

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

May 1, 2005

TO: Regional Directors
Assistant Regional Directors
Economic and Employment Support Program Administrators
Economic and Employment Support Staff
Other Staff

RE: Summary of Changes for Kansas Economic and Employment Support Manual
(KEESM) Revision No. 22 effective May 1, 2005

PURPOSE, BACKGROUND, and REASON FOR CHANGE

The purpose of this document is to transmit Revision No. 22 of the Kansas Economic and Employment Support Manual effective May 1, 2005.

Child Care and Medical Assistance - New poverty level guidelines have been published by the Department of Health and Human Services. These guidelines affect the eligibility standards in the Child Care, MP, QMB, LMB and QWD programs as well as increase the minimum community spouse income allowance under the spousal impoverishment provisions.

Child Care - The method of payment for Child Care cases will be converted provider payment through from time sheets and checks to the Vision card (client benefit issuance) system later this year. The pilot of this system will begin in June in Wyandotte county and the 21 counties of the former Hays Area. It is planned that the rest of the state will be converted to this new payment system beginning in September. Policy will be issued via an implementation memo at a later date. To support this change, a number of forms are being updated in advance and are included in this revision.

Food Assistance - The state adopted the ABAWD Labor Surplus Area provisions last year. This revision updates those counties that are exempt from the ABAWD provisions based on new information from the US Department of Labor.

Food Assistance and Child Care - A change is being made in the way Child Support income is counted in Food Stamps and Child Care. Child Support shall now be averaged based on the support received in the prior three months, with certain exceptions. This change is permitted in Food Stamp regulations and is also being adopted for Child Care to keep the programs similar. It is not applicable to TAF because once a TAF case is approved, all support is assigned. The change has been approved by the EES Program Administrators to help simplify the calculation of Child Support and to help enhance payment accuracy for QC purposes.

Successful Families - There are two major changes in Work Support programs. The first changes when a KsCares case is to be opened or closed for extended services when TAF itself closes. This in effect will reduce the number of open extended service cases. The second change links the FS Employment & Training program policy more closely to the TAF employment program policy. Only one region has FS E & T and that region suggested these changes. Both of these changes were approved by the EES Program Administrators and EES Central Office.

I. MULTIPLE PROGRAMS

A. CHANGES

1. **Poverty Level Changes** - New federal poverty level guidelines have been published by the Department of Health and Human Services that will reflect approximately a 2.8% increase 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 increases will take effect May 1, 2005 and separate instructions will be issued to the field regarding implementation of these standards.
2. **Averaging Child Support Income and Counting Child Support Arrearage Payments** - A new Section 7124 is being added regarding the budgeting of child support income for purposes of the Food Stamp and Child Care programs. Effective May 1, 2005 child support income will be calculated by using a three-month average (no conversion) to determine a monthly amount to budget unless there has been a change in circumstances which is expected to continue or the court ordered payments are less frequent than monthly and are intended to cover a certain period of time (i.e., intermittent income).

This revision also implements a change in the treatment of child support arrearage payments received by the household. With this revision, child support arrearage payments either received or anticipated to be received will be included as income. The only arrearage payments that are exempt are those that meet the criteria of a lump sum in Section [6410](#) (35).

The following rules will be used to calculate child support income:

- Child support income received in the last three full calendar months prior to the month the budget is being created to be used for the child support average. Child support income received weekly or biweekly will not be converted. The actual monthly amounts of support received per absent parent are averaged. For example, an application is filed in August and is being processed in August. The amount of child support to budget would be determined by averaging child support received in the months of May, June and July.

NOTE: Child support income received during the application month is determined as described above. In other words, the average amount of child

support will be used to determine benefits for the application month, not the amount of actual child support received or expected to be received in the application month.

- If receipt of child support is just beginning, or when the household reports a change in child support that is expected to continue, the child support income will be projected based on verified information and not averaged. When projecting child support income, follow the rules of [7110](#). If the child support is received weekly or biweekly, then monthly income must be converted up to the amount of the court order.
- This projected amount can continue to be budgeted until the next IR, review or reported change in child support income. If no changes are reported at the time of the next IR or review, the child support will then be averaged (provided there are three full months of child support to average).

NOTE: If the client sometimes receives child support and sometimes does not, this is considered fluctuating income and is not treated as an ongoing change. The three-month average should continue.

