

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

Final December 1, 2004

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. 21 effective January 1, 2005

PURPOSE, BACKGROUND, and REASON FOR CHANGE

The purpose of this document is to transmit Revision No. 21 of the Kansas Economic and Employment Support Manual effective January 1, 2005.

Multiple Programs - This revision implements provisions of the **Trafficking Victims Protection Reauthorization Act of 2003, P.L. 108-193**, that expands the categories of non-citizens eligible to participate in the food stamp, child care subsidy, TANF and Medicaid programs. Effective with this revision, eligibility has been expanded to include minor children, spouses and, in some cases, the parents and siblings of victims of severe forms of trafficking. Formerly, eligibility was limited to the victims themselves. Non-citizens classified as victims of severe trafficking are eligible to participate under the same conditions as non-citizens classified as refugees.

This revision also implements several clarifications applicable to the food stamp and cash programs. Regarding drug-related felony convictions, this revision clarifies that the August 22, 1996 date as set out in the KEESM refers to the date the person committed the offense, not the date of the conviction. The offense must occur after August 22, 1996 for the individual to be considered for disqualification. In regard to potential employment, this revision clarifies that the potential employment penalties for reducing hours of employment shall only be applied if the person voluntarily reduces hours of employment from 30 or more hours per week to less than 30 hours per week AND reduces monthly gross earnings to less than 30 hours a week multiplied by the federal minimum wage.

Cash Assistance - A clarification is being added to address situations when the mandatory filing unit regulations should take precedence over caretaker relative regulations. This clarification is being added to eliminate confusion in these situations and avoid assistance being denied to non-traditional extended families.

Child Care - Changes are being made to the Income Eligible Training-Employed child care option in order to create greater understanding of allowable use of this subtype. The Governor has

established having a highly skilled work force as a goal for the state. SRS can assist some clients through the Child Care Program in meeting this goal. Though we are not in a position budget-wise in the Child Care Program to further change or expand policies to allow additional access in this realm, it is believed that some field staff may not be using the current option to its full potential or purpose. The change included in this revision is intended to make options for staff and clients more clear.

Changes are being made to Out-of-Home Relative provider rates. Out-of-Home Relative reimbursement rates are being reduced in order to initiate a Tiered reimbursement system for quality child care in Kansas. In order to further support this initiative, a maximum number of hours (215) for Out-of-Home Relative child care plans is being implemented.

Changes are being made to allow certain Kansas Early Head Start families access to the child care subsidy for limited time period.

Food Assistance - This revision implements changes to food stamp work related exemptions as required by Federal food stamp regulations. This revision also implements several clarifications to current food stamp policy.

Medical Assistance - The Medically Improved group is being implemented under the authority provided in the Ticket to Work and Work Incentives Improvement Act (TWWIIA) as an agency initiative.

The annual cost of living increase in the minimum and maximum resource allowance amounts is being transmitted with this revision. Based on federal law, the community spouse income and resource allowance standards under the spousal impoverishment provisions will be increased effective January 1, 2005. No increase in the HCBS income standard will be implemented.

I. MULTIPLE PROGRAMS

A. CHANGES

1. **Victims of Severe Forms of Trafficking** - The manual is being revised to provide that the **Trafficking Victims Protection Reauthorization Act of 2003** expands the categories of non-citizens who are eligible to participate under the provisions of KEESM [2144](#). Now included are minor children, spouses and in some cases the parents and siblings of victims of severe trafficking. Victims of trafficking are issued "T" visas, and eligible relatives of trafficking victims are entitled to visas designated at T-2, T-3, T-4 or T-5 (collectively referred to as "Derivative T Visas"). The following sections of the manual are being modified accordingly: [2142.1](#), [2143.1](#) and [2144](#) and Appendix Item [A-1](#), Non-Citizen Qualification Chart.
2. **SSI Lump Sum** - For MS, QMB, LMB and QWD programs, retroactive SSI payments are viewed as lump sums exempt as income in the month received and as a resource for 9 months following the month the benefit is received. KEESM [5430](#) (18) and [6410](#) (35) are being modified with this revision.

