

KC1600 – E&D Pre-Populated Review Form

Eligibility Processing Job Aid

This Job Aid is intended to provide instruction on the required elements of the KC1600 – Elderly and Disabled Medical Pre-Populated Review form. This job aid identifies when an answer left blank is acceptable and when additional follow-up is required.

The review form includes the following sections:

- STEP 1:** Reporting changes
- STEP 2:** Adding a new household member, if applicable
- STEP 3:** Providing more information about changes

Assumptions and Requesting Information

In the sections outlined below, there will be various places where staff are allowed to make assumptions about the answer (or lack of an answer) provided. However, if contact is required with the consumer about any eligibility component, then clarification is required for all elements where an assumption was made.

If all information is not received from the consumer, re-evaluate the information requested to determine if an assumption could have been made in order to complete processing of the review.

Step 1

Section A: Name and Address

Form asks to confirm the name, address and contact information.

Application Question	Eligibility Action
Are your name, address, and contact information correct in the box in the upper right-hand corner?	If left blank, assume the information is correct.

Section B: Household Information

Form lists all household members and asks to confirm each person is in the home, if the person wants medical assistance and asks if there is anyone else living with them.

Application Question	Eligibility Action
Still live with you?	If left blank, assume Yes.
Want medical assistance?	If left blank, assume all current recipients want to continue coverage and non-recipients do not want coverage.
Is there anyone else living with you?	If left blank, assume No.

Section C: Income

Form lists all income that is on file in KEES and asks to confirm if the income still exists and if the amount is still the same. Also asks if there are any changes in any of the income.

Application Question	Eligibility Action
Still have this income?	Must obtain an answer.
Is the amount the same?	Must obtain an answer.
Is there any change in any of the income listed?	Must obtain an answer. NOTE: Answering No to this question is also indicative that there are no other new income sources to report, unless additional information is provided in Step 3.

Section D: Resources

Form lists all resources that are on file in KEES and asks if they still have the resource and the current value of the resource. The applicant is also expected to provide answers regarding the existence of all resource types.

Application Question	Eligibility Action
Do you still have this resource?	Must obtain an answer.
Current Amount or Value	Must obtain an answer. Proof of new value required in the following circumstances: Real Property: Last verified 12 months ago. Personal Property: Last verified 12 months ago. Liquid Resources: Last verified 3 months ago.
For all items below, a Yes or No answer is required. If the answer is Yes – Verification of the Resource is required.	
Cash	
Checking Account	
Savings Account	
Certificate of Deposit (CD)	
Retirement Plan	
Annuity	
Other Real Estate	
Promissory note or loan	
Funeral or Burial Plans	
Burial Plots	
Vehicle	
Home	
Trust	
Stocks or Bonds	
Life estate or Life interest in property	
Other Assets	
Have you or your spouse ever waived rights to an inheritance or will?	Yes or No answer is required. If yes, follow-up required.
Have you or your spouse taken a loan against any property in the last five years, including a second mortgage or reverse mortgage?	Yes or No answer is required. If yes, follow-up required.

Application Question	Eligibility Action
Have you or your spouse ever worked with an attorney for Estate Planning purposes?	Yes or No answer is required. If yes, follow-up required.
Have you or your spouse sold, traded, given away or changed ownership of any property such as a house or money or any other property in the last 5 years?	Yes or No answer is required. If yes, follow-up required.

Section E: Expenses

Form lists all expenses that are on file in KEES and asks if there have been any changes to the expense information.

Application Question	Eligibility Action
Is there any change in any of the expenses listed above?	If left blank, assume No changes.

Section F: Health Insurance

Form lists information about health insurance and asks if the insurance information has changed.

Application Question	Eligibility Action
Any change?	If left blank, assume No changes.
Is there any change in any of the expenses listed above?	If left blank, assume No changes.

Step 2

Adding a New Person

This section is used to add a person who is living in the home that was not already included on the Review Form. The questions presented on the review form do NOT capture everything that may be required to make an eligibility decision. Specific assumptions are allowed and documented below:

- Assume the individual is NOT pregnant.
- Assume the individual is NOT disabled.
- Assume the individual was NOT in Kansas foster care on their 18th birthday.

If the individual is requesting medical assistance and enough information is not provided in the questions outlined below, then send an Application Supplement to the consumer to complete.

