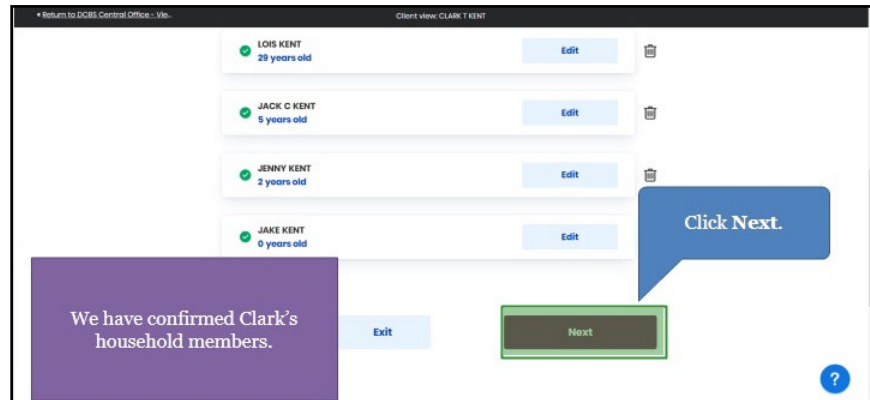
55. Click **Next** once the Household Member's information is updated.



56. Click **Edit** to continue to confirm the Household Members.

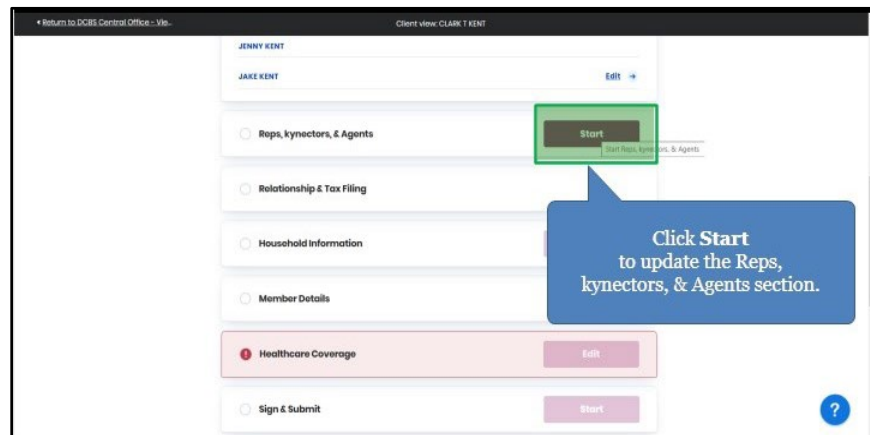


57. Click **Next** once all Household Members' information has been confirmed.

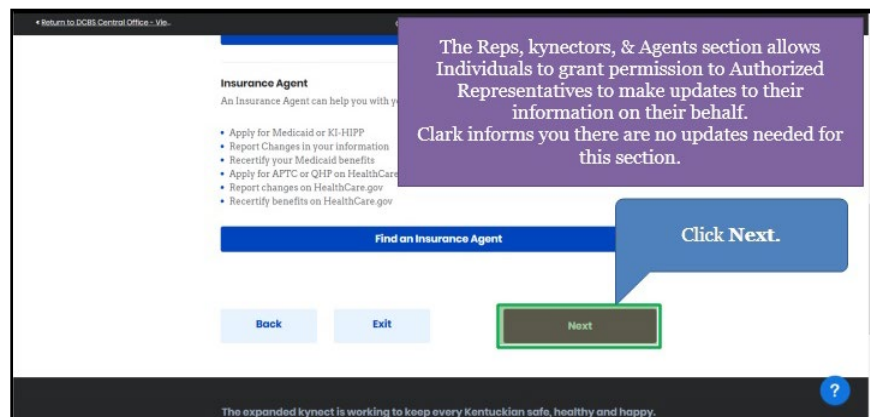


2.8 Reporting a Change to update the Authorized Representative, kynector, or Agent on a Resident's case

58. Click **Start** to navigate to the **Reps, kynectors, & Agents** screen.

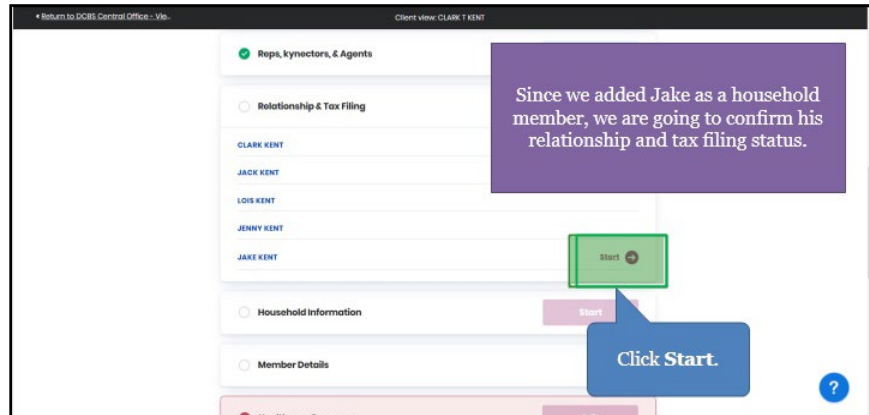


59. Click **Next** to continue with no updates.

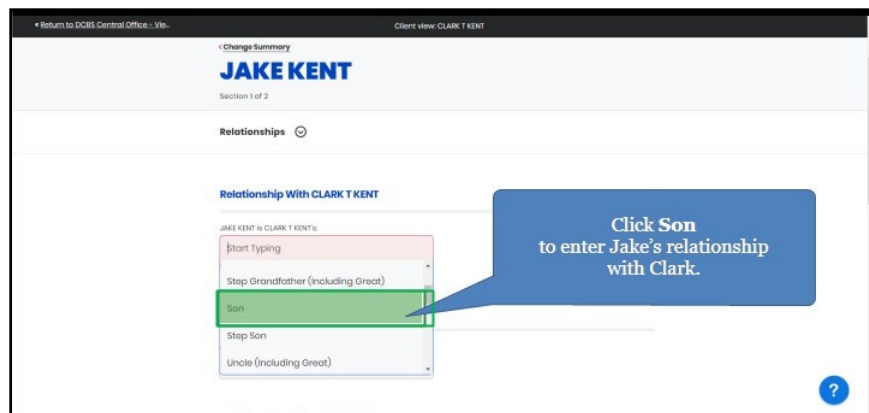


2.9 Confirming Relationships and Tax Filing Status

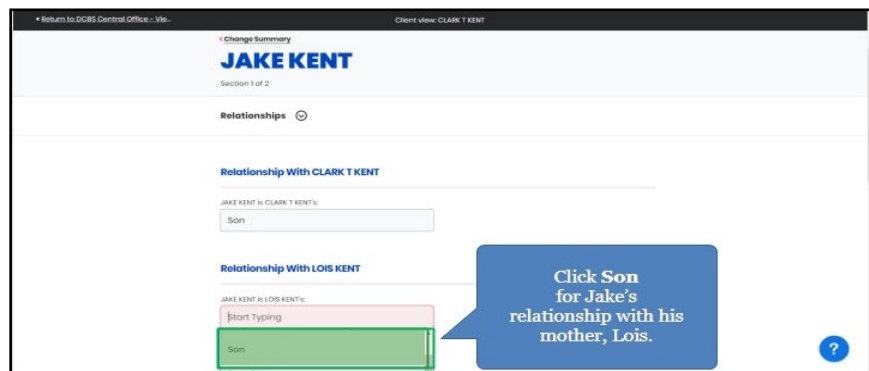
60. Click **Start** to confirm the new Household Member's relationship to the Individual and their tax filing status.



