



STATE DEPARTMENT OF SOCIAL
Letter - 1033
REHABILITATION SERVICES
Integrated Services Delivery
Docking State Office Building
Room 681 - West
Topeka, Kansas 66612

Commissioner's

June 21, 2001

(Code 1)

TO: Area Directors
Economic and Employment Support Chiefs
Economic and Employment Support Staff
Social Service Chiefs
Other Staff

Re: Kansas Economic and Employment Support Manual (KEESM) Revision No. 6

PURPOSE OF LETTER

The purpose of this letter is to transmit Revision No. 6 of the Kansas Economic and Employment Support Manual. This revision allows for the continuation on a case by case basis of support services, education and training component cost and contracted employment services for up to 12 months following the closure of a TAF cash case. Support services can now be provided during a minimum two month penalty period.

This manual revision also implements a major change in the treatment of vehicles in the food stamp and cash programs. Effective July 1, 2001 all motor vehicles will be exempt in determining eligibility for cash and food stamps.

Also included in this manual revision are several child care program policy changes. Effective with this revision, applicants for child care are no longer required to provide Social Security numbers, and an application is not needed when the household transitions from JO/MO to IE child care. Transitional child care previously supported by continuing JO child care for the first 2 months following TAF closure will now be supported under IE child care with no family share for the first 2 months. The PCA codes for child care have also been revised.

This revision implements numerous changes in the medical programs. For long term care, the divisor to determine the penalty period for inappropriate transfers of property is increasing. The MS-2156 is modified to support determination of Medicaid reimbursement to nursing facilities. For Family Medical, compliance with work related requirements is being eliminated as a condition of eligibility for recipients. The resource test is also being eliminated for the Family Medical program (MA CM), and the AFDC-related medically needy groups (MA PW, MA AF, MA RE). Changes are also being implemented to eliminate closures for persons meeting continuous eligibility requirements solely on the basis of a loss of contact and to provide minor pregnant women 12 month continuous eligibility. The six month HealthWave waiting period applied when comprehensive health insurance coverage

was terminated without good cause has also been eliminated.

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BACKGROUND AND REASON FOR CHANGE

Modifications in the Support Services/Component Costs/Contracted Employment Services/Employment Services for Work Programs section address flexibility in addressing individual client's barriers to employment. All of these services may now be available on a case-by-case basis for up to 12 months following the loss of TAF cash assistance.

The simplification of the cash and food stamp vehicle policy was made possible by Public Law 106-387 signed into law on October 28, 2000. The law allows states to use their TANF vehicle allowance rules in lieu of the regular food stamp vehicles rules when doing so will result in a more liberal treatment of resources to food stamp households. This new option prompted the state to drastically simplify the vehicle policy rules for the TANF program and as a result, the Food Stamp Program. The vehicles rules for the MS, QMB, LMB and QWD programs are not changing due to the potential for loopholes in estate planning.

The change in the divisor for determining a period of ineligibility for an inappropriate transfer of property is based upon a federal rule that bases the amount on the average nursing facility private pay rate in the state. That amount is currently just under \$3000 a month.

For persons entering an NF, a new CARE screening exception is also being implemented by the Kansas Department on Aging. Persons entering an NF for an anticipated stay of less than 30 days for the purpose of providing respite to the caregiver are exempt from CARE. The MS-2156, Notification of Nursing Facility Admission/Discharge, is being revised to support this change.

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The changes in the inter-county transfer procedure are being incorporated based upon the recommendation of the IPT. This change was precipitated by the changes in the process for medical programs, which were effective May 1, 2001. Based on federal guidance, the required review was eliminated for the medical programs but remained in place for other programs. Beginning July 1, the review requirement has been lifted for all programs and a procedure similar to that followed by the medical programs has been adopted.

Changes in the Family Medical and HealthWave programs are being made by Health Care Policy to support the transition to centralization of these medical programs. The primary changes involve the elimination of work related sanctions to the Family Medical program and the elimination of the resource test for MA PW, MA AF, MA RE and Family Medical (MA CM). The continuous eligibility period for pregnant women under age 19 has been extended to 12 months. Persons eligible under the continuous eligibility provisions shall continue to be eligible when a loss of contact is experienced.

Finally, Kansas Senate Bill 29 modified existing HealthWave legislation to eliminate the period of ineligibility for dropping health insurance coverage. These changes are being incorporated as a result of this legislative action.

