



Policy Memo	
KDHE-DHCF POLICY NO: 2020-01-01	From: Erin Kelley, Senior Manager
Date: December 23, 2019	Medical KEESM Sections: 1411.1, 1711,1213.5, 1618.2, 8270.3, 2663.6(2), 8144.1(4), 8244.1(4), 9121.1(5)(B), 2140, 2142.1, 2146.7, 2631, 2662.4(3)(C), 2662.4(3)(D), 2664.5, 5200(5)(A), 5200(5)(B), 5200(9), 5200(14), 5430(26), 5600, 6410(72), 6410(72), 6410(73), 6410(74), 6410(75), 8112.4(3)(D), 8142(3), 8172.4, 8173.4(1), 8272.4(1), 8200.2, 8200.3, 8213, 8214, 8216, 8217, 8243(4), 8270, 8270.4, 9121
RE: Summary of Changes (SOC) for Medical KEESM Revision #17	Program(s): Elderly and Disabled Medical

The purpose of this document is to identify the changes which have been made to the Medical KEESM and Forms effective January 1, 2020. Changes are outlined below.

A. MANUAL SECTION

- 1411.1** **How to Apply** – Added note to section about online applications.
- 1711,1213.5, 1618.2, 8270.3, 2663.6(2), 8144.1(4),8244.1(4), 9121.1(5)(b)** - Updated verbiage in references to replace “overpayment” with “overstated eligibility”
- 2140** **Citizenship and Alien Status** – Removed dead links from reference.
- 2142.1** **Eligible Non-Citizens** – Replaced reference to obsolete appendix item A-13 with link to new Medical KEESM reference 2146.7.
- 2146.7** **Verification of Iraqi and Afghani Special Immigrant Status** – Added a new section to replace information previously included in discontinued appendix item A-13.
- 2631** **Other Eligibility Factors** – Updated reference links.
- 2662.4(3)(c), 2662.4(3)(d)** **Presumptive Medical Disability Team (PMDT)** – Remove dead links from references.

- 2664.5** **Premium Requirement** – Updated verbiage to clarify the need for the ES-3165 for all Working Healthy premiums and not just premiums in the prior medical months.
- 5200(5)(a)** **General Guidelines** – Updated verbiage to replace "overpayment" with "overstated eligibility" and finished incomplete sentence in second paragraph of this subsection.
- 5200(5)(b)** **General Guidelines** – Eliminated Medical KEESM section 5200(5)(b) regarding liquidating an asset for purposes of purchasing an exempt funeral plan. Medical KEESM 5200(5)(c) has taken its place as 5200(5)(b).
- 5200(9)** **General Guidelines** – Fixed two minor typos.
- 5200(14)** **General Guidelines** – Added new section to describe the general guidelines of voluntary contribution.
- 5430(26)** **Voluntary Contribution** – Added a new section to describe the effects on resources when applying the voluntary contribution process.
- 5600** **Trust Funds and Annuities** – Updated to replace reference to discontinued B-6 form with reference to B-6.1 and B-6.2 forms.
- 6410(72)** **Voluntary Contribution** – Added a new section to describe the effects on income when applying the voluntary contribution process. This new section has also impacted the sequential numbering of following references.
- 6410(72)** **Work Employment Programs Payments** – Updated reference subsection from 6410(72) to 6410(73).
- 6410(73)** **Work Opportunities Reward Kansans Payments (WORK)** – Updated reference subsection from 6410(73) to 6410(74).
- 6410(74)** **Workforce Investment Opportunity Act (WIOA)** – Updated reference subsection from 6410(74) to 6410(75).
- 6410(75)** **Youth Service Corps** – Updated reference subsection from 6410(75) to 6410(76).
- 8112.4(3)(d)** **Psychiatric Residential Treatment Facilities (PRTF)** – Updated verbiage to clarify that a new application is not required

- 8142(3)** **Other Resource Provisions** – Added a new resource provision for the voluntary contribution option available to consumers.
- 8172.4** **Voluntary Contribution** – Added a new section explaining that a patient liability shall be increased by the amount of a voluntary contribution.
- 8173.4(1),8272.4(1)** **HCBS to Long Term Care** – Updated last paragraph of subsection 1 in each of these references to explain that overstated eligibility does not exist when the total client obligation is not paid because the cost of services was less than the obligation.
- 8200.2** **HCBS Effective Date** – This section has been updated to indicate that the effective date for all HCBS waivers is the actual date eligibility staff take action to approve coverage.
- 8200.3** **HCBS Plan of Care/Person-Centered Service Plan and Cost of Care** – Added a new paragraph regarding the interim plan of care developed by the assessing entities and the need to obtain this form prior to HCBS authorization.
- 8213, 8214, 8216, 8217** **Description of Waiver Programs** – Removed Note from each of these references advising of the potential to receive a \$30 SSI reduced benefit if a child eligible for the specified waiver has ever received SSI in the past while institutionalized. This was not an eligibility requirement and was based on outdated processes.
- 8243(4)** **Income Provisions** – Added a new income provision for the voluntary contribution option available to HCBS consumers.
- 8270** **Financial Eligibility** – Added clarification of form ES-3159 for referencing.
- 8270.4** **Voluntary Contribution** – Added a new section explaining that a client obligation shall be increased by the amount of a voluntary contribution.
- 9121** **Households Responsibility to Change Report** – Updated section title to “Households Responsibility to Report Changes” and updated subsection 9121(1)(a) to indicate that these changes must be reported for all medical program recipients.

B. FORMS SECTION

- B-6** **Trust/Annuity Clearance Request Form** – This form has been discontinued due to the creation of the B-6.1 and B-6.2.

B-6.1 **Annuity Clearance Request Form** – New form created for annuity clearance requests.

B-6.2 **Trust Clearance Request Form** – New form created for trust clearance requests.

C. CONCLUSION

For questions or concerns related to this document, please contact one of the KDHE Medical Policy Staff listed below.

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