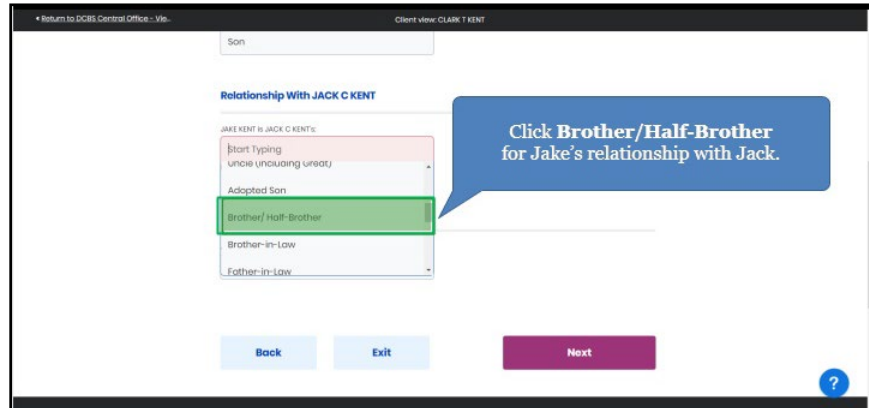
61. Select the primary Individual's **Relationship** to the new Household Member from the drop-down.



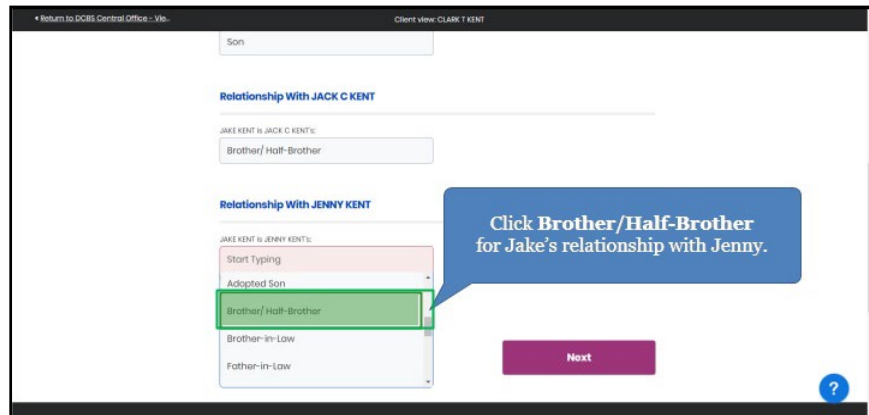
62. Select the Household Member(s) **Relationship** to the new Household Member from the drop-down.



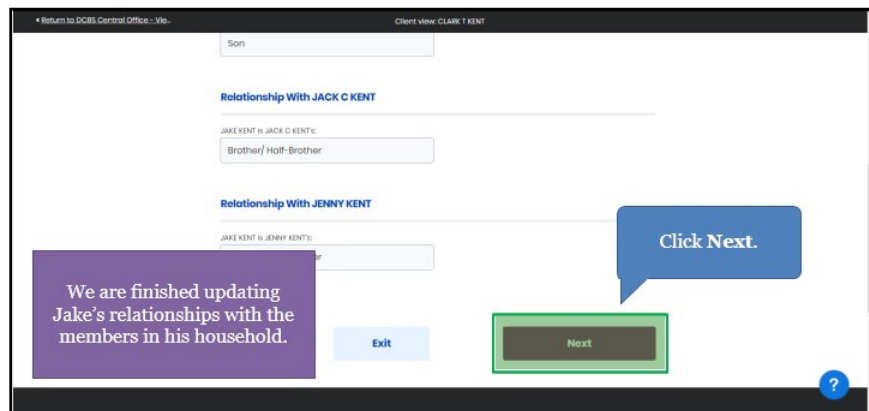
63. Select the Household Member(s) **Relationship** to the new Household Member from the drop-down.



64. Select the Household Member(s) **Relationship** to the new Household Member from the drop-down.



65. Once all household relationships for the new Household Member are updated, click **Next** to navigate to the **Tax Filing** screen.



66. Click **Dependent of individual in the household** to update the tax filing status of the new Household Member.

Return to DCBS Central Office - Vis. Client view: CLARK T KENT

Tax Filing

How does JAKE KENT intend to file taxes this year?

- Dependent of individual in the household
- Dependent of individual not in the household
- Married Filing Jointly
- Qualifying Widow(er)

Now we will update Jake's tax filing status. Jake is a dependent of his father, Clark.

Click Dependent of individual in the household.

67. Select **who the Household Member is a dependent of**.

Return to DCBS Central Office - Vis. Client view: CLARK T KENT

- I do not intend to file taxes
- Qualifying Widow(er)
- Single

Who is JAKE KENT a dependent of?

- CLARK T KENT
- LOIS KENT

Back Exit Next

Jake is a tax dependent of his father, Clark. Click Clark T Kent.

68. Click **Next**.

Return to DCBS Central Office - Vis. Client view: CLARK T KENT

- I do not intend to file taxes
- Qualifying Widow(er)
- Single

Who is JAKE KENT a dependent of?

- CLARK T KENT
- LOIS KENT

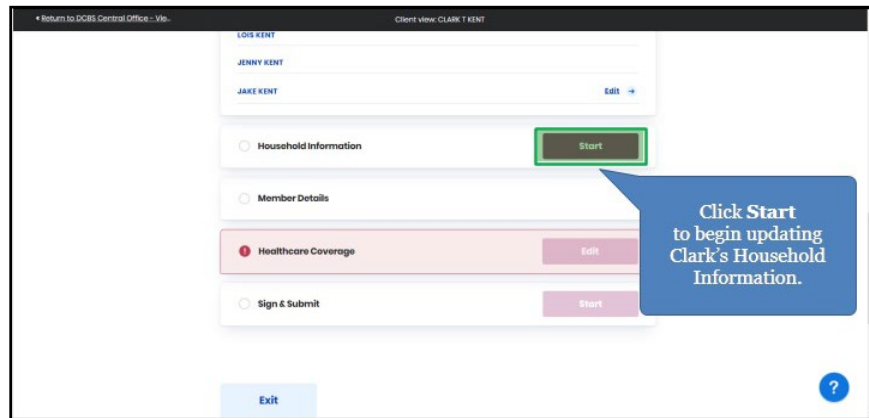
Exit Next

We are finished updating Jake's tax filing information.

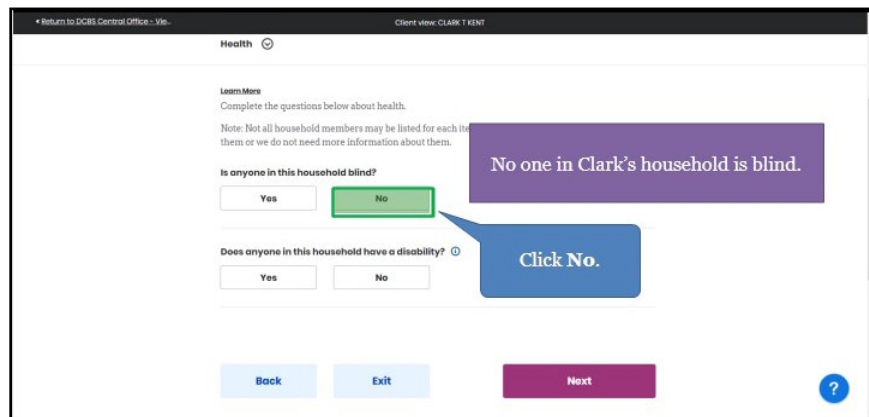
Click Next.