The major changes for the Child Care Program which are reflected in this revision originated from federal program Instructions and field staff input. A federal program instruction was received clarifying policy regarding limits on the use of Social Security Numbers under the Child Care and Development Fund. Families applying for child care assistance shall not be required to supply a Social Security Number. States may continue to include a space for the SSN on applications, however, it must be made clear that this information is optional. Applicants for child care assistance shall not be denied due to failure to provide a SSN.

Changes in policy regarding families in transition from JO to EM child care have changed as a result of field input. In an attempt to provide a "seamless" child care delivery system for both staff and clients, an application will no longer be required when clients are in transition from JO child care to EM child care. The worker will have been working closely with these clients and will have enough information in the case file to determine need and financial eligibility. Also, in an effort to streamline case processing for workers, clients who have their TAF case closed and earned income was a factor, shall be set up with EM child care immediately starting with the first month of TAF ineligibility. To continue to provide a transitional service in these situations, the family share shall be removed from the first 2 months on the child care plan. This change will also allow data to be more accurate at the Central Office level. JO child care will truly be used when caretakers receive TAF for their own needs.

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CHANGES AND REQUIRED ACTIONS :

1. **KEESM 1212.8 - Responsibility to Provide Social Security Numbers** - This section has been modified to indicate that it is not applicable to child care. Per Federal guidance, disclosure of a Social Security Number should not be a requirement nor condition of eligibility for child care. No Federal statute requires applicants to disclose Social Security Numbers for the receipt of CCDF child care assistance.
2. **KEESM 1322.1 - Mandatory Verification That Affects Eligibility for Program Benefits** - Item (3) of this section, Social Security Numbers (Not Applicable to TransMed, HealthWave or Child Care has been renamed to indicate that Social Security Numbers are no longer required for child care.
3. **KEESM 1411.1 - How to Apply - Applicable to all Programs** - Wording has been added to this section to reflect a policy change regarding clients moving from JO/MO child care to Income Eligible child care. An application will not be required for clients in this transition. Continuing need and financial eligibility shall be documented in the case file using existing information. An application shall be completed at the scheduled review or if there has been a break in service.
4. **KEESM 1413 - Time In Which Application is to be Processed and Case Disposition** - Wording has been added to this section to reflect a policy change regarding clients moving from JO/MO child care to Income Eligible child care. An application will not be required for clients in this transition. Continuing need and financial eligibility shall be documented in the case file using existing information. An application shall be completed at the scheduled review.

5. **KEESM 2130 - Social Security Numbers (Not Applicable to TransMed, HealthWave, or Child Care)** - This section has been renamed to indicate that Social Security Numbers are no longer required for child care.

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6. **KEESM 2620 - Medical Coverage for Families and Medical Assistance Related to the Cash Program and KEESM 2621 - Family Medical Coverage** - These sections have been modified to support the elimination of the resource test for Family Medical by moving references to countable trust arrangements and a reference to the TAF financial guidelines. Family Medical coverage is available to those families who are ineligible for TAF due to excess resources. However, countable trust arrangements must still be considered for this population.
7. **KEESM 2621.2 - Financial Eligibility** - This section has been modified to add references to support the removal of the resource test and the removal of the work-related penalties.
8. **KEESM 2621.3 - Coverage Limitation** - Item (3) of this section has been removed to support the elimination of work related penalty periods for persons receiving Family Medical coverage. Penalty periods shall no longer effect medical coverage, regardless of the status as an applicant or recipient family. Additional instructions regarding this change will be provided in a separate memo.
9. **KEESM 2621.4 - Continuation of Coverage (for Family Medical)** - This section has been modified to reflect that Family Medical coverage does not terminate for failure to meet work requirements or excess resources.

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10. **KEESM 2623.1 - General Eligibility Requirements (TransMed)** - This section is being modified to remove the CSE cooperation requirement for persons eligible for TransMed. This change is based on recent federal guidance which indicated such cooperation is no longer an eligibility requirement for TM. Persons eligible for coverage under the TM program shall not lose coverage solely on the basis of CSE non-cooperation.
11. **KEESM 2623.2 - Other Eligibility Requirements (TransMed)** - Item (1) of this section is being modified to remove an example pertaining to a client ineligible due to excess resources.
12. **KEESM 2644 - Continuous Eligibility for Pregnant Women** - This section has been modified to state that women eligible under this section shall not lose eligibility solely on the basis of a loss of contact per 9500.

