KanCare Ombudsman Liaison Training

- KanCare Application Process – FAQS
- A Guide to Completing a KanCare Application
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Application FAQs

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2. Where do I send my Application?
3. What if I have questions while I am completing the application?
4. How do I check the status of my application?
Application FAQs

5. What is the average wait time for an application to process?

6. What can I do if I have been waiting longer than the average time for my application to process?

7. How will I be notified that I have been approved or denied KanCare health coverage?

8. What if I am denied KanCare services?
Two Ways to Apply

2 Types of Paper Applications

Paper Applications:
- Application for Families with Children
  - children under 19
  - families with children under 19
  - pregnant women
- Application for the Elderly and Persons with Disabilities
  - Elderly (65 and older)
  - Persons with Disabilities (child or adult)

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 for an HCBS waiver program, they’ll use the Elderly and Persons with Disabilities application.

On-line Application:
There is only one on-line application. The on-line application is intuitive and changes depending on the data that is entered by each applicant; it will work for all of the possible KanCare programs. URL: [www.kancare.ks.gov/consumers/apply-for-kancare](http://www.kancare.ks.gov/consumers/apply-for-kancare)
Where do I Send my Paper Application?

Mail or fax your KanCare Application (along with other documentation) to the KanCare Clearinghouse:

Mail to:
KanCare Clearinghouse
PO BOX 3599
Topeka, KS. 66601-9738

Fax To:
• Fax for Families and Children Department: 1-800-498-1255
• Fax for Elderly or Disabled Department: 1-844-264-6285
What if my case is more Complicated or Urgent?

- Fax or mail a letter explaining the details of your case, to the Clearinghouse (with your application and other documentation).
- Follow up with a phone call to the Clearinghouse (2-3 days later) to confirm receipt of your submitted application and documentation.

Fax To:
1. Fax for Families and Children Department: 1-800-498-1255
2. Fax for Elderly or Disabled Department: 1-844-264-6285

Mail to:
Kancare Clearinghouse
PO BOX 3599
Topeka, KS. 66601-9738
What if an applicant has questions on the application?

- They can call KanCare Clearinghouse customer service at 800-792-4884.

- The KanCare Clearinghouse will also assist in completing the application in-person at their Topeka, KS location (at Forbes Field). They accept walk-ins, though appointments are preferred.

- If an applicant wants assistance completing the application, they can also call the KanCare Ombudsman’s office at 855-643-8180 (in-person or over the phone).
Who else assists with KanCare applications?

- Check out the Application Assistance Guide for more locations.
- This guide lists several community organizations that assist KanCare applicants.
Does your office provide application assistance?

• If so, please consider adding your information to this guide.

• If you do not provide application assistance, please refer the applicant to the KanCare Ombudsman office at 1-855-643-8180 or to one of the organizations on this guide.

• Let’s work together to reach more Kansans in need!
Application Assistance Folder
Application Assistance Folder

The KanCare Ombudsman has created a folder to help new applicants:

• Keep their application and additional documentation organized.

• Know how to follow up after they have submitted their application.

• Answer some frequently asked questions about the application process.
The 1-Page Application Checklist

1. Reminds you which additional information needs to be submitted with the application.

2. Reminds you to keep a copy for your own records.

3. Provides a place for you to write important dates and information.

4. Tells you what you need to do after you have submitted your application!
Keep Copies of Everything

- Keep a copy of everything you send to the KanCare Clearinghouse together in one folder for your own records.

- When you send in documentation to the Clearinghouse, be sure to send copies rather than your originals. They will not be returned to you.
Send proof of what you claim on the application:

Depending on which program you apply for, and what you claim on the application, you may need to send some additional documentation:

1. Proof of Income
2. Proof of Health Insurance
3. Proof of Representative
4. Proof of Resources/Assets
5. Proof of Pending Disability Case with SSA (if applicable)
6. Proof of Expenses
7. Proof of Immigration Status (for eligible non-citizens)

Why do they need “Proof of Expenses?”

1. In instances where consumers owe a monthly Client Obligation or Patient Liability, or a Spenddown, submitting receipts for medically necessary costs that were NOT covered by Medicaid or other insurance may reduce the amount they owe.

2. If you have a disability and are working, you may have “work expenses” that impact your eligibility.

3. If the applicant wants coverage for care in a Nursing Facility, Assisted Living Facility, an HCBS waiver program or PACE and has a spouse or “dependent family members,” they must provide verification of reported “shelter expenses” (rent or mortgage, property taxes, Home Owner’s Insurance and Home Owner’s Association Fees).
How do I find out what documentation I need to provide?

- Check out the Documentation Checklist for the KanCare Application.

- Carefully review and submit the required documentation along with your application form.

- By sending all of the required documentation, your application can be processed more quickly.

Documentation Checklist URL:
Keep a Very Close Eye on the Mailbox

• If other items are needed by the eligibility team, you will be notified by mail.

• However, the need to request more information will delay application processing time. So send as much as you can with your initial application.

• **Very important:** The requests for more documentation that come by mail have deadlines.

• If applicants do not submit required documentation by those deadlines, they may need to reapply.
## First Steps

<table>
<thead>
<tr>
<th>Sent to KanCare Clearinghouse</th>
<th>Keep in folder for your own records</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Application</td>
<td>1. Copy of application</td>
</tr>
<tr>
<td>2. Proof of income</td>
<td>2. Proof of income</td>
</tr>
<tr>
<td>3. Proof of health insurance</td>
<td>3. Proof of health insurance (if applicable)</td>
</tr>
<tr>
<td>(if applicable)</td>
<td></td>
</tr>
<tr>
<td>4. Proof of resources (for Elderly &amp; Disabled applications only)</td>
<td>4. Proof of resources (for Elderly &amp; Disabled applications only)</td>
</tr>
<tr>
<td>5. Proof of <em>pending</em> disability case with the SSA (if applicable)</td>
<td>5. Proof of <em>pending</em> disability case at the Social Security Administration (if applicable)</td>
</tr>
</tbody>
</table>
Every time you fax to the Clearinghouse:

- Include a cover letter explaining what is being faxed and why, and how many pages.
- Be sure to fax everything at one time, as much as possible.
- Keep the fax receipt in your folder along with everything you’ve sent to the Clearinghouse.
- If they have difficulty locating your faxed documents, use the information from fax receipt to help them find it.
  - Date and Time of fax
  - Phone # faxed from and phone # faxed to
### After You’ve Submitted the Application

<table>
<thead>
<tr>
<th>Contact the CH after a few days (if mailed) or within 48 hours (if faxed):</th>
<th>Keep in folder for your own records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask for your case number (confirmation that your application has been received)</td>
<td>My case #: __________________</td>
</tr>
<tr>
<td>Ask for confirmation that any additional documentation you sent was also received.</td>
<td>The CH has confirmed receipt of the following documents: (bank statements, income verification, etc.)</td>
</tr>
<tr>
<td>Ask the CH if there is any further documentation they need from you.</td>
<td>Who did I speak to today? __________</td>
</tr>
<tr>
<td>Every time you send more information, follow up with a phone call, confirming the CH has received this new documentation (Note call details).</td>
<td>The CH has confirmed the receipt of the following documentation: ________________</td>
</tr>
<tr>
<td></td>
<td>Who did I speak to today? ________</td>
</tr>
</tbody>
</table>

Stay in contact with the Clearinghouse to make sure they’ve received your application and the documentation you’ve sent them. Document everything.

Continue to follow up to see if they need further documentation from you, while your application is in the processing phase.

**Issue we see often:** When the Clearinghouse needs more documentation from an applicant/member, they will generate a letter and send it to the address that has been provided (which is sometimes out of date, or the individual may not open the mail in a timely manner). By the time the applicant actually reads this letter, they may have lost out on several days of processing time and possibly missed a deadline that will require them to reapply.

Following up with the Clearinghouse to make sure they have all the documentation they need from you (and have your most updated address) allows you to get in front of this issue.
KanCare Clearinghouse Automated Menu

• Many calls we receive are from callers who are frustrated with the Clearinghouse Automated Voicemail Menu.

• There is not a menu option for all individual needs.

• There is not a direct menu option to reach a customer service representative.

• The next few slides show some of the tips and shortcuts the Ombudsman office uses when communicating with the Clearinghouse.

Callers will often give up because they cannot get through to someone at the Clearinghouse.

You can use the transcribed Clearinghouse Voicemail Menu to help you get to where you need to go quickly.

Short Cut to Elderly & Persons with Disabilities Department (3-1-3)

- Dial the Clearinghouse toll free number. Wait until after the language options have passed and the voice menu starts talking again, then press 3.

- Wait for more talking, then press 1.

- Wait for more talking, then press 3.

- You should hear, “Thank you, I’ll route you to an agent who can help you.” Or, “Please hold, and you will be connected with the next available representative.”
Short Cut to Families with Children Department (2-1)

• Dial the Clearinghouse toll free number.

• Wait until after the **language options** have passed **and** the voice menu starts talking again, then press **2**.

• Wait for more talking, then press **1**.

• You should hear, “Thank you, I’ll route you to an agent who can help you.” Or, “Please hold, and you will be connected with the next available representative.”
No Button Approach

Approximately 5 minute wait. Could be longer during high call volume hours:

• Just listen, and do nothing. If you listen to the menu options approximately five times, they will automatically connect you to a customer service representative.

• If that representative cannot answer your question, they will transfer you to someone who can.
Hold Times Too Long?

• Individuals may also try calling the Clearinghouse after 5 p.m.
• The Clearinghouse doors close at 5 p.m., but they continue to take calls through 7 p.m.
• Callers may find a shorter waiting time during these periods.
Waiting on Hold Tips:

• If you get stuck in a loop, while you are holding, that forces you to leave a message rather than allowing you to continue to hold for a customer service representative, dial: 00 (zero twice).

• This will take you out of that loop, and allow you to continue holding. We always recommend that the caller wait to speak to a representative instead of leaving a message and waiting for a return call.
Application Process Flow Chart

This resource provides a beginning to end guide for new KanCare applicants.

**Submitting an Application:**

- 2 ways to file an application (paper and online) and provides the necessary links, phone numbers and address.

- Who to call for application assistance (phone or in-person).

- Where to send the application.
Application Process Flow Chart

Application Process:

• How do I check the status of an application?

• How long does it take to process an application?

• What should I watch for in the mail? What notices and deadlines do I need to be aware of?

• What if I don’t have health insurance right now, but I need medical assistance?

URL for Assistance for People who are Uninsured:
http://www.kancare.ks.gov/docs/default-source/KanCare-Ombudsman/resources/assistance-for-those-without-insurance-or-high-spend-down.pdf?sfvrsn=20
Application Process Flow Chart

Notification:

• How will I find out if I am approved or denied?
• What can I do if I am denied, and I believe that is a mistake?

More Frequently Asked Questions:

• What can I do if I feel I have been waiting too long for my application to process?
• If I just need a denial letter for Marketplace, what can I do?
Application Assistance Folder is Available Online

KanCare Applications and Assistance
1. Children and Families Applications (scroll to bottom of web page)
2. Elderly and Disabled Applications (scroll to bottom of web page)
3. Medicare Savings Program Application (scroll to bottom of web page)
4. Application Assistance Guide - Where to Find Help with Medicaid Applications
5. Application Assistance Folder
   • Application Checklist
   • Documentation Checklist for KanCare Applications
   • Application Process and Frequently Asked Questions

URL for Application Assistance Folder:
http://www.kancare.ks.gov/kancare-ombudsman-office/resources
How do I check my application status?

The process is the same whether you apply on-line or on paper.

