Welcome to the slideshow for Sections A, B, and C of the KanCare Application Guide.

Next, we will cover pages 3 through 10. This is also sections A, B, and C.
This is the third page of the paper application for the Elderly and Persons with Disabilities.

On this page the applicant will see that there is a paper clip icon. Remember that the paperclip icon means we may ask for proof later or the applicant can send it now. See the list on page 31 for more information.
For this application, your household includes these people:
The primary applicant, the primary applicant’s legally married spouse, whether they live with the primary applicant or not, the primary applicant’s partner if they live together and only if they have children together, and parents of a minor child.

Include all of the people in the household, even if the primary applicant is not applying for them. Also include household members temporarily living out of the home.

Anyone who is not in this list will need to fill out their own application to apply for medical assistance.

If married, information for both spouses should be on the application even if one spouse is not applying for medical assistance. If both are applying for medical assistance, then they will only need to use one application.

For nursing home requests and HCBS requests, spouses no longer living in the same household both need to be included on the application.
The person who needs assistance should be listed as the primary applicant and continue to be listed as “Person 1” throughout the application. This section can be confusing. If you are helping someone apply for assistance, your information is not needed in this section. Those helping could be nursing facility employees, durable power of attorney, extended family members or friends, etc. This section is only for those who are needing medical assistance.

If the person needing medical assistance is under 18, the primary applicant will the parent or guardian of the child.

Provide the physical address if possible but the mailing address must be filled out. We will need to be able to send notices to the applicants. If needed, the mailing address can be from a shelter, a friend, a family member, the post office, to name a few. It is really important that the applicant is able to receive notices from us. The applicant may want to use the online application and sign up...
for electronic notification to receive notices through the KanCare Self-Service Portal.

People in Nursing homes must have their residential and their mailing address as the Nursing Home. If the applicant wants a copy of mailed notices to be sent to an additional person the applicant can do this on page 27 of the application. Applicants can also contact us for more information on how to appoint a person to receive copies of mailed notices.
This is the fourth page of the paper application for the Elderly and Persons with Disabilities. Next, we will go through each part of the fourth page, or section B.
Section B continues to ask for information about the Primary applicant, or “Person 1”. This section also asks for information about other people in the household. Again, if the person needing medical assistance is under the age of 18, “Person 1” will be their parent or guardian. The child needing medical assistance will be “Person 2”.

If there is not enough room for everyone in the household to be included, make copies of pages 4-12 before filling them out. Use the copies to complete persons 4, 5, 6, and so on. The applicant will also need to write the names for each person on pages 4-12.

Who are “Persons One, Two, & Three?"
If the primary applicant is married, Person 2 is where the spouse’s name will go.

Anyone else living in the household would be entered as Person 3, even if they do not need medical assistance.

The first question asks “What is each person’s relationship to you?” If Person 1 is you and Person 2 is your spouse, under “Person 2 is my”, you would write “Husband”, “Wife”, or “Partner”.

The next line asks for your gender: Male or Female

Below that, the applicant will put the date of birth for everyone living in the household.

For Marital status: if the applicant is engaged, they would check the box that says “Not married (includes divorced, widowed)”.

The last question on page 4 asks “Does this person live at the same address as Person 1?” if the answer is no, list the address they live at.
Be sure to fill out this information for each person listed on the application.
This is the fifth page of the paper application for the Elderly and Persons with Disabilities. Next, we will go through each part of the fifth page. This is also a continuation of Section B.
This is the top of page 5, where it continues to ask about Person 1 through Person 3. As a reminder, if there are more than 3 people living in the household, the applicant will need to copy pages 4-12.

The first question that is asked in this section is “Was this person in Kansas foster care on their 18th birthday?” Check “No” or “Yes”.

The next question asks “Is this person applying for medical assistance?” This is where the applicant will check “No” or “Yes” under each ‘Person’ who is on the application. It is very important to answer “No” or “Yes” for each person on the application.
If “Yes” was checked under “Is this person applying for medical assistance” then the applicant will need to check the box for the programs they think will best fit their needs.

The applicant is free to check more than one box if they think that program will help them. We will tell the applicant if they qualify.

Next, we will go through each program in better detail in the order that it is listed above.
Standard Medicaid (with medical card)

For those who:

• Need medical assistance.

• Do not know which program box to check.

Standard Medicaid with a medical card is for those who need medical assistance or do not know which program box to check.

Applicants can also check the “Standard Medicaid” box if they do not know which program would best fit their needs. We will look at possible medical coverage options.
Home and Community Based Services are also known as the HCBS Waiver Program which may include:

- Standard Medicaid.

- Payment for a in home care attendant to help with activities of daily living based on the person’s needs.

HCBS is meant for people living at home, renting, staying with family, in assisted living, or home plus. This program is not for those who live in a Nursing Facility.