This section has also been modified to state that pregnant women under the age of 19 shall have a twelve month continuous eligibility period. For persons determined eligible

under this group the 12 month period will begin with the first month of eligibility as per KEESM 2645, including the rules for households with both Medicaid and HealthWave eligible children. Additional information and implementation instructions will be provided in a separate memo.

13. **KEESM 2645 - Continuous Eligibility for Children** - This section is being modified to remove a reference to separate continuous eligibility periods for pregnant women under 19. As indicated in the item above, eligible PW's under 19 shall have a continuous eligibility period of 12 months, which will correspond to the family continuous eligibility period.
14. **KEESM 2645.1 - Continuous Eligibility Period (Medicaid)** - Item (10) of this section has been eliminated as a loss of contact will no longer cause a break in continuous eligibility. Policy is being further modified to provide for continued coverage when the sole reason for termination of coverage is due to loss of contact.

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15. **KEESM 2646 - Continuous Eligibility for Newborns** - This section is being modified to state that coverage for newborns continuously eligible under this section shall not terminate solely based on a loss of contact with the family.
16. **KEESM 2651.2 - Income and Resource Methodologies (MA AF) and KEESM 2652.2 - Income and Resource Methodologies (MA PW)** - These sections have been revised to remove references to the resource test, which is being eliminated for the MA program. Because non-exempt trust funds must be considered in determining eligibility, cross references have been added in each section for clarity.
17. **KEESM 2742 - Period of Ineligibility for Voluntarily Dropping Health Insurance Coverage** - The wording in this section has been deleted and the section marked "Reserved", to reflect the elimination of the six month period of ineligibility for HealthWave when comprehensive health insurance is voluntarily dropped. HealthWave eligibility shall be determined without regard to prior insurance coverage, although the uninsured provisions of 2741 continue to apply. The passage of Kansas Senate Bill 29 mandates this change. This information was previously released in HCP Policy Memo 2001-05-16.
18. **KEESM 2781 - Continuous Eligibility Period (HealthWave)** - Item (10) of this section has been eliminated as a loss of contact will no longer cause a break in continuous eligibility. Policy is being further modified to provide for continued coverage when the sole reason for termination of coverage is due to loss of contact.
19. **KEESM 2793 - Newborn Coverage** - This section is being modified to state that coverage for newborns continuously eligible under this section shall not terminate solely based on a loss of contact with the family.
20. **KEESM 2831 - JO (TAF) Child Care** - Item (2) has been removed from this section and the remainder of the items have been renumbered accordingly. This modification reflects a change in policy regarding clients in transition from JO to EM child care.

Previous policy has allowed child care to continue under the JO subtype for 2 months following TAF closure when earned income was a factor. This policy will remain, however, the transition shall now be supported under the EM subtype. JO child care shall be used when caretakers receive TAF for their own needs. When the TAF case is closed and earned income is a factor, child care may be supported under the EM subtype and the family share shall be removed from the first 2 months. An application will no longer be required for clients in need of child care and in transition from JO to EM child care.

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21. **KEESM 2834 - IE EM (Employed Income Eligible) Child Care** - This section has been modified to indicate that this subtype may be used for former TAF recipients who will continue to receive provider services and other support services through Work Programs. This section has been modified to reflect a change in policy regarding clients in transition from JO to EM child care as described in item 20.
22. **KEESM 3310.3 - Applicant Job Search** - TAF (and) Food Stamp in Designated Counties) - This section has been modified to allow for more worker flexibility in documenting individual client situations when AJS is not appropriate.
23. **KEESM 3400 - Support Services/Component Costs/Contracted Employment Services/Employment Services for Work Programs** - The statement that support services cannot be provided during a minimum two month penalty period has been removed from this section.
24. **KEESM 3410 - Provisions Specific to TAF Support Services/Component Costs/Contracted Employment Services/Employment Services** - Due to the reformatting of Section 3410 and subsections, the subsections have all been re-numbered. The re-numbering of those sections and subsections that also have policy modifications are noted below. This section contains the information regarding the TAF client spending target and clarifies that the spending target includes support services and Education/Job Skills/Vocational Education component costs. Information regarding the availability and guidance regarding the authorization of support services, Education/Job Skills Training/Vocational Education component costs, and Contracted Employment Services for up to 12 months following the loss of TAF cash assistance has also been incorporated in this section. Instructions to keep the client open on the KsCares work program case have also been added to this section.
25. **KEESM 3411 - Support Services Specific to TAF Work Program Participation** - This section has been re-numbered and modified to expand the availability of support services for up to 12 months following the loss of TAF cash assistance.
26. **KEESM 3411.1 - Transportation** - This section has been re-numbered and modified to expand the availability of transportation for up to 12 months following the loss of TAF cash assistance.
27. **KEESM 3411.2 - Special Services Allowance** - This section has been re-numbered and modified to expand the availability of the Special Services Allowance for up to 12

months following the loss of TAF cash assistance.