To check the status of your KanCare application you must contact the KanCare Clearinghouse.

The CH’s automated system will give you the following three options:

1. You may stay on the line to speak with a customer representative.

2. You may leave a message and they will return your call.

3. You may choose to type in your SSN and birthdate to check the status of your application.
How long does it take for an application to process?
How long until I find out I am eligible?

Center for Medicare and Medicaid Services (CMS) allows the state the following number of days to process a KanCare application:

• 45 calendar days

• **Exception:** If applicant has claimed disability on the KanCare application, but has a **pending** disability case with Social Security: 90 calendar days

• **To help avoid delays:** Applicants should watch for requests (by mail) for more or updated information, so that KDHE Eligibility Team can process your application to completion.
Watch for Requests for More Information

- The KanCare Clearinghouse may send a letter asking for additional information, which is required to process your application.

- Not turning in the documentation requested in a timely fashion will cause delays in application processing.

- Watch for deadlines on the letters. A missed deadline may cause a denial in services.
Applicants Waiting Too Long

- If someone applied for KanCare and they feel they have been waiting too long...
- Find out the date they applied (get approximate date if they don’t know).

☐ If they have been waiting less than days allotted by CMS, explain to them about the normal processing time.
For applicants waiting over the number of days allotted by CMS:

- Make sure the applicant has confirmed with the Clearinghouse (CH) that all of their required documentation has been received.

- If the CH has confirmed all required documentation has been received, and the application is still “pending” past the days allotted by CMS, the applicant may then request a state fair hearing.

Clearinghouse Contact:

Phone: 1-800-792-4884

Mail to:
Kancare Clearinghouse
PO BOX 3599
Topeka, KS. 66601-9738

State Fair Hearing:
If you would like to learn more about this option, please contact the KanCare Ombudsman at 1-855-643-8180
How will I be notified whether I have been approved or denied for KanCare services?
Notification

The person who applied will be notified by letter if their application has been approved or denied.

In the meantime, to check on status updates of your KanCare application you must contact the KanCare Clearinghouse at: 1-800-792-4884
What if I am denied, and believe it was due to a mistake?

• **Option 1:** If you contact the KanCare Clearinghouse (1-800-792-4884) and let them know that you feel there was an issue with the processing of the application, they may **Review** the application again. If any issues are found, they will be corrected, and they’ll resubmit application for **Redetermination**.

• **Option 2:** You may request a **State Fair Hearing**. If you would like to learn more about this option, please contact the KanCare Ombudsman office at: 1-855-643-8180.
When to **Request a State Fair Hearing?**

- An application or renewal denial letter will also note that the applicant or member has the option to a hearing if they feel they have cause.

- The reasoning (and supporting documentation) for a hearing would need to show the individual was denied (or not renewed) because the state did not follow the rules in processing the application, rather than show reasons why a person needs KanCare.

**Eligibility Fair Hearing Process URL:**
A Guide to Completing a KanCare Application

For the Elderly and Persons with Disabilities
A few themes to address before one begins this process.

1. Certain things you claim on the application must be backed up (additional documentation).

2. If someone is in your household, they must be on the application.

3. Fill out everything. Don’t leave anything blank.
In order to process your application, KDHE will also need proof of certain things you claimed on the application.

- You must be willing and able to provide this additional documentation.

- By sending all of the required proof up front, your application can be processed more quickly.

There is still the possibility of more information being requested. So watch your mailbox closely.

If they do not receive the documentation required from you, they cannot process your application fully.

This may include:

1. Proof of Income
2. Proof of Resources/Assets
3. Proof of Health Insurance
4. Proof of Pending Disability (if applicable)
5. Proof of Expenses
6. Proof of Representative
Report Everyone in the Household

• If someone is in your household, they must be on the application, even if they are not applying for insurance.

• If they are not applying for insurance, the information you give on them may be very basic.

C. Tell us about Yourself and the People in your home
List yourself and all persons in the household. Include those temporarily out of the home and those living in the home even if you are not applying for them. If you have more than 3 people in your home, please attach another sheet of paper and send it with your application.
Don’t Leave Anything Blank

- Fill out **everything**.
- If something does not apply to the applicant, do not leave it blank.
- Put N/A (not applicable) clearly so that the Eligibility Team knows this does not have to be investigated further.

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✅ Did you remember to:

- [ ] Fill everything out?
- [ ] Tell us about everyone in your family and household, even if they don’t need medical assistance?
- [ ] Sign this application on page 15?
Page 1, Application for Elderly & Persons with Disabilities

Gives information on:

• Who can use this application?

• How to apply?

• What type of services does KanCare cover?

• What programs can I apply for with this form?
Who Can Use this Application?

This application is for individuals who are:

• Elderly (65 and older)
• Persons with Disabilities (child or adult) - persons determined blind or disabled by Social Security rules (SSDI and/or SSI) or trying to get there (have pending disability case with Social Security)
• Reminder: Persons applying for Nursing Facility, Home and Community Based (HCBS) waiver programs, and PACE program would also use this application.

Clarification on “trying to get there (PMDT)”: Someone who has recently applied for disability through the Social Security Administration (SSA), or someone who has been denied disability by SSA, but they are actively appealing that denial.

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 for an HCBS waiver program, they’ll use the Elderly and Persons with Disabilities application.

Note on Waiver Programs (and Proof of Pending Disability): Adult consumers (18 + years of age), if not already on SSI/SSDI, must apply for SSI/SSDI if applying for any of the following HCBS Waivers: TBI, PD or I/DD.

Children under 18 do not have to apply for SS-DS, even if applying for a waiver program.
How to Apply?

To apply for medical coverage use any of the following choices:

1. Call the Clearinghouse at 1-800-792-4884 to request an application be mailed to you.

2. Applications can be downloaded from the KanCare or KDHE websites.

3. Apply online from the KanCare or KDHE websites.

- You are able to attach additional documents to the online version of the application (ex: proof of income, proof of resources, proof of health insurance, etc.).

- If the applicant decides to apply on-line and does not attach copies of these documents to the online application, they can mail or fax the documentation they need (proof of income, etc.) to the Clearinghouse separately. Please do so as soon as possible.

- Follow up with the Clearinghouse a few days later to make sure they have received both the application and the separately submitted documentation.

- While you have them on the phone, ask if there is any other documentation they need turned in at this time.

- Be on the lookout for a letter requesting more information. Responding in a timely manner will help you to avoid delays.
What type of services does KanCare cover?

This form provides us with the information we need to determine eligibility for you and your family. The following are the programs and services you can apply for with this form.

Medical Assistance programs provide medical coverage for the elderly and people with disabilities. Medical coverage may help pay for...

- Medical
- Hospital Bills
- Doctor’s Visits
- Medicine
- Medicare Premiums
- In-Home Assistance Services
- Nursing Home Care
- Institutional Care
Which Medical Assistance Programs can you apply for using this application?

On page 3, you will be asked which type of help you want for each member of your household. The definition of each type of coverage is listed below. Please refer to these when answering.

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically Needy (Spenddown)</td>
<td>This program is for elderly and disabled persons who live in the community. Based on income level, some individuals are responsible for a portion of their medical expenses (spenddown) before coverage begins.</td>
</tr>
<tr>
<td>Working Healthy</td>
<td>This program is for disabled or blind persons between the ages of 16 to 64 who are working. Based on income level, some individuals are required to pay a monthly premium.</td>
</tr>
<tr>
<td>Home and Community Based Services (HCBS)</td>
<td>This program is for persons who have a medical need for services in the community which can keep them out of an institution. There are currently 7 different HCBS programs, each with a different set of rules. Based on income level, some individuals are responsible for a portion of the cost of their care.</td>
</tr>
<tr>
<td>Nursing Home or Other Facility</td>
<td>This category of coverage is for children and adults residing in a nursing home, medical or mental health institution or similar facility for a long term stay. Based on income level, some individuals are responsible for a portion of the cost of their care in the facility.</td>
</tr>
<tr>
<td>Program of All-Inclusive Care for the Elderly (PACE)</td>
<td>This program is for disabled persons (age 55 years or older) and persons age 65 or older residing in selected counties within the state. Individuals receive long term care coverage through a managed care network. HCBS guidelines apply to individuals living in the community and institutional guidelines apply to those living in a facility. Based on income level, some individuals are responsible for a portion of the cost of their care.</td>
</tr>
<tr>
<td>Medicare Savings Program (Medicare Costs)</td>
<td>This program is for people who have Medicare and helps with some of the costs. This program pays the Medicare Part B premiums and may also pay Medicare copayments and deductibles.</td>
</tr>
</tbody>
</table>
FAQ: If I am on the Waiting List for one of the HCBS Waivers, should I wait or should I go ahead and check the HCBS box now?

If I check it now and there are no open spots in the HCBS program I want, will my application just sit at the Clearinghouse, unprocessed?

Answer: The KDHE Eligibility Team recommends that anyone interested in any of the HCBS programs should apply for KanCare right away, waiting list or not.

If you check the HCBS box before your position on the waiting list is ready, your application will still be worked for any programs the eligibility team can give them, such as Medicare Savings Program (QMB, LMB, ELMB) or a Medically Needy (Spenddown). It is OK to go ahead (and recommended) and check that HCBS box.
Medicare Costs vs. Medicare Costs ONLY

- Checking the **Medicare Costs** box alerts eligibility specialists to check for their ability to enroll in a Medicare Savings Plan.
- Checking the **Medicare Costs ONLY** box asks that Medicaid coverage not be considered, only the Medicare savings program.

If you have someone who **may be eligible for both** Medicare and Medicaid, they can complete a KanCare application (16 pages in length). Be sure to remind them to check the “I’d like help with Medicare Costs” box on page 3 of the application.

If you have someone who knows they are **not** eligible for Medicaid, but they need help with their Medicare premiums and co-payments, they can complete a Medicare Savings Program application. (3 pages in length)
Page 2

Follow these steps to apply:
- Complete this form to apply. If you need help or have questions, call 1-800-385-2455. Read the questions carefully and answer honestly. If you are applying for someone else, please answer the questions for that person.
- Sign and date this form. Your application is not complete until it is signed.
- A list of items we may need from you is on the last page of this form.

Mail your signed application form to:
Kearney District Board
P.O. Box 910
Twin Falls, ID 83301-0910
or Fax it to: 1-208-664-8255

A. Tell us why you are applying:
- To help us better meet your needs, tell us why you are applying.

B. Tell us about the primary applicant:
The primary applicant is the person receiving medical assistance.

Name (first, middle, last)  Other names used:
Home Address:  Mailing address (if different):
City: State: City: State:
County: Zip County: Zip

☐ Check here if you don’t have a home address. You still need to give a mailing address.

Home Phone:  Work Phone:  —

I would like to get information about this application by:
Email: ☐ No. ☐ Yes. Email Address:
Mail: ☐ No. ☐ Yes. Mail Address:
Tel: ☐ No. ☐ Yes. Tel Home Number:  —

What language do you speak at home? What language do you read at home?

3/3/2020
A reminder to:

- Answer honestly.
- Sign and date the last page of the application.
- Send in documentation proving what you’ve claimed.

Follow these steps to apply:

- Complete this form to apply. If you need help or have questions, call 1-800-792-4884. Read the questions carefully and answer honestly. If you are applying for someone else, please answer the questions for that person.
- Sign and date this form. Your application is not complete until it is signed.
- A list of items we may need from you is on the last page of this form.

Mail your signed application form to:
KanCare Clearinghouse
P.O. Box 3599
Topeka, KS 66601-9738
or Fax it to: 1-844-264-6285

Send in proof of what you claim (page 16).

