



**A Guide to Completing the KC-1500 Application
Introduction**



A Guide to Completing the KC-1500 Application

For the Elderly and Persons with Disabilities



Introduction



This guide was created in partnership with the KanCare Ombudsman Office and the Kansas Department of Health and Environment.

Welcome to the KanCare Application Guide. This guide is made up of slides designed to help you with filling out the sections of the Elderly and Persons with Disabilities application.



Two Ways to Apply

Paper Application

Elderly and Persons with Disabilities Medical Assistance Application

Apply faster online! Go to ApplyforKanCare.ks.gov

This application is for elderly persons, persons with a disability, and families that include a child with a disability. If you are pregnant or your family does not include a child with a disability, use the **Families with Children Medical Assistance Application**.

Make sure you:

1. Answer all questions on the application
2. Sign the application on page 30
3. Include any proof you want to send. You do not have to send any proof now. See page 31 for a list of proof we may need if we cannot obtain it on our own.
4. Mail your completed and signed application to:
KanCare Clearinghouse
P.O. Box 5599
Topeka, KS 66601-9738
Or fax to: 1-866-204-6285

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I. Medicare coverage	22
J. Other health insurance	23
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L. Choose a health plan	26
M. Choose someone to help you with your case	27
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For help completing this application, call us at **1-800-792-4884** (TTY: 1-800-792-4292). The call is free.

By law, we must keep your information private. We will use your application information only to see if you qualify for medical assistance.

Online Application

Language: English

MEDICAL CONSUMER SELF-SERVICE PORTAL

User Name: Forgot User Name Password: Forgot Password/PIN Sign Up Help

KanCare offers coverage for: Children, Pregnant Women, Families With Children, Elderly, Adults With Disabilities and Children With Disabilities

CHECK Eligibility

APPLY for Medical Assistance

ACCESS my KanCare

Check to see if you may be eligible for medical assistance.

Apply for medical assistance

Access My Benefits is not available at this time.

There are two ways to apply. Applicants may use the paper application or apply online at kancare.ks.gov through the self-service portal. This slideshow series will focus on the paper application. The paper application can be found at www.kancare.ks.gov under the CONSUMERS tab, Apply for KanCare.

The online application is intuitive and changes depending on the data that is entered by each applicant; it will work for all the possible KanCare programs.

Link to online application: [Apply for KanCare \(ks.gov\)](http://ApplyforKanCare(ks.gov))



How to use the Medical Consumer Self-Service Portal

MEDICAL CONSUMER SELF-SERVICE PORTAL Log In Sign Up

KanCare offers coverage for: Children, Pregnant Women, Families With Children, Elderly, Adults With Disabilities, and Children With Disabilities.

- CHECK Eligibility**
Check to see if you may be eligible for medical assistance.
- APPLY for Medical Assistance**
Apply for medical assistance.
- ACCESS my KanCare**
Access will be granted upon log in.

Arabic | Burmese | Chinese | French | German | Hmong | Japanese | Korean | Lao | Russian | Spanish | Swahili | Tagalog | Vietnamese

To learn more about how to use the Medical Consumer Self-Service Portal also known as the on-line application go to www.ApplyForKanCare.ks.gov and click on the hamburger or menu icon to the top left of the self-service portal landing page.

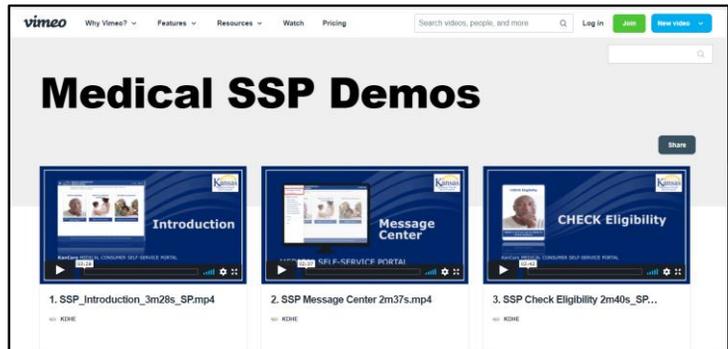
Useful Links

- [Office Locations](#)
- [Program Information](#)
- [Frequently Asked Questions](#)
- [How To Use This Site](#)
- [Give Us Your Feedback](#)
- [Reporting Requirements](#)
- [Go To Non-Medical Portal](#)

Language

English

[Help](#)



The screenshot shows a Vimeo page with the title "Medical SSP Demos". It features three video thumbnails with the following titles: "1. SSP Introduction_3m28s_SPmp4", "2. SSP Message Center 2m37s.mp4", and "3. SSP Check Eligibility 2m40s_SP...". Each thumbnail includes a play button and a video player interface.

After clicking on the hamburger icon, the applicant will see the Useful Links tab open. Click on the link that says, "How To Use This Site." It will then take the applicant to another page that will have the link to the Medical SSP Demos Vimeo page, where they can watch videos on how to use the Medical Consumer Self-Service Portal.



Page 1: KC-1500 Informational Page



Elderly and Persons with Disabilities Medical Assistance Application

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Make sure you:

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By law, we must keep your information private. We will use your application information only to see if you qualify for medical assistance.

This is the first page of the paper application for the Elderly and Persons with Disabilities. Next, we will go through each section of the first page.



Who Can Use this Application?

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This application is for elderly persons, persons with a disability, and families that include a child with a disability. If you are pregnant or your family does not include a child with a disability, use the *Families with Children Medical Assistance Application*.

