

# **KEES August 2020 Release for Medical**



# Agenda

## Task Inventory

Medical Detail: Premiums

NOAs and Forms

I013 Annuity Referral Form

ES-3122 VA Potential Benefit Request Form

KC-1200 – Pre-Populated Family Medical Review

KC-1300 – Passive Family Medical Reviews

KC-1600 – Pre-Populated Elderly and Disabled Review

KC-1700 – Passive Elderly and Disabled Review

V008 General Correspondence

D100 MediKan Approval

KC-1120 Child Turns 19

NOA Fragments

KEES Changes

Reviews

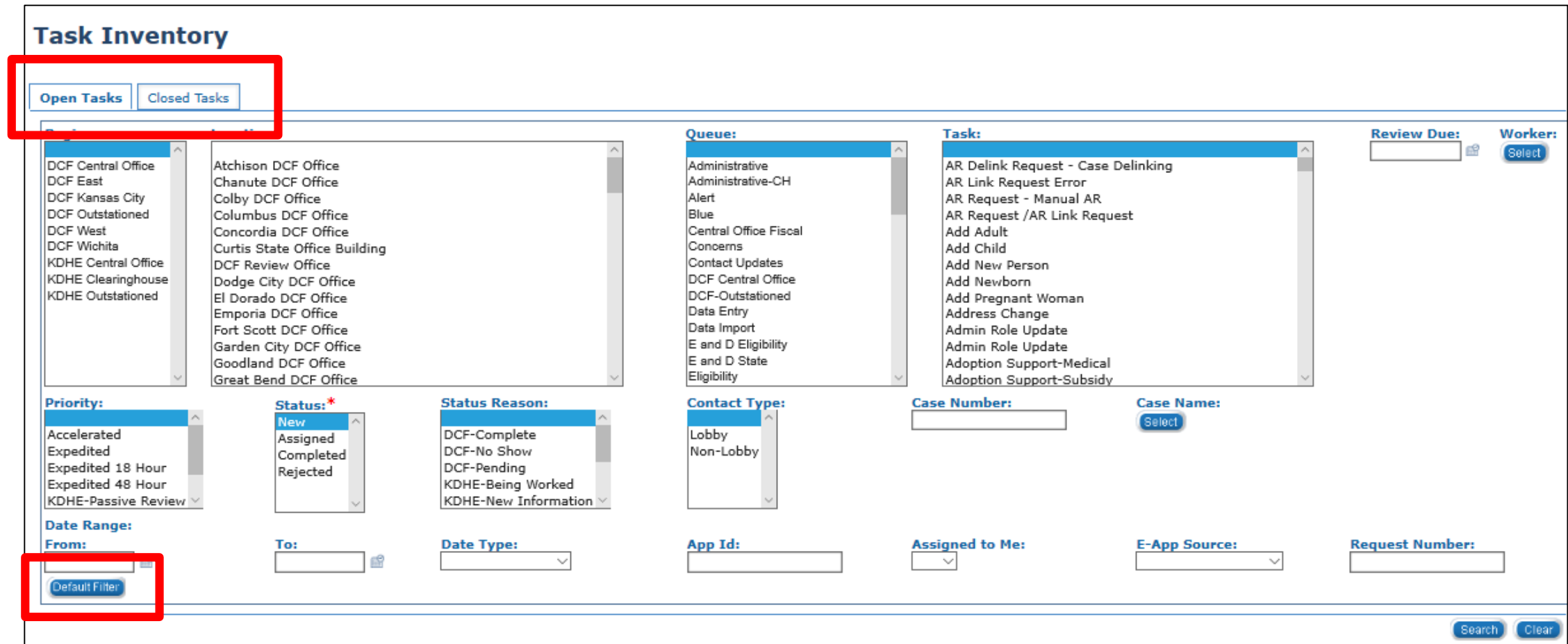
LTC

# Task Inventory



# Task Inventory

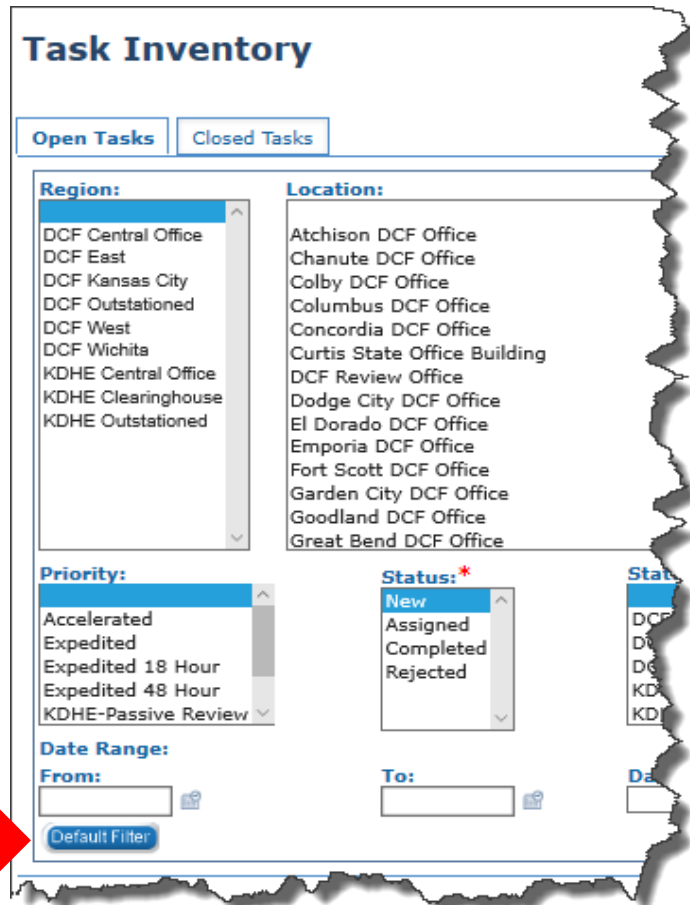
Changes have been made to Task Inventory filtering options to make it easier for staff when searching for Tasks.



The screenshot displays the 'Task Inventory' application interface. At the top left, there are two buttons: 'Open Tasks' and 'Closed Tasks', both highlighted with a red box. Below these are two columns of office names, each with a scroll bar. The 'Queue:' dropdown menu is open, showing a list of categories such as 'Administrative', 'Alert', and 'Blue'. The 'Task:' dropdown menu is also open, listing various task types like 'AR Delink Request - Case Delinking' and 'Add Adult'. Below the office lists, there are several filter sections: 'Priority:' with a dropdown menu, 'Status: \*' with a dropdown menu, 'Status Reason:' with a dropdown menu, 'Contact Type:' with a dropdown menu, 'Case Number:' with a text input field, and 'Case Name:' with a dropdown menu. At the bottom left, there is a 'Date Range:' section with 'From:' and 'To:' text input fields, and a 'Date Type:' dropdown menu. Below the 'Date Range' section, there is a 'Default Filter' button, also highlighted with a red box. Other filters include 'App Id:', 'Assigned to Me:', 'E-App Source:', and 'Request Number:'. At the bottom right, there are 'Search' and 'Clear' buttons.

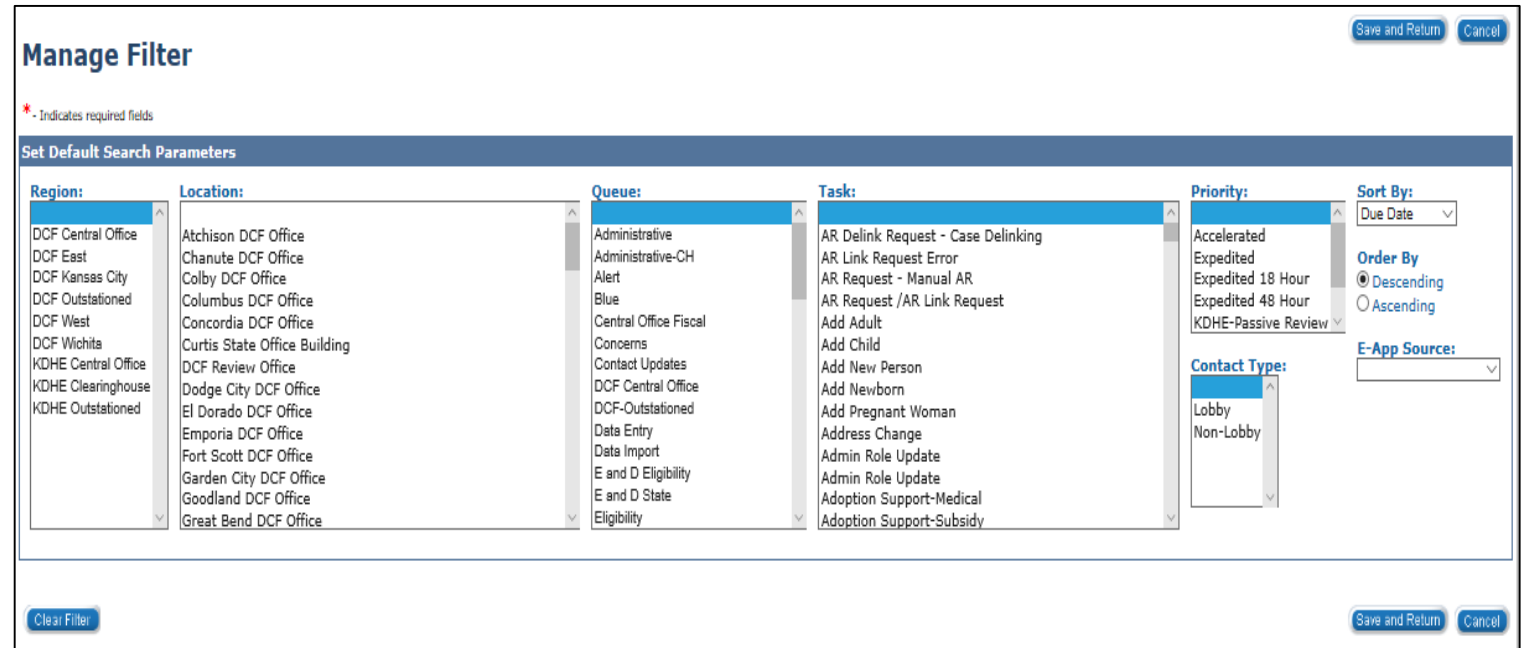
# Task Inventory

A worker is now able to set their own defaults for certain search criteria on the **Task Inventory** page. On the **Task Inventory** page, click the **Default Filter** button.



