



Policy Memo	
KDHE-DHCF POLICY NO: SOC2018-10-01	From: Jeanine Schieferecke
Date: October 1, 2018	KEESM Sections: 1322.4(2), 2636, 2637, 2662.8, 8200.2, 8200.3, 8200.4, 8211, 8212, 8213, 8214, 8215, 8217, 9333, 11121.1, 11122
RE: Summary of Changes (SOC) for Medical KEESM Revision #11	Program(s): Elderly & Disabled Medical

The purpose of this document is to provide the detailed Summary of Changes for implementing revisions to the Medical KEESM manual effective October 1, 2018. In addition to this document, KDHE Policy Memo 2018-10-01 has been issued. Manual changes are outlined below.

- 1322.4(2) Special Verification Provision – Resource Verification** – This section has been updated to include new policy related to verification of resources when processing a request to add a person to an active program or add a non-active program with or without a new application. In addition, this section has been updated to include instruction for processing a resource change reported through a passive review response as well as deliberate use of prudent person when determining excess resources based on the consumer’s self-attestation.

- 2636 Loss of Recipient Status** – This section has been updated to reflect that SSI medical assistance shall continue when SSI recipient status is lost while eligibility under another medical assistance program is determined.

- 2637 Effect of Institutionalization** – This section was revised to clearly indicate when SSI recipient status will continue upon institutionalization and how SSI income is or is not budgeted in determining the monthly patient liability. In addition, the transfer of property provisions are applicable to individuals who retain SSI recipient status while institutionalized.

- 2662.8 Effect of Loss of SSA/SSI Eligibility on Disability Determination** – This section has been updated to include new policy related to continuing SSI medical assistance when a new application is required to determine ongoing eligibility which requires a DDS referral. If the SSI termination date is within the three month prior eligibility period, the application may be processed with the individual deemed to meet disability criteria while the DDS referral is pending. If the SSI termination date is outside of the three month

prior medical eligibility period, the new application cannot be processed until the DDS decision has been received.

- 8200.2** **HCBS Effective Date** – This section has been updated to clarify the effective date of HCBS for persons placed on a waiting list is the date funding becomes available. At such time, the HCBS Program Manager will notify the agency of the effective date using the ES-3160 form. This section was also updated to reflect I/DD as the correct HCBS waiver type. This is a minor wording change that has no impact on policy.
- 8200.3** **HCBS Plan of Care/Person-Centered Service Plan and Cost of Care** – This section has been revised to capture updated language included in the KDADS HCBS policy. Where applicable, reference to ‘plan of care’ has been changed to ‘person-centered service plan.’
- 8200.4** **Communication with the HCBS Entity** – This section has been revised to reflect encrypted email as the appropriate method of communication between entities. Reference to the ES-3160, Notification of KanCare/HCBS Services, and ES-3161, Notification of KanCare, HCBS/MFP Changes and Updates, as KEES forms have also been removed as these forms are not available in KEES.
- 8211** **Frail Elderly Waiver (HCBS/FE)** – Reference to ‘plan of care’ has been changed to ‘person-centered service plan.’
- 8212** **Physical Disabled Waiver (HCBS/PD)** – Reference to ‘plan of care’ has been changed to ‘person-centered service plan.’
- 8213** **Intellectual and Developmental Disability Waiver (HCBS/I/DD)** – This section was revised to include the responsibility of eligibility staff to refer individuals who are potentially eligible for ICF-IID level of care to the HCBS Program Manager who will route to the appropriate CDDO for screening. In addition, reference to ‘plan of care’ has been changed to ‘person-centered service plan.’
- 8214** **Technology Assisted Waiver (HCBS/TA)** – This section was revised to indicate individuals seeking coverage under this waiver will be referred directly to the assessing entity. In addition, reference to ‘plan of care’ has been changed to ‘person-centered service plan’.
- 8215** **Traumatic Brain Injury Waiver (HCBS/TBI)** – Reference to ‘plan of care’ has been changed to ‘person-centered service plan.’
- 8217** **Autism Waiver (HCBS/AU)** – This section was revised to reflect that an application must be filed with the KanCare Clearinghouse if HCBS services are chosen.

- 9333** **Information/Verification** – This section has been updated to include new policy related to verification of resources when processing a pre-populated review.
- 11121.1** **Agency Error** – This section has been updated to include untimely processing of loss of SSI recipient status for an SI medical assistance recipient as an agency error which may result in overstated eligibility and a claim.
- 11122** **Claim Not Required** – This section has been updated to include continued SI medical assistance pending a determination of eligibility under another medical assistance program due to loss of SSI recipient status as an instance in which a claim shall not be established if timely processed.

CONCLUSION

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

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