

# Documentation Checklist for KanCare Applications

**Please remember to send documentation WITH THE APPLICATION** as proof of anything you claimed on the application form. If other items are needed by the eligibility team, you will be notified, however, **the need to request more information will delay processing time.**

**What type of documentation should I send with my application?**

**Families with Children Application:**

1. Proof of Health Insurance (page 1)
2. Proof of Income (pages 2-3)
3. Proof of Representation (pages 9-10)

**Elderly & Persons with Disabilities Application:**

1. Proof of Health Insurance (page 1)
2. Proof of Income (pages 2-3)
3. Proof of Resources and Assets (pages 4-7)
4. Proof of Expenses (page 8)
5. Proof of *Pending* Disability Case with Social Security Administration- if applicable (page 9)
6. Proof of Representation (pages 10-11)

<b>Did you claim any of these on your application? (Please submit proof of those items you claimed).</b>	<b>Examples, Definitions and Specifics on each:</b>
<b>Proof of Health Insurance:</b> Needed for both the <i>Application for Medical Assistance for (1) Families with Children and (2) Elderly and Persons with Disabilities</i>	
<input type="checkbox"/> Private Health Insurance cards, front and back and a bill as proof of monthly premium paid	<p><b><u>If you are reporting that someone in the household has other health insurance, you must submit:</u></b></p> <ol style="list-style-type: none"> <li>1. A copy of the front and back of the health insurance cards</li> <li>2. A bill that proves how much you pay for the insurance (proof of the monthly premium the applicant pays)*</li> </ol> <p><b><u>Examples of Private Health Insurance:</u></b></p> <ul style="list-style-type: none"> <li>• Medicare Supplemental Health Insurance,</li> <li>• Health Insurance through an employer and</li> <li>• Long Term Care Insurance</li> </ul> <p>*Providing the eligibility team with the monthly premium amounts will lower a person’s monthly “patient liability/client obligation” (the monthly premium the KanCare consumer must pay for his/her share in the cost of medical services).</p>
<input type="checkbox"/> Medicare card, front and back	<p>Providing the eligibility team with the monthly premium amounts will lower a person’s monthly “patient liability/client obligation.</p>

**Proof of Income: Needed for both the *Application for Medical Assistance for (1) Families with Children and (2) Elderly and Persons with Disabilities***

**Important Note:** If you have unpaid medical bills from the past three months and would like help, you also need to submit copies of all paystubs or checks your family has received in the past three months.

<input type="checkbox"/> Proof of Social Security Income Benefits and Supplemental Security Income (if applicable)	Please list the amounts on the application; the eligibility team is able to obtain the Social Security Income amounts directly from the Social Security Administration.
<input type="checkbox"/> Proof of Earned Income	<p><b>The eligibility team will need <i>at least</i> the last 30 days of paystubs for any earned income</b></p> <ul style="list-style-type: none"> <li>• <b>Submit paystubs for each month you are requesting coverage.</b> If asking for assistance to pay medical bills for three months prior to the date of the application, the eligibility team will need the paystubs for those three months prior to the date of the application.</li> <li>• <b>If the person does NOT have their paystubs,</b> they need to ask for a print out of their “gross income” (before deductions) and the date they received these wages, for these months, from the employer. <b>A “W-2” will NOT be accepted.</b></li> </ul>
<input type="checkbox"/> Proof of Self-Employment Income	<p><b>If the consumer is “self-employed” the eligibility team will need their last, most recent personal and business income tax returns. <i>This will need to be the entire return (all pages and attachments), not just certain schedules.</i></b></p> <ul style="list-style-type: none"> <li>• There are several types of “self-employment income” that may be received by an applicant or their spouse. <b>A few examples of “self-employment” include:</b> (1) income from farming, (2) income received from leasing or renting farmland or (3) income received from leasing or renting a home or other property.</li> </ul>

## Proof of Income (continued)

### Proof of "Other Income"

If you are reporting that you have other income, the eligibility team may need a copy of the check or benefit letter that shows the amount of income you get and how often you get the payment. Be sure to send proof for both *monthly payments* and *lump sum* payments.

