



Policy Memo	
<b>KDHE-DHCF POLICY NO: 2019-08-01</b>	<b>From: Erin Kelley, Senior Manager</b>
<b>Date: Aug 29, 2019</b>	<b>KEESM Sections: 1725.2(1)</b>
<b>RE: Summary of Changes (SOC) for Medical KEESM Revision #15</b>	<b>Program(s): Elderly &amp; Disabled Medical</b>

The purpose of this document is to identify the changes which have been included in the Medical KEESM effective Sept 1, 2019. In addition to this document, PM2019-08-02, [Policy Memo: Change in HCBS PIL, Estate Recovery -Medicaid Liens, Annuities - Purchase Refusal Letters](#) has been issued. Manual changes are outlined below.

## A. MANUAL SECTION

- 1725.2** **Liens** – Subsection (1) of this section has been updated to indicate that eligibility staff are no longer responsible for obtaining documentation of a recipient’s likelihood of being discharged from the nursing home to return home and making a referral to the estate recovery unit (ERU).
- 1725.1** **Recoveries through Court** – Numbering and bullets corrected.
- 6220.7** **Trust Fund Income** – Corrected 5430 (1) to 5430 (2). Also corrected 5430 (10) to 5430 (10).
- 6220.8** **Gambling Winnings** – Removed space from the title for formatting purposes.
- 2121** **Supplying Information** – Removed 9122 reference as this is a reserved place holder and no longer referenceable.
- 11260.2** **Applying the Disqualification Penalty** – Formatting correction to remove the extra space between the first paragraph and the 1. Bullet.
- 11230** **Fraud Referral** – Removed verbiage pertaining to fraud claim referrals. KEESM reserved place holders deleted as references are no valid.
- 5722.2** **Trusts** – Updated reference 5430 (9) to the correct 5430 (10) reference number.
- 7430** **Standards for Long Term Care** – HCBS protected income limit has been updated from \$727 to \$1157.

**8260** **Standards for Long Term Care** – HCBS protected income limit has been updated from \$727 to \$1157.

**2662.5** **Failure to Cooperate with the PMDT** – Corrected the word TOC in the title entry to PMDT.

## **B. FORMS SECTION**

**ES-3152 (Medical Assistance Lien Physician Verification)** – This form has been obsolete and is being removed from the Policy Forms section of the manual.

The [ES-3104 Determination of Need \(Medical Assistance\) 9-19](#) and [F-8 Kansas Medical Standards](#) documents have been update to reflect the increase of HCBS PIL \$1157.

## **C. CONCLUSION**

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

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