The screenshot shows the 'Task Inventory' page with various filters. A red arrow points to the 'Default Filter' button located at the bottom left of the filter section. The filters include:

- Region:** DCF Central Office, DCF East, DCF Kansas City, DCF Outstationed, DCF West, DCF Wichita, KDHE Central Office, KDHE Clearinghouse, KDHE Outstationed
- Location:** Atchison DCF Office, Chanute DCF Office, Colby DCF Office, Columbus DCF Office, Concordia DCF Office, Curtis State Office Building, DCF Review Office, Dodge City DCF Office, El Dorado DCF Office, Emporia DCF Office, Fort Scott DCF Office, Garden City DCF Office, Goodland DCF Office, Great Bend DCF Office
- Priority:** Accelerated, Expedited, Expedited 18 Hour, Expedited 48 Hour, KDHE-Passive Review
- Status:** New, Assigned, Completed, Rejected
- Date Range:** From: [ ] To: [ ]



The screenshot shows the 'Manage Filter' page with the following search parameters:

- Region:** DCF Central Office, DCF East, DCF Kansas City, DCF Outstationed, DCF West, DCF Wichita, KDHE Central Office, KDHE Clearinghouse, KDHE Outstationed
- Location:** Atchison DCF Office, Chanute DCF Office, Colby DCF Office, Columbus DCF Office, Concordia DCF Office, Curtis State Office Building, DCF Review Office, Dodge City DCF Office, El Dorado DCF Office, Emporia DCF Office, Fort Scott DCF Office, Garden City DCF Office, Goodland DCF Office, Great Bend DCF Office
- Queue:** Administrative, Administrative-CH, Alert, Blue, Central Office Fiscal, Concerns, Contact Updates, DCF Central Office, DCF-Outstationed, Data Entry, Data Import, E and D Eligibility, E and D State, Eligibility
- Task:** AR Delink Request - Case Delinking, AR Link Request Error, AR Request - Manual AR, AR Request /AR Link Request, Add Adult, Add Child, Add New Person, Add Newborn, Add Pregnant Woman, Address Change, Admin Role Update, Admin Role Update, Adoption Support-Medical, Adoption Support-Subsidy
- Priority:** Accelerated, Expedited, Expedited 18 Hour, Expedited 48 Hour, KDHE-Passive Review
- Contact Type:** Lobby, Non-Lobby
- Sort By:** Due Date
- Order By:** Descending (selected), Ascending
- E-App Source:** [ ]

The **Manage Filter** page displays. The worker is then able to select their desired search parameters.



On the **Manage Filter** page the worker can select a default for the following fields:

- Region
- Location
- Queue
- Task
- Priority
- Contact Type
- Sort By
- Order By
- E-App Source

**Manage Filter**

\* - Indicates required fields

**Set Default Search Parameters**

<b>Region:</b> DCF Central Office DCF East DCF Kansas City DCF Outstationed DCF West DCF Wichita KDHE Central Office KDHE Clearinghouse KDHE Outstationed	<b>Location:</b> Atchison DCF Office Chanute DCF Office Colby DCF Office Columbus DCF Office Concordia DCF Office Curtis State Office Building DCF Review Office Dodge City DCF Office El Dorado DCF Office Emporia DCF Office Fort Scott DCF Office Garden City DCF Office Goodland DCF Office Great Bend DCF Office	<b>Queue:</b> Administrative Administrative-CH Alert Blue Central Office Fiscal Concerns Contact Updates DCF Central Office DCF-Outstationed Data Entry Data Import E and D Eligibility E and D State Eligibility	<b>Task:</b> AR Delink Request - Case Delinking AR Link Request Error AR Request - Manual AR AR Request /AR Link Request Add Adult Add Child Add New Person Add Newborn Add Pregnant Woman Address Change Admin Role Update Admin Role Update Adoption Support-Medical Adoption Support-Subsidy	<b>Priority:</b> Accelerated Expedited Expedited 18 Hour Expedited 48 Hour KDHE-Passive Review	<b>Sort By:</b> Due Date
--	---	---	---	---	-----------------------------

**Order By:**  
 Descending  
 Ascending

**Contact Type:**  
 Lobby  
 Non-Lobby

**E-App Source:**

Buttons: Clear Filter, Save and Return, Cancel

**Manage Filter**

\* - Indicates required fields

**Set Default Search Parameters**

<b>Region:</b> DCF Central Office DCF East DCF Kansas City DCF Outstationed DCF West DCF Wichita KDHE Central Office KDHE Clearinghouse KDHE Outstationed	<b>Location:</b> KanCare Clearinghouse	<b>Queue:</b> Administrative Administrative-CH Alert Blue Central Office Fiscal Concerns Contact Updates DCF Central Office DCF-Outstationed Data Entry Data Import E and D Eligibility E and D State Eligibility	<b>Task:</b> AR Delink Request - Case Delinking AR Link Request Error AR Request - Manual AR AR Request /AR Link Request Add Adult Add Child Add New Person Add Newborn Add Pregnant Woman Address Change Admin Role Update Admin Role Update Adoption Support-Medical Adoption Support-Subsidy	<b>Priority:</b> Accelerated Expedited Expedited 18 Hour Expedited 48 Hour KDHE-Passive Review	<b>Sort By:</b> Due Date
--	---	---	---	---	-----------------------------

**Order By:**  
 Descending  
 Ascending

**Contact Type:**  
 Lobby  
 Non-Lobby

**E-App Source:**

Buttons: Clear Filter, Save and Return, Cancel

Staff should only select values for the fields they wish to default every time they complete a search.

Click **Save and Return** to save the selections navigate back to **Task Inventory** page.

v1.0 The **Clear Filter** button removes all previously saved selections.

## Task Inventory

Open Tasks | Closed Tasks

Region: DCF Central Office, DCF East, DCF Kansas City, DCF Outstationed, DCF West, DCF Wichita, KDHE Central Office, **KDHE Clearinghouse**, KDHE Outstationed

Location: **KanCare Clearinghouse**

Queue: Administrative, Administrative-CH, Alert, Blue, Central Office Fiscal Concerns, Contact Updates, DCF Central Office, DCF-Outstationed, Data Entry, Data Import, E and D Eligibility, E and D State Eligibility

Task: AR Delink Request - Case Delinking, AR Link Request Error, AR Request - Manual AR, AR Request /AR Link Request, Add Adult, Add Child, Add New Person, Add Newborn, Add Pregnant Woman, Address Change, Admin Role Update, Admin Role Update, Adoption Support-Medical, Adoption Support-Subsidy

Review Due:  Worker: **Select**

Priority: Accelerated, Expedited, Expedited 18 Hour, Expedited 48 Hour, KDHE-Passive Review

Status: **New**, Assigned, Completed, Rejected

Status Reason: DCF-Complete, DCF-No Show, DCF-Pending, KDHE-Being Worked, KDHE-New Information

Contact Type: **Lobby**, Non-Lobby

Case Number:  Case Name: **Select**

Date Range: From:  To:  Date Type:  App Id:  Assigned to Me:  E-App Source:  Request Number:

**Default Filter**

Every time a worker navigates to the **Task Inventory** page the default criteria shows.

The worker has the ability to update the fields that are defaulted and/or select additional search criteria as needed.

Task Inventory

Open Tasks | Closed Tasks

Region: DCF Central Office, DCF East, DCF Kansas City, DCF Outstationed, DCF West, DCF Wichita, KDHE Central Office, **KDHE Clearinghouse**, KDHE Outstationed

Location: **KanCare Clearinghouse**

Queue: Administrative, Administrative-CH, Alert, Blue, Central Office Fiscal Concerns, Contact Updates, DCF Central Office, DCF-Outstationed, Data Entry, Data Import, E and D Eligibility, E and D State Eligibility

Task: AR Delink Request - Case Delinking, AR Link Request Error, AR Request - Manual AR, AR Request /AR Link Request, Add Adult, Add Child, Add New Person, Add Newborn, Add Pregnant Woman, Address Change, Admin Role Update, Admin Role Update, Adoption Support-Medical, Adoption Support-Subsidy

Review Due:  Worker: **Select**

Priority: Accelerated, Expedited, Expedited 18 Hour, Expedited 48 Hour, KDHE-Passive Review

Status: **New**, Assigned, Completed, Rejected

Status Reason: DCF-Complete, DCF-No Show, DCF-Pending, KDHE-Being Worked, KDHE-New Information

Contact Type: **Lobby**, Non-Lobby

Case Number:  Case Name: **Select**

Date Range: From:  To:  Date Type:  App Id:  Assigned to Me:  E-App Source:  Request Number:

**Default Filter**

Results per Page: 25 Search Clear

Search Results Summary Results 1 - 25 of 470

Priority	Priority Date	Contact Type	Task	Rec'd Date	Completion Date	Status	Status Reason	Due Date	Queue	Wait Time	Work Time	Worker	Location	Review Due	Case Number	Case Name	App Id	Region	e-App Source	Request Number	My Case
<input type="checkbox"/>	None	8/5/2020	Inbound Call	Add New Person -	08/05/2020	New		08/15/2020	Eligibility	17:18	00:00		KanCare Clearinghouse					KDHE Clearinghouse			N

# Task Inventory

Search criteria selections are maintained when switching between the **Open Tasks** tab and **Closed Tasks** tabs.

**Task Inventory**

Open Tasks Closed Tasks

**Region:** DCF Central Office, DCF East, DCF Kansas City, DCF Outstationed, DCF West, DCF Wichita, KDHE Central Office, **KDHE Clearinghouse**, KDHE Outstationed

**Location:** KanCare Clearinghouse

**Queue:** Administrative, Administrative-CH, Alert, Blue, Central Office Fiscal Concerns, Contact Updates, DCF Central Office, DCF-Outstationed, Data Entry, Data Import, E and D Eligibility, E and D State, **Eligibility**

**Task:** AR Delink Request - Case Delinking, AR Link Request Error, AR Request - Manual AR, AR Request /AR Link Request, Add Adult, Add Child, Add New Person, Add Newborn, Add Pregnant Woman, Address Change, Admin Role Update, Admin Role Update, Adoption Support-Medical, Adoption Support-Subsidy

**Review Due:**  **Worker:**

**Priority:** Accelerated, Expedited, Expedited 18 Hour, Expedited 48 Hour, KDHE-Passive Review

**Status:** **New**, Assigned, Completed, Rejected

**Status Reason:** DCF-Complete, DCF-No Show, DCF-Pending, KDHE-Being Worked, KDHE-New Information

**Contact Type:** Lobby, Non-Lobby

**Date Range:** **From:**  **To:**  **Date Type:**

**Assigned to Me:**  **E-App Source:**  **Request Number:**

**Task Inventory**

Open Tasks Closed Tasks

**Region:** DCF Central Office, DCF East, DCF Kansas City, DCF Outstationed, DCF West, DCF Wichita, KDHE Central Office, **KDHE Clearinghouse**, KDHE Outstationed

**Location:** KanCare Clearinghouse

**Queue:** Administrative, Administrative-CH, Alert, Blue, Central Office Fiscal Concerns, Contact Updates, DCF Central Office, DCF-Outstationed, Data Entry, Data Import, E and D Eligibility, E and D State, **Eligibility**

**Task:** AR Delink Request - Case Delinking, AR Link Request Error, AR Request - Manual AR, AR Request /AR Link Request, Add Adult, Add Child, Add New Person, Add Newborn, Add Pregnant Woman, Address Change, Admin Role Update, Admin Role Update, Adoption Support-Medical, Adoption Support-Subsidy

