


 Rotating images of Social and Rehabilitation Services banner	 banner for Kansas department of Social and Rehabilitation Services		
--	--	---	---

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

Final  
July 1, 2002

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.10 effective July 1, 2002.**

### **PURPOSE, BACKGROUND AND REASON FOR CHANGE**

The purpose of this document is to transmit Revision No. 10 of the Kansas Economic and Employment and Support Manual effective July 1, 2002.

**General Assistance:** Current allocation levels are short of estimated funding needed to provide basic services at the current level. As a result, several significant policy changes have been initiated to reduce expenditures. One of those changes is placing a lifetime limit on receipt of General Assistance/MediKan benefits to 24 months beginning July 1, 2002. The count will start with the month of July for current consumers and with the first month of benefits for future applicants. In preparation for this change, a process was undertaken beginning in late December 2001 to refer a number of current GA consumers to Social Security to renew their application for disability benefits. This initiative involved District SSA offices, Kansas Legal Services, and SRS who have worked together to contact and help assist each consumer through the SSA application process as well as the appeal process if appropriate. It is hoped that this initiative will result in some consumers gaining access to Social Security benefits prior to termination of GA.

**[Back to Top](#)**

**Medicaid Program:** This revision also implements Working Healthy, a new Medicaid coverage group. Working Healthy is a program for persons with disabilities ages 16-64 who also have earned income. It is being implemented under the authority provided by the Ticket to Work and the Work Incentives Improvement Act of 1999 (TW-WIIA), which created two new optional Medicaid eligibility groups. TW-WIIA also provides for a whole package of additional work related incentives for persons with disabilities, primarily within

the Social Security program. TW-WIIA's Basic Eligibility Group is being implemented with this revision. Coverage for this group is provided without a spenddown to those with incomes up to 300% of the federal poverty level. Premiums are applicable for those with incomes in excess of 100% of the poverty level. There is a \$15,000 resource limit for the group. The program focus is to assist persons competitively employed with a mechanism to maintain or obtain health insurance coverage. There are also new resource and income exemptions created for this group. All pension/retirement funds will be exempt for this group as a resource and all income deposited into an Individual Development Account (IDA) will be exempt as income in the month deposited. Persons receiving HCBS are not eligible under the Working Healthy program.

In addition to Working Healthy, a formal policy for the allowance of Blind Work Expenses (BWE) and Impairment Related Work Expenses (IRWE) is also being implemented. These allow persons who meet disability criteria an additional deduction from earned income. Because of the complex nature of these expenses, a standardized monthly deduction of \$300 for BWE and \$100 for IRWE has been developed. Because BWE and IRWE are allowed in the SSI program, the Kansas Medicaid program is federally mandated to provide these disregards as well. These allowances will be available to all persons meeting the aged, blind or disability criteria of the MS program.

Persons currently served under the HCBS waiver for the Physically Disabled (PD) will be able to remain on the waiver past the age of 65. Currently persons are automatically shifted to the Frail Elderly (FE) waiver when the age of 65 is reached. A change has also been incorporated regarding the age criteria for the HCBS waiver for individuals with head injuries (HI). Persons who turn 55 may now remain on the waiver as long as progress is being made.

### [Back to Top](#)

**Child Care Program:** The January 2002 KEESM revision attempted to streamline child care provider enrollment processes and further define roles of various agency staff. Comments and suggestions received after the January 2002 revision have been incorporated into revision #10. Child care provider enrollment forms have been revised and bound into statewide enrollment packets. One enrollment packet contains information needed to enroll regulated providers, another contains information to enroll unregulated providers, another for Out of Home Relative providers and one for In-Home situations. Two handbooks have also been developed, one for In-Home child care and one for other child care provider situations. The handbooks provide information such as provider responsibilities and payment processing policies. Traditionally, areas have developed their own packets to be used for provider enrollment. Assembly of the packets is seen as time consuming for field staff. It is expected the pre-printed enrollment packets will be a time saver in most areas. The packets contain the minimum information needed to enroll a provider for payment. Areas will be allowed the flexibility to provide additional information if they see fit.

A Parent-Provider Partnership brochure has also been developed. This brochure provides valuable information about child care options, choosing quality child care, child care subsidy, and parent/provider rights and responsibilities. Even though a telephone or face-to-face interview is recommended at the time of the initial application for the purpose of developing the child care plan, and providing program information and information on

choosing quality child care, if the client is unable to come to an in-person interview and cannot be reached by telephone, the interview is waived. This brochure will assist staff in providing this information when the interview is waived.

