



## Things to Remember...

1. Make sure that you have access to all necessary automated systems. This includes KEES, EATSS, KDADS Care, Image Now (Including the SSP document drawer) and MMIS. If you don't have current access, please contact your Supervisor.
2. DCF Central Office will assign cases for you to process. Look over the case before taking any action with the task. Once you determine you will keep the case, follow the task management process
3. Task Management Tips:
  - Claim All Tasks Related to The Case – You must work and resolve all tasks tied to the case that you claim
  - Never Void a Task! Even if you see the same task multiple times (clones), do not void them
  - If you pull a case with a request for any of the following programs, do not work these: Pre-Release, Inmate, SOBRA, Breast & Cervical Cancer, Working Healthy, SOAR, TBI, MediKan Reintegration or Refugee request, do not work these. The Clearinghouse will process these applications. Release those tasks and send an email: [E&DSpecialtyApp@maximus.com](mailto:E&DSpecialtyApp@maximus.com) Once you have completed the work, mark all tasks Complete
4. E-mail is not the primary method of contact with consumers and other agencies with whom we are making collateral contact. If information is needed and can be obtained via the phone, pursue that avenue before sending a request for information.
5. Provider inquiries (e.g. status checks) are handled through a special process where the provider completes a spreadsheet and submits it to a special mailbox for updates. If DCF receives inquiries/requests for status checks, refer the provider to complete a spreadsheet and send the inquiry to: [KanCareClearinghouse@maximus.com](mailto:KanCareClearinghouse@maximus.com)
6. The process for completing a Temporary Stay in KEES has changed. Staff will need to follow the instructions in the KEES User Manual when processing all requests for coverage when a temporary stay is involved.
7. KDHE has modified the Big Four criteria for MAGI screening. Those individuals who no longer need a MAGI screening are:
  - Persons requesting LTC (includes HCBS, PACE, and MFP)
  - Persons requesting MSP Only
  - Persons who are 65 or older AND who are not pregnant or the caretaker of a child
  - Persons who are Medicare recipients AND who are not pregnant or the caretaker of a child

- Persons who have an Active or Declared (12 months or result in death) Medical Condition AND who are not pregnant or the caretaker of a child

The screening is completed by the Family Medical specialists at the Clearinghouse before sending to the E & D queue, so it is not anticipated DCF staff will be completing this screening.

8. Remember to Journal using the KEES tools. NO INTERVIEW SCRIPT/TEMPLATES!!! KDHE does not use the Interview Script/Templates when determining eligibility. Staff will need to refer to the Journal Templates for examples of proper narratives. The Clearinghouse Call Center uses the journals to provide responses to callers.
9. The process for discontinuing a spenddown has changed. If the consumer has not met the previous spenddown base period or made significant progress toward meeting the existing spenddown, a new spenddown base period will not be created as it is not likely to be met.
10. The process for communicating with PMDT and the Working Healthy Benefit Specialists has changed. For more details, refer to the attached Job Aids.
11. When processing a review for spenddown coverage, run EDBC for all months in order from the first month in the review period to the come-up month.
12. New Medicare Part D Subsidy standards for 2016 will not be available in the KEESM until April. See the attached for current limits.
13. New Federal Poverty Levels will be implemented effective May 1, 2016. See the updated F8 for new eligibility standards.
14. Checking the MMIS following initial determinations is a critical component of application processing. Always check MMIS the day following any approval to ensure the information successfully transmitted to MMIS.
15. All reviews are generated in KEES. The 300% Report is no longer necessary as the defect was fixed.
16. E&D Medical uses two different budgeting methods. Old School budgeting for LTC and Working Healthy and MAGI budgeting for all other E&D Medical programs. The RC Tool is used to determine Reasonable Compatibility as part of MAGI budgeting.
17. The Review/IR Record **must** be updated to reflect the current document and report status of the review. If the Document Status has not been updated to **Received** and the Report Status to **Complete-EDBC Accepted**, the case will be closed in error even if EDBC was run and accepted.

## Contact

If you have any questions regarding these processing instructions, please submit them to the following team:

Rod Estes – [Restes@kdheks.gov](mailto:Restes@kdheks.gov)

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If you need immediate help processing a case, please call Cheryl Coughlin at (785) 296-8355.

## KEES Contacts:

Business Support Email: [KEESBusinessSupportTeam@kees.ks.gov](mailto:KEESBusinessSupportTeam@kees.ks.gov)

Technical Support Email: [Help@kees.ks.gov](mailto:Help@kees.ks.gov)