**Review Due:**  **Worker:**

**Priority:** Accelerated, Expedited, Expedited 18 Hour, Expedited 48 Hour, KDHE-Passive Review

**Status:** **New**, Assigned, **Completed**, Rejected

**Status Reason:** DCF-Complete, DCF-No Show, DCF-Pending, KDHE-Being Worked, KDHE-New Information

**Contact Type:** **Lobby**, Non-Lobby

**Date Range:** **From:**  **To:**  **Date Type:**

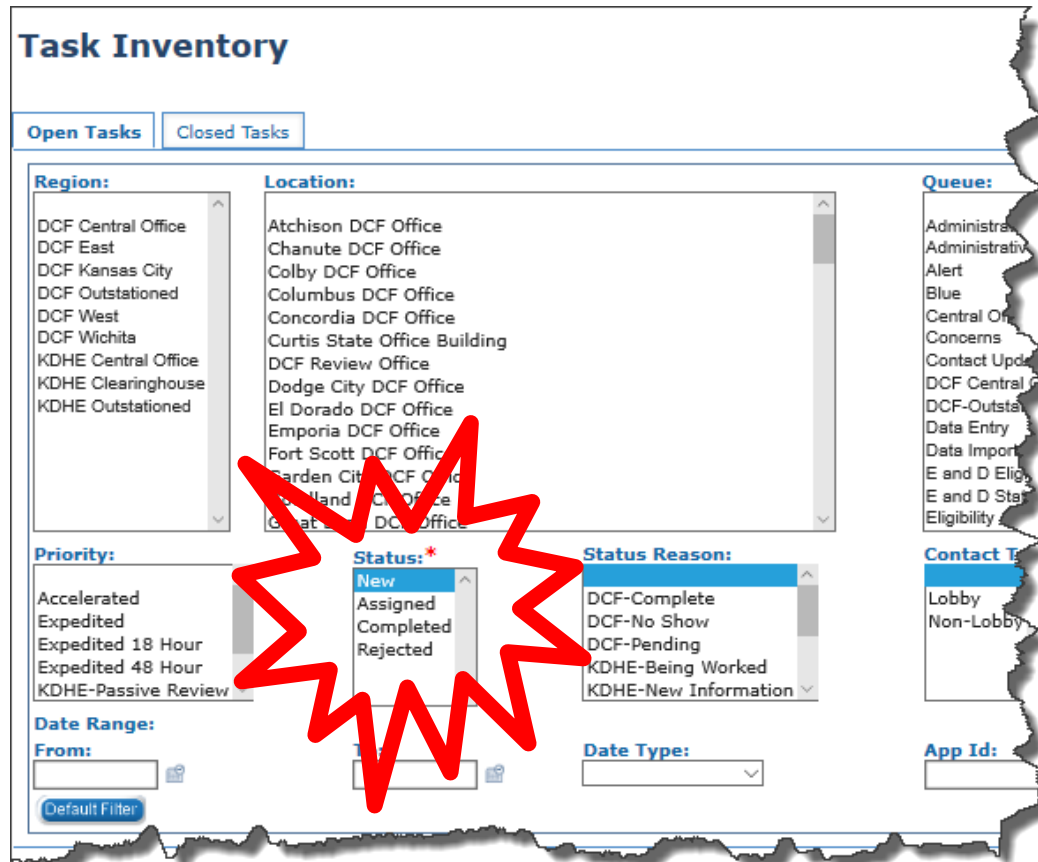
**Assigned to Me:**  **E-App Source:**  **Request Number:**



The difference between the two tabs is how the **Status** multiselect box defaults:

The Open Tasks tab automatically defaults the **Status** field selection to *New*

The Closed Tasks tab automatically defaults the **Status** field selections to *Completed* and *Rejected*



**Task Inventory**

Open Tasks | Closed Tasks

**Region:**  
 DCF Central Office  
 DCF East  
 DCF Kansas City  
 DCF Outstationed  
 DCF West  
 DCF Wichita  
 KDHE Central Office  
 KDHE Clearinghouse  
 KDHE Outstationed

**Location:**  
 Atchison DCF Office  
 Chanute DCF Office  
 Colby DCF Office  
 Columbus DCF Office  
 Concordia DCF Office  
 Curtis State Office Building  
 DCF Review Office  
 Dodge City DCF Office  
 El Dorado DCF Office  
 Emporia DCF Office  
 Fort Scott DCF Office  
 Garden City DCF Office  
 Hays DCF Office  
 Manhattan DCF Office

**Queue:**  
 Administrative  
 Administrative Alert  
 Blue  
 Central Office  
 Concerns  
 Contact Update  
 DCF Central Office  
 DCF-Outstationed  
 Data Entry  
 Data Import  
 E and D Eligibility  
 E and D Star Eligibility

**Priority:**  
 Accelerated  
 Expedited  
 Expedited 18 Hour  
 Expedited 48 Hour  
 KDHE-Passive Review

**Status:**  
 New  
 Assigned  
 Completed  
 Rejected

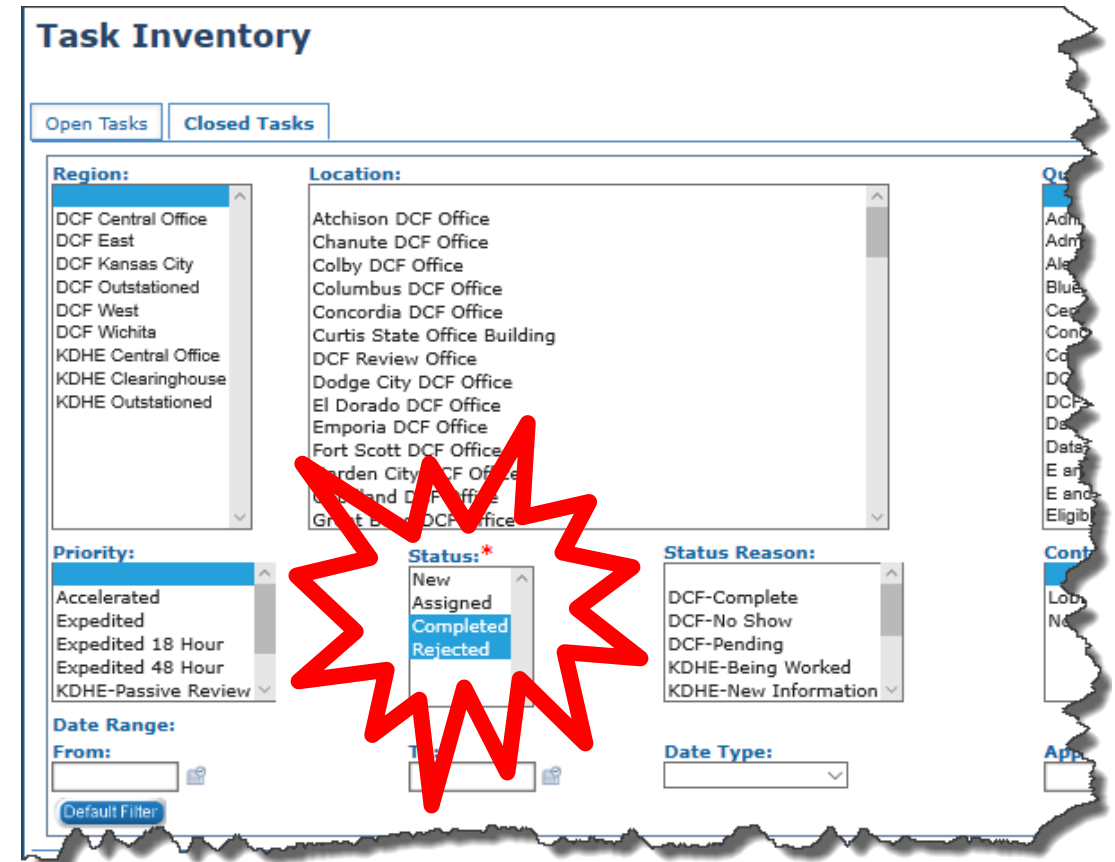
**Status Reason:**  
 DCF-Complete  
 DCF-No Show  
 DCF-Pending  
 KDHE-Being Worked  
 KDHE-New Information

**Contact Type:**  
 Lobby  
 Non-Lobby

**Date Range:**  
 From: [ ] To: [ ]  
 Date Type: [ ]

App Id: [ ]

Default Filter



**Task Inventory**

Open Tasks | Closed Tasks

**Region:**  
 DCF Central Office  
 DCF East  
 DCF Kansas City  
 DCF Outstationed  
 DCF West  
 DCF Wichita  
 KDHE Central Office  
 KDHE Clearinghouse  
 KDHE Outstationed

**Location:**  
 Atchison DCF Office  
 Chanute DCF Office  
 Colby DCF Office  
 Columbus DCF Office  
 Concordia DCF Office  
 Curtis State Office Building  
 DCF Review Office  
 Dodge City DCF Office  
 El Dorado DCF Office  
 Emporia DCF Office  
 Fort Scott DCF Office  
 Garden City DCF Office  
 Hays DCF Office  
 Manhattan DCF Office

**Queue:**  
 Administrative  
 Administrative Alert  
 Blue  
 Central Office  
 Concerns  
 Contact Update  
 DCF Central Office  
 DCF-Outstationed  
 Data Entry  
 Data Import  
 E and D Eligibility  
 E and D Star Eligibility

**Priority:**  
 Accelerated  
 Expedited  
 Expedited 18 Hour  
 Expedited 48 Hour  
 KDHE-Passive Review

**Status:**  
 New  
 Assigned  
 Completed  
 Rejected

**Status Reason:**  
 DCF-Complete  
 DCF-No Show  
 DCF-Pending  
 KDHE-Being Worked  
 KDHE-New Information

**Contact Type:**  
 Lobby  
 Non-Lobby

**Date Range:**  
 From: [ ] To: [ ]  
 Date Type: [ ]

App Id: [ ]

Default Filter

### Task Inventory

Open Tasks | Closed Tasks

**Region:**  
 DCF Central Office  
 DCF East  
 DCF Kansas City  
 DCF Outstationed  
 DCF West  
 DCF Wichita  
 KDHE Central Office  
**KDHE Clearinghouse**  
 KDHE Outstationed

**Location:**  
 KanCare Clearinghouse

**Priority:**  
 Accelerated  
 Expedited  
 Expedited 18 Hour  
 Expedited 48 Hour  
 KDHE-Passive Review

**Status:**  
 New  
 Assigned  
 Completed  
 Rejected

**Date Range:**  
 From:  To:   
 Date Type:

**Default Filter**

### Manage Filter

\* - Indicates required fields

**Set Default Search Parameters**

**Region:**  
 DCF Central Office  
 DCF East  
 DCF Kansas City  
 DCF Outstationed  
 DCF West  
 DCF Wichita  
 KDHE Central Office  
**KDHE Clearinghouse**  
 KDHE Outstationed

**Location:**  
 KanCare Clearinghouse

**Queue:**  
 Administrative  
 Administrative-CH  
 Alert  
 Blue  
 Central Office Fiscal  
 Concerns  
 Contact Updates  
 DCF Central Office  
 DCF-Outstationed  
 Data Entry  
 Data Import  
 E and D Eligibility  
 E and D State  
 Eligibility

**Clear Filter**

A worker can clear and/or set new default search options by clicking the **Default Filter** button to navigate back to the **Manage Filter** page.