2.10 Updating Household Information

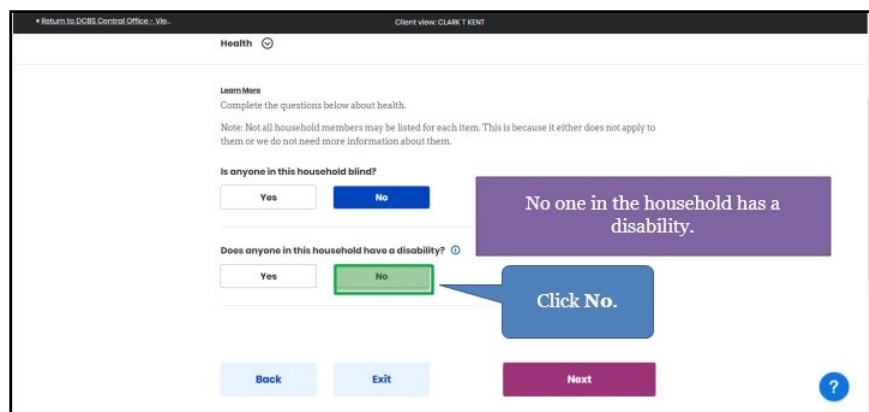
69. Click **Start** to update the Individual's household information.



70. Click **Yes** or **No** for *Is anyone in the household blind.*



71. Click **Yes** or **No** for *Does anyone in the household have a disability.*



72. Click **Next** to continue.

Health

Client view: CLARK T KENT

Learn More
Complete the questions below about health.

Note: Not all household members may be listed for each item. This is because it either does not apply to them or we do not need more information about them.

Is anyone in this household blind?

Yes No

Does anyone in this household have a disability?

Yes No

Click Next.

Back Exit Next

73. Click **Yes** or **No** for *Is anyone in the household a migrant or seasonal farmworker.*

Migrant or Seasonal Farmworker

Client view: CLARK T KENT

Is anyone in this household a migrant or seasonal farmworker?

Yes No

No one in the household is a migrant or seasonal farmworker.

Click No.

Is anyone in this household eligible for entitled income, such as Social Security Income, unemployment income, Black Lung, or VA pension?

Yes No

Is anyone in this household currently enrolled in school?

Yes No

Was anyone in Foster Care?

Yes No

Back Exit Next

74. Click **Yes** or **No** for *Is anyone in the household eligible for entitled income.*

Eligible for Entitled Income

Client view: CLARK T KENT

Is anyone in this household eligible for entitled income, such as Social Security Income, unemployment income, Black Lung, or VA pension?

Yes No

No one in the household is eligible for entitled income, such as Social Security Income, unemployment income, Black Lung, or VA pension.

Click No.

Is anyone in this household currently enrolled in school?

Yes No

Was anyone in Foster Care?

Yes No

Back Exit Next

75. Click **Yes** or **No** for *Is anyone in the household currently enrolled in school.*

Return to DCBS Central Office - Vis... Client view: CLARK T KENT

Is anyone in this household a migrant or seasonal farmworker? Yes No

Is anyone in this household eligible for entitled income, unemployment income, Black Lung, or VA pension? Yes No

Is anyone in this household currently enrolled in school? Yes No

Was anyone in Foster Care? Yes No

Back Exit Next ?

No one in household is currently enrolled in school.

Click No.

76. Click **Yes** or **No** for *Is anyone in the household in Foster Care.*

Return to DCBS Central Office - Vis... Client view: CLARK T KENT

Is anyone in this household a migrant or seasonal farmworker? Yes No

Is anyone in this household eligible for entitled income, such as Social Security income, unemployment income, Black Lung, or VA pension? Yes No

Is anyone in this household currently enrolled in school? Yes No

Was anyone in Foster Care? Yes No

Back Exit Next ?

No one in the household was in Foster Care.

Click No.

77. Click **Next** to continue.

Return to DCBS Central Office - Vis... Client view: CLARK T KENT

Is anyone in this household a migrant or seasonal farmworker? Yes No

Is anyone in this household eligible for entitled income, such as Social Security income, unemployment income, Black Lung, or VA pension? Yes No

Is anyone in this household currently enrolled in school? Yes No

Was anyone in Foster Care? Yes No

Back Exit Next ?

Click Next.

78. Click **Next** to continue with no updates.

Return to DCBS Central Office - Vis. Client view: CLARK T KENT

Yes No

Does anyone in this household have investments such as stocks or bonds?

Yes No

Does anyone in this household have other liquid/spendable resources such as cash, direct express card, or reloadable money card?

Yes No

Clark confirms there are no updates needed.

Exit Next

Click Next.

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.

79. Click **Yes** or **No** for *Does anyone in this household have job income from an employer.*

Return to DCBS Central Office - Vis. Client view: CLARK T KENT

Does anyone in this household have job income from employer?

Yes No

Click Yes.

Both Clark and Lois work at the YMCA.

Does anyone in this household have self-employment income?

Yes No

Does anyone in this household receive income from Social Security, retirement, or a pension?

Yes No

Does anyone in this household receive income from dividends, interest, or royalties?

Yes No

Does anyone in this household receive support or maintenance income, such as alimony, child support, adoption subsidy payments, or foster care income?

80. Click **Yes** or **No** for *Does anyone in the household have self-employment income.*

Return to DCBS Central Office - Vis. Client view: CLARK T KENT

Does anyone in this household have job income from employer?

Yes No

Does anyone in this household have self-employment income?

Yes No

Click No.

No one in the household has self-employment income.

Does anyone in this household receive income from Social Security, retirement, or a pension?

Yes No

Does anyone in this household receive income from dividends, interest, or royalties?

Yes No

Does anyone in this household receive support or maintenance income, such as alimony, child support, adoption subsidy payments, or foster care income?

81. Click **Yes** or **No** for *Does anyone in the household receive income from Social Security, retirement, or pension.*

Return to DCBS Central Office - Vis. Client view: CLARK T KENT

Does anyone in this household have job income from employer?
 Yes No

Does anyone in this household have self-employment income? ⓘ
 Yes No

Does anyone in this household receive income from Social Security, retirement, or a pension? ⓘ
 Yes No

Does anyone in this household receive income from dividends, interest, or royalties? ⓘ
 Yes No

Does anyone in this household receive support or maintenance income, such as alimony, child support, adoption subsidy payments, or foster care income? ⓘ
 Yes No

Does anyone in this household receive any other type of goods, services, or payments? ⓘ

No one in the household receives income from Social Security, retirement, or pension.

Click No.

82. Click **Yes** or **No** for *Does anyone in the household receive income from dividends, interest, or royalties.*

Return to DCBS Central Office - Vis. Client view: CLARK T KENT

Does anyone in this household receive income from Social Security, retirement, or a pension? ⓘ
 Yes No

Does anyone in this household receive income from dividends, interest, or royalties? ⓘ
 Yes No

Does anyone in this household receive support or maintenance income, such as alimony, child support, adoption subsidy payments, or foster care income? ⓘ
 Yes No

Does anyone in the household receive income from an insurance settlement or unemployment benefit? ⓘ
 Yes No

Does anyone in this household receive any other type of goods, services, or payments? ⓘ

No one in the household receives income from dividends, interest, or royalties.

Click No.

