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FINAL

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

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

Re: Summary of Changes for Kansas Economic and Employment Support Manual (KEESM) Revision No. 9 effective May 1, 2002.

PURPOSE, BACKGROUND AND REASON FOR CHANGE

The purpose of this document is to transmit Revision No. 9 of the Kansas Economic and Employment Manual effective May 1, 2002.

This revision contains changes, clarifications and technical corrections to the following programs:

Food Stamp Program: This manual revision contains a major change in policy regarding denial of food stamp applications for failure to appear for two scheduled interviews. Effective with this revision, denials for failure to show for an interview **cannot** be processed prior to the 30th day following the date of application. The KAECSES system has been modified to automatically process these denials on the 30th day instead of the 20th day. This change is mandated by Federal Food Stamp Regulations published in the Federal Register on November 21, 2000. As staff may or may not be aware, the State of Kansas has had two waivers in effect since 1985 that allows the State agency to deny food stamp applications prior to the 30th day when the household has missed two scheduled interviews and when the household has failed to provide required verification. Before these waivers were in place, the State agency had to hold all food stamp applications until the 30th day following the date of application before they could be denied. With the publication of the November 21, 2000 Federal Register implementing numerous Food Stamp Program regulations, the USDA removed the ability to waive the early denial for failure to show for an interview, and specifically stated in regulation that State agencies may not deny a

household's application prior to the 30th day after application if the household fails to appear for an interview. The preamble to these regulations clearly states that the USDA strongly believes in a national standard of customer service that promotes the basic statutory purpose of providing timely, accurate and fair service to applicants for, and participants in, the Food Stamp Program. This is particularly important to USDA given the sharp decline in Food Stamp Program participation among eligibles since the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996. They were, in particular, concerned that the early denial for failure to show for an interview would result in the denial of food stamp benefits to working families who may not be able to attend the interview due to a work conflict or sick child, and that these households be afforded the maximum time allowed to attend the follow-up interview. Additional correspondence to the State agency has made it clear that our waiver of early denial for failure to show for an interview has expired and will not be renewed. Kansas's waiver that allows for immediate denial before the 30th day after application when the household fails to submit required verification has, however, been approved indefinitely.

This revision also includes a change regarding the treatment of 401(k) plans for purposes of the Food Stamp Program. USDA considers these retirement plans to be exempt for food stamp purposes, thus a corresponding change has been made to the KEESM.

Medical Programs: Also included are changes made as a result of a new functional eligibility determination for persons in an NF MH; inclusion of Level VI facilities in the Child in an Institution (CI) Medical program; a change in treatment for inpatients of free standing psychiatric hospitals between the ages of 21 and 64; and elimination of the review requirement for pregnant women.

In addition, new federal poverty level guidelines have been published by the Department of Health and Human Services that reflect an increase of 3.2% from last year for a single individual. These guidelines affect the eligibility standards in the Child Care, Medicaid Poverty Level, HealthWave, QMB, LMB, and QWD programs as well as increases the minimum community spouse income allowance under the spousal impoverishment provisions. The increase will not be reflected in the HCBS income standard until January 1, 2003. For other programs, the increases will take effect May 1, 2002 and separate instructions will be issued to the field regarding implementation of these standards.

Child Care Program: Due to new 2002 federal poverty level guidelines, the Family Income and Share Schedule for child care services has been updated effective May 1, 2002. To be eligible, the total countable gross income must not exceed 185% of the current federal poverty guidelines based on the household size.

Other: Other technical corrections and clarification to policy and procedure have also been incorporated.

CHANGES AND REQUIRED ACTIONS

1. **KEESM 1226.3 - Directly Related to the Administration of SRS Programs** - This section has been clarified. Wording has been added that information may be disclosed to EES Contracted Employment Service providers since these providers are under an obligation to maintain confidentiality and only use the information in the course of carrying out SRS work.