**Some examples of "other income" are:**

- Veteran's Benefits
- Pension
- Other Retirement Source
- Child Support
- Spousal Support
- Railroad Retirement
- Trust Payments
- Annuity Payments
- Tribal Payments
- Worker's Compensation
- Unemployment
- Oil Royalties/Mineral Rights
- Rental Income
- Contract Sale
- Other

**Veterans Benefits:** Please provide a letter from the VA that lists the type of Veterans benefit and the current amount. It is important that the letter lists "what type of benefit" it is.

**Railroad Retirement:** Please provide a letter from the Railroad Retirement Board which lists the current amount.

**Trust Payments:** Verification of payments received from a trust must be provided.

**Oil Royalties or Mineral Rights:** Please provide the tax return to verify any income earned from oil royalties or mineral rights.

**Contract Sale:** A contract sale is a contract in which a property title is transferred only after a buyer makes a certain number of monthly payments. If an applicant is "receiving payments" this is considered "income" and the eligibility team must have verification of the Contract Sale and the income being received.

**Rental Income:** If the applicant or spouse owns property or a home and it is being rented, we need verification of the amount received from the rental.

**Proof of Resources and Assets: Needed only for the *Application for Medical Assistance for the Elderly and Persons with Disabilities***

<p>☐ Monthly statements for all bank accounts, including checking and savings, for the last 3 months</p>	<p><b><u>Checking Account:</u></b> If you have more than one checking account, you must list each on the application and turn in statements for each.</p> <ul style="list-style-type: none"> <li>• KDHE needs copies of your checking account(s) statement(s) with a full month of activity for each month you are requesting coverage.</li> <li>• The statements should be itemized to show each expense and deposit for the entire month.</li> </ul> <p><b><u>Savings Account:</u></b> If you have more than one savings account, you must list each on the application and turn in statements for each.</p> <ul style="list-style-type: none"> <li>• Provide statements for each month you are requesting coverage.</li> </ul> <p><b><u>Nursing Facility Account(s):</u></b> These are the same as a checking account.</p> <ul style="list-style-type: none"> <li>• Examples are: <b><i>Resident Trust Funds</i></b> OR <b><i>Resident Care Home Accounts</i></b>.</li> <li>• Provide statement (s) with a full month of activity for each month you are requesting coverage</li> </ul>
<p>☐ Value of stocks, bonds or CDs for the last 3 months</p>	<p><b><u>Stocks:</u></b> It is important to indicate the “type of stock” AND a statement showing the current value of that stock.</p> <p><b><u>Bonds:</u></b> Please provide a copy of your bond (s).</p> <p><b><u>Certificate of Deposit:</u></b></p> <ul style="list-style-type: none"> <li>• These are the same as a savings account.</li> <li>• Provide statements for each month you are requesting coverage.</li> </ul>
<p>☐ Statement showing value of IRAs and 401Ks</p>	<p><b><u>Retirement Plan:</u></b></p> <ul style="list-style-type: none"> <li>• This could be an IRA, 401K or other account or funds set up for retirement.</li> <li>• KDHE requires a statement which reflects the “owner” and the “balance.”</li> </ul>

## Proof of Resources and Assets (continued)

Letter from your life insurance company verifying owner of policy, face value, cash value and any loans against the policy

### Life Insurance Policies:

- To verify a policy, we ask the applicant to request a letter from the insurance company, which will contain (1) the policy number, (2) policy owner, (3) type of policy (whole life or term), (4) face value, (5) cash value and (6) any loans which have been taken out against the policy.