- If child support payments are ordered to be less frequent than monthly (for example, every six months or yearly for a self-employed person), the child support is considered intermittent income per Section [7121](#) and the support is averaged over the period of time the payment is intended to cover.
- Child support income must be calculated at initial application, when processing an interim report, at review, and when processing a change in child support income that is expected to continue.

These changes should result in easier budgeting of child support income for staff. It is important to note that this method does not incorporate representative income - child support is averaged as noted above (either 3 month average or intermittent average) or projected if it cannot be averaged. More information on the implementation of this change will be provided in the Implementation Memo. In addition, training (in the form of a training packet) will be provided to assist staff with learning this new method of budgeting child support income.

Sections [6220\(4\)\(e\)](#) and [6410\(10\)](#) are also being modified with these above changes. References to child support rebate payments are also being removed since it has been several years since they have been paid.

3. **Legal Impediment** - Additional instructions regarding establishment of legal availability of resources and legal impediment are being added to Section [5200\(3\)](#). The revised material provides a definition of a legal impediment as well as steps an applicant or recipient is expected to follow when an impediment is claimed. This material was previously presented to regional staff in the fall, 2004 and is now being incorporated into the manual.

4. Throughout the manual, references to “Area” and “EES Chief” are being changed to “Region” or “Regional” and “EES Program Administrator”.

B. CLARIFICATIONS

1. **Documentation of Legal Status** - The manual is being clarified to state that only **applicants and recipients** who are identified as non-citizens on their application shall be required to document and verify their non-citizens status. Previously this sentence stated that *clients* who are identified as non-citizens shall be required to document and verify status. Because the term "client" was too vague, the wording is being changed to specifically apply to applicants and recipients. For example, we would not require a parent who states he or she is not legal, to verify and document his or her status since that person is not an applicant or recipient. (We would have to verify the parent’s income if they had any, but we could not require them to document and verify their illegal status.) Section [2146](#) is being modified to incorporate this clarification. In addition, cross references have been corrected in this section.
2. **Vehicle Exemptions** - Section [5510](#) is being clarified for the Food Stamp and cash programs to include campers and trailers as exempt motor vehicles.
3. **Wages Withheld/Salary Advances** - There has been confusion over the policies contained in Section [6316](#) . This section is being re-written to clarify the definition of "wages withheld." These are wages that are due to an employee but are not paid to the employee when normally scheduled. An example is now included in the manual. Basically, salary advances that cannot be anticipated are exempt. Repayments of salary advances are not deducted from gross income.
4. **Intercounty Transfers** - A change is being made to Section [9222](#) (re: the receiving county’s responsibility in an intercounty transfer) removing a reference to monthly report forms and inserting a reference to Interim Report forms.
5. **Reviews - Household Failure to Act** - For the Food Stamp and cash programs, a sentence has been added to clarify that when a review has been denied for failure to appear for an interview or submit required verification, the household is required to complete a new application if benefits are subsequently requested after the end of the review period. Benefits are prorated in accordance with Section [7401](#). This means that a review form returned after the review period has ended can be considered a new application, however, for purposes of the Food Stamp Program, benefits must be prorated. Section [9350](#) is being modified accordingly.
6. **Exempt Income** - Section [6410](#)(55) is being modified to remove the reference to consideration of an SSI recipient’s voluntary contribution toward household expenses. In addition, Section [4120](#) (4) is being removed as this section provided guidance on how to consider the contribution. During discussions of the proposed change in [6410](#) (55), it was determined that [4120](#) (4) was no longer pertinent as the cash benefit is already impacted through the shared living standard for TAF and pro rata standard for GA and should not additionally be reduced by a contribution to household expenses. Section [4120](#)(5) is being renumbered as [4120](#)

(4). A clarification is also being added in Section [6410](#) (63) that work program payments paid directly to the client which are exempt as income are those defined in Section [3400](#).

7. **Proration of Benefits** - A clarification is being added in Section [7401](#) (1) related to the effective date of proration. In those situations where a new household member enters the household in the month following the month of application but prior to application approval, benefits will be provided from the first day of the month the household member enter the home.