B. CLARIFICATIONS

1. **Drug-Related Convictions** - The manual is being revised to clarify that the August 22, 1996-effective date regarding drug convictions refers to the date that the person committed the drug-related offense, not the date of the conviction. For example, a drug-related offense that occurred on August 1, 1996, but was convicted on July 1, 1997, would not be a disqualifying event. KEESM [2183](#) is being modified accordingly.
2. **Adding New Household Member to a Pending Application** - The manual is being revised to clarify that when a new person enters a household after an application has been filed, but prior to case approval, assistance for the new household member is prorated from the date of application. See KEESM [7401](#) (1).
3. **KPERS 13th Check** - A clarification is added to state the additional KPERS check (or the 13th check) is paid only to retirees who began receiving benefits prior to July 2, 1987. KEESM [6213](#) is being updated to reflect this clarification.
4. **Date of Application** - Section [1411.2](#) is being clarified that applications received at SRS Access Points are not considered filed until they are received at an SRS Service Center or HealthWave office for Medicaid/HW.

II. ADULT SERVICES

A. CHANGES

Screening Reports - Section [12210](#) (2) is being revised to require APS Social Workers to make an on-site visit to a CDDO/Affiliate prior to screening out a report whenever APS receives a report of a serious injury requiring hospitalization or an emergency room visit. This will ensure that appropriate action was taken. This visit shall be documented and attached to the screening form.

B. CLARIFICATIONS

None

III. CASH ASSISTANCE

A. CHANGES

1. **Kansas Legal Service Referrals** - A change is being made to the required referrals to KLS for GA applicants/recipients. Effective with this revision, applicants for GA shall be referred immediately to KLS, even before the application is approved. Sections [1724](#) and [2315](#) are being updated with this change.
2. **Who May File** - A change is being made to allow an adult mandatory filing unit member, who does not meet the definition of a caretaker relative, to file an application on behalf of a minor when the minor is part of the adult's mandatory filing unit. See B. 1. below for an example of such a situation. See KEESM

[1411.3](#), [2110](#) and [2220](#).

B. CLARIFICATIONS

1. **Mandatory Filing Unit vs. Caretaker Relative Requirement** - A note is being added to the manual to clarify that the mandatory filing unit rules take precedence over the caretaker relative rules when they conflict. For example, an assistance plan consists of Mary and her two children. The half-sibling of the children, who has the same father but a different mother, comes to live with the family. Mary does not meet the definition of a caretaker as defined in KEESM [2220](#), but the child is a mandatory filing unit member as a half-sibling of Mary's children. In this and similar situations, the mandatory filing unit rule will take precedence, and the half-sibling must be included in the assistance plan even though he is not living with a caretaker relative. See KEESM [2220](#).
2. **Agency Protocol Prior to Terminating TAF Cash Case Due to the 60-Month Time Limit** - The reference to ES-4307 in KEESM [2242](#) (1) is being removed since this form is now obsolete. The region's work program assessment tool has replaced the ES-4307.
3. **Proration Following a Sanction** - The manual is being revised to clarify that the date of proration is the date of application for persons reapplying for cash assistance following a sanction for failure to meet CSE or work requirements that resulted in at least a one month break in assistance. An applicant must still agree to cooperate and fulfill other requirements necessary to resolve the sanction prior to eligibility being approved. This clarification is being made because prior wording was ambiguous and sometimes resulted in staff prorating assistance from the actual date of compliance rather than the date of application. For example, a person who applied on May 10 was not scheduled for an interview until May 28. This was the first time the applicant had an opportunity to sign a cooperation agreement or be told what conditions had to be satisfied to resolve the sanction. In this example, the applicant was told to meet with CSE, and an appointment was scheduled for June 3. When the case was processed, the June 3rd date was used for proration purposes rather than May 10, resulting in an unnecessary loss of benefits to the client. Section [7401](#)(2) is being updated with this clarification.

IV. CHILD CARE ASSISTANCE - GENERAL ELIGIBILITY

A. CHANGES

1. **IE EM (Employed Income Eligible) Child Care** - The reference to Bachelor's Degree in KEESM [2834](#) (2) is being removed. This reference has caused confusion for staff. Appendix Item [E-11](#), Education/Training Assistance Desk Aid, is also being revised to reflect this change. Post-Secondary education could be allowable under this subtype if the education will be completed within 6 months (employment criteria may be waived), allowable if the client is meeting the employment criteria, and allowable if the education meets the skill-specific and/or greater earning potential criteria. Form [ES-1640](#), **Statement of Understanding Income Eligible Training-Employed Child Care Assistance** is

being revised to reflect this change. A fourth statement is being added to state that the client understands that the 20 hours per week employment criteria may be waived as long as education/training is completed within 6 months.

