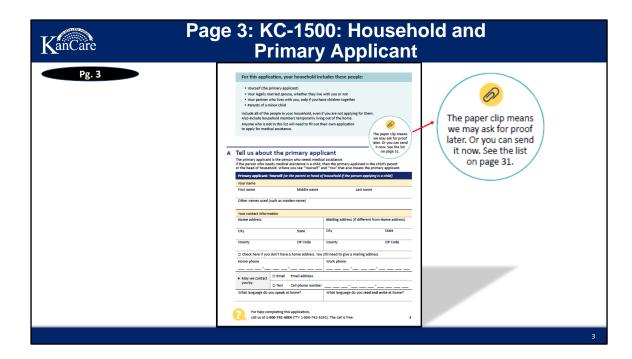


Welcome to the slideshow for Sections A, B, and C of the KanCare Application Guide.

Next, we will cover pages 3 through 10. This is also sections A, B, and C.



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

On this page the applicant will see that there is a paper clip icon. Remember that the paperclip icon means we may ask for proof later or the applicant can send it now. See the list on page 31 for more information.



People in the Household

Pg. 3

For this application, your household includes these people:

- · Yourself (the primary applicant)
- · Your legally married spouse, whether they live with you or not
- Your partner who lives with you, only if you have children together
- · Parents of a minor child

Include **all** of the people in your household, even if you are not applying for them.

Also include household members temporarily living out of the home.

Anyone who is **not** in this list will need to fill out their own application to apply for medical assistance.



The paper clip means we may ask for proof

For this application, your household includes these people:

The primary applicant, the primary applicant's legally married spouse, whether they live with the primary applicant or not, the primary applicant's partner if they live together and only if they have children together, and parents of a minor child.

Include all of the people in the household, even if the primary applicant is not applying for them. Also include household members temporarily living out of the home.

Anyone who is not in this list will need to fill out their own application to apply for medical assistance.

If married, information for both spouses should be on the application even if one spouse is not applying for medical assistance. If both are applying for medical assistance, then they will only need to use one application.

For nursing home requests and HCBS requests, spouses no longer living in the same household both need to be included on the application.

KanCare	Prima	ry App	olicant Co	ntact I	nformatior	1	
Pg. 3, Sec. A	A	The primary applicar If the person who ne	t the primary appl it is the person who needs medic eds medical assistance is a child, hold. Where you see "Yourself" a	al assistance. then the primary appli			
		Primary applicant:	Yourself (or the parent or head o	f household if the perso	on applying is a child)		
		Your name					
		First name	Middle name	La	st name		
		Other names used (such as maiden name)					
		Your contact information					
		Home address		Mailing address (if different from Home address)			
		City	State	City	State		
		County	ZIP Code	County	ZIP Code		
		☐ Check here if you don't have a home address. You still need to give a mailing address.					
		Home phone	_	Work phone	_		
		► May we contact	□ Email Email address:				
		you by:	☐ Text Cell phone number	:			
		What language do	you speak at home?	What language do yo	ou read and write at home?		
						5	

The person who needs assistance should be listed as the primary applicant and continue to be listed as "Person 1" throughout the application. This section can be confusing. If you are helping someone apply for assistance, your information is not needed in this section. Those helping could be nursing facility employees, durable power of attorney, extended family members or friends, etc. This section is only for those who are needing medical assistance.

If the person needing medical assistance is under 18, the primary applicant will the parent or guardian of the child.

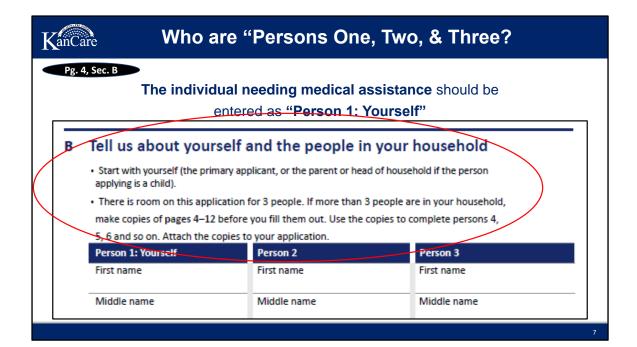
Provide the physical address if possible but the mailing address must be filled out. We will need to be able to send notices to the applicants. If needed, the mailing address can be from a shelter, a friend, a family member, the post office, to name a few. It is really important that the applicant is able to receive notices from us. The applicant may want to use the online application and sign up

for electronic notification to receive notices through the KanCare Self-Service Portal.

People in Nursing homes must have their residential and their mailing address as the Nursing Home. If the applicant wants a copy of mailed notices to be sent to an additional person the applicant can do this on page 27 of the application. Applicants can also contact us for more information on how to appoint a person to receive copies of mailed notices.

