WELCOME

KEES JULY 2019 RELEASE

AGENDA:

- **Pre-Populated Review Reduction**
- **Changes to the SSP**
- **Confirmation Number**
- **Active PPS and Medical**
- **FFM Employment Data Mapping Changes**
- **KDOL Interface**
- **Correspondence Updates**
- **Working Healthy**

Pre-Populated Review Reduction

To reduce the amount of Super Passive and Passive reviews changing to Pre-Populated due to a Social Security (SSA) Income record in KEES not matching exactly what is found in the SVES or BENDEX interfaces, a $5 variance (plus or minus) will be allowed by the Medical Review Type Determination batch.

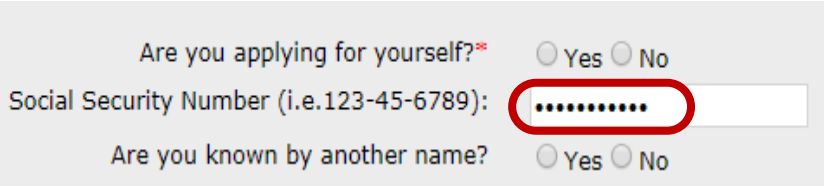
Example: July 2019 review; PA has a $500 SSA Income record in KEES. When the Medical Review Batch is ran, $505 is found by the SVES Interface. Since this is within $5, the discrepancy will not cause this to be a Pre-Populated review.

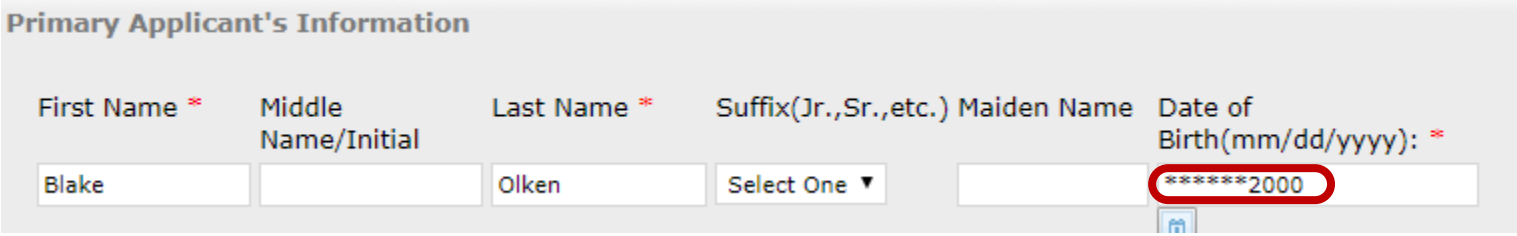
Previous to the change, this example would have fallen to a Pre-Populated review as it was not an exact match with the interface.

Changes to the SSP - SSN and DOB

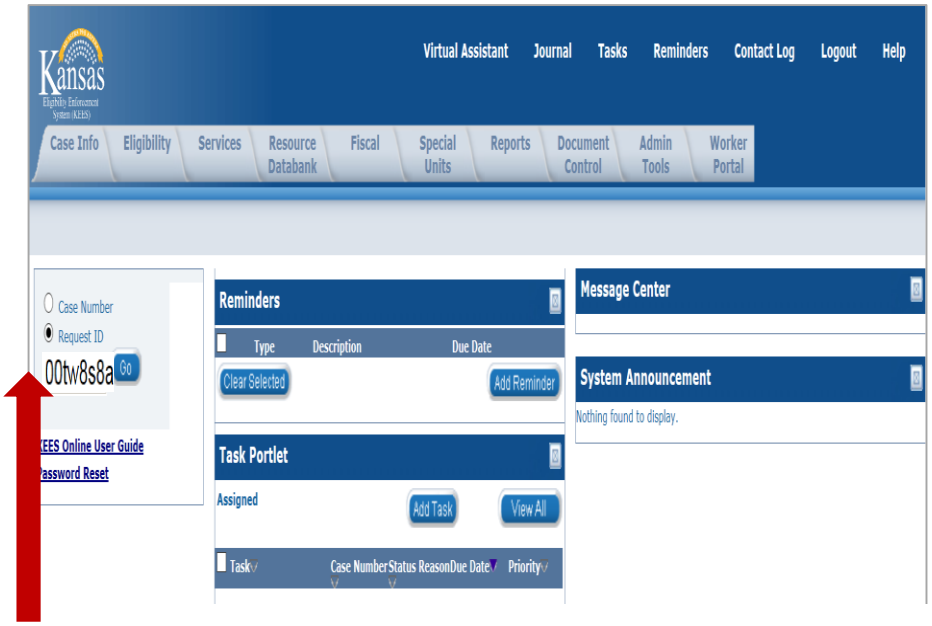
SSP Applicants:

- After entering DOB and SSN, their PII information will be masked.
- Will no longer receive a PDF copy of information submitted in Message Center.
- Will be able to print a copy of the PDF at time of submitting only.
- Will receive a message in their SSP Message Center containing a Confirmation Number (same Confirmation Number that displays at time of submitting info).

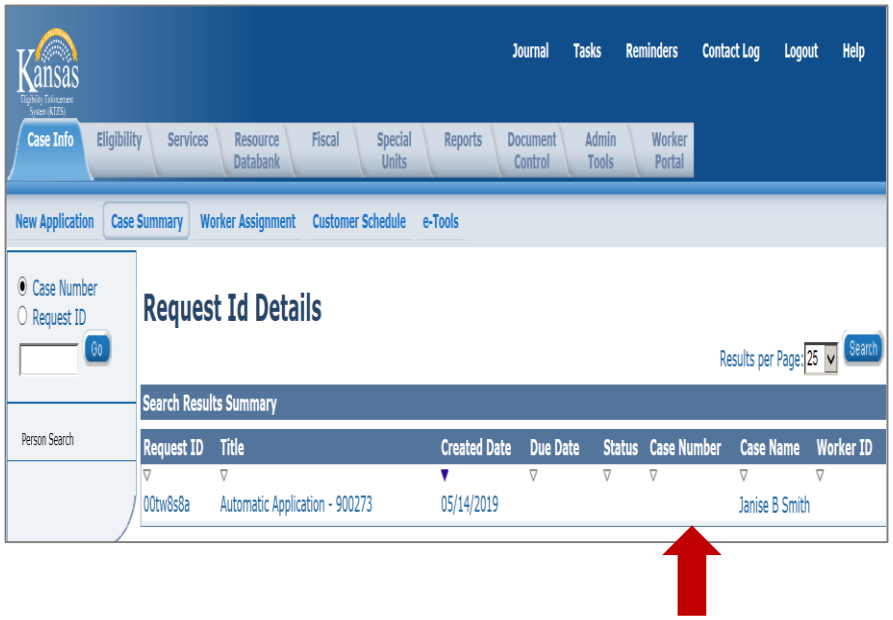




How do you look up a SSP Confirmation Number in KEES?



Select the radio button next to **Request ID**, enter the Confirmation Number and click **Go.**



After an eApp has been registered and linked, the **Case Number** will display a hyperlink to the case.

The Confirmation Number is an 8 character alphanumeric code. It is not case sensitive.

Active PPS Case and Medical Case

When a PPS Program is Active, a task is generated to notify Medical staff so the child's Household status will be updated on their Medical case.

Active PPS Program	New Medical HH status
Adoption Assistance (AA)	Permanently Out of the Home
Foster Care (FC)	Temporarily Out of the Home

This task and Household status can inadvertently be generated when a PPS worker clicks **Save and Return** on the **Placement Detail** on a Discontinued FC Program Block.

The Medical worker must *carefully review the status of the PPS case to ensure they are not ending Medical coverage in error.*

Active PPS Case and Medical Case

KEES July Release 2019 Foster Care/Adoption Assistance Automation with Child Placement Detail

This information is important for
PPS Eligibility, EES Eligibility and Medical Eligibility .

FFM Employment Data Mapping Changes

Hours and hourly wage will no longer map to the **Status Information** section of the **Employment Detail** page.

This field is only used by Non-Medical workers.

Status Information

Status	Hours/Week	Hourly Wage

Verified:*
Verified

Non-Medical Employment records start with an *
Medical workers should never make any changes to these records.