83. Click **Yes** or **No** for *Does anyone in the household receive support or maintenance income.*

Return to DCBS Central Office - Vis. Client view: CLARK T KENT

Does anyone in this household receive income from Social Security, retirement, or a pension? ⓘ
 Yes No

Does anyone in this household receive income from dividends, interest, or royalties? ⓘ
 Yes No

Does anyone in this household receive support or maintenance income, such as alimony, child support, adoption subsidy payments, or foster care income? ⓘ
 Yes No

Does anyone in the household receive income from an insurance settlement or unemployment benefit? ⓘ
 Yes No

Does anyone in this household receive any other type of goods, services, or payments? ⓘ

No one in the household receives support or maintenance income, such as alimony, child support, adoption subsidy payments, or foster care income.

Click No.

84. Click **Yes** or **No** for *Does anyone in the household receive income from an insurance settlement or unemployment benefits.*

Return to DCBS Central Office - Vis. Client view: CLARK, KENT

Does anyone in this household receive income from Social Security, retirement, or a pension?
 Yes No

Does anyone in this household receive income from dividends, interest, or royalties?
 Yes No

Does anyone in this household receive support or maintenance, child support, adoption subsidy payments, or foster care payments?
 Yes No

Does anyone in this household receive income from an insurance settlement or unemployment benefit?
 Yes No

Does anyone in this household receive any other type of goods, services, or payments?
 Yes No

Does anyone in this household currently receive income from lottery or gambling winnings or has anyone received income from lottery or gambling winnings or has anyone received income from winnings in the last 3 months?
 Yes No

Does anyone in this household receive Medicaid, SNAP, or TANF benefits in another state in the month of July or expect to receive benefits in the month of August?
 Yes No

Back Exit Next

No one in the household receives income from an insurance settlement or unemployment benefits.

Click No.

85. Click **Yes** or **No** for *Does anyone in the household receive any other type of goods, services, or payments.*

Return to DCBS Central Office - Vis. Client view: CLARK, KENT

Does anyone in this household receive any other type of goods, services, or payments?
 Yes No

Does anyone in this household currently receive income from lottery or gambling winnings or has anyone received income from lottery or gambling winnings or has anyone received income from winnings in the last 3 months?
 Yes No

Does anyone in this household receive Medicaid, SNAP, or TANF benefits in another state in the month of July or expect to receive benefits in the month of August?
 Yes No

Back Exit Next

No one in the household receives any other type of goods, services, or payments.

Click No.

86. Click **Yes** or **No** for *Does anyone in the household gamble or play the lottery.*

Return to DCBS Central Office - Vis. Client view: CLARK, KENT

Does anyone in this household currently receive income from lottery or gambling winnings or has anyone received income from lottery or gambling winnings or has anyone received income from winnings in the last 3 months?
 Yes No

Does anyone in this household receive Medicaid, SNAP, or TANF benefits in another state in the month of July or expect to receive benefits in the month of August?
 Yes No

Back Exit Next

No one in the household gambles or plays the lottery.

Click No.

87. Click **Yes** or **No** for *Does anyone in the household receive or expect to receive Medicaid, SNAP, or TANF benefits in another state.*

Return to DCBS Central Office - Yes Client view: CLARK T KENT

Does anyone in this household receive any other type of goods, services, or payments?

Yes No

Does anyone in this household have any income from lottery or gambling winnings or has anyone received income from lottery or gambling winnings in the last 3 months?

Yes No

Does anyone in this household receive Medicaid, SNAP, or TANF benefits in another state in the month of July or expect to receive benefits in the month of August?

Yes No

Click No.

No one in the household receives any out of state benefits.

88. Click **Next** to continue.

Return to DCBS Central Office - Yes Client view: CLARK T KENT

Does anyone in this household receive any other type of goods, services, or payments?

Yes No

Does anyone in this household currently receive income from lottery or gambling winnings or has anyone received income from lottery or gambling winnings in the last 3 months?

Yes No

Does anyone in this household receive Medicaid, SNAP, or TANF benefits in another state in the month of July or expect to receive benefits in the month of August?

Yes No

Click Next.

89. Click **Yes** or **No** for *Does anyone in your household need help paying medical bills from the last three months.*

Return to DCBS Central Office - Yes Client view: CLARK T KENT

Does anyone in your household need help paying medical bills from the last three months?

Yes No

Does anyone in your household have a Medicare Part B enrollment?

Yes No

Does anyone in your household have medical expenses for someone who is a senior citizen, blind, or has a disability?

Yes No

Does anyone in this household pay child support?

Yes No

Does anyone in this household pay for child care or other dependent care?

Yes No

Click Yes.

Clark says Yes, due to the birth claims for Jake that he and Lois are responsible for.

90. Click **Yes** or **No** for *Does anyone in the household have Medicare Part D Premium.*

Return to DCBS Central Office - Vis. Client view

Does anyone in your household need help paying medical bills from the last three months? Yes No

Does anyone in this household have a Medicare Part D premium? Yes No

Does anyone in this household have medical expenses for a senior citizen, blind, or has a disability? Yes No

Does anyone in this household pay child support? Yes No

Does anyone in this household pay for child care or other dependent care? Yes No

No one in the household has Medicare.

Click No.

91. Click **Yes** or **No** for *Does anyone in the household have medical expenses for a senior citizen, blind, or disabled Individual.*

Return to DCBS Central Office - Vis. Client view: CLARK T KENT

Does anyone in your household need help paying medical bills from the last three months? Yes No

Does anyone in this household have a Medicare Part D premium? Yes No

Does anyone in this household have medical expenses for someone who is a senior citizen, blind, or has a disability? Yes No

Does anyone in this household pay child support? Yes No

Does anyone in this household pay for child care or other dependent care? Yes No

No one in the household has medical expenses for a senior citizen, blind, or disabled Individual.

Click No.

92. Click **Yes** or **No** for *Does anyone in the household pay child support.*

Return to DCBS Central Office - Vis. Client view: CLARK T KENT

Does anyone in your household need help paying medical bills from the last three months? Yes No

Does anyone in this household have a Medicare Part D premium? Yes No

Does anyone in this household have medical expenses for someone who is a senior citizen, blind, or has a disability? Yes No

Does anyone in this household pay child support? Yes No

Does anyone in this household pay for child care or other dependent care? Yes No

No one in the household pays child support.

Click No.

93. Click **Yes** or **No** for *Does anyone in the household pay for child care or other dependent care.*

A screenshot of a web form titled "Client view: CLARK T KENT". The form contains several questions with "Yes" and "No" buttons. The questions are: "Does anyone in your household need help paying medical bills from the last three months?", "Does anyone in this household have a Medicare Part D premium?", "Does anyone in this household have medical expenses for someone who is a senior citizen, blind, or has a disability?", "Does anyone in this household pay child support?", and "Does anyone in this household pay for child care or other dependent care?". The "No" button for the last question is highlighted with a green box. A purple callout box contains the text "No one in the household pays for Child Care or other dependent care." A blue callout box with a white border says "Click No." and points to the highlighted "No" button.

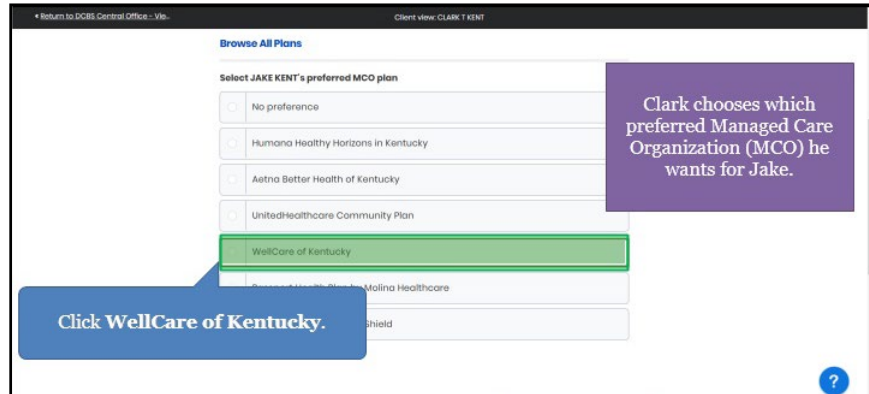
94. Click **Next** to continue.