2. **Establishing a Waiting List** - The sentence referencing an unborn child in [2840](#) is being removed to better align policy with systems procedures. Unborn children should not be put on KsCares.
3. **Child Care Plan Hours** - Changes are being made in Sections [7600](#) and [7620](#) regarding the maximum number of hours that can be authorized on a child care plan. Child care plans using an Out-of-Home Relative provider will only be allowed for a maximum of 215 hours per month. A link is being added to [7610](#) to reference 10 month plan duration when Kansas Early Head Start is involved. Also in Section [7620](#), the reference to the Hi/Lo Utilization Report (Variation of 15% in actual hours above or below the scheduled hours) is being removed. This report is no longer used.
4. **Kansas Early Head Start (KEHS)** - Policy is being added to Section [10021.1](#) (8) to indicate circumstances when a family enrolled in KEHS would be allowed to access the child care subsidy. References are also being added to Section [1114](#). The KEHS children who will be accessing the child care subsidy would be eligible if they were not participating in KEHS. KEHS grantees do not have enough child care funding in their budget to support all of the families who are employed. Due to this lack of funding, families have exited KEHS to access the SRS child care subsidy. By allowing KEHS families to access the subsidy program for a limited time and under certain criteria, children and families can continue in KEHS and receive the added support they need.

B. CLARIFICATIONS

1. **Child Care Types** - KEESM [1114](#) is being corrected to reflect current policy. The reference to TC child care is being removed as child care hours for Income Eligible Education/Training are now included under the EM subtype.
2. **MO (Food Stamp Only) Child Care** - Wording is being added to [2832](#) to better describe the counties eligible for MO Child Care.
3. **Assistance Planning** - The reference to the Appendix in KEESM [4410](#) is being removed. This reference was overlooked with the previous revision. The Child Care Assistance Planning examples were removed from the Appendix with the October 2004 revision. Staff should refer to the Personal Trainer on the EES Net for information on Child Care Assistance Planning.

V. CHILD CARE - PROVIDER ISSUES

A. CHANGES

1. **SRS Rates** - Out-of-Home Relative provider rates are being reduced to 65% of Registered provider rates. This change can be seen in Section 10240. **Appendix**

Item [C-18](#), Maximum Hourly Child Care Provider Rate Schedule is being revised to reflect this change.

2. **Drop-in Care** - The Revised Child Care Licensing Regulations include a new category of care. Drop-in Child Care Programs are licensed, but have fewer regulations. The definition is being added to Section [10021.1](#).
3. **In-Home Provider** - In-Home child care provider information needs to be filed separate from the client eligibility files. Section [10036.4](#).
4. **Purchase Violations** - The staff person doing the provider enrollment, in consultation with the supervisor, may prevent any new child care plan authorizations until any purchase violations are corrected. Section [10037](#) (3).

A. CLARIFICATIONS

1. **Out-of-Home Relative** - Clarification is being added to Section [10022](#) (2) to reflect that any relative substitutes must reside with the relative provider, such as a spouse and not be the primary person responsible for care.
2. **SRS Staff Responsibilities Related to In-Home Child Care** - Section [10036.3](#) (1) is being corrected. Obtaining a FEIN and providing verification to SRS is a client responsibility. The last sentence in the paragraph is being removed.
3. **SRS Rates** - Clarification is being added to Section [10240](#) regarding out-of-state provider participation. With the move to county rate groupings in 2002, some Regions may cover multiple county groupings. Clarification is being added to reflect that an out-of-state provider should receive the rate of the Kansas county nearest the provider.
4. **Public or Private School Licensing Requirements** - Section [10021.1](#) (6) is being clarified that any child care program in a public or private school caring for infants or toddlers must be licensed. Appendix Item [C-7](#) is being updated to clarify licensing requirements in school age regulations.

VI. FOOD ASSISTANCE

A. CHANGES

1. **Certification Procedures for Shelters for Battered Women** - The manual is being revised to provide that certification periods for persons in battered women's shelters shall be 6 months. Previously the manual indicated a period of from 1-5 months. This was in conflict with the simplified reporting provisions of a minimum 6 month review period. Since these households will only be certified for 6 months, they will not be required to complete the interim report. Sections [2543.1](#) (3) and [9372](#) are being modified to reflect this change.
2. **Food Stamp Work Related Exemptions** - Food stamp work related exemptions are being changed with this manual revision. The exemption for employment is being changed to state that a person working a minimum of 30 hours weekly OR

receiving weekly earnings at least equal to the federal minimum wage multiplied by 30 hours is exempt. Prior to this revision, the person had to be working a minimum of 30 hours AND earning minimum wage times 30. This means, for example, that a person working 20 hours a week, but earning \$10 an hour would be exempt from food stamp work related requirements.