II. ADULT PROTECTIVE SERVICES

A. CHANGES

1. **Definitions** - In Section [12150](#), - "Potential Risk" as a finding in investigations is being deleted. There are now only two findings regarding abuse, neglect, exploitation or fiduciary abuse: Unconfirmed and Confirmed. Corrective Action Plans are still in effect. The **Notice of Agency Decision - [ES 1008](#)** was changed to reflect the change.
2. **Destruction of Records** - In Section [12162](#), a new requirement to retain all confirmed cases is being added. The term, "screeener" was substituted for "APS Supervisor" as PRC staff are now doing intakes and screenings.
3. **Reports Involving Youth 18 Years of Age and Older in Custody of SRS and In an Out of Home Placement** - A new Section [12201](#) is being added that instructs CFS to screen out reports of abuse or neglect for children 18 and older who are in SRS custody. Instructions are also included on steps that APS staff must take on these reports.
4. **Legal Base** - K.S.A. 39-1432 had previously been inadvertently omitted from the list of authorizing statutes for APS. Section [12110](#) is being corrected with this reference.
5. **Statutes Related to Confidentiality** - Section [12123](#) is being reordered sequentially and K.S.A. 39-1436 (a) (1) (2) (3) is now quoted in its entirety.
6. **Statutory Citations** - Citations are being listed where they had been previously omitted .
7. **Guardianship Handbook** - The introductory portion of Section [12700](#) is being deleted. The Guardianship Handbook, which was referenced, is obsolete.
8. **Decision-Making and Functional Assessment: Criteria for Legal Impairment - A Multi-Disciplinary Tool** - is an assessment tool that was previously in Guardianship Handbook. It is now the [ES-1012](#) and is a mandatory assessment for determining eligibility for Guardianship/Conservatorship.

9. **Screening Reports** - In Section [12210](#)(4), a new subitem (k) is being added. Reports can be screened out when the first face-to-face interview reveals inaccurate information and no need for investigation. In such instances case logs are to be attached to the screening form and the report screened out within seven days of face-to-face interview. The **APS Screening Report - [ES-1001](#)** reflects this change.
10. **Contacting the Involved Adult** - A NOTE is being added to Section [12311](#) that the investigation will not be late if two attempts for a personal visit within mandated time frames are unsuccessful. For example, the worker is unable to locate the involved adult.

B. CLARIFICATIONS

1. **Program Description** - SRS does not investigate resident-to-resident or staff-to-resident in facilities licensed by KDOA or KDHE, or in CDDO facilities licensed/certified by SRS. This clarification is being added as PRC staff are now doing intakes and screenings. This change is shown in Section [12100](#).
2. **Statutes Related to Confidentiality** - In Section [12123](#), the order of statute citations are now in a chronological sequence and K.S.A. 39-1436 (a) (1) (2) (3) is being quoted in its entirety.
3. **Screening Reports** - In Section [12210](#), a new item 3 is being added regarding reports made about an alleged incident which occurred in the past. Guidelines to assist the screener have been included. "In the past" are the key words and must be included.
4. **Imminent Danger** - Examples and a definition of "Imminent Danger" for PRC screeners is being added to Section [12221](#)
5. **Other Minor Clarifications** - are being made in Sections [12300](#), [12400](#), [12500](#) and [12600](#).

III. CASH ASSISTANCE

A. CHANGES

Failure to Cooperate - A policy change is being made when the parent who fails to cooperate with CSE is a minor parent who is unable to act in his/her own behalf. In those situations, only the minor parent will be ineligible for assistance. The following sections are being modified to reflect this change: [2165](#) (1), [2165.1](#) (1) (a), and [2165.1](#) (2). Section [4113](#) (2) is also being modified to reflect this change.

In addition, typographical errors in Section [2160](#) and an incorrect manual cross-reference in the Section [2164](#) are being corrected.

B. CLARIFICATIONS

1. **Assistance Planning** - General Assistance - Section [2313](#) is being revised to clarify that the composition of the mandatory filing unit for a two-person GA case can only consist of the individual and spouse. In these situations, one spouse is disabled and the other qualifies as a caretaker, or both spouses are disabled. Staff should review their caseload to determine if the two-person GA cases in their caseload meet this criterion. If not, appropriate action should be taken to close the caretaker on the case. This does not reflect any change in existing policy. The section is also being reformatted to the way in was prior to 07-04. It was inadvertently reformatted in that revision and this discrepancy was only recently discovered.
2. **Hardship Status** - Information on handling hardships when a household reaches 60 months, including closing such cases when the hardship ends, was inadvertently removed from the KEESM in May 2004. It was supposed to be reinstated through an errata but restoration was missed. This information is being reinstated in Section [2243](#) with this revision. In addition, the section is being reformatted to differentiate between hardships due to non-cooperation with Work Programs and non-cooperation with CSE.
3. **Mandatory Verification That Affects Eligibility for Program Benefits** - Item (10) is being added in [1322.1](#) to clarify that verification of relationship to the child is required in all non-parental TAF situations. Cross references between this section and Section [2220](#) are being included.