2. **KEESM 1411.3 - Who May File** - Item (2) of this section, Filing for Institutionalized Individuals, has been modified to reflect expanded criteria for who may apply for institutionalized persons. The administrator of an institution may apply for a resident of a licensed facility who is not able to apply on his or her own behalf. A parent, guardian, medical representative, relative within the fifth degree of relationship, or other person meeting the caretaker criteria would always be expected to apply if available. If such a person is not able to apply on the individuals behalf, it is appropriate for the administrator of the institution to do so. This includes both medical and nonmedical facilities.
3. **KEESM 1412.2 - Who May Be Interviewed** - A cross reference has been corrected in this section.
4. **KEESM 1412.4 - Waiver of the Face-to-Face Interview** - This section has been further modified for clarity purposes. The introductory sentence has been changed to indicate that the office interview **may** be waived in favor of a telephone interview or a home visit that is scheduled in advance when all household members are elderly or disabled and have no earned income, or on a case-by-case basis because of household hardship conditions. This section was originally worded in October 2001 to indicate that a waiver of the face-to-face interview was required in the above situations. The Summary of Changes with Revision No. 8, however, indicated that the waiver of the interview was optional. These discrepancies caused confusion for staff. It was not the intent of the change to mandate that the face-to-face interview always be waived in favor of a telephone interview. The intent was that staff have flexibility in scheduling face-to-face interviews for the elderly and disabled and others who cannot come to the office. However, it is our expectation that staff waive the face-to-face in favor of a telephone interview especially for elderly and disabled households without earned income upon request. Interview notices have been rewritten to make it clear that elderly and disabled households with no earned income and others with household hardship conditions may request a waiver of the face-to-face interview in favor of a telephone interview.
5. **KEESM 1414.2 - Denial** - As explained in the Background and Reason for Change, Item (2) of this section, **Missed Scheduled Interviews**, contains a major policy change regarding the denial of food stamp applications when the household has missed two scheduled interviews. Effective with this revision, an application for failure to appear for two scheduled interviews shall be denied **on the 30th day** following the date of application. The system has been modified to automatically deny on the 30th day instead of the 20th. Staff may **NOT** manually deny these applications prior to the 30th day. In addition to denying the application on the 30th day, this change mandates that a new notice be sent to households when they miss their interview. This notice is called the Notice of Missed Interview (NOMI), and it will be sent 3 work days after the client misses the first or second interview (if two interviews are scheduled on one interview letter). The NOMI will notify the household that they have missed scheduled interviews and that they need to appear for an interview or their food stamp application will be denied. Refer to the Implementation Memo for instructions regarding this major change.

For cash and food stamps, a "scheduled interview" can be either as a face-to-face or a telephone interview.

Item (3) of this section, **Failure to Provide Required Information/Cooperate**, has been modified to clarify that denials can be done for failure to provide information/ verification, and for failure to cooperate. Furthermore, if the information/verification is provided, or the client cooperates within the initial application processing time period, that the application shall be reactivated with benefits provided from the date of application.

6. **KEESM 1512.5 - Prohibition of Less Than \$10 Payments** - Item (2) of this section has been modified to clarify that the single-digit allotment prohibition for food stamps applies to the initial month of eligibility. For example, if the month of application is denied, and in the second month a benefit of \$8 is determined, that amount will not be issued, even if the benefit is not prorated since the second month becomes the initial month that benefits are provided.
7. **KEESM 2122 - Application and Review Process** - This section has been modified to reflect that pregnant women eligible under the MP program and continuously eligible are no longer required to cooperate with the review process. Language was also included which clarifies the already existing policy that medical eligible children under the age of 1 and SSI recipients are also not subject to review requirements.
8. **KEESM 2130 - Social Security Numbers (Not Applicable to TransMed or Child Care)** - This section has been modified because a social security number is now required for each person applying for and found eligible for Title XXI (HealthWave). A social security number cannot be required for someone not requesting assistance, however.
9. **KEESM 2143.2 - Alien Unable to Provide Documentation** - This section has been amended to replace a reference to the SAVE Handbook with the SAVE User Manual.
10. **KEESM 2143.5 - Verification of Alien Status through SAVE** - A NOTE has been added to this section to communicate new information found in the revised SAVE User Manual (see Appendix Item #9). For persons who have adjusted status to legal permanent resident since arriving in the United States, the Immigration and Naturalization Services (INS)'s primary verification system will communicate the date legal permanent resident status was obtained rather than the original date of entrance. However, secondary verification will always provide the original date of entrance. It may be necessary to request secondary verification in situations where information is discrepant.
11. **KEESM 2210 - Child in Family** - This section has been clarified to add a cross reference to 6410 (1)(a).
12. **KEESM 2240 - Time Limited Assistance** - This section has been revised to clarify that TANF cash assistance received from other states counts toward the 60 month limit. The TAF 60 Month Limit Questions form in the Appendix has also been modified to reflect this policy. In addition, a new form for use in adding months of

