

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

December 5, 2006

To: Regional Directors
Assistant Regional Directors
Economic and Employment Support Program Administrators
Economic and Employment Support Staff
KPHA Staff
HealthWave Staff
Other Staff

Re: Summary of Changes for Kansas Economic and Employment Support Manual
(KEESM) Revision No. 30 effective January 1, 2007.

PURPOSE, BACKGROUND, and REASON FOR CHANGE

The purpose of this document is to transmit Revision No. 30 of the Kansas Economic and Employment Support Manual effective January 1, 2007.

Application Forms - After extensive revision, this manual revision implements two new application forms, the [ES-3100](#), **Application for Benefits for Families with Children**, and the [ES-3100.1](#), **Application for Benefits for the Elderly and Persons with Disabilities**. Both forms have been usability tested with consumers prior to implementation. The new forms will not be available for use until supplies are received from the Warehouse. Notification and an implementation memo will be issued prior to the release of the new forms.

Cash and Food Assistance - This revision implements a change in scheduling the face-to-face interview for food stamp and cash assistance applications. Effective January 1 staff no longer have to schedule a second interview prior to denying the application, as the applicant will be responsible for rescheduling the missed interview. This change is allowed by Federal Food Stamp regulations and is being adopted for the cash programs for consistency.

Cash, Child Care and Food Assistance - To reduce work for staff, this revision implements a change regarding the establishment of claims. Effective January 1, 2007, an overpayment will not be established if it is \$125 or less and the household is not currently participating in the program in which the overpayment occurred, and the overpayment was not discovered during a quality control review.

Child Care - After a year of observation and evaluation of the EBT child care system, it was decided to make some changes to eliminate confusion and to help further the agency's goal of mirroring private sector practices. Effective January 1, 2007, providers will no longer be sent copies of families' child care plans, regulated providers will be required to use an SRS approved parent/provider contract with all of their families, and providers who collect EBT cards and/or PINs from parents may have their provider agreements with SRS terminated. To align child care and TANF assistance planning policies, children turning 18 and still in high school will continue to be included in the child care assistance plan through the month in which they turn 19.

For simplification purposes, effective January 1, 2007, there will be three child care subtypes - VR (AE), TANF (JO) and non-TANF (EM). AE child care will be used for cases in which child care payments are being made by VR. JO child care will be used if anyone in the assistance plan is a TANF recipient, unless VR is funding the childcare. All other cases will use the EM subtype.

General Assistance - GA Reintegration approved discharge or release plans must include completion of the PMD process, documentation of referral to Social Security for disability benefits, and documentation that consumers have received a copy of the [ES-3901](#).

Grandparents as Caregivers Program - Senate bill 62 was passed and signed into law which offers a new state funded program. This program gives financial assistance to Grandparents and other qualifying relatives raising children, if certain eligibility requirements are met including age, legal custody and income guidelines. This program will be administered by EES and will use the KAECSES program type of GA with a program subtype of GP.

The monthly benefit is \$200 for one child, \$400 for two children and \$600 for three or more children. Funding for this program is limited and new applications will not be accepted or approved if funding is depleted.

A simplified one-page application has been created for this program. However, the [ES-3100](#) application can also be used to determine eligibility. There is no resource test with the GP program and cooperation with Child Support Enforcement is not an eligibility requirement.

Low Income Energy Assistance Program (LIEAP) - The annual income guidelines have been incorporated into this revision.

Medical Assistance - The use of a written affidavit for persons who are not able to obtain verification of citizenship or identity is being changed. A clarification from the Centers for Medicaid Services has removed the requirement that the written statement be notarized. Changes are made to the reasonable opportunity period at review.

Costs related to Medicare Part D are changing for 2007. The new amounts are incorporated, along with January 1, 2007 COLA information.

Responsibility for processing Working Healthy premiums has changed from SRS to KHPA. The mailing address is being updated in this revision.

Information regarding program eligibility rules for Breast and Cervical Cancer are being updated with the revision. The KDHE program responsible for screening women for cancer was changed from FREE to Know to Early Detection Works (EDW). The new program name is now being incorporated.

Information regarding a new Program of All Inclusive Care for the Elderly (PACE) provider is being incorporated and current instructions are being updated. Information regarding LOTC coding is also clarified.

