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**TO:** EES Program Administrators

**FROM:** Kathe Decker

**DATE:** September 29, 2011

**SUBJECT:** Implementation Instructions - KEESM Revision #49

This memo provides implementation instructions and information for the following policy changes in the Kansas Economic and Employment Support Manual (KEESM) Revision 49 effective October 1, 2011.

**Successful Families**

1. **Potential Resources –** See Summary of Changes item III, A, 1 and KEESM section 2124.1(5).   
     
   All mandatory and volunteer work program TAF applicants and participants are required to apply and fully cooperate in Medicaid eligibility in order to remain eligible for TAF. It is the EES worker’s responsibility to determine if a work program participant has Medicaid coverage prior to placing the participant in a work component. Failure of an applicant or recipient to apply and fully cooperate in the Medicaid eligibility process will render the MFU ineligible for TAF.  
   1. **Applications:**At application, if the applicant has no medical assistance case open at the Clearinghouse, the customer should be informed of the new requirement and asked if they would like to apply for Medicaid. If the customer wishes to do so, have the Medical request be initialed. Determine medical eligibility using the processes in place.  
        
      If there is an open medical at the Clearinghouse, copy the ES-3100 and fax it to the Clearinghouse.  
        
      If the customer does not wish to apply for Medicaid, explain the TAF application will be denied as failure to pursue potential resources. Deny the application using the PR code on AFED and send the appropriate notice.
   2. **On-going TAF Cases:**At review or as changes become known to the agency, EES workers are to review Medicaid eligibility on all work program participants. If there is no Medicaid case open for the work program participant (mandatory or volunteer), require the recipient apply for Medicaid. This can be done using the ES-3100 or the HealthWave application allowing the customer 10 days to submit an application. If there is a medical case open at the Clearinghouse, the application should be sent to the Clearinghouse. If there is not an open medical case at the Clearinghouse, the application can be sent to the local office or the Clearinghouse. Within 15 days the application should be received and registered by the appropriate agency. Monitor receipt of the application and the receipt of the request for information (income, citizenship, identity, etc). If the application is approved for the work participant, no further action is required of the EES staff. However, if the application is not received or if the application is denied for failure to provide information, the TAF case should be closed, giving timely and adequate notice. Use the code PR on AFED.   
        
      If the medical application is denied due to excess income, the customer has cooperated as s/he is required and the TAF case is to remain open. Staff are cautioned not to place the individual in a job placement site where injuries could occur, leaving SRS open to having to pay the medical expenses incurred by a work program participant.
2. **Reviews –** See Summary of Changes item I, A, 1
3. **Eligibility Review Forms**New review forms (ES-3100r, 3100.1r, 3100rs and 3100.1rs) have been developed to gather required information to determine the continued eligibility for assistance program(s) currently being received. The review forms and Notice of Eligibility Review (ES 3820) will be used to re-determine benefits beginning December 2011. Separate review forms have been developed to re-determine eligibility for families and for single, elderly and disabled households. The review forms and notice are available in English and Spanish.  
     
   The Notice of Eligibility Review informs the recipient or responsible person of the verification to be returned with the review form. At review the household will be sent only the Notice of Eligibility Review, the review form and Good for You nutrition newsletter. Following receipt of the review, it may be necessary to request additional verification based on prudent person or information provided at the time of the interview  
     
   The revised Notice of Eligibility Review (ES3820) does not allow for the scheduling of the interview at the time the review is sent to Food Assistance and TAF households. A telephone interview is to be the primary means for completing the interview for those reviews that are dropped off or received through the mail. Once the review is received by the service center, the case manager has the option of initially contacting the recipient by phone and completing the interview or sending notification to the recipient scheduling a phone interview. Face to face interviews can still be requested using prudent person judgment based on the household’s circumstances and the agency’s needs. The household may also request a face to face interview if they so choose.
4. **Late Receipt of Review Form**

For those households who do not return the review by the end of their review period, the review form can be returned in the month following the end of the review period so eligibility can be re-determined. Expedited service and pro ration are applicable when a Food Assistance household returns the review in the month following the end of their review period. All food assistance households who return the review in the month following the end of their review period must be screened for expedited service.

