



KC-1501 Elderly and Disabled Medical Application Eligibility Processing Instructions

This Job Aid is intended to provide instruction on the required elements of the KC1500 Elderly and Disabled Medical application. This Job Aid identifies when an answer left blank is acceptable and when additional follow-up is required.

Verification policies still apply. When a Leading Question has been answered Yes – then the Follow-up Questions will always be required. For example, if a customer indicates they are self-employed, then it is necessary to obtain answers to all the self-employment follow-up questions.

Section A and B: Primary Applicant and people in your household

This section is in reference to the applicant and all household members

Application Question	Eligibility Action
Name (First, middle, last)	Must obtain answer. Middle name is not required but should be added to the record if provided.
Other Names Used	Not required, but needed to run interface to check Electronic Verification of Vital Events (EVVE)
Relationship	Contact applicant to obtain answer if not otherwise known
Gender	Must obtain answer
Date of Birth	Must obtain answer
Marital Status	Must obtain answer if eligibility is affected
Does this person live at the same address as applicant?	Assume yes if left blank
Was this person in foster care at the time of their 18 th birthday?	Used to determine eligibility for the Foster Care Aged Out program

Application Question	Eligibility Action
Applying for medical assistance	<ul style="list-style-type: none"> • When some household members have answered the question and others have left blank, determine eligibility for household members who answered yes. • If only one individual is on the application and left the question blank, assume yes. • If all individuals on the application are blank, must obtain the answer. • If all individuals on the application are answered no, assume none are applying for coverage. <p>If not applying for medical assistance, no additional questions are required until Section D.</p> <p>Note: If all individuals on the application answered no, it would be best practice to call and confirm before assuming no one is requesting coverage however this is not a policy requirement.</p>
Types of Medical Assistance	<p>The medical types determine what is entered KEES for the Requested Medical Type.</p> <ul style="list-style-type: none"> • Working Healthy RMT <ul style="list-style-type: none"> ○ Working Healthy • Long Term Care RMT <ul style="list-style-type: none"> ○ HCBS ○ Nursing Home ○ PACE • Medical RMT <ul style="list-style-type: none"> ○ Medically Needy ○ Standard Medicaid • MSP Only RMT <ul style="list-style-type: none"> ○ Medicare Costs only
Social Security #	Required only if requesting assistance
U.S. citizen/naturalized or derived citizen	If left blank, use the Federal Hub to obtain answer prior to contact with the consumer. Required only if requesting assistance.
Eligible immigration status (Includes follow-up questions)	Answer of yes only required if eligibility is affected and status cannot be determined through other sources. Applicant is not asked to attest to an ineligible status per federal rules. Follow up questions are not required. (Reasonable Opportunity process may be followed post-eligibility determination if eligible immigration status is attested.)
Has this person lived in the U.S. since 1996?	Assume no if left blank. This question pertains to non-citizens. A response of yes may result in exemption from the 5-year bar.
Race	Not Required
Ethnicity	Not Required
Living Situation	Assume 'Own Home' if left blank, unless the applicant has requested Long Term Care, then contact may be required.

Application Question	Eligibility Action
Living outside of the home	Assume No, if left blank
If yes, why is this person living outside of the home?	If living outside of the home, must obtain answer
Date expected to return	If living outside of the home, must obtain answer
If in a hospital, nursing facility or other institution, what is the name of the facility?	Must obtain answer
Date Admitted	If blank, contact facility prior to contacting consumer
Date Discharged	If blank, contact facility prior to contacting consumer
Medical expenses not covered by Medicare, Medicaid or private insurance?	Assume No, if left blank
How much?	Required in order to determine if the expense is allowable.
How often?	Required in order to determine if the expense is allowable.
Describe the expense:	Required in order to determine if the expense is allowable.
In a hospital for more than 30 days in a row? (Includes follow-up questions)	Must obtain answer for a spousal impoverishment assessment. Otherwise, assume no if blank.
Has this person served in the military? (Including follow-up questions) Has this person served in the military? (Including follow-up questions)	Assume No, if left blank. A response of yes may result in exemption from the 5-year bar for non-citizens. It also indicates potential income/resources that must be pursued for E&D programs.
Has this person ever been married to someone who has served in the military? (Including follow-up questions)	Assume No, if left blank. A response of yes may result in exemption from the 5-year bar for non-citizens. It also indicates potential income/resources that must be pursued for E&D programs.

Section C: Help with Medical Bills in the past 3 months:

This section is in reference to the additional questions that are asked when an applicant requests assistance with unpaid medical bills. Note: If the original prior medical question was left blank and it was therefore assumed that the applicant did not request prior medical assistance, but then the applicant answers these follow-up questions, the assumption is changed to Yes. A determination is to be made for prior medical assistance. For non-citizens, this could also indicate a request for SOBRA.

