



Policy Memo	
KDHE-DHCF POLICY NO: 2016-09-02	From: Jeanine Schieferecke
Date: September 21, 2016	KEESM/KFMAM Reference:
RE: DCF Medical Case Processing	Program(s): Elderly & Disabled Medical Programs

KDHE Policy Memo 2015-12-01 established guidelines for the transition of Medical Case Processing from DCF to KDHE. Per the order of agency leadership, limited medical case processing returned to DCF in February, 2016. The agencies agreed this would be for an interim period pending reduction of the medical workload inventory. DCF staff have been responsible for processing initial applications, reviews and some case maintenance actions since that agreement. Workload assignments, in the form of case lists, have been provided to DCF by KDHE.

All applicants, facilities and others involved were instructed to send all correspondence and inquiries to the Clearinghouse. Notices and forms continued to list the Clearinghouse contact information. In addition, cases continued to be assigned to KDHE in the KEES system.

This memo establishes processes for that interim workload to transition back to KDHE. These instructions do not apply to medical case processing for child welfare related cases (Foster Care and Adoption Subsidy) as those cases will continue to be the responsibility of DCF.

1. Timeline

DCF medical case processing will cease as of close of business September 30, 2016. After this date, KHDE and its contractors will be fully responsible for processing all medical assistance applications, reviews and case maintenance actions.

During the month of September, DCF staff shall focus on fully completing applications and other actions that were started by DCF. However, it is understood that some 'in- flight' work will exist on September 30 and will be transitioned to KDHE. KDHE will stop sending DCF new work according to the schedule below:

- Applications: KDHE sent the last expected list of applications for processing to DCF on September 2, 2016. Unless specifically requested, no additional applications will be sent to DCF for processing. These cases have been added to the DCF Tracker.

- State Queue: DCF will continue to process applications from the State Queue at the Clearinghouse. A final list of cases will be sent to DCF on September 12, 2016. These cases will be added to the Tracker.

DCF shall continue to process medical cases from the DCF Tracker according to current processes. They shall continue to process from the Tracker through close of business on September 23, 2016. At that time, DCF will pull any new, unclaimed cases from the Tracker and return to the list to KDHE. No additional action should be necessary as the tasks should all remain with KDHE.

DCF will use the last week of September to take final action on in house work. Any work items that remain shall be prepared as described in Item 2 below. On September 30, a list of work items remaining in DCF will be gathered. This list will be sent to KDHE on or about October 3, 2016. This list shall include all actions that were not completed by DCF. Because DCF will strive to finish all work started, the list should not be extensive.

2. In-Flight Work

In-Flight Work includes incomplete case processing as well as automated tasks that may have been received and flagged in the DCF workload. This section addresses actions necessary to ensure the work is not lost and is transferred to KDHE successfully.

A. Incomplete Case Processing.

There are a number of reasons why DCF may not be able to finalize a case at the time of the transition. These include pending informational requests, KEES HelpDesk requests, CARE scores, PMDT actions, etc. When an issue such as this prevents DCF from fully processing the case, DCF shall take the following actions:

- Ensure a complete description of the pending issue is described in the KEES journal. Include any critical due dates or other action that is needed by the applicant/recipient.
- Ensure a task is available for KDHE. This will mean creating an appropriate task or moving an existing task to KDHE. These tasks are to be assigned to Rice, William (worker ID – KH0206Q201). See the attached aid for instructions on moving/creating a task for this transition process.
- For LTC cases, it is critical for the DCF worker to record the results of the CARE score in the file, as KDHE staff may not be able to access the information from the CARE screen. The information is imaged to the case file.

B. Tasks in the DCF Workload.

Any medical tasks that were assigned to DCF during the interim processing period must be reassigned back to KDHE in order to be addressed. DCF will review all existing tasks in the DCF workload and redirect them to KDHE. Because of 'sticky worker' logic in KEES, DCF must ensure the task is Released and Reassigned. Tasks for this purpose are to be assigned to Rice, William (worker ID – KH0206Q201). The attached Job Aid provides instructions on correctly releasing/reassigning these tasks.

3. Post Transition Processes

Issues related to medical cases continue to surface with DCF following the transition. These will include public inquiries as well as work items that may be assigned to DCF from KEES.

A. Public Contacts/Information

In general, when medical items are received by DCF the guidelines provided in Section 6 of KDHE Policy Memo 2015-12-01 shall continue to apply.

- Applications, Reviews and Other Documents: DCF shall continue to accept these items at the local offices, date stamp and mail as per the Policy Memo. However, if time-sensitive information is received, DCF shall inform the individual that there could be a delay and provide contact information for the Clearinghouse.
- Phone Calls: Callers shall be instructed to contact the Clearinghouse for all information regarding the medical assistance programs.
- E-Mails: DCF shall forward any email with medical information to the Clearinghouse at the existing contact address: ConversionE&DApps@Maximus.com
- Coordination Issues: When issues arise that require coordination between the agencies, DCF may email the above address with specific issues. Critical items are to be escalated to the regional Program Administrators and shared with KDHE management staff.

B. KEES Workload

Because logic in the KEES system could route incoming work to a DCF worker or queue, DCF staff must continue to manage work through KEES for a period of time following the transition. Tasks could appear in a DCF staff's task portlet on cases where DCF previously took action. These will likely be generated when the applicant/recipient has submitted new information. Most commonly, when information is submitted on a denied application is scanned into Image Now, the task 'Info Received On Denied/Disc' will be generated and assigned based on the individual who took the action. These tasks are now the responsibility of KDHE to process, but DCF must ensure the work is routed correctly.

To ensure no work is lost, DCF staff must check their Task Portlet daily for a period of 45 days (through November 15, 2016). DCF supervisors are responsible for checking the workload of absent employees. Any medical task generated is to be Released and Reassigned to Rice, William (worker ID – KH0206Q201). See the attached Job Aid for instructions to release/reassign a task.

After that date, DCF shall monitor their Task Portlet weekly until December 31, 2016 and follow the same procedures to Release and Reassign the task.

Note: The possibility of an automated process to identify and move these tasks from DCF to KDHE continues to be explored, but a final solution has not been developed. If this becomes available, additional instructions will be released.

QUESTIONS

For questions or concerns related to this document, please contact one of the Medical program staff below.

Jeanine Schieferecke, Senior Manager – jschieferecke@kdheks.gov

Rod Estes, Elderly and Disabled Program Manager – restes@kdheks.gov

Allison Miller, Family Medical Program Manager – amiller@kdheks.gov

KEES related issues and incidents are directed to the KEES Business Support Team.