

Kansas Department of Social and Rehabilitation Services
Rochelle Chronister, Secretary

Economic and Employment Support Commission
Candy Shively, Commissioner 296-3349
Ben Coates, Deputy Commissioner 296-3349

M E M O

To: EES Chiefs
Date: September 10, 1999
From: Candy Shively
RE: Implementation Instructions for 10/1/99 KEESM Policy Changes - Part II

WORK-RELATED REQUIREMENTS

1. TAF Participation Rate Requirements (KEESM 3110) - TAF clients must be participating 30 hours per week, with a minimum of 20 hours per week in a primary component, in order to meet the TAF federal participation rate, effective October 1, 1999. Component assignments should be reviewed as soon as possible but no later than the next eligibility review to determine if an increase in the assignment is appropriate.

This weekly assignment increase allows for more flexibility in assignments. Clients may be assigned to secondary components to promote long-term self-sufficiency (i.e., education, job skills training, etc.) for 10 hours per week in addition to the 20 hours per week in a primary component and still meet the federal participation requirements.

2. Definition and Special Rules for Two-Parent Families (KEESM 3112) - The definition for a two parent family is being modified, effective October 1, 1999, to reflect a change in the final TANF regulations. The special rules for work component assignments for two parent families are only applicable in situations where there is a mutual child (including an unborn) in the home. Two parent cases should be reviewed no later than the next eligibility review to determine if the family continues to meet the two parent definition and if component assignments need to be modified.
3. Assessment (KEESM 3140) - Each Area will be trained to use the Learning Disabilities Screening Tool by 10-1-99. Once EES staff are trained and the Screening Tool available, the tool should be utilized during the assessment process for new mandatory TAF clients. Current TAF mandatory clients who have not completed the LD Screening Tool must be screened as soon as possible but no later than the next eligibility review. Exceptions to use of this Tool must be documented on a case-by-case basis and approved by the supervisor.

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VEHICLE PURCHASE GUIDELINES (KEESM 3412.1)

1. Service Codes for AUSW Screen - Three new service codes have been added for use in completing the KsCares Authorization for Services for Work Programs (AUSW) screen. The new service codes include Insurance Cost (IC), Registration Cost (RC) and Vehicle Inspection (VI). These codes will be used to track vehicle related payments made by the agency. Since the service code description field does not allow additional text, documentation of the make and year of the vehicle for which the payment is being made must be contained in the case record. The vehicle information (make and year) is needed for all vehicle related service codes (Vehicle Purchase/VP, Vehicle Repair/VR, Vehicle Inspections/VI, Insurance Cost/IC, and Registration Costs/RC).
2. Access to Department of Revenue Records - Questions have been received regarding how to access the Kansas Department of Revenue (KDOR) records to verify an individual's drivers

license validity and the driving record information. Instructions for accessing the KDOR records (Driver's License) are printed in the KAECSES User Manual, Volume I, Section 1400, Access to Other Systems, pages 14-15 through 14-19. Possible entries in the Status field are Valid, Suspended, Revoked or Restricted. Sample copies of the Driver's License screen are attached. Information has been added to highlight the areas for review and to provide examples of information that may be found on the screen. A copy of the Department of Revenue's Traffic Codes is also attached for use in determining the individual's driving record.

3. Documentation of Vehicle Purchase - The minimum standards for vehicle purchase include the statement that only one vehicle per lifetime shall be allowed. The effective date of this limitation is October 1, 1999 and all purchases must be documented after that date to insure the one vehicle purchase per person is not exceeded.