Policy around In-Home child care rates and absent time payments for In-Home situations have changed with this revision. Clients using In-Home child care will automatically be eligible for the maximum SRS rate for their county. Workers will no longer be required to collect a rate quote for In-Home situations and will automatically assign the maximum rate. Rate collection for this type of situation was seen as cumbersome and futile. Rates collected many times come back the same as or higher than the SRS maximum rates. By law, clients using In-Home child care are required to pay their provider minimum wage. In most cases, the assigning of the SRS maximum rate would not cover the full cost to the parent. This same philosophy holds true with absent time payments. Traditionally, policy has stated that absent time shall not be paid for In-Home situations. This has led to child care plan manipulation and system work arounds. This practice is no longer considered useful. With this revision, child care plans for In-Home situations will be set up the same way other plans are established, using the reasonable estimate of hours needed. In-Home time sheets will be processed in the same manner as other time sheets. If absent time is paid for In-Home situations, it should be allowed.

Policy Memo 01-03-03 Child Care Provider Agreement Denial or Termination has been updated to reflect correct KEESM references.

[Back to Top](#)

## **CHANGES AND REQUIRED ACTIONS**

1. **KEESM 1614.3 Completion of Summary** - Item (9) of this section is being modified to remove references to DDRS and replace with the agency's current title, Disability and Determination Services (DDS). In addition, the modification of the DD-1104 alters the instructions for a DDS reconsideration. See the Miscellaneous Forms section below.
2. **KEESM 1731 - Volunteers** - This section of the manual is being removed. The SRS Volunteer Program was decentralized in 1998. Area Offices have the flexibility to use volunteers to best meet the needs of the area.
3. **KEESM 2242 - Hardship Status** - This section is being modified to correct an error in Hardship Status # (6). This hardship status is applicable in situations where the family group contains persons who have two or more work penalties in the past.
4. **KEESM 2310 and subsections - General Assistance (GA)** - This section has been revised to reflect the 24 month lifetime limit for receipt of GA/MediKan as noted in the Background section. It has also been reformatted to better highlight and clarify the primary eligibility requirements for GA.

Criteria for the program have been moved to 2313 and the GA RN section moved to 2314. A new section has been added, 2315, to emphasize the eligibility requirement that an application for Social Security disability benefits must also be filed as the GA program is intended to serve persons with disabling conditions. This is followed by

the Interim Assistance Reimbursement (IAR) process instructions in 2316. Clarification has been included that if an overpayment exists for any month IAR reimbursement is received, the amount of overpayment claim shall be reduced by the IAR reimbursement received for any corresponding month.

The final section, 2317, addresses the 24 month time limit. Once one member of the GA filing unit has reached the 24 month limit, all members of that unit are ineligible. Assistance received prior to July 2002 will be counted towards the limit. A separate Implementation Memo will be issued regarding this change.

5. **KEESM 2521 - Persons Exempt from ABAWD Provision** - This section has been revised to remove reference to the IM-3151 form as a means to verify disability. Disability shall now be verified through a written statement from a medically qualified source.

[\*\*Back to Top\*\*](#)

6. **KEESM 2530 - Households Containing Post-High School Students** - This section has been revised to remove reference to the IM-3151 form as a means to verify if a person is physically or mentally unfit for employment. Such status shall now be verified through a written statement from a medically qualified source.
7. **KEESM 2610 - General Program Information (Medical)** - This section is being modified to reflect a change in the Medicaid fiscal agent from Blue Cross/Blue Shield of Kansas to Electronic Data Systems (EDS) effective 07-01-02. Also, a reference to the Kansas Medical Services Manual (KMSM) is being corrected.
8. **KEESM 2611 - Medicaid** - A new item (d) under "Optional Coverage" is being added to number (1) of this section to reflect the addition of the Working Healthy program as a new Categorically Needy program.
9. **KEESM 2630 - SSI Recipients (SSI)** - This section has been amended to correctly refer to Disability and Determination Services (DDS) by removing references to DDRS. It has also been clarified that the SI-related medical coverage may only be approved in the initial SSI application month if the SSI is ultimately approved.
10. **KEESM 2634 - 1619 Status** - This section has been amended to reflect an increase in the monthly substantial gainful activity (SGA) level with SSA from \$740.00 to \$780.00. This change was effective 01-01-02. It is also clarified that although disability status may not be jeopardized by employment at this level, cash benefits will generally be reduced. In some instances, employment below this level may cause loss of SSI recipient status.
11. **KEESM 2636 - Loss of Recipient Status** - This section has been amended to replace a references to the ININ screen with EATSS. It is also being clarified to state that persons who lose SSI recipient status due to earned income may be eligible for Working Healthy. A referral to an SRS Benefits Specialist should be made when this occurs.

