



Policy Memo

KDHE-DHCF POLICY NO: 2018-04-01	From: Jeanine Schieferrecke, Senior Manager
Date: April 30, 2018	KEESM/KFMAM Reference: 8184.1
RE: Policy Implementation Instructions and Information for May 1, 2018 Policy Changes	Program(s): All Medical Programs

This memo sets forth instructions for implementation of policy changes specific to the Medical Assistance programs. Topics addressed in this memo are described below.

Applicable to all Medical Programs:

- Family Size Only (FSO)
- Civil Rights Complaint Process

Applicable to Elderly and Disabled Medical Programs only:

- MS-2126 Form

1. CHANGES IMPACTING ALL MEDICAL PROGRAMS

The following changes are applicable to all medical programs.

A. FAMILY SIZE ONLY (FSO) UPDATES

KDHE Policy Memo 2018-03-01 implemented a new KEES role of Family Size Only, or FSO. A role of FSO is used for persons who are included in an IBU, but the income of that individual is not to be counted in another applicant's determination. The most common application of the FSO role is an SSI recipient. For MAGI households, when an SSI recipient is included in an IBU, the income of the SSI recipient is not counted. Although KEES is correctly setting an FSO role for the SSI recipient, in some cases income was incorrectly budgeted. A special process was issued to instruct staff how to correctly determine eligibility for an IBU that included an SSI recipient.

Enhancements to the KEES system are being implemented effective April 22, 2018 that will correct income budgeting for the IBU. The income of the SSI recipient shall now be excluded from the MAGI determination. Staff shall discontinue the practice of overriding an

EDBC for this issue. In addition, staff shall resume the previous instruction to combine any SSI recipient who is on a separate program block with the program block of the remaining household.

Note the KEEs enhancement only impacts SSI recipients, special instructions are still required for LTC recipients. The document, 'KDHE Instructions: MAGI Budgets with SSI or LTC Individuals' has been updated to remove the references to SSI individuals. See attached. 'KDHE Instructions: MAGI Budgets with LTC Individuals'

B. CIVIL RIGHTS COMPLAINTS

The process for an individual to register a civil rights complaint against KanCare/KDHE has been updated. A new web page has been developed to inform consumers of the process. It is located on the KDHE public page: [KDHE Civil Rights](#).

A new form, the [KC-6501 KDHE Civil Rights Complaint form](#), has been developed. This form is available through the webpage and will allow the consumer to submit the complaint in writing. Once received, the agency will follow the current resolution process by submitting the complaint form and relevant information to KDHE Central Office.

The new form will also be available on the KanCare Eligibility Policy location.

2. CHANGES IMPACTING ELDERLY AND DISABLED MEDICAL PROGRAMS

The following changes impact Elderly and Disabled Medical programs only.

A. MS-2126 FORM

The purpose of this section is to provide implementation instructions for the revised MS-2126, Notification of Facility Admission/Discharge. The form has been revised to capture updated information included in the KDADS Level 1 CARE Manual. The form is effective May 1, 2018 but a transition period to the new form is also implemented as noted in item 5 below.

1. PURPOSE/BACKGROUND

The MS-2126 is used by institutional providers to request Medicaid payment for a beneficiary. It is also used as a method to communicate specific information regarding the Medicaid applicant/recipient and serves as verification of residency in a facility. Although the requirements regarding submission of the MS-2126 remain unchanged with this revision, Section C of the form has been updated to include information related to the CARE/PASRR/Pre-Admission screening. Additional clarification of existing information has also been provided, as described below.

2. SECTION C: CARE/PASRR/PRE-ADMISSION SCREENING

This section is designed to capture information related to any required pre-admission screening. Please note that completing the information on this form does not eliminate or negate the requirement that the facility contact KDADS with any required PASRR/CARE information. The following updates were incorporated into Section C of the MS-2126 and were completed to coincide with language included in the Level 1 CARE Manual.

a. SPECIAL ADMISSIONS

Question 2 was updated to reflect the term “special admission.” Exceptions to the Level 1 CARE Assessment are called “special admissions.” When an individual is admitted to a nursing facility as a special admission, a Level 1 CARE assessment is not required prior to admission. However, it is the responsibility of the facility to ensure all necessary CARE paperwork is completed and filed with KDADS.

b. LESS THAN 30 DAY ADMISSION

As part of Question 2, “Less than 30 Day (short term stay)” was added and references to “30 Day Provisional” stays were removed.

c. PRTF PLACEMENT

Two questions were added to Section C that specifically address PRTF placement. As a reminder, a CARE Assessment/PASRR is not required as part of admission to a PRTF. Instead, the Managed Care Organization (MCO) must complete a prior authorization. Question 4 and 5 below were added to provide MCO information as well as the date the prior authorization was completed.

Question 4: If PRTF admission, is there an MCO assigned? If yes, the MCO must be listed.

Question 5: If MCO assigned, has a prior authorization been completed? If yes, the date the prior authorization was completed must be listed.

In situations where an MCO is assigned and prior authorization was not completed, eligibility staff shall complete the determination with the appropriate PRTF level of care in place. The MCO will determine if payment will be made to the PRTF facility.

3. SECTION D: FACILITY ADMISSION

This section captures admission and level of care information for the resident. References to Mental Retardation (MR) regarding Intermediate Care Facilities (ICF) and State Hospitals were updated to reflect Individuals with Intellectual Disabilities (IID), as required by CMS.

4. SUBMITTING THE MS-2126

Facilities are still required to submit the new form within 5 days of the change. The new form is now available in a fillable PDF, so facilities can complete the form electronically (preferred) or can complete it by hand. With either option, the completed form must be sent to the KanCare Clearinghouse.

The form may be faxed: 1-844-264-6285

Or mailed: The KanCare Clearinghouse; PO Box 3599; Topeka, KS 66601

As a reminder, an MS-2126 form is not required for temporary absences of 30 days or less. An MS-2126 form is only necessary if the resident will be temporarily absent from the facility for more than 30 days.

5. TRANSITION TO THE NEW MS-2126

Facilities are to begin using the new form immediately. The new form is attached to this memo and can also be found on the KDHE Eligibility Policy website:

<http://kancare.ks.gov/policies-and-reports/kdhe-eligibility-policy>

The previous form is eliminated from the KMAP website with this implementation.

In order to allow facilities ample time to transition to the new form, KDHE will continue to accept the old version of the form through July 31, 2018. Previous versions of the form will no longer be accepted after that date.

3. CONCLUSION

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

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Family Medical Program Manager - Vacant

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Questions regarding any KEEs issues are directed to the KEEs Help Desk at
KEES.HelpDesk@ks.gov