

**Kansas Department of Social and Rehabilitation Services
Janet Schalansky, Secretary**

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MEMORANDUM

To: EES Chiefs and Staff

Date: April 10, 2001

From: Sandra C. Hazlett

RE: Implementation Instructions for
May, 2001 KEESM Changes

This memo provides partial implementation instructions for the May 1, 2001 Kansas Economic and Employment Support Manual changes. Changes associated with the increase in the federal poverty level standards were issued in a separate memo on March 20, 2001. Instructions regarding the CSE related changes will be issued at a later date.

1. **KEESM 2222 - Expanded Application Criteria (SCL #15)**: This section has been expanded to allow an adult member of a family group to apply for and receive medical and cash assistance on behalf of a minor parent, including an expectant parent. The information provided in this memo is being provided to clarify situations where this policy is applicable. In all instances the minor referenced must be living with the adult making application or meet the temporary absence provisions. For TAF, verification of relationship will continue to be required for all non-parental situations. Verification is not required for medical. The information needed to make this determination may not always be clearly available from the application form and additional contact with the client may be necessary to clarify the relationship in some instances. For medical, if follow-up contact is made, documentation of the relationship is required for the case file. However, additional information from the client (such as a written statement) is not required unless conflicting information already exists.

Consider the following case examples where this policy shall be applied:

Example 1: An adult may apply for his minor, pregnant girlfriend.

Example 2: A mother living with her minor son may apply for her son's minor pregnant girlfriend. A mother living with her minor pregnant daughter may apply for the unborn's minor father as well if he lives in the household. Note the assistance planning policies for this household. The TAF mandatory filing unit would consist of the entire household. For medical, there would be two assistance plans until the baby is born, one plan to determine the son's eligibility consisting of the mother and son and a second PW plan consisting of the son, his girlfriend and the unborn.

Example 3: A father may apply for his son's minor pregnant girlfriend, even if the son is absent from the household.

Example 4: An aunt may apply for her nephew's minor pregnant girlfriend. The aunt is a blood relative within the 5th degree of relationship to the unborn.

Example 5: A pregnant mother may apply for the minor father of her unborn, if he is in the home.

2. **KEESM 3210 - All Programs Work Related Exemptions (TAF, RE, and Food Stamps) (SCL # 29):** A printout will be generated in April that will indicate any TAF individuals in 2 parent households who are over age 60 and coded as mandatory on JOPR. The JOPR coding for these individuals (if there are any) should be changed to EX. These clients should be advised that they are no longer mandated to participate in work programs but they may volunteer if they wish to do so.

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3. **KEESM 3220 - TAF Only Work Related Exemption (SCL # 30):** Those TAF clients with 48 months or more of TAF assistance who lose their current exemption for having a child under the age of one (CU) may be identified on the existing Prospective TANF Participation Report (the Steve Ferrier report). This printout has a Long Term Client with CU Exemption (LTCU) field which will display 4 asterisks if the client has a "CU" exemption code and has received TAF for at least 46 months. During the month of May, these TAF clients who lose their work related exemption should be contacted and assessed into work programs. As staff identify and meet with these clients, the possibility that the family may qualify for another exemption (i.e., NC) should be explored. JOPR coding should be changed from CU EX to NA MD for those clients who lose their exemption due to this policy change.

On an on-going basis, this printout should be utilized monthly by staff to identify clients who lose the under age one exemption.

Notice V723 and V724 will be added to KAECSES by April 13, 2001. These are the worker generated notices that are to be used to inform affected clients of this exemption change.

These printouts may also be used in identifying clients currently participating where Early Head Start is available. The 13 Early Head Start programs in Kansas are locally designed with their own eligibility priority criteria that targets specific populations according to their community needs assessment. All EHS programs follow Head Start Performance Standards. EHS is a voluntary program where as all families agree to participate in home visits. Families who are working, going to school, or attending a job training program, have the option of receiving child care either in a center based or family child care setting. Child care is an added "bonus" and all families must participate in regularly scheduled home visits. Coordination between the area office and the EHS is encouraged when possible to insure clients receive expert service.

Home visits with this population are a recommended best practice. Kansas City reported that Social Service staff was helpful in providing training to EES staff on home visit techniques. Other partnerships and local resources should also be identified. These may include not only SRS Social Service staff, but also Welfare

to Work, Early Head Start (EHS), and Child Care Resource and Referral staff. We encourage local coordination of efforts to assist this population.