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CHILD CARE

1. IE EM (Employed Income Eligible) Child Care (KEESM 2834) - After 10/1/99, employed income eligible clients may also request child care hours for education/training in addition to child care hours for employment. The specific eligibility criteria for the additional hours is outlined in KEESM 2834. Basic criteria are as follows: client must be employed at least 35 hours per week, client must have been employed an average of 25 hours per week over the past 6 months, training must be skill specific, education may include ABE, GED or ESL, client must maintain passing grades, and a Statement of Understanding must be signed and received by the worker prior to approval for education/training child care hours. Due to limited funding available, expenditures must be tracked for this service. Plans will be approved for this service on a first come, first served basis. For any client determined eligible for child care hours for employment and education/training, the worker will set up 2 plans. The first plan will be for employment hours using the EM subtype and the EM reason code when authorizing CHCP. The second plan will be for education/training hours using the TC subtype and the TR reason code on CHCP. It is recommended that the family share be assigned to the EM plan. The worker must fully explain to the client/provider why 2 plans have been authorized. This may be done through narrative on the approval notice, on the plans or both. The provider will be required to bill according to each separate authorization.

Because of limited funds, a spending allocation will be assigned to each area to implement this new policy. The area will be responsible to spend as close to the allocation as possible for the fiscal year. The SAR Child Care and Projected Expenditures Report (M800) may be used to track spending for this service. Once the allocation is obligated and expected to be spent, plans for additional education/training hours should not be authorized.

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Once the allocation is projected to be spent, applicants should be put on a waiting list. A new reason for child care code has been created to track applicants placed on the waiting list. When the projected spending limit is reached, plans should be authorized for the employment hours (EM subtype) using the WL (waiting list) reason code. When funding becomes available again, open EM WL cases should be reviewed and given first priority for new expenditures according to the application date and the client's need for employment enhancement using the prudent person concept.

2. Out of Home Relative Child Care (KEESM 10012) - The final CCDF regulations made a change and clarified who is eligible to become contracted as an Out of Home Relative provider. Eligible providers are those relatives who provide child care to children who are either the grandchild, great-grandchild, sibling (if the provider lives in a separate residence), niece or nephew of said provider through marriage, blood relationship or court decree. Any Out of Home Relative provider currently contracted but not meeting this relationship criteria should be notified of the eligibility change at the next provider renewal. The parent should be notified of this change at

the same time the provider is notified so that other child care arrangements can be made as needed. The provider/parent should be informed that if the provider would like to continue providing child care, he/she has the option of becoming registered or licensed with KDHE and may recontract under this new category.

3. Child Care Forms - Incorrect versions of the following forms were included in the KEESM. The correct versions were issued with the 2/99 KEPM with a revision date of 1/99:

- Child Care Provider Enrollment Form, CC-1603
- Child Care Center Enrollment Form, CC-1618
- Request for Social Service/Special Needs Provider Child Care, CC-1627
- Out of Home Relative and In Home Child Care Health and Safety Standards: Checklist, CC-1631

These new forms are available from the SRS Warehouse. The KEESM will be corrected at the next manual revision.

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REVISION OF THE IM-3160, NOTIFICATION OF MEDICAID/HCBS SERVICES

The revisions to the IM-3160 form were made to communicate elements necessary for maintenance of the waiting lists for the various HCBS waivers and to accommodate changes in procedures in obtaining/requesting CARE assessment information..

1. Waiting List

For the FE waiver, information on an individual's current financial eligibility status is needed. The form has been updated to better capture this information. However, if the specialist feels that additional information on financial eligibility is still needed, the comments section should be used. Finally, EES Specialists should continue to communicate the date the client initially requested HCBS to the AAA. Although it is not a pertinent piece of information for current placement on the waiting list, KDOA does capture this information and has requested that we send it on.

2. Care Assessment

- a. Requesting CARE Assessments- Specific indicators have been added to the form to allow the local office to request specific information regarding the CARE assessment, including the date of the CARE and the level of care score. In addition, the AAA's will now accept referrals from the local office for a CARE assessment. The person sending the 3160 to the AAA will need to indicate if the AAA should contact the consumer or the responsible party. The 3160s that are sent requesting a CARE should be addressed to the CARE Coordinator in the appropriate AAA. The form has been updated to allow the AAA to provide additional details of the results of the CARE as well, including the date the assessment was completed.
- b. Level II Information: The procedure has been simplified to allow the AAA to communicate to the EES Specialist the result of any Level II assessment. The AAA will be responsible for indicating on the form if a client was referred for a Level II. If a Level II was completed the AAA will now indicate, in the comments section, if the client has a valid Level II PASARR letter for nursing facility placement. If there is a valid Level II PASARR letter, NF payment is approved.

