



| Policy Memo  |  |
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| <b>KDHE-DHCF POLICY NO:</b> 2017-07-02                       | <b>From:</b> Jeanine Schieferecke                              |
| <b>Date:</b> July 31, 2017                                   | <b>Medical KEESM Reference:</b> All<br><b>KFMAM Reference:</b> |
| <b>RE: Summary Of Changes – Medical KEESM Implementation</b> | <b>Program(s):</b> All Medical Assistance                      |

This memo provides the detailed Summary of Changes for implementing the new Medical KEESM the specific section and subsection updates associated with this manual revision. A summary of all forms and appendix items is also included.

## I. MEDICAL KEESM UPDATES

### A. SECTION 1000 - ADMINISTRATIVE INFORMATION

1. **Medical KEESM 1121 Basis of Programs and Policies** – This section has been updated with the new Kansas Administrative Regulations (K.A.R.) citations for the Medicaid and MediKan programs.
2. **Medical KEESM 1321 (3) Simplified Eligibility Determination** – This subsection has been updated indicating that the time period for providing requested information has changed from 15 calendar days to 12 calendar days. In addition, language has been added clarifying when staff may grant additional time to provide requested information.
3. **Medical KEESM 1321.1 Sources of Verification** – This subsection has been updated indicating that the time period for providing requested information has changed from 15 calendar days to 12 calendar days
4. **Medical KEESM 1414.2 (3) Denial – Failure to Provide Required Information/Cooperation** – This subsection has been updated indicating that the time period for providing requested information has changed from 15 calendar days to 12 calendar days. The deadline for providing information on a denied application has also changed to the later of 45/90 calendar days from the date of application or 12 calendar days from the date of the denial

5. **Medical KEESM 1423 Reinstatement of Assistance** – This section has been rewritten to clarify that medical assistance can be reinstated in the month the month of closure or suspension if the reason for the closure has been cured by the end of the month following the month of closure or suspension.
6. **Medical KEESM 1630 Civil Rights** – This subsection has been updated with a new process for the agency.
7. **Medical KEESM 1710 – Order of Materials** – This section has been updated to support the electronic case file currently used by KDHE.
8. **Medical KEESM 1725.6 – Voidable Transfers** – This section has been slightly renumbered to remove duplicative citations.
9. **Medical KEESM 1732 Quality Assurance** – This section has been rewritten to reflect medical specific qualify assurance processes for the agency.

## **B. SECTION 2000- GENERAL ELIGIBILITY**

1. **Medical KEESM 2112 –Minors** – Language has been updated to match the KFMAM. References to Job Corps have been removed.
2. **Medical KEESM 2131 – Verification of SSN** – References to the Federal Hub have been added to the manual.
3. **Medical KEESM 2136 – Referral Process for Applying for an SSN** – References to KAECSSES have been replaced with KEES. :
4. **Medical KEESM 2140 Citizenship and Alien Status** – Language has removed which indicates that aliens residing in the state for a temporary purpose are not automatically deemed to be non-residents. Based on a previous change in the residency requirements, this statement is considered to be superfluous and therefore unnecessary.
5. **Medical KEESM 2611 (1) Medicaid – Categorically Needy** – Clarification has been added indicating that when determining eligibility, mandatory categories of coverage take precedence over optional categories of coverage.
6. **Medical KEESM 2662.4 (5) Presumptive Medical Disability Team (PMDT) – Presumptive Medical Disability Determination Questionnaire** – This subsection has been updated indicating that the time period for providing the PMDT Questionnaire material to the PMDT has changed from 15 calendar days 12 calendar days.

## **C. SECTION 3000 – RESERVED**

No Change.

## **D. SECTION 4000- ASSISTANCE PLANNING**

1. **Medical KEESM 4311 – Treatment of Assistance Plan** – This section has been updated to remove references to Family Medical plans and clarify this section is only applicable to Elderly and Disabled programs.

## **E. SECTION 5000- RESOURCES**

1. **Medical KEESM 5430 (11) Exempt Personal Property – Gift Cards and Certificates** – A new section has been added to indicate that a gift card or certificate is exempt as a resource if it cannot be sold or converted to cash
2. **Medical KEESM 5430 (19) (c) Exempt Personal Property – Pension Plans** – This subsection has been rewritten for better clarity. Work-related pension funds, Keough plans for self-employed persons, and IRA's owned by a non-applicant/recipient spouse or parent are exempt as a resource.