A screenshot of a web form titled "Client view: CLARK T KENT". The form contains two questions with "Yes" and "No" buttons: "Does anyone in this household pay child support?" and "Does anyone in this household pay for child care or other dependent care?". The "No" button for the second question is highlighted with a green box. A blue callout box with a white border says "Click Next." and points to the highlighted "No" button. At the bottom of the form, there are three buttons: "Back", "Exit", and "Next". The "Next" button is highlighted with a green box.

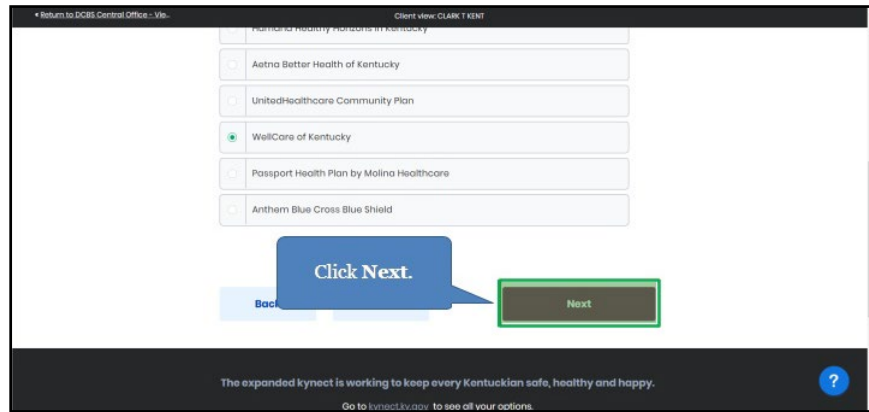
95. Click **Start** to confirm the Member Details for the household.

A screenshot of a web form titled "Client view: CLARK T KENT". The form shows a list of household members: CLARK KENT, JACK KENT, LOIS KENT, JENNY KENT, and JAKE KENT. Below the list is a "Start" button with a right-pointing arrow, which is highlighted with a green box. A blue callout box with a white border says "Click Start to confirm the Member Details for the household." and points to the highlighted "Start" button. Below the list, there is a "Healthcare Coverage" section with a "Start" button and a "Sign & Submit" section with a "Start" button.

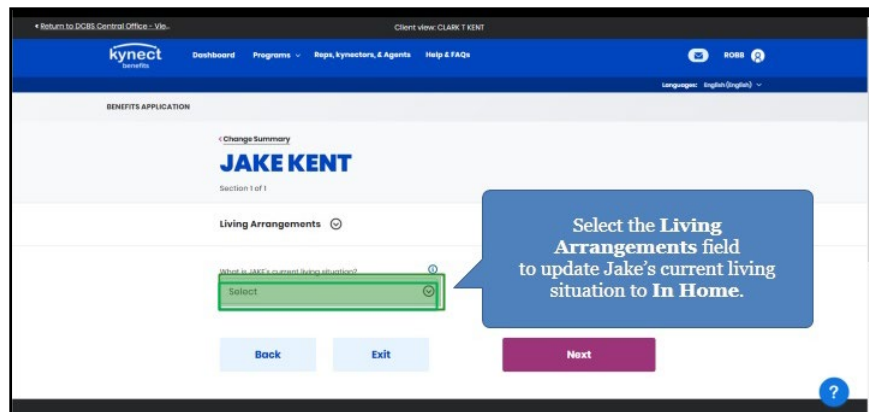
96. Check the **box** to choose the new Household Member's preferred Managed Care Organization (MCO) plan.



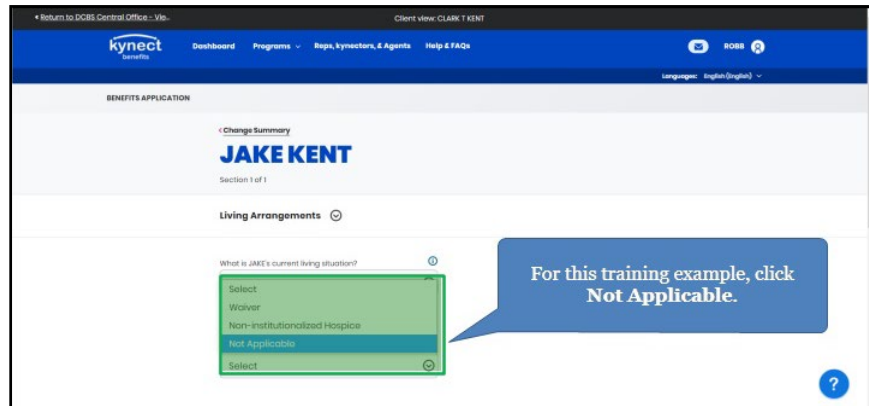
97. Click **Next** to continue.



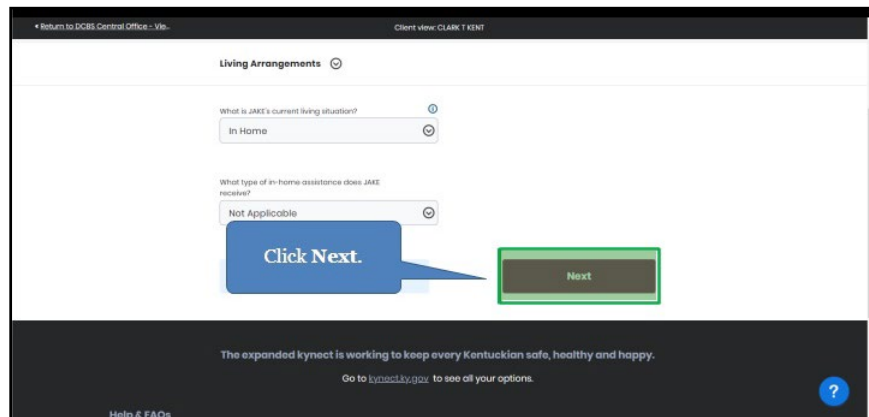
98. Select the **Living Arrangements** field to update the new Household Member's current living situation.



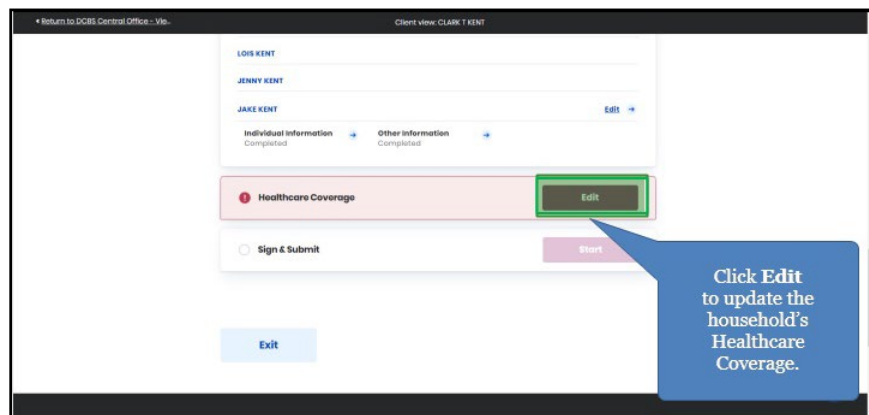
99. Select the appropriate in-home assistance from the drop-down.