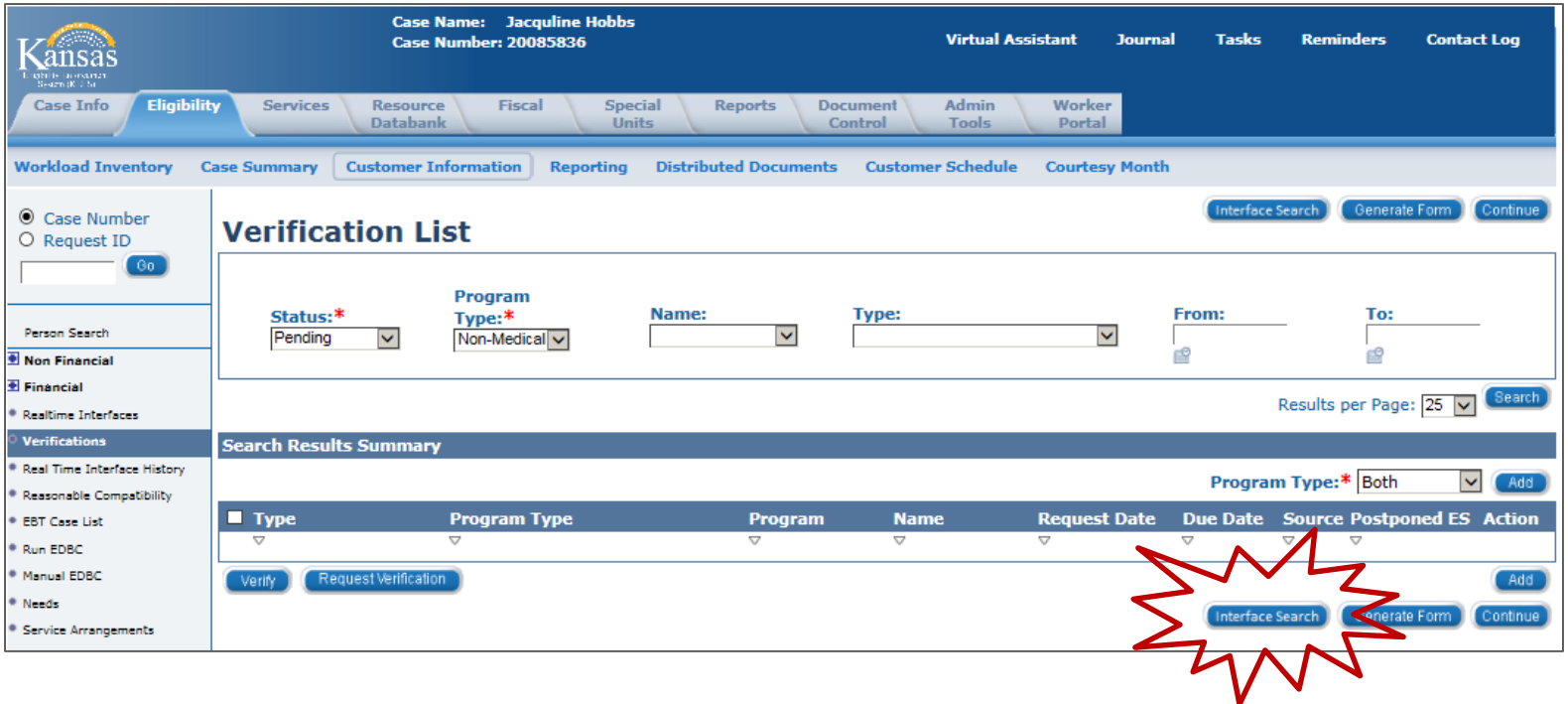
KDOL Wages and Unemployment Interface

Kansas Department of Labor (KDOL)
Wages and Unemployment Interface results will be displayed in KEES.

- KDOL Wages and Unemployment records can be accessed and viewed on the **Real Time Interface History Detail** page.
- Workers will no longer need to access KAECSES to view BARI and BASI results.
- KDOL Unemployment changed from UI to UC in KEES.
- There has been no change to your current income verification policies.

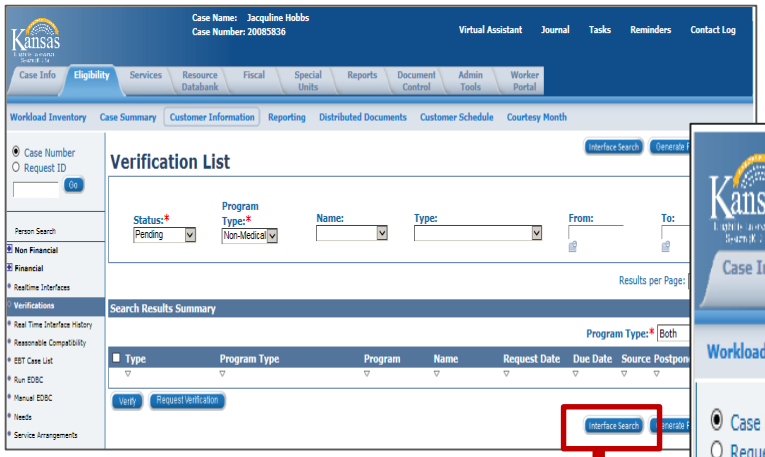
KDOL Wages and Unemployment Interface LTC and Working Healthy

Accessing the KDOL interface starts from the **Verification List** page. Selecting the **Program Type** of **Non-Medical** will dynamically display the **Interface Search** button.

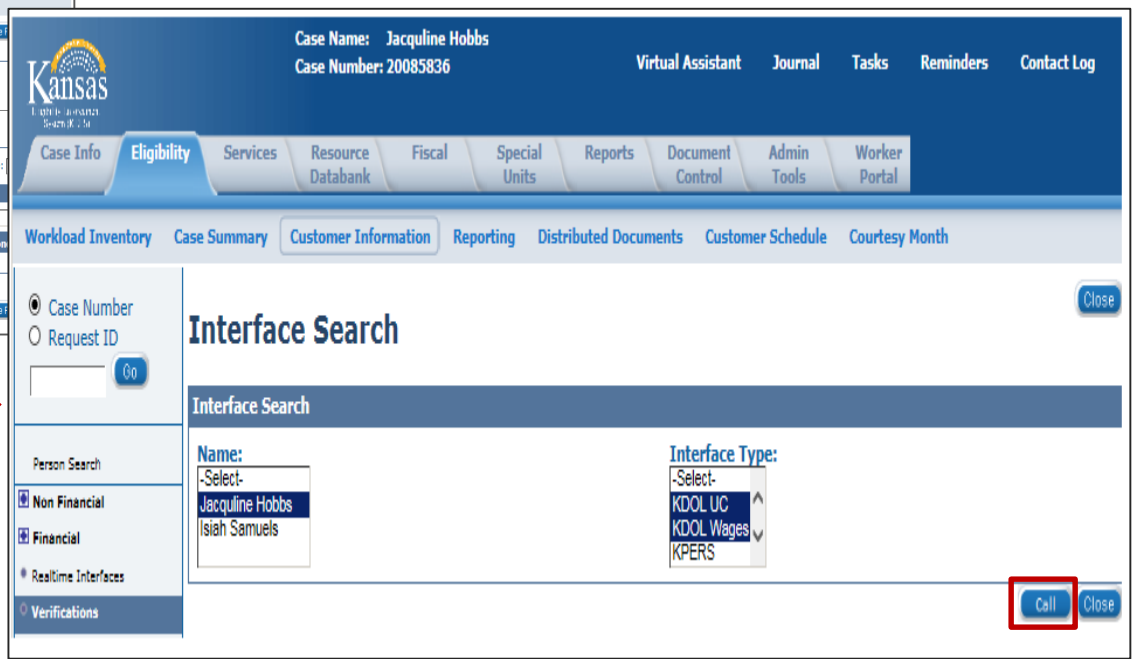


KDOL Wages and Unemployment Interface LTC and Working Healthy

Clicking the **Interface Search** button on the **Verification List** page displays the **Interface Search** page. On the **Interface Search** page you can multi select program persons **Names** and **Interface Types**.