## **F. SECTION 6000 – INCOME**

1. **Medical KEESM 6100 (7) General Guidelines** – Additional language has been included clarifying that contrary to the general rule that conversion of property from one form to another is not considered income, the payments from an annuitized annuity are countable as income.
2. **Medical KEESM 6410 (27) Exempt Income – Gifts** – This section has been rewritten and clarified by adding language indicating that receipt of a gift card or certificate that can be sold or converted to cash is considered a gift for purposes of this income policy.

## **G. SECTION 7000 – BUDGETING AND DETERMINATION OF FINANCIAL ELIGIBILITY**

1. **Medical KEESM 7330 (5) Eligibility Periods** – A new subsection has been added which details when to add Medically Needy (MN) coverage to a MediKan recipient once the individual has been approved for Social Security disability payments.

## **H. SECTION 8000 – INSTITUTIONAL AND HOME AND COMMUNITY BASED SERVICES LIVING ARRANGEMENTS**

1. **Medical KEESM 8144.1 Spousal Resource Provisions** – This section and subsections have been rewritten to remove reference to the actual spousal impoverishment resource standards which change annually.

2. **Medical KEESM 8144.1 (2) Spousal Resource Provisions – Assessment Process** – Language has been added to this section indicating that the M-2 (Notice of Intent to Transfer Resources) shall be obtained prior to the eligibility determination.
3. **Medical KEESM 8144.1 (3) Spousal Resource Provisions – Implementation of the Resource Allowance and Transfer Provisions** – Clarification has been added to this section indicating that the agency shall notify the recipient of the assessment outcome and the need to complete the transfer of resources.
4. **Medical KEESM 8144.2 Spousal Income Provisions** – This section and subsections have been rewritten to remove reference to the actual spousal impoverishment income standards which change annually.
5. **Medical KEESM 8144.2 (1) (e) Spousal Income Provisions – Community Spouse Income Allowance** – A new subsection has been added to this section indicating that the M-3 (Notice of Intent to Allocate Income) shall be obtained prior to the eligibility determination.
6. **Medical KEESM 8144.2 (3) Spousal Income Provisions – Implementation of Allowances and Effect on Eligibility** – Clarification has been added to this section indicating that the agency shall notify the recipient of the allocation outcome and the need to follow the allocation.
7. **Medical KEESM 8184.1 The MS-2126** – Language has been added to this section indicating that the facility is responsible for submitting the MS-2126 (Notification of Nursing Facility Admission/Discharge) form to the KanCare Clearinghouse within 5 days of a change. Failure to timely submit the form may result in a delay or denial of payment to the facility.
8. **Medical KEESM 8244.1 Spousal Resource Provisions** – This section and subsections have been rewritten to remove reference to the actual spousal impoverishment resource standards which change annually.
9. **Medical KEESM 8244.1 (2) Spousal Resource Provisions – Assessment Process** – Language has been added to this section indicating that the M-2 (Notice of Intent to Transfer Resources) shall be obtained prior to the eligibility determination.
10. **Medical KEESM 8244.1 (3) Spousal Resource Provisions – Implementation of the Resource Allowance and Transfer Provisions** – Clarification has been added to this section indicating that the agency shall notify the recipient of the assessment outcome and the need to complete the transfer of resources.
11. **Medical KEESM 8244.2 Spousal Income Provisions** – This section and subsections have been rewritten to remove reference to the actual spousal

impoverishment income standards which change annually.

12. **Medical KEESM 8244.2 (1) (e) Spousal Income Provisions – Community Spouse Income Allowance** – A new subsection has been added to this section indicating that the M-3 (Notice of Intent to Allocate Income) shall be obtained prior to the eligibility determination.
13. **Medical KEESM 8244.2 (3) Spousal Income Provisions – Implementation of Allowances and Effect on Eligibility** – Clarification has been added to this section indicating that the agency shall notify the recipient of the allocation outcome and the need to follow the allocation.

## **I. SECTION 9000 - REPORTING CHANGES AND REVIEWS**

1. **Medical KEESM 9124 Whereabouts of Recipient Unknown** – This section has been updated indicating that the time period for responding to an agency inquiry concerning the current whereabouts of the recipient has been changed from 15 calendar days to 12 calendar days
2. **Medical KEESM 9310 – Review Process, 9310.2 – Passive Reviews, 9310.3 – Pre-Populated Reviews** - These sections have been significantly changed and updated with the current review process. Information regarding Pre-Populated Reviews has been added.
3. **Medical KEESM 9331 – Application** – This section has been updated to reflect the fact that households must be given at least 30 days to return any required review before negative action to discontinue is taken.
4. **Medical KEESM 9333 Information/Verification** – This section has been updated to indicate the time period for providing requested information has been changed from 15 calendar days to 12 calendar days.