12. **KEESM 2662- Related to Disability, Including Blindness** - This section is being clarified to note that SSA will not complete a disability determination on a person with earnings in excess of the substantial gainful activity (SGA) level. This level is currently \$780.00/month. A manual referral to DDS may be required for persons applying for medical coverage, including Working Healthy, in these instances.

[Back to Top](#)

13. **KEESM 2662.1- Referral to Disability Determination Services (DDS)** - This section has been rewritten to support changes to the referral process to accommodate newly revised referral forms. The section has also been clarified to state that it may be necessary to send DDS more than 2 information release forms (the DD-1103) if more than 2 doctors are listed on the completed data report (the DD-1105). The DD-1103 is not to be dated prior to submitting to DDS, as DDS staff will ensure the form is timely dated. It has also been changed to state that a new referral is required when recommended by DDS to ensure disability criteria continue to be met. The review date, also known as the diary date, will be indicated on the returned DD-1104. Referrals are not required after the client reaches age 65.
14. **KEESM 2664 - Working Healthy** - This new section and 7 (seven) subsections have been added to reflect the addition of a new Medicaid coverage group, Working Healthy. The program covers persons ages 16-64 with earned income who meet Social Security disability criteria. The income limit for the program is 300% of the applicable federal poverty level. There are no spenddown provisions for this group. However, premiums are required for incomes over 100% FPL. Twelve month review periods are applicable with special reviews occurring every 6 months to determine any change in premium obligation. Current spenddown and QMB/LMB cases will be converted in the months of May and June.

Additional detailed instructions regarding program requirements, implementation and conversion instructions have been issued in a separate memo on April 25, 2002.

15. **KEESM 2691 - Emergency Service Coverage for Aliens** - This section has been modified to require verification of birth be presented for all SOBRA applications for labor and delivery. Prior to approving SOBRA coverage for the applicant mother, proof of a live birth or still birth must be presented. Various forms of birth verification may be presented, including the "footprint" identification form from the hospital. Medical assistance cannot be provided until this documentation is received. Keep in mind that miscarriages, complications of pregnancy and false labor are not considered emergency conditions. This rule applies to coverage for the SOBRA mother only and does not apply to the newborn or other pregnant women applications. A reference has been removed which indicated BC/BS of Kansas is the Medicaid fiscal agent.

[Back to Top](#)

16. **KEESM 2710 - General Program Information (HealthWave)** - This section is being modified to remove out dated language regarding coverage for those who have terminated health insurance coverage within the past six months. This is referring to

a former eligibility program requirement known as 'crowd out' which restricted coverage for those who had dropped health insurance coverage in the past six months. This requirement was removed in KEESM revision 6, effective 07-01-01.

17. **KEESM 2920 - Certificates of Creditable Coverage** - A reference has been removed which indicated BC/BS of Kansas is the Medicaid fiscal agent.
18. **KEESM 3310.3 (2) - Work Experience** - This section has been modified to include a statement that non-profit organizations requesting to become Work Experience Work Sites shall be required to provide verification of tax exempt status and the verification should be attached to the Cooperative Work Site Agreement form, EP-4104.
19. **KEESM 5130 - Medical Assistance** - This section has been altered to include the resource limit for Working Healthy at \$15,000. This limit applies to all Working Healthy plans regardless of the household size.
20. **KEESM 5410 - Types of Personal Property** - This section has been modified to include information on Learning Quest or other 529 accounts. These are educational savings plans designed to pay higher educational expenses for a person designated by the plan owner. The plans also offer certain tax advantages. For all programs, these plans are considered a resource of the plan's owner, not the beneficiary or designee. Although a penalty may be assessed for non-qualified withdrawals from the account, the account is available to the owner.
21. **KEESM 5430 - Exempt Personal Property** - An additional item (d) has been added to item (15), Pension Plans, of this section. All pension funds and retirement accounts are exempt for Working Healthy. In addition, the section has been alphabetized and items 12 through 20 have been renumbered. Cross references to section 5430 throughout the manual have also been changed.