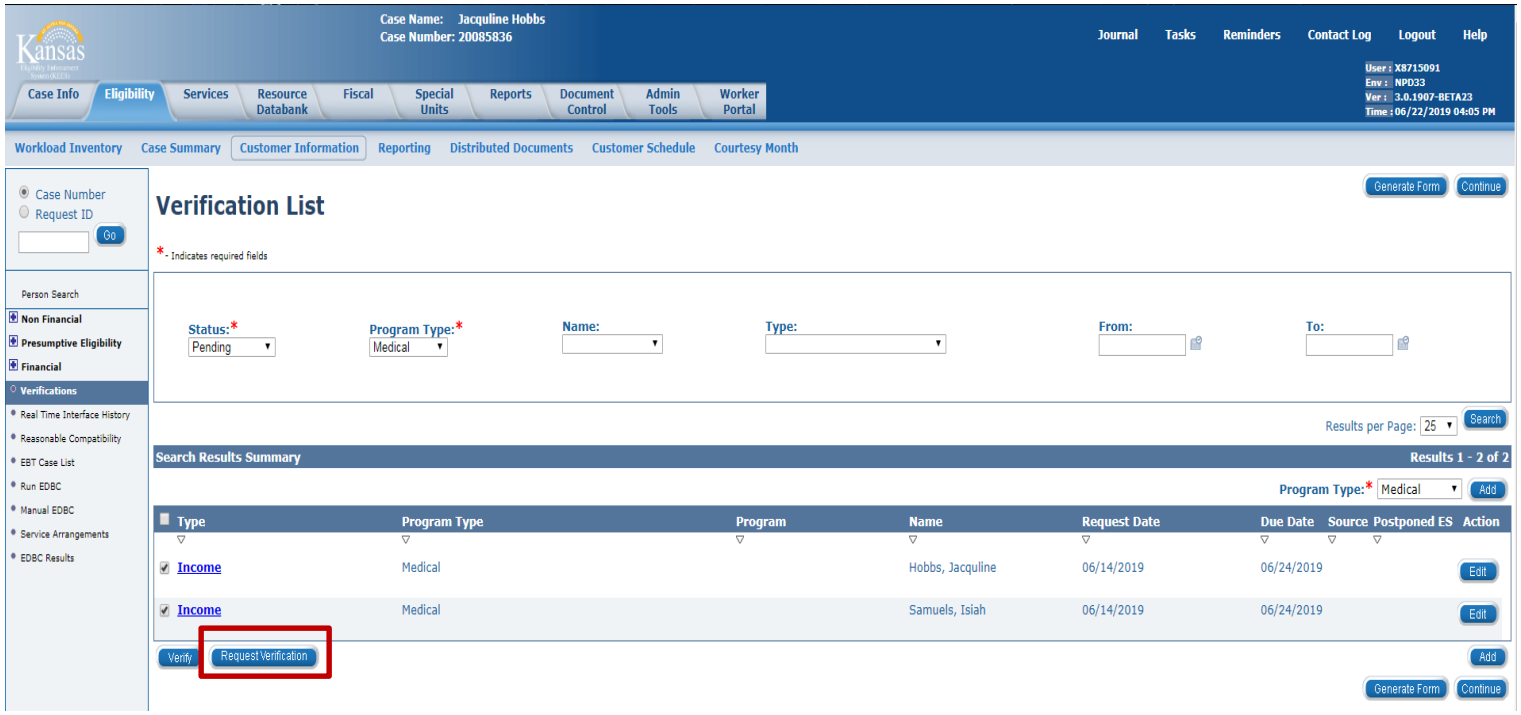


Click the **Call** button on the **Interface Search** page displays the **Real Time Interface History List** page.



KDOL Wages and Unemployment Interface FM & E&D

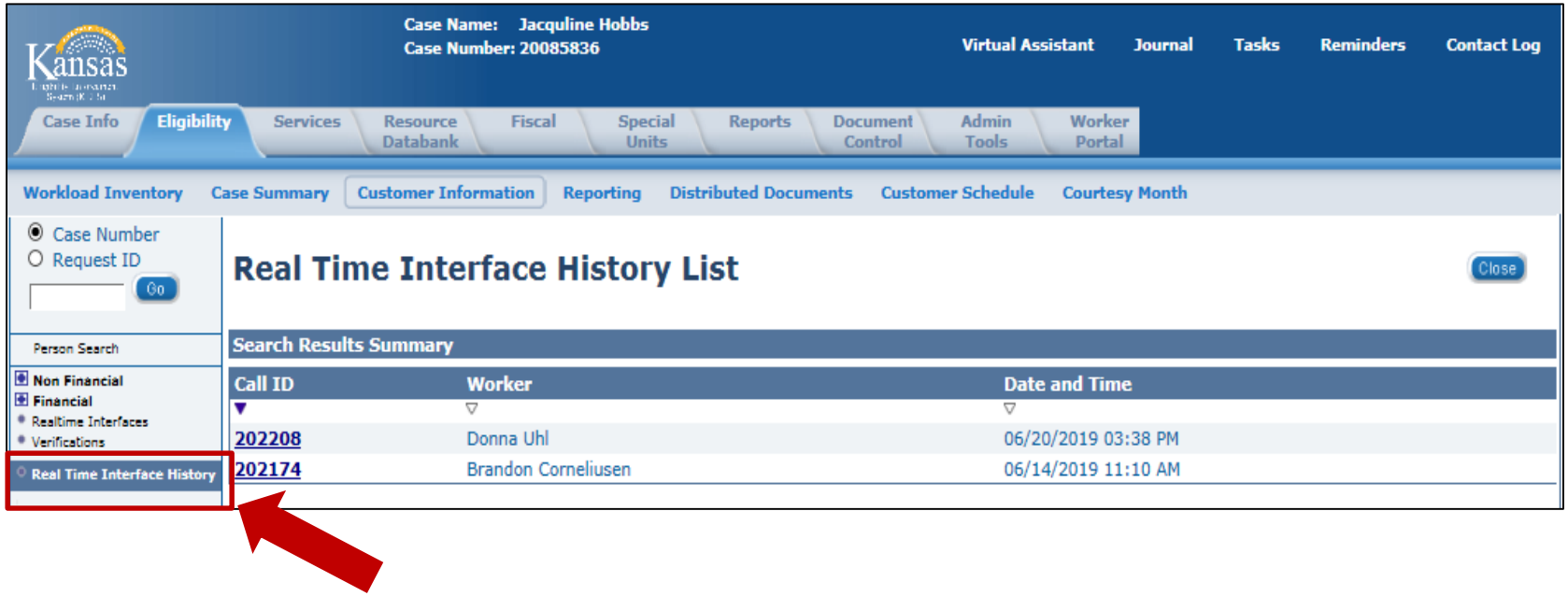
Clicking the **Request Verification** button on the **Interface Search** page displays the **Real Time Interface History List** page.



KDOL Wages and Unemployment Interface

The **Real Time Interface History List** page displays the call the user completed along with any historical calls made to the interface.

The **Real Time Interface History List** page can be accessed from Task Navigation to view historic information.



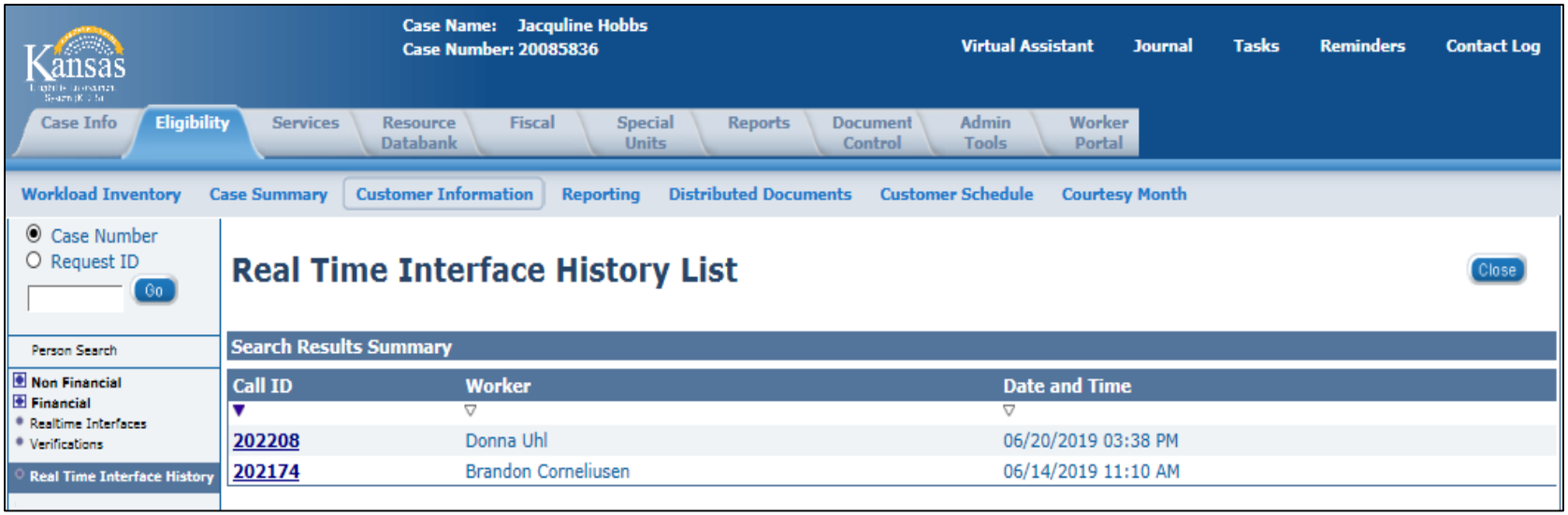
KDOL Wages and Unemployment Interface

The **Real Time Interface History List** displays:

Call ID – Link to information specific to this interface call.

