



Policy Memo	
KDHE-DHCF POLICY NO: 2018-12-01	From: Jeanine Schieferecke
Date: December 3, 2018	KEESM Reference: KFMAM Reference:
RE: Implementation of 2019 SSA COLA	Program(s): All Medical Assistance Programs

The purpose of this memo is to provide implementation instructions for the 2019 Social Security Cost of Living Adjustment (COLA) mass change. Social Security announced that recipients of OASDI and SSI benefits will receive a 2.8% increase in benefit levels for 2019. The Medicare Part B premium will also be adjusted for some individuals. These increases are effective January 1, 2019. As a result, Medicaid eligibility must be redetermined for all recipients who receive these benefits.

1. BACKGROUND

This change is expected to impact over 80,000 Medicaid recipients and household members who receive SSI or Social Security benefits. To effect the changes related to the COLA, KEES will execute a mass update over the weekend of December 1-2, 2018. The mass change process systematically computes and budgets new income amounts, benefit levels and other changes related to the COLA. The systematic update will allow for more efficient processing and will also enable staff to focus manual effort on high priority cases. This memo provides information and instruction for both the automated updates, as well as, manual processing that may be necessary in order to accurately redetermine coverage and benefit levels.

2. KEES UPDATES

The COLA MASS Change process in KEES will identify and update all cases with new or changing SSI income, medical conditions records, Social Security income amounts, and Medicare expense amounts. Most cases impacted will then be selected for batch EDBC. All program blocks on the case will be impacted. Note that some cases will be excluded from the batch EDBC, as indicated below. Only those cases that have a change identified because of the COLA changes will be processed; cases that are not impacted by the COLA will not be redetermined. Pending program blocks will not be impacted.

A. Mass Change Components:

The following components are included as part of the KEES Mass Change process:

- Social Security income change
- KEES tables updated with new limits
- Update SSI income Records from the SDX COLA file
- Create Medical Condition Records
- Other Income and Expense Changes
- Batch EDBC – recalculating benefits
- Coordination with Reviews
- Generate Notices – Delayed Mailing
- Facility and LTC Provider Notification Process
- Manual Processes required for incorrect cases

B. Data Clean-up:

Keep in mind that data in KEES will significantly impact the outcome of the resulting redetermination. Cases that have not undergone conversion cleanup since KEES implementation, have experienced an overridden EDBC or have incomplete data records may be adversely impacted by the mass change and will require special attention. These include cases with overdue action. When COLA runs, the determination may fail and result in manual work on the part of staff to ensure proper coverage is issued.

A significant number of cases have been identified for Pre-COLA Clean-Up work designed to target specific issues. These reports are used to identify cases where an incorrect outcome is likely. However, in order to minimize the negative or unexpected impact of a large batch job, it is crucial that staff follow instructions issued by KDHE Policy and the KEES HelpDesk when processing cases in KEES.

Anytime a case is identified for manual clean up, both Pre-COLA and Post-COLA, staff should strive to take action on any outstanding tasks or issues tied to the case.

3. SSI CHANGES

Social Security will adjust SSI benefit levels by 2.8% for individuals and couples beginning January 1, 2019. The following are the new benefit amounts:

Type	Previous Benefit	Benefit Eff 01-01-19
Eligible Individual in Own Home	\$750.00	\$771.00
Eligible individual with Spouse in Own Home	\$1,125.00	\$1,157.00
Eligible Individual in Medicaid-approved Institution	\$30.00	\$30.00

Eligible Individual with Eligible Spouse both in Medicaid –Approved Institution	\$60.00	\$60.00
Eligible Individual in Household of Another	\$500.00	\$ 514.00
Eligible Individual with Eligible Spouse both in Household of Another	\$733.34	\$ 771.33

The 300% SSI Limit for LTC is also adjusted beginning January 1. The limit increases from \$2250.00 to \$2313.00.

A. KEES INCOME RECORDS – SSI

As part of the Mass Change process, SSI income records will be automatically updated with information from the SDX COLA file. This file, received from Social Security in late November 2018, provides income amounts for all SSI recipients in the state of Kansas. KEES will use the information to update income information using the rules below.

If a new Income Record is added, it is added with an Income Type of ‘Family Medical’. If it is updating an existing record, the current Income Type will be used. The current record will be automatically end dated with an effective date of 12-31-18 and the new record will begin 01-01-2019

Any New Medical Condition is added as ‘SSI – Disabled’. The effective date of the new Medical Condition will be 01-01-2019

1. PERSON WITH AN ACTIVE SSI INCOME RECORD IN KEES AND A NEW SSI INCOME AMOUNT IS ON THE FILE.

The income amount will be updated with the new income amount detail record effective 01-01-2019

Note: All of these individuals should be currently eligible with an SSI aid code, no change in coverage level is expected.