IV. CHILD CARE ASSISTANCE

A. CHANGES

None

B. CLARIFICATIONS

1. **SSI Recipient Status** - Sections [2630](#) and [4420](#) (1) are being clarified that a person who is in SSI Recipient Status, even if not actually receiving SSI, is to be considered an SSI recipient. Recipient status can be verified through the State Data Exchange (SDX) or through a Third Party Query (TPQY) of the Social Security Administration.
2. **Section 4420** is also being clarified that if the only child needing child care is receiving SSI only that child's non-exempt income is used in determining eligibility. SSI is exempt. If there are other children in the home needing child care, all members of the nuclear family are to be included on the case and all household members' income (except the SSI) is considered.

V. CHILD CARE PROVIDER ISSUES

A. CHANGES

1. **Child Care Grants** - In Section [10011](#)(2)(d), the reference to resource and referral agencies administering the family child care grant program is being deleted .
2. **In-Home and Out-of-Home Provider** - Background checks for informal providers are being enhanced to include checking the Kansas Adult Supervised Population Electronic Repository (KASPER) <http://docnet.dc.state.ks.us/kasper2/> in addition to the Child Abuse/Neglect Central Registry. Sections [10022](#), [10035](#) and [10036.3](#) are being updated with this change.

B. CLARIFICATIONS

Specials Needs Special Purpose Payments - Section [10260](#) (6) is being corrected. The enhanced payment rate for special purpose child care is available with Central Office approval, for any provider - regulated and unregulated.

VI. FOOD ASSISTANCE

A. CHANGES

Able-bodied Adults Without Dependents (ABAWD) - Effective May 1, 2005, residents of certain counties will be exempt from the ABAWD provisions because the county has been designated a Labor Surplus Area (LSA) by the Department of Labor, or the county has had for a 24-month period, an unemployment rate 20 percent above the national average. Twenty-two counties were deemed exempt and implemented July 1, 2004. Labor Surplus data for Federal Fiscal Year 2005 was announced in January 2005 and, as a result, residents in the following fourteen counties will be exempt effective May 1, 2005:

Anderson, Atchison, Cherokee, Coffey, Cowley, Doniphan, Douglas, Leavenworth, Linn, Sedgwick, Shawnee, Sumner, Woodson, and Wyandotte.

The following eleven counties that qualified in FY 2004 do not qualify in FY 2005:

Allen, Bourbon, Brown, Finney, Geary, Jackson, Jefferson, Kearney, Labette, Montgomery and Neosho.

Instructions for implementing the ABAWD exemption in the three new exempt counties of Cowley, Douglas and Sedgwick and instructions for ending the exemption for the eleven counties noted above will be provided in the Implementation Memo.

This change is reflected in Section [2520](#).

B. CLARIFICATIONS

1. **Denials for Failure to Show for an Interview** - A NOTE is being added to Section [1414.2](#) (2)(b) to clarify that denials for failure to show for an interview take precedence over denials for failure to provide information. For purposes of the Food Stamp Program, this means that if the applicant fails to complete the interview process and fails to provide information requested prior to the date of the interview, the application cannot be denied early for failure to provide information. It must instead be denied for failure to complete the interview process and denied on the 30th day per Section [1414.2](#) (2)(b).
2. **Categorically Eligible Households** - A clarification is being made in Section [2510](#) that persons ineligible for TAF work program support services as indicated in Section [3410](#) are not entitled to categorical eligibility for purposes of the Food Stamp Program. Also see Item VIII. A. 1. of this letter (Work Programs, Changes, TAF Support Services).
3. **Persons Exempt from the ABAWD Provisions** - Section [2521](#) (2) is being clarified in regard to being exempt from the ABAWD criteria while being served by VR. Only persons being served by VR with an Individual Plan of Employment (IPE) would meet this exemption criterion.
4. **Households Containing Post High School Students** - The note under Section [2530](#) (1)(b) is being corrected. The last sentence of the first paragraph of the note should have been removed when this item was modified in Revision 21. See [Summary of Change for Revision 21](#), item VI., B., 2 for a description of the clarification.
5. **Establishing a Comparable Penalty** - A technical correction is being included in item (1)(a) of Section [2552](#). In the last paragraph of this item, the first sentence is modified to state that if the household member cooperates after the end of the month following the month of TAF case closure, that person's SEPA code is to be changed from DI to IN effective for the month following the month of cooperation.
6. **Food Stamp Work Related Exemptions** - A clarification is being added to Section [3230](#) (1) to the exemption for a person who is employed or self-employed and working a minimum of 30 hours weekly or receiving earnings at least equal to the federal minimum wage multiplied by 30 hours. The clarification states that when determining if the amount of self-employment is equal to 30 hours a week times minimum wage, use the adjusted gross income (after income producing costs or the flat 25% deduction are allowed). A cross reference was also corrected in Section [3230](#) (3).
7. **Transfer of Property** - Length of Disqualification Period - A correction is being made to Section [5713](#) to indicate that the 12-month disqualification period applies to applicable transfers that are \$5,000 or more.
8. **Self Employment Costs of Doing Business** - A clarification is being made in Section [7122.1](#) (3). Because the state has a mandatory standard utility allowance, there is no separate deduction for utilities for a home based operation when using