Remember to sign & date page 15!
Page 2, Section A

• If there are services needed for a specific reason, tell us about it in this section.
• It could be as simple as writing in: “I am needing help paying for nursing home expenses.”

Examples of what might go here:

• If you have an individual that is an immigrant, refugee or asylee that fits a “Medicaid-eligible non-citizen” status, note that here, and specify the specific immigrant status along with what documentation you’re submitting with the application. *See Eligible non-citizens, on slides 72-73 of this lesson.

• If you need “Division of Assets” request that here.

• If you have an urgent medical need, and you’re requesting that your application be expedited, request that here (and attach a letter explaining the details to the front of the application).
Division of Assets

- The spousal impoverishment provisions of the Medicaid program changes the Medicaid eligibility requirements...

- when one spouse needs long term care coverage (LTC Programs: Nursing Home, HCBS and PACE) and the other does not.

The URL for **The Division of Assets Fact Sheet**:  
Division of Assets

- It protects a portion of the couple's income and resources so the spouse at home is not reduced to poverty.

- At the same time, these provisions help the spouse needing long-term medical care to qualify for Medicaid benefits, which can help in paying for that care.

FAQ: Where can I find the “Division of Assets” form to turn in with my application?

• There is no Division of Assets form available to submit before you apply. Once you’ve applied, the Clearinghouse will provide you with the appropriate forms to be completed.

• An applicant may request a Division of Assets on page 2 of the application.

• They may also call the KanCare Clearinghouse: 1-800-792-4884.

LTC Programs for which a Division of Assets (Spousal Impoverishment Provision) would be completed:

1. Nursing Home
2. HCBS
3. PACE
Primary Applicant Contact Information

What’s important to know:

- A correct phone number and correct address are important.
- When assisting a nursing facility resident, the home address entered should be the address of the facility where the individual resides.

Email and text are not important; at this time KDHE does not use these forms of communication.

What if the applicant has a P.O. Box?
An applicant can use a PO BOX as a mailing address. They have to tell the eligibility team where they physically live (in Kansas); that could be “homeless.”

Note to Nursing Homes:
People in Nursing homes must have their residential and their mailing address as the Nursing Home. If they want their mail to go elsewhere, they have to have a medical representative.
Using NF as Address on Application - FAQs

• **Question 1:** If someone is applying for Nursing Facility coverage, and they're living in the NF, they are supposed to put their physical and mailing address as the NF's address. Correct? Yes, that is correct.

• **Question 2:** What about the address for residents in a nursing home that have a spouse outside the facility? In cases where a spouse is living at home, does the applicant use the home address or the nursing facility address? The nursing facility address; the spouse will be added as a medical representative and will have his or her own address in the system (med rep will receive all same letter correspondence member/applicant receives).

• **Question 3:** If we only have a short term resident that will be going home in a few months? What address do we use then? The nursing facility address.
### Page 3

**Questionnaire**: 

#### Part 1

**Tell us about yourself and the people in your home**

1. **Full Name**: [Name]
2. **Relationship to Head of Household**: [Relation]
3. **Date of Birth**: [DOB]
4. **Social Security Number**: [SSN]
5. **Telephone Number**: [Phone]

**Additional Information**

- **Are you married?** [Yes] [No]
- **How many people live in your household?** [Number]
- **Who live in your household?** [List]

**Financial Information**

- **Monthly Income**: [Income]
- **Monthly Expenses**: [Expenses]

**Health Information**

- **Do you have any health issues?** [Yes] [No]
- **If yes, what are they?** [Details]

**Additional Comments**

- **Any other important information you wish to share?** [Remarks]

---

**Formal Note (5-30-20)**

- The form was completed by [Completer], on [Date].
- Any changes or corrections should be noted here.

---

**Form Instructions**

- Please fill in all applicable fields.
- [Optional: Instructions for filling out the form]
Tell us about yourself and the people in your home:

- The individual needing medical assistance should be entered as **Person 1** (if they are an adult, 18+ years).
- Their spouse would be entered as **Person 2**. The spouse’s information must be entered, even if they do not need medical assistance.
- And anyone else living in the household would be entered as **Person 3** (even if they do not need medical assistance).

You will need to attach another sheet of paper if more than three people reside in the home.

**What if individual needing assistance is under 18 years old?**
If adult is filling out the application for someone younger than 18, the adult is Person 1 and the child is Person 2, even if the adult does not need medical assistance.
Family members, friends and neighbors helping someone to complete the application:

They will **not** include their information in this section unless they are a member of the household.

C. Tell us about Yourself and the People in your home

List yourself and all persons in the household. Include those temporarily out of the home and those living in the home even if you are not applying for them. If you have more than 3 people in your home, please attach another sheet of paper and send it with your application.

<table>
<thead>
<tr>
<th>Person 1 Yourself</th>
<th>Person 2</th>
<th>Person 3</th>
</tr>
</thead>
</table>

64
Mistakes often made on Page 3, Section C:

- Many who assist nursing home residents may think they should enter information about themselves here. **This is incorrect.**
- Adult children holding Durable Power of Attorney (DPOA) often enter their information here. **This is incorrect (unless they are also living in the household of the individual applying for medical assistance).**
Non-household members helping someone with the application:

If the person assisting them is not living with the applicant, they will complete the information on page 14 instead.

If you claim that you are guardian, conservator, have DPOA, or payee, be sure to submit proof with the application.
Report Everyone in the Household

• If they are not applying for Medicaid coverage - You still need to include them.

• If they are not applying for insurance, the information you give on them may be very basic.

Each medical program has different income/asset rules.

On the application, list each person who is living in your home. The eligibility worker will decide who must be included in your household to determine if you’re eligible for a specific program.

Different income/asset rules apply to different programs. Sometimes:

• For adults: The income/assets of the person needing coverage and their spouse is used.

• For adults: The income/assets of only the person needing LTC coverage is being counted, after a Division of Assets has been completed.

• For children: The income of the children and the parents who live with them is counted.

• For children: The income of only the child is counted.

• Some programs count assets/resources, and some do not.
List Each Member of Your Household

For Example:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Person 1 Yourself</th>
<th>Person 2</th>
<th>Person 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rickey</td>
<td>Lucy</td>
<td>Howard</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Last Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maiden Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How is this person related to other household members?</td>
<td>Person 1 is my:</td>
<td>Self – Person 1</td>
<td>husband</td>
</tr>
<tr>
<td></td>
<td>Person 2 is my:</td>
<td>Self – Person 2</td>
<td>wife</td>
</tr>
<tr>
<td></td>
<td>Person 3 is my:</td>
<td></td>
<td>son</td>
</tr>
</tbody>
</table>
Who Needs Medical Assistance & Which Type

- Once each member of your household has been listed...
- Make sure you’ve distinguished whether or not they are to be included in the request for Medicaid coverage
- By checking **yes** or **no** boxes

### C. Tell us about Yourself and the People in your home

List yourself and all persons in the household. Include those temporarily out of the home and those living in the home even if you are not applying for them. If you have more than 3 people in your home, please attach another sheet of paper and send it with your application.

<table>
<thead>
<tr>
<th></th>
<th>Person 1 Yourself</th>
<th>Person 2</th>
<th>Person 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this person applying for medical assistance?</td>
<td>□ No □ Yes</td>
<td>□ No □ Yes</td>
<td>□ No □ Yes</td>
</tr>
</tbody>
</table>
Who Needs Medical Assistance & Which Type

- If you have checked **Yes** (this person is applying for medical assistance)
- Be sure to indicate what types of assistance this person needs.
- Check all that apply.
Who Needs Medical Assistance & Which Type

It is important to check the right types of assistance to speed up application processing time.

Important Note to Nursing Homes:
- Does your facility have both “skilled nursing” and “assisted living” sections? If so, it is very important to know which section the resident is living in. Leaving the correct box blank or marking the wrong “type of assistance” will add to the application processing time.

- If the resident applying for medical assistance is residing in the “skilled nursing” section of your nursing home, you MUST check “nursing home.”

- If the resident applying for medical assistance is residing in the “assisted living” section of your nursing home, you MUST check “HCBS.”

- If you have a family that is helping your resident apply for Medicaid, make sure they know which program to apply for (which box to check). Many families are not familiar with the difference between “assisted living” and “nursing home.”

Another Note to Nursing Homes:
What items must be completed and submitted in order to fully process the KanCare application?

1. KanCare Application for the Elderly & Persons with Disabilities (KC-1500)
2. 2126 form must be completed and submitted (by the facility, NOT by the consumer) for all admissions and discharges
3. CARE Assessment (indicates the resident meets the level of care to be in the facility) is completed by KDADS/ADRC.
Not sure which program to apply for?

- If you’re not sure...
- Refer back to page 1 of the application.
- Definitions of the different types of assistance available.

• **Guardian** - a person who is entrusted by law with the care of the person or property, or both, of another, as a minor or someone legally incapable of managing his or her own affairs.

• **Conservator** - a legal guardian; a custodian.

• If Yes, complete additional questions of page 14.

• If Yes, it should be your signature on the application on page 15.

Does this person have a guardian or conservator?

☐ No  ☐ Yes
### Persons L, K, and J (continued)

Please continue to answer questions about yourself, Person J, and Person K. Write their names on the first line.

<table>
<thead>
<tr>
<th></th>
<th>Person L</th>
<th>Person K</th>
<th>Person J</th>
</tr>
</thead>
<tbody>
<tr>
<td>First and Last Name</td>
<td>[Name]</td>
<td>[Name]</td>
<td>[Name]</td>
</tr>
<tr>
<td>Address</td>
<td>[Address]</td>
<td>[Address]</td>
<td>[Address]</td>
</tr>
<tr>
<td>City/State/Zip</td>
<td>[City/State/Zip]</td>
<td>[City/State/Zip]</td>
<td>[City/State/Zip]</td>
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<tr>
<td>Phone</td>
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</tbody>
</table>

#### Name and Source of Income

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<th></th>
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<th>Person K</th>
<th>Person J</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>[DOB]</td>
<td>[DOB]</td>
<td>[DOB]</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>[SSN]</td>
<td>[SSN]</td>
<td>[SSN]</td>
</tr>
<tr>
<td>Employment Income</td>
<td>[Income]</td>
<td>[Income]</td>
<td>[Income]</td>
</tr>
<tr>
<td>Self-Employment Income</td>
<td>[Income]</td>
<td>[Income]</td>
<td>[Income]</td>
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<tr>
<td>Child Support</td>
<td>[Amount]</td>
<td>[Amount]</td>
<td>[Amount]</td>
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<tr>
<td>Pension</td>
<td>[Amount]</td>
<td>[Amount]</td>
<td>[Amount]</td>
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<tr>
<td>Veteran's Benefits</td>
<td>[Amount]</td>
<td>[Amount]</td>
<td>[Amount]</td>
</tr>
<tr>
<td>Social Security</td>
<td>[Amount]</td>
<td>[Amount]</td>
<td>[Amount]</td>
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<tr>
<td>Medicare</td>
<td>[Amount]</td>
<td>[Amount]</td>
<td>[Amount]</td>
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<tr>
<td>Other Government</td>
<td>[Amount]</td>
<td>[Amount]</td>
<td>[Amount]</td>
</tr>
</tbody>
</table>

#### Family Member Contact

<table>
<thead>
<tr>
<th></th>
<th>Person L</th>
<th>Person K</th>
<th>Person J</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>[Name]</td>
<td>[Name]</td>
<td>[Name]</td>
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<tr>
<td>Relationship</td>
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<td>[Relationship]</td>
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<tr>
<td>Phone</td>
<td>[Phone]</td>
<td>[Phone]</td>
<td>[Phone]</td>
</tr>
</tbody>
</table>

#### List of Other Income

- [ ] Fisherman
- [ ] Farming
- [ ] Self-employed
- [ ] Child support
- [ ] Veteran's benefits
- [ ] Social Security
- [ ] Medicare
- [ ] Other government

#### List of other sources

- [ ] People with whom you share housing
- [ ] Assisted living
- [ ] Homeless
- [ ] Nursing facility or other institution
- [ ] Other

**Note:** Please answer these questions for yourself, Person J, and Person K.
• Applicants are asked to continue answering questions about themselves and persons in their household.