[\*\*Back to Top\*\*](#)

22. **KEESM 6410 - Income Exempt as Income Only and Income Exempt as Income and a Resource** - Item (7) Blind Work Expense (BWE) and Impairment Related Work Expense (IRWE) has been moved and changed to provide for specific criteria for applying these earned income disregards. All subsequent items have been renumbered. Cross references to section 6410 throughout the manual have also been changed.

Item (12) Children's Earnings (Medical) - A cross reference to new item 17, which exempts the earnings of disabled students under the age of 22, has been added to element (d) of this item.

Item (17) Earned Income of a Disabled Student - Has been added for MS, QMB, LMB, QWD and Working Healthy for student under the age of 22. For students meeting the disability criteria all earned income is exempt. This change is required by federal law. A student is defined as an individual in a college or university enrolled at least 8 hours a week, in grades 7-12 for at least 12 hours a week or in a training course at least 12 hours a week.

Item (24) Individual Development Accounts (All Programs) - Has been renumbered and modified to state that all income deposited into an allowable IDA is exempt as income. It has also been clarified that only the interest earned on IDA's is exempt for other programs. It has been further clarified to state that Learning Quest or other 529 accounts are not considered IDA's.

23. **KEESM 7221 - Earned Income Deduction** - A cross-reference has been corrected.
24. **KEESM 7240 - Deductions for the MS, QMB, LMB, and QWD Programs** - This section has been modified to reflect that the regular deductions are applicable to the Working Healthy program. In addition, new items reflecting the disregards from earned income for BWEs and IRWEs (see item 26 above) have been added. These disregards allow persons to claim expenses related to their ability to maintain employment against the amount of countable earned income. The expenses are deducted from the amount of converted/averaged/actual earnings prior to other disregards. Persons reporting one of the allowable expenses is allowed a standard disregard of \$300 for those meeting the blind criteria or \$100 for persons with a disability.

Verification of blindness shall be obtained from EATSS. Persons have the option to utilize actual expenses if their costs exceed the standard allowance. Expenses shall be averaged and must be verified. All allowable expenses are included in the material. Additional expenses are not allowable. BWEs and IRWEs are not allowable expenses for ineligible members of the assistance plan.

Additional information regarding these deductions and implementation instructions will be issued in a separate memo.

[\*\*Back to Top\*\*](#)

25. **KEESM 7330- Eligibility Periods for Medical Programs** - Items (1) and (2) of this section has been modified to state Working Healthy plans have 1 (one) month base periods for both current and prior medical periods. In addition, item (2) has been further modified to replace previous numerals 1 - 4 with appropriate alphabetical numeration of these items.
26. **KEESM 7420 - Food Stamp Standards** - This section has been modified to match the change made to 1512.5 (2) in the May 2002 revision. Initial month benefits of less than \$10 will not be issued, even if the benefit is not prorated.
27. **KEESM 7430 - Medical Program Standards** - A new item (4) has been added to this section to reflect standards for Working Healthy. Total income cannot exceed the appropriate poverty level standard.
28. **KEESM 7531 - Financial Eligibility in the Medicaid Poverty Level, HealthWave, QMB, LMB, QWD, and Working Healthy Programs** - Working Healthy has been included in this section to provide for financial eligibility standards.

29. **KEESM 7532 - Financial Eligibility in the MA and MS Programs - Spenddown** - This section has been modified to indicate spenddown does not apply to Working Healthy.
30. **KEESM 8150 - Determination of Countable Income (NF) and KEESM 8250 - Determination of Countable Income** - These sections is being modified to reflect new disregards from earned income for BWEs and IRWEs. These disregards allow persons to claim expenses related to their ability to maintain employment against the amount of countable earned income. The expenses are deducted from the amount of converted/averaged/actual earnings prior to other disregards. Persons reporting one of the allowable expenses is allowed a standard disregard of \$300 for those meeting the blind criteria or \$100 for persons with a disability. Verification of blindness shall be obtained from EATSS. Persons have the option to utilize actual expenses if their costs exceed the standard allowance. Expenses shall be averaged and must be verified. All allowable expenses are included in the material. Additional expenses are not allowable. BWEs and IRWEs are not allowable expenses for ineligible members of the assistance plan or spouses in the determination of allocated income.