## **J. SECTION 11000 – INCORRECT BENEFITS**

No Change.

## **K. SECTIONS 10000, 12000 AND 13000 - RESERVED**

## II. MEDICAL KEESM FORMS AND APPENDIX

The following medical related forms have been retained in the Forms or Appendix section of the new KDHE Policy website. These are related to both the Medical KEESM and the KFMAM. In addition, some forms have been deemed obsolete and therefore not retained. The three forms subsections from the original KEESM (Forms, Miscellaneous Forms, and Appendix) have been reduced to two subsections – Forms and Appendix. Any retained forms that were originally located in the Miscellaneous Forms section are now contained in the new Forms section.

Some Forms and Appendix items, but not all, were identified as needing to be modified by removing reference to DCF or to better suit the needs of the agency. A brief description of the modification, if any, made to each retained Form or Appendix item is included.

### A. FORMS SECTION

1. **ES-1600 Civil Rights Complaint** – The form has been modified by updating the form to support the modified process and by removing reference to DCF and Food Assistance and renumbered as KC6500. This form was previously available on the KDHE website.
2. **ES-3100.3 Certification of Need for Hospital Tuberculosis Treatment** – The form has been modified to remove DCF from the heading
3. **ES-3100.7 Application for Medical Coverage – Breast and Cervical Cancer** - The form has been modified to remove DCF from the heading.
4. **ES-3100.8 Application/Redetermination Medicare Savings Plans** – The form has been modified by removing DCF from the “Statement of Understanding” and “Authorization to Release Information” sections.
5. **ES-3101 Release of Information and Liability** – Removed
6. **ES-3104.5 Determination of Need** – The form has been updated with the current poverty level standards
7. **ES-3108 Appointment of Authorized Medical Agent for a Minor** – This form has been removed it is available as a KEES document.
8. **ES-3152 Medical Assistance Lien Physician Verification** – The form has been modified to remove DCF from the heading and replaced with KDHE-DHCF.
9. **ES-3153 Statement of Continuing Eligibility (Working Healthy)** – The form has been modified to remove DCF from the heading and replaced with KDHE-DHCF.

10. **ES-3160 Notification of Medicaid/HCBS Services Referral/Initial Eligibility/Assessment/Services Information** - The form has been modified to remove DCF from the heading and replaced with KDHE-DHCF.
11. **ES-3161 Notification of Medicaid/HCBS/Working Healthy Services** - The form has been modified to remove DCF from the heading and replaced with KDHE-DHCF.
12. **ES-3162 Resource Assessment and Allowance Determination Form**- The form has been modified by removing reference to DCF and replaced with KDHE-DHCF
13. **ES-3163 Income Allowance Determination Form** - The form has been modified by removing reference to DCF and replaced with KDHE-DHCF.
14. **ES-3165 Working Healthy and Premium Information** – The form has been modified by removing reference to DCF and replaced with KDHE-DHCF and also updated with the current premium levels.
15. **ES-3166 Notification of PACE Information** – The form has been modified to remove DCF from the heading and replaced with KDHE-DHCF.
16. **ES-3167 Annuities and the Kansas Medical Assistance Program Information for Medicaid Applicants and Recipients** – The form has been modified to remove DCF from the heading and replaced with KDHE-DHCF.
17. **ES-3167A Annuity Information Request** – The form has been modified to remove DCF from the heading and replaced with KDHE-DHCF
18. **ES-3168 Prepaid Funeral Agreement** – The form has been modified to remove DCF from the heading and replaced with KDHE-DHCF.
19. **ES-3169 Irrevocable Assignment of Benefits of Life Insurance/Annuity Policy** – The form has been modified to remove references to DCF and replaced with KDHE-DHCF.
20. **ES-3170 Beneficiary/Patient Spenddown Billed Form** – The form has been modified to remove DCF from the heading and replaced with KDHE-DHCF.
21. **ES-3171 Irrevocable Collateral Assignment of Life Insurance Proceeds ES-3178 Authorization Form for the Release of Information** – The form has been removed and link to KDHE-DHCF ROI form replaces it.
22. **ES-3900 Tell Us If You Have A Disability** – The form has been modified to remove DCF from the heading and replaced with KDHE-DHCF.