Worker – Displays the worker that completed the call.

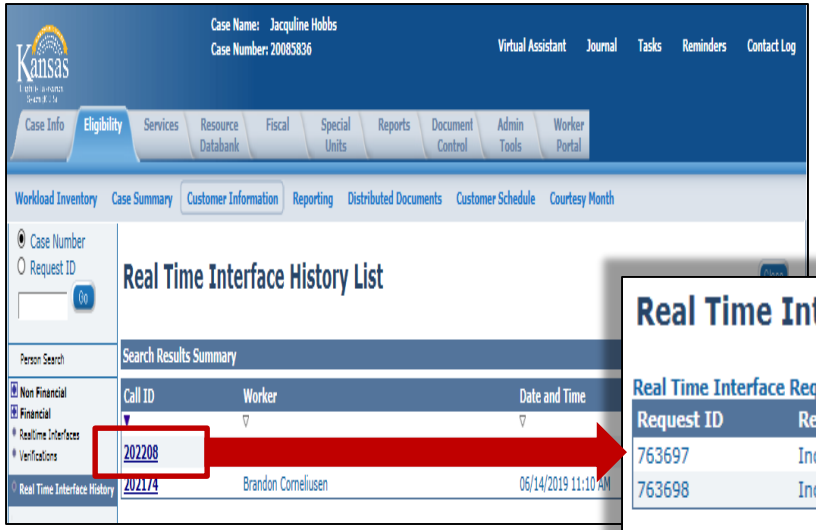
Date and Time – Displays the specific Date and Time call was made.

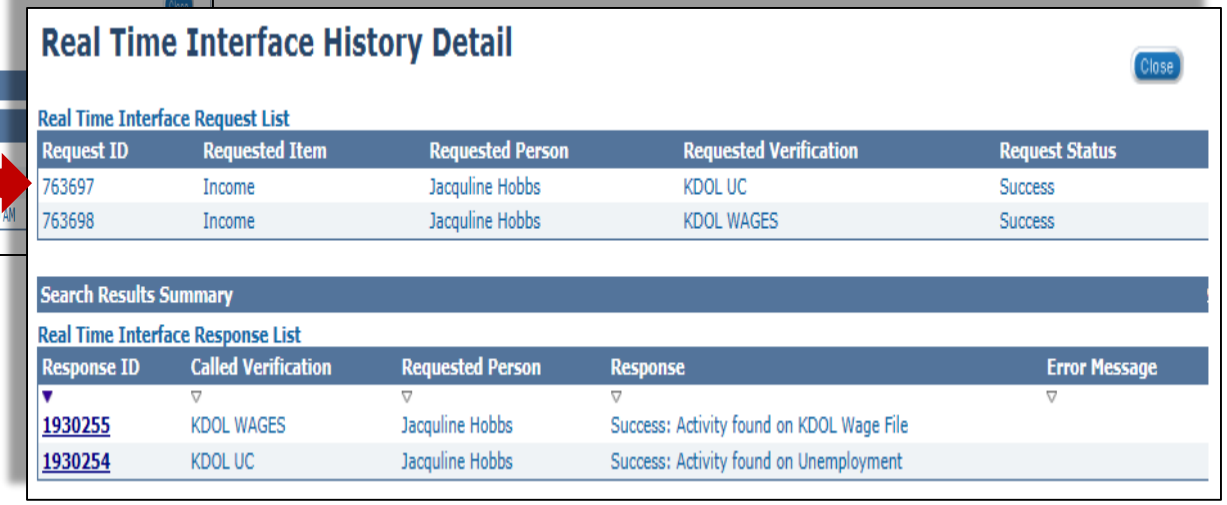


KDOL Wages and Unemployment Interface

Clicking the **Call ID** hyperlink on the **Real Time Interface History List** displays the **Real Time Interface History Detail** page.

For specific information about **Statuses, Response** and **Error Message** information see the *KEES KDOL Desk Aid*.





The two **Response ID** links will navigate to **KDOL Wages** or **UC.**

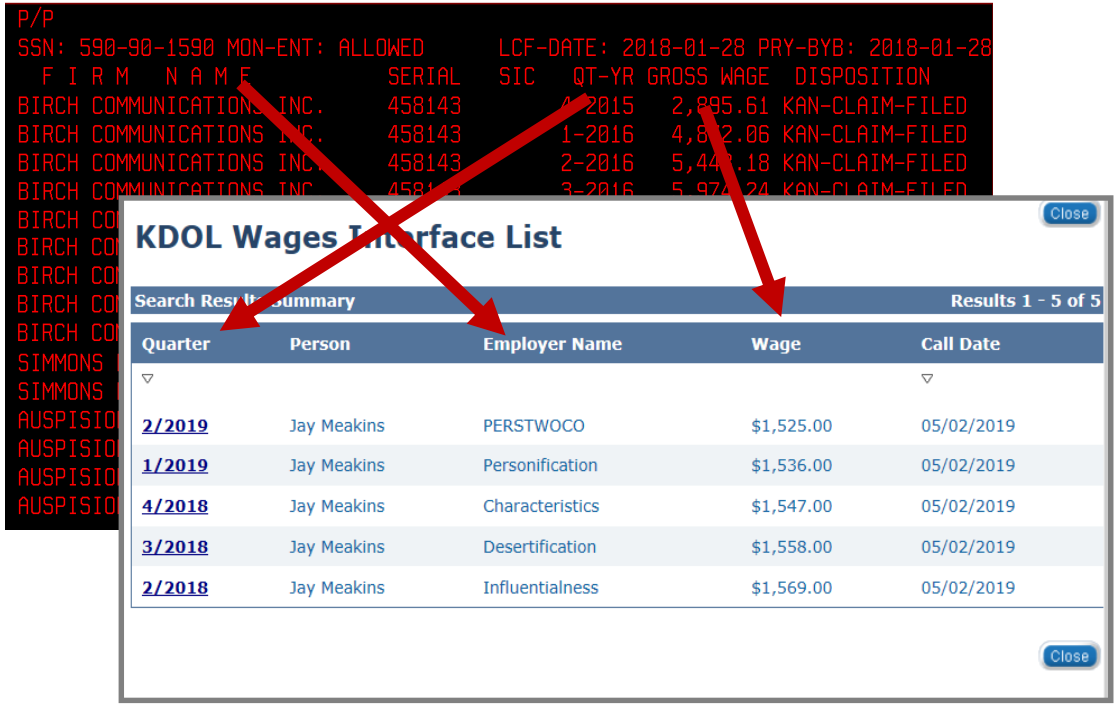
KDOL Wages and Unemployment Interface

KEES receives the KDOL file every night. The nightly KDOL file is the information of record for interface searches. This information will not update until the next nightly batch runs and updates the file.
KDOL Wages will display findings from the past 5 quarters. KDOL Wages will display *No Recent Activity Found on KDOL Wages File* if there are *only* findings older than 5 quarters.
KDOL UC will display findings from the past 52 weeks. KDOL UC will display *No Recent Activity Found on KDOL UC File* if there are *only* findings older than 52 weeks.
After 3 years, KEES will display the interface was called but will *not* have hyperlinks to review the detailed information.

KDOL Wages Interface

The information on the **KDOL Wages Interface List** page will replace the information previously available on the BASI Screen.