Additional information regarding these deductions and implementation instructions has been issued in a separate memo on April 25, 2002.

[Back to Top](#)

31. **KEESM 8160 - Income Standards** - A line accidentally left out of Revision 8 has been reinserted in item (2) of this section.
32. **KEESM 8200 - Home and Community Based Services (HCBS)** - This section has been modified to state that persons whose Medicaid eligibility is based on Working Healthy criteria cannot receive HCBS.
33. **KEESM 8212 - Physically Disabled Waiver (HCBS/PD)** - This section has been modified to state that persons served on the PD waiver on their 65<sup>th</sup> birthday may continue to be served on the PD waiver. Previously, all persons transitioned to the FE waiver upon reaching age 65. Within two months of reaching age 65, the individual will be given a choice of remaining on the PD waiver or transferring to the FE waiver. A new choice form will be obtained from the ILC and an ES-3161 shall be sent to EES to communicate the individuals decision. LOTC coding reflecting participation in the PD waiver shall remain in place until the ES-3161 is received.  
  
Persons who choose to remain on the PD waiver may choose to switch to the FE waiver at a later date. These persons will not be subject to any applicable waiting list for services at the time this choice is made. Once moving to the FE waiver they may not switch back to the PD waiver. The transition to the FE waiver will always be made on the first day of a month. This choice is available for persons reaching age 65 on or after July 1, 2002.
34. **KEESM 8215 - Waiver for Individuals with Head Injuries (HCBS/HI)** - This section is being modified to reflect that persons may be served on the HI waiver past the age of 55 with approval of the waiver manager.



35. **KEESM 10036 - In-Home Child Care Enrollment and Monitoring Procedures** - A change made in the January 2002 revision which was not previously identified has been adopted as policy. Clients will not be required to quote a per hour charge for In-Home child care. In-Home client's will be assigned the applicable maximum SRS reimbursement rate. The 1-02 manual page is accurate and remains in the manual as is.
36. **KEESM 10270 - Payments for In-Home Child Care** - A change made in the January 2002 revision which was not previously identified has been adopted as policy. Client's will not be required to quote a per hour charge for In-Home child care. In-Home client's will be assigned the applicable maximum SRS reimbursement rate. Absent hours will be allowed for In-Home child care. The 1-02 manual page is accurate and remain in the manual as is.

[Back to Top](#)

37. **KEESM 12150 - Definitions** - The definition of mandated reporters is being changed to add: licensed clinical psychotherapists; licensed and licensed clinical marriage and family therapists; licensed and licensed clinical professional counselors; and registered drug and alcohol abuse counselors.
38. **KEESM 12420 - Unconfirmed or Unconfirmed - Potential Risk Findings and Case Decisions** - The instructions in Item (1) of this section have been clarified as to when a form ES-1004, Adult Abuse, Neglect or Exploitation Investigation Report is required. In addition, individual ES-1004 Reports are now due for single victims with multiple perpetrators and for multiple perpetrators with a single victim.

Instructions requiring the use of certified mail for the ES-1008 Report, Notice of Agency Decision, have been deleted for Unconfirmed Findings.

39. **KEESM 12430 - Confirmed Findings and Case Decisions** - This section has been changed to state that for confirmed findings of alleged perpetrators who are licensed, registered or otherwise regulated by a state agency, SRS shall notify that state agency immediately, not waiting for Due Process. If an appeal later overturns the finding, SRS shall notify the licensing agency by letter of this change.

In addition, instructions have been added to require that the ES-1008.1, Memo Notification to Central Registry, be sent within 5 working days when the alleged perpetrator files an appeal or the time to appeal the finding has expired.

40. **KEESM 12521 - Finding Confirmed** - Clarification has been added to this section that the worker shall complete and notify Central Registry of a confirmed finding on the 34<sup>th</sup> working day after the date the ES-1008 has been sent or within 5 working days of being notified that the alleged perpetrator has filed an appeal.

