



## KC-1601 E&D Pre-Populated Review Form – Eligibility Processing Instructions

This document is intended to provide instruction on the required elements of the *KC1600 – Elderly and Disabled Pre-Populated Review* form. This document identifies when an answer left blank is acceptable and when additional follow-up is required. The review form includes the following sections:

- Signature Page:** Attest to changes and sign (simplified signature page).
- Step 1:** Review your household information.
- Step 2:** Tell us about changes in your household.
- Step 3:** Tell us about new people in your household.
- Step 4:** Read and Sign the form.
- Step 5:** Return to the KanCare Clearinghouse.

### Assumptions and Requesting Information

In the sections outlined below, there will be various places where staff are allowed to make assumptions about the answer (or lack of an answer) provided. However, if contact is required with the consumer about any eligibility component, clarification is required for all elements for which an assumption was made. If all information is not received from the consumer, re-evaluate the information requested to determine if an assumption could have been made in order to complete processing of the review.

### Cover Page: Indicates for whom pre-populated review form is required.

This page indicates to the consumer Whose eligibility will be impacted if the review form is not returned. Those who could not be determined passively (“ex parte”) using existing information must return the form for eligibility to be determined. Those who are part of the same household but who would have qualified for a passive/ex parte review will be automatically renewed based on available information if the form is not received, including if it results in a different program. See PM2024-06-01 for reference.

### Signature Page: Consumer may attest to changes and sign (simplified signature page)

This is a simplified signature page added as page 3 to the beginning of the review packet to allow the consumer to attest to whether they have changes to the review form and submit a signature.

Check the box that applies:	
Option 1: I have read all parts of the Renewal Form and ‘Before you Sign’ for KanCare. All information in the Renewal Form is correct. <b>I do not need to make changes or corrections to the information.</b>	If selected, the rest of the review form is not required to be returned for processing. The review form sent to the consumer can be viewed from Distributed Documents in KEES. All standard review processes would apply.
Option 2: I have read all parts of the Renewal Form and ‘Before you Sign’ for KanCare. <b>I need to make changes or corrections to the information. I am returning the Renewal Form with my changes and corrections.</b>	If selected, the rest of the review form must be returned for processing

If neither option is selected (section left blank), the review form will need to be requested from the consumer to complete processing. If the full review form has been submitted with a signature but both checkboxes are left blank, the review may be screened and processed as usual with attention to reported changes. For additional information/scenarios, see PD2024-04-01.

**Note:** Regardless of whether option 1 or 2 is selected, only one signature page is required for the review to be considered signed.

## Step 1 – Review your household information

### Section A: Name and Address

Form asks to confirm the name, address, and contact information.

Review Question	Eligibility Action
Are your name, address, and contact information correct in the box in the upper right-hand corner?	If left blank, assume the information is correct.

### Sections B and BB: Household Information

The form lists all household members, their relationship to the Primary Applicant, whether or not the individual is currently covered, and asks to confirm each person is in the home and if the person wants medical assistance. This section also asks if there is anyone else living with them.

The form only reports information for the Program Block being reviewed. If there is a household member that is open on another program block, such as an LTC recipient, they will be listed as NOT receiving medical coverage currently because they are not on the same program block.

**NOTE:** It should never be assumed that the consumer wants to end the other household member’s medical assistance based on a response or lack of a response in this section.

Review Question	Eligibility Action
Still live with you?	If left blank, assume Yes.
Want medical assistance?	If left blank, assume all current recipients want to continue coverage and non-recipients do not want coverage.
Is there anyone else living with you?	If left blank, assume No.
Is this person pregnant?	If left blank, assume No.
Does this person need help paying medical bills from the past 3 months?	If left blank, assume No. If yes, but they had coverage in all prior medical months, the eligibility determination notice must include this information.
Does this person have a disability that will last at least 12 months or result in death?	If left blank, assume No. If yes, an E&D determination will be needed if ineligible for any FM program. See sections H and HH.
Has this person ever applied for Social Security Benefits?	If left blank, assume No. If yes, an E&D determination will be needed if ineligible for any FM program. See sections H and HH.

## Section C: Income

Form lists all high-dated income that is on file in KEES and asks to confirm if the income still exists and if the amount is still the same. It also asks if there are any changes in any of the income. If the form indicates 'No Information Reported', and they don't indicate that there are any changes, it is assumed that the consumer still has no forms of income.