assistance from other states to KAECSES has also been added to the Appendix.

13. **KEESM 2521 - Persons Exempt From the ABAWD Provision** - Item (8) of this section has been amended to clarify that persons who are working on their GED are exempt from the ABAWD provisions the same as a person who is attending high school.
14. **KEESM 2552 - Treatment of Income and Resources and Special Procedures** - Item (2) of this section has been modified as a result of the October 2001 changes that eliminated monthly reporting for most food stamp households. The item has been separated into two subsections, First Time Penalty and Second or Subsequent Penalty. The major change in procedure is contained in the First Time Penalty section. Special instructions are included to prevent an unwarranted increase in food stamp benefits for first time penalties when the household cooperates within a short time period after the TAF case has been closed. Item (3) of this section, **Re-establishing Eligibility**, has also been rewritten for clarification purposes. Specific information is provided for re-establishing eligibility for work related penalties and CSE penalties. Formerly this item did not contain specific information regarding re-establishing eligibility for CSE penalties.
15. **KEESM 2642 - Age/Pregnancy Determination** - This section was modified to reflect that the under 19 age requirement is not applicable to pregnant women.
16. **KEESM 2644 - Continuous Eligibility for Pregnant Women** - This section has been modified because pregnant women are no longer subject to review requirements during their continuous eligibility period. Pregnant women over age 19 are still only eligible through the second month after the month of birth unless covered under another category.
17. **KEESM 2663 - Child in an Institution (CI)** - A cross reference has been included in this section to refer to determinations for children in institutions for mental disease. It has also been clarified that children residing in Level VI treatment facilities may also be potentially eligible for Medicaid under these provisions (see item #22).
18. **KEESM 3120 - Initial Interview** - This section has been corrected to indicate that the start date for the assignment of work program activities should be the date of the application.
19. **KEESM 3410 - Provisions Specific to TAF Support Services/Component Costs/Contracted Employment Services/Employment Services** - This section has been clarified. Wording has been added to clarify that TAF individuals who lose cash eligibility, in addition to those situations where the entire TAF cash case closes, may be eligible for work program services for 12 months following the loss of cash eligibility.

Following is an example that illustrates this provision:

A teen mother, age 16, is a member on her mother's TAF case and is required to work on her high school diploma or GED as an eligibility requirement (2230) and

work requirements (3220). If she fails to cooperate in working to attain her high school diploma she will be removed from the TAF cash case. The May 2002 KEESM clarification states that she could receive work program support services, education/job skills training/vocations education component costs, and/or contracted employment services for up to 12 months following her loss of case TAF assistance. See the Implementation Memo for further examples.