Pg. 4	B Tell us about yours	elf and the people in you	household	
		ry applicant, or the parent or head of hous		1
	applying is a child).			
		ition for 3 people. If more than 3 people efore you fill them out. Use the copies to		
	5, 6 and so on. Attach the cop		Complete persons 4,	
	Person 1: Yourself	Person 2	Person 3	
	First name	First name	First name	1
	Middle name	Middle name	Middle name	1
	5-30-30-30-30-30-30-30-30-30-30-30-30-30-			
	Last name	Last name	Last name	
	Other names used	Other names used	Other names used	
	What is each person's relation	nship to you?		
	Person 1 is my: Self	Person 2 is my:	Person 3 is my:	
	Gender			
	□ Male □ Female	☐ Male ☐ Female	□ Male □ Female	
	Date of Birth (mm/dd/yyyy)			
	/ /	7 7	1 1	
	Marital status			
	☐ Married ☐ Not man (includes (includes common law, divorced separated) widowed	, common law, divorced,	☐ Married ☐ Not married (includes (includes common law, divorced, separated) widowed)	1
	Does this person live at the sa			
		□ No □ Yes	□ No □ Yes	1
		► If no, list address:	► If no, list address:	
	Leave blank			

This is the fourth page of the paper application for the Elderly and Persons with Disabilities. Next, we will go through each part of the fourth page, or section B.



Section B continues to ask for information about the Primary applicant, or "Person 1". This section also asks for information about other people in the household. Again, if the person needing medical assistance is under the age of 18, "Person 1" will be their parent or guardian. The child needing medical assistance will be "Person 2".

If there is not enough room for everyone in the household to be included, make copies of pages 4-12 before filling them out. Use the copies to complete persons 4, 5, 6, and so on. The applicant will also need to write the names for each person on pages 4-12.

KanCare Who are	e Persons	One, Two	o, & Three?	Continued	
Do 4 Coo D	Person 1: Yourself	Person 2	Person 3		
Pg. 4, Sec. B	First name	First name	First name		
	Middle name	Middle name	Middle name		
	Last name	Last name	Last name		
	Other names used	Other names used	Other names used		
	What is each person's relationship	to you?			
	Person 1 is my: Self	Person 2 is my:	Person 3 is my:		
	Gender				
	□ Male □ Female	□ Male □ Female	□ Male □ Female		
	Date of Birth (mm/dd/yyyy)				
	1 1	1 1	1 1		
	Marital status				
	☐ Married ☐ Not married (includes (includes common law, divorced, separated) widowed)	☐ Married ☐ Not married (includes (includes common law, separated) widowed)	☐ Married ☐ Not married (includes (includes common law, separated) divorced, widowed)		
	Does this person live at the same	address as Person 1?			
		□ No □ Yes	□ No □ Yes		
		▶ If no, list address:	▶ If no, list address:		
	Leave blank				

If the primary applicant is married, Person 2 is where the spouse's name will go.

Anyone else living in the household would be entered as Person 3, even if they do not need medical assistance.

The first question asks "What is each person's relationship to you?" If Person 1 is you and Person 2 is your spouse, under "Person 2 is my", you would write "Husband", "Wife", or "Partner".

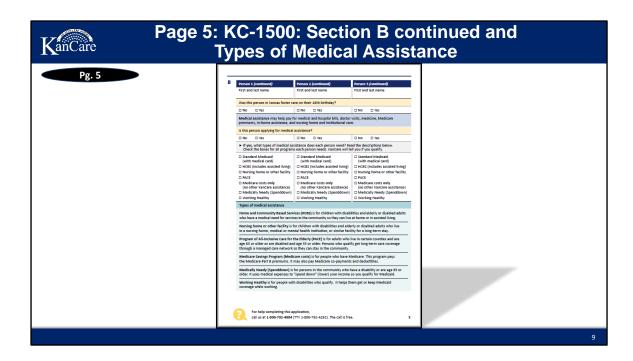
The next line asks for your gender: Male or Female

Below that, the applicant will put the date of birth for everyone living in the household.

For Marital status: if the applicant is engaged, they would check the box that says "Not married (includes divorced, widowed)".

The last question on page 4 asks "Does this person live at the same address as Person 1?" if the answer is no, list the address they live at.

Be sure to fill out this information for each person listed on the application.



This is the fifth page of the paper application for the Elderly and Persons with Disabilities. Next, we will go through each part of the fifth page. This is also a continuation of Section B.

7	Sec. B					
	Person 1 (continued)	Person 2 (continued)	Person 3 (continued)			
	First and last name	First and last name	First and last name			
	Was this person in Kansas foster care on their 18th birthday?					
	□ No □ Yes	□ No □ Yes	□ No □ Yes			
	Medical assistance may help pay for medical and hospital bills, doctor visits, medicine, Medicare premiums, in-home assistance, and nursing home and institutional care. Is this person applying for medical assistance?					
	□ No □ Yes	□ No □ Yes	□ No □ Yes			
	▶ If yes, what types of r	□ No □ Yes medical assistance does each person nee ill programs each person needs. KanCare	ed? Read the descriptions below.			

