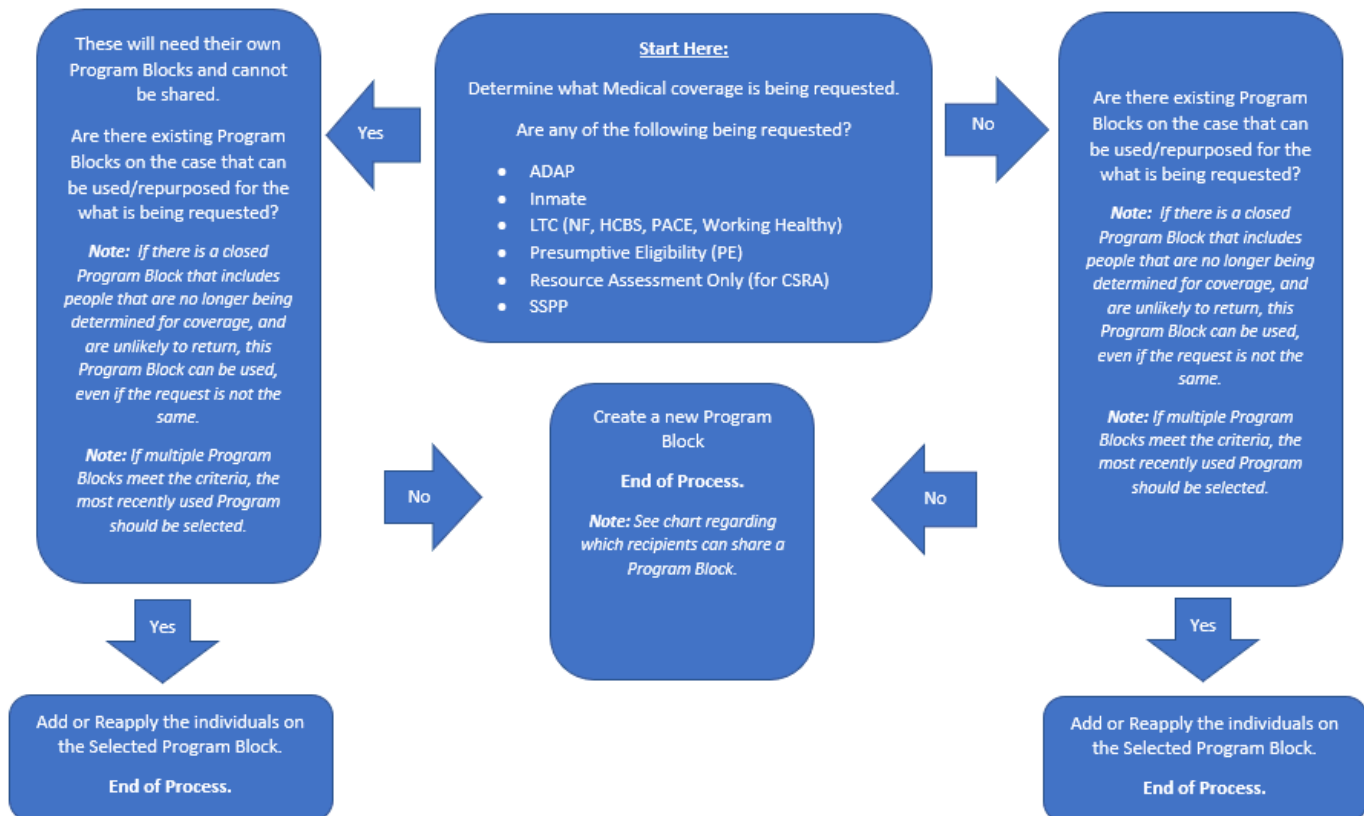


Usable Program Block

KEES has four types of Medical Program Blocks: Medical, Presumptive Eligibility (PE), AIDS Drug Assistance Program (ADAP), and State Supplemental Payment Program (SSPP). When determining if an existing Program Block can be used, it is important to know which recipients can share a Medical Program Block (e.g., Medicare Savings Program (MSP), Medically Needy MDN, Supplemental Security Income (SSI)). Some recipients require a separate Medical Program Block (e.g., Long Term Care [LTC] or Working Healthy). See **Add New Program** for more information. Staff should always consider using or re-purposing an existing Program Block before creating a new one.



Adding a new Program Block in a case should only be done when, based on the flow, another Program can't be used. Use the considerations (below) with the chart at the bottom of this page.

