

ICT CHECKLIST

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| Date Reported: | | Case Name: | |
| Case # KAECSES: | | New Address: | |
| Case: Open <input type="checkbox"/> Closed <input type="checkbox"/> | | | |
| Case # KsCares: | | HealthWave Case #: | |
| | | Sending Office: | |
| Case: Open <input type="checkbox"/> Closed <input type="checkbox"/> | | New Office: | |

SENDING COUNTY CHECKLIST

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| <p>_____ Update ADDR or CAAD (include county code & case location)</p> <p>_____ Obtain ES-2126, send ES-3161, update LOTC (if necessary)</p> <p>_____ Reauthorize last paid month of medical program(s)</p> <p>_____ Update SESP as needed</p> <p>_____ Cancel TRPA, pay AUSW as needed</p> <p>_____ Set transfer alert/clear other alerts</p> <p>_____ Send a review, application or Interim Report (if needed)</p> <p>_____ Send V017 and/or C502 notice(s)</p> <p>_____ Send HealthWave change form (if needed for new address)</p> <p>_____ Terminate CC plan (if necessary), send provider notice</p> | <p>_____ Process AFPD, GAPD</p> <p>_____ Process FSAD</p> <p>_____ Process SPEN</p> <p>_____ Document transfer in file</p> <p>_____ CARC KAECSES case</p> <p>_____ Transfer KsCares case</p> <p>_____ Pull banked files</p> <p>_____ Supervisor review case</p> <p>_____ Mail file</p> <p>_____ Notify Work Programs - KsCares</p> <p>_____ PRAP Coding ABAWD</p> |
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RECEIVING COUNTY CHECKLIST

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| <p>_____ Check ADDR/CAAD for new address</p> <p>_____ Check all CARC alerts</p> <p>_____ Check EXNS for FS, GA, TAF</p> <p>_____ Send ES-3161 for HCBS program</p> <p>_____ Check ABAWD Status/PRAP Coding</p> | <p>_____ Update CC plan & SESP</p> <p>_____ Issue supplements, if needed</p> <p>_____ Process apps, reviews or Interim Report</p> <p>_____ Change USD on INDA</p> <p>_____ Check income screens</p> |
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