Like BASI, the KDOL Wage Interface will only show wages that are reported to the Kansas Department of Labor.



KDOL Wages Interface

KDOL Wages Interface List

Close

Search Results Summary — Results 1 - 5 of 5

Quarter	Person	Employer Name	Wage	Call Date
1/2019	Jacquline Hobbs	Kroger	$2,736.00	06/20/2019
4/2018	Jacquline Hobbs	Kroger	$6,547.00	06/20/2019
4/2018	Jacquline Hobbs	Walmart Inc	$2,326.00	06/20/2019
3/2018	Jacquline Hobbs	Walmart Inc	$8,158.00	06/20/2019
2/2018	Jacquline Hobbs	Walmart Inc	$7,903.00	06/20/2019

Clicking the **Quarter** hyperlink on the **KDOL Wages List** will display the **KDOL Wages Interface Detail** page. This displays the **Employer Address**.

KDOL Wages Interface Detail

Close

Record Results

Person Name: Jacquline Hobbs

SSN: 648-75-0507

Quarter: 2/2018

Wages: $7,903.00

Employer Name: Walmart Inc

Serial: 230126

Employer Address: 111 S Kansas Ave

Employer City: TOPEKA

Employer State: KS

Employer Zip: 666032150

KDOL Unemployment Interface

The information on the **KDOL UC Interface List** page will replace the information previously available on the BARI Screen.

Like BARI, the KDOL UC Interface will only show unemployment received in Kansas.

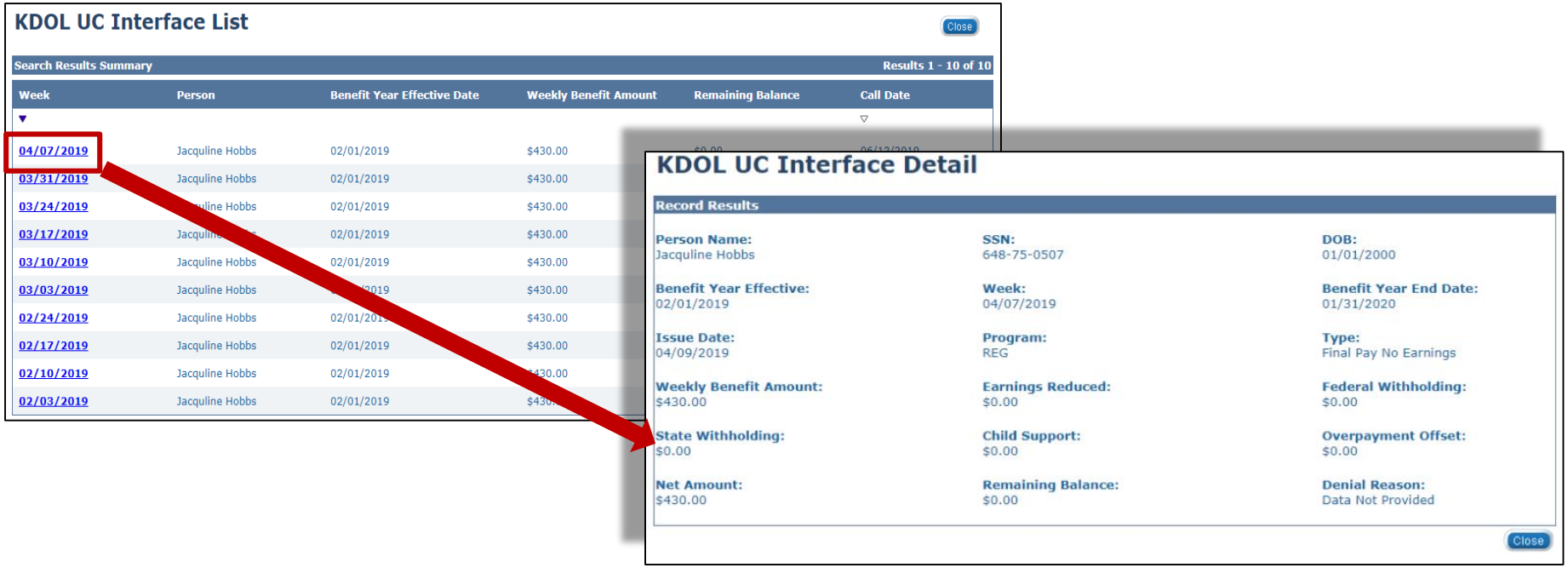
```
P/N                    BAR INQUIRY  DATE: 06/20/19  TIME: 17:32:35   PAGE   1
WHITE, LAURA                                       EFT STAT: N      DBCARD: I
10 IVY ST                                                 DL#: KS K00180007
KS  66830-9221                                           PHONE:
   SECURITY WORD: BROWN                    OTHER NM:
SEX: 2-FEMALE   RACE: 1--WHITE       ETHNIC: 3---INA     DATE OF BIRTH: 650127
AGT-STATE: 20   RES STATE: 20   RES CTY: 111    RES CITY: 0000   LOC OFF: 0310
STATUS: 2-I
EXCESS EARN

OLD BAR: WH
ADDRESS: 10
OLD C/S:
TERM: NCOA

    EFFECTI
1)R-N  1701
2)R-N  1801
```

KDOL UC Interface List (Close)

Search Results Summary — Results 1 - 10 of 10

Week	Person	Benefit Year Effective Date	Weekly Benefit Amount	Remaining Balance	Call Date
04/07/2019	Jacquline Hobbs	02/01/2019	$430.00	$0.00	06/20/2019
03/31/2019	Jacquline Hobbs	02/01/2019	$430.00	$430.00	06/20/2019
03/24/2019	Jacquline Hobbs	02/01/2019	$430.00	$860.00	06/20/2019
03/17/2019	Jacquline Hobbs	02/01/2019	$430.00	$1,290.00	06/20/2019
03/10/2019	Jacquline Hobbs	02/01/2019	$430.00	$1,720.00	06/20/2019
03/03/2019	Jacquline Hobbs	02/01/2019	$430.00	$2,150.00	06/20/2019
02/24/2019	Jacquline Hobbs	02/01/2019	$430.00	$2,580.00	06/20/2019
02/17/2019	Jacquline Hobbs	02/01/2019	$430.00	$3,010.00	06/20/2019
02/10/2019	Jacquline Hobbs	02/01/2019	$430.00	$3,440.00	06/20/2019
02/03/2019	Jacquline Hobbs	02/01/2019	$430.00	$3,870.00	06/20/2019

KDOL Unemployment Interface



Clicking the **Week** hyperlink on **KDOL UC Interface List** will display the **KDOL UC Interface Detail** page. **KDOL UC Interface Detail** will display specific unemployment information for that benefit week.

KDOL Unemployment Interface

The **KDOL UC Interface Detail** page will display the **Denial Reason**.

- *Data Not Provided* means this person was not denied unemployment for this week record.
- If the record reflects someone who applied for unemployment but was denied it will display a number. The number represents the non-monetary denial reason. See the KEES user manual for a list of numbers and the non-monetary reasons associated to them.

KDOL UC Interface Detail

Record Results

Person Name: Jacquline Hobbs	**SSN:** 648-75-0507	**DOB:** 01/01/2000
Benefit Year Effective: 02/01/2019	**Week:** 04/07/2019	**Benefit Year End Date:** 01/31/2020
Issue Date: 04/09/2019	**Program:** REG	**Type:** Final Pay No Earnings
Weekly Benefit Amount: $430.00	**Earnings Reduced:** $0.00	**Federal Withholding:** $0.00
State Withholding: $0.00	**Child Support:** $0.00	**Overpayment Offset:** $0.00
Net Amount: $430.00	**Remaining Balance:** $0.00	**Denial Reason:** Data Not Provided

Close

KDOL Wages and Unemployment Interface

Kansas Dept of Labor (KDOL) WAGES & UC Interface Demo

Correspondence Updates

D100 MediKan Approval
D200 MediKan Denial
D400 MediKan Discontinuance
N-744 Working Healthy Unemployment Plan
M-2 Notice of Intent to Transfer Resources
M-3 Notice of Intent to Allocate Resources
Fragments

Correspondence Updates: D100

KanCare Clearinghouse

Kansas Department of Health and Environment

Notice Date: 06/07/2019
Case Name: Mariam Arax
Case Number: 10058729
Program: Medical

Mariam Arax
8001 ELIZABETH AVENUE
P.O. BOX 1244
NORTH PLAINS, KS 11318-6444

MediKan Approval

We have approved your application for medical assistance received on 5/11/2019. Mariam Arax is covered under the MediKan program effective 5/1/2019.