Application Question	Eligibility Action
Does this person need help paying medical bills from the last 3 months, including Medicare premiums?	Assume No, if left blank, unless a baby was born in the prior 3 months, other indication of recent major medical expense, or additional follow-up questions are answered.
Did this person have emergency care in the last 3 months to save life, organs or bodily function?	Assume No, if left blank. Identifies a potential SOBRA application. Used when the applicant is a non-citizen.
Has this person lived in a state other than Kansas in the last 3 months? (Includes follow-up questions)	Must obtain answer if prior medical assistance has been requested.
Has your household size changed in the last 3 months? (Includes follow-up questions)	Must obtain answer if prior medical assistance has been requested.
Has your household income changed in the last 3 months? (Includes follow-up questions)	Required if requesting prior medical coverage
Have your household resources changed in the last 3 months? (Includes follow-up questions)	Required if requesting prior medical coverage

Section D: Federal income tax information

Tax household information is not required for medical assistance programs for the elderly and disabled.

Section E: Tell us about deductions

This section collects Federal/IRS deduction information to use in the income determination. This information is not a condition of eligibility, but the consumer has the opportunity to provide the information in order to reduce their overall countable income.

Application Question	Eligibility Action
<ul style="list-style-type: none"> • Name of person with deduction • Type of deduction • Amount • Frequency 	Assume no if left blank. If any are answered, all must be answered/clarified by the consumer in order for the deduction to be used in the determination and verification requested as needed.

Section F: Tell us if anyone is disabled

This section provides information about the applicant's disability.

Application Question	Eligibility Action
Disability that will last 12 months or result in death	Assume No, if left blank
Applied for Social Security	Assume No, if left blank
What was the outcome?	Required if above answered Yes.
If denied or in appeal, has the existing condition become worse?	Required if above answered Denied or in appeal.
If denied or in appeal, does this person have a new disability or condition that Social Security did not look at?	Required if above answered Denied or in appeal.
If yes, briefly describe the disability.	Required if above answered Yes.

Section G: Resources

Application Question	Eligibility Action
1. Resources	
Cash	Yes or No answer is required.
Checking Account	Yes or No answer is required.
Savings Account or Certificate of Deposit (CD)	Yes or No answer is required.
Retirement Plan	Yes or No answer is required.
Nursing Facility Accounts	Yes or No answer is required.
Stocks and Bonds	Yes or No answer is required.
Funeral or Burial Plans	Assume No, if left blank
Burial Plots	Assume No, if left blank
Other	Assume No, if left blank
Names on Resources Amount or Value Location of Resource Account Number	Required for all 'Yes' answers in the categories above
2. Vehicles	
Vehicle	Assume No, if left blank
Year	Required if answer is Yes.
Make	Required if answer is Yes.
Model	Required if answer is Yes.
Owner	Assume the applicant is the sole owner, if left blank.
Estimated Value	Staff will determine value
Balance Owed	Assume \$0 if left blank
How is this vehicle used	Assume personal if blank.
3. Life Insurance	
Life Insurance	Yes or No answer is required.
Policy Owner	Assume the applicant is the sole owner, if left blank.
Insurance Company	Required if answer is Yes.
Policy Number	Required if answer is Yes.
Face Value	Required if answer is Yes.
Cash Value	Required if answer is Yes.

Application Question	Eligibility Action
4. Own a Home	
Own a home	Yes or No answer is required.
Owners	Assume the applicant is the sole owner, if left blank.
Address	Required if answer is Yes.
Date Purchased	Not required
Value	Staff will determine value unless an alternate valuation is provided
Amount Owed	Assume \$0 if left blank
Who lives in the home	These questions are used together to determine if the home is exempt as the primary residence or countable as other property.
Explanation if owner not living in the home	
Intent to return home	
5. Other Real Estate	
Own other real estate	Yes or No answer is required.
Description of Property	Required if answer is Yes.
Rental or Income Producing	Assume no if blank
Owners	Assume the applicant is the sole owner, if left blank.
Address	Required if answer is Yes.
Date Purchased	Not required
Value	Staff will determine value unless an alternate valuation is provided
Amount Owed	Assume \$0 if left blank
6. Life Estate or Life Interest in any Property	
Life estate or life interest in Any property	Yes or No answer is required.
Description of Property	Required if answer is Yes.
Owners	Assume the applicant is the sole owner, if left blank.
Address	Required if answer is Yes.
Date Purchased	Not required
Value	Required if answer is Yes.
Amount Owed	Assume \$0 if left blank
7. Trust	
Trust	Yes or No answer is required.

Section G: Resources Continued

Application Question	Eligibility Action
8. Annuity	
Annuity or similar investment	Yes or No answer is required.
Owners	Verification required. All information will be obtained via the document.
Value	
Company	
9. Promissory Note	
Owed money through promissory note or loan	Yes or No answer is required.
Name of person who owes you money. How much? Type of Loan?	Not required. Verification of the document is required.
10. Other Resources	
Other Assets	Yes or No answer is required.
Description	Required if answer is Yes
Owners	Assume the applicant is the sole owner, if left blank.
Value	Required
11. Loans Against Property	
Loan against property (second mortgage, reverse mortgage)	Only required if requesting Long Term Care
12. Waived Rights to Inheritance or Will	
Waived rights to an inheritance or will	Only required if requesting Long Term Care
13. Estate Planning	
Worked with an attorney for Estate Planning purposes	Only required if requesting Long Term Care
Name of Attorney	Required if answer is Yes
Date	Required if answer is Yes
14. Sold, Traded, Given Away, or Changed Ownership	
Sold or given away property	Only required if requesting Long Term Care

Section H: Jobs and other income

This section captures information about earned income from a job, self-employment, and Work Expenses.