The **Clear Filter** button removes all previously saved selections.

The worker can select new defaults or leave the fields blank then click the **Save and Return** button

### Manage Filter

\* - Indicates required fields

**Set Default Search Parameters**

**Region:**  
 DCF Central Office  
 DCF East  
 DCF Kansas City  
 DCF Outstationed  
 DCF West  
 DCF Wichita  
 KDHE Central Office  
 KDHE Clearinghouse  
 KDHE Outstationed

**Location:**  
 Atchison DCF Office  
 Chanute DCF Office  
 Colby DCF Office  
 Columbus DCF Office  
 Concordia DCF Office  
 Curtis State Office Building  
 DCF Review Office  
 Dodge City DCF Office  
 El Dorado DCF Office  
 Emporia DCF Office  
 Fort Scott DCF Office  
 Garden City DCF Office  
 Goodland DCF Office  
 Great Bend DCF Office

**Queue:**  
 Administrative  
 Administrative-CH  
 Alert  
 Blue  
 Central Office Fiscal  
 Concerns  
 Contact Updates  
 DCF Central Office  
 DCF-Outstationed  
 Data Entry  
 Data Import  
 E and D Eligibility  
 E and D State  
 Eligibility

**Task:**  
 AR Delink Request - Case Delinking  
 AR Link Request Error  
 AR Request - Manual AR  
 AR Request /AR Link Request  
 Add Adult  
 Add Child  
 Add New Person  
 Add Newborn  
 Add Pregnant Woman  
 Address Change  
 Admin Role Update  
 Admin Role Update  
 Adoption Support-Medical  
 Adoption Support-Subsidy

**Priority:**  
 Accelerated  
 Expedited  
 Expedited 18 Hour  
 Expedited 48 Hour  
 KDHE-Passive Review

**Contact Type:**  
 Lobby  
 Non-Lobby

**Sort By:**  
 Due Date

**Order By:**  
 Descending  
 Ascending

**E-App Source:**

**Clear Filter** **Save and Return** **Cancel**

Tasks can now be filtered by the Date Type of Completion Date. This value has been added to Task Inventory, Search Results Summary, and Task Details.

**Task Inventory**

Open Tasks | Closed Tasks

Region: DCF Central Office, DCF East, DCF Kansas City

Location: Atchison DCF Office, Chanute DCF Office, Colby DCF Office, Great Bend DCF Office

Queue: Administrative, Administrative-CH, Alert, Eligibility

Task: AR Delink Request - Case Delinking, AR Link Request Error, AR Request - Manual AR, Adoption Support-Subsidy

Priority: Accelerated, Expedited, Expedited 18 Hour, Expedited 48 Hour, KDHE-Passive Review

Status: New, Assigned, **Completed**, Rejected

Status Reason: DCF-Complete, DCF-No Show, DCF-Pending, KDHE-Being Worked, KDHE-New Information

Contact Type: Lobby, Non-Lobby

Date Range: From: , To: , **Date Type:**

App Id: , Assigned to Me: , E-App Source: , Request Number:

**Date Type:**

- Completion Date
- Created Date
- Due Date
- Priority Date
- Received Date

**Search Results Summary**

Results 1 - 25 of 12

Priority	Priority Date	Contact Type	Task	Rec'd Date	<b>Completion Date</b>	Status	Status Reason	Region	e-App Source	Request Number
None	8/3/2020		<a href="#">Intake - 710514</a>	02/03/2020	<b>08/03/2020</b>	Completed	KDHE-Being Worked	KDHE Clearinghouse Portal	Worker	

**Task Details**

Status: Completed | Status Reason: KDHE-Being Worked | Priority: None | Priority Date: 08/03/2020

Received Date: 07/03/2020 | Region: KDHE Clearinghouse | Location: KanCare Clearinghouse | Worker Assigned:

**Completion Date:** 08/03/2020

Task #: 710514 | Queue: Registration | Task: Intake | Created By: adminWS

# Medical Detail Premiums



# Medical Detail: Premiums

Changes were made to the **Medical Detail** page. The changes relate to how Premiums are displayed. The below screenshot shows how Premiums are currently displayed on the **Medical Detail** page.

Program Information					
<b>Status:*</b>	<b>Status Reason:</b>	<b>Household Premium Amount:</b>			
Active		0.00			
<b>Application Date:*</b>	<b>Review Begin Month:</b>	<b>Review Due Month:*</b>			
08/07/2018	07/2019	04/2020			
<b>Automatically Reassign When Activated:</b>			<b>Assign To Medical Only:</b>		
Yes			No		
<b>Delinquent CHIP Premiums:</b>					
<b>Delinquent Amount:</b>					
<b>Date:</b>					
<b>Delinquent WH Premiums:</b>					
<b>Delinquent Amount:</b>					
<b>Date:</b>					
<u>CHIP Penalty Period</u>					
<b>Penalty Start:</b>	<b>Penalty End:</b>	<b>Penalty Amount:</b>	<b>Delinquent Month Starts:</b>	<b>Delinquent Month Ends:</b>	<b>Status:</b>
<a href="#">View Penalty History</a>					
<b>Spenddown Status:</b>					



# Medical Detail: Premiums

Here is how Premiums on the **Medical Detail** page will display once the August Release is implemented. We will take a closer look at these changes next.

### Medical Detail

\* - Indicates required fields

[View History](#) [fMD/EXT](#) [Edit](#) [Close](#)

09/01/2020

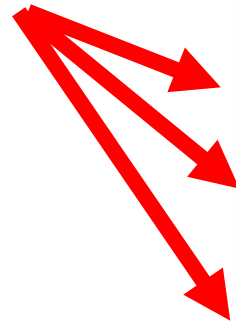
Program Information			
<b>Status:*</b>	<b>Status Reason:</b>		
Active			
<b>Application Date:*</b>	<b>Review Begin Month:</b>	<b>Review Due Month:*</b>	
01/27/2020	01/2020	11/2020	
<b>Automatically Reassign When Activated:</b>	<b>Assign To Medical Only:</b>	<b>Spenddown Status:</b>	
No	No		
<b>Household Premium Amount:</b>	20.00		
<u>Delinquent Premiums</u>			
<b>Delinquent CHIP Premiums:</b>	No	<b>Delinquent Amount:</b>	<b>Date:</b>
<b>Delinquent WH Premiums:</b>		<b>Delinquent Amount:</b>	<b>Date:</b>
<u>Penalty Period</u>			
<b>CHIP Penalty Start:</b>	03/01/2018	<b>Penalty End:</b>	05/31/2018
<b>Delinquent Month Starts:</b>	12/01/2017	<b>Delinquent Month Ends:</b>	01/31/2018
		<b>Penalty Amount:</b>	40.00
		<b>Status:</b>	Shortened

[View Penalty History](#)

# Medical Detail: Premiums

Changes to the Premiums section include the:

- Relocation of the **Household Premium Amount**
- Reformatting of the **Delinquent Premiums** and **Penalty Period** data.



### Medical Detail

\* - Indicates required fields

09/01/2020

Program Information			
<b>Status:*</b>	<b>Status Reason:</b>		
Active			
<b>Application Date:*</b>	<b>Review Begin Month:</b>	<b>Review Due Month:*</b>	
01/27/2020	01/2020	11/2020	
<b>Automatically Reassign When Activated:</b>	<b>Assign To Medical Only:</b>	<b>Spenddown Status:</b>	
No	No		
<b>Household Premium Amount:</b>	20.00		
<u>Delinquent Premiums</u>			
<b>Delinquent CHIP Premiums:</b>	No	<b>Delinquent Amount:</b>	
<b>Delinquent WH Premiums:</b>		<b>Delinquent Amount:</b>	
<u>Penalty Period</u>			
<b>CHIP Penalty Start:</b>	03/01/2018	<b>Penalty End:</b>	05/31/2018
<b>Delinquent Month Starts:</b>	12/01/2017	<b>Delinquent Month Ends:</b>	01/31/2018

# Medical Detail: Premiums

The **Household Premium Amount** displays for CHIP and Working Healthy cases. It is populated by the Medical EDBC Summary page and shows the highest Premium for the household.

**Delinquent Premiums** indicates if there are any past due CHIP or Working Healthy Premiums. The amount and date associated with the delinquency will also be listed.

<b>Household Premium Amount:</b>	20.00			
<b>Delinquent Premiums</b>				
<b>Delinquent CHIP Premiums:</b>	No	<b>Delinquent Amount:</b>		<b>Date:</b>
<b>Delinquent WH Premiums:</b>		<b>Delinquent Amount:</b>		<b>Date:</b>
<b>Penalty Period</b>				
<b>CHIP Penalty Start:</b>	03/01/2018	<b>Penalty End:</b>	05/31/2018	<b>Penalty Amount:</b> 40.00
<b>Delinquent Month Starts:</b>	12/01/2017	<b>Delinquent Month Ends:</b>	01/31/2018	<b>Status:</b> Shortened
<a href="#">View Penalty History</a>				

The **Penalty Period** displays the start and end dates as well as the amount of a CHIP Penalty. The Delinquency start, end, and status are also located in this section.

# Premium Penalties & Penalty Period Detail

The final Premium-related changes are found on the **Premium Penalties** and **Penalty Period Detail** pages. The path to both pages is displayed to the right.

Click the **View Penalty History** button on the **Medical Detail** page.

The **Premium Penalties History** page displays.

Click the **Edit** button by the appropriate record.

The **Penalty Period Detail** page displays.

# Premium Penalties & Penalty Period Detail



The image shows two screenshots from a web application. The top screenshot is the 'Premium Penalties History' page, which displays a table of penalty records. The 'Test Category' column is highlighted with a red box, showing 'MAGI CHIP' for both entries. The bottom screenshot is the 'Penalty Period Detail' page, which shows the details for a selected penalty. The 'Test Category' dropdown menu is highlighted with a red box and shows 'MAGI CHIP' as the selected option.

Test Category	Penalty Start	Penalty End	Penalty Amount	Delinquent Month Starts	Delinquent Month Ends	Status	Status Date	Action
MAGI CHIP	03/01/2018	05/31/2018	40.00	12/01/2017	01/31/2018	Active	02/06/2018	Edit
MAGI CHIP	03/01/2018	05/31/2018	40.00	12/01/2017	01/31/2018	Shortened	05/21/2018	Edit

**Penalty Period Detail**

\* - Indicates required fields

**Penalty Period Information**

**Test Category:\***  
MAGI CHIP

**Penalty Start:\*** 03/01/2018    **Penalty Amount:\*** 40.00    **Delinquent Month Starts:\*** 12/01/2017    **Delinquent Month Ends:\*** 01/31/2018    **Status:\*** Active    **Status Date:\*** 02/06/2018

**Penalty End:\*** 05/31/2018    **Is there a break between Delinquent Months?\*** - Select -

A **Test Category** has now been added to the **Premium Penalties History** and **Penalty Period Detail** pages. *MAGI CHIP* should be the only option displayed in the **Test Category** for both pages.