The Client ID number is 10100567283.

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 $2000.00.
7. If health insurance begins, changes or ends.
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

Print | Save and Print Locally | Save and Print Centrally

D100 MediKan Approval

- Increases from 3 to 4 pages
- Adds in the Rights and Responsibilities
- Changes in content

You will get a plastic medical card in a few days unless you already have one. If you do not get a card and you don't have your old one, call 1-800-766-9012 and ask for a new one. Take the medical card to your health care provider at the time services are received. The medical bill may not be covered by the card. Your provider should tell you if the services are covered.

Please read the important information below. It tells about your right to a fair hearing.

If you have questions, call KanCare Clearinghouse at (245) 381-1538 between the hours of 8 AM and 5 PM Monday through Friday.

Other:

Copies sent to:

D100 Page 2 of 4

Print | Save and Print Locally | Save and Print Centrally

KEES JULY 2019 RELEASE

Correspondence Updates: D100

Medical Rights and Responsibilities

RIGHT TO REQUEST A FAIR HEARING You have the right to ask for a fair hearing if you do not agree with a decision made about your case. You may ask for a hearing in writing or by phone. Your request for hearing must be received within 30 calendar days, plus 3 extra days for mailing, from the date on the notice of decision. You can represent yourself at the hearing or have someone represent you. Fair hearing decisions are most often made within 90 calendar days from the date of request. You can ask for an expedited (fast) hearing if you have an urgent medical need. You must send papers from a medical professional as proof of the urgent medical need at the time you ask for an expedited hearing. If approved, the expedited hearing will be set as soon as possible. If denied, the hearing will be set in the usual amount of time. If you ask for a hearing, you may be able to keep your coverage while you wait for your hearing decision. If your coverage continues until the hearing decision, you may have to pay back any assistance you receive if the decision is not in your favor. Your hearing decision may result in a change in coverage for other members of your household. To ask for a fair hearing, you must call 1-800-792-4884 (TTY 1-800-792-4292) or mail your request to The Office of Administrative Hearings, 1020 S. Kansas Ave, Topeka, KS 66612.

CIVIL RIGHTS PROVISION If you feel you have been discriminated against on the basis of race, color, sex, age, disability, religion, political belief, or national origin in any program administered by the Kansas Department of Health and Environment, call 1-800-792-4884 (TTY 1-800-792-4292) for information on filing a complaint.

PENALTY FOR FRAUD Persons found guilty of intentionally obtaining benefits for which they are not entitled will be barred from receiving assistance in accordance with program guidelines and may also be subject to a fine or imprisonment or both.

REPORTING CHANGES You are required to report changes to us. We will tell you which changes you are required to report. If you have questions about your reporting requirements, please contact us.

HEALTH INSURANCE You must report all changes in your health insurance coverage available through your employer, and insurance settlements due to accident or injury. You must notify your medical providers of all health insurance, including KanCare medical assistance, at the time of treatment.

TOLL-FREE NUMBERS

KanCare Medical Eligibility 1-800-792-4884 (TTY 1-800-792-4292)
KanCare Managed Care Enrollment Center 1-866-305-5147

OFFICE OF ADMINISTRATIVE HEARINGS

Office of Administrative Hearings
1020 S. Kansas Avenue
Topeka, KS 66612-1327

D100 Page 3 of 4

Print | Save and Print Locally | Save and Print Centrally

Attention: *If you speak another language, assistance services, free of charge, are available to you. Call 1-800-792-4884 (TTY: 1-800-792-4292)*

العربية / ARABIC

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-792-4884** (رقم هاتف الصم والبكم: **1-800-792-4292**).

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သတိ-ျပဳရန္ - အကယ္၍ သင္ညည္ ျမန္မာကားေ ကို ေျပာပါက၊ ဘာသာကား အကူအညီ၊ အခမဲ့ သင့္အတြက္ စီစဥ္ေဆာင္ရြက္ေပးပါမည္။ ဖုန္းနံပါတ္ **1-800-792-4884** (TTY: **1-800-792-4292**) သုိ့ ေဆက္သြယ္ပါ။

中文 / CHINESE

注意：如果您z使用繁體中文，您可以免費獲得語言援助服務。請致電**1-800-792-4884** (TTY: **1-800-792-4292**)。

فارسی / FARSI

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-792-4884 (TTY: 1-800-792-4292)** تماس بگیرید.

FRANÇAIS / FRENCH

Attention : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-792-4884** (ATS: **1-800-792-4292**).

DEUTSCHE / GERMAN

Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-792-4884** (TTY: **1-800-792-4292**).

HMOOB / HMONG

Lus Ceev: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau **1-800-792-4884** (TTY: **1-800-792-4292**).

日本語 / JAPANESE

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-792-4884** (TTY: **1-800-792-4292**)までご連絡ください。

한국인 / KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-792-4884** (TTY: **1-800-792-4292**) 번으로 전화해 주십시오.

ᴅᴀᴏ / LAO

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.ໂທຫ**1-800-792-4884** (TTY: **1-800-792-4292**).

РУССКИЙ / RUSSIAN

Внимание: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-792-4884** (телетайп: **1-800-792-4292**).

ESPAÑOL / SPANISH

Atención: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-792-4884** (TTY: **1-800-792-4292**).

SWAHILI

Kumbuka: Ikiwa unazungumza Kiswahili, unaweza kupata huduma za lugha, bila malipo. Piga simu **1-800-792-4884** (TTY: **1-800-792-4292**).

TAGALOG

Paunawa: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika, nang walang bayad. Tumawag sa **1-800-792-4884** (TTY: **1-800-792-4292**).

TIẾNG VIỆT / VIETNAMESE

Chú Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-792-4884** (TTY: **1-800-792-4292**).

D100 Page 4 of 4

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Correspondence Updates: D200

D200 MediKan Denial

- To generate the form, a worker must select one of the checkboxes
- Removed the *Mandatory User Entered Free Format one character to select one of the 12 checkboxes below* message
- Changed *Excess Net Income* to *Excess Income*
- Additional content changed

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.

You may re-apply any time.

This action is based on Medical KEESM Sections 1411, 2120, 2121, 2140, 2150, 2662, 5130, 6200, 6300, 7500, 9110, 9121,

and subsections.

Please read the important information below. It tells about your right to a fair hearing.

If you have questions, call KanCare Clearinghouse at (245) 381-1538 between the hours of 8 AM and 5 PM Monday through Friday.

Other:

Copies sent to:

D200 Page 2 of 4

KanCare Clearinghouse

Kansas Department of Health and Environment

INGA LOVSKY
528 NE WILSON
TOPEKA, KS 66616

Notice Date: 06/10/2019
Case Name: INGA LOVSKY
Case Number: 20056798
Program: Medical

General MediKan Denial

We have denied the application for MediKan coverage for Inga Lovsky received on 6/03/2019 effective 06/10/2019 because of the reason(s) checked below.

☐ Failure to provide or verify the following information:

If the missing information is provided within 45 days of the date you applied for assistance, we will reconsider your eligibility and you will not have to complete a new application.