actual costs of doing business. This applies to the Food Stamp Program only.

9. **Shelter Costs - Rent and Mortgage** - Section [7226](#), which discusses allowable and non allowable rent and mortgage shelter costs is being reformatted for ease of use and understandability. The section is now in bullet form with allowable costs listed first, followed by some specific costs that are not allowable. New items are being included in both the lists of allowable and non-allowable costs. Mortgage insurance, which is generally included as part of a mortgage payment, is considered a continuing charge and would thus be an allowable shelter cost. Additional charges for pets are not allowable. Neither list is to be considered all inclusive and questionable rent or mortgage shelter costs not listed should be referred to EES Policy for a decision.
10. **Shelter Costs - Taxes and Insurance** - A clarification is being made in Section [7226.2](#) that installment charges on insurance (for example an extra charge assessed for making monthly or quarterly payments) are considered part of the insurance expense and, therefore, allowable as a shelter cost.
11. **Interim Report - Reinstatement of Assistance** - Section [9122.6](#) (4) is being revised. When reinstating assistance following the receipt of a late IR (or application in lieu of an IR), changes reported on the IR or application shall be acted upon for the benefit month being reinstated. For example, a case is closed 8/31 for no IR. The IR is returned 9/9 and the household reports that a member has left the home. This change shall be acted upon when determining benefits for September. The numbering of the items in this section is also being corrected with this revision.
12. **Benefit Reduction** - A technical correction is being made in Section [11126.1](#) (4). The NOTE in item [11126.1](#) (4)(a) is being moved to [11126.1](#) (4)(b).

VII. MEDICAL ASSISTANCE

A. CHANGES

1. **Poverty Level Changes** - New federal poverty level guidelines have been published by the Department of Health and Human Services. These guidelines affect the eligibility standards for several Medicaid groups:
 - a. Income standards for the Medicaid poverty level and HealthWave programs; Income standard for QMB, LMB, Expanded LMB and QWD programs;
 - b. Income standards and premium standards for Working Healthy (premium levels will remain constant); and
 - c. For spousal impoverishment, the minimum community spouses' income allowance increases from \$1,562 to \$ 1,604, the excess shelter deduction changes from \$207 to \$220, and the dependent family member allowance increases from \$521 to \$535.

The following KEESM sections, forms and appendix items are being updated because of this change: Sections [8144.2](#) and [8244.2](#);

- **Determination of Need - [ES-3104.5](#),**
- **Income Allowance Determination Form - [ES-3163](#),**
- **Working Healthy and Premium Information - [ES-3165](#),**
- **Medicaid and HealthWave Standards - Appendix Item [F-8](#),**

Separate implementation instructions will be issued to staff for these changes.

2. **Medically Needy Base Periods** - Section [7330](#) (1) is being updated to reflect a change on base periods. When both spouses are participating in an MA or MS plan (i.e., coded 'IN' on SEPA) and the couple physically separate or divorce, the existing base period is shortened to end no later than the month following the month of the separation or divorce. This is not applicable to situations where one or both spouses begin receiving long term care or Working Healthy. A new base period may be established if requested by the individual. For persons other than the Primary Individual on the case, a new application is required.
3. **Long Term Care Payments** - Instructions for specific hospital-related long term care arrangements have been added to clarify screening requirements and proper budgeting for each arrangement.
 - a. **Head Injury Rehabilitation and Level VI Facilities** - Patient liability and payment related changes implemented with the [Memorandum](#) dated 03/14/2005 are being included in this revision. Both of these facility types now require a level of care to be in place in the MMIS in order for the facility to be reimbursed. A level of care is considered appropriate if all eligibility and necessary screening requirements have been made. Except for general hospital stays, persons who have transferred property without adequate consideration as per [5720](#) are not eligible for reimbursement of long term care expenses. Financial eligibility, including patient liability, is determined according to Section [8172](#).
 - b. **General Hospital Payments** - Clarification is also being added regarding eligibility for long term general hospital stays. When the stay will exceed the planned brief stay period of the month of entrance and the following two months (30 days when the patient is married or under age 18), long term care budgeting applies. This includes the \$30.00 protected income limit and one month base period. However, because patient liability editing is not used by the MMIS, the case must be processed as if a Medically Needy/ Spenddown case. The cost of care override indicator is not used for these cases and the case is left as a Medically Needy case.