I. ALL PROGRAMS

A. CHANGES

1. **Application Forms** - This revision implements a revised [ES-3100](#) and [3100.1](#). The ES-3100 is now the **Application for Families with Children**, and the ES-3100.1 is no longer the Addendum, but it is the **Application for the Elderly and Persons with Disabilities**. KEESM [1411.1](#) and the forms section is being revised accordingly.

These new forms were developed by a workgroup of staff including field staff and central office staff. Technical assistance on forms design was provided by the Kleimann Communication Group through a contract with the United States Department of Agriculture. The technical assistance was instrumental in the current design of the application forms. Additional information about the use and implementation of the application forms will be provided just prior to when the new application forms have been printed and distributed to the field. Supplies of the current applications shall be used until the new forms are available.

2. **Kansas Investments Developing Scholars (K.I.D.S.) Match Grant Program** - K.I.D.S. is a new Learning Quest 529 program that matches families' contribution to a educational savings account. Both the Participant and Match contributions are exempt as a resource for all programs. KEESM [5430](#) (16) is being changed to reflect this policy. Items following 5430 (16) have been renumbered due to the insertion of this material. Manual sections that refer to 5430 are also being linked to the correct subsection.

Withdrawals from the K.I.D.S account is exempt as income. A paragraph is included in KEESM [6410](#) (18) to reflect this policy.

3. **Claim Establishment Under \$125** - This revision implements a change in policy regarding the establishment of claims under \$125 or less and applies to the cash, child care and food stamp programs. Effective January 1, 2007, an overpayment shall not be established if:

- the overpayment amount is \$125 or less and

- the household is not currently participating in the program (where the overpayment occurred) and
- the overpayment was not discovered in a quality control review.

The determination of \$125 or less is to be applied to each program. For example, an overpayment is determined for a TAF/FS case. The TAF overpayment is \$100 and the FS overpayment is \$75. Both cases are closed and the overpayment was not discovered in a quality control review. Since the claim amount for each program is \$125 or less, the claims will not be established. The case file must be documented that overpayments occurred but were not established per KEESM [11122](#). Once this decision is made, it stands even if the program(s) later reopen.

KEESM [11120](#), [11122](#) and [11124](#) have been modified accordingly.

B. CLARIFICATIONS

1. **Social Security Numbers** - The manual is being modified to clearly state that consumers are not required to provide a copy of their Social Security card when the Social Security Number has been provided. The agency may ask for copies of Social Security Cards, but assistance cannot be denied if they are not provided. This clarification is included in [1322.1](#) (4).
2. **Application Date** - A statement is being added to the KEESM to reinforce the fact that all paper applications must be date-stamped the date of receipt in the SRS office. Without the date stamp, QA staff must use the date the consumer signed the application form as the date of application. This could cause a food stamp application to be considered processed untimely as a result. KEESM [1411.2](#) is being modified to include this clarification.
3. **Establishing Claims** - Due to an oversight in a prior manual revision, a statement in the manual indicated that coding suspected fraud claims as pending fraud (PF code), only applied to the Child Care Program. This statement was misleading as coding suspected fraud as pending fraud actually applies to all programs. KEESM [11125](#) is being modified accordingly.
4. **Subpoenas and Testifying in Court Concerning Information Not Otherwise Authorized to be Disclosed** - In section [1227](#) (2), reference to 42 U.S.C. Sec. 1936a(a)(7) is incorrect. The '3' and '9' in '1936' were inadvertently transposed. It is being changed to 42 U.S.C. Sec. 1396a(a) (7).

II. ADULT PROTECTIVE SERVICES

A. CHANGES

1. **Confirmed Findings and Case Decisions** - KEESM section [12430](#) is being revised to include the procedure for notification to the Attorney General's office on all confirmed findings of abuse, neglect and exploitation, (excluding self neglect) and references the **Fax Transmittal Sheet**, Miscellaneous Appendix item [X-11](#). Currently 12430 (1) refers to the [ES-1004](#) report. The revision will change [12430](#) (1) to be information on the [ES-1008](#) (**Notice of Agency Decision**). Section (1)(a) will include information on forwarding the ES-1008 to the Attorney General's office.
2. **Inability to Complete Investigation** - A new section, KEESM section [12390](#), has been created to address forwarding information to the Attorney General when the investigation is not completed due to being denied the opportunity or ability to complete an investigation. This section also provides the process for requests from the Attorney General for information on specific cases.