☐ Failure to cooperate
☐ Failure to apply for potential benefits
☐ Residency requirement not met
☐ Loss of contact – we have been unable to locate you
☐ Excess income
☐ Resources exceed maximum allowed
☐ Application withdrawn
☐ Failure to meet citizenship or alien status requirements
☐ Already received the life time limit for the Medikan program
☐ Disability criteria not met
☐ Other reasons listed here:

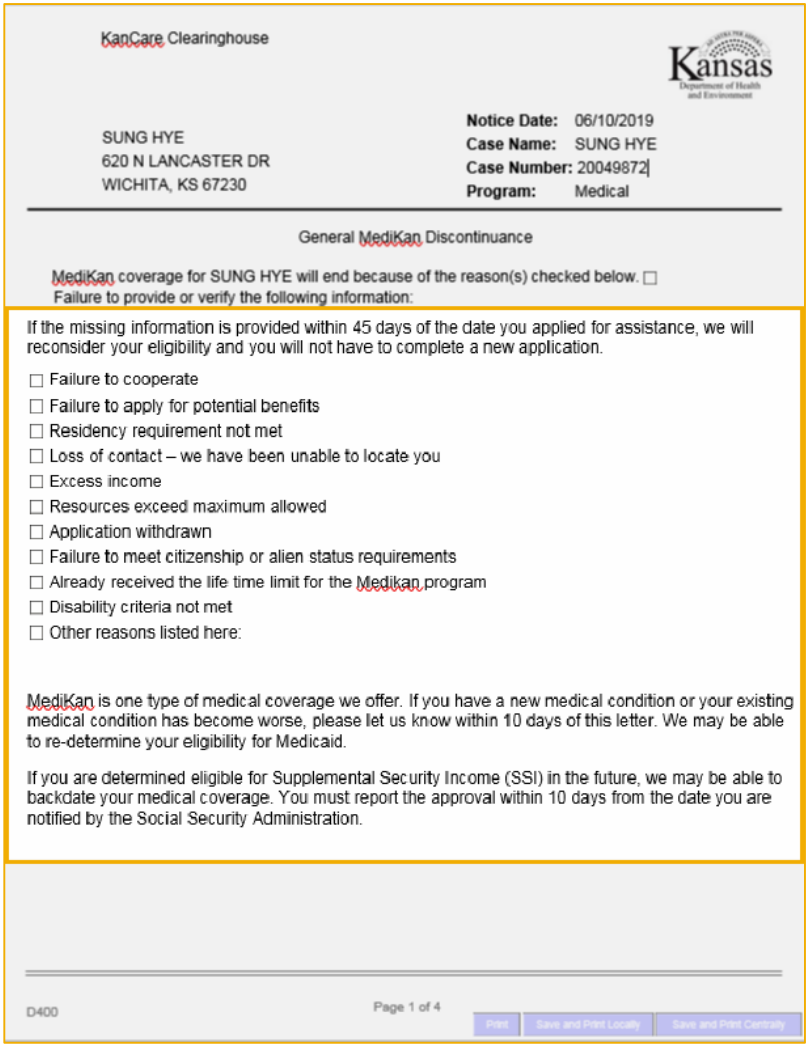
MediKan is one type of medical coverage we offer. We also determined coverage under KanCare Medicaid. Based on the current information available to the agency, we have determined you do not meet the necessary disability standards in order to qualify for Medicaid. Therefore, your application will no longer be held in pending status and is denied. If you have new medical information, it must be reported within 10 days of this letter.

D200 Page 1 of 4

Correspondence Updates: D400

D400 MediKan Discontinuance

- To generate the form, a worker must select one of the checkboxes
- Removed the *Mandatory User Entered Free Format one character to select one of the 12 checkboxes below* message
- Changed *Excess Net Income* to *Excess Income*
- Additional content changed



KanCare Clearinghouse

Kansas Department of Health and Environment

SUNG HYE
620 N LANCASTER DR
WICHITA, KS 67230

Notice Date: 06/10/2019
Case Name: SUNG HYE
Case Number: 20049872
Program: Medical

General MediKan Discontinuance

MediKan coverage for SUNG HYE will end because of the reason(s) checked below. ☐
Failure to provide or verify the following information:

If the missing information is provided within 45 days of the date you applied for assistance, we will reconsider your eligibility and you will not have to complete a new application.

- ☐ Failure to cooperate
- ☐ Failure to apply for potential benefits
- ☐ Residency requirement not met
- ☐ Loss of contact – we have been unable to locate you
- ☐ Excess income
- ☐ Resources exceed maximum allowed
- ☐ Application withdrawn
- ☐ Failure to meet citizenship or alien status requirements
- ☐ Already received the life time limit for the Medikan program
- ☐ Disability criteria not met
- ☐ Other reasons listed here:

MediKan is one type of medical coverage we offer. If you have a new medical condition or your existing medical condition has become worse, please let us know within 10 days of this letter. We may be able to re-determine your eligibility for Medicaid.

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.

D400 Page 1 of 4 Print Save and Print Locally Save and Print Centrally

Correspondence Updates: N-744

KanCare Clearinghouse

Kansas Department of Health and Environment

AISLINN BERACH
721 N 75TH ST
KANSAS CITY, KS 66112

Notice Date: 06/13/2019
Case Name: AISLINN BERACH
Case Number: 20094356
Program: Medical

Working Healthy - Unemployment Plan Request

We have received information that you are no longer working. In order for your KanCare Working Healthy coverage to continue, an Unemployment Plan must be established.

To complete the Unemployment Plan, contact your Working Healthy Benefits Specialist by 06/25/2019.

Working Healthy coverage will be closed effective 07/31/2019 if you do not make contact with the Working Healthy Benefits Specialist and cooperate with the Unemployment Plan.

This action is based on Medical KEESM section 2664.7

Please read the important information below. It tells about your right to a fair hearing.

If you have questions, call KanCare Clearinghouse at (245) 381-1538 between the hours of 8 AM and 5 PM Monday through Friday.

Other:

Copies sent to:

N744 Page 1 of 3 Print Save and Print Locally Save and Print Centrally

N-744 Working Healthy – Unemployment Plan

- Increased from 2 to 3 pages
- Added in the Rights and Responsibilities (page 2)
- Changed in content
  - Refers the consumer to Working Healthy Specialists instead of the Clearinghouse
  - Provides Working Healthy Specialist's Phone Number

Correspondence Updates: M-2

M-2 Notice of Intent to Transfer Resources

- Changed content and format

KanCare Clearinghouse

Kansas Department of Health and Environment

I/we hereby give notice to the Kansas Department of Health and Environment -DHCF that we, the above-named applicant/recipient and spouse, intend to transfer our combined resources as follows in accordance with the community spouse resource allowance determined on the Resource Assessment and Allowance Determination form. (Attach additional sheet if necessary.)

Description of Resource	Value	Amount to be Owned by Wife	Amount to be Owned by Husband
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$

I/we understand that the division must be completed within ninety (90) days of the date this notice is received by the agency. If we are unable to complete the division within the 90 day period, we will notify the agency at once. I/we understand that we must provide proof of the transfer of our resources to the agency. I/we understand that the 90 day period may only be extended for good cause.

Date: _____

Applicant or Recipient | Spouse

Witness | Witness

M-2 Page 1 of 1

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KanCare Clearinghouse

Kansas Department of Health and Environment

PRITI MANJU
912 S SANTA FE AVE
SALINA, KS 67401

Notice Date: 06/14/2019
Case Name: PRITI MANJU
Case Number: 20061289
Program: Medical

NOTICE OF INTENT TO TRANSFER RESOURCES

Name of Applicant or Recipient: PRITI MANJU
Social Security Number: 802542221
Name of Spouse:
Social Security Number:

Couples are allowed to protect a portion or all of their combined resources when either spouse needs long term care. The amount of those protected resources is not counted in determining medical eligibility for the spouse in need. The agency will determine the amount to be protected based on the resources owned by both spouses, either individually or jointly. This process is called Division of Assets.

Once the division has been completed by the agency, the couple will be notified in writing of the outcome. That outcome will include the total amount of countable assets that were included in the division and how much of the resources are to be transferred into each spouse's name. The long term care spouse cannot own more than $2,000 in assets. The community spouse will own the remaining amount of the couple's assets. Once approved for medical assistance, proof must be provided confirming the transfers have been completed. If proof is not provided, the combined assets of both spouses are considered when determining if the long term care spouse will remain eligible for medical assistance.

In anticipation of qualifying for Medical Assistance:

I/we agree that I/we will transfer our assets so that the long term care spouse has no more than $2,000 in assets in his/her own name. I/we agree that I/we will complete the transfers within 90 days from the date the notice of approval is mailed as indicated in the approval notice. I/we agree to provide proof the transfers were completed within the 90 day period following approval. I/we agree if proof is not provided within the 90 day period, the combined assets of both spouses will be considered to determine the eligibility of the long term care spouse.

Date:

Applicant or Recipient | Spouse

Witness | Witness

M-2 Page 1 of 1

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Correspondence Updates: M-3

M-3 Notice of Intent to Allocate Resources

- Changed content and format

KanCare Clearinghouse |

Kansas Department of Health and Environment

I/we hereby give notice to the Kansas Department of Health and Environment -DHCF that we, the above-named applicant/recipient and spouse, intend to transfer our combined resources as follows in accordance with the community spouse resource allowance determined on the Resource Assessment and Allowance Determination form. (Attach additional sheet if necessary.)