23. **ES-3901 Presumptive Medical Disability Team Referral** – Removed, no longer used
24. **ES-3904 HIPAA Compliant Authorization to Release Information to KDHE -** – The form has been modified to remove DCF from the heading and replaced with KDHE-DHCF.
25. **ES-3906 Presumptive Medical Disability Determination Notification of Changes and Final Decision Form** – The form has been modified to remove references to DCF.
26. **ES-3907 Disability Review Team Referral** – The form has been modified to remove DCF from the heading and replaced with KDHE-DHCF
27. **ES-3909 Applicant Instructions for the Presumptive Medical Disability Process** – The form has been modified to remove references to DCF.
28. **IM-3105.5 Request for Medical Expense Information** – Removed
29. **IM-3120.6 SAVE Verification Report**- Removed.
30. **IM-3121 VA-KDHE Information System** – The form has been modified to remove references to DCF and replaced with KDHE-DHCF; address used has also been changed.
31. **PA-3103.5 SSI Disregard Worksheet (Independent Living and HCBS Only)** – The form has been modified to remove DCF from the heading and replaced with KDHE-DHCF, title modified, and a typo has been corrected in Section III.
32. **PA-3113 Worksheet Eligibility Unit** – The form has been removed.
33. **Administrative Hearing Brochure** – The brochure has been removed.
34. **Notice of Withdrawal of Appeal** Removed. **Decision Compliance Report** Removed
35. **DD-1103 Authorization to Release Medical Information** – The form has been modified to remove references to DCF and replaced with KDHE-DHCF.
36. **DD-1104 Disability Determination Request – Medical Assistance Case** – The form has been modified to remove DCF from the heading and replaced with KDHE- DHCF and other references to DCF replaced with KDHE-DHCF.
37. **DD-1105 Disability Determination Data/Report** – The form has been modified to remove DCF from the heading and replaced with KDHE-DHCF.



38. **DD-1106 Medical Onset Data Verification** – The form has been modified to remove DCF from the heading and replaced with KDHE-DHCF and removed other references to DCF.
39. **ADM-2000 Notice of Use of Private Health Information (HIPAA Notice of Privacy Practice)** – The form has been removed.
40. **ADM-2000S Notice of Use of Private Health Information (HIPAA Notice of Privacy Practice - Spanish)** – The form has been removed
41. **Authorization for Release of Protected Health Information** KDHE version has replaced this form.
42. **Authorization for Release of Protected Health Information – Spanish** - KDHE version has replaced the form.
43. **Protected Health Information Disclosure Tracking Log** – The form has been Removed
44. **MS-2504 Health Insurance Premium Payment Information Form** – The form has been modified to remove references to DCF.
45. **MS-2504.1 HIPPS Change Report Form** - The form has been modified to remove references to DCF.
46. **MS-2156 Medical Review of Emergency Services for Establishing SOBRA Eligibility** – The form has been modified to remove references to DCF and replaced with KDHE-DHCF.

## **B. APPENDIX SECTION**

Items removed from the DCF KEESM Appendix are noted below. Items without additional information noted were not altered as part of this change.

1. **A-1 Immigration Status/Program Qualification Chart** – The chart has been modified by removing the non-medical program columns
2. **A-4 SSA 40 Qualifying Quarters: User Instructions**
3. **A-10 Systematic Alien Verification for Entitlements (SAVE) Handbook**
4. **A-11 INS Class of Admission Codes**
5. **A-12 Citizenship and Identity Verification** – The form has been modified by removing “Medical Assistance and General Assistance” from the title.