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Note that the Level II letter is only valid if the individual has not left the nursing facility/hospital system since the date of the letter. If the individual has returned to the community in the interim (home, assisted living, residential care, MH group home, etc) the Level II is no longer valid. The individual would then need a new CARE Level I assessment and, if triggered, a new Level II. The Care Coordinator at the AAA will communicate the final result of any needed assessment to the local SRS office.

- c. ICF-MR Placements- The field on the form for this purpose will NOT be used at this time and will be eliminated in the next revision. The procedure established by SAMHDD prevents placement into an ICF-MR unless the individual meets the appropriate level of care. Therefore, there is no need for a special indicator for this purpose. If an individual is able to gain entry into an ICF-MR, the level of care is considered met and no additional information is needed.

OTHER ISSUES

1. Substance Abuse Treatment and Recovery (KEESM 1721) - With the advent of Regional Alcohol and Drug Assessment Centers (RADAC), previous Group I and II facility rules are obsolete. A General Assistance client who enters residential treatment is now eligible for full assistance based on using specialized living arrangement standards. This change becomes effective with receipt of this memo and cases are now to be established under the regular GA program rather than GA DT.
2. Determination of Good Cause for CSE Non-Cooperation (KEESM 2162) - In instances of a good cause determination for failure to cooperate with Child Support Enforcement in establishing paternity and securing support payments, CSE must be notified by EES staff. The form, SSA 4681 U4 is no longer used for notification. EES staff must notify CSE staff of the good cause determination in writing. An E-mail message or a paper memo must be used and it must contain:

Name of claimant
KAECSES case number
Absent parent name
Date good cause claim approved

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3. 10 Year Penalties for Fraud (KEESM 11221(3)) - This section of the manual was changed to clarify the infractions that may result in ten year penalties. If staff become aware of 10 year penalties that were inappropriately applied, those disqualification periods should be corrected and the clients should be notified of the change in the penalty period.

POLICY MEMOS

All existing Policy Memos have been reviewed and updated as appropriate. Information contained in Policy Memos not listed below has either been incorporated into the manual, is no longer meaningful or is incorrect. Staff are to discard any Policy Memos and utilize the revised ones attached. These memos have been updated for terminology and KEESM references, and renumbered. Policy Memos should be filed in the KEESM section that is referenced on the memo.

The list of current Policy Memos includes:

Number Subject

<u>99-10-01</u>	<u>Assistance Planning</u>
<u>99-10-02</u>	<u>Law Enforcement Custody & State Psychiatric Hospital Admission</u>
<u>99-10-03</u>	<u>Potential Resources</u>
<u>99-10-04</u>	<u>Application of Medicare Premiums To Spenddown</u>
<u>99-10-05</u>	<u>Farm Loss Provisions</u>
<u>99-10-06</u>	<u>Relationship Verification for Children in SRS Custody</u>

<u>99-10-07</u>	<u>GA Vehicle Registration</u>
<u>99-10-08</u>	<u>Stepparent Income</u>
<u>99-10-09</u>	<u>Applying Penalties to Closed Cases</u>
<u>99-10-10</u>	<u>Medical Determination Following Cash Closure</u>
<u>99-10-11</u>	<u>Dependent Care Deduction Verification Requirements</u>
<u>99-10-12</u>	<u>HealthWave Coverage Issues</u>
<u>99-10-13</u>	<u>Special Purpose Child Care</u>

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PEN AND INK CORRECTIONS

The following changes need to be made in the manual material.