Description of Resource	Value	Amount to be Owned by Wife	Amount to be Owned by Husband
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$

I/we understand that the division must be completed within ninety (90) days of the date this notice is received by the agency. If we are unable to complete the division within the 90 day period, we will notify the agency at once. I/we understand that we must provide proof of the transfer of our resources to the agency. I/we understand that the 90 day period may only be extended for good cause.

Date: _____

Applicant or Recipient | Spouse

Witness | Witness

M-2 Page 1 of 1

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KanCare Clearinghouse

Kansas Department of Health and Environment

INGA LAUMA
700 S ADAMS ST
HILLSBORO, KS 67063

Notice Date: 06/14/2019
Case Name: INGA LAUMA
Case Number: 20072984
Program: Medical

NOTICE OF INTENT TO ALLOCATE INCOME

Name of Applicant or Recipient: INGA LAUMA
Social Security Number: 501794228
Name of Spouse:
Social Security Number:

A spouse in a long term care arrangement may allocate all, some or none of their own income to the community spouse and/or a dependent family member. The allocated amount is sheltered for the community spouse and/or dependent family member and not counted in determining the long term care spouse's share of cost for medical services provided. The amount of the allocation is determined by the agency and is based on the income of both spouses and/or dependent family member.

In anticipation of qualifying for Medical Assistance, I/we agree to the following income allocation (choose one):

__ I/we want the maximum income allocation permitted as determined by the agency.
__ I/we want the maximum income allocation permitted without adversely affecting my spouse's and/or dependent family member's own eligibility for medical assistance.
__ I/we do not want to make any income allocation to my spouse and/or dependent family member.

I/we understand that the agency will determine eligibility for medical assistance based on the choice made on this document. If approved for medical assistance, I/we also understand that the income allowance(s) determined by the agency will be made available each month to (or used for the benefit of) the community spouse and/or dependent family member. The amount of the income allocation may be adjusted by the agency if income changes.

Date: _____

Applicant or Recipient | Spouse

Witness | Witness

M-3 Page 1 of 2

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Correspondence Updates: Fragments

KanCare Clearinghouse

Kansas Department of Health and Environment

ANISSA ANDREW
301 W 20TH ST
HAYS, KS 67601

Notice Date: 06/20/2019
Case Name: ANISSA ANDREW
Case Number: 10415489
Program: Medical

We have ended Medical Assistance for the following individuals:
ANISSA ANDREW

The last day of coverage is 07/31/2019.

Medical Assistance for ANISSA ANDREW will close as of 07/31/2019.

This action was taken because you are not eligible for Medicare Saving Plan and extra help because your income exceeds the maximum allowable amount to be eligible for the program.

This action was taken because you are not currently employed, do not have a temporary unemployment plan and/or your 4 month unemployment plan has expired.

This action was taken because you do not meet the Working Healthy earned income requirement.

This action was taken because household income is over the limit for medical assistance.

ANISSA ANDREW will no longer receive benefits under the Working Healthy program as of 07/31/2019.

You can reapply at any time.

This action is based on Kansas Economic and Employment Services Manual section(s) 6200; 2675; 2664.3; 7500; 6300; 2664; 2672; 2671.

This action is based on the Kansas Family Medical Assistance Manual section(s) 2280; 2271; 2480; 2400; 6400.

If you have Medicare Part B PLEASE NOTE: We will no longer pay your Part B premium since you are not eligible. You will pay the monthly premium in the future. Premiums are usually taken out of your Social Security check. Social Security may take out more than one premium the first time. Social Security will send you more information about this change.

If you still qualify under another KanCare program we will send you a separate letter.

Please read the last page of this letter. It has important information. It tells you about your right to a fair hearing.

We provide interpreter services at no cost.

Page 1 of 4

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Working Healthy

- Changed *6-month unemployment plan* to ***4-month unemployment plan***

Correspondence Updates: Fragments

The following NOA Fragment was removed and will no longer populate or display on NOAs:

- *If you think there will be enough medical expenses to equal or exceed the spenddown, call your worker. If we do not hear from you by (variable), the case will be closed or denied.*

The NOA Fragment listed below will no longer display when all individuals on the Medical case are deceased.

- *If you still qualify under another KanCare program we will send you a separate letter.*

Correspondence Updates: Fragments

Medical Reporting Requirements

- Updated to address consumers and/or households that receive coverage on multiple programs with differing resource limits.

Medical Programs - 5782

Worker: Office Num 02 Unit Num Q1 User
Worker ID: KH0206Q100
Program Status: Active

Review Due Month: 05/2020 Review

Name	Requested Medical Type	Review Month
Jimmy Resr	Working Healthy	05/2020
Terri Resr	Medical	05/2020

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

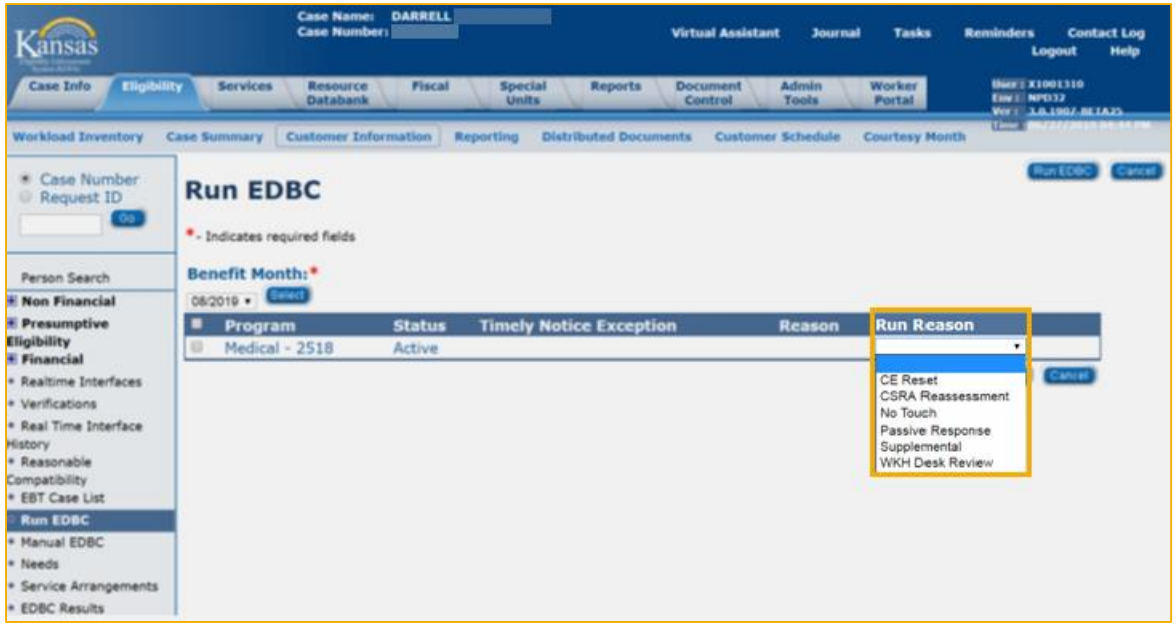
1. If the source of your income changes.
2. If the amount of your income goes up or down.
3. If your SSI check stops.
4. If anyone gets married, separated or divorced.
5. If anyone moves into or out of your home.
6. If you move to a new address.
7. If anyone enters or leaves a hospital or institution.
8. If your household's total cash, savings or other resources goes over $3,000.00.
9. If anyone is no longer disabled.
10. If health insurance or Medicare begins, changes or ends for anyone.
11. If the amount of your health insurance premium goes down.
12. If anyone transfers resources or income, including having a trust.

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

Working Healthy

A new **Run Reason** will display on the **Run EDBC** page.

WKH Desk Review will be used to process Working Healthy 6 Month Desk Reviews. It should ***never*** be used for other Medical programs.



Working Healthy Premiums

Updates were made to limit when a consumer's Working Healthy premiums can be increased.

With this update, Working Healthy premiums can be increased only at:

- 6 month review when using the *WKH Desk Review* Run Reason
- 12 month review when using the *RE* Run Reason

K2Ks

The following K2Ks were developed for the July Release and can be found in the UM:

- Medical KDOL Wages and UC Interface
- PPS Case Summary Page Foster Care and Adoption Assistance
- SSP Application Search by Confirmation Number

We have also revised the following UM content:

- Real Time Interface
- Requesting KDOL Wages and Unemployment Verification
- Review Type Definitions

QUESTIONS