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28. **KEESM 3412 - Education/Job Skills Training/Vocational Education Component Costs** - This section has been re-numbered and modified to expand the availability of Education/Job Skills Training/Vocational Education Component Costs for up to 12 months following the loss of TAF cash assistance. Clarification has also been added to this section related to when provider agreements may be utilized for payment of Education/Job Skills Training/Vocational Education costs.
29. **KEESM 3413 - Contracted Employment Services** - This section has been re-numbered and modified to expand the availability of Contracted Employment Services for up to 12 months following the loss of TAF cash assistance.
30. **KEESM 3414 - Employment Services** - This section has been renumbered accordingly.
31. **KEESM 3500 - Failure to Meet Work Related Requirements** - This section is being modified to remove references to penalty periods for medical coverage. Beginning in July, 2001 medical coverage will no longer be terminated for persons who fail to meet work related requirements for cash assistance. Although action may be taken to terminate TAF cash assistance and/or food stamps, medical coverage will not be impacted by a refusal or failure to cooperate with work programs.
32. **KEESM 3511 - Effect on TAF and Food Stamp Eligibility** - This section and subsections are being modified to remove references to penalty periods applied to medical coverage for persons who do not cooperate with work programs requirements. These penalties are no longer applicable to medical coverage.
33. **KEESM 3512 - Effect on Child Care Eligibility** - This section has been modified to indicate that IE EM child care may be used for TAF recipients who have been penalized for non-cooperation with Work Programs but will continue to receive provider services and other support services.
34. **KEESM 3522 - Re-Establishing Eligibility** - This section is being modified to remove a reference to penalties for medical coverage. Work programs penalties are no longer applicable to medical coverage. The second item (3) of this section has also been removed because of this change. This section has also been modified to allow more flexibility in assignments to establish cooperation in potential employment situations.

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35. **KEESM 4130 - Independent Living Assistance Planning** - Item (4) of this section is being clarified to state that the cash assistance rules for persons entering a medical facility also apply to applicants/recipients of MA CM. In order to receive cash and/or medical the intended length of stay cannot exceed the month of entrance and two

following months. Information referencing a planned brief stay in the Note of this section is being removed for clarity.

36. **KEESM 5000 - Resources** - This section has been modified to state that the resource test has been removed for the Family Medical and MA programs. This is applicable to the MA CM and MA programs for pregnant women, children and refugees. A resource test will continue to be applicable to the MS program.
37. **KEESM 5130 - Maximum Allowable Resource Limits (Medical Assistance)** - Because of the elimination of the resource test for Family Medical and MA, this section has been revised to include a reference to MA eligibility when a trust arrangement exists. If a nonexempt trust exists with a countable value in excess of \$2000, there is no eligibility for MA CM. For MA the \$2000/\$3000 standards are applicable. All trust funds should continue to be sent into Central Office to review for availability. This section has also been modified to remove a reference explaining the resource provisions for a pregnant woman in the MA program.
38. **KEESM 5200 - General Guidelines (Resources)** - Item (8) of this section has been modified to remove a reference to the appropriate resource guidelines for the MA PW program, because of the elimination of the resource test for this program.
39. **KEESM 5430 - Exempt Personal Property** - Item (13) of this section has been modified to remove a reference to MA because of the elimination of the resource test for this program.
40. **KEESM 5500 - Vehicles** - This section has been modified and reformatted to provide for the exemption of all motor vehicles, licensed and unlicensed for all cash programs and the Food Stamp Program. This policy is contained in Section 5510. Section 5520 contains the current policies for the MS, QMB, LMB and QWD programs and Section 5521 now contains the provisions for determining the resource value of non-exempt vehicles. Refer to the BACKGROUND Section above for more information on this change.