Your complete trust or annuity

### Trusts:

- **If the resident owns a "trust," record it in the resources section of the application and submit a full copy of the entire trust along with all the schedules.**
- It is also important to document all the "assets" that are part of the trust on page 7 ("Tell us about your Resources") of the application as well.

### Annuities:

- What is an annuity? An annuity is a fixed sum of money paid to someone each year, typically for the rest of their life. It might be an inheritance passed down or a form or insurance or investment.
- **Submit a copy of the annuity.**

### Annuity Examples:

- "He left her an annuity of \$1,000 in his will."
- The investor is entitled to a series of annual sums from "an annuity plan."

### Note:

- If the consumer owns an annuity, for Long Term Care assistance, the state of Kansas must be named as the beneficiary of any annuity which they own that was purchased on or after February 8, 2006.
- **The consumer agrees to make this assignment once they sign the application.**

## Proof of Resources and Assets (continued)

□ Funeral or Burial Plan including the bill of goods and services with proof that funeral arrangements are set up as irrevocable

### **Funeral or Burial Plans:**

- It is a requirement to verify if a funeral arrangement will be considered as a resource to an applicant.
- Please provide a copy of the funeral arrangements and burial plans.

### **The copy of these funeral arrangements need to contain:**

1. **An itemized statement of goods and services**
2. **A statement signed indicating that the arrangements are “irrevocable” and**
3. **How the arrangements were funded**

- Funeral Homes are familiar with these types of requests when an individual applies for Medicaid.

### **Burial Plots:**

Just indicate if they have one.

□ If you are a veteran or unmarried widow of a veteran and have applied for VA cash benefits, send proof such as the application

If the applicant has ever served in the military, there is the potential of cash benefits from the Veteran’s Administration (VA). **It is a requirement if you are a veteran, to apply for VA benefits. If the applicant is a spouse or current widow of a veteran, they must also apply for cash benefits from the VA.**

### **If the applicant is a veteran, or spouse or widow of a veteran KDHE Eligibility Team must have:**

- Verification that the applicant has applied for VA benefits, or
- A letter saying that they are not eligible for cash benefits

### **Who can help me get this documentation?**

- The local *KS Commission on Veterans’ Affairs* offices across Kansas can help people determine if they are eligible to apply, and if not, can write a letter saying that they are not. **KS Commission on Veterans’ Affairs local office locations:** <https://kcva.ks.gov/veteran-services/office-locations>.
- **What type of documentation will the *KS Commission on Veterans’ Affairs* need to help me find out whether or not I am eligible for VA benefits?** You’ll need the veteran’s “Discharge Papers.” For the Korean War or after, it will most likely be the DD214 (Discharge Papers). If you cannot find the discharge papers, the KS Commission on Veterans’ Affairs can help you get those papers. However, you will need to know “when the veteran served.”

## Proof of Resources and Assets (continued)

<p>□ Proof of loan taken out against any property in the last 5 years</p>	<ul style="list-style-type: none"> <li>• Have you or your spouse taken out a loan against any property in the last five years, including a <b>second mortgage</b> or <b>reverse mortgage</b>?</li> <li>• <b>Reverse Mortgage</b> – a loan available to homeowners 62 years or older that allows them to convert part of the equity in their home into cash.</li> <li>• <b>If the consumer has one, the eligibility team will need the contract from the reverse mortgage that shows the gross amount of money they get from it.</b></li> </ul>
<p>□ Proof of any property sold or transferred in the last 5 years</p>	<p><b>Please document any change in ownership of any property within the last five years.</b></p> <ul style="list-style-type: none"> <li>• Sales of vehicles or transferring resources to a trust fund are examples of what should be documented.</li> <li>• This would include giving assets to family members.</li> </ul> <p><b><u>Important note on Transferring Property for Less Than Fair Market Value:</u></b></p> <ul style="list-style-type: none"> <li>• Gifting, selling or transferring property for less than fair market value can result in a period of ineligibility for nursing home coverage.</li> <li>• The KDHE Eligibility Team must look back for transfers within the last 5 years.</li> <li>• The amount of penalty divided by <u>about</u> \$5,000 = months of no eligibility</li> </ul> <p><b><u>Example:</u></b></p> <ul style="list-style-type: none"> <li>• A parent gifted their child their \$100,000 home; \$100,000 divided by \$5,000 = 20 months of ineligibility in a nursing home.</li> <li>• If the average stay in a nursing facility is \$5500/month, this would lead to an out of pocket cost to that parent of approximately: \$110,000.</li> </ul>

