

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

June 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. 23 Effective July 1, 2005

PURPOSE, BACKGROUND, and REASON FOR CHANGE

The purpose of this document is to transmit Revision No. 23 of the Kansas Economic and Employment Support Manual effective July 1, 2005.

Adult Protective Services - The legislature passed and the Governor signed into law a couple of bills that affect certain APS statutes. The primary bill is Senate Bill 115 regarding the length of an APS investigation.

Medical Assistance - The Medicare Modernization Act (MMA) of 2003 provides for major changes in the Medicare program, including the creation of Medicare Drug coverage under new Part D. Prior to the implementation of Part D, application processes for the Part D Subsidy program need to be included in the KEESM.

I. ADULT PROTECTIVE SERVICES

A.

CHANGES

- 1. Time in Which to Conduct an APS Investigation** - K.S.A. 39-1433(a)(3) was amended by the Legislature this year. It allows for a 60-day extension (to 90 days) for APS investigations if the 30-day criterion interferes with an ongoing criminal investigation. It also allows for a previously made finding to be reopened and a new finding made based on additional evidence that is provided by the criminal investigation. Sections [12110](#) and [12410](#) are being updated with this information.

2. **Investigations in SRS Institutions** - A new section, "Investigations in SRS Institutions" has been added to incorporate APS investigations in the five institutions (KNI, Larned, Osawatomie, Parsons and Rainbow). Designated staff in these institutions will conduct the investigations according to their Risk Management procedures. APS statutes and timeframes and Due Process for the alleged perpetrators shall be followed. When Due Process for the alleged perpetrator has been completed, the institutions will notify the Central Office APS Program Manager to place the names of confirmed perpetrators on the registry. All documentation remains at the institutions. Requests for expungement for perpetrators confirmed by the institutions shall be the responsibility of the institutions and an Expungement Panel designated by the Superintendent of the institution.

[Forms](#) ES-1008 (Notice of Agency Decision); ES-1008.1 (Memo Notification) and ES-1008.2 (Memo Notification Regarding Outcome of Fair Hearing) are being updated to reflect the addition of SRS institutions to the process.

As a result of this section being added, existing sections [12330](#) through [12370](#) are being renumbered as [12340](#) through [12380](#).

3. **SCREENING REPORTS** - In Section [12210](#) the NOTE in sub-item (2) is being deleted. With intake and screening being handled by the Protection Report Centers (PRCs), this procedure is no longer valid.

B. CLARIFICATIONS

1. **Resource Handbook** - references are being removed from Sections [12122](#) and [12311](#) as the handbook no longer exists.
2. **Statutes Related to Confidentiality** - a reference to the Resource Handbook is being removed from Section [12123](#).
3. **Intake Process** - Section [12200](#) is being updated with instructions for intake reports received on adults residing in another state.
4. **Response Time** - A clarification is being made in Section [12220](#) that a "first interview" as defined in K.S.A. 39-1433 is a face-to-face interview.

II. FOOD STAMPS

A. CHANGES

None

B. CLARIFICATIONS

The current list of ABAWD counties was updated in July. The graph in Section [2521](#)(9) was inadvertently not updated at that time. It is being corrected with this revision.

III. MEDICAL ASSISTANCE

A. CHANGES

1. **Medicare and Medicare Buy-In** - Section [2911](#) is being expanded to include the definitions of the Medicare Advantage program and Medicare Part D. The Medicare Advantage program is a managed care model of Medicare available only in an area of the state where the plan is offered. Medicare Part D is the new prescription drug coverage that will begin in January 2006.
2. **Medicare Part D Subsidy** - A new section [2675](#) is being added with this revision. Included is the definition of who is eligible for the Medicare Part D Subsidy program. Medicare Part D Subsidy helps with the payment of Medicare Part D premiums, copayments and deductibles. Medicare beneficiaries who are eligible for Title XIX Medicaid, have met a spenddown, or are eligible for Qualified Medicare Beneficiary (QMB), Low Income Medicare Beneficiary (LMB), and Expanded Low Income Medicare Beneficiary (ELMB) will be deemed eligible for the Medicare Part D Subsidy. In addition, persons applying for the subsidy will be eligible if income for the household size is below 151% of the Federal Poverty Level and resources are below \$10,000 for an individual or \$20,000 for a two or more persons. Persons applying for the Part D Subsidy in the last category will have their eligibility determined by the Social Security Office. However, SRS staff must assist with this process until an SRS application is developed. Instructions for handling these requests are included in the new section.

A link is being added to the Web Links section for an example of the [Social Security Medicare Part D Subsidy](#) application.

3. **Responsibility for Medical Assistance** - House Substitute for Senate Bill 272, adopted by the 2005 Kansas Legislature, authorizes major reorganization of several healthcare programs currently administered by SRS. The new law establishes the Kansas Health Policy Authority, a seven member board appointed by the Governor and Legislature to oversee healthcare purchasing and administration, beginning July 1, 2005. SB 272 also establishes The Division of Health Policy and Finance (DHPF) effective July 1, 2005. DHPF, a new division under the umbrella of the Department of Administration, will assume the single state Medicaid authority as well as responsibility for the MediKan and HealthWave XXI programs. Responsibility for the administration of these programs will be transferred from SRS to DHPF beginning July 1, 2005.

All operational and policy functions currently performed by Health Care Policy-Medical Policy will be transferred to DHPF. In addition, eligibility policy and Estate Recovery functions currently performed within EES, Working Healthy and federal reporting will also transfer. However, HCBS Waiver programs, NF and other institutional programs will not transfer

immediately and will remain within SRS or the Kansas Department on Aging.

The HealthWave Clearinghouse will also be transferred to the new division but eligibility-related responsibilities will not be changing. The division of responsibilities between the HealthWave Clearinghouse and SRS Service Centers, which are outlined in the memo date June 22, 2001, regarding initial application processing and ongoing case maintenance of Family Medical programs are still in force.

KEESM Sections [1121](#) and [2610](#) are being updated with these changes

B. CLARIFICATIONS

Aids Drug Assistance Program (ADAP) - A correction is being made in Section [2694](#). The correct program/person (PRAP) alert for a person eligible for the ADAP program is AD, not AO as was previously listed.

FORMS (Not previously discussed in this Summary)

None

MISCELLANEOUS FORMS (Not previously discussed in this Summary)

None

APPENDIX (Not previously discussed in this Summary)

Child Care - CACFP Sponsors for Child Care Homes - Appendix Item [D-1](#), - is being updated and reordered. The list will now be alphabetical by city.

EFFECTIVE DATE

All policies in this revision are effective July 1, 2005. Additional information will be in the Implementation Memo.

MATERIALS OBSOLETE BY THIS REVISION

None

EFFECT ON LOCAL STAFF

The primary change for Adult Protective Services will allow APS staff additional time to conduct affected investigations. The implementation of the Medicare Part D Subsidy will cause considerable additional contact with the SRS Service Centers from affected Medicare Beneficiaries. Staff will be expected to assist Medicare beneficiaries in completing the application for subsidy.

Other clarifications in this letter will have minimal impact on staff time.

COORDINATION EFFORTS

Within SRS, the material in this letter and manual revision have been coordinated with staff in the Economic and Employment Support, the EES Program Administrators, the Implementation Planning Team, EES Program Training Unit, the Medicare Part D Team and SRS Legal.

Sincerely,

Bobbi Mariani, Director
Economic and Employment Support

BM:MSW:jmm

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

Page Last Updated: 6/20/05 11:51 AM