20. **KEESM 5430 (14) - Pension Plans** - This section has been modified to change the treatment of 401(k) plans for purposes of the Food Stamp Program. Effective with this revision, 401(k) plans are exempt for food stamps. This change is mandated by USDA.
21. **KEESM 7110 - Prospective Budgeting, KEESM 7111 - Prospective Budgeting for Monthly Reporters and KEESM 7112 - Prospective Budgeting for Cash and Food Stamp Nonmonthly Reporters and for Medical Assistance and Child Care** - These sections have been revised to clarify that deductions are also determined prospectively. KEESM 7112 has been further clarified to indicate that if deductions are irregular and billed more frequently than on a monthly basis, they shall be converted like income. For example, weekly rent would be multiplied by 4.3 to determine the amount of monthly rent for food stamps.
22. **KEESM 8112.4 - Institutions for Mental Disease (IMD)** - This section, formerly State Psychiatric Hospitals, has been expanded to better define the requirements for persons residing in facilities specializing in the treatment of mental health and to note a change in determinations for children living in Level VI treatment facilities. A change in treatment of inpatients in free standing psychiatric hospitals is also included. New terminology is being introduced for consistency with federal statute. A clarification has been included that ineligible persons leaving IMD's for admittance into a general hospital are not eligible unless the patient has been formally dismissed from the IMD. Clarification of funding sources and eligibility requirements have also been made. The separate types of living arrangements classified as IMD's have been itemized to note special criteria.

Item (1) provides criteria for determinations of **mental health state hospital** patients. A cross reference to Policy Memo 99-10-02 has also been added. This contains a list of Kansas statutes addressing civil vs. criminal commitments. Patients residing in a state hospital because of a criminal commitment are not eligible for Medicaid.

Item (2) addresses **Nursing Facilities for Mental Health**. Clarification that all medical expenses for persons ages 21 - 64 are state funded has been included. Persons who do not meet the level of care required in an NF MH are potentially eligible for coverage, but are treated as residing in a non-Medicaid approved institution.

Item (3) addresses **Level VI facilities and private psychiatric hospitals**. This section communicates a change for eligibility of children in level VI facilities. Because these facilities are Medicaid approved institutions, coverage is available for persons under age 21 residing in these facilities. Traditionally, it

has been the responsibility of Children and Family Services to provide coverage for children living in these arrangements. However, this required CFS to actually take custody of the child to provide for medical care. In some cases, custody may not have been otherwise appropriate. In an effort to reduce action to take such children into custody, EES will begin, on a limited basis, to determine eligibility for these children.

EES will only determine eligibility of children when an appropriate referral has been received from local CFS staff indicating CFS will not be taking custody of the child. An appropriate psychiatric pre-admission assessment/screening is required before the child can be admitted to the facility and before Medicaid will pay. It is the responsibility of local CFS staff to ensure the appropriate screening criteria have been met prior to referring to EES. CFS staff will communicate this information by providing a copy of the Client Service Agreement.

Local CFS staff can provide a list of Level VI facilities in the area. A list may also be found on the CFP website, <http://www.srskansas.org/CFS/rates1.htm>. Eligibility for these children will generally be through a CI program. The parents will be excluded from the assistance plan if the stay in the facility is 30 days or longer. It is not necessary to complete the LOTC screen for payment to these facilities, as they are handled through other Medicaid reimbursement procedures.

This item also communicates a change in treatment of inpatients of free standing psychiatric hospitals, such as the Menninger Clinic in Topeka and Prairie View Hospital in Newton. Persons between the ages of 21 (age 22 if receiving psychiatric services on their 21st birthday) and 64 who are considered inpatients of these facilities are no longer eligible for Medicaid. Although those facilities which are Medicare or JCAHO certified continue to be viewed as Medicaid approved institutions, the federal rule prohibiting Medicaid eligibility for persons in IMD's between the ages of 21 and 64 shall apply to residents of these facilities as well. Current inpatients of these facilities within the prohibited age range shall have coverage terminated beginning 05-01-2002. Implementation instructions will be issued separately.