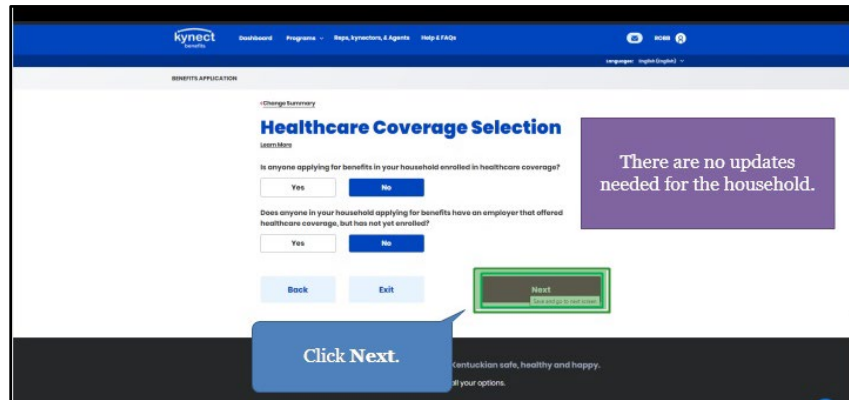
100. Click **Next** to continue.



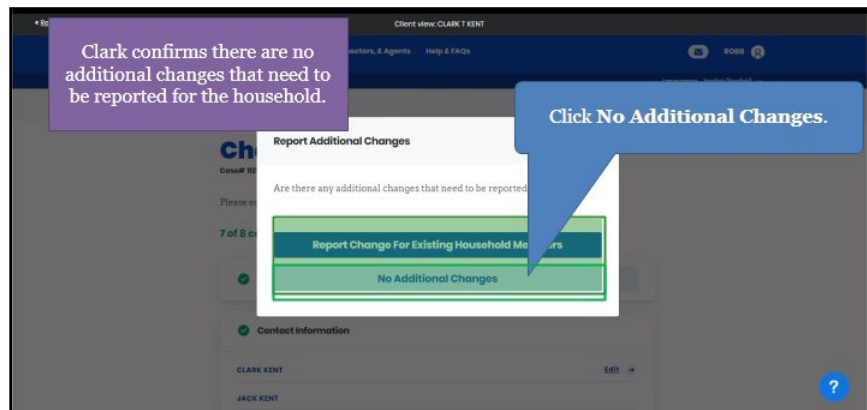
101. Click **Edit** to update the household's Health Coverage.



102. Click **Next**.

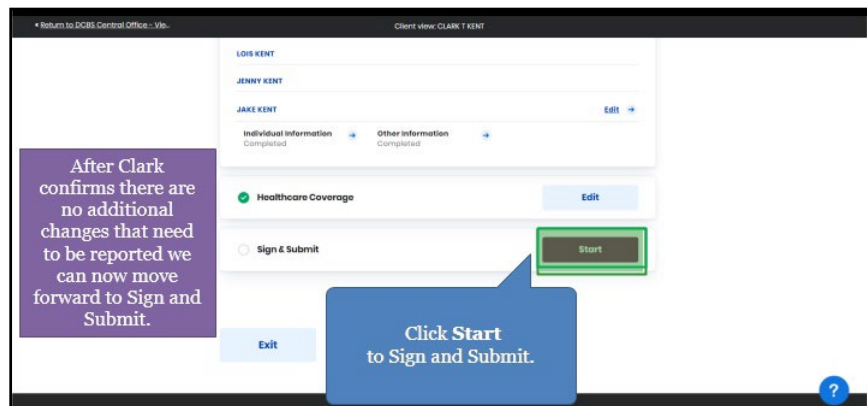


103. Select **Report Change for Existing Household Members** or **No Additional Changes**.

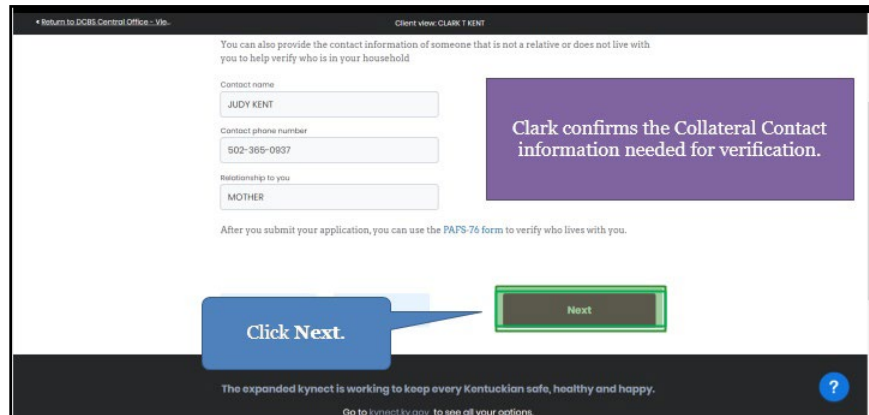


2.11 Sign & Submit Process

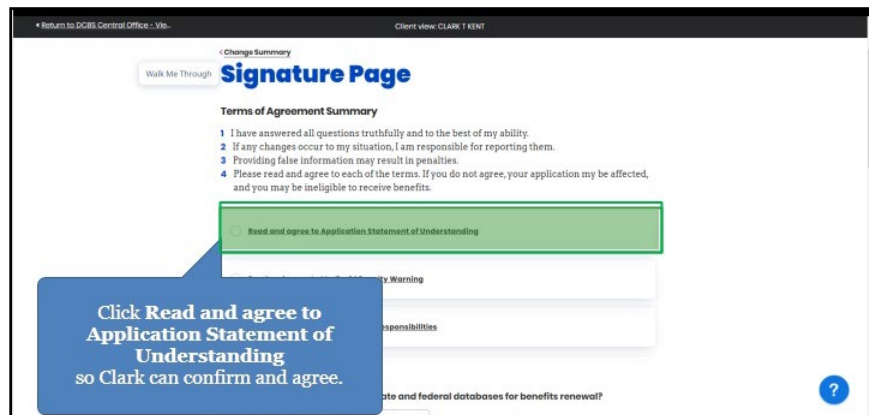
104. Click **Start** to Sign & Submit.



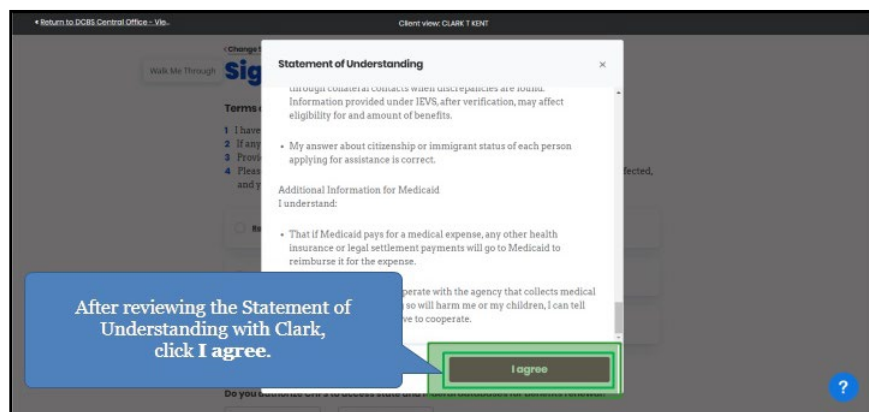
105. Click **Next** to confirm the Collateral Contact information needed for verification.