In addition, 4 new food stamp specific work related exemptions are being added with this revision as follows:

- A person subject to and complying with TANF work requirements. (Even though exempt from FS work related requirements, the person is still subject to the comparable provisions of [2550](#).);
- A person receiving unemployment compensation;
- A regular participant in a drug addiction or alcoholic treatment and rehabilitation program; and
- A student enrolled at least half-time in any recognized school, training program or institution of higher education.

KEESM [3230](#) is being modified to incorporate these changes.

B. CLARIFICATIONS

1. **ABAWDs and Simplified Reporting Requirements** - A clarification is being included regarding ABAWDs, employment and simplified reporting. When a person starts employment that meets the ABAWD work requirement (and it is not reported until review or the end of the three-month time limit because it is under the 130% reporting threshold) those months will not be counted toward the three-month ABAWD time limit. An example is also being included in the manual to help illustrate this clarification. Section [2527](#) is being modified accordingly.
2. **Households Containing Post High-School Students** - A clarification regarding “physically and mentally fit” for purposes of the student eligibility criteria is being implemented with this revision. For purposes of the student eligibility criteria (prior to this revision), the note in Section [2530](#) explained that persons physically or mentally unfit for employment does not refer solely to those persons disabled per the disability definition contained in the Definition of Common Terms in the Appendix. With this revision, the words “for employment” are being removed as the additional words made the policy more restrictive than the federal food stamp regulations provide. A person only needs to be physically or mentally unfit to be exempt from the student eligibility criteria. A person does not have to have the extra criteria of being physically or mentally unfit for employment to be exempt. Sections [2530](#) and [9372](#) are being modified to incorporate this clarification.
3. **Interim Report Forms and Self-Employment** - This revision clarifies that self-employment income shall not be rebudgeted at the time of processing the interim report form unless the individual has experienced a substantial increase or

decrease in self-employment earnings per [7122](#) (2) and (3). KEESM [9122.6](#) has been modified for this clarification.

4. **Processing Standards (for Residents of Alcohol and Drug Addiction Treatment Center)** - A grammatical error is being corrected in Section [2541.2](#).

VII. LIEAP

A. CHANGES

Income Guidelines - Section [13362](#) is being added to reflect changes in income standards as a result of the COLA increase.

B. CLARIFICATIONS

Household Definition - The definition of a paid, live-in attendant when determining household membership is being clarified in Section [13320](#) (1).

VIII. MEDICAL ASSISTANCE

A. CHANGES

1. **Estate Recovery** - Based on a clarification of federal law, Estate Recovery is no longer applicable to HCBS recipients under age 55. Estate Recovery continues to be applicable to individuals who receive long term care services in an institutional setting, regardless of age as well as all Medicaid recipients age 55 or over. Persons receiving only QMB, LMB or QWD are not subject to Estate Recovery. KEESM [1725](#) is being revised to reflect this change.
2. **COLA Mass Change** - Effective January 1, 2005 the minimum community spouse resource allowance will increase from \$18,552 to \$19,020 and the maximum resource allowance will increase from \$92,760 to \$95,100.

In addition, the maximum community spouse income allowance is increasing from \$2319 to \$2,377.50. Neither the minimum income allowance nor the dependent family member allowance is changing.

KEESM sections [8140](#) and [8240](#) are being modified with this revision. The [ES-3162 Resource Assessment and Allowance Determination Form](#), the [ES-3163 Income Allowance Determination Form](#) and the [ES-3104.6, Determination Worksheet for PICKLES Eligibles and Other Protected Medical Groups](#) are also being revised with this revision.

3. **Working Healthy - Medically Improved Group** - A new optional, Medicaid coverage group for employed persons with disabilities called Working Healthy - Medically Improved, is being implemented. The new group is the second of two eligibility groups offered under the Ticket to Work and Work Incentives Improvement Act (TWWIIA). The first group, basic Working Healthy, has been in place since July, 2001.