This is the top of page 5, where it continues to ask about Person 1 through Person 3. As a reminder, if there are more than 3 people living in the household, the applicant will need to copy pages 4-12.

The first question that is asked in this section is "Was this person in Kansas foster care on their 18th birthday?" Check "No" or "Yes".

The next question asks "Is this person applying for medical assistance?" This is where the applicant will check "No" or "Yes" under each 'Person' who is on the application. It is very important to answer "No" or "Yes" for each person on the application.

KanCare Is th	is person ap	oplying for	medical ass	istance?
Pg. 5, Sec. B		sistance does each person need? Res s each person needs. KanCare will te		
	Standard Medicaid (with medical card) HCBS (includes assisted living) Nursing home or other facility PACE Medicare costs only (no other KanCare assistance) Medically Needy (Spenddown)	□ Standard Medicaid (with medical card) □ HCBS (includes assisted living) □ Nursing home or other facility □ PACE □ Medicare costs only (no other KanCare assistance) □ Medically Needy (Spenddown)	□ Standard Medicaid (with medical card) □ HCBS (includes assisted living) □ Nursing home or other facility □ PACE □ Medicare costs only (no other KanCare assistance) □ Medicaily Needy (Spenddown)	
	☐ Working Healthy	□ Working Healthy	□ Working Healthy	
	Types of medical assistance			
	Home and Community Based Serv who have a medical need for service			
	Nursing home or other facility is in a nursing home, medical or me			
	Program of All-Inclusive Care for age 65 or older or are disabled an through a managed care network			
	Medicare Savings Program (Medi the Medicare Part B premiums. It			
		for persons in the community who h "spend down" (lower) your income		
	Working Healthy is for people wit coverage while working.	h disabilities who qualify. It helps th	em get or keep Medicaid	

If "Yes" was checked under "Is this person applying for medical assistance" then the applicant will need to check the box for the programs they think will best fit their needs.

The applicant is free to check more than one box if they think that program will help them. We will tell the applicant if they qualify.

Next, we will go through each program in better detail in the order that it is listed above.



Standard Medicaid with a medical card is for those who need medical assistance or do not know which program box to check.

Applicants can also check the "Standard Medicaid" box if they do not know which program would best fit their needs. We will look at possible medical coverage options.



Home and Community Based Services





- Receives Standard Medicaid.
- May pay for a in home care attendant to help with activities of daily living based on the person's needs.
- Is meant for people living at home, renting, staying with family, in assisted living, or home plus.
- This program is not for those who live in a Nursing Facility.

You can find additional information about each waiver at:

https://kancare.ks.gov/kancare-ombudsman-office/hcbs-waiver-fact-sheets

13

Home and Community Based Services are also known as the HCBS Waiver Program which may include:

- Standard Medicaid.
- Payment for a in home care attendant to help with activities of daily living based on the person's needs.

HCBS is meant for people living at home, renting, staying with family, in assisted living, or home plus. This program is not for those who live in a Nursing Facility.

There are 7 Home and Community Based Service Waivers, each with their own set of rules and eligibility guidelines. Select this option if the applicant is applying for Home and Community Based Services, or HCBS. The 7 HCBS Waivers are:

- 1. Autism Waiver
- 2. Frail Elderly Waiver

- 3. Intellectual/Developmental Disabilities Waiver
- 4. Physical Disability Waiver
- 5. Serious Emotional Disturbance Waiver
- 6. Technology Assisted Waiver
- 7. Brain Injury Waiver

See the link at the bottom of this slide for more information about each waiver.

https://kancare.ks.gov/kancare-ombudsman-office/hcbs-waiver-fact-sheets



To learn more about how to calculate a Monthly Patient Liability go to:

https://kancare.ks.gov/kancare-ombudsman-office/resources

14

Nursing Home or other institutional coverage is for those living in a nursing facility, mental health institution, or similar facility for a long term stay. If eligible for this program, the member may have to pay what is called a Patient Liability. This is also known as the cost share for Nursing Home coverage.

If the applicant lives in a facility that has assisted living and skilled nursing, it is important to know which section of the facility the person is in. All Home Plus facilities are considered an Assisted Living Facility. Home Plus and Assisted Living residents need to apply for a Home and Community Based Services (HCBS) Waiver Program.

https://kancare.ks.gov/kancare-ombudsman-office/resources



Program of All-Inclusive Care for the Elderly (PACE)



This program is for:

- Persons aged 55 and older.
- Who need a nursing home-level of care.
- Can live safely in the community with the help of PACE services.
- Live in the service area of a PACE organization.

For more information about the PACE program go to:

https://kdads.ks.gov/commissions/commission-on-aging/program-of-all-inclusive-care-for-the-elderly-(pace)

1

Program of All-Inclusive Care for the Elderly, or PACE, is for persons aged 55 and older and who need a nursing home-level of care but can live safely in the community with the help of PACE services.