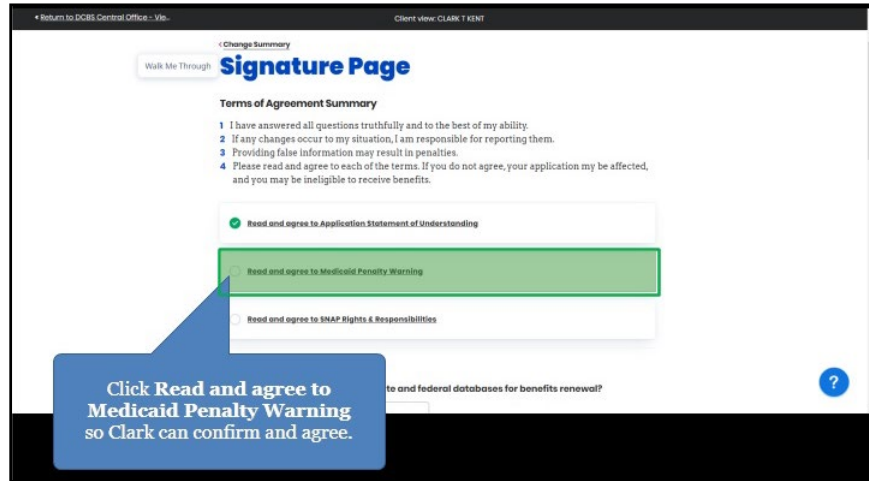
106. Click **Read and agree to Application Statement of Understanding** so the Individual can confirm and agree.



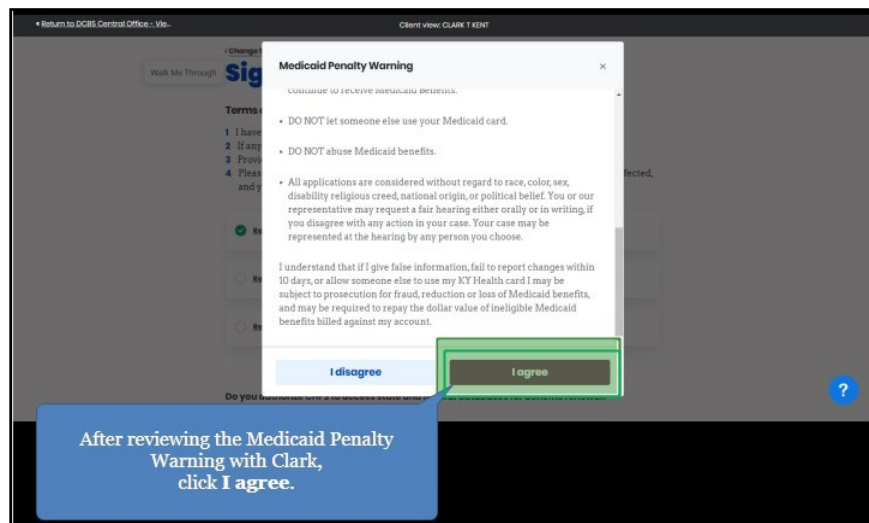
107. After reviewing the Statement of Understanding with the Individual, click **I agree**.



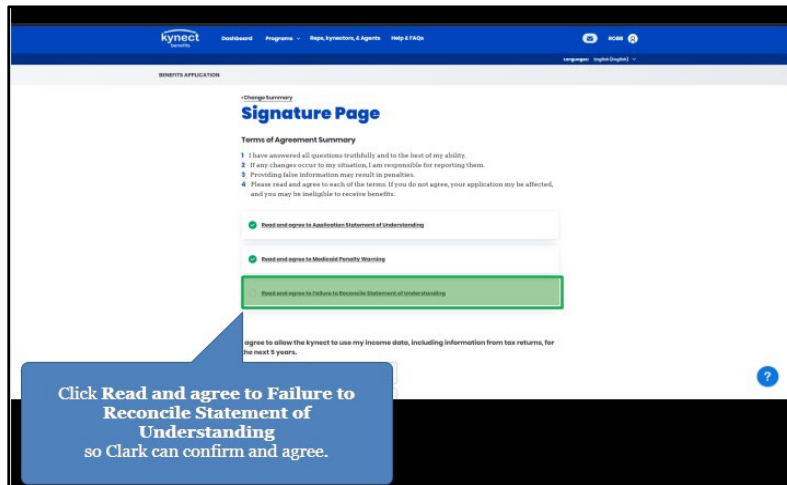
108. Click **Read and agree to Medicaid Penalty Warning** so the Individual can confirm and agree.



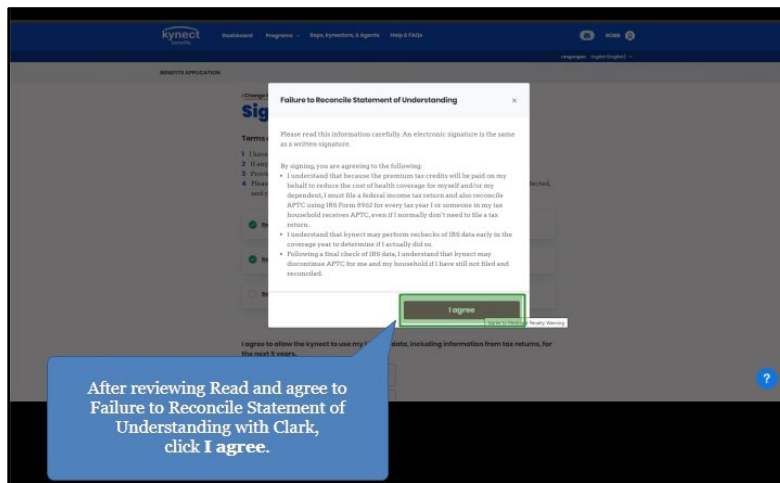
109. After reviewing the Medicaid Penalty Warning with the Individual, click **I agree**.



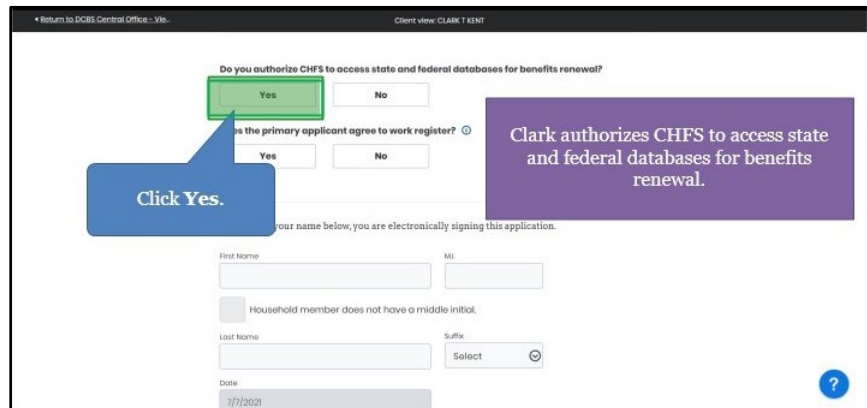
110. Click **Read and agree to Failure to Reconcile Statement of Understanding** so the Individual can confirm and agree.



111. After reviewing SNAP Rights and Responsibilities with the Individual, click **I agree**.



112. Click **Yes** to authorize the use of federal databases to renew coverage.



113. Click **I agree** to the kynect qualifying health coverage statement.

The screenshot shows a web form with a heading "I Disagree" and a green "I Agree" button. A blue callout box points to the "I Agree" button with the text "Click I Agree to the kynect qualifying health coverage statement." Below the buttons is a paragraph of text: "If anyone on your application is enrolled in kynect and is later found to have other qualifying health coverage (like Medicare, Medicaid, or CHIP), kynect will automatically end their kynect medical plan and dental coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in kynect medical and dental coverage and will have to pay full cost." Below this is a "By entering your name below, you are electronically signing this application." section with fields for First Name (CLARK), MI (T), Last Name (KENT), Suffix (Select), and Date (8/6/2021). At the bottom, there is a "Voter Registration" section with the question "Would you like to register to vote?" and a blue question mark icon in the bottom right corner.