B. CLARIFICATIONS

1. [ES-1008.1](#) has been placed back in the manual, it was inadvertently deleted during a prior revision.

III. CASH ASSISTANCE AND FOOD STAMPS

A. CHANGES

1. **Face-to-Face Interview** - The manual is being revised to provide that the agency only needs to schedule one interview at the time of application. The current policy requires the agency to schedule two interviews before an application can be denied for failure to complete the interview. The revised policy requires the agency to notify each household that misses its interview that it missed the scheduled interview and that the household is responsible for rescheduling the missed interview. If the household contacts the agency within the 30 day (FS) application processing period, the agency must schedule a second interview. The requirement to notify households of the missed interview applies to the Food Stamp Program only.

The notification of a missed interview is currently automated for food stamps if INDA is not coded that the interview was completed. Three days after the last interview date entered on the system, the Notice of Missed Interview (NOMI) is mailed for the FS program only. Effective January 1, 2007, the NOMI is being revised to state that the household is responsible for rescheduling the interview. For FS program applications, the NOMI will be mailed and if the household does not call to reschedule the interview, the application will be denied automatically on the 30th day. **It is very important that staff let the system auto deny the FS application on the 30th day. Policy does not allow FS applications to be denied prior to the 30th day for failure to complete an interview.** For the cash programs, the application will be denied 10 days after the interview is

missed. The NOMI is not generated on cash programs as it is only required for the FS program. An automated denial notice will be sent on cash programs to notify the household of the denial for failure to complete the interview or staff can manually deny the cash program after the interview has been missed. KEESM Sections [1412.1](#) and [1414.2](#) (2) are being revised to incorporate this change.

B. CLARIFICATIONS

None

IV. CHILD CARE ASSISTANCE

A. CHANGES

1. **The Child Care Plan** - Effective January 1, 2007, copies of child care plans will no longer be mailed to child care providers. Instead, they will be sent a notice of eligibility (P202) which will simply tell them that the child(ren) for whom they have been named as provider are eligible from a particular date to a date in the future. KEESM [1431](#) and [7600](#) is being modified to reflect this change. Providers have been notified of this change via newsletters from Resource and Referral agencies, and will receive a mass mailing in mid December as well. With this change, the amount of a client's benefit and family share deduction are considered confidential information, not given to the child care provider by SRS.
2. **Type of Child Care** - KEESM section [2830](#) and subsections are being modified to reflect that effective January 1, 2007, there will only be three child care subtypes - VR (AE), TANF (JO), non-TANF (EM). AE child care will be used for cases in which child care payments are being made by VR. The JO subtype will be used for any assistance plan that includes at least one person who is a TANF recipient, unless VR is funding the child care. The EM subtype will be used for all other cases. References to child care subtypes and the corresponding manual sections have been updated in sections [1114](#), [1413](#), [2140](#), [2160](#), [2820](#), [4420](#), [7340](#), and [7620](#). Detailed information about making this change will be included in the implementation memo.
3. **Assistance Planning for the Child Care Program** - KEESM section [4410](#) and in Appendix [X-6](#), Definitions of Common Terms, the definition of a child is being modified to reflect that an 18 year old child in the home who is still in high school will continue to be included in the child care assistance plan through the month in which he or she turns age 19.

B. CLARIFICATIONS

1. **Family Share Deduction** - To clarify the meaning of the term, the family share is now referred to as the family share deduction throughout the manual, and references to the term family share or family fee/share have

been removed. This can be seen in sections [1423](#), [1431](#), [4410](#), [7540](#), [7600](#), on the various child care forms, and on [Policy Memo 05-11-04](#).

Section [1212.11](#) is being modified to clarify that the client is responsible to pay the provider for any unsubsidized amount owed, and not just the amount of the family share deduction.