- c. **Medikan** - Clarification is included in this revision to specify Medikan payment of LTC expenses is only available if the GA applicant/recipient enters the facility for a stay which is not intended to exceed the month of entrance and following two months. Current assistance planning rules do not permit GA eligibility if the stay is intended to exceed this period. Other LTC payment requirements must be met, including transfer of property and any screening/level of care requirement. In addition, if payment is specifically excluded under the Medikan Benefit Plan as determined by HCP-MP, no LTC payment is available. If timely notice requirements prohibit terminating GA and Medikan in these situations, eligibility may continue pursuant to these requirements but LTC payment cannot be authorized.

Sections [8112](#), [8112.3](#), and [8112.4](#) item c are being updated with this revision. A technical correction has also been included in section [8120](#) regarding the temporary stay period.

4. **LTC Insurance** - A correction is being incorporated in this revision to support a previous policy change. Beginning 10/1/2003, payments from LTC insurance are accounted for through the Medicaid TPL process and are not considered countable income to increase the patient liability. See the [Summary of Change](#) for 10/1/2003, item VII (A) (1)(e). Section [8172](#) is being updated with this correction.

B. CLARIFICATIONS

1. **Multiple Transfers of Property** - Section [5725](#) is being updated to reinstate material previously removed in error. When multiple transfers of property without adequate consideration have occurred over several months, the penalty period is determined by comparing the resulting penalties by evaluating both as single transfers and as a combined transfer. The greater penalty period is applied.
2. **Working Healthy** - The mailing address for premium payments is being corrected in Section [2664.5](#). The new address is P.O. Box 1338, instead of PO Box 2637. (Please note: P.O. Box 1338 is ONLY used for premium payments for Working Healthy and family fees. All other receipts going to the Central Receivables Unit should continue to go to P.O. Box 2637.)
3. **Children in an Institution** - This revision clarifies treatment of children entering an institution for a period less than 30 days. Because long term care budgeting is only applicable when the stay is for 30 days or more, children entering an institution for a shorter period are regarded as temporarily absent and eligibility is determined according to the previous living arrangement. Eligibility may be established under any medical program in which the individual qualifies, including MA or MS. Parental income and resources are countable, if applicable to the specific medical program. There is no patient liability unless used to meet a Medically Needy spenddown. However, appropriate level of care coding is necessary if required by the specific long term care arrangement. For example, LOTC must be completed for a child in a state hospital but is not necessary for a child in a general hospital.

Sections [8131](#), [8142](#) (2), [8143](#) (3), [8160](#) (1) reflect these changes.

4. **Who May Apply - Institutionalized Persons** - Also included is a clarification regarding who may apply for benefits on behalf of a state hospital resident. Although policy does permit a designee of the state hospital to complete an application for a resident, this will not work for minor children residing in a facility less than 30 days as parental income and assets must be considered. As such, the state hospital designee would not likely be able to provide the information needed to make these determinations. Such applications should be completed by the parent or other allowable caretaker. Sections [1411.3](#)(2), [8131](#), [8142](#) (2), [8143](#) (3), [8160](#) (1) reflect these changes.
5. **Notice of Privacy Practice** - With the implementation of the MMIS, all initial Notices of Privacy Practice (NOPP) have been sent by the fiscal agent to the casehead or responsible party on the case. These are generated for all applicable benefit plans (e.g., Title XIX, Medikan, Medically Needy, etc.). In addition, a new NOPP is also generated when a new recipient is added to the plan. Section [2930](#) reflects this change.
6. **Estate Recovery** - A statement regarding joint tenancy property is being removed from Section [1725.4](#) (2).