Review Question	Eligibility Action
Still have this income?	If left blank, assume No changes.
Is the amount the same?	<p>If left blank, verification of income amount is required and shall be obtained using the methods described below.</p> <ul style="list-style-type: none"> <li>• Payer sources such as SSA/SSI and Unemployment Income shall be verified.</li> <li>• VA, RRB, and other types of Unearned Income: If verification has been obtained since the last expected change, new verification shall not be requested, and current information will be used.</li> <li>• Earned Income shall be verified following the tier structure using MAGI or old school budgeting as appropriate.</li> </ul>
Is there a change in any of the income listed above?	<p>If left blank, assume No changes.</p> <p><i>Note: Answering No to this question is also indicative that there are no other new income sources to report unless additional information is provided in Step 3.</i></p>

## Section D: Pre-Tax Deductions

Form lists information about pre-tax deductions and asks if the deductions information has changed. If the form indicates 'No Information Reported', and they don't indicate that there are any changes, it is assumed that the consumer still has no pre-tax deductions.

Review Question	Eligibility Action
Still have this deduction?	If left blank, assume No changes.
Is the amount the same?	If left blank, assume No changes.
Is the frequency still the same?	If left blank, assume No changes.
Is there a change in any of the pre-tax deductions listed above?	If left blank, assume No changes.

## Section E: Federal Tax Deductions

Form lists information about federal tax deductions and asks if the deduction information has changed. If the form indicates 'No Information Reported', and they don't indicate that there are any changes, it is assumed that the consumer still has no federal tax deductions.

Review Question	Eligibility Action
Still have this deduction?	If left blank, assume No changes.
Is the amount the same?	If left blank, assume No changes.
Is the frequency the same?	If left blank, assume No changes.
Is there a change in any of the federal tax deductions listed above?	If left blank, assume No changes.

## Section F: Resources

Form lists all resources that are on file in KEES and asks if they still have the resource and the current value of the resource. The applicant is also expected to provide answers regarding the existence of all resource types. If the form indicates 'No Information Reported', and they do not indicate that there are any changes, it is assumed that the consumer still has no resources unless a red flag or other discrepant information is identified.

Examples of red flags include but are not limited to the following:

- Some questions are marked 'No', but others are left blank.
- Questions were answered but then marked out.
- Bank statements are provided that show transfers to/from accounts that are not documented in KEES and have not previously been reported.
- EATSS shows the consumer's Social Security income being direct deposited into a bank account that has not been reported.

Review Question	Eligibility Action
Do you still have this resource?	Must obtain an answer.
Current Amount or Value	<p>Must obtain an answer.            Proof of new value required for existing non-exempt resources in the following circumstances:</p> <ul style="list-style-type: none"> <li>• Real Property: Last verified 12 months ago.</li> <li>• Personal Property: Last verified 12 months ago.</li> <li>• Liquid Resources: Last verified 12 months ago, provided all of the conditions below are met.               <ul style="list-style-type: none"> <li>○ An application (other than a MIPPA application) or pre-populated review form was filed within the last 12 months.</li> <li>○ The reported value of all countable resources does not exceed 85% of the applicable resource limit.</li> <li>○ There is no indication that there has been a change in resources.</li> <li>○ No resources are being monitored for continued exempt status.                    There is <u>not</u> a countable life insurance policy, and/or community spouse.</li> </ul> </li> </ul> <p>If the above conditions are not met, verification of all resources is required. Verification of bank accounts (excluding Direct Express) is requested through the AVS applying Resource Compatibility methodology. See Medical KEESM 5120 and 9333 for more information.</p> <p>Proof of existing exempt resources are not required at review unless a change is reported which affects the exempt status of the resource.</p>
For all items below, a Yes or No answer is required. If the answer is Yes – Verification of the Resource is required. If ALL of the questions in this section are left blank, it can be assumed there are no additional resources to report unless a red flag or discrepant information is identified.	

Cash
Checking Account
Savings Account
Certificate of Deposit (CD)
Retirement Plan
Annuity
Other Real Estate
Promissory note or loan
Funeral or Burial Plans
Vehicle
Home
Trust
Stocks or Bonds
Life estate or Life interest in property
Other Assets

Review Question	Eligibility Action
For all items below, a Yes or No answer is required. If the answer is Yes – Verification of the Resource is required if the individual is requesting LTC. For all other requests, the Journal must include potential Transfer of Property information that will affect future requests for LTC	
Have you or your spouse ever waived rights to an inheritance or will?	Yes or No answer is required.
Have you or your spouse taken a loan against any property in the last five years, including a second mortgage or reverse mortgage?	Yes or No answer is required.
Have you or your spouse ever worked with an attorney for Estate Planning purposes?	Yes or No answer is required.
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?	Yes or No answer is required.

### Section G: Expenses

Form lists all expenses that are on file in KEES and asks if there have been any changes to the expense information.