V. CHILD CARE PROVIDERS

A. CHANGES

1. **Provider Responsibilities** - KEESM section [10034](#) is being modified to reflect that effective January 1, 2007, regulated providers will be required to use SRS approved parent/provider contracts with all of their families. Any changes in payment policy made after the initial approval of their provider agreement must be approved by SRS provider enrollment staff. Child care handbooks ([C-10](#) and [C-11](#)) and provider enrollment documents ([C-12](#)) have been updated to include this information. Older versions of these documents should be destroyed and the new versions used after 1-1-07.
2. **Actions Which Warrant Termination or Denial of Provider Enrollment** - KEESM section [10037.1](#) is being modified to specify that providers who request or accept EBT cards and/or PIN numbers from parents, or otherwise misuse the EBT system or funds, may have their SRS provider agreement terminated. Following the first such offense, provider enrollment staff will send a written warning to the provider, and if the practice continues, the agreement will be terminated. Regional policy will dictate the length of time the provider will not be allowed to be enrolled. This information is included in the updated child care handbooks.

B. CLARIFICATIONS

None

VI. FOOD ASSISTANCE

A. CHANGES

None

B. CLARIFICATIONS

1. **Verification of Employment** - The manual is being modified to clarify acceptable verification of earned income. The word "paystubs" is also being replaced by "pay" or "pay verification". This revision defines the most recent 30 days of pay, at a minimum, to be the pay most reasonably expected to be received prior to the submission of the application/review or interim report. It goes on to further clarify that verification of pay received after the submission of the application/review or interim report, may also be used in

determining the most recent 30 days of pay if provided by the applicant. For example, an application is received on January 11th. The applicant is paid weekly on Friday. The most recent 30 days would be pay received on January 5, December 29, December 22, and December 15. If the applicant was asked to provide verification of pay and he/she provided pay for January 12, January 5, December 29 and December 22, that would also be acceptable. The point is to use prudent person judgment in determining pay that is representative of ongoing income, with the belief that the most recent pay is usually the most representative. Section [1322.1](#) (1)(a)(ii) is being modified to include this clarification.

2. **Shelter Expenses** - As a result of questions from the field and guidance provided by USDA, the manual is being revised to clearly state that a down payment on the purchase of a home is not an allowable shelter expense. [7226.1](#) (2) is being modified accordingly.
3. **Medical Expenses** - As a result of clarification from USDA, the manual is being revised to clarify that payments on loans for one-time medical expenses are allowable. The portion of the payment that is interest, is not, however, allowable. These loans must be established before the expense becomes past due. This includes medical expenses billed on revolving credit, but again the portion that is interest is not allowable. If the household does not pay off the balance by the first month due, then subsequent monthly billings, minus interest, are allowable medical expenses. [7227.5](#) (1) is being modified accordingly.
4. **Household Failure to Act** - A clarification is being added to [9350](#) that states if the household does not complete the interview or provide information during the 30 days following the end of the review period, a new application is required.

VII. GENERAL ASSISTANCE

A. CHANGES

1. **GA Reintegration** - KEESM [1411.3](#) (4) is being modified to reflect the new expectations for approved discharge or release plans. Reference to the obsoleted ES-3151 has also been removed from this section.

B. CLARIFICATIONS

None

VIII. GRANDPARENTS AS CAREGIVERS PROGRAM

- A. **CHANGES** - A new section, KEESM [2330](#), is being created to implement policy regarding the new program.

1. **Eligibility Requirements** - Program information including eligibility requirements unique to the Grandparent's program are described and defined in [2330.1](#) and the assistance planning is given in [2330.2](#). The mandatory filing unit differs significantly from the other cash programs, as it is tied to legal custody. Grandparents and other qualifying relatives may not participate in both the GP and TAF programs during the same month.
2. **Interview Requirements** - [2330.3](#) is being created to reflect that an interview is an eligibility requirement. For all non-parental applications, where the eligibility exists for both TAF and GP programs, the worker will discuss both TAF and GP program benefits so that the customer can make an informed choice on which program best meets the needs of their family.
3. **Verification** - Mandatory verification includes gross non-exempt income, degree of relationship, legal custody and age. Section [2330.4](#) is being created to provide guidance in these areas.
4. **Income** - Information about income is contained in [2330.5](#), [2330.6](#), [2330.7](#), [2330.8](#) and [2330.9](#).
5. **Application** - Policy regarding application processing can be found in [2330.10](#).
6. **Reporting** - The Grandparents as Caregivers program follows the change reporting guidelines.

B. CLARIFICATIONS

None

IX. LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)

A. CHANGES

1. **Income Guidelines** - The income guidelines in [13362](#) have been updated to reflect the current FPL guidelines.