To be eligible for this program, applicants will need to live in a service area of a PACE organization. This information can be found by clicking this link.

https://kdads.ks.gov/commissions/commission-on-aging/program-of-all-inclusive-care-for-the-elderly-(pace)



Medicare Costs Only or Medicare Savings Program (MSP)



This program is for:

 People who have Medicare and need help with Medicare's premiums and other out-of-pocket expenses.

Check this box only if you want MSP, no other programs. If this box is not checked, the applicant will automatically be screened for MSP.

For more information on MSP see:

https://kancare.ks.gov/kancare-ombudsman-office/kancare-general-information-fact-sheets

16

The Medicare Savings Program or MSP is a program that helps Medicare recipients with their out of pocket medical expenses, for example: Medicare premiums and copays.

The Medicare Savings Program is not subject to Estate Recovery. If this box is checked, it means the eligibility team will only check for eligibility under the Medicare Savings Program.

Check this box only if the applicant wants MSP, no other programs. If this box is left unchecked, the applicant will be automatically screened for MSP.

If the applicant is almost 65 or will soon become eligible for Medicare, they can apply for MSP so that it may be started at the same time that Medicare begins.

https://kancare.ks.gov/kancare-ombudsman-office/kancare-general-information-fact-sheets



Medically Needy (Spenddown)



This program is for:

- The elderly (age 65 and over)
- Persons with disabilities

This program is for individuals who make too much income to qualify for Medicaid but qualify anyway because they have consistently high medical bills that will likely impoverish them without the state's assistance.

They are Medicaid eligible "with a Spenddown."

For more information see: https://kancare.ks.gov/consumers/program-fact-sheets

7

The medically needy program is for people who are 65 and older or have a disability. This program is for individuals who make too much income to qualify for Medicaid but qualify anyway because they have consistently high medical bills that will likely impoverish them without the state's assistance.

They are Medicaid eligible "with a Spenddown." A spenddown is like an insurance deductible, which means a person must incur medical costs up to a set amount before their health insurance provider will pay. When the spenddown is met, Medicaid will pay for covered medical expenses until the next Spenddown period. Spenddown amounts are dependent on the household countable income.

For more information about the Medically Needy Program see the link at the bottom of this slide.

https://kancare.ks.gov/consumers/program-fact-sheets



Working Healthy



This program is for:

- Those who are working or thinking about going to work or wanting to work.
- Those who have a disability.

Working Healthy is a work incentive program designed for people who are only eligible for Medically needy. This program substitutes the Spenddown with an affordable premium.

Based on income level, some individuals may have to pay a monthly premium.

For more information about the Working Healthy program see: https://kancare.ks.gov/consumers/working-healthy

18

Working healthy is for those who are working or thinking about going to work or wanting to work and have a disability.

Working Healthy is a work incentive program designed for people who are only eligible for Medically Needy. This program substitutes the Spenddown with an affordable premium.

This program is based on income level and some individuals may have to pay a monthly premium.

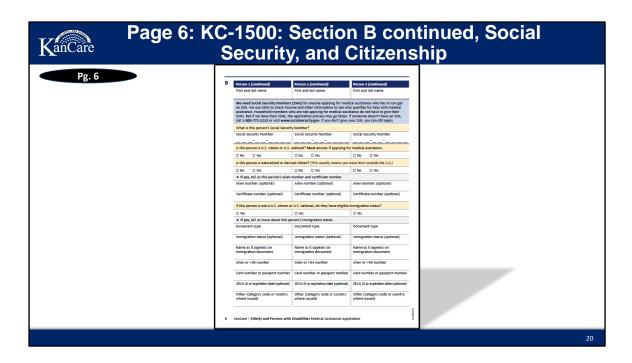
For more information about the Working Healthy program see the link at the bottom of the screen.

https://kancare.ks.gov/consumers/working-healthy

KanCare Is	this person a	pplying for	medical ass	istance?		
Pg. 5, Sec. B		ssistance does each person need? Re ns each person needs. KanCare will te				
	□ Standard Medicaid (with medical card) □ HCBS (includes assisted living) □ Nursing home or other facility □ PACE □ Medicare costs only (no other KanCare assistance) □ Medically Needy (Spenddown) □ Working Healthy Types of medical assistance	Standard Medicaid (with medical card) HCBS (includes assisted living) Nursing home or other facility PACE Medicare costs only (no other KanCare assistance) Medically Needy (Spenddown) Working Healthy wices (HCBS) is for children with disab	□ Standard Medicaid (with medical card) □ HCBS (includes assisted living) □ Nursing home or other facility □ PACE □ Medicare costs only (no other KanCare assistance) □ Medically Needy (Spenddown)			
	Nursing home or other facility is	who have a medical need for services in the community so they can live at home or in assisted living. Nursing home or other facility is for children with disabilities and elderly or disabled adults who live in a nursing home, medical or mental health institution, or similar facility for a long-term stay.				
	age 65 or older or are disabled an	Program of All-Inclusive Care for the Elderly (PACE) is for adults who live in certain counties and are age 65 or older or are disabled and age 55 or older. Persons who qualify get long-term care coverage through a managed care network so they can stay in the community.				
		Medicare Savings Program (Medicare costs) is for people who have Medicare. This program pays the Medicare Part B premiums. It may also pay Medicare co-payments and deductibles.				
		for persons in the community who is "spend down" (lower) your income				
	Working Healthy is for people wit coverage while working.	th disabilities who qualify. It helps th	em get or keep Medicaid			
				19		