2. PERSON WITHOUT BOTH AN ACTIVE SSI INCOME RECORD IN KEES AND AN SSI INCOME AMOUNT IS ON THE FILE:

A new SSI income record will be created with an effective date of 01-01-2019. A new Medical Condition of ‘SI Disabled’ will also be created with an effective date of 01-01-2019 if one does not exist.

Note: These are likely new SSI recipients and coverage will be adjusted automatically by the COLA batch.

3. PERSON WITH AN ACTIVE SSI INCOME RECORD IN KEES AND NO SSI RECORD OR AN SSI RECORD INDICATING \$0 INCOME IS ON THE FILE:

No adjustments will be made to the SSI income record for these individuals. A report will be created, and cases must be manually reviewed. These individuals must be reviewed to determine if they are still considered SSI recipients.

Note: These are likely people who will lose eligibility for SI-related medical.

When processing these cases staff must be sure to consider the policy changes implemented by KDHE Policy Memo 2018-10-02, SSI Termination. Staff must consider if the SSI income change is temporary or permanent, if contact with SSA is necessary or if a new application is required. Staff are encouraged to utilize the desk aid, Eligibility Actions Following Loss of SSI Recipient Status as an aid. .

4. SOCIAL SECURITY BENEFIT ADJUSTMENT

Any Social Security benefit amount listed on a current, active program or program person will be automatically updated with the COLA mass change update. The process will automatically calculate the new Social Security benefit amount based upon the amount that is active in the KEES system. The amount will be increased by the COLA, 2.8% in 2019, and the resulting amount truncated. For cases selected for an EDBC run (see Section 8 below), this amount will be used for subsequent benefit calculations. The following specifics apply to the SSA income adjustment:

- a. The new amount will be calculated for each active income record on KEES. Note the automated adjustment will not be updated for an individual who is not an active MEM or FRI on an active Program Block in KEES.
- b. When processing a case for the benefit month of January 2019, continue to use the 2018 income amount until mass change runs. For example, income on a case that is processed on November 26 for the month of January 2019 will not be updated with the new SSA income. Since it is prior to the COLA run, use the 2018 amount of SSA for the budget.

COLA is designed to update all SSA records, regardless of the effective date of the income record. If the benefit is updated prior to mass change, too much income will likely be counted. If a case is identified where an update was made to an incorrectly entered income record, the benefit should be corrected.

- c. If the new COLA amount is not updated and the correct income is not budgeted, an overpayment may result. If this occurs, the case is recorded on the Overpayment Spreadsheet.

- d. For cases processed after the COLA run, the new amount is used for all months of 2019. For example, if processing a new application with a prior medical request received in March, use the 2019 amount beginning January 2019. The 2018 amount is used for December.
- e. In the event a case is missed with the mass COLA SSA update for 2019, staff are responsible for ensuring the income record has been updated with the new amount. Although staff are not required to routinely check all cases for update, if a case is found, the income record must be updated. Income should be obtained through normal verification processes, including TPQY. Or, if a current TPQY is not available immediately following the mass change, staff can calculate the new amount by multiplying the current SSA benefit amount by 1.028 and truncating to the whole dollar. For example, the current benefit amount on KEES is \$895.00. $\$895 \times 1.028 = \920.06 . The amount to be entered on KEES is \$920.00.

5. OTHER INCOME CHANGES – GOVERNMENT PAYMENTS

Other government-issued benefits are also anticipated to increase in 2019. These include changes to Civil Service Retirement benefits, pensions, Veterans Administration benefits, Railroad Retirement benefits, and other unearned income. These changes must be completed and budgeted according to the information below.

A. RAILROAD RETIREMENT BENEFITS

KDHE has requested verification of new benefit amounts from the Railroad Retirement Board (RRB) for consumers receiving these benefits. Once received, the individual benefit letters that verify the new RRB amounts must be imaged to the case with a Document Type of 'Income'. In addition, a new income detail record amount must be created with an effective date according to the date of the action given timely notice requirements. New RRB amounts are to be budgeted no later than February 2019.

Note: The RRB has indicated the information will be provided to KDHE in late December. This means most consumers will have any increase budgeted beginning February 2019. Income may be budgeted earlier if the change is reported by the consumer and it is within timely notice requirements.

B. VETERANS INCOME

KDHE has requested verification of new Veterans benefit levels from the Veterans Administration. However, it is unclear if the VA will provide updated benefit amounts for 2019. If information is received from the VA as a response to the request, the individual benefit letters that verify the new amount are imaged to the case file with a Document Type of 'Income'. A new income detail record must be created with an effective date according to the

date of the action given timely notice requirements. If VA does not respond, it will be necessary for the consumer to report the new amount. All VA income amounts are to be budgeted no later than February 2019. If benefit changes were not reported timely by the consumer, staff must obtain verification of the new VA benefit at the next scheduled review. In these situations, staff must evaluate the case for a potential overpayment.