1. **Adding Programs**The review form cannot be used by the household to add a program at review. If a recipient requests additional services at the time of review, an ES-3100 or 3100.1 is required. A paper or online application is acceptable. It will be important to inform the household that benefits for food assistance and cash assistance are prorated based on the date a signed application is received by the service center.   
   A new application will not be required when the household is already receiving Medical Assistance and at review it is identified that there is eligibility for QMB or LMB. This is viewed as a change in medical subtype rather than an application for Medical Assistance. This is viewed as a change in medical   
   subtype rather than an application for Medical Assistance.
2. **Failure to Return Review**  
     
   To document that the review was timely sent, the service center continues to be required to file a copy of the Notice of Eligibility Review in the case file for those households denied for no review.
3. **Obsolete Material**With this revision, the current and **any locally developed** Notice of Eligibility Review (ES 3820) notices are obsolete.
4. **Forms:**ES – 3100r Review Form for Families

ES – 3100.1r Review Form for Single Persons, the Elderly and Persons with Disabilities

ES – 3100rs Spanish Review for Families

ES – 3100.1rs Spanish Review for Single Persons, the Elderly and Persons with Disabilities

An initial three month supply of these forms will be sent to the Regions.

ES – 3820 Notice of Eligibility Review: Management staff should refer staff to the Forms section of KEESM for the revised notice dated 10/11.

1. **Monthly Work Program Sample Pull** – See Summary of Changes item IV, A, 2  
     
   The monthly work program sample pull is being modified as follows:   
   1. Workers will only report employment hours meeting participation requirements for 1Parent households. Documentation required will be the EAIN screen on KAECSES, employment verification letter, BASI or Work Number print-out. No other hours or components need be reported for the 1P case.
   2. 2Parent households, who meet participation, will continue to report hours of participation as they have in the past.
   3. Working parents who are SSI recipients or ineligible aliens in 0Parent households will continue to be reported if they have hours of employment which meet participation requirements. Hours will be documented the same as prescribed for 1P households.
   4. The ES-4304 checklist will be edited to one page and it will no longer be necessary to attach screen prints of SEPA or JOPR to the check list when sending in documentation. If the 1P household does not meet participation the ES-4304 does not have to be completed or sent into central office. Workers no longer need to attach ES-4309’s (Drs Statements) to the checklist for 2P households, but will maintain documentation in the recipient’s case file. If a parent in a 2P household meets participation in the Job Search/Job Readiness component, workers need not send documentation with the ES-4304, but will maintain documentation in the recipient’s case file.
   5. The worker will post a verification code for each case in the sample pull on the ACHR screen on KSCARES as a record that the case was reviewed. Cases not meeting participation will use the verification code of ZH in the assigned component. 1P or 0P cases meeting the participation rate with employment and 2P meeting participation will use the HC verification code in the appropriate component.
2. **KLS Referrals**  
     
   Referrals to Kansas Legal Services will now be done electronically. A secured web site has been developed for workers to refer adult TAF recipients who are reporting a disability that prevents them from participating in work programs. The web site will have a questionnaire which must be filled out prior to making the referral. If the questionnaire indicates the individual is a good candidate, an electronic referral will be available. The worker will provide the name, contact information and county code of the individual being referred as well as their own contact information. No release of information forms will be needed. Within one business day of the referral the worker will receive an email confirming the referral was received and an appointment letter has been sent. KLS will procure all needed release forms at the first appointment with the customer. If the questionnaire indicates the individual is not a good candidate for social security application services through KLS, the worker will request further documentation such as the ES-4309, vocational assessment or psychiatric evaluation to determine if SSA is an appropriate component and advise recipient of their options for representation in the SSA process.
3. **Revised Interim Report Form** - See Summary of Changes II, A, 5 and KEESM 9122.6

The changes to the Interim Report Form necessitate changes in the way the form is processed. Specific directions for processing the revised Interim Report Form are now laid out in KEESM 9122.6. Excerpts of these directions are copied below. The revised IR will be sent in October and due November 5, 2011. As noted in the Summary of Changes, the changes to the form are mandated by USDA. We understand that the changes will initially cause concern for staff, but we are hopeful that practice with processing the new form will result in less work for staff. The change will be closely monitored for its effect on our error rate.

The interim report will gather information about **changes** in the household's earned and unearned income, deductions (except medical expenses), household composition, resources, residence and other circumstances.  
  
An interim report is considered complete if:

* It is signed and dated by the head of the household, an authorized representative, or a responsible member of the household;
* All yes/no questions are answered, if applicable (see NOTE below);
* All other information is completed as appropriate; and
* It is accompanied by verification of earned income, if a change in income has been reported. New employment (question 3) is considered a change in income if the customer answers “yes” to this question.