<b>Proof of Expenses: Needed only for the <i>Application for Medical Assistance for the Elderly and Persons with Disabilities</i></b>	
<input type="checkbox"/> Proof of out-of-pocket medical expenses such as health insurance premiums and medical bills owed, due or expected	<p><b>Does this person pay for medical expenses “out-of-pocket?”</b></p> <ul style="list-style-type: none"> <li>• Consumers may be able to reduce the amount they owe on their Client Obligation (or Patient Liability) by submitting receipts for “out-of-pocket” medical costs NOT covered by Medicaid or other insurance.</li> </ul> <p><b><u>Examples of “out-of-pocket” medical costs:</u></b></p> <ul style="list-style-type: none"> <li>• Private Health Insurance Premiums</li> <li>• Medicare Premiums</li> <li>• Ongoing medical expenses that Medicaid, Medicare and other health insurance does not cover (for self or for spouse’s/dependent family members’ non-covered medical expenses)</li> </ul>
<input type="checkbox"/> Verification of reported shelter expenses for “dependents” must be provided.	<p>If the applicant wants coverage for care in a <b>Nursing Facility</b> (institutional care), <b>Assisted Living Facility</b> (which qualifies as HCBS) or other <b>Home and Community Based Services</b> or <b>PACE</b> and <u>has a spouse or dependent family members</u> they will need to submit proof of monthly shelter expenses.</p> <p><b><u>Examples of “Shelter Expenses” are:</u></b></p> <ul style="list-style-type: none"> <li>• Rental Cost/Lot Rent</li> <li>• Mortgage Payment</li> <li>• Property Taxes</li> <li>• Home Owner’s Insurance</li> <li>• Home Owner’s Association Fees</li> </ul> <p><b><u>A “dependent” family member could include:</u></b></p> <ul style="list-style-type: none"> <li>• Spouse</li> <li>• Minor Child</li> <li>• Other family member</li> </ul> <p><b><u>Dependency may be of any kind:</u></b></p> <ul style="list-style-type: none"> <li>• Legal</li> <li>• Financial</li> <li>• Medical</li> </ul>
<input type="checkbox"/> Proof of “work expenses” related to your disability (if applicable).	<p>If you are disabled and working, list any expenses related to your disability which allow you to work. Please provide proof of any expenses you claimed on the application.</p> <p><b><u>Examples:</u></b></p> <ul style="list-style-type: none"> <li>• Specialized transportation to and from work</li> <li>• Attendant care at work</li> <li>• Attendant care to help you get ready for work</li> <li>• Service animals</li> <li>• Medications</li> <li>• Specialized equipment or tools</li> </ul>



**Proof of Pending Disability: Needed only for the *Application for Medical Assistance for the Elderly and Persons with Disabilities***

□ Proof of *Pending* Disability with the Social Security Administration– Including Social Security Disability Benefits (SSDI) or Supplemental Security Income (SSI).

**Social Security Administration (SSA) Office:  
1-800-772-1213**

**If you claim on the application that you have a "disability," but the Social Security Administration (SSA) has not yet completed the process of determining that disability, please submit proof with your application that (1) you have actively applied for a disability determination or (2) you are actively appealing a denial of disability determination through the SSA.**

**Verification of the Pending Disability Case at Social Security Administration:**

- Send proof of *Pending* Disability: (1) an appointment letter or (2) copy of the appeal with SSA for recently denied disability determination or (3) something from your most recent mail from the SSA that shows you have a pending disability case.