Work Program policy recognizes flexibility in what may be considered as participation for work component activity. Areas are encouraged to develop plans which best address the needs of this population locally. It is recognized that although participation is a major consideration when assigning components, in some instances an assignment which does not count as meeting the Federal requirements will be utilized. This can be done if it best addresses the individual's barriers.

As infant-toddler care may be difficult to find, clients should be informed of the full range of child care providers available. This full range may include Out of Home Relative child care and In-Home child care. Clients may also be referred to the Child Care Resource and Referral Agency for further information and guidance in selecting quality child care.

As concerns have been raised regarding the effects of this change on child development, information on quality child care initiatives has been attached to this memo. These are ongoing initiatives intended to address availability, affordability and quality of early care and education services in Kansas.

Kansas City and Wichita have been piloting this exemption change and have useful experience that will be helpful in the statewide expansion. The planning document that was used by Kansas City to implement their pilot is attached to this Implementation Memo and should be considered a best practice for areas as they develop thoughtful local implementation plans.

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4. **KEESM 3411 - Transportation (SCL # 38)**: This manual section has been modified to remove the KsCares workarounds that were required in order to issue flexible transportation payments. All transportation allowance payments can now be made on TRPA. A separate memo will be issued just before the system change is made.
5. **KEESM 3412.3 - Relocation for Employment and/or Job Skills Training/Vocational Education Allowance (SCL # 39)**: This change allows the Relocation Allowance to be utilized for relocations related to participation in approved Job Skills Training/Vocational Education activities in addition to employment. When an Area is working with a client on approving a Job Skills Training/Vocational Education plan that will result in the relocation and Intercounty Transfer of the client, there needs to be close coordination and communication between the offices involved to assure the continuity of the plan.

These relocation allowances should be made on AUSW, utilizing the RA (Relocation Allowance) Service Code.
6. **KEESM 8114 - Level of Care Determination Process (SCL #62)**: A separate memo will be issued providing additional detail and instructions regarding the process

changes included in this revision, including the new instructions around CARE Level II screening requirements.

7. **ES-3160 (SCL Forms #4)**: The revised version on this form will NOT be duplicated centrally at this time. Because further changes have been proposed for July 1, 2001 that would require additional modification to the form, local agencies will assume responsibility for duplicating the form until the next revision. The new form will be shared with those agencies responsible for HCBS case management, but local collaboration is recommended.
8. **Spousal Impoverishment Changes - Designation of Community Spouse (SCL #63, 64, 68 and 69)**: Changes have been incorporated into the spousal impoverishment sections for both NF and HCBS living arrangements to allow an HCBS applicant/recipient to be designated a community spouse. Although the primary purpose of this change is to allow the LTC spouse to allocate income to a spouse who is also receiving HCBS, changes have also been made to the resource provisions to support this change. All changes are effective with applications and/or changes processed on or after May 1, 2001.

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9. **Designation of Community Spouse**: When either a husband or a wife enter an institutional arrangement or begin receiving HCBS, the spouse is considered a community spouse for purposes of determining eligibility. The definition of community spouse is being expanded to include spouses who live in the community and are receiving or requesting HCBS. A spouse of an HCBS or LTC recipient living in an institution cannot be considered a community spouse. When both spouses are receiving or requesting HCBS, it is necessary for the couple to designate a community spouse. This designation must be made even though the couple has the option to participate in income allocation. Because income and medical expenses are factors that may impact this designation, it is appropriate for EES staff and case managers to discuss the pros and cons of making this designation with the couple. Once established, the community spouse designation cannot be changed unless a living arrangement change also occurs which would require a different community spouse. For example, if a husband and wife are both receiving HCBS and the wife, who is the designated community spouse, moves to an NF she can no longer be the community spouse. The husband becomes the community spouse beginning the month following the month the living arrangement changed. The spousal designation may also be changed at the point the spouse of an HCBS recipient begins receiving HCBS.
10. **Resource and Income Changes**: Changes in the determination of countable resources and income for an applicant/recipient who is also a community spouse have been included as well. These rules apply to all community spouses requesting assistance, not just those who are also requesting HCBS.