Application Question	Eligibility Action
Anyone in the household has a job	Assume no if left blank (and follow-up questions are not answered)
Worker's name and company information	Name of the worker is required for income budgeting. Company information is not required.
Income before any taxes or deductions are taken out	When the applicant has answered Yes to the above question, enough information is required in this section to decide. Therefore, the following two elements are required: Amount paid & Frequency If these questions are not answered on the application form, but found elsewhere, such as with pay verification provided, that is acceptable.
What deductions are taken out of the gross pay before taxes? Check the box and tell us the amount	Assume no if left blank. If any checkboxes are marked, an amount must also be provided/obtained.
Date of next paycheck	Not required
How many hours does this person usually work each week? (Includes follow-up question)	Not required if information can be determined from previous questions
Do any of these jobs include tips, commissions or bonuses? (Includes follow-up question)	Assume no if left blank
Anyone in the household self-employed	Assume No, if left blank
Name of self-employed person/Business name/What type of business	Not required as this should be included on the tax return or Self-Employment Worksheet (KC-5150) requested
Estimated monthly income and expenses	Not required but helpful in determining if there have been significant changes that would warrant the SE Worksheet (KC-5150)
Have the monthly income or expenses changed since you filed taxes last year? (Includes follow-up questions)	Not required but helpful in determining if there have been significant changes that would warrant the SE Worksheet (KC-5150)

Application Question	Eligibility Action
Were taxes filed on this income last year?	Verification of self-employment income is always required. If answered yes, request a copy of the tax return. If answered no, send the self-employment worksheet. If left blank, send the self-employment worksheet AND request a copy of the tax return.
Does this person have a disability and they are working? (Including follow up questions)	Assume no if left blank and no information for amounts are provided
Does anyone in your household have income from sources other than work? (Including follow up questions)	Yes or No answer is required unless each income type is answered.
Social Security	Yes or No answer is required unless the previous question is marked no. Income types with an answer of yes must also have the amount and frequency answer obtained.
Supplemental Security Income (SSI)	
Veteran's Benefits	
Railroad retirement	
Trust payments	
Annuity payments	
Other retirement	
Worker's compensation	
Unemployment	
Tribal payments	
Oil royalties	
Contract Sale	
Rental income	
Child support	
Spousal support	
Other Income Sources	Assume No, if left blank

Section I: Medicare Coverage

Application Question	Eligibility Action
Medicare Questions	Information will be obtained through an interface

Section J: Other Health Insurance

Application Question	Eligibility Action
Tell us about health insurance policies household members have now or had in the last 3 months.	Assume no if left blank
Other health insurance information	<p>The requirement to have answers to the health insurance questions depends upon what type of medical assistance the individual is eligible for.</p> <p>Medicaid: A TPL referral is completed with all information known. All answers are not required in order to approve Medicaid coverage. If additional information is needed about the health insurance policy, it will be requested after Medicaid approval, and only after the MMIS fiscal agent has a chance to verify the information.</p>

Section K: HCBS and institutional care

Application Question	Eligibility Action
Does anyone on this application live in a nursing or assisted living facility, or receive those services at home?	Assume no if left blank

Dependents and Household Expenses

Application Question	Eligibility Action
Does this person have minor children or other family members who are dependent on them?	Assume no if left blank

Section L: Choose your Health Plan

This section is used to capture the consumer's choice of KanCare MCOs for each applicant. The answer will be entered into KEES so the individual can be assigned to this MCO if determine eligible. If the applicant has not made a choice, they will be assigned automatically to one of the MCOs. Note: Once entered KEES and run through EDBC, the MCO choice can only be updated at review or through consumer contact with the KanCare Enrollment Center at 1-866-305-5147.

Section M: If you have someone to help with the medical assistance case

If the applicant has appointed someone to help them with their medical assistance case, but has NOT identified if that person is to be a Facilitator or a Medical Representative:

- Assume the person is a Facilitator (This will generate copies of the letters to the individual)
- Send a notice asking the applicant if they intended to appoint the person as their Medical Representative. This does not prevent the application from being processed.
- If the person indicated is not qualified to serve as a facilitator or medical representative, they should entered as an additional correspondent.
- If a Guardian, Conservator, Financial POA, SS Payee is indicated, verification is required before adding them to the case.
- If Guardia or Conservator are indicated, check the signature on the application as the consumer cannot act on their own behalf.

Section N: Read and Sign

This section gathers the signature for the application. See [PM2020-09-01](#)