Application Question	Eligibility Action
Name (First, middle, last)	Must obtain answer
Maiden Name	Not required, but needed to run EVVE vital statistics
Relationship to Person 1	Must obtain answer; use other known family relations to try to determine relationship before contacting applicant.
Relationship to Person 2	Must obtain answer; use other known family relations to try to determine relationship before contacting applicant.
Gender	Must obtain answer
Date of Birth	Must obtain answer
Marital Status	Not required
Person live at the same address as applicant	Assume Yes, if left blank

Application Question	Eligibility Action
Lived in a state other than Kansas in the last 3 months	Required if requesting assistance with prior medical
Applying for medical assistance	Assume No, if left blank
Special types of Medical	The special medical types determine what is entered into ABMS for the Requested Medical Type. <ul style="list-style-type: none"> • Working Healthy RMT <ul style="list-style-type: none"> ○ Working Healthy • Long Term Care RMT <ul style="list-style-type: none"> ○ HCBS ○ Nursing Home ○ PACE • Medical RMT <ul style="list-style-type: none"> ○ Medically Needy ○ Medicare Costs
Guardian or conservator?	Assume No, if left blank
Social Security #	Required, if requesting assistance.
U.S. citizen	Required, if requesting assistance. The Federal Hub may provide the answer.
Race	Required for ABMS. If left blank, choose Other
Ethnicity	Required for ABMS. If left blank, choose Other
Delivered a baby in the last 3 months	Assume No, if left blank. Identifies a potential SOBRA application. Used when the applicant is a non-citizen.
Emergency care in the last 3 months	Assume No, if left blank. Identifies a potential SOBRA application. Used when the applicant is a non-citizen.
Prior Medical	Assume No, if left blank, unless a baby was born in the prior 3 months, other indication of recent major medical expense, or approving LMB.
Changes in the household during the last 3 months	Must obtain answer if prior medical assistance has been requested.
Description of household changes	Required if above answered Yes.
Changes in the income during the last 3 months	Must obtain answer if prior medical assistance has been requested.
Description of income changes	Required if above answered Yes.
Changes in the assets during the last 3 months	Must obtain answer if prior medical assistance has been requested.
Description of asset changes	Required if above answered Yes.
Which of the following best describes this person's current living situation?	Assume 'Own Home' if left blank, unless the applicant has requested Long Term Care. If requesting Long Term Care, need to make contract with applicant to determine if HCBS or Nursing Facility is the living situation.
Living outside of the home	Assume No, if left blank
If yes, why is this person living outside of the home?	Must obtain answer
Date expected to return	Must obtain answer

Application Question	Eligibility Action
If in a hospital, nursing facility or other institution, what is the name of the facility?	Must obtain answer
Date Admitted	Must obtain answer
Date Discharged	Must obtain answer
Has this person ever been in a hospital or nursing facility for more than 30 days in a row?	Required for a spousal impoverishment assessment. Otherwise, assume no.
If yes, when	Required for a spousal impoverishment assessment.
Has this person served in the military?	Assume No, if left blank.
Is this person the spouse or widow of someone who served in the military?	Assume No, if left blank.
What is this person's VA file number?	Not Required
Does this person pay for medical expenses?	Assume No, if left blank.
How much is the expense?	Required in order to determine if the expense is allowable.
How often?	Required in order to determine if the expense is allowable.
Describe the expense	Required in order to determine if the expense is allowable.
Does this person have a disability that will last at least 12 months or result in death?	Assume No, if left blank.
Has this person ever applied for Social Security benefits?	Assume No, if left blank.
Was the application denied?	Required when the Social Security benefits answer is Yes.
If yes, when?	Required when the Social Security benefits answer is Yes.
Is the denial under appeal?	Required when the Social Security benefits answer is Yes.
If yes, what is the status?	Required when the Social Security benefits answer is Yes.
Has the existing condition become worse since the Social Security denial?	Required when the Social Security benefits answer is Yes.
If yes, explain	Required when the Social Security benefits answer is Yes.
Does this person have a new disability or condition that Social Security did not look at?	Required when the Social Security benefits answer is Yes.
If yes, briefly describe the disability	Required when the Social Security benefits answer is Yes.

Application Question	Eligibility Action
Is an attorney or someone else helping this person with the Social Security application for disability benefits?	
If yes, list the name of the person and organization	
Phone number of the Person or Organization	

Step 3

In Step 3, the applicant is required to provide additional information about any changes that were reported in Step 1. This is also the place to provide income, health insurance and expense information for a person added in Step 2.

Application Question	Eligibility Action
INCOME	
Are there other people from Step 2 who have income?	Must obtain answer
Name	If answer to Other People from Step 2 is Yes, or consumer indicated a change in income in Step 1, an answer is required.
Source of Income	If answer to Other People from Step 2 is Yes, or consumer indicated a change in income in Step 1, an answer is required.
How much?	If answer to Other People from Step 2 is Yes, or consumer indicated a change in income in Step 1, an answer is required.
How often?	If answer to Other People from Step 2 is Yes, or consumer indicated a change in income in Step 1, an answer is required.
HEALTH INSURANCE	
Multiple Health Insurance Questions	A TPL referral is completed with all information known. All answers are not required in order to approve Medicaid coverage. If additional information is needed about the health insurance policy, it will be requested after Medicaid approval, and only after the MMIS fiscal agent has a chance to verify the information.
EXPENSES	
Type of Expense	If consumer indicated a change in expenses in Step 1, an answer is required to this question.
Amount	If consumer indicated a change in expenses in Step 1, an answer is required to this question.
How often?	If consumer indicated a change in expenses in Step 1, an answer is required to this question.

Medical Representative

Form allows the applicant to appoint a medical representative.

If nothing new reported, assume the existing medical representative continues.