VIII. WORK PROGRAMS

A. CHANGES

1. **TAF Support Services** - When a TAF cash case is closed, the client remains eligible for work program services for 12 months following the loss of cash assistance except in specific situations. The following closure reasons are being added as exceptions: the only adult begins to receive SSI; the only adult is incarcerated/institutionalized and loss of contact. The statement that a KsCares case should be opened in situations when the TAF eligible adult(s) is not open in work programs at the time the cash TAF case closes is being removed. In addition, a clarification is being added that the work program case should remain open when the client is receiving work program services at the time cash eligibility ends. Information is being added that the 12-month period of extended services may be tracked by the Scheduled End Date of the component assignment. Clarification is also being added that the 12-month extended services are not available to TAF work program participants who become exempt, do not volunteer for work programs, and remain cash eligible. These changes and clarifications are in Section [3410](#).

NOTE: If the household is not eligible for work program services for twelve months following cash case closure, the household is also not considered categorically eligible for food stamps per Section [2510](#).

2. **FS Employment & Training (FS E & T)** - Limitations to FS E & T services are being removed so that services available to FS E & T participants are similar to

those services available to TAF work program participants. The following specific limitations are being removed: \$1500 education/training per 12 months; \$300 vocational assessment per participant; and \$1500 contracted employment services per 12 months. Sections [3420](#), [3423](#), [3424](#), and [3425](#) are being changed to reflect these changes. In addition, FS E & T clients may now utilize the Special Services Allowances to obtain goods and services needed to participate in approved components. KEESM section [3428](#), Special Services Allowance, is being added to provide guidance for authorizing these services for FS E & T clients. These expenditures must be within the region's FS E & T budget allocation. Appendix Item [E-10](#), **Comparison of TAF and FS E & T Employment Services**, is being updated to reflect these changes.

B. CLARIFICATIONS

None

FORMS (Not previously discussed in this Summary)

A. Multiple Programs

1. **The EBT Repayment Form - [ES-3142](#)** - and related instructions are being revised effective 5-05 to reflect the addition of Child Care as a potential EBT repayment.
2. **Release of Information and Liability - [ES-3101](#)** - The ES-1003, APS Release of Confidential Information, and the IM-3101, Authorization to Furnish Information and Release From Liability, are being combined into one new form. This form can also now be used to allow outside entities such as social security advocates, to access information in a consumer's file based upon the consent of the consumer. In addition, the KAECSES Notice V009, Authorization for Release of Information, is also being updated with the same language. Due to specific program requirements, the OARS Release of Specified Information found in the Miscellaneous Forms Section is still applicable for those cases.

B. Adult Protective Services

1. The following forms are being changed to coincide with the proposed change in the APS Central Registry of Confirmed Adult Perpetrators. These forms will no longer be sent to Central Office. The changes in the Registry are being communicated with the Regional Directors separately.
 - **Notice of Agency Decision - [ES-1008](#)**
 - **Memo Notification - [ES - 1008.1](#)**
 - **Memo Notification Regarding Outcome of Fair Hearing - [ES-1008.2](#)** replaces the current **Memo Notification to Central Registry Regarding Outcome of Fair Hearing - ES-1008.2**.
2. **Guardianship/Conservatorship Referral Notification, [ES -1011](#)** is being substantially changed to include more medical and financial information. The referral to the

Guardianship Handbook has been deleted because the material is obsolete.

C. Child Care

Daily Attendance Record (Sample Form) - [ES-1604](#) - is being simplified.

D. Food Assistance

1. **Computation of Food Stamp Benefit - [ES-1510.1](#)** - is being revised and is now a calculable form. Staff may download the form in Word Perfect and enter appropriate income and expense information to determine net Food Stamp income and benefits. Instructions for this form are also included.
2. **Food Stamp Replacement During Disasters - [ES-3143](#)** - is being initiated for use by field staff to report disasters to the EBT Unit via GroupWise address FSMAIL so that food lost in a disaster that was purchased by Food Stamps can be replaced.

E. Medical Assistance

1. **EES Request for Retroactive Liability/Obligation Adjustment, ES-3125** - is obsolete and is being removed from the manual.
2. **Statement for Continuing Eligibility - [ES-3153](#)** - is being added with this revision. It was introduced in the [Implementation Memo](#) for KEESM Revision #21 (January 2005) as a form that should have been included with that revision.