The applicant should take the time to go back and check the boxes next to the program or programs for each applicant that is applying for medical assistance.

Now that we have briefly gone over the types of medical assistance on page 5, we are ready to move on to page 6.



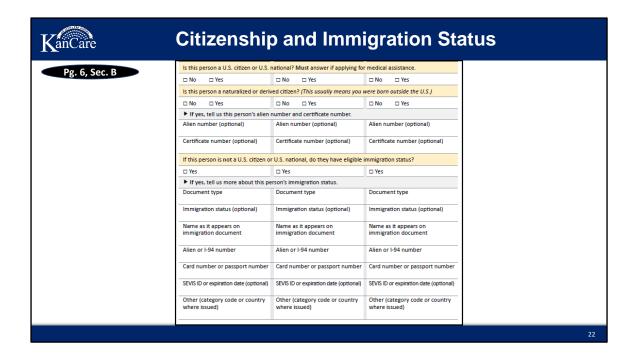
This is the sixth page of the paper application for the Elderly and Persons with Disabilities. Next, we will go through each part of the sixth page, this is also a continuation of Section B. On page 6, applicants are asked for information about Citizenship and Identity.

Person 1 (continued) First and last name Person 2 (continued) First and last name First and last name We need Social Security Numbers (SSNs) for anyone applying for medical assistance who has or can get an SSN. We use SSNs to check income and other information to see who qualifies for help with medical assistance. Household members who are not applying for medical assistance do not have to give their SSNs. But if we have their SSNs, the application process may go faster. If someone doesn't have an SSN, call 1-800-772-1213 or visit www.socialsecurity.gov. If you don't give your SSN, you can still apply. What is this person's Social Security Number? Social Security Number Social Security Number Social Security Number	è	Social Security	Information
First and last name First and last name First and last name First and last name We need Social Security Numbers (SSNs) for anyone applying for medical assistance who has or can get an SSN. We use SSNs to check income and other information to see who qualifies for help with medical assistance. Household members who are not applying for medical assistance do not have to give their SSNs. But if we have their SSNs, the application process may go faster. If someone doesn't have an SSN, call 1-800-772-1213 or visit www.socialsecurity.gov. If you don't give your SSN, you can still apply. What is this person's Social Security Number?	Sec. B		
We need Social Security Numbers (SSNs) for anyone applying for medical assistance who has or can get an SSN. We use SSNs to check income and other information to see who qualifies for help with medical assistance. Household members who are not applying for medical assistance do not have to give their SSNs. But if we have their SSNs, the application process may go faster. If someone doesn't have an SSN, call 1-800-772-1213 or visit www.socialsecurity.gov. If you don't give your SSN, you can still apply. What is this person's Social Security Number?	Person 1 (continued)	Person 2 (continued)	Person 3 (continued)
an SSN. We use SSNs to check income and other information to see who qualifies for help with medical assistance. Household members who are not applying for medical assistance do not have to give their SSNs. But if we have their SSNs, the application process may go faster. If someone doesn't have an SSN, call 1-800-772-1213 or visit www.socialsecurity.gov. If you don't give your SSN, you can still apply. What is this person's Social Security Number?	First and last name	First and last name	First and last name
Social Security Number Social Security Number Social Security Number	call 1-800-772-1213 or	visit www.socialsecurity.gov. If you dor	
	Social Security Number	Social Security Number	Social Security Number
		<u> </u>	

We need a Social Security Number for those requesting medical coverage and have a Social Security Number or can get one.

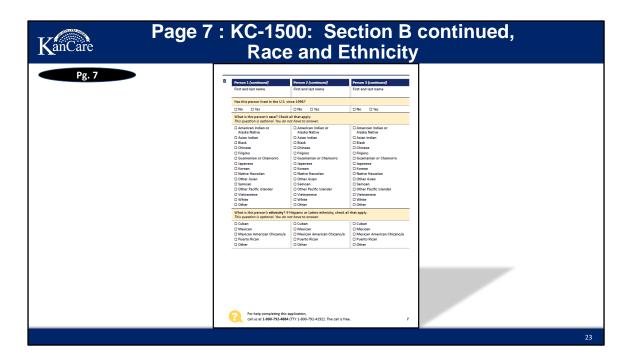
A Social Security Number is optional for people not applying for medical assistance, but providing a Social Security Number can speed up the application process. Social Security Numbers are used to check income and other information to see who is eligible for help paying for health coverage.