This application is for individuals who are:

- Elderly (65 and older)
- Or**
- Persons with Disabilities (child or adult) - persons determined blind or disabled by Social Security (SSDI and/or SSI) or in the process of applying for a disability determination.

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The Elderly and Persons with Disabilities Medical Assistance Application should be used if a person needing assistance is 65 years or older, has a disability, is blind, is in need of Home and Community Based Services, or in need of Nursing Facility Program or Institutional Care. Adults with children that do not meet any of the previously listed criteria should use the Families with Children Medical Assistance Application.

Clarification on Children under 19:

A child under 19 will use the Families with Children application if applying for regular Medicaid or CHIP. However, if they are applying for the Medically Needy program, Nursing Facility Program or Institution, or for an HCBS waiver program, they will use the Elderly and Persons with Disabilities application.

Note on Waiver Programs (and Proof of Pending Disability):

Adult applicants who are 18+ years of age, if not already on SSI/SSDI, must apply for SSI/SSDI if applying for any of the following HCBS Waivers: Brain Injury, Physical Disability or Intellectual/Developmental Disability.

Children under 18 do not have to apply for Social Security Disability (SS-DS), when applying for a waiver program.

Pg.1

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The applicant must answer all questions to the best of their ability. This helps us at the KanCare Clearinghouse get the application processed faster. Unanswered questions may cause us to reach out for clarification which may cause delays in the processing of the application. If something does not apply to the applicant, do not leave it blank. Put N/A (not applicable) clearly so we know this does not have to be investigated further.

If the applicant has questions about anything on the application for the Elderly and Persons with Disabilities, call us at the KanCare Clearinghouse at 1-800-792-4884. We are happy to help.

Pg.1

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Please remember to sign the application once you have filled it out. The application must be signed for it to be considered a valid application. We may have to reach out to the applicant to obtain your signature, potentially causing a delay in processing. We are not able to process an unsigned application.

Section M will explain this further.

Pg.1

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A paper clip on the application indicates that the applicant may send in proof of what the applicant is reporting on the application. They do not have to send any proof at the time of their application. Getting the completed application turned in is the first priority.

We may reach out to the applicant for proof if they cannot obtain it on their own. Requests for additional documentation are done by mail.

Pg.1

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Once completed, please mail the signed application to the KanCare Clearinghouse at the listed address. The applicant may also fax their application to 1-800-264-6285. It is best to keep a copy of the signed application for later reference.



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For help completing
this application,
call us at **1-800-792-4884**
(TTY 1-800-792-4292).
The call is free.

If the applicant has any questions on how to answer a question or field on the application, please call us at 1-800-792-4884. Please inform us of the applicant's most up-to-date contact information, including phone number and mailing address, so the Clearinghouse may contact them about their application.



The KanCare Clearinghouse

- Reporting changes
- For questions about your application
- To check status of your application
- To get the case number for application
- To confirm documentation for application was received
- For problems with the application process
- For questions about moving to or from Kansas
- To close your Medicaid
- For questions about renewals
- To change the Responsible Party on your case
- To update your address or other information
- For adding a newborn baby to Medicaid
- Spenddown issues
- Client Obligation or Patient Liability issues
- Etc.

Contact information on the next slide...

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The KanCare Clearinghouse is who the applicant can call for the following reasons and concerns:

- Reporting changes
- For questions about your application
- To check status of your application
- To get the case number for your application
- To confirm documentation for application was received
- For problems with the application process
- For questions about moving to or from Kansas
- To close your Medicaid
- For questions about renewals
- To change the Responsible Party on your case
- To update your address or other information
- For adding a newborn baby to Medicaid

- Spenddown issues
 - Client Obligation or Patient Liability issues
 - Etc.
-
- This is not a complete list of possible reason to contact the KanCare Clearinghouse

The KanCare Clearinghouse is where applications will be sent after it has been filled out to be processed for eligibility under the Medicaid programs. It is made up of several organizations that work together to run the Kansas Medicaid program. This will be important to know if applicants, Durable Power of Attorneys, Guardians, Conservators, Facilitators, and Medical Representatives have any questions about the application process or during the applicant's future KanCare coverage.



The KanCare Clearinghouse Contact Info

Toll Free Phone: 1-800-792-4884
TTY Toll Free Phone: 1-800-792-4292
TTY Topeka Phone: 785-269-1491
Relay: 711

**Fax for the Elderly and Persons
with Disabilities documents:**

1-844-264-6285

**Mailing Address (for paper applications
and documents)**

KanCare Clearinghouse
P.O Box 3599
Topeka, KS 66601-9738

Hours of operation:

Monday- Friday
8am-5pm

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Here is the contact information for the KanCare Clearinghouse.

Call our Toll Free Phone number to speak to a customer service agent. This number can be found throughout the application.

Our mailing address can be used to mail KanCare applications and any supporting documentation. Be sure to keep copies of the application and any documents sent.

Our fax number can be used to fax signed KanCare applications and any supporting documentation. Be sure to keep copies of the application and any documents sent.

Any documents sent to us at the KanCare Clearinghouse should have identifying information such as the first and last name, date of birth, or case number of the applicant. This will help us organize sent documents.

We are open from Monday through Friday, 8am to 5pm.



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This guide was created in partnership with the KanCare Ombudsman Office and the Kansas Department of Health and Environment.

Please see our next slideshow for more information regarding the Elderly and Persons with Disabilities application. The next video will cover Sections A, B, & C.