23. **KEESM 8114 - CARE Assessment Process and Eligibility for Payment** - This section has been changed to clarify level of care criteria for persons seeking reimbursement of NF MH expenses. Both a Level I Care and Level II evaluation must be completed with appropriate criteria met. KDOA will continue to communicate the results of the SPMI level of care to EES.
24. **KEESM 8144.2 and 8244.2 - Spousal Income Provisions** - These sections have been updated to reflect an increase in the minimum community spouse income allowance from \$1452 to \$1493 based on the new federal poverty levels. In addition, the excess shelter deduction is changing from \$246 to \$233 and the dependent family member allowance is increasing from \$484 to \$498. Separate instructions will be provided for implementation of these changes.

25. **KEESM 8171 - Eligibility for Persons in Non-Medicaid Approval Institutions -**

This section has been modified to incorporate new instructions for persons who do not meet necessary level of care criteria in an NF MH. FFP is not available for persons between the ages of 21 and 64 in these facilities. Currently, procedures to separate these persons are done by the fiscal agent through the MMIS based on the LAC code of the individual, as set by LOTC coding. Programming in the MMIS sorts persons with a LAC code of 23 by age. Because this process must be retained to support proper funding streams, a different procedure must be followed for persons in an NF MH. Rather than changing LOTC to reflect a living arrangement of NS and a level of care of NA, as is done in other nursing facility arrangements, the LOTC screen for persons who fail to meet level of care criteria in an NF MH shall have a living arrangement of NF and a level of care of MH to ensure the LAC code continues to be set by the MMIS. To prevent possible payment of the NF, an inflated patient liability amount of \$9999.99 must be entered.

It is important to note that although LOTC coding is changing, budgeting/financial eligibility is not changing. Independent living budgeting methodologies continues to apply for persons who fail to meet LOC criteria. The cost of any NF MH care is NOT allowable toward any resulting spenddown. The Cost of Care > Remaining Spenddown field is to remain blank.

26. **KEESM 8183 - Children in an Institutional Setting -**

This section has been changed to include a cross reference to section 2663 and to incorporate new terminology, institute for mental disease, when children are patients in psychiatric hospitals.

27. **KEESM 8200 - Home and Community-based Services (HCBS) -**

This section is being modified to state that women eligible under the Breast and Cervical Cancer group cannot receive HCBS. However, if the woman has been determined disabled, eligibility should be determined under the MS program. A correction is also being made to replace a reference to TAF eligibility with MA CM coverage, as persons eligible under MA CM may receive HCBS.

28. **KEESM 8211 - Frail Elderly Waiver (HCBS/FE) -**

A cross reference to the KMSM has been corrected in this section.

29. **KEESM 8213 - Waiver for Individuals with Mental Retardation or Other**

Developmental Disabilities (HCBS/MRDD) - A cross reference to the KMSM has been corrected in this section.

30. **KEESM 8214 - Technology-Assisted Children Waiver (HCBS/TA) -**

This section has been modified to remove specific functional eligibility criteria in this manual. A cross reference to the KMSM has been added where the policy for the level of care can be found. A reference to the Adult and Medical Services Commission has been replaced with Health Care Policy.

31. **KEESM 8215 - Waiver for Individual with Head Injuries (HCBS/HI) -**

A cross reference to the KMSM has been added for the specific functional eligibility criteria of

the waiver. A reference to the Adult and Medical Services Commission has been replaced with Health Care Policy.