**Note on HCBS Waivers and Disability Determination:**

- If the applicant/member is 18+ years of age, he or she must be on (or apply for) SSI/SSDI through the SSA when applying for TBI (Traumatic Brain Injury), PD (Physical Disability) or I/DD (Intellectual/Developmental Disability) HCBS waiver programs.
- The applicant/member does not need to be on (or apply for) SSI/SSDI for the FE (Frail Elderly) or SED (Seriously Emotionally Disturbed) HCBS waiver programs.
- Children under 18 do not have to apply for SSDS from the SSA even if seeking HCBS waiver services.

**What if the Social Security Administration has already determined me “Disabled?”**

If the Social Security Administration has already determined you “disabled” (SSI or SSDI), you do **NOT** need to provide verification. The KDHE Eligibility will be able to access that information.

## Is someone helping you with your medical assistance case? If so, they will need to submit proof that they can represent you.

**Proof of Representation:** Needed for both the *Application for Medical Assistance for (1) Families with Children and (2) Elderly and Persons with Disabilities*

Proof of guardian, conservator or durable power of attorney

If you are completing this application on behalf of someone for whom you are the Guardian, Conservator, Financial Power of Attorney or Social Security Payee, please submit proof with the application.

- **Guardian** - a person who is entrusted by law with the care of the person or property, or both, of another, as a minor or someone legally incapable of managing his or her own affairs.
- **Conservator** - a legal guardian; a custodian.
- **Durable Power of Attorney (POA)** – a document that provides authority to another person to make financial and/or health care decisions on your behalf. The person that you designate is generally referred to as the “Attorney in Fact” or as your “agent,” and is usually a trusted relative or friend that you trust to handle specific health, legal and financial responsibilities.  
  
**Note on POA:** “Financial POA” is not considered sufficient documentation to be able to communicate with the KanCare Clearinghouse about an applicant’s/member’s case. In order to have the authority to speak to the KanCare Clearinghouse regarding an applicant’s/member’s case, one must have “Medical POA” or be a “Medical Representative.”
- **Social Security Payee** - A representative payee is the person assigned to spend the disability benefits appropriately for the disabled person's needs, must properly account for the money spent, and must report certain changes in the life or living situation of the disabled person (the “beneficiary”) to the Social Security Administration (SSA).

## Proof of Representation Continued:

### □ Proof of Representation

The individual receiving Medical Assistance can name a person to help them with their medical assistance case.

**Medical Representative:** This person will continue to be connected to the case even after the application has been processed.

- This person can sign the KanCare application and answer questions for the applicant.
- They can use the medical assistance card for the KanCare consumer.
- KanCare will share information with this person (even after the application has been processed).
- This person will get copies of letters sent to the consumer about their case (even after the application has been processed).
- This person will get copies of the consumer’s annual review form and is responsible for completing this review each year and for telling KanCare about changes in the consumer’s situation (address changes, income changes, etc.). This is extremely important in keeping a person’s case open.

**Important notes for Medical Representative:**

-You may **NOT** name someone who is trying to collect a medical debt against you as a “medical representative.”

-The medical representative **can** represent the applicant/member during an appeal or hearing.

**Facilitator:** The “Facilitator Appointment” will last through the end of the application period. This person is no longer connected to the case once the application has been processed.

- KanCare will be able to share information with this person (until the application has been processed).
- This person will get copies of all letters, forms and notices sent to the applicant regarding their application (until the application has been processed).

**Important notes for Facilitator:**

-A facilitator can be someone such as a relative, neighbor, friend, medical office staff, or community organization employee (Example: A nursing home employee may be a “facilitator” but not a “medical representative because the nursing home is “collecting a debt”).

-A facilitator **cannot** represent the applicant/member during an appeal/hearing.