# Forms

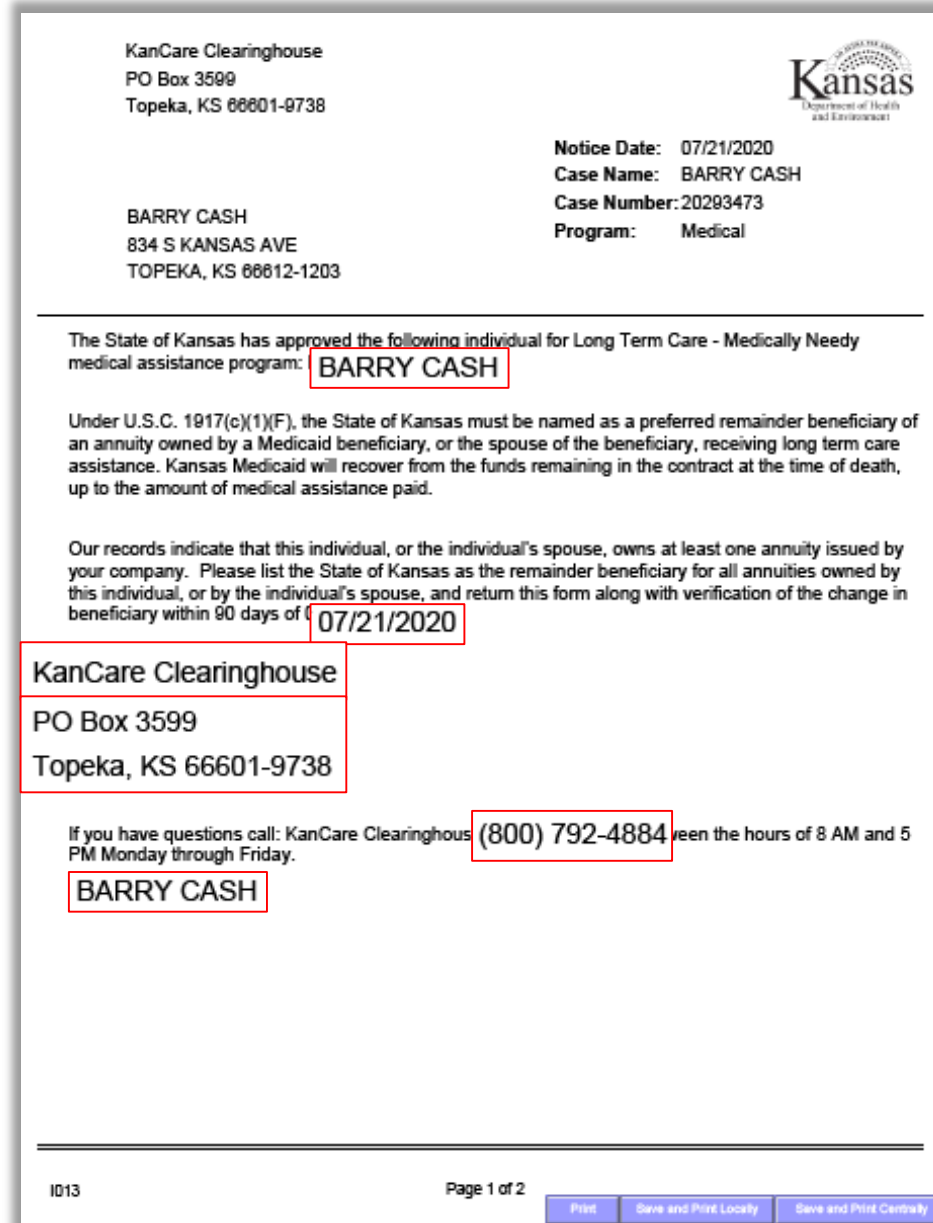




# FORMS

The **I013 Annuity Referral Form** is now a KEES Form that auto-populates with:

1. Consumer Name
2. The date the form was generated, which is used to determine the due date for returning the form with the required verifications.
3. Name and address of the office to which the case is assigned.
4. Office phone
5. Consumer Name or name of the person who should receive additional correspondence.



KanCare Clearinghouse  
PO Box 3599  
Topeka, KS 66601-9738

**Kansas**  
Department of Health  
and Environment

Notice Date: 07/21/2020  
Case Name: BARRY CASH  
Case Number: 20293473  
Program: Medical

BARRY CASH  
834 S KANSAS AVE  
TOPEKA, KS 66612-1203

---

The State of Kansas has approved the following individual for Long Term Care - Medically Needy medical assistance program: **BARRY CASH**

Under U.S.C. 1917(c)(1)(F), the State of Kansas must be named as a preferred remainder beneficiary of an annuity owned by a Medicaid beneficiary, or the spouse of the beneficiary, receiving long term care assistance. Kansas Medicaid will recover from the funds remaining in the contract at the time of death, up to the amount of medical assistance paid.

Our records indicate that this individual, or the individual's spouse, owns at least one annuity issued by your company. Please list the State of Kansas as the remainder beneficiary for all annuities owned by this individual, or by the individual's spouse, and return this form along with verification of the change in beneficiary within 90 days of **07/21/2020**

KanCare Clearinghouse  
PO Box 3599  
Topeka, KS 66601-9738

If you have questions call: KanCare Clearinghouse **(800) 792-4884** between the hours of 8 AM and 5 PM Monday through Friday.  
**BARRY CASH**

---

I013 Page 1 of 2 [Print](#) [Save and Print Locally](#) [Save and Print Centrally](#)

**NOTE:**  
None of the pre-populated fields in the **Annuity Referral Form** are editable.

KanCare Clearinghouse  
PO Box 3599  
Topeka, KS 66601-9738



Notice Date: 08/12/2020  
Case Name: [REDACTED]  
Case Number: [REDACTED]  
Program: Medical

### VETERANS ADMINISTRATION POTENTIAL BENEFITS REQUEST

Name of Applicant or Recipient: [REDACTED]

Social Security Number: [REDACTED] Case Number: [REDACTED]

The person whose name is shown above may be eligible for benefits from the Department of Veterans Affairs (VA). As a condition of eligibility for medical assistance, this person must file for any VA benefits they are potentially eligible to receive.

We told this person to contact your office to make an appointment to see if you could help them apply for VA benefits.

We understand that in some cases the person can get a lower benefit if they apply now but a higher benefit if they apply later. However, they cannot wait. To be eligible for medical assistance, they must apply now and take whatever benefit the VA will give, even if that is a reduced amount.

When this person appears for their scheduled interview, they will sign and date the Authorization to Release Information below and give you this form. Please complete, sign and date the Organization Response section below and return to the person. They will return the completed form to the KanCare Clearinghouse to confirm they have made contact with your organization.

Thank you for your assistance.

#### AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the Kansas Department of Health and Environment Division of Health Care Finance to release the information shown above. I also authorize your organization to release any information to the Kansas Department of Health and Environment Division of Health Care Finance about any claim I have filed or intend to file with your organization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## The **ES-3122 VA Potential Benefit Request Form** is now in KEES.

1. The **Name of Applicant or Recipient** field auto-populates with the Primary Applicant's name, but is also editable. If the request is for the Spouse, Eligibility staff can delete the PA's name from this field and enter the Spouse's instead.
2. The **Social Security Number** field is not auto-populated and needs to be completed by the Eligibility worker.

# FORMS

- KC-1200 Pre-Populated Family Medical Review
- KC-1300 Passive Family Medical Reviews
- KC-1600 Pre-Populated Elderly and Disabled Review
- KC-1700 Passive Elderly and Disabled Review

The *Review Your Health Insurance and Other Health Insurance* tables in these four forms will now populate with both private health insurance plans as well as Medicare when applicable. This information is auto-populated from the **Third Party Liability – Other Insurance List (TPL)** page and the **Medicare Expense List** page.

**F. Review your Health Insurance**  
We have listed the information you told us. Tell us about changes.

Name	Name of Insurance	Any Change?
BARRY CASH	BLUE CROSS BLUE SHIELD	<input type="checkbox"/> No <input type="checkbox"/> Yes

Is there any change in any of the health insurance listed above?  No  Yes If yes, answer the question in Step3.

**NOTE:** Another change is the *removal* of the Premium amount from the **Other Health Insurance** pre-populated review forms.

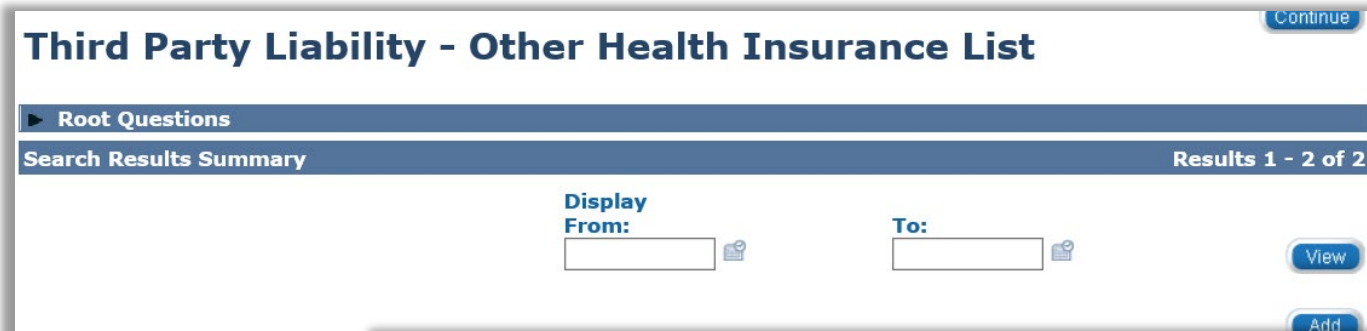
**Other Health Insurance**  
Our records show the following health insurance for your household. If anyone has dropped, added or changed coverage, tell us now.

