Welcome to the guide for Sections L, M, & N of the KanCare Application Guide.
This is page 26 of the paper application for the Elderly and Persons with Disabilities. Now let’s go through each section on page 26, or section L.

<table>
<thead>
<tr>
<th>Section 1</th>
<th>Section 2</th>
<th>Section 3</th>
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<tbody>
<tr>
<td>aetna</td>
<td>aetna</td>
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<tr>
<td>Cigna Health plan</td>
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<td>UnitedHealthcare</td>
<td>UnitedHealthcare</td>
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Choose a health plan:

*Please read the information and select the health plan you prefer.*

If you choose a health plan, please note the following:

- If you choose a plan, you will not be able to change plans.
- If you choose a plan, you may receive a packet of information about your plan.
- If you want to learn more about the plan, visit the KanCare website.

Here are the options for each plan:

- aetna
- Cigna Health plan
- UnitedHealthcare
Page 26 is where the applicant will choose a health plan for those applying for medical assistance.

Most people approved for Kansas medical assistance receive services through KanCare. There are 3 KanCare health plans to choose from.

Please read the Health Plan Highlights or Extra Services Highlights flyer that came with the application. This can help the applicant choose the best health plan, each MCO has different health plan highlights. For the most recent version go to the KanCare website under Consumer, choosing a plan.

We will only use the health plan information if applicants qualify for coverage.

If the applicant chooses, we will enroll them in that plan if the applicant qualifies for KanCare. If they do not choose, a plan will be assigned to them. If they do not like their assignment, the applicant will have 90 days to change plans. Applicants will receive a packet of information about their plan. To learn more about the plans, visit www.KanCare.ks.gov. If applicants do not qualify for a KanCare plan, they will get information about coverage and services separately.
Choose a health plan for each person in the household applying for medical assistance. The plans can be the same or different.

If there are more than 3 people in the household, make a copy for this page before filling it out and attach it to the application.
This is page 27 of the paper application for the Elderly and Persons with Disabilities. Now let’s go through each section on page 27, or section M.
Page 27 is where the applicant can appoint someone as their Medical Representative or Facilitator.

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 the Elderly and Persons with Disabilities. 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.

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 with a disability, 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. We 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 us.
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, we 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 aren’t limited to: Durable or Financial Power of Attorney (not Medical Power of Attorney), Guardianship, and Conservatorship.

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.
When applying on behalf of an adult that is legally incapacitated the following people may apply on their behalf:

- The spouse
- A tax filer that claims them as a dependent
- A durable or financial power of attorney
- A representative payee for Social Security benefits

When applying on behalf of a deceased individual certain rules apply:

- Any person acting responsibly may file an application
- This person must apply in the month of death or within three following months
This is page 31 of the paper application for the Elderly and Persons with Disabilities.

This is a list of proof we 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. We contact the applicant later for this proof if we cannot obtain it on our own.
This is page 32 of the paper application for the Elderly and Persons with Disabilities.

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. We 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 in to us.

The application can be mailed to P.O. Box 3599 Topeka, KS 66601-9738 or faxed to 1-844-264-6285.

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.
Thanks for looking at this guide to the KanCare Application for the Elderly and Persons with Disabilities.