A Guide to Completing the KC-1100 Application
“Welcome to the KanCare Application Guide. This guide is made up of slides designed to help you with filling out the sections of Families with Children Application”
This is the twenty-sixth page of the paper application for Families with Children. Page 26, Section L, is where the applicant will choose a health plan for each person listed on the application applying for medical assistance.
Choosing a health plan

Most people approved for Kansas medical assistance receive services through KanCare. There are 3 KanCare health plans to choose from. Please read the Extra Services Highlights flyer that came with this application. Then choose your plan. We will only use the health plan information if you qualify for coverage. If you choose, we will enroll you in that plan if you qualify for KanCare. If you do not choose, a plan will be assigned for you. If you do not like your assignment, you will have 90 days to change plans. You will receive a packet of information about your plan. To learn more about the plans, visit www.KanCare.ks.gov. If you do not qualify for a KanCare plan, you will get information about other coverage and services separately.

You can also find the Extra Services Highlights on the kancare.ks.gov website under consumers/benefits and services. The applicant can also narrow down which health plan is a good fit for them by contacting their current providers and asking which health plans they have a contract with. This will prevent the applicant from having to change providers if they are found eligible for KanCare services. To find more information on how to choose a health plan please refer to the Additional KanCare Resources link in the guide series. Look for the Selecting-Changing an MCO resource.
The next part of page 26 is where the applicant will check which health plan each person applying for medical assistance wants to provide benefits and services if eligible.

If there are more than 6 people in the applicant’s household applying for medical assistance, make a copy of this page before filling it out, and attach the copy to the application.
This is the twenty-seventh page of the paper application for Families with Children. Page 27, Section M, is where the applicant can choose a Medical Representative or Facilitator. Now let’s go through each section on page 27.
If the applicant has someone to help them with their case, that person can also be the applicant’s Medical Representative or Facilitator.

If the applicant chooses to have a Medical Representative, that person can help them complete the application, make decisions about their case, get copies of letters about the case during and after the application process, talk with us about the case, use the medical card to request services for the applicant, request a fair hearing about the case and represent the applicant at the hearing. The Medical Representative cannot be someone who is trying to collect a medical debt against the applicant or be an employee of a nursing facility.

If the applicant chooses to have a Facilitator, that person cannot help make decisions about the applicant’s case. The applicant will be in charge of their application and case. The Facilitator can help complete the application and get copies of letters and information during the application process. Please select one of the three options for how long the applicant wants the facilitator to help with their case. The Facilitator appointment cannot be longer than 1 year unless it is the applicant’s parent, child, or attorney.
The applicant must sign the application on page 30 to designate the medical representative or facilitator roles appointed on page 27.
If there is a financial power of attorney, conservator, or legal guardianship, please provide the name and contact information here. The applicant can also mail or fax the proof of power of attorney, conservatorship, or legal guardianship to us.

The application cannot be processed until this documentation is received.
Section N is labeled “Read and Sign”.

Read all of the information on pages 28 and 29 carefully so that the applicant understands the agreements they are signing.

When the applicant has finished reading these pages, continue to page 30.
This is page 30 of the paper application for Families with Children. The application must be signed for it to be considered a valid application. The KanCare Clearinghouse may have to reach out to the applicant to obtain your signature, potentially causing a delay in processing. The KanCare Clearinghouse is not able to process an unsigned application.

Now, let’s talk about some important points about the signature page.
If the primary applicant is applying for themselves, their spouse, or a dependent child, please sign the Primary applicant row.
If there is a second person in the household applying, such as a spouse, they may sign the Other adult applying row. This is optional.
If the primary applicant signed by a mark, such as an x, because they are unable to sign their own name due to illiteracy or disability, then signatures of two witnesses are required. The witnesses will need to sign on the first and second witness lines. The KanCare Clearinghouse may also need contact information for the witnesses such as phone numbers and addresses. These may be requested later if the information is not already known to the KanCare Clearinghouse.
In order to avoid delays in the application being processed, the primary applicant or a previously authorized representative must sign page 30 of the application.

If the person signing the application is the authorized representative, the KanCare Clearinghouse will need designation of the assignment signed by the primary applicant or authorized representative or someone appointed by the court for it to be considered valid. Designation are (but not limited to): Durable or Financial Power of Attorney, Guardianship, and Conservatorship. It does not include Medical Power of Attorney.

If the medical representative signs page 30 without proof of authorized designation, proof will be required before the application will be processed. This may cause delays in the application being processed and could potentially change the application date.
This is page 31 of the paper application for Families with Children.

This is a list of proof the KanCare Clearinghouse may need. The applicant can send their proof with the application so we can process it faster, but the applicant does not have to send any proof right now. We will try to obtain this proof through other means. The KanCare Clearinghouse will contact the applicant later for this proof if we cannot obtain it on our own.
This is page 32 of the paper application for Families with Children.

The right side of the page asks, “Would anyone in your household like to register to vote?”. If the applicant marks “Yes”, a voter registration form will be sent to them. Please mark “No” if they do not want a voter registration form mailed to them.

Before turning in the application, let’s review the reminder list on the left side of this page. Review the application to double check that all questions have been answered.

Make sure all household members are on the application even if they don’t need medical assistance.

Review page 31 and gather any proof that the applicant wants to send now. The KanCare Clearinghouse will request proof that they need later so don’t let this delay turning in the application.

Double check page 30 to ensure that the application is signed. Finally, mail or fax the application and any proof that the applicant chooses to send to the KanCare Clearinghouse.

The application can be mailed to P.O. Box 3599 Topeka, KS 66601-9738 or faxed to 1-800-498-1255.

A case worker may call the applicant for additional information while processing the application. A letter requesting additional information or proof may be sent to the applicant and any authorized individuals such as Medical Representatives. A letter will be sent explaining benefits once the application has been processed and a determination made.
Thank you for viewing sections L, M, & N.