[Back to Top](#)

## **FORMS SECTION**

1. The **Child Care Forms Explanations** has been updated. CC-1602 has been revised and may now be used when enrolling a provider with multiple sites as well as documentation of a rate modification request. CC-1636 was removed from the KEESM with revision #8 as it is obsolete.
2. The **Authorization for Release of Confidential Information Adult Protective Services ES-1003** has been modified to add an expiration date. The expiration date of the authorization must be less than 120 days from the date the consent form is signed.
3. The **Memo Notification to Facility Regarding APS Finding ES-1016** has been modified add the word "unconfirmed" to "potential risk" as a case finding. It also adds "fiduciary abuse" as a 4<sup>th</sup> item of potential investigation.
4. The **Child Care Provider Rate Modification CC-1602** has been revised. This form may also be used if enrolling child care providers with multiple sites. This form will not be incorporated into the enrollment packets in order to avoid confusion. Providers wishing to enroll multiple sites are instructed to contact the local SRS office for details.
5. The **In-Home Provider Release of Information CC-1628** has been revised. Specific references to methods used to check Central Registry have been removed. Since areas have a variety of ways to complete this check, the method used should be indicated on the form. Distribution instructions have been changed to accommodate incorporation of this form into an enrollment packet. The form will no longer be printed in triplicate. A stock of single forms will be maintained to be used with annual renewals.
6. The **Out of Home Relative Provider Release of Information CC-1629** has been revised. Specific references to methods used to check Central Registry have been removed. Since areas have a variety of ways to complete this check, the method used should be indicated on the form. Distribution instructions have been changed to accommodate incorporation of this form into an enrollment packet. The form will no longer be printed in triplicate. A stock of single forms will be maintained to be used with annual renewals.

[\*\*Back to Top\*\*](#)

7. The **Legally Exempt Release of Information CC-1630** has been revised. Specific references to methods used to check Central Registry have been removed. Since areas have a variety of ways to complete this check, the method used should be indicated on the form. Distribution instructions have been changed to accommodate incorporation of this form into an enrollment packet. The form will no longer be printed in triplicate. A stock of single forms will be maintained to be used with annual renewals.
8. The **Health and Safety Standards Home Checklist CC-1631** has been revised. A new column reflecting N/A has been added to the checklist. Reference to completion of the Release of Information has been removed as completion of that form is

required for enrollment and renewal. References to KCCTO have been removed. A line indicating where care will be provided has been added. Distribution instructions have been changed to accommodate incorporation of this form into an enrollment packet. The form will no longer be printed in triplicate. A stock of single forms will be maintained to be used with annual renewals.

9. The **Agreement for Purchase of SRS Child Care ES-1642** has been revised for incorporation into the enrollment packets. Reference to minimum daily charges has been added. Information which can be obtained through a KACCRRRA agency has been removed (special needs children, R&R registration, evening care). Space has been added to reflect the SRS approved rate. County code has been moved to the top of the form. Signatures now appear on the front of the form. A line for e-mail addresses has been added. Space has been made available for the provider to indicate their private sector billing method and rates. This information may be used for reference purposes when converting to an hourly rate. Area Director/Designee has been added to Section II.
10. The **BIENVENIDO AL PROGRAMA DE ASISTENCIA ALIMENTARIA DE KANSAS! ES3100.6S (10-01)** (The Food Stamp Program Application in Spanish) is now available and has been placed into the manual.
11. The **Determination of Need (Medical Assistance) ES-3104.5 (Rev. 07-02)** has been revised to reflect changes in the Poverty Level Standards.
12. The **EES Request for The EES Request for Retroactive Liability/Obligation Adjustment ES-3125** has been modified to incorporate a new reason to request retroactive liability adjustment. Persons leaving an NF for Working Healthy do not have a future obligation or spenddown to adjust so retrospective adjustment is necessary in these situations.
13. The **Statement of Disability, ES-3151 (Rev. 7-02)** replaces the Request for Medical Statement, IM-3151 (1-97). The form has been modified to be used only for verification of a qualifying disability condition for purposes of meeting GA requirements. It will no longer be used for documenting incapacity and employment disability for TAF or Food Stamp purposes.

**[Back to Top](#)**

14. The **Notification of HCBS or Working Healthy Services ES-3160** has been modified to provide for communication regarding the Working Healthy program with regional Benefits Specialists. To accommodate the addition of Working Healthy, CARE and level of care information has been removed and included on a new form, the ES-3164. Specific use of this form will be addressed in a separate implementation memo.
15. The **Notification of Medicaid/HCBS/Working Healthy Services ES- 3161** this form has been revised to incorporate the addition of Working Healthy communication with regional Benefits Specialist staff. References changed from IM-3161 to ES-3161 in 9621.2(5) and 9622(6).