• It is important to enter the applicant’s social security number and the social security number for anyone living in the household (even if not applying for medical assistance) to avoid processing delays.

**Note:** The Eligibility Team needs Social Security Numbers (SSNs) for everyone applying for medical assistance. **People on the application who are not applying for medical assistance for themselves may choose not to give their SSN.**

But if there is income to allocate, for example, from a spouse who lives in a nursing home to a spouse who lives in the community (or for another long term care program), having the SSNs for both can speed up the application process.

The Eligibility Team uses SSNs to check income and other information to find out who qualifies for medical assistance.

**Note:** If someone does not have a SSN, call 1-800-772-1213 or visit [www.socialsecurity.gov](http://www.socialsecurity.gov).
To be potentially eligible for KanCare, an individual must be:
1. Kansas resident and
2. US Citizen or a eligible non-citizen
Eligible Non-Citizen

To be considered eligible for any of the KanCare medical assistance programs, non-U.S. citizens must:

- Hold legal residency in the U.S. for 5 years or more or
- Hold a certain immigration status and be able to submit certain documentation.

<table>
<thead>
<tr>
<th>Name (First, Middle, Last)</th>
<th>Document Type</th>
<th>Immigration number</th>
<th>Immigration status</th>
</tr>
</thead>
</table>

*Immigration Status: Please provide immigration status for everyone applying who is NOT a U.S. citizen. (Please note: Applying for KanCare medical assistance does not affect your immigration status.)*
Which immigrant statuses do not require 5 years legal residency?

Those individuals with a status listed below (Eligible Non-Citizens, KEESM Code: 2140):

1. Refugees admitted under 207 of the Immigration and Nationality Act (INA)
2. Asylees granted asylum under 208 of the INA
3. Aliens whose deportation has been withheld under Section 243 (h) of the INA
4. Cuban or Haitian entrants as defined in section 501 of the Refugee Education Assistance Act of 1980;
5. Non-citizens who are certified victims of severe forms of trafficking, and some family members, who are admitted to the U.S. as refugees under section 207 of the INA.

For the most updated and additional information, see the Medical KEESM Manual: https://www.kancare.ks.gov/policies-and-reports/kdhe-eligibility-policy/manuals
(Search KEESM with code 2140, then look for code 2142.1 Eligible Non-Citizens, and 2142.2 Non-Citizens Who Qualify After 5 years).

How to find possible Eligible Non-Citizen statuses:


➢ Type in the word(s) to search for: 2142.1 (Eligible Non-Citizens)

See the KanCare Ombudsman General Information Fact Sheet on Medical Assistance for Refugees, Asylees and Immigrants, URL: http://www.kancare.ks.gov/docs/default-source/KanCare-Ombudsman/resources/general-fact-sheets-(english)/refugee---immigration-fact-sheet.pdf?sfvrsn=4
What documentation proves Medicaid-eligible immigration status?

- The KDHE Eligibility Team must have proof that the applicant(s) have applied for Social Security (as all Medicaid recipients must have a Social Security Number to receive Medicaid). Once the applicant has received a Social Security Number, they are required to update KanCare with that information.

- Additional documentation such as I-94, Travel Documents, Employment Authorization Card (EAD) and Green Card may also be required in these cases.

- See the Office of Refugee Resettlement (ORR) State Letter for specifics on what documentation is required: <www.acf.hhs.gov/sites/default/files/orr/orr_state_letter_508_0.pdf>

- KanCare Ombudsman office recommends that you send all of your required documentation with the KanCare application, to help avoid delays.

We also recommend that you attach a letter or note clearly on the front of the application explaining that the applicant is a potentially eligible non-citizen and note what citizenship/alien status documentation you’ve enclosed with the application.
### Place of Birth, Race & Ethnicity (optional)

<table>
<thead>
<tr>
<th>State and Country of birth</th>
<th>Race (optional)</th>
<th>Check all that apply</th>
<th>Ethnicity (optional)</th>
<th>If Hispanic/Latino ethnicity, check all that apply</th>
</tr>
</thead>
<tbody>
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<tr>
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<td>Puerto Rican</td>
<td>Puerto Rican</td>
<td>Puerto Rican</td>
<td>Puerto Rican</td>
</tr>
</tbody>
</table>
Also in this section, Page 4...

New Baby?

Has this person delivered a baby in the last 3 months?

☐ No  ☐ Yes

Emergency Care in the Last 3 Months?

Did this person have emergency care in the last 3 months to save life, organs, or bodily function?

☐ No  ☐ Yes
What about non-citizens that are not eligible for KanCare?

- SOBRA (Sixth Omnibus Budget Reconciliation Act) is a fee-for-service (state pays the provider directly, no MCO) plan for persons who do not meet citizenship/immigration requirements.
- Persons must still meet income and asset rules to qualify.

Covers only:

- Life-threatening emergency care costs (SOBRA Emergency) and
- Birth/delivery services (SOBRA Labor and Delivery)
What are the SOBRA Income and Asset Requirements?

Depends on the path. SOBRA is not a standalone program, but one that is attached to other categories.

For example:

• If a woman is applying for **SOBRA – Birth and Delivery**, the eligibility team would attach it to the KanCare **Pregnant Woman Program**.

• And the income and asset/resource limits would match that of the Pregnant Woman Program. So there’d be no resource/asset limits, and the income limits would be the same you see on the KanCare Pregnant Woman Fact Sheet.

• However, even if she were over the income limit for the Pregnant Women program, she might still qualify for the KanCare **Medically Needy Program** (which would mean she’d be eligible, but have a spenddown).

Populations that may qualify for Medically Needy: Age 65 and over, Children under 19, Persons with Disabilities, Pregnant women.

Asset/Resource Limits for Medically Needy: For pregnant women and children, there is no resource test. For seniors and people with disabilities, there is a resource limit of $2000 for singles and $3000 for couples.

The Long Term Care programs, HCBS, PACE and Nursing Home are the only programs that SOBRA could not be attached to.
General explanation of SOBRA income and asset limits

For Families with Children, Pregnant Women and Children programs:

• No asset/resource limits (because there are no asset/resource limits on those KanCare programs).

• Then their income limit would be the same as the program they’d match with or be attached to (Parent/Caregiver, Child or Pregnancy Program).

• If their income was over the limit for one of the programs just mentioned, they may still qualify for SOBRA with a spenddown (because SOBRA would then be attached to the Medically Needy Program).
General explanation of SOBRA income and asset limits

For people over 65 or those with disabilities (determined by Social Security rules):

- $2,000 asset/resource limits (for single individuals) because these are the asset/resource limits on those KanCare programs.
- Then they may or may not have a spenddown, depending up on their income.
- SOBRA cannot be attached to any of the Long Term Care Programs (Examples: HCBS, PACE, or Nursing Facility), nor to any non-Medicaid programs (Examples: MediKan, Medicare Savings Programs)

Populations that may qualify for Medically Needy: Age 65 and over, Children under 19, Persons with Disabilities, Pregnant women.

Asset/Resource Limits for Medically Needy: For pregnant women and children, there is no resource test. For seniors and people with disabilities, there is a resource limit of $2000 for singles and $3000 for couples.
How do I apply for SOBRA?

• If applying for SOBRA – Labor and Delivery, apply after your baby has been born. It’s not something you can apply for ahead of time.

• The individual has to apply for coverage using the KanCare application, but again, only after the incident.

• You could write SOBRA on the application (at the top, in big letters) but the Clearinghouse should be able to figure out that it’s a SOBRA applicant without the SOBRA heads up.

• Once KDHE’s eligibility team starts the SOBRA process they will mail the hospital a SOBRA form to fill out.

• KDHE only gives the hospital the SOBRA form once they’ve determine the person is financially eligible.

FAQ: How long after the life-threatening emergency or birth/delivery can someone apply for SOBRA? I realize they’ll usually sign up at a hospital when this emergency or birth/delivery occurs. But if they did not, and someone at a clinic, for example, helps them to sign up later...is it 3 months like many other programs? Yes

Answer: Yes, 3 months. They must complete an application to be considered for the program.
Need Help Paying Medical Bills from the Last 3 Months?

- Mark this question **yes** if the applicant needs help paying medical bills that occurred 3 months prior to the month of application.

- Not all KanCare programs are retroactive and have the ability to pay for previous medical bills, but some programs do.

- The applicant must mark this question **yes** to allow KDHE to review their eligibility for 3 months prior to the month of application.

This includes Medicare premiums!

**Note to Nursing Homes:**

- It is important to mark this question **yes** if the applicant has been a resident in your facility months prior to completion and submission of this application.

- For example, if the resident was admitted into the facility in on January 10th but the application was not submitted until February 9th, they must mark this question **yes** to allow KDHE to review the applicant’s eligibility for January.
Did you request help with medical bills in the past 3 months?

- If so, there are additional questions to answer on page 5.
- Applicant may be eligible for same or different programs during that time.

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**Asking about changes in:**
- Income
- Assets/resources
- Who’s living in the household

See notes on each of these questions in the **Page 5** section of this guide.
Current Living Situation?

Which of the following best describes this person’s current living situation?

- Own home
- Renting
- Live with someone else
- Assisted Living
- Hospital
- Nursing Facility or other institution
- Other
### Person 1, 2, and 3 (continued)
Please continue to answer questions about Yourself, Person 2 and Person 3. Write their names on the first line.

<table>
<thead>
<tr>
<th></th>
<th>Person 1</th>
<th>Person 2</th>
<th>Person 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of person</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Age</td>
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<tr>
<td>Gender</td>
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<tr>
<td>Race/ethnicity</td>
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</tr>
</tbody>
</table>

- **Marital Status:**
  - [ ] Single
  - [ ] Married
  - [ ] Widowed
  - [ ] Divorced
  - [ ] Separated

**Additional Information about the People in Your Household**

1. **Added or Removed:**
   - Has anyone added to the household in the last 3 months?
     - [ ] Yes
     - [ ] No
   - Has anyone removed from the household in the last 3 months?
     - [ ] Yes
     - [ ] No

2. **Housing Changes:**
   - Has the main home or changes in the household location in the last 3 months?
     - [ ] Yes
     - [ ] No
   - Has there been any changes in the household location in the last 3 months?
     - [ ] Yes
     - [ ] No
   - Has there been any changes in the household location in the last 3 months?
     - [ ] Yes
     - [ ] No

**Please note:**
- Please provide missing data and information applying to BOTH household and occupant information.
- **Additional Questions:**
  - [ ] Yes
  - [ ] No

**Contact Information:**
- **Phone:**
- **Email:**
- **Address:**

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3/3/2020
Questions about Current and Previous Living Arrangements

• Is this person living outside the home? Answer yes or no. If yes, explain why they are living there.

• If the applicant is residing in a nursing home, please answer this question yes.
Date Expected to Return Home?

• If the stay in a facility is temporary, please indicate the date of potential return to home.