If someone doesn't have a Social Security Number call 1-800-772-1213 or visit www.socialsecurity.gov



This part on page 6 asks about the citizenship and immigration status of each person in the household. The applicant should fill this out to the best of their ability.

For the question "If this person is not a U.S. citizen or U.S. national, do they have eligible immigration status?", if "Yes" mark it "Yes", otherwise, leave blank.



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

The first question on this page asks "Has this person lived in the U.S. since 1996?" check "Yes" or "No"

The next two questions that ask about race and ethnicity are optional and more than one box may be checked.

KanCare	Page 8: Living S	KC-150 Situatio	00: Se n, and	ction B Medica	continued, I Expenses	
Pg. 8	J	Person 1 (continued) First and last name Which of these best describes o □ one home □ haming □ to with someone size □ Assisted living □ Assisted living □ Assisted living □ Assisted living □ Haming □ State □ Haming □ State □ Haming □ State □ Haming	Person 2 (continued) First and last name here the person lives now? Own home now home here the person lives now? Now home here the person lives now? Now home here the person lives now? Now home home Now home No	Person 3 (meltineed) First and last rance Own hone I won hone I went for more also I won the control of the co		
		Reason Date expected to return (mm/dd/yyyy) If in a hospital, nursing facilit Name of facility Date admitted Outcoor estimated date of discharge (if known)	Reason Date expected to return (mm/dd/yyyy) / y or other institution, what is the na Name of facility Date admitted / / Date or estimated date of discharge (if known)	Reason Date expected to return (mm/dd/yyy) / / me of the facility? Name of facility Date admitted / Date or estimated date of discharge (if known)		
		Does this person pay out of poc or private insurance? IN 0 "Ves If yes, tell us about the exper How much? S who when? Describe the expense:	Set for medical expenses not covere No Ves No Ves How much? S How often? Describe the expense:	d by Medicare, Medicald No Ves How much? S How often? Describe the expense:		
		8 KanCare Elderly and Persons w	ith Disabilities Medical Assistance A	pplication 8		24

This is the eighth page of the paper application for the Elderly and Persons with Disabilities. Next, we will go through each part of the eighth page. This is also a continuation of Section B.

В		
Person 1 (continued)	Person 2 (continued)	Person 3 (continued)
First and last name	First and last name	First and last name
Which of these best describes	where the person lives now?	
☐ Own home	☐ Own home	□ Own home
☐ Renting	☐ Renting	☐ Renting
☐ Live with someone else	☐ Live with someone else	☐ Live with someone else
☐ Assisted living	☐ Assisted living	☐ Assisted living
□ Nursing facility or other institution	□ Nursing facility or other institution	□ Nursing facility or other institution
☐ Hospital	☐ Hospital	☐ Hospital
□ Other	□ Other	□ Other

The first question on page 8 asks "Which of these best describes where the person lives now?" The applicant will check the box for the living situation for each person on the application.

If the applicant lives in a facility that has assisted living and skilled nursing, it is important to know which section of the facility the person is in.

If the person is homeless, mark "Other".

	Living Situat	ion
. В		
Is this person living outside of	the home?	
□ No □ Yes	□ No □ Yes	□ No □ Yes
► If yes, why is this person l	ring outside of the home?	
Reason	Reason	Reason
Date expected to return (mm/dd/yyyy) / /	Date expected to return (mm/dd/yyyy) / /	Date expected to return (mm/dd/yyyy) / /
► If in a hospital, nursing fac	lity or other institution, what is the nam	e of the facility?
Name of facility	Name of facility	Name of facility
Date admitted / /	Date admitted / /	Date admitted / /
Date or estimated date of discharge (if known)	Date or estimated date of discharge (if known)	Date or estimated date of discharge (if known)
/ /	/ /	/ /

The next question on page 8 asks, "Is this person living outside of the home?" If the person is currently living outside of the home (such as a Nursing Facility or similar Long-Term Care institution), applicants will need to fill out the information in this section.

If applicants do not know the date expected to return, they can put N/A.

è		Past Medical Exp	penses
Sec. B	•		
	nis person pay out of pate insurance?	ocket for medical expenses not cove	ered by Medicare, Medicaid
□ No	□ Yes	□ No □ Yes	□ No □ Yes
► If ye	s, tell us about the exp	penses.	_
How m	uch?	How much?	How much?
How of	ten?	How often?	How often?
Describ	e the expense:	Describe the expense:	Describe the expense:

The last question on page 8 asks, "Does this person pay out of pocket for medical expenses not covered by Medicare, Medicaid, or private insurance?"

If the person applying for medical assistance has recurring or outstanding medical expenses, then they may check 'yes' and give information about each expense.