B. CLARIFICATIONS

None

X. MEDICAL ASSISTANCE

A. CHANGES

1. **Citizenship and Identity Verification** - Two changes and several clarifications are being implemented for citizenship and identity verification.

- a. **Declaration Replaces Affidavit** - The use of a written affidavit for persons who are not able to obtain verification of citizenship or identity is being changed. A clarification from the Centers for Medicaid Services has removed the requirement that the written statement be notarized. No other changes are being made to this provision, including the allowable circumstances for using these statements. The Affidavit of Citizenship is being replaced by the Declaration of Citizenship. The individual claiming citizenship must still obtain two separate statements including one from a non-relative with knowledge of the circumstances of the client's birth. However, the new Declaration will not have to be notarized, although a witness is still required.

The Affidavit of Identity is being replaced by the Declaration of Identity. The new declaration may still only be used for children under 16. The document must be completed and signed, under penalty of perjury, by a parent. One witness signature is required.

KEESM Sections [2145.2](#) item 4 and [1322.1](#), item 5 are being updated with this change. Appendix items [P-7](#), Affidavit of Identity, and [P-8](#), Affidavit of Citizenship, is being renamed **Declaration of Identity** and **Declaration of Citizenship**.

- b. **Reasonable Opportunity Period at Review** - A defined initial reasonable opportunity period for actions required at review is implemented with all reviews received on or after January 1, 2007. The change is only applicable to recipients where verification is required at review and is not for new applications or actions taken at other times. The initial reasonable opportunity period is for all reviews which are otherwise complete and eligible, except for verification of citizenship or identity. The initial period is automatic and runs through the end of the second month following the month in which the review is processed. The period may be extend past this time if continued efforts are being made to obtain the verification. Additional information and instruction will be provided through the implementation memo. KEESM Section [2145.4](#) is updated with this change.
- c. **Acceptable Documents** - Clarification regarding acceptable verification documents is included in an update to the Charts of Acceptable Verification for Citizenship and Identity: Medical Assistance and General Assistance.

For identity, acceptable documents include the marriage license, and government-issued child identification cards. Information found in the Kansas Department of Corrections's Kansas Adult Supervision Population Electronic Repository (KASPER) is also acceptable.

For children under age 16 a crib card or hospital bracelet is also acceptable with or without the child's given name as long as there is an obvious link to the mother. For example, 'Baby Boy Smith' and a date of birth. Also, verification through the KsCares systems of current or former participation in the Childcare subsidy program with a record of association with a licensed or registered day care provider is also acceptable as a daycare record.

Appendix Item [A-12](#) is being renamed and updated with this information.

- 2. Medicare Part D - Prescription Drug Coverage** - Costs related to Medicare Part D are changing for 2007. The new amounts are being incorporated.

The copayments for dual eligible Medicare D beneficiaries are changing in 2007:

- For persons eligible for QMB, LMB and Expanded LMB or Subsidy level D0, the copayments are increasing from \$2.00 per generic and \$5.00 per name brand to \$2.15 and \$5.35 respectively.
- For full Medicaid eligibles with incomes at or below 100% FPL the copayment for generics will remain \$1.00, but the name brand copayment increases from \$3.00 to \$3.10.
- For full Medicaid eligibles with income above 100% FPL, the copayments will be \$2.15 and \$5.35.
- For Subsidy D eligible individuals, copayments will be \$2.15 and \$5.35 after the catastrophic level is reached.

The catastrophic level, which does not impact deemed subsidy eligibles, is changing from \$5100 to \$5451.25.

The benchmark subsidy premium is changing from \$33.44 to \$30.56. This amount impacts the amount of Medicare D Subsidy a beneficiary can receive. The subsidy will provide coverage of the lowest premium a plan offers, up to the basic premium level for the state. A beneficiary receiving the subsidy may elect an enhanced or higher cost plan, but he is responsible for the difference.

Clarification is also being added regarding the effective date of enrollment for full dual eligibles. New Medicaid eligibles who didn't enroll with a plan prior to being determined eligible, may enroll in a Medicare PDP effective the first month of mutual Medicare/Medicaid eligibility even if coverage is retroactive. However, the PDP may ask for proof of prescription drug expense prior to accepting the retroactive enrollment.