114. Click **Yes** or **No** for *Would the Individual like to register to vote.*

The screenshot shows the "Voter Registration" section of the form. It includes the question "Would you like to register to vote?" with "Yes" and "No" buttons. The "No" button is highlighted with a green border, and a blue callout box points to it with the text "Click No." A purple callout box above the buttons says "Clark is already registered to vote." The form also shows the name fields (First Name: CLARK, MI: T, Last Name: KENT, Suffix: Select) and the date field (7/7/2021). A blue question mark icon is in the bottom right corner.

115. Click **Submit Benefits Application** to submit the updates once the electronic signature of the Individual is accounted for.

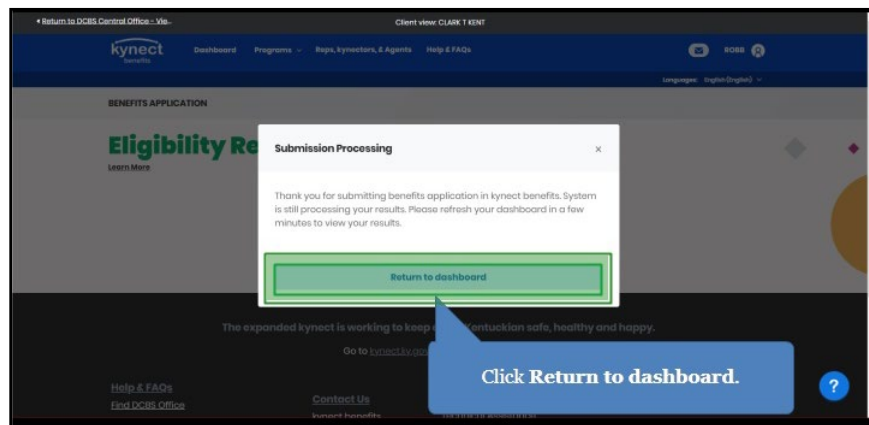
The screenshot shows the bottom of the form. The "Voter Registration" section is visible with the "No" button selected. Below it are "Back" and "Submit Benefits Application" buttons. The "Submit Benefits Application" button is highlighted with a green border. A blue callout box points to it with the text "Click Submit Benefits Application to submit the updates." A purple callout box above the buttons says "After entering Clark's name to electronically sign the application, we are finished Reporting Changes for Clark Kent and his family." A blue question mark icon is in the bottom right corner.

116. kynect benefits will now process the changes the Individual has reported and update their benefits based on those changes. Click **Continue**.

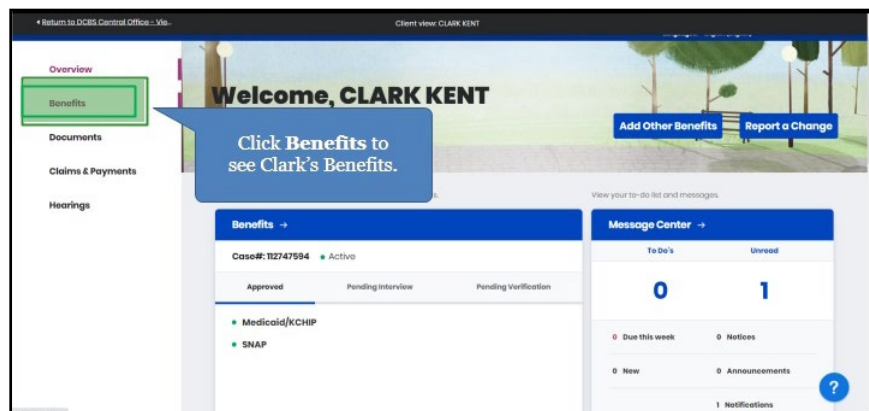


2.12 End of Reporting a Change Steps

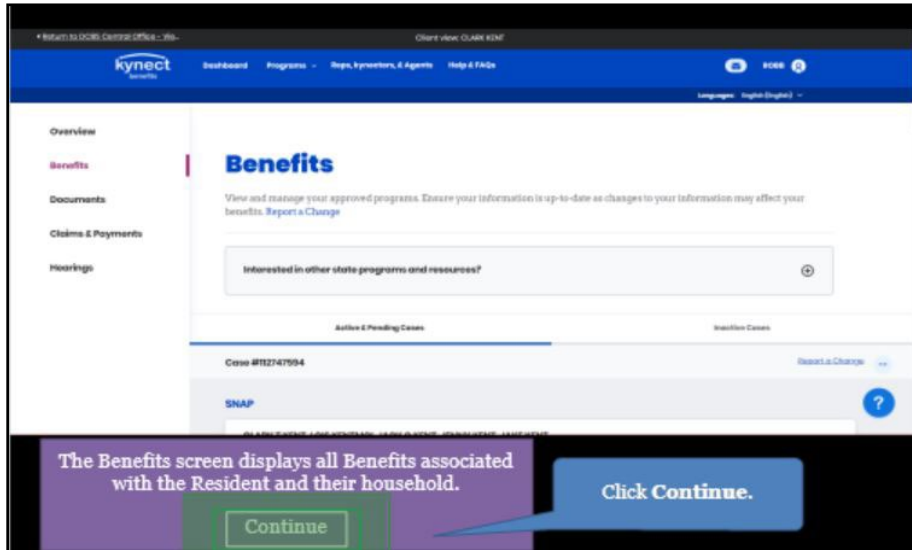
117. Click **Return to dashboard**.



118. Click **Benefits** to view the Individual's Benefits.



119. The **Benefits** screen displays all Benefits associated with the Individual and their household.



3 Assessment

1. Residents should report _____ in a timely manner to avoid interruptions to their benefits or having to repay benefits.
 - a. Taxes
 - b. All changes in information
 - c. 401k retirement plans
 - d. Medicare plans
2. The One Case Concept highlights that any changes made to a Resident's information impacts _____.
 - a. Their taxes
 - b. Their childcare
 - c. All programs with which they are associated
 - d. Their job
3. A _____ is an indication that important information is needed to confirm outstanding questions for a Resident's case.
 - a. Warrant
 - b. Late notice
 - c. Request for Information (RFI)
 - d. Policy
4. Any changes made to a Resident's case may generate a _____ that the Resident is required to resolve.
 - a. Request for Information (RFI)
 - b. Email
 - c. Tax
 - d. Late fee
5. Are Agents and kynectors able to assist Residents with updates to their information in kynect benefits?
 - a. Only on Tuesdays
 - b. No
 - c. Yes
 - d. Only with certain Residents
6. _____ completed for other benefit programs impact a Resident's benefits.
 - a. Training videos
 - b. Applications
 - c. Doctor visits
 - d. Webinars

7. Be sure to make Residents aware of any Request for Information (RFI) because they may _____.
 - a. Call the police
 - b. Directly impact their benefits
 - c. Contact their family members
 - d. Fine them \$1,000
8. Which information is editable when Reporting a Change in kynect?
 - a. Contact information
 - b. Prescription medications
 - c. Vehicle registration number
 - d. Grandparent's primary care doctor
9. Which of the following changes in information needs to be reported by the Resident?
 - a. Address change
 - b. Medication changes
 - c. Changes in paid time off
 - d. Doctor visits
10. Which information can you use to access a Resident's case?
 - a. Their Costco membership ID
 - b. Their case number
 - c. Their job's tax number
 - d. Their spouse's job's tax number