If more room is needed please, feel free to attach additional pieces of paper with the application that has the cost, how often it is paid, and a description of the medical expense.

KanCare	Page 9: Nursing	KC-150 Facility	00 : Se y, Milita	ction B ary, and	continued, Pregnancy	
Pg. 9	Б	□ Its	□ NO □ Nes NO	Disk admitted / / Date or statement date of decharge (if hown) / / Disk or statement date of decharge (if hown) / / Disk or Nes Will file number In Mo □ Nes In the military? □ No □ Nes □ No □ Nes □ No □ Nes □ No □ Nes		
						28

This is the ninth page of the paper application for the Elderly and Persons with Disabilities. Next, we will go through each part of the ninth page. This is also a continuation of Section B.

ire	Hospital or Nursing Facility Stay (previous stay					
, Sec	В					
В	Person 1 (continued)	Person 2 (continued)	Person 3 (continued)			
	First and last name	First and last name	First and last name			
	Has this person ever been in a ho	ospital or nursing facility for more that	an 30 days in a row?			
	□ No □ Yes	□ No □ Yes	□ No □ Yes			
	► If yes, when? (mm/dd/yyyy)					
	Date admitted / /	Date admitted / /	Date admitted / /			
	Date or estimated date of discharge (if known)	Date or estimated date of discharge (if known)	Date or estimated date of discharge (if known)			
	, , ,					

The first question on page 9 asks "Has this person ever been in a hospital or nursing facility for more than 30 days in a row?" This is for people who have stayed in a facility in the past.

If yes, when? Please list the first admission and discharge date. It is okay to write the Month and Year for the admission and discharge dates. If the dates are unknown, please provide the best guess.

This question is specific to an applicant who has a spouse and the applicant is requesting nursing home, PACE, or HCBS coverage. We will need to know the applicants first 30 day stay in a hospital or nursing home. This will determine the month and year they request resources to determine how much a spouse can protect of a couple's resources.

·	è			Military		
No Yes VA file number VA file number VA file number VA file number VA file number VA file number VA file number VA file number VA file number VA file number VA file number VA file number VA file number VA file number VA file number VA file number VA file number VA file number VA file number No	Sec. B					
VA file number	Has this person	served in the military	y?			
If this person has not served in the military, has this person ever been married to someone who has served in the military? No Yes No Yes No Yes If yes, is this person a widow or widower of someone who served in the military? No Yes No Yes No Yes If yes, has this person remained unmarried after the death of the spouse who served in the military? No Yes No Yes No Yes No Yes Melp with these questions see the Kansas Commission on Veterans Affairs office at:	□ No □ Yes	s	□ No	□ Yes	□No	□ Yes
has served in the military? □ No □ Yes □ No □ Yes ▶ If yes, is this person a widow or widower of someone who served in the military? □ No □ Yes □ No □ Yes ▶ If yes, has this person remained unmarried after the death of the spouse who served in the military? □ No □ Yes □ No □ Yes □ No □ Yes help with these questions see the Kansas Commission on Veterans Affairs office at:	VA file number		VA file nu	mber	VA file nu	umber
▶ If yes, is this person a widow or widower of someone who served in the military? □ No □ Yes □ No □ Yes ▶ If yes, has this person remained unmarried after the death of the spouse who served in the military? □ No □ Yes □ No □ Yes help with these questions see the Kansas Commission on Veterans Affairs office at:			nilitary, h	as this person ever been n	narried to	someone who
No Yes No Yes ▶ If yes, has this person remained unmarried after the death of the spouse who served in the military? No Yes No Yes nelp with these questions see the Kansas Commission on Veterans Affairs office at:	□ No □ Yes	s	□ No	□ Yes	□No	□ Yes
► If yes, has this person remained unmarried after the death of the spouse who served in the military? □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes	► If yes, is this	person a widow or w	idower o	f someone who served in	the militar	ry?
□ No □ Yes	□ No □ Yes	s	□ No	□ Yes	□No	□ Yes
help with these questions see the Kansas Commission on Veterans Affairs office at:	► If yes, has th	is person remained u	ınmarried	after the death of the spo	ouse who	served in the military?
·	□ No □ Yes	s	□No	☐ Yes	□No	□ Yes
https://kcva.ks.gov/veteran-services/office-loca	help with these	questions see the Ka	ansas Cor			

The next set of questions on page 9 asks if the people applying for medical assistance have served in the military.

If the applicant served in the military, there is potential for a cash benefit from the Veteran Administration. It is required that veterans apply for VA benefits. We must have proof the applicant has applied with the VA. To apply, contact the Veteran's Administration at 1-800-827-1000, or the Kansas Commission of Veteran's Affairs at 785-296-3976.

The next question asks, "If this person has not served in the military, has this person ever been married to someone who has served in the military?" This question and the two under it are 'yes' or 'no' questions.