32. **KEESM 8216 - Waiver for Children with Severe Emotional Disturbance (HCBS/SED)** - A cross reference to the KMSM has been added for the specific functional eligibility criteria of the waiver.
33. **KEESM 8272 - Continuing Financial Eligibility** - This section is being clarified with the requirements for termination of HCBS payment, specifically updating the LOTC screen in KAECSES, when changes occur. Except for situations requiring the use of the TC Living Arrangement code, terminations are reflected as the day following the last day of service. It is necessary for the living arrangement and the level of care, along with the respective effective dates on the LOTC screen. Using an effective date of the day following the day of service termination will allow payment of waiver services, especially targeted case management and independent living counseling, on the last day of functional eligibility. If LOTC is updated with the same effective date as the date of service termination, the MMIS will actually deny waiver-covered services received on the last day of service. In addition, information has been added to state that waiver services always end the day a client moves out of state. Although eligibility shall continue until the end of the month (or the following month depending upon the date of action), waiver services terminate. LOTC shall be updated with effective dates of the day following the day of the move.
34. **KEESM 9311.1 - Processing a Change** - This section, which applies to changes reported by non-monthly reporting households, has been revised to indicate that when acting on changes that increase benefits, if no verification is required or if the verification required is received within 10 days from the date of verification request, increased benefits are to be granted effective the month following the month the change is reported. Prior policy indicated that increased benefits be granted effective the month following the month the verification was received. This change is being made to comply with federal food stamp regulations. In addition, following the prior policy could have resulted in some households being denied increased benefits for a month based solely on when the verification was requested.
35. **KEESM 9311.2 - Verification at the Time a Change is Reported** - This section which applies to verification requirements for nonmonthly reporters, has been modified and clarified. A chart has now been included to make required verification clearer for staff. The chart explains when verification is required for purposes of the Food Stamp Program. The change to this section regards verification of earned income, even if benefits will decrease as a result of the change. With this revision, verification of earned income is required, unless it is obvious that the reported change would result in ineligibility for food stamps. This change is being made to insure that the agency is providing the correct amount of food stamp benefits to eligible households, and it is believed that requiring verification of earned income will help to accomplish this.
36. **KEESM 9600 - Transfer of Assistance** - This section has been modified to indicate that all existing electronic cases should be transferred to the new county in addition to the paper files.

37. **KEESM 9621.2 (2) - Program Instructions** - This section has been modified to indicate that work program cases may be transferred with outstanding WP authorizations. A KsCares Security Profile change will allow staff in the sending county to make WP payments after they have transferred the case. This Security Profile may be accessed at the area's discretion.
38. **KEESM 10220 - SRS Responsibilities for Time Sheets** - Clarification has been added to this section in regard to the keying of zero hours that may appear on time sheets. Further clarification has been added indicating that if a provider bills for zero hours for a child, if the area is in the practice of keying zero hours, that the zero hours should not be keyed for more than one month for this child with this provider unless special circumstances apply. Rationale for allowing one month is as follows. When SRS sets up a child care plan with hours scheduled, we tell the provider that the child is expected to be there. It would be allowable to pay the provider absent time for that first month the child does not show up. It is a provider benefit for that one month. Since both the provider and the parent are required to report when a child is no longer attending or if care is no longer needed with that provider, if zero hours is reported on a time sheet, the worker should follow up on this information to determine if child care plans need to be adjusted.
39. **KEESM 11124 - Computing the Overpayment** - This section is being clarified to incorporate information currently in 11126. In TAF, the amount of current child support retained by the agency in the month of the overpayment calculation needs to be subtracted from the overpayment in order to determine the amount that may be recovered.

FORMS

1. The **ES-1004 Adult Abuse Neglect or Exploitation Investigation Report** has been changed to "own residence" because staff believed "own home" could be misinterpreted; "Reporter" has been revised to include only "Anonymous, Self, Mandated, Other ," "Findings on Perpetrator" has been changed to "Perpetrator Information," and "For Confirmations" has been added.
2. The **ES-1008.1 Memo Notification to Central Registry** have been modified to add the DOB, SSN, and "Finding".
3. The **CC-1636 Child Care Tax Credit Brochure** is being removed with this revision. The information is now obsolete. It was removed from the online KEESM with revision #8 in order to better utilize online space.
4. The **CC-1639 Quality Standards for Early Childhood Brochure** is being removed with this revision. It is now obsolete. It was removed from the online KEESM with revision #8 in order to better utilize online space. Information on quality child care can be found in the Appendix.
5. The **Change Report Form, ES-1512**, has been revised as a result of the July 2001 change that exempted vehicles for food stamp purposes. The form has also been

shortened to just one page, front and back.

