





A Guide to Completing the KC-1500 Application

For the Elderly and Persons with Disabilities



Section K



This guide was created in partnership with the KanCare Ombudsman Office and the Kansas Department of Health and Environment.

Welcome to the guide for Section K of the KanCare Application Guide. Next, we will cover page 24 through 25.



Page 24: KC-1500: Home and Community Based Services & Institutional Care

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Policy #1 (continued)		Policy #2 (continued)		Policy #3 (continued)	
Type of coverage	Monthly premium	Type of coverage	Monthly premium	Type of coverage	Monthly premium
<input type="checkbox"/> Catastrophic only	\$	<input type="checkbox"/> Catastrophic only	\$	<input type="checkbox"/> Catastrophic only	\$
<input type="checkbox"/> Dental	\$	<input type="checkbox"/> Dental	\$	<input type="checkbox"/> Dental	\$
<input type="checkbox"/> Doctor	\$	<input type="checkbox"/> Doctor	\$	<input type="checkbox"/> Doctor	\$
<input type="checkbox"/> Hospital	\$	<input type="checkbox"/> Hospital	\$	<input type="checkbox"/> Hospital	\$
<input type="checkbox"/> Long-term care	\$	<input type="checkbox"/> Long-term care	\$	<input type="checkbox"/> Long-term care	\$
<input type="checkbox"/> Medicare supplement	\$	<input type="checkbox"/> Medicare supplement	\$	<input type="checkbox"/> Medicare supplement	\$
<input type="checkbox"/> Prescription	\$	<input type="checkbox"/> Prescription	\$	<input type="checkbox"/> Prescription	\$
<input type="checkbox"/> Vision	\$	<input type="checkbox"/> Vision	\$	<input type="checkbox"/> Vision	\$
<input type="checkbox"/> Other: _____	\$	<input type="checkbox"/> Other: _____	\$	<input type="checkbox"/> Other: _____	\$

K Home and Community Based Services and Institutional care
 Complete this section only if both of these are true:
 1. You are applying for Home and Community Based Services (HCBS) or institutional care.
 And
 2. One or more of these is true:
 • You have a spouse
 • You have a dependent family member who lives with your spouse
 • You have a dependent under age 18 who does not live with your spouse
 If your household includes a spouse or dependent child not listed in Part C and you are applying for HCBS or institutional care, you must add that person to Part C.

Does anyone on this application live in a nursing or assisted living facility, or receive those services at home?
 No Yes

▶ If yes, please tell us about dependents and housing expenses on the next page.

This is page 24 of the paper application for the Elderly and Persons with Disabilities. Section K is about Home and Community Based Services and institutional care.

Now let's go over the information on page 24 where section K begins.

K Home and Community Based Services and institutional care

Complete this section only if **both** of these are true:

1. You are applying for Home and Community Based Services (HCBS) or institutional care.

And

2. One or more of these is true:

- » You have a spouse
- » You have a dependent family member who lives with your spouse
- » You have a dependent under age 18 who does not live with your spouse

If your household includes a spouse or dependent child not listed in Part B and you are applying for HCBS or institutional care, you must add that person to Part B.

Does anyone on this application live in a nursing or assisted living facility, or receive those services at home?

No Yes

► If yes, please tell us about dependents and housing expenses on the next page.

Single individuals without dependents do not need to complete this section they should check “No” and move on to page 26.

Section K is asking information to determine if income can be assigned to different household members. It can protect a portion of the couples income so the spouse or dependent at home is not reduced to poverty. At the same time, these provisions help the spouse needing long-term medical care to qualify for Medicaid benefits.

If the applicant is currently living in or applying for HCBS or institutional care fill out this section if the following is true:

- The applicant has a spouse
- The applicant has a dependent family member who lives with their spouse
- The applicant has a dependent under the age 18 who does not live with their spouse

If the applicant’s household includes a spouse or dependent child not listed in Part B

and they are applying for HCBS or institutional care, the applicant must add that person to Part B of this application.

The question in this section asks, “Does anyone on this application live in a nursing or assisted living facility, or receive those services at home?” This includes HCBS and PACE services. The applicant should check “No” or “Yes”. If yes, please fill out the information regarding dependents and housing expenses on the next page.



Page 25: KC-1500: Dependents and Housing Expenses

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K Dependents

Does this person have minor children or other family members who are dependent on them?
 No Yes

▶ If yes, please complete the following:

Dependent's name	Relationship to you	Date of birth (mm/dd/yyyy)	Person's monthly income	If a child, who does the child live with?	If a child living with another parent, list that parent's monthly income
		/ /	\$		\$
		/ /	\$		\$
		/ /	\$		\$

Housing expenses

Does this person have a spouse living at home or in assisted living?
 No Yes

▶ If yes, list the spouse's housing expenses below:

Type	How often?	Amount
Rent or lot rent		\$
Mortgage payment		\$
Property taxes, if not included in mortgage		\$
Home or renter's insurance, if not included in rent or mortgage		\$
Other, including condominium or home owners association (HOA) fee		\$

For help completing this application, call us at 1-800-792-4884 (TTY 1-800-792-4292). The call is free.

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This is page 25 of the paper application for the Elderly and Persons with Disabilities.

Now let's go over the information on page 25 or section K continued.

K **Dependents**

Does this person have minor children or other family members who are dependent on them?

No Yes

► If yes, please complete the following:

Dependent's name	Relationship to you	Date of birth (mm/dd/yyyy)	Person's monthly income	If a child, who does the child live with?	If a child living with another parent, list that parent's monthly income
		/ /	\$		\$
		/ /	\$		\$
		/ /	\$		\$

This is the top half of page 25. This section only needs to be filled out if the applicant checked “Yes” on the previous page.

The question here asks, “Does this person have minor children or other family members who are dependent on them?”. The applicant should check “No”

or “Yes”.

If the applicant checks “Yes” they must complete the rest of this section regarding dependents.

Housing expenses		
Does this person have a spouse living at home or in assisted living?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		
▶ If yes, list the spouse's housing expenses below:		
Type	How often?	Amount
Rent or lot rent		\$
Mortgage payment		\$
Property taxes, if not included in mortgage		\$
Home or renter's insurance, if not included in rent or mortgage		\$
Other, including condominium or home owners association (HOA) fee		\$

This is the bottom half of page 25.

The question here asks, “Does this person have a spouse living at home or in assisted living?”. The applicant must check “No” or “Yes”. If yes, list the spouse’s housing expenses below. These could be rent or lot rent, mortgage payments, property taxes, and home or renter’s insurance. There is also room for other housing expenses such as home owner association fees.



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This guide was created in partnership with the KanCare Ombudsman Office and the Kansas Department of Health and Environment.

Thank you for looking at this guide for the Elderly and Persons with Disabilities Medical Assistance Application.