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41. **KEESM 5725 - Period of Ineligibility** - This section has been modified to reflect a change in the divisor to determine the period of ineligibility for inappropriate transfers of property from \$2000 to \$3000. By federal law, this amount is based on the average monthly private pay cost of a nursing facility in the state. The increase in this amount is reflected in the new divisor.
42. **KEESM 6319 - Family Subsistence Supplemental Allowance** - This section has been added to provide policies for the treatment of income received from the Department of Defense's Family Subsistence Supplemental Allowance (FSSA) program implemented on May 1, 2001. This program is a result of a federal law which required the Department of Defense to provide certain members of the Armed Forces with a special allowance to partially address the issue of enlisted members relying on food stamp benefits to make ends meet. Qualifying members and their families will receive a cash allowance up to \$500 per month. This income will be reflected on the

members Leave and Earnings statement and shall be treated as earned income for all programs.

43. **KEESM 9500 - Whereabouts of Recipient Unknown** - This section is being modified to state that medical coverage for persons continuously eligible under the pregnant women, newborn or child provisions shall not be terminated if the only reason for closure is a loss of contact. If the agency becomes aware of other information that effects eligibility for these persons it must be acted upon. This includes reasonable evidence that the beneficiary no longer meets residency requirements.

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44. **KEESM 9621 - Sending County's Responsibilities** - This new section has been created to provide instructions for the sending county. Two subsections have been created.
45. **KEESM 9621.1 - Case Instructions** - This new section has been created to provide instructions for the sending county that are applicable in all situations. For all transfers processed on or after 07-01-01 a review is no longer required. This is true for transfers involving any and all programs. The old county will continue to be responsible for updating ADDR with the new address (including the county code), notifying CSE of any change in absent parent, sending a notice informing the client of the transfer, reauthorizing the last paid medical benefit month and CARC'ing the case to the new county. In addition, the sending county will also need to ensure that any required review forms, applications or monthly reports are mailed to the client at the new address. This would only apply to those that were scheduled to occur or those that are otherwise required by policy. The receiving county is responsible for processing incoming reviews, monthly report forms, or applications in these instances. However, those received prior to the date the new address was reported shall be completed prior to transferring the case.

The sending county is also responsible for setting a worker alert to inform the new county of the transfer. The worker alert is due the 5th of the month following the month of transfer. The alert message is to read 'ICT Completed'.

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46. **KEESM 9621.2 - Program Instructions** - This new section has been created to explain individual program procedures applicable to the transfer process. For the TAF and food stamp programs, no additional changes are necessary. It will be the responsibility of the receiving county to update shelter expenses, need standards, etc. However, any information the sending county obtains shall be documented for use by the receiving county.

For work programs, keep current activities open on SESP to avoid any negative impact on participation rate. Child care plans involving the same provider in the new county may remain open, but would be terminated for other providers. Coordination shall continue to occur between counties to pay providers in the old county for the last month of the plan. A KsCares work order exists to allow the

receiving county to also make these payments, but an implementation date has not yet been determined.

Instructions for completing transfers involving an MP program including the transfer process to the Clearinghouse, will be issued at a later date.

47. **KEESM 9622 - Receiving County's Responsibilities** - This new section has been added to explain the receiving county's responsibilities. All eligibility adjustments are the responsibility of the receiving county. These include reacting to changes in income, expenses, resources and living arrangements in accordance with the reporting requirements of 9211 or 9311 and issuance of any supplemental benefit due. The TAF and MA CM shelter group standard would also be adjusted by the receiving county. These changes are to be made no later than the second month following the month the move is reported. WP activities must also be updated.
48. **KEESM 9774 - Review Periods for Child Care** - This section has been modified to clarify that an initial review period of less than twelve months may be used in order to coincide the child care review with scheduled reviews for other programs.

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49. **KEESM 10130 - Payment Codes** - Child care subtype PCA codes have been updated to reflect new codes effective July 1, 2001.
50. **KEESM 12150 - Definitions** - The definition of Potential Risk has been changed from "Potential Risk" to "Unconfirmed-Potential Risk" for clarification purposes. In addition the definition of Mandated Reporter has been added to the manual material.
51. **KEESM 12200 - Intake Process** - Item (4) has been modified to include fiduciary abuse. In addition, item (5) has been added to include the toll-free hot line number to report A/N/E in SRS institutions. Item (6) lists the number to report abuse in state correctional facilities.
52. **KEESM 12210 - Screening of Reports** - Item (6) of this section has been modified to provide a technical correction.
53. **KEESM 12340 - Courtesy Investigation and Interviews** - Item (4) of this section has been added to provide clarification of responsibilities for investigation of A/N/E when the abuse occurs in an SRS Area other than the victim's place of residence.
54. **KEESM 12410 - Findings and Case Decisions on Alleged Perpetrator(s) of Adult (s) Residing in the Community and/or Facilities Licensed/Certified by SRS and 12420 Unconfirmed or Unconfirmed** - Potential Risk Findings and Case Decisions - These sections have been changed to correspond to the change in the definition of Potential Risk as noted in KEESM 12150, Definitions.