6. **B-4 Motion to Dismiss** – The form has been removed.
7. **B-5 Appeal Summary** – The form has been removed
8. **B-6 Request for Annuity/Trust Clearance** – The form has been modified to remove references to DCF and replaced with KDHE version.
9. **F-8 Kansas Medical Assistance**
10. **M-1 Statement of Intent to Return Home** – The form has been modified to remove DCF from the heading and replaced with KDHE-DHCF.
11. **M-2 Notice of Intent to Transfer Resources** – The form has been modified to require the individual to agree to transfer resources upon agency notification of eligibility.
12. **M-3 Notice of Intent to Allocate Income** – The form has been modified to allow the individual to choose the level of income allocation prior to approval.
13. **M-4 Spousal Impoverishment Allowances Memorandum** Removed
14. **M-5 Medicaid Transfer of Property Decision** – The form has been modified to remove DCF from the heading and replace with KDHE-DHCF and remove other references to DCF.
15. **M-6 Medicaid Online Application Signature Page** Removed.
16. **M-7 Cover Letter for Unsigned Online Applications**
17. **P-1 Medically Necessary Items which can be Applied Toward a Spenddown** – he form has been modified to remove references to Food Assistance.
18. **P-2 Statement of Medical Necessity** – The form has been modified to remove references to caseworker and case manager. List was updated for 08/01/17
19. **P-4 Kelley Blue Book User Instructions** - DCF references were removed
20. **P-5 Statement of Common-Law Marriage** – The form has been removed.
21. **P-7 Declaration of Identity – Child** **P-8 Third Party Declaration of Citizenship**
22. **P-9 Declaration of Identity for Disabled Adults**
23. **P-11 Authorization for Release of PHI**

24. **R-1 Medical Subrogation Referral – Adoption** – The form has been modified to remove reference to Region and Title of person completing the form.
25. **R-2 Medical Subrogation Referral – Injury** – The form has been modified to remove reference to Region and Title of person completing the form.
26. **R-3 Referral for Technology-Assisted Children Assessment** – The form has been modified to remove DCF from the heading and replace with KDHE-DHCF and the TA Waiver Manager address has been updated.
27. **T-3 Life Estate Valuation Table** – The form has been modified to remove DCF from the heading and replaced with KDHE-DHCF
28. **T-4 Life Expectancy Tables** - This has been moved to the Medical KEESM, but no changes have been made to the form.
29. **W-9 Transfer of Property Worksheet**
30. **W-14 MediKan Eligibility Worksheet**
31. **W-15 VA Potential Benefits Checklist**
32. **W-16 Patient Liability Worksheet**
33. **W-17 Reasonable Compatibility Worksheet** -Renamed Reasonable Compatibility Tool
34. **W-18 Review Reactivation Worksheet** – Removed
35. **X-3 Appointment of Authorized Agent** – Removed – this form exists on KEES.
36. **Back of notices** – Removed

### III. POLICY MEMOS AND DIRECTIVES

The following previously issued Policy Directives have been incorporated in this revision. The originals are available on the KDHE Policy Website.

1. Policy Memo – **Protected Filing Date** – Provided implementation instructions concerning the protected filing date for disability-related medical assistance applications, including when to override MediKan eligibility with Medically Needy (MN) coverage. This policy was effective March 1, 2017.

2. Policy Memo – **Implementation of the new MS-2126** – Provided implementation instructions for use of the revised MS-2126 (Notification of Facility Admission/Discharge) form. Use of the revised form was effective June 1, 2017
3. Policy Directive – **Notice of Intent to Allocate Income and to Transfer Resources** – Changed the process to obtain completed Notice of Intent to Allocate Income (M-3) and Notice of Intent to Transfer Resources use (M-2) forms in order to complete a spousal impoverishment long term care case. The actual M-2 and M-3 forms were modified to facilitate the change. Additional updates to the process since the release are incorporated in this revision. The revised forms are included with this revision. This policy was effective July 3, 2017.
4. Policy Clarification – **Additional Time to Provide Information** – Clarified the policy allowing staff to grant additional time beyond the standard 15 calendar days for the applicant/recipient to provide information. However, this is changed to 12 days with this revision. The clarification was effective July 6, 2017.

At this time, no additional memos or directives are planned to be issued in support of the changes and clarifications contained in this memo.

#### **IV. CONCLUSION**

For questions or concerns related to this document, please contact one of the KDHE Medical Policy Staff listed below.

Erin Petitjean, Elderly and Disabled Program Manager- [Erin.Petitjean@ks.gov](mailto:Erin.Petitjean@ks.gov)

Allison Miller, Family Medical Program Manager - [Allison.miller@ks.gov](mailto:Allison.miller@ks.gov)

Jeanine Schieferecke, Senior Manager – [jeanine.schieferecke@ks.gov](mailto:jeanine.schieferecke@ks.gov)

Questions regarding any KEES issues are directed to the KEES Help Desk at [KEES.HelpDesk@ks.gov](mailto:KEES.HelpDesk@ks.gov)