• If the stay in a facility is permanent, please indicate permanent stay.

Facility examples (away from home):

- Assisted Living
- Hospital
- Nursing Facility or other institution
- Other
Name of the Facility?

- It is very important to list the name.
- If this is a **swing bed facility** please list the hospital name and indicate swing bed facility afterward.

Swing bed facility - an alternative to prolonged acute hospitalization or short term nursing facility placement for post-acute extended care.

The **swing bed** program provides **skilled nursing care** and **rehabilitation services**.

If not sure, ask the facility what the facility if they were considered a swing bed facility during any time of the individuals time with them.
Date Admitted & Discharged

It is important to enter the date of admission and/or discharge.

<table>
<thead>
<tr>
<th>Date Admitted</th>
<th>/ / /</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Discharge</td>
<td>/ / /</td>
</tr>
</tbody>
</table>

Note to Nursing Homes:

It is also important for the facility to submit a complete **MS-2126 form** to verify the dates, to determine eligibility and payment approval.

*The consumer will not know what this is; it must be submitted with the application by the long term care facility.*
Ever been in a nursing facility for more than 30 days in a row?

- Please list the admission through discharge dates in month/day/year format when answering this question.

- This question is specific to an applicant who has a spouse, and the applicant is requesting Nursing Home, PACE or HCBS coverage.

<table>
<thead>
<tr>
<th>Has this person ever been in a hospital or nursing facility for more than 30 days in a row?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No □ Yes</td>
</tr>
</tbody>
</table>

| If yes, when? (MM/DD/YY through MM/DD/YY)                     |

- KDHE needs to know the applicant’s first 30 days stay in a hospital or nursing home.

- This will determine the month and year KDHE’s Eligibility Team requests resources to determine how much a spouse can protect of the couple’s resources.
Ever Served in the Military?

- If the applicant has ever served in the military, there is the potential of cash benefits from the Veteran’s Administration (VA).

- It is a requirement if you are a veteran, or spouse or current widow of a veteran, (1) to apply for cash benefits from the VA, or (2) submit a letter saying that they are not eligible for cash benefits.

- To apply or for help in getting a letter saying you are not eligible, you can contact the VA Benefits Assistance Service at 1-800-827-1000 or their local KS Commission on Veterans Affairs office.

- Local office locations: https://kcva.ks.gov/veteran-services/office-locations

<table>
<thead>
<tr>
<th>Has this person served in the military?</th>
<th>□ No □ Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this person the spouse or widow of someone who served in the military?</td>
<td>□ No □ Yes</td>
</tr>
<tr>
<td>What is this person’s VA file number?</td>
<td>□</td>
</tr>
</tbody>
</table>
Does this person pay out-of-pocket for medical expenses?

• You can enter the applicant’s private or Medicare supplemental insurance premiums here.

• If the applicant has ongoing medical expenses that they pay out of pocket for, you can list this here.

| Does this person pay for medical expenses? | ☐ No ☐ Yes |
| How much is the expense? | $ |
| How often? | |
| Describe the expense: | |

Members may be able to reduce the amount they owe on their Client Obligation (or on their Spenddown) by submitting receipts for medical costs **not** covered by Medicaid or other insurance.

**Examples of Allowed Expenses:**

• Health Insurance Premiums

• Medicare Premiums

• Medically necessary expenses that Medicaid, Medicare and other health insurance does not cover (for members’ non-covered medical expenses)
Did you request help with medical bills in the past 3 months (3 months prior to month of application)?

If so, there are additional questions to answer on page 5.

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</tr>
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</tr>
<tr>
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<td></td>
</tr>
<tr>
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<td>□ No □ Yes</td>
</tr>
<tr>
<td>If yes, tell us about the asset changes:</td>
<td></td>
</tr>
</tbody>
</table>

Asking about changes in:
1. Household
2. Income
3. Assets/resources
Changes in Household (3 months prior to application month)?

- It is important to document if the applicant was in another living arrangement during the 3 months prior to the application month.
- Where they in another facility, hospital, assisted living, or in their own home?
- KDHE may determine eligibility for a different medical program in the prior 3 months based on their living arrangement.

Help with medical bills in the past 3 months
Because you have requested help paying medical bills in the past 3 months

Have there been any changes in the household during the last 3 months? (People moving in or out)

☐ No  ☐ Yes
Changes in Income (3 months prior to application month)?

- In some cases, applicants have worked in prior months, but are now unable to work and are in need of medical assistance.

- It is important to list any wages and provide copies of pay stubs for each of the prior medical months.
Changes in Assets (3 months prior to application month)

- **For example:** Did the applicant close a savings account and use the funds to set up a funeral arrangement?
- If so, KDHE would need verification that (1) the savings account had been closed and (2) a copy of the funeral arrangements.

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</tbody>
</table>

*P5, L18-24*
Federal Income Tax Information

We have some questions about how you plan to file your taxes. Answer:

<table>
<thead>
<tr>
<th>Category</th>
<th>Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>First and Last Name</td>
<td>Person 1 Yourself</td>
</tr>
<tr>
<td>Based on your current situation, does this person plan to file a federal income tax return?</td>
<td>No, Yes</td>
</tr>
<tr>
<td>1. Will this person file jointly with a spouse?</td>
<td>No, Yes</td>
</tr>
<tr>
<td>If yes, name of spouse</td>
<td></td>
</tr>
<tr>
<td>2. Does this person have any dependents on their tax return?</td>
<td>No, Yes</td>
</tr>
<tr>
<td>If yes, list name(s) of dependents</td>
<td></td>
</tr>
<tr>
<td>3. Is this person claimed as a dependent on someone else’s tax return?</td>
<td>No, Yes</td>
</tr>
<tr>
<td>If yes, list the name of the tax filer</td>
<td></td>
</tr>
<tr>
<td>How is this person related to the tax filer?</td>
<td></td>
</tr>
</tbody>
</table>

This is aimed at how the applicant will file their taxes the following April (not how they have previously filed).

Please answer the tax information questions for the:

1. Primary applicant and any
2. Dependents (even if they are not applying for medical coverage).
Tell Us If You Are Disabled

This section asks:

• If anyone in the household has a documented disability, lasting more than 12 months or that will result in death
• About Social Security Benefits (SSI or SSDI), application for disability benefits or previous denials and appeal dates
• Exacerbation of current disabilities (since last filing)
• Presence of new disabilities (since last filing)

Note on Social Security Disability Determination:
If not already on SSI/SSDI, the consumer must apply for SSI/SSDI if 19 years of age or older and applying for one of the following HCBS Waivers: BI, PD and IDD.

Prior to the 19th birthday they don’t need SS-DS determination when seeking HCBS services.
Already have a disability determination from Social Security? (SSI or SSDI)

If the individual has already been determined disabled by the Social Security Administration, they would answer lines 14-16.

If any of the following questions do not apply to you, put N/A (non-applicable)...Don’t leave anything blank!
Not Determined Disabled Yet?

- Each question in Section D will need to be answered if the individual is under the age of 65 and has **not yet been determined disabled by the Social Security Administration**.

- If a lawyer is involved with the disability case, list them.

---

**Note on Pending Disability Cases with Social Security Administration (SSA):**

If the disability has not yet been determined by SSA, **applicant must submit documentation with the application** that proves they are applying for (or appealing a denial of) disability benefits through the Social Security Administration.

**What verification documentation is needed to prove a pending disability case with the SSA?**

1. an appointment letter or
2. (copy of the appeal with SSA for recently denied disability determination or
3. something from your most recent mail from the SSA that shows you have a pending disability case.
**Page 7- RESOURCES**

- Be honest and complete. Put everything in here, and let the eligibility team sort it out.
- Not everything you put in this section will be held against you.
- Deductions exist, so make sure you report all money in each specific category.
- Anything you put here will need to be backed up with a statement from the bank or applicable governing body.

**Assets:**
Most plans have asset limits. The state may not count some assets.

**The state does not count:**
- the home where you live (or the land that it sits on)
- one car
- some burial plans
- furniture and household items

**The state DOES count other assets:**
- bank accounts
- stocks and bonds
- most life insurance policies
- Etc.
The Eligibility Team needs to know about your resources, to determine if you qualify for benefits.

If you answer yes to any of these items, you must provide details about the resource.

<table>
<thead>
<tr>
<th>Type of Resource</th>
<th>Name(s) on Resource</th>
<th>Amount or Value</th>
<th>Where is Resource Held? (Name of Bank, Credit Union, or Company)</th>
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</thead>
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<td>□ No □ Yes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Checking Account</td>
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<tr>
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<tr>
<td>Certificate of Deposit (CD)</td>
<td>□ No □ Yes</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Retirement Plan</td>
<td>□ No □ Yes</td>
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<td>□ No □ Yes</td>
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<td>□ No □ Yes</td>
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<tr>
<td>Other:__________________</td>
<td>□ No □ Yes</td>
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<tr>
<td>Other:__________________</td>
<td>□ No □ Yes</td>
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- If you have more than 1 of any of these items, you may need more room to write the required details.
- If you need more room, attach additional pages.
Checking & Savings Accounts

Checking Account:
• KDHE needs copies of your checking account(s) statement(s) with a full month of activity.

• Provide statements for each month you are requesting coverage.

• If you have more than one checking account, please use the extra lines in this section (“Other____”) or add another page.

Savings Account:
• Provide statements for each month you are requesting coverage.

• If you have more than one savings account, please use the extra lines in this section (“Other____”) or add another page.
Certificate of Deposits (CODs) & Retirement Plans

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Certificate of Deposit:

- These are the same as a savings account.
- Provide statements for each month you are requesting coverage.

Retirement Plan:

- This could be an IRA, 401K or other account or funds set up for retirement.

- KDHE requires a statement which reflects the “owner” and the “balance.”
Nursing Facility Accounts and Stocks & Bonds

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Nursing Facility Account(s):

- **Resident Trust Fund** OR **Resident Care Home Account**.
- These are the same as a checking account.
- Provide statement(s) with a full month of activity.
- Provide statements for each month you are requesting coverage.

Stocks:

It is important to indicate the “type of stock” AND a statement showing the current value of that stock.

Bonds:

Please provide a copy of your bond(s).
Funeral Arrangements & Burial Plans

Make sure you have the following documentation.

**Funeral or Burial Plans:**
- It is a requirement to verify if a funeral arrangement will be considered an resource to an applicant.
- Please provide a copy of the funeral arrangements.

The copy of these funeral arrangements need to contain:
1. An itemized statement of goods and services,
2. A statement signed indicating that the arrangements are *irrevocable*, and
3. How the arrangements were funded

**Burial Plots:**
Just indicate if they have one.

**Regarding the cap on “exempt funeral arrangements”**
- There is no limit to the amount of merchandise or the actual burial space/plot included in an irrevocable funeral plan. Items that would be considered burial space items or merchandise are the casket, urn, outer burial container, headstone/monument, engraving, opening/closing of the grave, internment, etc.

- **There is a limit of $7,000 for funeral services included in an irrevocable funeral plan. Any services in excess of $7,000 would be considered a countable resource.** Services include the funeral/memorial service, viewing/visitation, transportation, obituary notices, services of the funeral director and staff, honorariums, flowers, etc. This information may be found in the Medical KEESM section 5430(10).
Does anyone in the household have a vehicle?

Put all vehicle info down - anyone in the house owning a vehicle needs to be included.