When a community spouse is also requesting medical benefits, the entire amount of the Community Spouse Resource Allowance (CSRA), as determined by the resource assessment, is considered available to the community spouse in determining the eligibility of the community spouse. This is true regardless of which spouse actually has ownership interest. If the total combined resources are

less than the minimum CSRA, then the total amount of resources, less \$2000 are considered available to the community spouse. These policies are effective the month the care arrangement begins, including the month the request for coverage is made by the community spouse. However, once the LTC spouse obtains eligibility, only those assets in which the community spouse has ownership interest in are considered for the determination of his/her eligibility. This would include those resources that intend to be transferred to the community spouse.

Consider couple #1, Fred and Ethel, who both apply for assistance in 07-01, the same month Fred enters an NF living arrangement. They have 68,000 in total combined assets, all in savings accounts in Fred's name. An assessment is completed and the CSRA is \$34,000. The total countable resources are considered for Fred's eligibility and he is not eligible. The total CSRA is considered in determining Ethel's eligibility, even though the accounts are in Fred's name and she does not have ownership of the assets. Because the CSRA is \$34,000, Ethel is not eligible at this time either. In 11-01 Fred and Ethel reapply. They have purchased burial plans, fixed the roof on the house and purchased a dependable car for Ethel. Their total combined resources are now \$32,000. Fred is determined eligible, but must complete an intent to transfer resources as his name is still on the bank accounts (Ethel's name is not). Even though her name is not the bank accounts yet, Ethel continues to be ineligible because the total assets attributable to her (the \$30,000 Fred intends to transfer) exceeds \$2000.

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Couple #2, John and Sue, both request HCBS services in 08-01. They have \$11,000 in combined assets when the spousal assessment is completed. All of their resources are jointly owned. Both John and Sue screen eligible for HCBS and services are available, but they cannot both receive services because of their total resources. They decide to pursue HCBS for John because he is in greater need of the services. The total resources are less than the minimum community spouse allowance of \$17,400 so John is eligible. An intent to transfer \$10,000 to Sue is completed. Sue is not eligible because the total assets attributable to her, the amount intended to be transferred or \$10,000, exceed the \$2000 limit. She must reduce her assets to \$2000 before medical can be approved for Sue.

In the month the arrangement begins, only the community spouse's own income, as well as any allocated income, is countable for his/her eligibility. It is no longer necessary to consider total combined income in the month the care arrangement begins for the community spouse.

Consider couple 3, Ralph and Rosie. Both have been on QMB for the past two years when Ralph suffers a stroke and requires NF placement on 06-15-01. They currently have \$1500 in total combined resources. To determine Ralph's patient liability, only his income is considered beginning 06-01. Rosie wants allocated income and it is determined that Ralph's patient liability will be reduced to \$0 as a result and NF payment is approved beginning 06-15 on 07-22. Because of the

allocated income, Rosie is over the limit for QMB. Given timely and adequate notice, her QMB coverage terminates 08-31-01.

11. **Implementation Instructions:** To implement the expanded income allocation provisions, a printout of all persons receiving LTC services, either NF or HCBS, with evidence of a spouse currently receiving HCBS has been produced and is included with this material. These cases are to be reviewed to give the couples the opportunity to request allocation of income and/or designate a community spouse. If one spouse is currently residing in an NF, an option for the NF resident to allocate to the HCBS spouse must be given. If both spouses are in HCBS, the couple must be given the opportunity to designate a community spouse. Contact will be required with each couple to accomplish this. All adjustments in patient liability or HCBS obligation are to be made effective May 1.

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12. **Recap of Notices and Printouts:**

- a. **NOTICES:** The following notices will be created or modified:

- V723 - Initial Contact about Loss of Under One Exemption (new)

- V724 - Second Contact about Loss of Under One Exemption (new)

- b. **PRINTOUTS:** The following printouts will be generated to aid staff with implementation:

Early April: A printout will be issued to identify any TAF individuals in 2 parent households who are over age 60 and coded as mandatory on JOPR.

Early May: Staff will utilize the Prospective TANF Participation Report to identify those clients who lose the under age one exemption in May. The V723 may be used to advise the client of the policy change and schedule the first visit. The V724 may be used to schedule the follow-up visit.

Included with this memo: A printout of all clients receiving LTC services with evidence of a spouse receiving HCBS services.

13. **ATTACHMENTS:** The following material is attached to provide guidance to areas as they implement the under one exemption change:

- The Kansas City Pilot plans

- Child care attachments providing information on quality services

- Infant/Toddler Specialist

- KEHS/HS FUNDING GRANT YEAR 3

- Kansas Child Care and Early Childhood

Development
Kansas Early Head Start and Head Start Programs

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