There are 7 Home and Community Based Service Waivers, each with their own set of rules and eligibility guidelines. Select this option if the applicant is applying for Home and Community Based Services, or HCBS. The 7 HCBS Waivers are:

1. Autism Waiver
2. Frail Elderly Waiver
3. Intellectual/Developmental Disabilities Waiver
4. Physical Disability Waiver
5. Serious Emotional Disturbance Waiver
6. Technology Assisted Waiver
7. Brain Injury Waiver

See the link at the bottom of this slide for more information about each waiver.

https://kancare.ks.gov/kancare-ombudsman-office/hcbs-waiver-fact-sheets
Nursing Home or other Facility

This is for:
- For people who are currently living in a Nursing Facility, mental health institution, or similar facility for a long-term stay.

This is not for:
- Those in Assisted Living facilities.
- Those in a Home Plus facilities.

To learn more about how to calculate a Monthly Patient Liability go to: [https://kancare.ks.gov/kancare-ombudsman-office/resources](https://kancare.ks.gov/kancare-ombudsman-office/resources)

Nursing Home or other institutional coverage is for those living in a nursing facility, mental health institution, or similar facility for a long term stay. If eligible for this program, the member may have to pay what is called a Patient Liability. This is also known as the cost share for Nursing Home coverage.

If the applicant lives in a facility that has assisted living and skilled nursing, it is important to know which section of the facility the person is in. All Home Plus facilities are considered an Assisted Living Facility. Home Plus and Assisted Living residents need to apply for a Home and Community Based Services (HCBS) Waiver Program.

[https://kancare.ks.gov/kancare-ombudsman-office/resources](https://kancare.ks.gov/kancare-ombudsman-office/resources)
This program is for:

• Persons aged 55 and older.
• Who need a nursing home-level of care.
• Can live safely in the community with the help of PACE services.
• Live in the service area of a PACE organization.

Program of All-Inclusive Care for the Elderly, or PACE, is for persons aged 55 and older and who need a nursing home-level of care but can live safely in the community with the help of PACE services.

To be eligible for this program, applicants will need to live in a service area of a PACE organization. This information can be found by clicking this link.

https://kdads.ks.gov/commissions/commission-on-aging/program-of-all-inclusive-care-for-the-elderly-(pace)
The Medicare Savings Program or MSP is a program that helps Medicare recipients with their out of pocket medical expenses, for example: Medicare premiums and copays.

The Medicare Savings Program is not subject to Estate Recovery. If this box is checked, it means the eligibility team will only check for eligibility under the Medicare Savings Program.

Check this box only if the applicant wants MSP, no other programs. If this box is left unchecked, the applicant will be automatically screened for MSP.

If the applicant is almost 65 or will soon become eligible for Medicare, they can apply for MSP so that it may be started at the same time that Medicare begins.

The medically needy program is for people who are 65 and older or have a disability. This program is for individuals who make too much income to qualify for Medicaid but qualify anyway because they have consistently high medical bills that will likely impoverish them without the state’s assistance.

They are Medicaid eligible “with a Spenddown.” A spenddown is like an insurance deductible, which means a person must incur medical costs up to a set amount before their health insurance provider will pay. When the spenddown is met, Medicaid will pay for covered medical expenses until the next Spenddown period. Spenddown amounts are dependent on the household countable income.

For more information about the Medically Needy Program see the link at the bottom of this slide.

https://kancare.ks.gov/consumers/program-fact-sheets
Working Healthy

This program is for:

- Those who are working or thinking about going to work or wanting to work.
- Those who have a disability.

Working Healthy is a work incentive program designed for people who are only eligible for Medically needy. This program substitutes the Spenddown with an affordable premium.

Based on income level, some individuals may have to pay a monthly premium.

For more information about the Working Healthy program see: [https://kancare.ks.gov/consumers/working-healthy](https://kancare.ks.gov/consumers/working-healthy)

Working healthy is for those who are working or thinking about going to work or wanting to work and have a disability.

Working Healthy is a work incentive program designed for people who are only eligible for Medically Needy. This program substitutes the Spenddown with an affordable premium.

This program is based on income level and some individuals may have to pay a monthly premium.

For more information about the Working Healthy program see the link at the bottom of the screen.

[https://kancare.ks.gov/consumers/working-healthy](https://kancare.ks.gov/consumers/working-healthy)
The applicant should take the time to go back and check the boxes next to the program or programs for each applicant that is applying for medical assistance.

Now that we have briefly gone over the types of medical assistance on page 5, we are ready to move on to page 6.
This is the sixth page of the paper application for the Elderly and Persons with Disabilities. Next, we will go through each part of the sixth page, this is also a continuation of Section B. On page 6, applicants are asked for information about Citizenship and Identity.
We need a Social Security Number for those requesting medical coverage and have a Social Security Number or can get one.