The state does not count the following as assets:
• the home where you live (and the land it sits on)
• one car – your newest, most expensive vehicle (note: if your second and third cars for example are 7 years old or older, may count the value as $100). Note: Depending on the car, old and high value classics for example, may be assessed differently.
• some burial plans
• furniture and household items
Life Insurance

• It is very common for most applicants to have a life insurance policy.
• The state counts most life insurance policies as assets.
• Not sending in your verification of life insurance policies with your application will increase the application processing time.

To verify a policy, we ask the applicant to request a letter from the insurance company, which will contain:

1. the policy number
2. policy owner
3. type of policy (whole life or term)
4. face value,
5. cash value and
6. any loans which have been taken out against the policy

Note: Term life insurance isn’t usually a problem. It’s the “cash value” of a Whole life policies that will count as a resource.
What if a current member goes over their resource limit?

- Note that not all programs have a $2,000 resource/asset limit, but many do.

For example:

- Once a member goes over the $2,000 limit, they are supposed to report it to the Clearinghouse within 10 days. Then the Clearinghouse would have to react to it and close the case.

- The member will then need to show proof that he/she is under the $2,000 and where the money went (proof from checking account, etc.).

- If the member spent down the excess funds fast enough, they could go over the limit and then back under the limit all in one month, and would never lose any months of eligibility.

What can you “Send down” someone’s resource on, to meet that $2,000 limit?

- The member or their family cannot spend it on anyone other than the member/applicant. And you’ll need to show the money trail (proof of where the money went).

- You could spend it on: Clothes, Burial Plan, TV, etc. (only for the member/applicant). The correct way to spend it is on member’s needs.

- If want to talk to someone about what you can/cannot spend it on, contact the KanCare Clearinghouse at 1-800-792-4884.

- If they cannot figure out what to spend it on they can prepay Estate Recovery at 785-296-6707.
Home Ownership

• It is important to list the information about an applicant’s home.
• Does the applicant live in a facility while the spouse still lives in the home?
• Does the applicant living in a facility (nursing home, assisted living, etc.), intend to return home?
• All of these things make a difference in eligibility determination.

The state does not count the following as assets:
• the home where you live (or the land that it sits on)
• one car
• some burial plans
• furniture and household items
What if the applicant is living in a Nursing Home (or some other LTC facility)?

• When answering the question, “If the owner does not live there, does the owner intend to return home?”

• What if the applicant living in the nursing home miraculously gets better, would they return to this home?

• If they would want to return home, even if it is wasn’t very likely, it is appropriate to answer this question yes.

**Regarding Nursing Facility coverage:** Single persons must have assets below $2000. **We will not count the value of the home if the person intends to return home.**

**What happens if an individual ends up in the NF for over 3 months?**

If someone is in a LTC facility for 3 months, at month 4, they are considered permanent,“ regardless if they intend/hope to return home if they make a miraculous recovery.

**Answer:** They can mark on the application whatever they like (temporary or permanent stay); if it turns from a temp stay to a permanent stay, KanCare will change the coding at that time.
Other Real Estate

• This question does **not** include the land that the applicant’s primary residence sits on.

• If they own other land or buildings, please document that here.

The state does not count the following as assets:

• the home where you live (or the land that it sits on)
• one car
• some burial plans
• furniture and household items
**Life Estate or Life Interest in any Property?**

- If the applicant has no idea what this is, most likely they do **not** have one.
- What is a Life Estate? It is a form of joint ownership that allows one person to remain in a home until his/her death. Then the home passes to another owner.

### Table

<table>
<thead>
<tr>
<th>6. Does anyone in your household have a life estate or life interest in any property?</th>
<th>□ No □ Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, complete the following.</td>
<td></td>
</tr>
<tr>
<td>Describe Property</td>
<td></td>
</tr>
<tr>
<td>Owners</td>
<td>Address</td>
</tr>
<tr>
<td>List date life estate created:</td>
<td>/ /</td>
</tr>
<tr>
<td>Value of Property</td>
<td>$</td>
</tr>
</tbody>
</table>
Do you have a TRUST?

• If the applicant owns a trust, document it here.

• But it is also important to document all the assets that are part of the trust on page 7 (Tell us about your Resources section) of the application as well.

• If marked yes, KDHE will need a full copy of the entire trust along with all the schedules.

7. Does anyone in your household have a trust?  □ No  □ Yes  If yes, complete the following.

<table>
<thead>
<tr>
<th>Type</th>
<th>Owners</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

P8, Lines 7a-7b
This section describes annuities owned by the applicant or their spouse.

If the individual owns an annuity, the state of Kansas must be named as the beneficiary of any annuity which they own that was purchased on or after February 8, 2006.

The individual agrees to make this assignment once they sign the application.

What is an annuity?
An annuity is a fixed sum of money paid to someone each year, typically for the rest of their life. It might be an inheritance passed down or a form of insurance or investment.

Annuity Examples:
• “He left her an annuity of $1,000 in his will."
• The investor is entitled to a series of annual sums from "an annuity plan."
Does Someone Owe You Money?

For example:

Did the applicant loan someone $8,000 six months ago?

9. Does anyone owe you money through a promissory note or other loans? □ No □ Yes
If yes, explain ________________________________
Other Assets

10. Does anyone in your household have other assets (such as an R.V., trailers, boats, livestock, oil rights, machinery, etc.)?  □ No □ Yes  If yes, complete the following.

<table>
<thead>
<tr>
<th>Describe Asset</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owners</td>
<td>$</td>
</tr>
<tr>
<td>Describe Asset</td>
<td>Value</td>
</tr>
<tr>
<td>Owners</td>
<td>$</td>
</tr>
</tbody>
</table>

This would include things such as:

- Motorcycles
- Tractors
- Farm equipment
- Trailers
- R.V.s
- Boats
- Livestock
- Oil Rights
- Machinery
11. Have you or your spouse taken a loan against any property in the last five years, including a second mortgage or reverse mortgage?  □ No □ Yes
12. Have you or your spouse ever entered into an inheritance or will?  □ No □ Yes
13. Have you or your spouse ever worked with an attorney or other professional for Estate Planning purposes?  □ No □ Yes. If yes, complete the following:

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. Have you or your spouse sold, traded, given away or changed ownership of any property such as a house or vehicle, or any other property in the last 5 years?  □ No □ Yes. If yes, complete the following:

<table>
<thead>
<tr>
<th>Date</th>
<th>Type of Property</th>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Tell us about your current income:

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Gross Income</th>
<th>Taxable Income</th>
<th>Net Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answered "No" to any of the above questions, please explain:

- Other income sources?
- Income from investments?
- Income from rental property?
- Income from business?
- Income from other sources?

If you answered "Yes" to any of the above questions, please explain:

- How was the income received?
- How was the income taxed?
- How was the income verified?
Have you taken a loan against any property in the last 5 years?

- Have you or your spouse taken out a loan against any property in the last 5 years, including a second mortgage or reverse mortgage?

- **Reverse Mortgage** – a loan available to homeowners 62 years or older that allow them to convert part of the equity in their home into cash.

- If the individual has one, the eligibility team will need the contract from the reverse mortgage that shows the gross amount of money they get from it.

11. Have you or your spouse taken a loan against any property in the last five years, including a second mortgage or reverse mortgage?  □ No  □ Yes
Did you waive any rights?

12. Have you or your spouse ever waived rights to an inheritance or will?

☐ Yes

☐ No
Estate Planning Attorneys/Professionals?

• Estate Planning is the process of arranging during a person’s life for the disposal of their estate.

• If the applicant has paid for someone to help them manage assets, list those professionals here.

13. Have you or your spouse ever worked with an attorney or other professional for Estate Planning purposes?

☐ No ☐ Yes If yes, complete the following.

<table>
<thead>
<tr>
<th>Name of Attorney</th>
<th>Date</th>
<th>/ /</th>
</tr>
</thead>
</table>
Fact Sheet: Estate Recovery

- The estate recovery program recovers assets from some estates (from the estates of certain deceased Medicaid members).
- This may include estates of persons age 55 or older.
- It also may include estates of persons who received long term care services.
Fact Sheet: Estate Recovery

The majority of the claims are for the following services:

- Nursing facility care
- Home and Community based services
- Any related hospital care and prescription drug services provided while receiving nursing facility care or care at home or in a community setting.

How do I contact Estate Recovery?

To contact Estate Recovery:
Call 785-296-6707
E-mail to eeseru@khpa.ks.gov

Mail to:
Estate Recovery Unit
P.O. Box 2428 Topeka, KS. 66601

To contact the contractor, Health Management Systems:
Call 800-817-8617
E-mail to: KSestaterecovery@hms.com
Fax to 646-465-6530
Sold, Traded, Gifted, Changed Ownership of Property in the last 5 Years?

- Please document any change in ownership of any property within the last 5 years in this section.

- For example: sale of vehicles, or transferring resources to a trust fund, giving assets to family members.

14. Have you or your spouse sold, traded, given away or changed ownership of any property such as a house or money, or any other property in the last 5 years? □ No □ Yes If yes, complete the following.

<table>
<thead>
<tr>
<th>Date Ownership Changed</th>
<th>Type of Property</th>
<th>Value</th>
<th>Given/Sold to</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Important note on Transferring Property for Less Than Fair Market Value:

- Gifting, selling or transferring property for less than fair market value can result in a period of ineligibility for Long Term Care coverage (Programs: Nursing Home, HCBS, and PACE).

- The KDHE Eligibility Team must look back for transfers within the last 5 years.

- For a Nursing Home, the amount of penalty divided by about $5,000 = months of no eligibility

Example:
A parent gifted their child their $100,000 home; $100,000 divided by $5,000 = 20 months of ineligibility in a nursing home.

*That member might be found eligible for the Medically Needy program during that 20 months, but they would not be eligible for the NF program for that 20 months (penalty time).
Earned Income (Wages Earned from a Job)

- You’ll need to submit the last 30 days of paystubs.
- If the person does not have their paystubs, they need to ask for a print out of their gross wages and the date they received these wages from the employer.
- A W-2 will NOT be accepted.

Asking for Help Paying Medical Bills for the Past Three Months?
- If asking for assistance to pay medical bills for 3 months prior to the date of the application, the eligibility team will need the paystubs for those 3 months prior to the date of the application.
- For example, if I am applying in April, and ask for prior medical help, the applicant will need to send in the paystubs for January, February, March and the paystubs they have for April.
### Questionnaire

#### Resident Information
- **Name:**
- **Address:**
- **Phone Number:**
- **Email:**
- **Occupation:**
- **Annual Income:**
- **Number of Dependents:**
- **Current Housing Status:**
- **Previous Housing Status:**
- **Reason for Move:**
- **Preferred Additional Assistance:**

#### Income Information
- **Source of Income:**
  - **Salary:**
  - **Self-Employment:**
  - **Social Security:**
  - **Pension:**
  - **Unemployment:**
  - **Other:**

#### Work Experience
- **Current Employment:**
- **Previous Employment:**
- **Reason for Leaving:**
- **Reason for Unemployment:**
- **Preference for Additional Assistance:**

#### Additional Questions
- **Any Other Comments:**
Self-Employment Income?

- There are several types of self employment income that may be received by an applicant or their spouse.
- **For example:** odd jobs, childcare, snow removal, rental income (even if it’s not your primary job)
- If the applicant or spouse is self-employed the eligibility team will need their **last tax return**. This will need to be the entire return, not just certain schedules.

A few examples include:
- Income from farming
- Income received from leasing or renting farmland
- Income received from leasing or renting a home or other property
If applicant has a disability and is working, are there work expenses?

Examples:
- Specialized transportation to and from work
- Attendant care at work
- Attendant care to help you get ready for work
- Service animals
- Medications
- Specialized Equipment or tools
6. Tell us about your other income.