The Medically Improved group is essentially an extension of the current Working Healthy program. It covers persons who are no longer eligible for Working Healthy due to a loss of disability status based on medical improvement. Medical improvement is a specific status established by DDS at the time of a regular disability review. Such persons are those whose disability or impairment has, because of medical improvement, improved to the point where the individual loses disability status which causes the individual to lose Working Healthy coverage.

Without the extended coverage, persons may go without medical care and eventually return to Social Security disability for support. The purpose of the extended coverage is to ensure persons who are successfully employed may continue to have access to health care by providing continued Medicaid coverage. For example, Joe is an ongoing Working Healthy recipient who takes medication to control symptoms of his mental illness. Because of this, he has successfully held a job for many years. A disability review is completed and, because Joe's symptoms are controlled through medication, he is found to be medically improved and loses disability status. Prior to the new Medically Improved group, Joe's coverage would terminate, leaving him without medical coverage. If he can't afford to purchase medication, it is likely his condition would deteriorate which could result in a job loss or a return to disability status. Under the Medically Improved group, Joe's medical coverage may remain in place provided he continues to have a medically determinable impairment, increasing the possibility of his continued employment.

Only persons covered under the basic Working Healthy group are eligible for the Medically Improved group. Individuals enrolled in other program coverage groups (e.g., Medically Needy or LMB only) cannot transition to the Medically Improved group regardless of the reason for termination. Because of this, some persons may not be eligible to enroll in the Medically Improved group who lose eligibility for medical improvement. Persons whose coverage terminates because of a medical improvement and are not enrolled in the Working Healthy group are to be given the option of changing coverage groups to Working Healthy in the month prior to termination. This will enable the individual to potentially receive ongoing coverage under the Medically Improved group.

All general and financial eligibility criteria applicable to the Working Healthy program are applicable to the expanded group, with the exception of disability criteria. This includes a 300% income limit, \$15,000 resource limit and the premium requirements. In addition, the Medically Improved group also requires the individual to be working a minimum of 40 hours per month at minimum wage. Persons earning lesser levels are not eligible. There is NO minimum standard of employment for regular Working Healthy. Eligibility is denoted on KAECSES through a new Special Medical Indicator (PICK code) of WM. The WM must be used with an MS program and WH program subtype. Annual reviews must include verification that the individual continues to have a medically determinable severe impairment, as documented by a licensed medical practitioner.

The Working Healthy Benefits Specialists are key players throughout the process. Eligibility workers shall continue to ensure the Benefits Specialist is receiving

copies of all consumer notifications. In addition, the Benefits Specialist shall be notified at the point of coverage termination. For persons who lose coverage because of a disability-related issue, the Benefits Specialist will contact SSA to determine if the closure is related to medical improvement. This information will be communicated back to EES for a final determination of continued coverage. In addition, the Benefits Specialist will be responsible for ensuring Medically Improved persons continue to have the necessary level of impairment and will obtain necessary documentation.

KEESM [2665](#) is being added with this change. KEESM [2664.2](#) is also being updated.

4. **HCBS Eligibility and Assistance Planning** - Eligibility for HCBS is predicated upon the individual's Medicaid eligibility. However, policy limits which groups of Medicaid recipients are eligible for HCBS without converting to HCBS budgeting and which are subject to a client obligation. A recent clarification from HCP regarding assistance planning rules has necessitated a change in the categories of eligibility for HCBS. A like assistance planning clarification is also being incorporated with this revision.

MP is no longer an eligible category for HCBS. Persons receiving assistance under the MP program are no longer included in the MP assistance plan if the individual chooses HCBS. A separate HCBS plan is established for the individual and the individual is removed from the MP plan. The individual is subject to client obligation.

MA CM continues to be an eligible category for HCBS. Persons receiving assistance under the MA CM plan may receive HCBS services as long as the other conditions of the waiver are met (e.g. age, disability determination for the PD waiver, etc). In addition, the individual may continue to participate as disqualified/excluded individual (DI) in the MA CM plan if the remaining members of the plan are otherwise eligible except for exclusion of the HCBS individual. The individual shall continue to be considered in the MA CM plan as a 'DI' to enable the other plan members to retain assistance. However, the individual shall continue to have a separate MS program established for maintenance purposes. The HCBS recipient is not subject to client obligation.

Sections [8200.1](#) and [4311](#) (3) are being updated with these changes.