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55. **KEESM 12430 - Confirmed Findings and Case Decisions** - Item (1) of this section has been modified to reflect that the ES-1004 report should indicate that the finding was confirmed and CAP initiated. Item (2)(d) of this same section has been revised to provide clarification regarding victim notification.
56. **KEESM 12443 - ES-1009 Report (Notice of Termination of Action)** - This section has been modified to provide that the report must be sent to the perpetrator within five working days and a copy must be sent to Central Registry.
57. **KEESM 12610 - Provision of Necessary Protective Services** - The note in item (3) of this section has been modified to clarify that the guardian/conservator must sign the Service Plan if the client lacks capacity.

FORMS SECTION

A revised copy of the **Notice of Agency Decision, ES-1008**, (Rev.7-01) is being included in this revision. The form was revised to indicate that the finding was confirmed and CAP initiated.

MISCELLANEOUS FORMS SECTION

1. The **Contractual Provisions Attachment DA-146a** was revised in January 2001. A copy of the revised form is provided.
2. **MS-2126 - Notification of Nursing Facility Admission/Discharge** - This form has been revised to support an additional exception from CARE for persons entering an NF or NF-MH. A CARE assessment is no longer required for persons admitted on or after 07-01-01 for the purpose of providing respite for the person's caregiver, as stated by a physician, if the anticipated stay is 30 days or less.

For implementation purposes, an indication by the NF on the MS-2126 that this exception applies will generally be accepted to be accurate. A physician statement is required in order to admit a resident to an NF, therefore providing any needed documentation to establish this exception.

If the person is also an HCBS recipient, the TC living arrangement code would be applicable.

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APPENDIX

1. Item 72, Transfer of Property Worksheet - This form is being amended to reflect a change in the divisor from \$2000 to \$3000.
2. Item 74, Definition of Eligible Foods has been revised by USDA and an updated copy is being provided for the manual.

EFFECTIVE DATE

All policies in this revision are effective July 1, 2001 and shall be applied to all applications received or processed on or after that date, with the exception of the change regarding insurance coverage for HealthWave eligibility which was effective May 16, 2001. These changes shall also be applied to ongoing cases at the time of the next review or case change involving the affected policy unless stated otherwise in this letter or Implementation Memo.

EFFECT ON LOCAL STAFF

The changes to the vehicle policy will simplify the eligibility determination process for cash and food stamps. The change to eliminate the application when going JO/MO to IE child care will also simply processes for staff as well as clients.

Changes involving the transition of a portion of the medical caseload to the HealthWave Clearinghouse will have significant impact on staff, and the policy changes that support this transition contribute to the workload. The particular policies being implemented with this revision are felt to be straight forward and do not involve additional system or process work-arounds.

COORDINATION EFFORTS

The material in this letter and manual revision have been coordinated with staff in the Economic and Employment Support Section, the EES Chiefs, the Policy Development Team, the Implementation Planning Team, Children and Family Policy, Health Care Policy, Kansas Department on Aging and other EES field staff.

Sincerely,

Sandra Hazlett, Director
Economic and Employment Support
SCH:PJ:jmm

ERRATA - KEESM Revision No. 6 Manual Pages

1. **KEESM 8172** - Do not insert 7-01 revised pages 8-25/26 and 8-26a. **Destroy these pages.** Keep current 8-25 dated 10-00 and 8-26 dated 5-00.

Pen-and-Ink Corrections:

2. **KEESM 9621.2 (2)** (Page 9-17): Delete the first sentence in 9621.2 (2) and replace with the following:

"For work programs, all current WP activities are to remain open or updated based on known assignments (i.e., employment) and transportation payments are to be terminated."

3. **KEESM 9622 (3)** (Page 9-19): Delete 9622 (3) and replace with the following:

"For work programs, update and adjust the self-sufficiency plan and any component involvement in the new county and authorize support services as needed."



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