Person:	Insurance/Company:
BARRY CASH	BLUE CROSS BLUE SHIELD



# FORMS

- KC-1200 Pre-Populated Family Medical Review
- KC-1300 Passive Family Medical Reviews
- KC-1600 Pre-Populated Elderly and Disabled Review
- KC-1700 Passive Elderly and Disabled Review



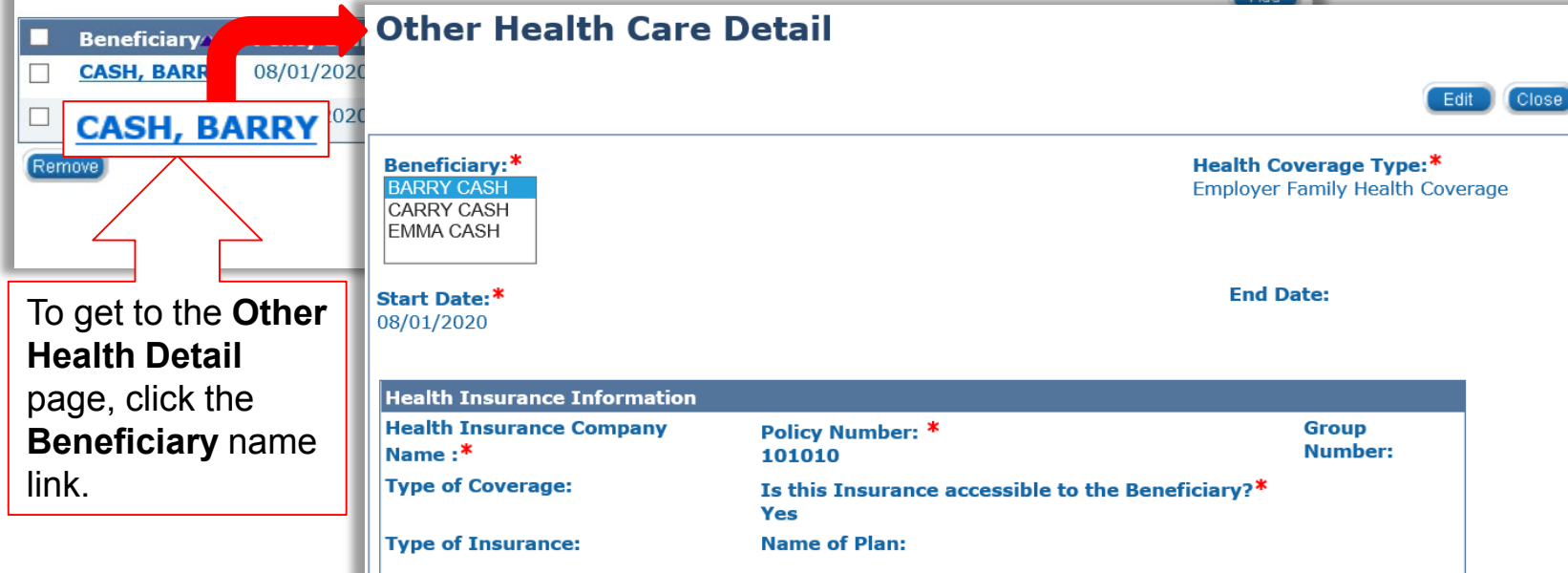
Third Party Liability - Other Health Insurance List

Root Questions

Search Results Summary Results 1 - 2 of 2

Display From: [ ] To: [ ] View Add

Staff should go to the **TPL** to review the **Other Health Care Detail** page to check insurance information to make sure it is *correct and up-to-date*.



Other Health Care Detail

Beneficiary: \*  
BARRY CASH  
CARRY CASH  
EMMA CASH

Health Coverage Type: \*  
Employer Family Health Coverage

Start Date: \*  
08/01/2020

End Date:

Health Insurance Information

Health Insurance Company Name : *	Policy Number: *	Group Number:
Type of Coverage:	Is this Insurance accessible to the Beneficiary? *	
Type of Insurance:	Name of Plan:	


Annotations: A red box highlights the 'Beneficiary' dropdown menu. A red arrow points from the 'CASH, BARRY' option to the 'Other Health Care Detail' form. A red box at the bottom left contains the text: 'To get to the Other Health Detail page, click the Beneficiary name link.'

Failure to check this information results:

- ✓ in wrong information,
- ✓ calls to the KEES Help Desk, and
- ✓ consumer confusion.

# FORMS

KanCare Clearinghouse  
PO Box 3599  
Topeka, KS 66601-9738



Notice Date: 07/23/2020  
Case Name: BARRY CASH  
Case Number: 20293473  
Program: Medical


BARRY CASH  
834 S KANSAS AVE  
TOPEKA, KS 66612-1203

---

General Correspondence

If you have questions, call KanCare Clearinghouse at (800) 792-4884 between the hours of 8 am and 5 pm Monday through Friday.  
Copies sent to: BARRY CASH

---


V008 Page 1 of 2  10766536

The V008 form is now simply titled **General Correspondence**.

The **General Correspondence** Form includes a field for optional user entered text of 90 lines or up to 6,750 characters.

The **D100 MediKan Approval Form** has been updated to display the correct resource limit.

KanCare Clearinghouse  
PO Box 3599  
Topeka, KS 66601-9738



**Notice Date:** 07/21/2020  
**Case Name:** BARRY CASH  
**Case Number:** 20293473  
**Program:** Medical

BARRY CASH  
834 S KANSAS AVE  
TOPEKA, KS 66612-1203

---

**MediKan Approval**

We have approved your application for medical assistance received on 7/1/2019. BARRY CASH is covered under the MediKan program effective .

The Client ID number is 00110385963.

You can only receive MediKan coverage for 12 months.

This action is based on our assessment of your disability. This is also based on the status of your application with Social Security. You must cooperate with Social Security. Failure to cooperate will result in the loss of health care coverage.

This approval is for MediKan coverage. We have determined you do not meet the necessary disability standards to qualify for Medicaid. Therefore, your application for Medicaid will not be held in pending status and is denied. This action is in accordance with Medical KEESM 2638, 2662.10, and subsections. If you have new medical information, it must be reported within 10 days of this letter.

If you are determined eligible for Supplemental Security Income (SSI) in the future, we may be able to backdate your medical coverage. You must report the approval within 10 days from the date you are notified by the Social Security Administration.

**MediKan Reporting Requirements**  
You must tell us about the following changes within 10 days of the time you learn of the change.

1. If the source of your income changes.
2. If the amount of your income goes up or down.
3. If you get married, separated or divorced.
4. If you move to a new address.
5. If you or your spouse enter or leave a hospital or institution.
6. If your total cash, savings or other resources goes over **\$3000.00**.
8. If the status of your Social Security Disability claim changes.

We want you to get the correct medical coverage. Please help us by reporting these changes.

---

D100 Page 1 of 4

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The ***KC-1120 Child Turned 19*** is being retired.

Use the ***KC-1100 KanCare Family Medical Application*** instead.

# NOA Fragments





Several changes have been made to the fragments or snippets that are in NOAs.

- Modifying the *<\_\_>is no longer eligible for <\_\_> benefits and extra help with Medicare Part D Prescription Drug Costs (K-M311) to display only when needed.*
  - This fragment informs consumers that they are no longer eligible for Medicaid and will not receive further help with Medicare Part D Prescription Drug costs.
  - It will now only display when a consumer has received Medicare Part D coverage, in addition to Medicaid, in the previous EDBC month.

## Removed Fragments

The below fragments have been removed as they are no longer needed per KDHE Policy.

*This action was taken because a member of the family has access to the State Employees Group Health Insurance through their employment with the state, county, school district, or another public agency.*

K-R30 Access to Health Insurance

*This action was taken because you became ineligible for cash assistance because of increased income from employment. fragment was previously sent on discontinuances for the Refugee Medical program.*

K-R54 Refugee Medical

# KEES Changes



# KEES Changes

As you know, making changes to KEES is essential to supporting the eligibility determination process. Making changes to KEES requires input from KDHE Policy and Business personnel as well as time to actually change KEES itself.

Sometimes, the changes in KEES are completed before KDHE Policy and Business are ready to implement them. When this happens, the changes are usually suppressed so they are *not* visible to Eligibility staff.

With the August 2020 Release, functionality changes have been made to the **Income Detail** page that Eligibility staff will see but should *not* use when determining eligibility.

# KEES Changes

A **Pre-Tax Withholdings** section has been added to the **Income Amount Detail** page. Eligibility staff should **not** use this section until instructed to do so by KDHE Policy and Business.

Using this section prior to its implementation by KDHE Policy and Business will result in incorrect Eligibility determinations.



The screenshot shows the 'Income Amount Detail' page for a 'Family Medical' program. It includes an 'Average Calculator' section with a 'Pre-Tax Withholdings' subsection. A large red 'DO NOT USE' stamp is overlaid on the 'Pre-Tax Withholdings' section. Below the stamp, the 'Reported Amount' is \$624.94, the 'Begin Date' is 08/01/2019, and the 'Verified' status is 'Verified'. The 'End Date' and 'Source' fields are also visible.



# KEES Changes



KanCare Clearinghouse  
PO Box 3599  
Topeka, KS 66601-9738

[REDACTED]  
PITTSBURG, KS 66762

We have reviewed your medical information below. Coverage begins 07/01/2020.

People eligible for coverage will need a medical card replacement to get services. If you do not show up for your appointment, you will lose your coverage.

Some members will get the medical card assigned to their health plan. We will send an enrollment packet to your home. It will also tell you how to change plans. The medical card will arrive in a few days.

[REDACTED] will receive Medical Assistance under the program beginning 07/01/2020.

For [REDACTED] the total amount of pre-tax withholdings used in your determinations is: \$450.00

The following are considered Pre-Tax Withholdings: Health Insurance Premiums, Contributions to retirement plans - 401(K) and 457B, Life insurance premiums, Health Savings Account, Flexible Spending Account - Child Care, and Flexible Spending Account - Health Care.

Your premium(s) is/are changing either because we have either adjusted the income levels for premiums, your income puts you in a different premium range, or medical assistance has changed for someone on your case. Your household will have the following premium(s) each month:

Two snippets were also created as part of this change. These snippets will only populate when data has been entered in the **Pre-Tax Withholdings** section.

If a NOA or Form includes information about *pre-tax withholdings*, as in this example, delete it and remove the record from the **Pre-Tax Withholdings** section on the **Income Amount Detail** page. Rerun **EDBC** and review the NOA to ensure it is correct.



# KEES Changes

In addition to the **Pre-Tax Withholdings** functionality, it is possible you will see some other coding or content that should've been suppressed. If this happens, please create a KEES Helpdesk ticket.

# Reviews



A soft warning has been added to the **Medical Detail** page. The **“Warning! Review Due Month – Try running EDBC with RE Run Reason to update the Review Due Month instead of updating it manually”** message displays when Eligibility staff attempt to change the **Review Due Month** to a future month.

**“Warning! Review Due Month - Try running EDBC with RE Run Reason to update the Review Due Month instead of updating it manually.”**

### Medical Detail

\* - Indicates required fields

#### Program Information

<b>Status:*</b>	<b>Status Reason:</b>	
Active		
<b>Application Date:*</b>	<b>Review Begin Month:</b>	<b>Review Due Month:*</b>
11/01/2003 <input type="button" value="Edit"/>	01/2020	<input type="text" value="01/2021"/>

# Reviews

This soft warning message was created because Eligibility workers have incorrectly moved 75,000 **Review Due Month** records forward. Incorrectly changing a **Review Due Month** on the **Medical Detail** page requires data 'clean-up' so the case is picked up by batch.