MISCELLANEOUS FORMS (Not previously discussed in this Summary)

1. The **Notice of Privacy Practice - [HIPAA](#)** - has had its contact list updated by the HIPAA Office. In addition, the form is now available in [Spanish](#). Both of these revised forms were placed on the Miscellaneous Forms section in February.
2. **[Protected Health Information Disclosure Tracking List](#)** - The HIPAA PHI tracking list is being added to this section for staff convenience.

APPENDIX (Not previously discussed in this Summary)

1. **Hiring Someone to Work in Your Home - Appendix Item [C-5](#)** - is being updated.
2. The following Appendices are being updated to include the “Addendum” information created in October 2004 and to modify wording for future Vision Card implementation in the CC Subsidy Program:
 - **CC R & R Core Services - Appendix Item [C-4](#)**;
 - **In-Home Child Care Handbook - Appendix Item [C-9](#)**;
 - **The Parent-Provider Partnership Handbook - Appendix Item [C-11](#)**;

- **Regulated Provider Enrollment** - Appendix Item [C-12](#);
 - **Unregulated Provider Enrollment** - Appendix Item [C-13](#);
 - **In-Home Provider Request** - Appendix Item [C-14](#); and
 - **Out-of-Home Relative Enrollment** - Appendix Item [C-15](#).
3. **Poverty Level Changes** - The following Appendix Items are being changed as a result of the Poverty Level Changes:
 - Family Income and Share Schedule - Appendix Item [F-1](#)
 - Medicaid and HealthWave Standards - Appendix Item [F-8](#)
 4. **Maximum Hourly Rate Chart** - Appendix Item [C-18](#). This chart is being revised to better indicate effective dates of rates.
 5. **The EBT System Guide** - Appendix Item [V-1](#) - is being updated to reflect the addition of child care EBT benefits being added effective June 2005.
 6. **EBT Vision Card Handbooks** - Appendix Items [V-2](#) through [V-5](#) - are being added with this revision. These are the handbooks for the Vision cards that should be given or sent with a new Vision card. [V-2](#) and [V-3](#) are the English and Spanish versions of the handbook for cash and food assistance benefits. [V-4](#) and [V-5](#) are the handbooks in English and Spanish for the new Child Care benefits that will be piloted beginning in June. The brochures are currently available through the warehouse.
 7. **Abbreviations & Acronyms Used by KS Dept. of SRS** - Appendix Item [X-1](#) - is being removed from the manual with this revision. In its place, a link is being added to the [Web Links](#) section to the acronym list elsewhere in the SRS public web (found at http://www.srskansas.org/Abbrev-Acron/abbre-acron_a-b.htm). This list is updated by Customer Service on a more frequent basis than it was for the KEESM.
 8. **Web Links** - The “[Web Links](#)” listed at the bottom of the Appendix Table of Contents are being moved to a separate page available from the KEESM home page. It is felt that visitors to the KEESM web site would find web links easier from the home page than from the bottom of the Appendix Table of Contents.

EFFECTIVE DATE

All policies in this revision are effective May 1, 2005. All new applications and reviews processed on or after May 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. Additional information will be in the Implementation Memo.

Clarifications are intended to provide greater understanding of program expectations in order to allow faster and easier administration at the local level. Efforts continue to be made to allow area discretion and flexibility in order to make prudent decisions given basic guidelines. Clarifications

included in this manual revision should help staff with interpretation of policy and procedure and insure that it is consistently applied.

MATERIALS OBSOLETE BY THIS REVISION

None

EFFECT ON LOCAL STAFF

The Federal Poverty Level changes are automated and should have little effect on staff. Other changes should have minimal effect as most of these changes can be implemented at the next time the case is being handled.

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. The work program changes allow management areas more flexibility.

Clarifications are intended to provide greater understanding of program expectations in order to allow faster and easier administration at the local level. Efforts continue to be made to allow area discretion and flexibility in order to make prudent decisions given basic guidelines. Clarifications included in this manual revision should help staff with interpretation of policy and procedure and insure that it is consistently applied.

COORDINATION EFFORTS

Within SRS, the material in this letter and manual revision have been coordinated with staff in the Economic and Employment Support, Child Support Enforcement, Health Care Policy, Children and Family Services, the EES Program Administrators, the Implementation Planning Team, EES Program Training Unit, Angela Stuart from QA and other EES field staff.

Sincerely,

Bobbi Mariani, Director
Economic and Employment Support

BM:MSW:jm

[KEESM Home](#) | [Table of Contents](#) | [Index](#) | [EES Home](#) |

Page Last Updated: 3/31/06 2:46 PM