6. The **Determination of Need (Medical Assistance), ES-3104.5 (05-02)** has been revised to reflect new poverty level standards.
7. The **Income Allowance Determination Form, ES-3163 (05-02)** has been revised to incorporate new spousal impoverishment standards.

APPENDIX

The following changes have been incorporated:

1. The **SAVE User Manual (#9)** replaces the SAVE Handbook. The new User Manual, issued by INS includes several changes, including clarification of the date of entrance provided by the primary verification system (see Item 12) and a new G-845, Document Verification Request.
2. The **Core Competencies for Early Care and Education Professionals (#20)** has been added to the online version only. Hard copies will be sent to EES/SS Chiefs under separate cover.
3. The **KsCares Provider Data Entry Instructions (#24)** has been added with this revision. These instructions outline detailed information not found in the KsCares User Manual.
4. The **Maximum Hourly Child Care Provider Rate Schedule (#25)** was updated effective February 1, 2002. This information was transmitted via memo in January 2002.
5. The **Family Income and Share Schedule for Child Care Services (#48)** has been updated to reflect the new federal poverty levels.
6. The **Medicaid and HealthWave Standards (#55)** has been revised because of new federal poverty levels. New standards are now implemented for the MP (both Medicaid and HealthWave), QMB, LMB and QWD programs. Separate instructions will be issued regarding implementation of these new standards.
7. The **Components to Meet Work Requirements/Participation (#58) (1-01-02)** has been corrected. Post Secondary Education (PSE) is a secondary component. This component is not applicable to pregnant or parenting teens without a high school diploma or GED.
8. The **Electronic Benefit Transfer System Guide, (#79)**, has been updated with revised policy and terminology. Deluxe Data is now the eFunds Corporation. The aged-off benefits process has been revised in the handbook since staff are no longer required to send aged-off notices. In addition, the procedures regarding food stamp adjustments, previously implemented via a memo, are included at the end of the guide.

9. **Safeguarding Federal Tax Information (#89)**, SRS is required by the Internal Revenue Service to update staff annually or when requirements change on the proper use of taxpayer information. As a condition of each interface, SRS as an agency and each staff person as a condition of employment agree to adhere to strict rules governing the disclosure of information gained through the match process. Disclosure of any information received through an interface to another applicant/recipient or a member of the general public is a violation of confidentiality and can result in personal criminal liability. Caution must be used when dealing with this information whether in printed or verbal form. Section 7213 (a) of the Internal Revenue Code sets penalties of a \$5,000 fine and/or 5 years in jail for unauthorized disclosure of tax information. Section 7431 permits a taxpayer to bring suit for civil damages for unauthorized disclosure of information in cases of willful disclosure or gross negligence. Information gained through interfaces cannot be used as the sole source of verification or evidence. Such information can only act as a lead to an investigation. All staff are required to review Appendix #89 on at least a yearly basis.
10. **TAF 60 Month Limit Questions (#95)**, has been revised to note that TANF assistance received from other states counts toward the 60 month limit.
11. **Adding TANF Months from Other States to KAECSES (#96)**, has been added to the Appendix for staff to use when a month of more of assistance from another state must be added to the TAF counter in KAECSES. This form must be sent to HelpDesk and months can only be added based on programmer involvement. See the Implementation Memo for further details."

EFFECTIVE DATE

Child Care provider rate adjustment occurred effective February 1, 2002. All other policies in this revision are effective May 1, 2002 and shall be applied to all applications processed on or after that date.

EFFECT ON LOCAL STAFF

The change in procedures regarding the denial of food stamp applications for failure to complete the interview will have a major impact on staff as they will have to adjust to the system denying FS applications for failure to show for an interview on the 30th day. Other local processes may also need revision to accommodate this change in policy.

COORDINATION EFFORTS

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

Sincerely,

Sandra C. Hazlett, Director
Economic and Employment Support

SCH:PG: jmm

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This page was last updated: 09/05/2002