When Eligibility staff get this warning, they should click **Cancel** and navigate to **EDBC**; once there they should select the correct system month and use the *RE Run Reason* to revise the **Review Due Month**.

*The notable exception to this rule is an instruction received from KDHE Policy to manually extend the **Review Due Month**.*

"Warning! Review Due Month - Try running EDBC with RE Run Reason"


### Medical Detail

\* - Indicates required fields

07/30/2020

#### Program Information

<b>Status:*</b> Active	<b>Status Reason:</b>
<b>Application Date:*</b> 11/01/2003 <input type="button" value="Edit"/>	<b>Review Begin Month:</b> 01/2020
	<b>Review Due Month:*</b>




### Run EDBC

\* - Indicates required fields

**Benefit Month:\***  
08/2020

Program	Status	Run Reason
<input checked="" type="checkbox"/> Medical - 0240	Active	<input type="button" value="Run EDBC"/> <input type="button" value="Cancel"/>



- CE Reset
- CSRA Reassessment
- No Touch
- Passive Response
- RE**
- Supplemental
- WKH Desk Review

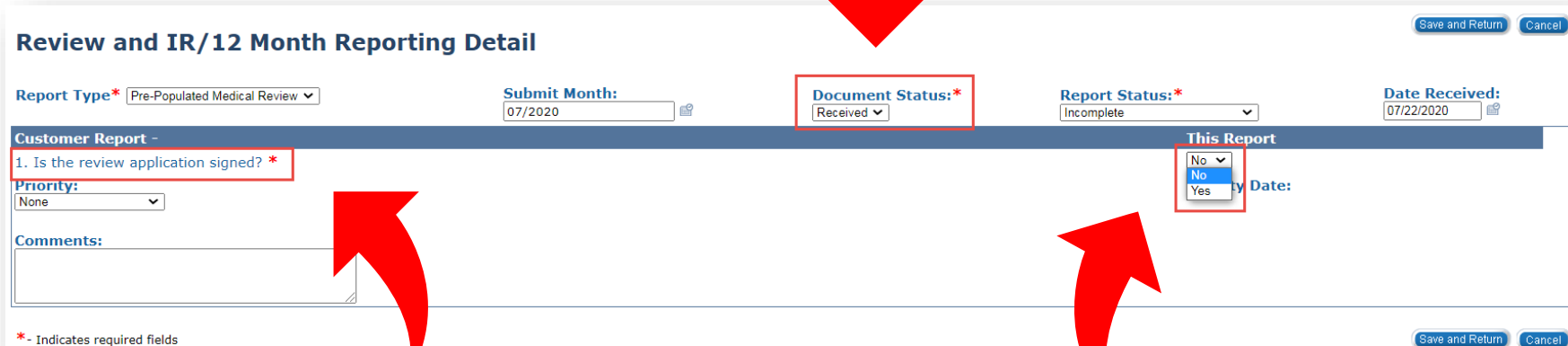
As an Eligibility worker, you may come across an Active case with a **Review Due** date in the past. In some situations, a Pre-Populated Review will need to be manually sent to the household.

When this happens, Eligibility staff must submit a ticket to the KEES HelpDesk who will:

- Adjust the **Review Due Date**
- Add the Pre-Populated Review

This, in turn, adds the case to the Review Discontinuance batch. By doing so, it will no longer be necessary to create a future task to manually close the case if the Review isn't returned.

A review sent manually will not have a barcode on it. To ensure that the case is picked up by future batches, Eligibility staff need to update the **Document Status** field to *Received* on the **Review and IR/12 Month Reporting Detail** page.



The screenshot shows the 'Review and IR/12 Month Reporting Detail' form. The 'Document Status' field is set to 'Received'. The '1. Is the review application signed?' field is highlighted with a red box and a red arrow. The 'This Report' dropdown menu is also highlighted with a red box and a red arrow. The form includes fields for 'Report Type', 'Submit Month', 'Report Status', and 'Date Received'. A legend at the bottom indicates that an asterisk (\*) denotes required fields.

*Is the review application signed?* must still be completed. Failing to update this field will cause the case to be closed by the Review Discontinuance batch.



# Long Term Care Eligibility



For LTC, HCBS, and PACE, if income exceeds the 300% SSI one-person standard and the liability/obligation exceeds the Cost of Care, the case is budgeted as independent living with a \$475/month PIL and 6-month base period – spousal impoverishment does not apply per KC-7000.

If the liability/obligation does *not* exceed the Cost of Care, KEES will approve LTC.

KEES previously compared the income with the Cost of Care. This has been corrected so the share of cost is used instead.

This change is being made to ensure that applicants aren't inadvertently being assigned a Patient Liability which is higher than their Cost of Care – so that the LTC program is beneficial for them.

## Reminder

If income is **less** than the 300% limit, workers may enter the default value of \$9999 for the **Cost of Care** on the **LTC Data Detail** page.

If income is **higher** than the 300% limit, workers must enter the **Cost of Care** on the **LTC Data Detail** page for **EDBC** to accurately perform this test.

The income limits are found in the **KC-7000**. The 2020 rate is \$2349/month. This rate changes annually. Workers should refer to the most recent **KC-7000** found in the **KDHE Policy Appendix**.

### 300% Special Income Limit for Long Term Care

To be eligible for Medicaid coverage of long term care services (nursing home, HCBS, and PACE), an individual must have income at or below 300% of the SSI one-person standard (for 2020 that amount is \$783/month X 3 = \$2,349/month). If income exceeds that amount, eligibility may be determined under the Medically Needy (MN) program. For nursing home, HCBS, and PACE, if income exceeds the 300% income limit and the liability/obligation exceeds the cost of care, the case is budgeted as independent living with a \$475/month PIL and 6-month base period – spousal impoverishment does not apply.

Program Type	Income	Cost of Care	Coverage	Budgeting	PIL	Base Period	Spousal Impoverishment
NF	≤ 300%	N/A	Medicaid	NF	\$62	1 mo	Applies
	> 300%	PL ≤ CC	MN	NF	\$62	1 mo	Applies
	> 300%	PL > CC	MN	IL	\$475	6 mo	Does Not Apply
HCBS	≤ 300%	N/A	Medicaid	HCBS	\$1,157	1 mo	Applies
	> 300%	CO ≤ CC	MN	HCBS	\$1,157	1 mo	Applies
	> 300%	CO > CC	MN	IL	\$475	6 mo	Does Not Apply
PACE – NF	≤ 300%	N/A	Medicaid	NF	\$62	1 mo	Applies
	> 300%	PO ≤ CC	MN	NF	\$62	1 mo	Applies
	> 300%	PO > CC	MN	IL	\$475	6 mo	Does Not Apply
PACE – HCBS	≤ 300%	N/A	Medicaid	HCBS	\$1,157	1 mo	Applies
	> 300%	PO ≤ CC	MN	HCBS	\$1,157	1 mo	Applies
	> 300%	PO > CC	MN	IL	\$475	6 mo	Does Not Apply

If income exceeds the 300% limit, eligibility is then determined allowing income allocation to the community spouse and/or dependent family members, and post-eligibility treatment of income. If the patient liability/client obligation/participant obligation is then less than the cost of care, the case is budgeted as long term care with a 1 month base period. If the patient liability/client obligation/participant obligation exceeds the cost of care, the case is re-budgeted as independent living with a 6 month base period, and post-eligibility treatment of income and spousal impoverishment does not apply.

#### Qualifying Income Trust (QIT)

A Qualifying Income Trust (QIT), also known as a Miller Trust, is not valid in Kansas due to the Medically Needy (MN) provisions which requires an individual to "spend down" income on medical expenses to the income standard.



# Long Term Care Rules Enhancements



# LTC Rules Enhancement

Requested Medical EDBC - Medically Needy <span style="float: right;">Close</span>						
Begin Month	End Month	Run Date	Run Status	Accepted By		
08/2020		08/10/2020	Not Accepted	<a href="#">Brandon Corneliusen</a>		
Income Determination						
Unearned Income				\$		<u>3,795.00</u>
Unearned Income Deductions				-		<u>0.00</u>
Net Unearned Income				=		3,795.00
Earned Income				\$		<u>0.00</u>
Earned Income Deductions				-		<u>0.00</u>
Net Earned Income				=		0.00
Unearned/Earned Income Deduction				-		<u>20.00</u>
Allocation and Other Deductions				-		<u>0.00</u>
Total Countable Income				=		3,775.00
Budget Unit Size						1
Protected Income Limit				\$		<u>475.00</u>
LTC Liability/Premium				\$		3,300.00
LTC Details						
Name	Type	Living Arrangement	Waiver	Start Date	End Date	Liability
Jordan Wilson	IC	NF		08/03/2020		\$ 3300

When the protected income limit (PIL) is \$1157 (HCBS) or \$475, the \$20 income disregard will apply.

Previously, EDBC was not applying the \$20 disregard for cases that had a \$475 PIL and a workaround (WA) had to be used for an accurate determination.

With this release, WA554 where the worker had to override EDBC to allow the \$20 disregard is retired.

The \$20 disregard does not apply to the \$62 PIL.

# LTC Rules Enhancement

Begin Month	End Month	Run Date	Run Status	Accepted By
08/2020		08/10/2020	Not Accepted	<a href="#">Brandon Corneliusen</a>

Income Determination	
Unearned Income	\$ 3,795.00
Unearned Income Deductions	0.00
Net Unearned Income	3,795.00
Earned Income	\$ 0.00
Earned Income Deductions	0.00
Net Earned Income	0.00
Unearned/Earned Income Deduction	20.00
Allocation and Other Deductions	0.00
Total Countable Income	3,775.00
Budget Unit Size	1
Protected Income Limit	\$ 475.00
LTC Liability/Premium	\$ 3,300.00

LTC Details						
Name	Type	Living Arrangement	Waiver	Start Date	End Date	Liability
Jordan Wilson	IC	NF		08/03/2020		\$ 3300

Currently, the \$20 disregard is now in the KEES calculation, however it is not displaying in the Unearned/Earned Income deduction field.

Example:

Income	\$3795
PIL	-\$475
Disregards	-\$20
<hr/>	
Patient Liability or Share of Cost	=\$3300

This issue should be resolved in the near future so the \$20 will display as in this image.