Review Question	Eligibility Action
Is there a change in any of the expenses listed above?	<p>If left blank, assume No changes for recurring monthly expenses such as health insurance premiums.</p> <p>For non-recurring expenses such as past due and owing expenses, research is necessary to determine if/when the expense should be end dated.</p>

### Section H: Health Insurance

Form lists information about health insurance and asks if the insurance information has changed. If the form indicates 'No Information Reported', and they do not indicate that there are any changes, it is assumed that the consumer still has no other health insurance.

Review Question	Eligibility Action
Any change?	If left blank, assume No changes.
Is there a change in any of the health insurance listed above?	If left blank, assume No changes.

### Section I: Address of Spouse

Form asks to confirm the physical and mailing address for the spouse of consumer receiving LTC.

Review Question	Eligibility Action
Is there any change in any of the addresses listed above?	If left blank, assume the information is correct.

## Section J: Expenses for Spouse

Form lists all shelter expenses that are on file in KEES for the spouse of consumer receiving LTC and asks if there have been any changes to the shelter expense information. If the form indicates 'No Information Reported' and they do not indicate that there are any changes in Step 3, it is assumed that the spouse has no shelter expenses.

Review Question	Eligibility Action
Is there a change in any of the expenses listed above?	If left blank, assume No changes.

## Section K: Income for your spouse and / or dependent(s) in the household

Form lists all income that is on file in KEES for the spouse and/or dependent(s) of consumer receiving LTC and asks to confirm if the income still exists and if the amount is still the same. Also asks if there are any changes in any of the income. If the form indicates 'No Information Reported', and they do not indicate that there are any changes in Step 3, it is assumed that the spouse and/or dependent(s) still have no forms of income.

Review Question	Eligibility Action
If left blank, assume No changes.	If left blank, assume No changes.
Is the amount the same?	If left blank, assume No changes.
Is there any change in any of the income listed above?	If left blank, assume No changes.  <i>Note: Answering No to this question is also indicative that there are no other new income sources to report unless additional information is provided in Step 3.</i>

## Section L: Social Security Application Information

This section was added to gather information for those who indicate Yes to the last question in section BB regarding having applied for Social Security Benefits. This information is required when completing an E&D eligibility determination for an individual that no longer meets MAGI/Family Medical program criteria. For this section, any missing information would have to be clarified at the point the person is being screened for E&D coverage.

## Step 2 – Tell us about changes in your household

### Section A: Address or Phone number

This section is used to provide an update to the address or phone number for the household. Assume no changes if nothing included in this section.

### Section B: Tell us about other people living in your home.

This section is used to add a person who is living in the home that was not already included on the Review Form. The questions presented on the review form do NOT capture everything that may be required to make an eligibility decision. Specific assumptions are allowed and documented below:

- Assume the individual is NOT pregnant.
- Assume the individual is NOT disabled.
- Assume the individual was NOT in foster care on their 18<sup>th</sup> birthday.

If the individual is requesting medical assistance and enough information is not provided in the questions outlined below, then send an Application Supplement to the consumer to complete.

Review Question	Eligibility Action
Name (First, middle, last)	Must obtain answer
Maiden Name	Not required
Relationship to Person 1	Must obtain answer; use other known family relations to try to determine relationship before contacting applicant.
Relationship to Person 2	Must obtain answer; use other known family relations to try to determine relationship before contacting applicant.
Gender	Must obtain answer
Date of Birth	Must obtain answer
Marital Status	Not required
Person lives at the same address as applicant	Assume Yes, if left blank
Lived in a state other than Kansas in the last 3 months	Required if requesting assistance with prior medical
Applying for medical assistance	Assume No, if left blank
Special types of Medical	<p>The special medical types determine what is entered into KEES for the Requested Medical Type.</p> <ul style="list-style-type: none"> <li>• Working Healthy RMT <ul style="list-style-type: none"> <li>○ Working Healthy</li> </ul> </li> <li>• Long Term Care RMT <ul style="list-style-type: none"> <li>○ HCBS</li> <li>○ Nursing Home</li> <li>○ PACE</li> </ul> </li> <li>• Medical RMT <ul style="list-style-type: none"> <li>○ Medically Needy</li> <li>○ Medicare Costs</li> </ul> </li> <li>• MSP RMT</li> </ul> <p>Medicare Costs ONLY (no other assistance)</p>
Guardian or conservator?	Assume No, if left blank
Social Security #	Required, if requesting assistance.
U.S. citizen	Required, if requesting assistance. The Federal Hub may provide the answer.
Race	Required for KEES. If left blank, choose Other
Ethnicity	Required for KEES. If left blank, choose Other
Delivered a baby in the last 3 months	Assume No, if left blank. Identifies a potential SOBRA application. Used when the applicant is a non-citizen.