Further clarifications regarding the resource level for subsidy is also being included.

KEESM sections [2675.1](#), [2675.4](#), [2911.10](#), item 4.

- 3. Working Healthy Premiums** - Responsibility for processing Working Healthy premiums has changed from SRS to KHPA. The mailing address is being updated in this revision. Effective immediately, all premiums are to be sent to the following address:

Working Healthy Premiums
P.O. Box 2186
Topeka, Kansas 66601

KEESM section [2664.5](#) is being updated with this change.

- 4. Breast and Cervical Cancer** - Information regarding program eligibility rules is being updated with the revision. The KDHE program responsible for screening women for cancer was changed from FREE to Know to Early Detection Works (EDW). The new program name is now being incorporated. In addition, specific information regarding the use of the [ES-3822](#), **Notice of Review Breast and Cervical Cancer** and the [ES-3822A](#), **Statement of Continuing Cancer Treatment**. These forms are sent to the beneficiary with the annual review in order to obtain verification of ongoing cancer treatment. The nurse/program manager in KHPA assigned to the BCC program is responsible for determining if the recipient is still receiving ongoing cancer treatment. Clarification is also included that states a woman meets the screening requirement if she is screened by a CDC detection program in another state.

KEESM [2693](#) and subsections will be updated with this revision.

- 5. SOBRA** - This section is being updated to correct out of date information. Instructions regarding the medical card are being removed from this section, as medical cards are not provided to SOBRA beneficiaries. The definition of an emergency medical condition is also being included in the KEESM. The Kansas Medical Services Manual, where the information was previously maintained, has been abolished. The information is to be maintained in the KEESM.

A change in policy regarding labor and delivery is also included. For situations involving a standard labor and delivery, the [MS-2156](#) is not required. This exception will now be applied only for live births. For still births, fetal demise and similar situations, an MS-2156 will now be required. Verification of a live birth is required.

KEESM Section [2691](#) and subsections will be updated with this revision.

6. **Program of All Inclusive Care for the Elderly (PACE)** - Midland Care Connections, serving residents of Shawnee, Douglas, Pottawatomie, Jackson, Jefferson, Wabaunsee and Osage counties is expected to be approved to take enrollees beginning January 1, 2007. Midland will join Via Christi HOPE as approved PACE sites in Kansas.

Information regarding the time frames for processing enrollment information are being updated. If possible, enrollment actions are to be processed prior to the medical card cutoff. The PACE entity is responsible for notifying the eligibility worker on or before the 26th of the month for enrollment requests beginning the following month. Requests received after this date will be effective the second month following the month the enrollment is received. Enrollments processed after the 3rd of the month must be authorized by staff in KHPA and KDOA in order for the enrollment to be accepted.

Information regarding LOTC coding is also clarified. The special PACE combination of PC-NA is to remain on LOTC throughout the entire enrollment period in PACE, regardless of living arrangement changes (for example, an individual moves from the community into an NF). Although budgeting changes may be necessary, because the LOTC coding drives enrollment into PACE for the MMIS, other living arrangement codes (including TC and NF) are not appropriate. IF the individual disenrolls in PACE, LOTC must be updated.

Section [8300](#) and subsections will be updated with this revision.

7. **Penal Institutions** - This sections is being updated to correct a formatting error. A new item (3) is added to delineate individuals placed in a detention facility. The exception for CFS regarding payment of expenses in this item is being clarified to note these payments must be made outside of the Medicaid payment process. Medicaid reimbursement is not available and medical cards are not to be issued for special payments. Requests for special payments must be directed to CFS.

Section [8111.1](#) is being updated with this revision.

8. **COLA Mass Change** - Effective January 1, 2007 the minimum community spouse resource allowance will increase from \$19,908 to \$20,328 and the maximum resource allowance will increase from \$99,540 to \$101,640.

In addition, the maximum community spouse income allowance is increasing from \$2,489 to \$2,541. Neither the minimum income allowance nor the dependent family member allowance is changing.

New this year is an increase in the Presumptive Medical Disability - SI related eligibility level. Because the SSI income level is changing, eligibility standards under this group also change. For a single individual, the income level is increasing from \$603 to \$623.