16. The **Request for CARE Information/Level of Care Score ES- 3164** form has been developed to incorporate requests for LOC information of persons requesting NF reimbursement. This information shall no longer be requested on the ES-3160. Processes to use the form remain unchanged.
17. The **Working Healthy and Premium Information ES-3165** has been developed to provide general information about Working Healthy and premium payments to interested consumers. The form provides instructions to self-determine an estimated premium obligation. It is also allows the consumer to acknowledge and agree to a monthly premium obligation by signing the form and returning it to SRS.

[Back to Top](#)

### **MISCELLANEOUS FORMS**

1. The **Authorization For Electronic Deposit of Vendor Payment DA-130** cover letter has been updated.
2. The **Disability Determination Request DD-1104** form has been modified to capture additional information. A specific field to identify the onset date has been added as well as a field for requesting a reconsideration. No changes to the process are being implemented with this revision.
3. The **Disability Determination Data Report DD-1105** form has been modified to capture additional information for purposes of the disability determination referral.

### **APPENDIX SECTION**

1. The **Medical Program Standards (#55)** Working Healthy income limits and premium standards have been included in a new item (6) to this form.
2. The **Child Care Provider Handbooks and Enrollment Packets** have been added with this revision. One Handbook will be used with In-Home situations and the other Handbook will be used with all other situations. The Handbooks provide detailed information on payment policies, procedures and responsibilities. The provider handbooks ([21](#) and [22](#)) are found under "Child Care" in the Appendix. Item 23, Parent-Provider Partnership brochure has also been added. This brochure contains a variety of child care information including how to select quality care. The Child Care Enrollment packets [97](#) and [98](#) and [100](#)) and In-Home Child Care Request (99) are found in the Miscellaneous section of the Appendix. These handbooks and packets are available only on the on-line version of the manual or from the SRS Warehouse.
3. The **Policy Statement on Discipline (#26)** has been revised.
4. The **"Abbreviations & Acronyms Used by KS Dept. of SRS (#73)"** has been updated to include the Working Healthy Program.
5. The **Request for Taxpayer Identification Number and Certification W-9 (#86)** was updated by the IRS in January 2002.

6. The **Adding TANF Months from Other States to KAECSSES (#96)** has been modified to correct the Help Desk fax number, add instruction for completion of the State information, and change the wording from "**Security Key**" to "**Pen.**" In addition, the EES Specialist shall make a photocopy of the completed form to be retained in the case file for documentation purposes.
7. The **ICT CHECKLIST (#101)** has been updated.

[Back to Top](#)

### **EFFECT ON LOCAL STAFF**

Implementation of the Working Healthy program will have moderate impact on staff. The primary workload will be realized in the months of May-June during conversion of existing cases. Ongoing responsibilities with a new Medicaid coverage group and communication with benefits specialist will also impact staff. Although the numbers of cases are relatively small, the work is detailed with minimal system support. Training of field staff will occur during the month of May.

Child Care Program changes contained in this revision will save staff time involved in child care provider enrollment duties. The changes will provide for a uniform and consistent approach to provider enrollment and payment. The changes will also assist staff in meeting the provider and parent educational aspects of the program.

All other changes are not expected to have any substantive impact on staff.

### **MATERIAL OBSOLETE BY THIS REVISION**

Policy Memo 99-10-13, issued 10-1-99, regarding special purpose child care.

### **COORDINATION EFFORTS**

The material in this letter, manual revision and accompanying Implementation Memos have been coordinated with staff in the Economic and Employment Support Section, Children and Family Policy Section, Kansas Department on Aging, Health Care Policy-Community Supports and Services, Medical Policy, Vocational Rehabilitation Services, Disability and Determination Services, Office of Public Affairs, Working Healthy Implementation Team, EES child care liaison staff, Wyandotte County child care providers, KACCRRRA staff, and EES Chiefs.

Sincerely,

Sandra C. Hazlett, Director  
Economic and Employment Support

SCH:MW:jmm

[Back to Top](#) | [KEESM Home](#) | [Table of Contents](#) | [EES Home](#) |

**This page was last updated: 06/20/2002**