A Social Security Number is optional for people not applying for medical assistance, but providing a Social Security Number can speed up the application process. Social Security Numbers are used to check income and other information to see who is eligible for help paying for health coverage.

If someone doesn’t have a Social Security Number call 1-800-772-1213 or visit www.socialsecurity.gov
This part on page 6 asks about the citizenship and immigration status of each person in the household. The applicant should fill this out to the best of their ability.

For the question “If this person is not a U.S. citizen or U.S. national, do they have eligible immigration status?”, if “Yes” mark it “Yes”, otherwise, leave blank.
This is the seventh page of the paper application for the Elderly and Persons with Disabilities.

The first question on this page asks “Has this person lived in the U.S. since 1996?” check “Yes” or “No”

The next two questions that ask about race and ethnicity are optional and more than one box may be checked.
This is the eighth page of the paper application for the Elderly and Persons with Disabilities. Next, we will go through each part of the eighth page. This is also a continuation of Section B.
The first question on page 8 asks “Which of these best describes where the person lives now?” The applicant will check the box for the living situation for each person on the application.

If the applicant lives in a facility that has assisted living and skilled nursing, it is important to know which section of the facility the person is in.

If the person is homeless, mark “Other”.
The next question on page 8 asks, “Is this person living outside of the home?” If the person is currently living outside of the home (such as a Nursing Facility or similar Long-Term Care institution), applicants will need to fill out the information in this section.

If applicants do not know the date expected to return, they can put N/A.
The last question on page 8 asks, “Does this person pay out of pocket for medical expenses not covered by Medicare, Medicaid, or private insurance?”

If the person applying for medical assistance has recurring or outstanding medical expenses, then they may check ‘yes’ and give information about each expense.

If more room is needed please, feel free to attach additional pieces of paper with the application that has the cost, how often it is paid, and a description of the medical expense.
This is the ninth page of the paper application for the Elderly and Persons with Disabilities. Next, we will go through each part of the ninth page. This is also a continuation of Section B.
The first question on page 9 asks “Has this person ever been in a hospital or nursing facility for more than 30 days in a row?” This is for people who have stayed in a facility in the past.

If yes, when? Please list the first admission and discharge date. It is okay to write the Month and Year for the admission and discharge dates. If the dates are unknown, please provide the best guess.

This question is specific to an applicant who has a spouse and the applicant is requesting nursing home, PACE, or HCBS coverage. We will need to know the applicants first 30 day stay in a hospital or nursing home. This will determine the month and year they request resources to determine how much a spouse can protect of a couple’s resources.
The next set of questions on page 9 asks if the people applying for medical assistance have served in the military.

If the applicant served in the military, there is potential for a cash benefit from the Veteran Administration. It is required that veterans apply for VA benefits. We must have proof the applicant has applied with the VA. To apply, contact the Veteran’s Administration at 1-800-827-1000, or the Kansas Commission of Veteran’s Affairs at 785-296-3976.

The next question asks, “If this person has not served in the military, has this person ever been married to someone who has served in the military?” This question and the two under it are ‘yes’ or ‘no’ questions.
At the bottom of page 9 it asks if anyone is pregnant, how many babies are expected, and what the expected due date is.
This is the tenth page of the paper application for the Elderly and Persons with Disabilities. Next, we will go through each part of the tenth page. Page 10 is also Section C.
The top of page 10 asks questions about the past 3 months of medical bills for each person applying for medical assistance.

Applicants may qualify for coverage up to 3 months prior to the application month if otherwise eligible.

The question “Does this person need help paying medical bills from the last 3 months, including Medicare premiums?” is important because if you mark "no", we will not look for eligibility in the months prior to the application month.
The last set of questions at the bottom of page 10 ask about changes in your household in the past 3 months.

If the applicant has asked for help paying for past medical bills at the top of page 10, then these questions must be answered.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No Options</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your household <strong>size</strong> changed in the last 3 months because someone moved in or out?</td>
<td>Yes/No</td>
<td>If yes, tell us about the changes to your <strong>household</strong>:</td>
</tr>
<tr>
<td>Has your household <strong>income</strong> changed in the last 3 months?</td>
<td>Yes/No</td>
<td>If yes, tell us about the changes to your <strong>income</strong>:</td>
</tr>
<tr>
<td>Have your household <strong>resources</strong> changed in the last 3 months?</td>
<td>Yes/No</td>
<td>If yes, tell us about the changes to your <strong>resources</strong>:</td>
</tr>
</tbody>
</table>
Thank you for looking at the second slideshow of the KanCare Application Guide for the Elderly and Persons with Disabilities Medical Assistance Application. In the third video, we will go over Section D, E, & F of the application.