KEESM sections [8144](#) and [8244](#) 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 Pickle Eligibles and Other Protected Medical Groups** and **Appendix Item [F-8](#)** are also being revised with this revision.

9. **Exempt Income** - KEESM section [6410](#) (6) is being updated to reflect that Grandparents as Caregivers assistance payments are exempt income for all medical programs.
10. **Level Of Care/CARE** - Two changes involving Level of Care/CARE are implemented with this revision:
 - a. **CARE Inquiry** - The Kansas Department on Aging is implementing a new web-based application to obtain CARE assessment and Level of Care information for NF cases. The new tool, CARE Inquiry, will provide the same information currently obtained on the [ES-3164](#). Separate instructions regarding user access are being issued. A full user guide will also be available. The ES-3164 will continue to be available until CARE Inquiry is proven fully operational. The FAX number for the KDOA CARE Team is (785) 296-0256.
 - b. **Provisional Admissions** - The NF is permitted to admit an individual without a CARE assessment if the length of the individual's stay is not expected to exceed 30 days, as determined by a physician. When evidence of a provisional admission is present, the eligibility worker does not obtain information regarding the CARE. It is the responsibility of the NF to notify the eligibility worker of the provisional admission on the [MS-2126](#). The NF shall also include a copy of the physician's statement regarding the length of stay. If there is not indication of a provisional/30 day admission on the MS-2126 or the physician's statement is not included, the case is treated under normal CARE rules, and payment to the NF cannot begin until the CARE is obtained.

If CARE information is requested on a case prior to receiving verification of the provisional admit, negative action to deny NF payment shall not be taken if the NF provides necessary documentation.

This information is being communicated to nursing facilities by KDOA.

The instructions for using the [MS-2126](#) are being updated with this information. KEESM [8114](#) is being clarified with this information. Additional clarification is also added to this section regarding emergency admissions.

B. CLARIFICATIONS

1. **Protected Income Limit** - A correction in the protected income limit for institutional living arrangement is being incorporated. When the PIL changed from \$30 to \$50 for singles and \$60 to \$100 in July, 2006 an update was inadvertently missed and is being corrected. The new limit also failed to be incorporated into two forms. The [ES-3104.5, Determination of Need - Medical Assistance](#) and Appendix Item [W-4, Financial Eligibility Determination Worksheet For Nursing Facility Cases](#), are also being updated with the new levels.

Section [8120](#) and the above-named forms are updated with this change.

2. **SSI Recipients** - A grammatical error has been corrected to state that DDS may be contacted when additional information is needed for a disability determination case .

KEESM [2630](#) is updated with this revision.

XI. SUCCESSFUL FAMILIES

A. CHANGES

None

B. CLARIFICATIONS

1. **Vehicle Purchase** - A correction is being incorporated in the [ES-4314, Supervisor Checklist for Vehicle Purchase](#). Prior authorization approval form is required if the purchase price is \$5,000 or over.
2. **Work Program Progress Reviews** - Information about work program progress reviews was inadvertently removed from the KEESM in Revision 29. The information about work program progress reviews is being added in KEESM [3300](#).

FORMS (Not previously discussed in this summary)

1. [ES-3100](#) - **Application for Benefits for Families with Children** - The ES-3100 (5-00), Application for Cash, Health Care, Child Care and Food Stamp Benefits is being revised and renamed. The new form is being simplified and includes program icons to guide applicants in completing sections of the form. The form can be used to apply for food assistance, cash (TAF and Refugee), child care and medical. Another application form is also being implemented with this revision. The [ES-3100.1](#) is no longer the Addendum to the Application, rather it is now the **Application for Benefits for the Elderly and Persons with Disabilities**. This form also contains icons and is to be used when the persons applying for benefits do not have children in the home. It contains the questions needed for

Presumptive Medical Disability. It can be used to apply for food assistance, medical and cash (GA and Refugee) assistance. More information about the implementation of the revised application forms will be provided just prior to when the new applications are received from the printer and ready for use. The current applications shall be used until that time.