Page Correction

- 1-48 Change cross reference in KEESM 1415.1(3)(d)(i), last sentence, from 9870 to 9772.
- 1-63 Change cross reference in KEESM 1431, first paragraph, last sentence, from 9840 to 9740.
- 2-63 Change cross reference in KEESM 2534, first sentence, from 9872 to 9772.
- Change cross reference in KEESM 2541, second paragraph, last sentence, from 9872.1 and 9872.3 to 9772.
- 2-74 Change cross reference in KEESM 2543.1(3), last sentence, from 9872.2(5) to 9772.
- 2-77 Change cross reference in KEESM 2552(1), last sentence, from 9872 to 9772.
- 2-94 Change cross reference in KEESM 2644(2)(g), first sentence, from 9873 to 9772 and add to the end of this sentence "except for reviews required when a request for assistance is made for a new child entering the household."
- 2-95 Change cross reference in KEESM 2644(2), second (a) item, from 9873 to 9773.
- 2-118 Change cross reference in KEESM 2681, third paragraph on page, first sentence, from 9873 to 9773.

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- 2-120 Change cross reference in KEESM 2682, paragraph at top of page, first sentence, from 9873 to 9773.
- 2-121 Change cross reference in KEESM 2683, third paragraph on page, first sentence, from 9873 to 9773.
- 2-123 Change cross reference in KEESM 2684, first full paragraph on page, second sentence, from 9873 to 9773.
- 2-129 Change cross reference in KEESM 2770, first full paragraph on page, second sentence, from 9873 to 9773.
- In third full paragraph on page, first sentence, insert "required" before the word "review" and "per 9773" after the word "review."
- 2-130 Change cross reference in KEESM 2780, item (7) on page, first sentence, from 9873 to 9773 and add to the end of this sentence "except for reviews required"

when a request for assistance is made for a new child entering the household.

Change cross reference in KEESM 2780, item (1) on page, from 9873 to 9773.

6-16 Change KEESM 6410 (25) to (24).

Change KEESM 6410 (26) to (25).

Change KEESM 6410 (27) to (26).

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7-27 Change cross reference in KEESM 7300 from 9800 to 9700.

9-20 Change cross reference in KEESM 9731, second sentence, from 9820 to 9720.

9-24 Add to last sentence in KEESM 9773(3) following "(except newborns)" the following:

"and a request for assistance is made for the child."

Appendix, Definition of Common Terms Incorporate the references for the following items:

Caretaker: 2220

Disability(7): 2662.1

Education/training Income Eligible (ET) Child Care for Teen Parents Subtype: 2835

Eligible Foods (3): Definition of communal dining facilities.

Eligible Foods (4): 4230

Family Group: 2220

Fraud Overissuance (1): 11210

Fraud Overissuance (2): 11250.3

Retroactive Cash Assistance Payment: 6410(34)

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KSCARES CODE CARDS

Page 20 6-1-98 CHCP/CHCI/MACR

Reason For CC (CHCP)

Add TR = Training/Employment

Add WL = IE EM Training Waiting List

Reason codes not currently being used and currently not listed on the code cards have been removed from the KsCares system.

CC Subtype (CHCI)

Change CC ET = Education/Training for Teen Parents

Add CC TC = Income Eligible/Training-Employed
Add CC AE = Olathe Head Start Payments Only

Page 24 6-1-98 AUSW Service Code

Add VI = Vehicle Inspection

Add IC = Insurance Cost

Add RC = Registration Cost

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Please let us know if there are further questions.

DP:PJ:LM:PG:RK:jmm

Attachments Included:

KEESM Index

Cross Reference: KFSM to KEESM

Cross Reference: KPAM to KEESM

Cross Reference: KEPM to KEESM

Sample Driver's License Screen

Division of Vehicles Traffic Codes

Revised Policy Memos

cc: Candy Shively

Ann Koci

Ben Coates

Oliver Green

Gary Dalton

Connie Ulmer

Diane Dykstra

Katie Evans

Linda Kramer

Jeanine Schieferecke

Mike Sweeney

Roger Lewis

Phil Anderson

Verna Weber

Jean Morgan

Cheryl Woods

Kim Radell

Lauri Corcoran

Betsy Martin

Maryann Benoit

Kent Waltmire

Allen Mossman

Karen Carter

Chris Swartz

Jody Kurtenbach

Susan Kannarr

Darin Bodenhamer

Deb Wiley

Bobbie Graff-Hendrixson

Marva Williams

Charles Moore

Janis DeBoe

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