Care				Preg	gnancy				
. 9, Sec. B									
		_							
Is this p	erson pre	gnant?							
□ No	☐ Yes		□ No	☐ Yes		□No	□ Yes		
► If yes	, how ma	ny babies are exp	ected?						
		the expected due s optional. You do				d/yyyy)			
	/	/		/	/		/	/	
									_

At the bottom of page 9 it asks if anyone is pregnant, how many babies are expected, and what the expected due date is.

_		
P	Page 10: KC-1500: Section C,	
KanCare		
Tuncure	Help with Medical Bills	
Pg. 10	- 11 11 11 11 11 11 11 11 11 11 11 11 11	
	C Help with medical bills in the past 3 months These questions ask about medical bills and where you lived in the 3 months before the month you are	
	applying. For example, if you are applying in August, these questions are about May, June, and July. Your answers help us decide if you qualify for coverage for those 3 months. We also check to see if	
	non-citizens qualify for certain emergency services. Answer the questions for you and all others who are applying (Person 2, Person 3, etc.).	
	Person 1 (continued) Person 2 (continued) Person 3 (continued)	
	First and last name First and last name First and last name	
	Does this person need help paying medical bills from the last 3 months, including Medicare premiums?	
	□ No □ Ves □ No □ Ves □ No □ Ves Did this person have emergency care in the last 3 months to save life, organs or bodily function?	
	Usi tins person new emergency care in the last 3 months to save line, organs or soully function? No Yes No No Yes	
	Has this person lived in a state other than Kansas in the last 3 months?	
	□ No □ Yes □ No □ Yes □ No □ Yes	
	► If yes, when did this person move to Kansas? (mm/dd/yyyy)	
	Tell us about changes in your household	
	Mas your household size chanced in the last 3 months because someone moved in or out?	
	No vis If yes, tell us about the changes to your household:	
	Has your household income changed in the last 5 months? □ No □ Yes If yes, tell us about the changes to your income:	
	Have your household resources changed in the last 3 months? \[No \text{ve} \text{if yes, tell us about the changes to your resources} \]	
	a no a nes ni yes, ten as accourtine changes to your resonates.	
	10 KanCare Elderly and Persons with Disabilities Medical Assistance Application	
	же положе у совету вые с совет или Министе питале аналите проделия	
		32
		- 32

This is the tenth page of the paper application for the Elderly and Persons with Disabilities. Next, we will go through each part of the tenth page. Page 10 is also Section C.

KanCare					
Pg. 10, Sec. C	C Help with m These questions as applying. For exam Your answers help non-citizens qualify. Answer the question Person 1 (continu) First and last nam	also check to see if			
	□ No □ Yes	need help paying medical bills fro	es 🗆 No	□ Yes	
	□ No □ Yes	ved in a state other than Kansas in	es □ No n the last 3 months?	□ Yes	
		d this person move to Kansas? (m		/ /	
					_

The top of page 10 asks questions about the past 3 months of medical bills for each person applying for medical assistance.

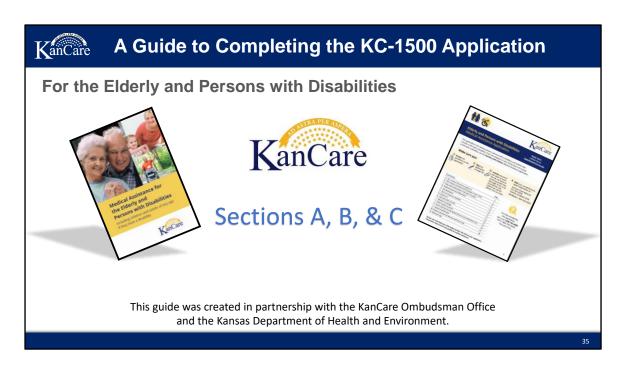
Applicants may qualify for coverage up to 3 months prior to the application month if otherwise eligible.

The question "Does this person need help paying medical bills from the last 3 months, including Medicare premiums?" is important because if you mark "no", we will not look for eligibility in the months prior to the application month.

KanCare	Care Changes in Your Household					
Pg. 10, Sec	C					
Tell	us about changes in your household					
Has	your household size changed in the last 3 months because someone moved in or out?					
□ Ne	o □ Yes If yes, tell us about the changes to your household:					
Has	your household income changed in the last 3 months?					
□ Ne	o □ Yes If yes, tell us about the changes to your income:					
Have	e your household resources changed in the last 3 months?					
□ N	o □ Yes If yes, tell us about the changes to your resources:					
		34				

The last set of questions at the bottom of page 10 ask about changes in your household in the past 3 months.

If the applicant has asked for help paying for past medical bills at the top of page 10, then these questions must be answered.



Thank you for looking at the second slideshow of the KanCare Application Guide for the Elderly and Persons with Disabilities Medical Assistance Application. In the third video, we will go over Section D, E, & F of the application.