B. CLARIFICATIONS

None

IX. SUCCESSFUL FAMILIES

A. CHANGES

1. **Orientation, Assessment, Referral, Safety (OAR)** - During the FY-2005 contract negotiation, EES Central Office and the Kansas Coalition Against Sexual and Domestic Violence (KCSDV) discussed the importance of OARS advocates

and SRS staff maintaining a good working partnership in serving domestic violence victims. OARS and SRS staff need to balance client safety and confidentiality concerns while recognizing the need for SRS to have basic information which would affect the client's TAF eligibility as well as the progress being made toward self-sufficiency. Wording to describe the process of sharing limited confidential information is being incorporated into KEESM [3310.4](#) (11). Two new forms were developed to a) inform the clients of their confidentiality rights between the OARS advocate and themselves and their personal responsibility to provide SRS with information which would affect TAF eligibility, and b) facilitate exchange of limited information between OARS and SRS if the clients authorized release. These forms, the [OARS Confidentiality Agreement](#) and the [Authorization for the Release of Specified Information Which Affects Eligibility for SRS Benefits](#) are being incorporated into the KEESM Miscellaneous Forms section.

2. **Work Transition Allowance (WTA)** - KEESM [3411.2](#) (4) is being changed to remove the limitation on the amount of the WTA payment. Current policy limits the amount of the WTA payment up to the amount of the previous TAF monthly benefit. This change will allow more flexibility and eliminate the need for EES case managers to make two payments when the client's need exceeds the amount of the previous TAF monthly benefit. WTA payment coding instructions are being incorporated into the KEESM. Additional clarification is also being added to emphasize that the WTA is only available in the month following the effective date of the TAF cash closure.

B. CLARIFICATIONS

Intercounty Transfer Program Instruction for TANF Work Program cases in Transitional Status - TANF cash recipients are eligible for work program services for 12 months following the closure of the cash assistance case and the KsCares case is in JO TR status during these 12 months. Some of these former TANF cash assistance recipients do not need or request work program services during this 12-month period. EES staff sometimes become aware that the former TANF cash client has relocated to a different service center. A Note is being added in [9221.2](#) to indicate that the KsCares case for work program cases in JO TR status should not be transferred to the new service center until the transfer is requested by the new service center and/or the recipient.

FORMS (Not previously discussed in this Summary)

A. All Programs

A Spanish version of the cover sheet of the [ES-3100](#), including a description of programs, rights and responsibilities and penalty warning, and a copy of the signature page (page 9) of the ES-3100 is being added to the Forms section.

B. Adult Services

1. ES-1005, **Adult Abuse, Neglect or Exploitation Emergency Support Services** form is being obsoleted because this information is captured on the monthly allocation report sent to Central Office.
2. A number of APS related [forms](#) have been changed to reflect terminology changes from “local office” or “Area Office” to “SRS Service Center” or “Regional Office.” See the Forms Table of Contents for a complete listing of these forms, which will all have a revision date of 01-05.

C. Child Care

Appendix Item #18, **Boost Your Baby’s Brain Power**, is being removed. This brochure is available from the local Child Care Resource and Referral Agency.

D. Successful Families

1. The [ES-4313](#), **Statement of Understanding for Vehicle Purchase**, is being updated to reflect current policy. The form currently indicates that failure to comply with program requirements after accepting a vehicle will be considered a willful client error and may result in recovery of the purchase price of the vehicle. This statement is being removed from the form since work program payments are not considered overpayments.
2. The [IS-4308](#), **Assessment Referral**, is being modified to add a Release of Information. The Release was removed from a previous version of this form because it was thought that the form would be used between EES and RS and no release would be required. However, this form is being used for assessment referrals to entities other than RS, and field staff have requested the Release be added back to the form. The Release is not needed if EES is referring to Rehabilitation Services for an assessment.

MISCELLANEOUS FORMS (Not previously discussed in this Summary)

1. The [Miscellaneous Forms Table of Contents](#) has been reorganized. Forms are now grouped together and a “File Format” column added to help in determining which file format to open depending on preference and available software.
2. The [MS-2504](#), **Health Insurance Premium Payment System (HIPPS) Information Form** was revised in September, 2002. The [MS-2504.1](#), **HIPPS Change Report Form** was revised in October, 2002. The revised forms are being included with this revision.
3. References to the HealthWave application and brochures are being removed from the Forms Table of Contents and added to the [Appendix Web Links](#) section in the form of a link to the HealthWave web site. The HealthWave application is currently available in 10 different languages and this will guarantee access to the most recent version of that form.
4. The [SRS Fair Hearings Procedure](#) brochure was revised by the Office of Administrative Hearings (OAH) some time back (no revision date available) to reflect the change of address of that office. This revised version is being incorporated into the Miscellaneous Forms section with this revision. Several other Administrative Hearings forms have been revised as well by the Office of Administrative Hearings and those forms are being included with this revision.