Complete the following chart. Mark x or y or both on each line below.

<table>
<thead>
<tr>
<th>Type/Name of Income</th>
<th>Name of Person who received this</th>
<th>Amount Received</th>
<th>Was Other Received</th>
<th>Claim No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security</td>
<td>x No y Yes</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td>x No y Yes</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans' Benefits</td>
<td>x No y Yes</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Railroad Retirement</td>
<td>x No y Yes</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Todd Payments</td>
<td>x No y Yes</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Military Payments</td>
<td>x No y Yes</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Reimbursements</td>
<td>x No y Yes</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workers' Compensation</td>
<td>x No y Yes</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td>x No y Yes</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Payments</td>
<td>x No y Yes</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Reimbursements on Workers' Compensation</td>
<td>x No y Yes</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract Sales</td>
<td>x No y Yes</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental income</td>
<td>x No y Yes</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support</td>
<td>x No y Yes</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Support</td>
<td>x No y Yes</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Income source</td>
<td>x No y Yes</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Income source</td>
<td>x No y Yes</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Other Income (Unearned Income)

- This is about **income** that is **not received from a job or self-employment** (uneared)
- List the **gross amount received before taxes** or other deductions.
- **For example**: Social Security Benefits, VA Benefits, etc.

### Table

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Name of Person who receives this</th>
<th>Amount Received</th>
<th>Tax/Other Deduction Received</th>
<th>Claim No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Benefits</td>
<td>□ No □ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplemental Security Income 65+</td>
<td>□ No □ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veteran’s Benefits</td>
<td>□ No □ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Railroad Retirement</td>
<td>□ No □ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust Payments</td>
<td>□ No □ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annuity Payments</td>
<td>□ No □ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Retirement/Pension Income</td>
<td>□ No □ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>□ No □ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td>□ No □ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>□ No □ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oil Royalties/Mining Rights</td>
<td>□ No □ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support</td>
<td>□ No □ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse Support</td>
<td>□ No □ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Income</td>
<td>□ No □ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Income - Missing Source</td>
<td>□ No □ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It is important to list the income of the applicant and the applicant’s spouse. (The eligibility team requires this when determining allocation of income to the community spouse.)

Providing the spouse’s income *and verification of income* will help speed up the determination process.
The focus is on “recurring payments.”

“**Lump sum payments**” are treated differently, but still need to be listed here.
Please list the amounts for any:

1. Social Security Benefits
2. Supplemental Security Income (SSI)

The eligibility team is able to obtain the Social Security Income amounts directly from the Social Security Administration.
Veteran’s Benefits

Please provide a letter from the VA that lists:

1. The type of Veterans benefit
2. The current amount

For help getting this information, contact your local KS Commission on Veterans’ Affairs office:
https://kcva.ks.gov/veteran-services/office-locations

If the applicant is a veteran, or spouse or widow of a veteran KDHE Eligibility Team must have (1) verification that the applicant has applied with the VA for these cash benefits, or (2) a letter stating that they are not eligible for cash benefits.

Who can help me get this documentation?
The local KS Commission on Veterans’ Affairs offices across Kansas can help people determine if they are eligible to apply, and if not, can write a letter saying that they are not. KS Commission on Veterans’ Affairs local office locations: https://kcva.ks.gov/veteran-services/office-locations

What type of documentation will the KS Commission on Veterans’ Affairs need to help me find out whether or not I am eligible for VA benefits? You’ll need the veteran’s “Discharge Papers.” For the Korean War or after, it will most likely be the DD214 (Discharge Papers). If you cannot find the discharge papers, the KS Commission on Veterans’ Affairs can help you get those papers. However, you will need to know “when the veteran served.”

If they are eligible, KDHE needs a Verification Letter from the VA regarding VA Benefits:
1. Type of benefit
2. Current amount of benefit
Please provide a letter from the Railroad Retirement Board which lists the current amount.

Verification of payments received from a trust must be provided.
### Oil Royalties or Mineral Rights

Please provide the **tax return** to verify any income earned from oil royalties or mineral rights.

<table>
<thead>
<tr>
<th>Type/source of Income</th>
<th>Name of Person who received</th>
<th>Amount Received</th>
<th>How Often Received</th>
<th>Claim No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Benefits</td>
<td>☐ No ☐ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplemental Security Income (SS)</td>
<td>☐ No ☐ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veteran’s Benefits</td>
<td>☐ No ☐ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Railroad Retirement</td>
<td>☐ No ☐ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust Payments</td>
<td>☐ No ☐ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annuity Payments</td>
<td>☐ No ☐ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Retirement or Pension Source</td>
<td>☐ No ☐ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>☐ No ☐ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td>☐ No ☐ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tribal Payments</td>
<td>☐ No ☐ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Oil Royalties/Mineral Rights</strong></td>
<td>☐ No ☐ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract Sale</td>
<td>☐ No ☐ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental Income</td>
<td>☐ No ☐ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support</td>
<td>☐ No ☐ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TAxicab Support</td>
<td>☐ No ☐ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income Source 1</td>
<td>☐ No ☐ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income Source 2</td>
<td>☐ No ☐ Yes</td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A contract sale is a contract in which a property title is transferred only after a buyer makes a certain number of monthly payments.

If an applicant is receiving payments this is considered income and the eligibility team must have verification of the Contract Sale and the income being received.
**Rental Income**

If the applicant or spouse owns property or a home and it is being rented, the eligibility team needs verification of the amount received from the rental.

<table>
<thead>
<tr>
<th>Type/source of Income</th>
<th>Name of Person who receives this</th>
<th>Amount Received</th>
<th>How Often Received</th>
<th>Claim No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Benefits</td>
<td>No</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td>No</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veteran’s Benefits</td>
<td>No</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Railroad Retirement</td>
<td>No</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust Payments</td>
<td>No</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annuity Payments</td>
<td>No</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Retirement or Pension Source</td>
<td>No</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>No</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td>No</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tribal Payments</td>
<td>No</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oil Royalties/ Mineral Rights</td>
<td>No</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractual</td>
<td>No</td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** *Income producing property* would be exempt as an asset if you’re getting income on it (income must be a fair market value amount, and you would have to have reported the income here).

**KDHE won’t count something as “income” and then count it again as an “asset.”** Explanation: A resource shall not be considered as a resource and as income in the same month. For example, when income received in a month is deposited into a checking or savings account, the value of such account for that month shall be determined by subtracting the total amount of income deposited from the lowest balance of the account.
Page 12 - Other Health Insurance

For example:

- Medicare
- Medicare Supplemental Insurance
- Other Health Insurance

❖ Not asking about Medicaid here
Do you have Medicare?

- Answer the questions the best you and the applicant can.

- You can find many answers on the Medicare card or the applicant can call the phone number on the card for answers to these questions.

Note: The KDHE eligibility team has connections with Medicare and can find out most of the Medicare effective dates for you.
Health Insurance (Other than Medicare)

The eligibility team needs the applicant to submit:

1. A copy of the front and back of the insurance card
2. Proof of the monthly premium the applicant pays
   - Other than Medicare
   - Other than Medicaid

With private insurance, such as Blue Cross Blue Shield (BCBS) use the bottom section to document any private health insurance policies the applicant may have.

Private Health Insurance may include:
- Medicare Supplemental Health Insurance Policies
- Health Insurance through an employer
- Long Term Care Insurance

*Providing the eligibility team with the monthly premium amounts will lower a person’s monthly Patient Liability/Client Obligation (the monthly cost share the KanCare member must pay for his/her share in the cost of medical services).
1. Tell us about your dependents and household expenses.

Complete this section only if applying for HCBS or Institutional care. You may be able to protect a portion or all of your own income for your dependents. If you have a spouse or minor child that is part of your household that you have not already listed, go back to Section 1 and answer the questions.

### Dependents

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Relationship to you</th>
<th>Date of Birth</th>
<th>Individual's Monthly Income</th>
<th>If you, your spouse, or any other adult in your household earned any income from an LLC or other business, please provide the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>If you answered &quot;yes&quot; to any of the below, please provide the following:</td>
</tr>
</tbody>
</table>

### Financial Expenses

<table>
<thead>
<tr>
<th>Type of Expense</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Rural Outreach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Medical Leave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Property Tax</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Pet Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Other Expenses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Choose Your Health Plan

Most people are required to enroll in one of three health plans offered through KnealCare. These are 3 KnealCare health plans to choose from. Please review the brochure that highlights key and choose your plan. If you do not choose, we will enroll you in the plan by eligibility. If you do not choose, you will be assigned. You will receive a packet of information about your plan. For more information about these plans, visit [www.KnealCare.com](http://www.KnealCare.com).

Note: For persons who are not eligible for a fee-for-service, information about coverage and benefits will be sent separately.
Dependents

Complete this section only if applying for HCBS or Institutional care. You may be able to protect a portion or all of your own income for your dependents. If you have a spouse or minor child that is part of your household that you have not already told us about, go back to Section C and answer the questions.

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Relationship to you</th>
<th>Date of Birth</th>
<th>Individual’s monthly income</th>
<th>If a child, who does the child live with?</th>
<th>If a child and living with another parent, list the monthly income of the parent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>/ /</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<td>/ /</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Household Expense
List monthly shelter expenses below for the spouse at home.

<table>
<thead>
<tr>
<th>Type of Expense</th>
<th>How Often?</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Rental Cost / Lot Rent</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>2 Mortgage Payment</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>3 Property Taxes (if not included in #2 above)</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>4 Home Insurance (if not included in #2 above)</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>5 Other (Condominium/Home-Owners Association fees)</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

Complete this section if the applicant wants coverage for care in a Nursing Facility (Institutional Care), Assisted Living Facility (which qualifies as HCBS) or other HCBS Waivers or PACE and has “dependant family members.”

Verification of reported shelter expenses for “dependents” must be provided.

A dependant family member could include:
• Spouse
• Minor Child
• Other family member

Dependency may be of any kind:
• Legal
• Financial
• Medical
You only need to complete this section if applying for one of the Long Term Care programs (HCBS, Nursing Facility, or PACE) and you have dependents.

Otherwise, mark NA for Non-Applicable in this section.
Don’t forget to choose a Health Plan

Go to the KanCare website at www.KanCare.ks.gov, then select the Benefits & Services link, to find the Health Plan Highlights.

If this is left blank, a health plan (MCO/Managed Care Organization) will be chosen for the consumer.

Keep in mind when choosing which MCO:
• If not in a nursing home, make sure it is an MCO (Managed Care Organization) or Health Plan that your favorite provider accepts.

• Check out the Health Plan Highlights on the KanCare website to compare and contrast the “Extra Services or Value Added Services” that each MCO offers. Does one MCO have more of the “Extra Services” that would be a better fit for you?

URL for the Benefits & Services webpage: http://www.kancare.ks.gov/consumers/benefits-services

Note to Nursing Homes:
Make sure it is an MCO (Managed Care Organization) or Health Plan that your facility accepts.
Selecting/Changing a Managed Care Organization

- For more information on how to select and change a Managed Care Organization (MCO)...

- Check out the KanCare Ombudsman’s General Information Fact Sheets webpage at: www.kancare.ks.gov/kancare-ombudsman-office/kancare-general-information-fact-sheets
### 1. Choose Someone to Help You With Your Medical Assistance Case

**Primary Applicant:** If you are completing this application on behalf of someone for whom you are the Guardian, Conservator, Power of Attorney or Social Security Payee, please complete this information before and submit proof.

<table>
<thead>
<tr>
<th>First and Last Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Line 1</td>
<td></td>
</tr>
<tr>
<td>Address Line 2</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

You can name a person to help you with your medical assistance case. You can choose either a "Medical Representative" or a "Folksite."  