Additional Considerations

Staff need to use logic to determine when to use an existing Program versus adding a new Program to a case. Things to keep in mind are:

- Is there an active KEES Help Desk ticket stopping an existing Program Block or coverage authorization from being used?
 - If so, a new Program Block should not be added unless otherwise directed by the KEES Help Desk.
- Is the Program closed and still in a Reconsideration period?
 - If so, should the program be Rescinded?
 - If not, using the Chart for recipients, could the person(s) be added to this Program?
- Is the Program closed, and are all persons permanently out of the home?
 - If so, this Program may be used/re-purposed.
- Is there only one applicant that needs to be determined for multiple types of coverage, e.g., Modified Adjusted Gross Income (MAGI) and Elderly and Disabled (E&D)?
 - If so, the Program Block and Requested Medical Type (RMT) can be updated for each unique request. A new Program is not needed for each determination.

Example #1:

A MAGI Program Block has a mother and son on it. The son moves out of the home, and now the Primary Applicant (mother) requests LTC. The previous MAGI Block is repurposed, and no new Program Block needs to be created.

Example #2:

An LTC Program Block member passes away. A request for MAGI coverage for the same household (HH) is received 5 months later. The existing LTC Program Block is repurposed for the MAGI request, and no new Program Block needs to be created.

Example #3:

An LTC Program Block member fails to return their review on time, and it is closed. A new request for MAGI coverage is received for the same HH within the Review Reconsideration Period. The existing LTC Program Block will not be repurposed for the MAGI request because it is likely that the LTC review will be returned. A new Program Block needs to be created.

Example #4:

An adult caretaker requests coverage only for themselves and reports a disability. The caretaker is determined not to be eligible for MAGI coverage. An E&D determination is needed. Using the same Program Block, the casebank and RMT are updated, and E&D coverage is determined. A new Program Block is not created.

Use the chart below to determine if a Recipient can share a Program Block.

Sharing a Program Block

Program Block	RMT	Which Active Recipient(s) Can Share a Program Block
<u>ADAP</u>		Each <u>ADAP</u> recipient should be on their own Program Block. Only 1 <u>ADAP</u> program block is allowed on a case.
<u>Medical</u>	<u>Inmate</u>	Each <u>Inmate</u> recipient should be on their own Program Block.
	<u>LTC</u>	Each <u>LTC</u> recipient should be on their own Program Block.
	<u>MAGI</u>	<u>MAGI</u> , <u>Medical</u> , <u>MSP</u> , <u>Prevention and Protection Services (PPS)</u> , and <u>Qualified Disabled Working Individual</u> recipients can share a Program Block.

Program Block	RMT	Which Active Recipient(s) Can Share a Program Block
	<u>Medical</u>	<u>Medical</u> , <u>MAGI</u> , <u>MSP</u> , <u>PPS</u> , and <u>Qualified Disabled Working Individual</u> recipients can share a Program Block.
	<u>MSP</u>	<u>MSP</u> , <u>MAGI</u> , <u>Medical</u> , <u>PPS</u> , and <u>Qualified Disabled Working Individual</u> recipients can share a Program Block.
	<u>PPS</u>	<u>PPS</u> , <u>MAGI</u> , <u>Medical</u> , <u>MSP</u> , and <u>Qualified Disabled Working Individual</u> recipients can share a Program Block. <u>PPS</u> RMTs listed in this chart do not include the <u>Adoption Support Medical (ASM)</u> and <u>Foster Care Medical (FCM)</u> Programs. These are processed by DCF and do not go on a <u>Medical</u> Program Block.
	<u>Qualified Disabled Working Individual</u>	<u>Qualified Disabled Working Individual</u> , <u>MAGI</u> , <u>Medical</u> , <u>MSP</u> , and <u>PPS</u> recipients can share a Program Block.
	<u>Resource Assessment Only</u>	Each <u>Resource Assessment Only</u> recipient should be on their own Program Block.
	<u>Working Healthy</u>	Each <u>Working Healthy</u> recipient should be on their own Program Block. If there are two <u>Working Healthy</u> recipients, and the recipients have separate <u>Working Healthy</u> Premiums, these recipients cannot share a case. This causes Premium Billing system issues. Each recipient has to have their own case.
<u>Presumptive Eligibility</u>		<u>PE</u> recipients must always receive their <u>PE</u> benefits on a <u>PE</u> Program Block. However, all <u>PE</u> recipients can be on the same <u>PE</u> Program Block regardless of whether it is <u>PE Child</u> , <u>PE PW</u> , or <u>PE Adult</u> .
<u>SSPP</u>		Each <u>SSPP</u> recipient should be on their own Program Block. Only 1 <u>SSPP</u> program block is allowed on a case.
<u>Unshared Spenddown</u>	All	Unshared Spenddowns need to be on separate cases regardless of <u>RMT</u> .