The “**Benefits Request**” form is being removed as OAH no longer uses that form.

5. The [MS-2156](#), **Medical Review of Emergency Services for Establishing SOBRA Eligibility** is being added to the KEESM in this section. It has been in use for some time and was available only the on the EES Net. Putting this form with other Miscellaneous Forms should make it easier for staff to locate.

APPENDIX (Not previously discussed in this Summary)

A. All Programs

1. The [Table of Contents](#) for the Appendix Section is being reorganized to better categorize its contents. As a result, every single appendix item is being renumbered. References throughout the KEESM are also being updated to reflect these changes in organization. In addition, a new [WEB LINKS](#) section is being added to the Appendix. This will take the viewer directly to the website of an outside agency rather than having to maintain copies of the forms or sites on a regular basis. (For example, the HealthWave application, available in 10 languages, will be listed here and linked directly to the HealthWave web site.)
2. The following forms are being pulled from the Appendix Section and will now be in the [WEB LINKS](#) section:
 - [Application for a Social Security Card \(SS-5\)](#) and instructions in both English & Spanish.
 - [HealthWave Application](#) (From the Forms Section).
 - [DA-146A, Contractual Provisions Attachment](#) (from the Miscellaneous Forms Section).
 - All of the “Directories” that were created for the hard copy of the KEESM that are maintained by other divisions or agencies.
3. **INS Class of Admission Codes** - is being added to the Alien Information section of the Appendix as Item [A-11](#). This will give staff another tool to determine if a person is lawfully admitted to the US for either temporary or permanent residence based on the admission code.

B. Food Assistance

[Landlord/Residency Verification Request Form](#) - A WordPerfect version of the system forms V004 (and X004) is being included with this manual revision. The form can be downloaded and completed by staff as needed.

C. Medical Assistance -

Appendix Item [B-6](#), **Request for Trust/Annuity Clearance**, is being added to the Appendix and is to accompany all trust and annuity documents that are submitted to Central Office for review. The form is to be completed with as much detail as possible and copies of both the

CAP1 and 2 screens are to be included as well. Per KEESM [5620](#), all trusts, annuities, and similar instruments are to be referred to Central Office for review.

D. Successful Families

1. Appendix Item [T-1](#), **Components to Meet TAF Work Requirements/ Participation**, is being updated to add Work Experience and to correct a formatting error. Work Experience was inadvertently removed from the chart in the October 2004 revision.
2. Appendix Item [E-10](#), **Comparison of TAF and FS E & T Employment Services** is being updated to reflect the new food stamp work exemptions.

MATERIALS RESCINDED WITH THIS REVISION:

None

EFFECTIVE DATE

Except where noted, all policies in this revision are effective January 1, 2005. All new applications and reviews processed on or after January 1, 2005 shall be completed using these revised policies. All open cases should be updated using the new policies when the case is being worked on to process other changes. As stated above, special instructions will be issued in an Implementation Memo for the implementation of the drug conviction changes on existing cases.

MATERIALS OBSOLETE BY THIS REVISION

None

EFFECT ON LOCAL STAFF

It is expected that the changes in this revision will free staff from nonessential work and allow staff to focus efforts on other more critical areas. Clarifications are intended to provide greater understanding of program expectations in order to allow faster and easier administration at the local level. The changes regarding the new spousal impoverishment standards will have a minor administrative effect on staff. Changes to the maximum spousal income allowance will, however, require that staff review a number of cases during the month of December and adjust current allowances as necessary.

COORDINATION EFFORTS

Within SRS, the material in this letter and manual revision have been coordinated with staff in the Economic and Employment Support, the Child Support Enforcement policy staff, Children and Family Services policy staff, Health Care Policy staff, the regional EES Program Administrators and other Regional staff, the Implementation Planning Team, EES Program Training Unit, and other EES field staff. In addition, staff from the Kansas Department of Commerce and the Kansas Coalition Against Sexual and Domestic Violence (KCSVD) were consulted.

Sincerely,

Bobbi Mariani, Director
Economic and Employment Support

BM:MSW:jmm

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