# LTC Rules Enhancement

EDBC will now calculate the correct PIL when an:

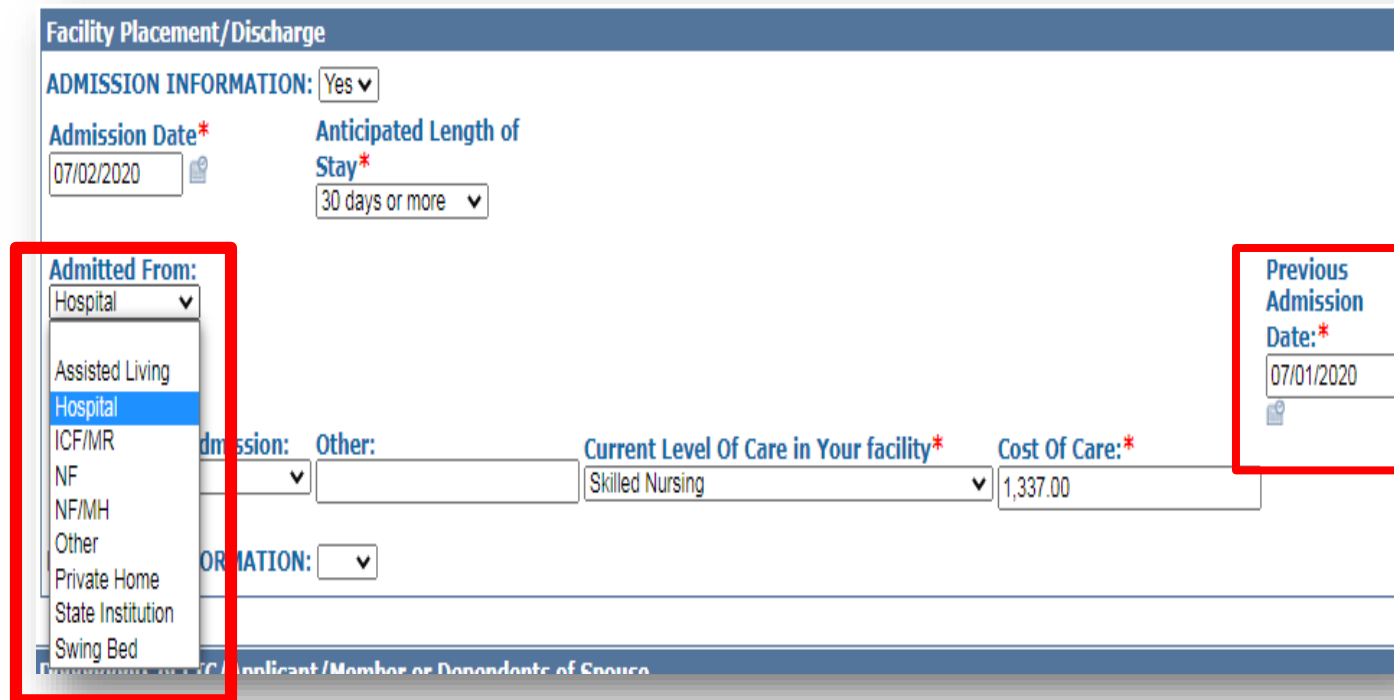
- *Changes from one facility to another in the same day*
- *Changes from one Level of Care (LOC) to another LOC such as Swing Bed to Skilled Nursing*
- *Is admitted part way through the admit month but has zero days in the community due to a previous admission.*

Previously, EDBC would assign a \$475 PIL in error.

Requested Medical EDBC - Medically Needy						
Begin Month	End Month	Run Date	Run Status	Accepted By		
07/2020		08/06/2020	Not Accepted	<a href="#">Brandon Corneliusen</a>		
Income Determination						
Unearned Income				\$		3,774.83
Unearned Income Deductions				-		0.00
Net Unearned Income				=		3,774.83
Earned Income				\$		0.00
Earned Income Deductions				-		0.00
Net Earned Income				=		0.00
Unearned/Earned Income Deduction				-		0.00
Allocation and Other Deductions				-		0.00
Total Countable Income				=		3,774.83
Budget Unit Size						1
Protected Income Limit				\$		62.00
LTC Liability/Premium				\$		3,712.83
LTC Details						
Name	Type	Living Arrangement	Waiver	Start Date	End Date	Liability
Rhonda Greenbush	IC	NF		07/02/2020		\$ 3712

# LTC Rules Enhancement

The **Admitted From** and **Previous Admission Date** fields are now crucial in receiving an accurate determination for Long Term Care.



The screenshot shows a web form titled "Facility Placement/Discharge". It contains several fields:

- ADMISSION INFORMATION:** Yes (dropdown)
- Admission Date\*:** 07/02/2020
- Anticipated Length of Stay\*:** 30 days or more (dropdown)
- Admitted From:** Hospital (dropdown menu is open, showing options: Assisted Living, Hospital, ICF/MR, NF, NF/MH, Other, Private Home, State Institution, Swing Bed)
- Previous Admission Date\*:** 07/01/2020
- Current Level Of Care in Your facility\*:** Skilled Nursing
- Cost Of Care\*:** 1,337.00

# LTC Rules Enhancement

If the consumer was admitted to the nursing facility part way through the month, then KEES will look at where they were **Admitted From**.

If they were admitted from the **community**, then there were days in the community and the independent living PIL will be used.

Assisted Living, Other, and Private Home are the drop down options that are considered living in the community.

<b>Admitted From Community</b>
Assisted Living
Other
Private Home

# LTC Rules Enhancement

If they were admitted from a facility, then KEES will look at the **Previous Admission Date**.

If they were admitted on or after the 2<sup>nd</sup> day of the admittance month, the independent living PIL will also be used as there were days in the community.

<b>Admitted From Facility</b>
Hospital
ICF/MF
NF
NF/MH
Swing Bed
State Institution

If they were admitted on or before the first day of the admittance month, then there were zero days in the community and the \$62 PIL will be used.

The following drop down options are considered admitted from a facility: Hospital, ICF/MF, NF, NF/MH, Swing Bed, and State Institution.

**Note:** If the Previous Admission Date field is left blank, then the \$62 PIL will be used if the Admitted From is a facility option. The Independent Living PIL will be used if they were admitted from the community or admitted from is left blank.

# LTC Rules Enhancement

In this example, the applicant was admitted to a nursing facility on 07/02/2020 for a permanent stay. They were admitted from their home. Since 1 day was spent in the community, the \$475 PIL applies.

**Facility Placement/Discharge**

**ADMISSION INFORMATION:** Yes

**Admission Date\***   **Anticipated Length of Stay\***

**Admitted From:**   **Previous Admission Date:**  

# LTC Rules Enhancement

In this example, the applicant went from a hospital on 07/09/2020 and was directly transferred to a Nursing Facility (NF) on 07/18/2020 for a permanent stay. Since there were days in the community, the \$475 PIL applies.

**Facility Placement/Discharge**


**ADMISSION INFORMATION:** Yes ▾

**Admission Date\*** 7/18/2020 ⓘ

**Anticipated Length of Stay\*** 30 days or more ▾

**Admitted From:** Hospital ▾

**Previous Admission Date:** \* 07/09/2020 ⓘ





# LTC Rules Enhancement

In this example, the applicant went from a hospital on 07/01/2020 and was directly transferred to a Nursing Facility (NF) on 07/18/2020 for a permanent stay. Since there were zero days in the community, the \$62 PIL applies.

**Facility Placement/Discharge**

**ADMISSION INFORMATION:** Yes

**Admission Date\***

**Anticipated Length of Stay\***

**Admitted From:**

**Previous Admission Date:** \*

As you can see, it is important that workers complete the **Admitted From** drop down and the **Previous Admission Date** on the **LTC Details** page.

If we are unable to confirm the previous admittance date and leave the field blank, the PIL will default to \$475 or \$62 based on the admitted from selection. There may be occasions when we receive the date after the determination is made. If it is found that there were community days, a positive change for the consumer may be appropriate.

**HCBS Note:** Keep in mind that the \$1157 HCBS PIL is used in the month of admittance to a long term stay in the Nursing Facility if there were days in the community.

The \$1157 HCBS PIL is also used for temporary stays at a nursing home, including up to the month of admittance and the following 2 months.

# LTC Rules Enhancement

EDBC will no longer assign a Patient Liability for SSI recipients admitted to a facility on a temporary stay who are not on Home and Community Based Services (HCBS). Prior to this change, EDDB had to be overridden when a Patient Liability was assigned to a non-HCBS consumer.

Name	DOB	Role	Role Reason	Status	Status Reason	CE Date	QHP Screened			
<a href="#">Rodriguez, Adrian</a>	10/14/1926	MEM		Active			N			
<a href="#">Override Program Configuration</a>										
<b>Reporting Configuration</b>										
<b>Resource Test</b>										
Test	Result	Resource Limit	Resource Total	Person	Individual Amount					
Long Term Care	Waived	\$2,000.00	<b>\$4.24</b>	Rodriguez, Adrian	\$4.24					
<b>CSRA Determination</b>										
Assessment Month	Resource Total	1/2 of Resources	Resource Allowance Standard	Person	Individual Amount					
<b>Medicaid Summary</b>										
Note: Overridden rows are in bold.										
<b>Eligible Budgets for MEDS</b>										
Test	Result	FPL %	Premium/LTC Liability/Spenddown	CHIP Start Date	Prem Bill Start Date	Aid Code	LTC Details	Members Tested	Role	Role Reason
<a href="#">SSI Recipients</a>	Pass	184%	<b>\$0.00</b>			SSI/OA/N/N	IC/TC/SN	Rodriguez, Adrian	MEM	
<b>Potential Eligibility</b>										
Test	Result	FPL %	Premium/LTC Liability/Spenddown	CHIP Start Date	Prem Bill Start Date	Aid Code	LTC Details	Members Tested	Role	Role Reason
<a href="#">Medically Needy</a>		184%	\$1,132.69				IC/TC/SN	Rodriguez, Adrian	MEM	

This retires WA445 which required EDDB to be overridden for the correct result.

This change is only for Supplemental Security Income (SSI) recipients where the Social Security Administration (SSA) has decided and deemed a person eligible for SSI.

This does not apply for PMDT determinations since they haven't received a disability determination from SSA.

# LTC Rules Enhancement

EDBC will no longer perform a resource test for applicants that are SSI recipients that are **not** applying for HCBS. Their resources will still be displayed on EDBC but the **Result** will be Waived.

Name	DOB	Role	Role Reason	Status	Status Reason	CE Date	QHP Screened			
<a href="#">Rodriguez, Adrian</a>	10/14/1926	MEM		Active			N			
<a href="#">Override Program Configuration</a>										
<b>Reporting Configuration</b>										
<b>Resource Test</b>										
Test	Result	Resource Limit	Resource Total	Person	Individual Amount					
Long Term Care	Waived	\$2,000.00	<b>\$2,600.00</b>	Rodriguez, Adrian	\$2,600.00					
<b>CSRA Determination</b>										
Assessment Month	Resource Total	1/2 of Resources	Resource Allowance Standard	Person	Individual Amount					
<b>Medicaid Summary</b>										
<b>Note:</b> Overridden rows are in bold.										
<b>Eligible Budgets for MEDS</b>										
Test	Result	FPL %	Premium/LTC Liability/Spenddown	CHIP Start Date	Prem Bill Start Date	Aid Code	LTC Details	Members Tested	Role	Role Reason
<b><a href="#">SSI Recipients</a></b>	Pass	184%	\$0.00			SSI/OA/N/N	IC/TC/SN	Rodriguez, Adrian	MEM	