2. [ES-3100.9](#) - **The Grandparents as Caregivers Assistance Application** - The ES-3100.9 is being developed for use with the Grandparents as Caregivers program.
3. [ES-3102](#) - **Important Information About Cooperation** - The ES-3102 is being updated to reflect the policy changes made in October 2006 regarding work and CSE penalties.
4. [ES-3103](#) - **Income/Expense Worksheet** - The Income/Expense Worksheet is being revised in the Utilities Box to add "LUA", and to indicate that "Actuals" only applies if not eligible for the SUA or LUA.
5. [ES-3166](#) - **Notification of PACE Information** - The ES-3166 is reformatted and updated to reflect the policy and procedures effective with this revision.
6. [ES-6000](#) - **Grandparents/Relatives as Caregivers Resource Guide** - ES-6000 is a guide which gives a quick overview of services, programs and general information to get needed assistance. It also provides tips for grandparents or other relatives providing kinship care who are considering taking on the responsibility of raising their grandchildren. We have attempted to list some resources and services that are statewide that serve as clearinghouses for further referrals. The Department of Social and Rehabilitation Services and the Kansas Department of Aging, as a joint effort developed this Resource Guide for grandparents raising grandchildren.
7. [ES-6001](#) - **Grandparents/Relatives as Caregivers Resource Overview** - ES-6001 is the tri-fold brochure which gives fundamental information about SRS and community services for caregivers in Kansas. An insert, [ES-6001a](#), is being developed which outlines the basic program information including eligibility requirements and income guidelines. The application, [ES-3100.9](#), is a one-page application made specifically for the Grandparents as Caregivers program. Packets including all three forms will be available at the warehouse.

MISCELLANEOUS FORMS (Not previously discussed in this summary)

None

APPENDIX (Not previously discussed in this summary)

1. [C-9](#), [C-13](#), [C-14](#) and [C-15](#) - **Child care handbooks and enrollment documents are being updated. Older versions should be destroyed**

and the new versions used after 1-1-07.

2. **C-16 - KsCares Provider Data Entry Instructions** - This document is being modified to reflect current instructions for entering child care provider data into the KsCares system.
3. **E-7 - Case Management Summary Sheet** - This document is being modified to reflect current Work program component terminology.
4. **E-11 - Education/Training Assistance Desk Aid** - This desk aid has been modified to clarify that non-TANF clients who are involved in post-secondary education may be eligible for child care, but they must be employed a minimum of 20 hours per week unless their education will be completed within 6 months.
5. **X-6 - Definition of Common Terms** - The definition of a child is being modified to reflect the change in child care assistance planning that allows an 18 year old child in the home who is still in high school to continue to be included in the child care assistance plan through the month in which he or she turns age 19. Various other items and definitions in this appendix item are being changed to reflect child care policy changes made with this revision.
6. **X-8 - ICT Checklist** - At the request of the field, the ICT Checklist is being revised to include PRAP ABAWD coding for both the sending and receiving county.

EFFECTIVE DATE

All policies in this revision are effective January 1, 2007. Additional information will be in the Implementation Memo.

MATERIALS OBSOLETE BY THIS REVISION

Addendum to Application - As stated earlier in this SOC, the number for this form, ES-3100.1, is being assigned to the new Application for Benefits for the Elderly and Persons with Disabilities. The Addendum to Application is being obsoleted because the new applications are designed to gather the information formerly obtained with it.

E-1 - TAF Hardship Protocol Worksheet - This worksheet is being obsoleted. The information found on this worksheet is also captured on WOPA, in the worker's narrative log and can also be found in the suggested [E-7](#) Case Management Summary Form.

EFFECT ON LOCAL STAFF

The Grandparents as Caregivers program will have a major impact on staff. It is expected that the program will serve up to 2,421 children in the first year and this adds to the workload for staff in the eligibility determination and ongoing case

management process. No additional staffing was provided in the funding for this program and thus the additional caseload must be absorbed with current staff.

COORDINATION EFFORTS

Within EES, the material in this letter and manual revision is being coordinated with staff in the Economic and Employment Support, the EES Program Administrators, the Implementation Planning Team, the Grandparents as Caregivers Workgroup and the Child Care Provider Work Group. Within SRS, the material is being coordinated with CFS and SRS Legal.

Medical changes have been coordinated between KHPA and EES. Additional coordination with the Kansas Department on Aging in developing the new CARE Inquiry system and Kansas Department of Health and Environment in developing the SOBRA and BCC changes.

Sincerely,

Bobbi Mariani, Director
Economic and Employment Support

BM:AM:jmm

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