**Medical Representative** is a person who can sign your application, answer questions for you, and use your medical assistance card for you. We will share information with this person. This person will get copies of letters sent to you about your case. This person is responsible for completing your review each year and for answering questions that come up about the case. You must choose a person you trust. You may not name someone who is trying to collect a medical debt against you.

**Folksite** is a person who can help you fill out your application and help you through the application process. We will be able to share information with this person. This person will get copies of letters sent to you about your case. This person can be someone such as a relative, neighbor, friend, medical office staff, or community organization employee. I want to appoint the following person to help me:

<table>
<thead>
<tr>
<th>First and Last Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Name</td>
<td></td>
</tr>
<tr>
<td>Address Line 1</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

Who in the person's relationship to you? (Immediate family, friend, neighbor, etc.)

<table>
<thead>
<tr>
<th>Person's Relationship</th>
<th></th>
</tr>
</thead>
</table>

I appoint the above-named person to be [ ] Medical Representative, or [ ] Folksite

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Witness signatures are required if this signature is made with a mark.

<table>
<thead>
<tr>
<th>Witness</th>
<th>Date</th>
</tr>
</thead>
</table>
If you are completing this application on behalf of someone else:

- If you are their Guardian, Conservator, their Social Security Payee, their Power of Attorney...
- Please complete this section and submit proof.

<table>
<thead>
<tr>
<th>J. Choose Someone to Help You With Your Medical Assistance Case</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Applicant</strong> - If you are completing this application on behalf of someone for whom you are the Guardian, Conservator, Financial Power of Attorney or Social Security Payee, please complete the information below and submit proof.</td>
</tr>
<tr>
<td>First and Last Name</td>
</tr>
<tr>
<td>Address Line 1</td>
</tr>
<tr>
<td>Address Line 2</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Phone Number</td>
</tr>
</tbody>
</table>
If a family member, friend or neighbor is helping someone to complete the application:

They may choose to allow the KanCare applicant to appoint them as their Medical Representative or Facilitator.
Medical Representative

- The Medical Representative can be a relative, neighbor, friend, or other person you trust.
- You may not name someone who is trying to collect a medical debt against you.

Medical Representative is a person who can sign your application, answer questions for you, and use your medical assistance card for you. We will share information with this person. This person will get copies of letters sent to you about your case. This person is responsible for completing your review each year and for telling us about changes in your situation. The Medical Representative can be a relative, neighbor, friend, or other person you trust. You may not name someone who is trying to collect a medical debt against you.

Note to Nursing Homes:
It is recommended that everyone in a nursing home have a Medical Representative listed on the application.

However, employees of nursing facilities cannot be medical representatives because the nursing home is trying to collect a debt against the applicant.
**What can a Medical Representative do?**

- Sign the KanCare application
- Answer questions for applicant
- Use the medical assistance card for the KanCare member
- KanCare will share information with this person.
- This person will get copies of letters sent to the applicant or member about their case.
- This person will get copies of the member’s annual review form and is responsible for completing this review each year and for telling KanCare about changes in the applicant’s or member’s situation (address changes, income changes, etc.).

The annual review and updating KanCare Clearinghouse about changes in the member’s situation are extremely important in keeping a person’s case open.
Medical Representative Authorization Form

- What if I need to be this applicant’s or member’s Medical Representative, but I didn’t get signed up at the time of application?

- You’ll need a completed Medical Representative Authorization Form submitted to the Clearinghouse, before they will speak to you about the individual’s case.

This is the same form you would need if representing someone in a state fair hearing as well.

URL for The Medical Representative Form:
http://www.kancare.ks.gov/policies-and-reports/kdhe-eligibility-policy/policy-policy-appendix
Facilitator – more limited authority to assist applicant or member

• Can be someone such as a relative, neighbor, friend, medical office staff, or community organization employee.

• Cannot complete an application or request services on behalf of an applicant, but they can help the applicant fill out your application and help them through the application process.

Facilitator is a person who can help you fill out your application and help you through the application process. We will be able to share information with this person. This person will get copies of letters sent to you about your application. After your application is processed, this person is not connected to your case. A facilitator can be someone such as a relative, neighbor, friend, medical office staff, or community organization employee.

• May be someone who is collecting a medical debt against the applicant or member, such as nursing home or other medical office staff.

• An employee of a nursing facility can be a Facilitator without signing a release of information form by filling out this portion of the application.
What can a Facilitator do?

• KanCare will be able to share information with this person.

• This person will get copies of all letters, forms and notices sent to the applicant regarding their application.

• This Facilitator Appointment will last through the end of the application period.

• After the application has been processed, this person will no longer be connected to your case.

Note to Nursing Facilities:
• After the application has been processed, and the “Facilitator” appointment has expired, it is not required that the nursing facility submit a new “release of information” form.

• The nursing facility will still be able to call the KanCare Clearinghouse and receive information about the status of the application, dates of eligibility decisions, and coverage effective dates, patient liability amount, and name and contact information about the MCO.

• Additionally, the nursing facility will also receive notices to inform them of changes to an individual’s patient liability.
Facilitator Authorization Form

- What if I need to be this applicant’s or member’s Facilitator, but I didn’t get signed up at the time of application?
- You’ll need a completed Facilitator Authorization Form submitted to the Clearinghouse, before they will speak to you about the individual’s case.

The URL for The Facilitator Form: http://www.kancare.ks.gov/policies-and-reports/kdhe-eligibility-policy/policy-appendix
Facilitator Form - Expiration Date

- The facilitator authorization form expires 6 months from the date the form is signed, or once the application is completed, whichever is later.
- Or, the applicant/member can choose a different date.
- A facilitator appointment of a community organization, medical provider, or staff cannot exceed 12 months.
What if KanCare won’t talk to me?

- Generally speaking, if an applicant or member needs someone to communicate with KanCare on their behalf so they can get or keep their services, the person helping them needs to be their guardian, conservator, Medical Representative, or hold DPOA.

- They must also have submitted documentation proving this to the KanCare Clearinghouse.
Another option is that the applicant or member chooses to add an individual or organization to the KDHE Release of Information (ROI) form, so they will be able to communicate with KanCare about their case.

If the applicant or member has other loved ones (for example, other children or family members) that need to be able to communicate with the KanCare Clearinghouse directly about their case.

This form must be completed by the applicant or member, and submitted to the Clearinghouse.

KDHE Release of Protected Health Information Form, URL: http://www.kdheks.gov/hcf/data_requests/download/KDHERelaseofPHI_EN.pdf
What if the applicant or member cannot make this choice?

Issue:

• What if the applicant or member who needs your help is unable to make decisions for themselves...

• AND they don’t have a legal guardian, DPOA or Medical Representative?

• Staff members, neighbors or friends trying to help them cannot fill out an ROI for them, even with the best intentions. Doing so would be without the actual decision being made by the individual.
How can I help them?

Resolution: (per Kansas Guardianship Program)

• The person trying to help the applicant or member (provider, friend, neighbor, etc. who is not a guardian, Medical Representative, etc.) can contact the Adult Protective Services (APS) about each individual case.

• Do not say they need a guardian. Instead, you want to present the problem, not a solution to APS. Explain clearly how the individual is at risk, and what will happen if the worst case scenario takes place. For example, loss of services.
Be very articulate how the individual is vulnerable

Example:

- A person is on Medicaid and Home and Community Based Services (HCBS).

- The person does not have anyone listed as a representative (no family, no legal guardian, etc.) so may lose those services, which are vital to their well-being, because there is no one to work with the Clearinghouse or KDHE to receive and/or fill out renewal forms, answer questions, etc.

- If Medicaid and/or their HCBS services are lost, the person will not have access to necessary medications, assistance at home for daily living or may even become homeless.

- The APS may make a referral to the KS Guardianship Program, and the court will appoint a guardian for the individual. If they don’t make a referral, call the issue in again and again until they do make a referral.
It is important that the applicant and/or the guardian, and/or the conservator to sign this page. If KanCare receives the application unsigned, it will be considered incomplete.

It is also important to read the fine print as it provides important information such as: estate recovery and consumer’s rights and responsibilities.
That last page of the application is a checklist that provides you with reminders of what you need to send in with the application to speed up processing time.

This checklist is much less detailed than the Documentation Checklist mentioned earlier in this lesson.

Also, remember to watch out for further requests for documentation that may be needed to process your application fully.

Help ensure success by contacting the Clearinghouse when you submit new documentation to confirm everything you sent was received.

Don’t wait 3 months to contact them, only to find out they never received your documentation!

The KanCare Ombudsman office recommends that you follow up within a few days of sending new, important information.
Be sure to submit both of the following with the application to avoid processing delays:

1. **2126 form**
2. **CARE Score**

**2126 form:** This form tells KDHE when a person moves into a facility or moves out. It is not something that a consumer fills out or is responsible for. **The nursing facility needs to submit this form with the application.**

**A CARE Score:** This is part of the Level of CARE assessment that is completed by the ADRC when the individual is admitted to the nursing facility. **It is imperative that the nursing facility ensure that the CARE assessment is sent to KDADS to avoid processing delays and ensure the facility is paid for all dates the individual is a resident there.**
Printable Applications

• Visit the KanCare website at www.kancare.ks.gov.

• Find the PDF for each application packet.

URL for Printable Applications: http://www.kancare.ks.gov/consumers/apply-for-kancare
Medicaid-Related Resources

- From the Ombudsman’s section of the KanCare website
- Go to the Resources page

Resources page URL: https://www.kancare.ks.gov/kancare-ombudsman-office/resources
KanCare Ombudsman Resources

Forms

1. **Authorization for Release of Protected Health Information**: for an individual to get release of information for organizations, providers, or a class of persons (like a targeted case manager or care coordinator). The person or organization listed on line 1 and/or line 2 does not act on behalf of the member. The person or organization listed on line 1 and/or line 2 cannot request services for the beneficiary. English Spanish Example Release of Information Form

2. **Medical Representative Authorization**: for persons on Medicaid to authorize (allow) another person to help them with medical calls, paperwork, turn in your renewal each year, use your medical card for you, etc. If the person assisting is a DPOA or Guardian, they do not need to complete the Medical Representative form in order to act on behalf of the individual. The Financial DPOA paperwork or Guardianship paperwork must be provided to the KanCare Clearinghouse.

3. **Facilitator Form**: A facilitator is a person who can help fill out an application and help with the application process. Eligibility people will be able to share information with this person. This person will get copies of letters sent to the applicant about the application. After the application is processed, the facilitator is not connected to your case. A facilitator can be someone such as a relative, neighbor, friend, medical office staff, or community organization employee.

4. **Authorized Representative Designation Form for Grievances, Appeals and Fair Hearings**
   - Authorized Representative Designation Form for Grievances, Appeals and Fair Hearings Large Print

5. **Submitting a Change to KanCare Clearinghouse**: The member or their representative is responsible for reporting changes to income, address, phone and household composition while eligible.
Ongoing Education

- On the KanCare Ombudsman website: [www.kancareombudsman.ks.gov](http://www.kancareombudsman.ks.gov)

- Look for the **Community Training** link in the dropdown menu.
  - Videos
  - In-Person Training

**URL:** [https://www.kancare.ks.gov/kancare-ombudsman-office/liaison-training](https://www.kancare.ks.gov/kancare-ombudsman-office/liaison-training)

Check out our on-line **Ongoing Education** for more in-depth training on a variety of Medicaid related topics.

The KanCare Ombudsman is Here to Assist You

Toll Free: 1-855-643-8180
KanCare.Ombudsman@ks.gov