**NOTE:**The following questions on the IR could be unanswered if not applicable to the household: 2a, 2b, 5 and 8.

1. **Processing Information Reported on the Interim Report -** The agency must act on information reported by the household on the interim report. Adequate notice, as defined in [1432](http://content.srs.ks.gov/EES/KEESM/Current/keesm1430.htm#1432), is required for a change in benefits which results from information reported on the interim report, even if additional information or verification is requested in order to process the change.  
   1. **Review Interim Report -** Upon receipt of an interim report, the worker shall review the report; determine if any changes have been reported and if additional information is needed; contact the household as needed to obtain further information or verification (giving the household at least 10 days to provide information); and determine eligibility and benefits for the remainder of the review period.
   2. **Verification Required -** The following information must be verified at the time of processing an interim report:  
      1. Earned income changes reported in items 2a or 2b or new employment reported in question 3.
      2. Changes reported on the interim report that would result in an increase in benefits. These changes must be verified prior to the issuance of additional benefits according to the verification rules followed at the time of initial approval. Shelter expense changes shall not be verified unless questionable. Changes in gross unearned income which have changed by $50 or less since the last time it was verified need not be reverified unless questionable.
      3. Changes reported that would result in a decrease in benefits shall be verified, if required, at the time of the next review.
      4. Other reported information can be verified if questionable. Use the provisions of [1310](http://content.srs.ks.gov/EES/KEESM/Current/keesm1300.htm#1310), and [1320](http://content.srs.ks.gov/EES/KEESM/Current/keesm1321.htm#1320) and subsections.
   3. **Process Changes** – Process reported changes following the rules that follow:
      1. **Question 1** – Remove persons who have left the home if they were on the food assistance case. If a person or persons are reported to have moved into the home, determine if the person(s) needs to be added to the case and then request information necessary to add the person to the case.
      2. **Questions 2a and 2b** are to be completed if anyone in the household is working.
         1. **Question 2a** – If the answer to this question is no, then item 2b should be completed. If the answer is yes, then the household needs to complete the requested information. Verify income and budget appropriately.
         2. **Question 2b** – If the answer to 2a is no, then the household is to answer Question 2b. If the household answers yes to 2b, then they are to report hours worked per week and hourly rate or salary. Yes indicates a change in income and paystubs must be provided.

If the household answers no, then the current budgeted amount does not change. However, if in checking The Work Number per item d below, it is determined that the most recent 30 days of pay is more than $50 different than what is currently being budgeted (more or less), then the earned income must be rebudgeted with the change in income. If the change is $50 or less, then no change shall be made to the earned income being budgeted.

* + 1. **Question 3** – If the household answers yes to this question, then there is new employment. The remainder of the items must be completed and the most recent 30 days of paystubs must be provided.
    2. **Question 4** – If the answer to this question is yes, then further information from the household will be needed. Who stopped employment, when, why, etc. See 3540.1 regarding potential employment and SR households. Verification of the termination of employment may be needed. See 1322.1(1)(a)(iii).
    3. **Question 5** – If the answer is yes, then additional information will be needed from the household to complete the budget. The household must provide an explanation about the income that has changed. Send a Request for information regarding the income that has changed. If it has changed by more than $50, verification is required.

If the household answers no to this question, no action to change the other income being counted is required. Remember, gross unearned income which has changed by $50 or less since the last time it was verified need not be reverified unless questionable.

For child support income that is available on the KAECSES system, an average of the last three months is required, even if the household answers no to this question. If the average using the most recent 3 months of child support income results in a new average that is more than $50 different (more or less), from the currently budgeted amount, then the new average will be used. If the new average has changed by $50 or less, then the currently averaged amount shall remain in place.

If the child support income is not on KAECSES, and the household answers no, then no change to the child support average is needed until the time of the next review.

* + 1. **Question 6** – If the household answers yes to this question, then additional information will be needed to determine if the household has gone over the $2,000 or $3,250 resource limit as appropriate. The household must provide an explanation of the change. Determine if the change affects eligibility.
    2. **Question 7** – If the household answers no, then no changes to address or shelter costs are made. If the household answers yes, then additional information is required in items a-g on the form. Remember shelter cost changes shall not be verified at IR unless questionable.
    3. **Question 8** – This question need only be answered if the household has a legal obligation to pay child support. If the question is answered no, then no action is required in regard to the child support deduction being averaged and budgeted. If the answer is yes there has been a change in the legal obligation to pay child support, then further information must be provided in the explanation. If the obligation has changed, additional information regarding the actual payment amounts being made is required. See 7225 (2). Proof of the change in the legal obligation is required if it would increase benefits. If benefits would decrease, then the verification can be done at the next review.
    4. **Question 9** – The household may use this section to report any additional changes.
    5. **Question 10** – The form must be signed and dated to be considered complete.

**NOTE**: The Interim Report effective 10/1/11 no longer requests information regarding the amount of dependent care being paid. Because this question is not asked, no changes in the amount of dependent care being allowed shall be made unless the household reports a change in Question 9, or there is a change in the Family Share.