

COLA: Cases with Overridden EDBC Instructions

Overview

Cases that were previously overridden will not run through the COLA batch process. Specific data collection records may have been updated as part of the COLA but these cases will need to have EDBC re-run in order to make changes based on updated information. In most cases EDBC can be ran and accepted. In some cases, EDBC will still need to be overridden. Staff must research each case to determine the appropriate action. The process below outlines the steps a worker will need to take in order to update these cases as necessary.

Process

1. Navigate to the case in KEES
2. Review the Journal and Tasks:
 - a. If there are any tasks on the case not currently being processed these will need to be worked as well.
 - b. If the case is currently being worked, no further action is needed. Skip to the next case on report.
3. Review the Case Summary page for current coverage by clicking the black caret next to the beneficiary's name in the program block.
 - a. Make note of the type of coverage the consumer is currently receiving and the amount of the patient liability, premium, or spenddown.
 - b. If the beneficiary's LTC Details show HC/HC/HI and the beneficiary is between the ages of 55 and 65, this will require an override, continue to Step 4.
 - c. If the beneficiary's LTC Details do *not* show HC/HC/HI or the beneficiary's LTC Details *do* show HC/HC/HI but they are not between the ages of 55 and 65, continue to Step 4.
4. Evaluate the data collection pages to ensure the updates made by COLA are correct. Special attention should be given to the pages listed below.
 - a. Ensure all Post-Conversion Cleanup has been completed on the case. Refer to the KEES User Manual for instructions.
 - b. Medical Condition Page – This page should be reviewed as it may have been updated by COLA if the individual was identified as an SSI recipient.
 - c. Income Page
 - i. Determine if new or updated SSI records were created. If more recent information is available from EATSS or is in the case file, the income record must be updated.
 - ii. Determine if the SSA income amount is correct. If the 2019 amount was entered on the income page prior to COLA, the amount of SSA income budgeted is likely incorrect and must be updated. It is also possible the original SSA amount was incorrect and would still be incorrect following COLA. .
 - d. Expense Page – Staff must review this page to ensure all expenses are captured correctly. If any expenses are listed on the Medical Expense page, staff should refer to the medical expenses Job Aids (8.7 Applying Medical Expenses to Reduce a Spenddown and Job Aid 8.2 Applying Medical Expenses to Reduce Share of LTC Cost).
 - e. Medicare Expense Page – COLA is updating the Medicare expense records for cases that have one of the two standard Part B premiums. These records are set with a payer of 'State'. This means the Medicare premium will not be allowed as an expense in the medical budget. If the worker is expecting the Medicare premium to be allowed, the payer must be adjusted.

If the case was been identified in Step 3b as an HC/HC/HI case where the beneficiary is between the ages of 55 and 65, follow the **Approving HI Waiver over 55 Years Old** process on page 3. Once complete, skip to Step 6.

5. Run EDBC in the come-up month.
 - a. Review EDBC and ensure the consumer is being approved for the same eligibility as noted in Step 3a and that any patient liability, premium, or spenddown displaying are not a red flag. If everything is accurate and there are no red flags, accept EDBC and continue to Step 6.
 - b. If EDBC does not show correct eligibility, review all data collection pages for accuracy. If correct eligibility is still not achieved, review the KEES User Manual for approved overrides and workarounds. Lastly, if expected EDBC results are not showing, report the case to the KEES HelpDesk for further assistance.
 - c. If there is a change in eligibility, follow the State Interaction chart to determine if it is necessary to route to KDHE.

Note: If EDBC showed a code of TC/SN length of stay may need to be updated. In these instances, past EDBCs will need to be reviewed to see if the patient liability was based on the independent living protected income limit (\$475) in error. If so, an understated liability will need to be calculated. If the come-up month is still within the Temporary Stay time period, and the \$475 protected income living is correct, EDBC will need overridden to reduce the patient liability due to the \$20 unearned disregard not being allowed when the \$475 protected income limit is used.

6. Send NOA
 - a. If the **Approving HI Waiver over 55 Years Old** process was followed, a manual NOA will need to be sent. Send a V008 using the COLA Mass Change – LTC Change in Obligation template found in the Standard Copy and Paste spreadsheet.
 - b. Delete any System Generated NOAs if created.
 - i. If there is no change in coverage, a NOA is not needed.
 - ii. If there is a change in coverage, send a V008 using the COLA Mass Change – General template found in the Standard Copy and Paste spreadsheet. Append the notice to include wording for the change as found on the Standard Copy and Paste Spreadsheet.

7. Journal actions:

Case appears on the COLA Skip Report due to previously being overridden. (Journal actions taken)

APPROVING HI WAIVER OVER 55 YEARS OLD

Currently KEES rules do not allow users to approve HI waiver for individuals over 55. The current policy is to allow HI waiver to age 64. The process below should only be used as part of the Post COLA cleanup.

STEP 1: On the **LTC Data Detail** page change the HCBS Waiver type to *PD* then click the **Save and Return** button.

STEP 2: Run EDBC for the appropriate benefit month.

STEP 3: Select the **Medical** hyperlink.

STEP 4: On the **Medical EDBC Summary** page select the **Override Medical Summary** button at the bottom right corner to change the waiver type.

STEP 5: On the **Medical EDBC Override List** page, select the **Override** button for the Medically Needy or SSI Test Category.

STEP 6: On the **Medical EDBC Override Detail** page, select the **Edit** button in the LTC Details block.

STEP 7: On the **Medical EDBC LTC Override Detail** select *HI* from the **Level of Care** drop-down menu.

STEP 8: Click the **Save and Return** button.

STEP 9: On the **Medical EDBC Override Detail** page enter the **Start Date** as the first day of the EDBC benefit month.

STEP 10: Enter an **End Date** the last day of the EDBC Benefit Month.

STEP 11: Click the **Save and Return** button.

STEP 12: On the **Medical EDBC Override List** page, select the EDBC Override Reason of *Administrative Decision*. Then click the **Save and Return** button.

STEP 13: On the **Medical EDBC Summary** page the updated information shows in the Eligible Budgets section of the page. Click the **Accept** button if the result is correct.

STEP 14: On the EDBC List page select the **Save and Continue** button.

STEP 15: If necessary, repeat these steps through the come-up month.

STEP 16: Return to the **LTC Data Detail** page and set the Waiver Type back to *HI*.