<b>Review Question</b>	<b>Eligibility Action</b>
Emergency care in the last 3 months	Assume No, if left blank. Identifies a potential SOBRA application. Used when the applicant is a non-citizen.
Prior Medical	Assume No, if left blank, unless a baby was born in the prior 3 months, other indication of recent major medical expense or approving LMB.
Changes in the household during the last 3 months? (People moving in or out?)	Must obtain answer if prior medical assistance has been requested.
Description of household changes	Required if above answered Yes.
Changes in the income during the last 3 months	Must obtain answer if prior medical assistance has been requested.
Description of income changes	Required if above answered Yes.
Changes in the assets during the last 3 months	Must obtain answer if prior medical assistance has been requested.
Description of asset changes	Required if above answered Yes.
Which of the following best describes this person's current living situation?	Assume 'Own Home' if left blank, unless the applicant has requested Long Term Care. If requesting Long Term Care, need to make contact with applicant to determine if HCBS or Nursing Facility is the living situation.
Living outside of the home	Assume No, if left blank
If yes, why is this person living outside of the home?	Must obtain answer
Date expected to return	Must obtain answer
If in a hospital, nursing facility or other institution, what is the name of the facility?	Must obtain answer
Date Admitted	Must obtain answer
Date Discharged	Must obtain answer
Has this person ever been in a hospital or nursing facility for more than 30 days in a row?	Required for a spousal impoverishment assessment. Otherwise, assume no.
If yes, when	Required for a spousal impoverishment assessment.
Has this person served in the military?	Assume No, if left blank.
Is this person the spouse or widow of someone who served in the military?	Assume No, if left blank.
What is this person's VA file number?	Not Required
Does this person pay for medical expenses?	Assume No, if left blank.
How much is the expense?	Required in order to determine if the expense is allowable.

Review Question	Eligibility Action
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.
Does this person have a disability that will last at least 12-months or result in death?	Assume No, if left blank.
Has this person ever applied for Social Security benefits?	Assume No, if left blank.
Was the application denied?	All answers required if the above is Yes. However, staff should attempt to obtain all information from EATSS.
If yes, when?	
Is the denial under appeal?	
If yes, what is the status?	
Has the existing condition become worse since the Social Security denial?	
If yes, explain	
Does this person have a new disability or condition that Social Security did not look at?	
If yes, briefly describe the disability	
Is an attorney or someone else helping this person with the Social Security application for disability benefits?	
If yes, list the name of the person and organization	
Phone number of the Person or Organization	

### Step 3 – Other Important Household Information

In Step 3, the applicant is required to provide additional information about any changes that were reported in Step 1. This is the place to provide income, pre-tax deductions, health insurance, and federal tax deductions information for a person added in Step 2.

Review Question	Eligibility Action
<b>Income</b>	
Are there any other people from Step 2 who have income?	Must obtain answer
Name	If answer to above is Yes, or consumer indicated a change in income in Step 1, an answer to all of these questions is required.
Source of Income	
How much?	
How often?	

<b>Pre-Tax Deductions</b>	
Are there any other people from Step 2 who have pre-tax deductions?	Assume No, if left blank
Name	
Type of Pre-Tax Deduction	
How much?	
How often?	
<b>Health Insurance</b>	
Multiple Health Insurance Questions	A TPL referral is completed with all information known. The information must at least include the name of the policy holder, the insurance carrier name and either the policy number/ID or the SSN of the policy holder in order for the fiscal agent to search for a match. 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.
<b>Federal Tax Deductions</b>	
Are there any other people from Step 2 who have federal tax deductions?	Assume No, if left blank
Name	
Type of Federal Deduction	
How much?	
How often?	
<b>Expenses</b>	
Type of Expense	If consumer indicated a change in expenses in Step 1, an answer to all of these questions is required.
Amount	
How often?	
<b>Address for Spouse</b>	
Multiple Address questions	Assume no change if left blank.

### Medical Representative or Facilitator

Form allows the applicant to appoint a medical representative or facilitator.

If nothing new reported, confirm the existing administrative role(s) should continue. If a new medical representative is reported and one already exists, contact the consumer to determine if they are revoking the initial medical representative or adding a second one. If a facilitator is high-dated on the case, research the case history to determine when it should have been end-dated and end-date as appropriate. Refer to KC-6001 [Administrative Roles Chart](#).

Review Question	Eligibility Action
<b>Health Plan</b>	
Choose a health plan for the new people from Step 2 applying for coverage.	Not Required

**Step 4 – Read and Sign**

This section gathers the signature for the review. See [PM2020-09-01](#) and [PC2021-10-01](#).

**Note:** The signature needs to be on one of the two signature pages, indicating they are authorizing consumer Rights and Responsibilities. It does not have to be on the exact line designated for the consumer signature as long as it meets the other requirements for a valid signature.