C. CIVIL SERVICE AND OTHER BENEFITS

Although other benefits may also increase, there are no centralized actions planned to obtain the new information. Consumers are expected to report any changes in benefit levels according to the Change Reporting rules. Benefit changes in January must be reported and implemented no later than February 2019. If the benefit changes were not reported by the consumer timely, verification must be obtained no later than the next review. In these situations, staff must evaluate the case for a potential overpayment.

6. MEDICARE EXPENSE UPDATES

The standard Medicare Part B premium for 2019 will increase from \$134/month to \$135.50/month for persons who have less than \$85,000/year. (\$170,000 for couples). Persons with higher incomes may pay a higher premium. Some individuals may continue to pay a reduced premium due to the 'hold harmless' provision that established a Medicare B premium below the standard. This was due to a low SSA COLA in 2017 that capped an individual premium increase to the amount of the SSA increase. Those individuals will see an increase in their Medicare B premium this year, but in rare instances, will not rise high enough to reach the standard. Example: An individual with a premium of \$104.90 in 2016 would have a standard premium of \$134/month in 2017. Her Social Security was \$300 in 2016. She received a \$1 COLA in 2017. Because she only received a \$1 COLA increase, the Medicare premium cannot increase more than \$1. Resulting in a Medicare B premium of \$105.90 in 2017. Her 2018 Social Security increase was \$7.00. The meant her Medicare B premium rose by \$7.00 to \$112.90, an amount below the standard. In 2019, her COLA increase is \$8.00, meaning her Medicare B premium will be \$120.90. Some beneficiaries will continue to pay a reduced amount of Medicare B premium for subsequent years.

Note that the premium for all persons on Buy-In is the standard premium of \$135.50/month regardless of the 'hold harmless' rules.

COLA Mass change will automatically adjust all Medicare B premiums to \$135.50 effective January 2019. The batch will replace any existing Medicare premiums with the base premium amount. All batch records will be created as 'State Pay'.

Although the new amounts will be updated on all cases with an active Medicare Expense record, because the Medicare premium amount only impacts the budget when Medicare Buy-In is not anticipated, this is expected to impact few cases. Staff are required to verify the correct Medicare Part B premium is allowed the next time the case is touched.

The Mass Change process will not impact the Part D premium on KEES. However, staff must ensure the correct Medicare Part D premium is allowed. A current recipient is responsible for reporting any change in their part D premium. The premium the individual will pay as a LIS eligible is allowable. When that amount is not available, the current premium less the Part D Benchmark is allowed. The benchmark is only allowed on initial applications where Buy-in has not yet occurred. In 2019 the Part D Benchmark is \$32.46/month. This is allowable beginning with the first month the individual is eligible for Medicaid or an MSP program. Staff are not expected to adjust this amount unless specifically reported by the consumer.

7. OTHER INSURANCE PREMIUM CHANGES – INCLUDING BC/BS OF KS PREMIUMS

Current recipients whose health insurance premium changes are responsible for reporting those changes. In most cases, those premium changes are allowable the month following the month of report. Due to the large number of persons who are enrolled in BCBS of KS supplemental program, KDHE coordinates with BCBS of KS to obtain information to make this process easier.

Recipients enrolled with BCBS of KS members will be included in a data match to obtain new, individual rate information. The individual rates are expected to be available the first week of December 2018 and will be made available to staff at that time. These will need to be budgeted for January 2019. As a reminder to staff, information is to be recorded as a 'Health Insurance Premium' and Expense type of 'BC/BS'. The details of the exact type of coverage the individual has are then recorded in the description field (e.g. Plan F with Dental Rider). The specific rate information shall be recorded with an effective date of 01-01-2019, unless the client has reported the information previously as described above. Premiums for BC/BS of Kansas City members will not be included

KDHE is attempting to obtain the 2019 Medicare Supplemental rates from BCBS of KS. When available, the rate list will be distributed to staff. For new applicants and individuals who were not identified as part of the match, verification of the new premium must be obtained from the consumer. It is usually necessary to verify the specific Supplemental Plan the consumer has (Plan A – N) to determine the new premium amount. The new premium is generally allowable beginning the month following the month of report.

Verification of any premium change for BCBS of Kansas City or any other carrier will be obtained from the consumer. Any increase is generally allowable the month following the month reported.

8. BATCH EDBC

The COLA Mass Change process will identify all Medical Program blocks impacted by the income and/or Medicare updates described above and process an automatic Batch EDBC. The Batch EDBC will run with a special EDBC run reason of 'COLA' for the month of January 2019. As a

result of the Batch EDBC, changes in coverage, including aid codes, base periods and cost sharing could result as follows:

A. NEW ELIGIBILITY:

New or different eligibility could occur as a result of the Mass Change. This could mean a change in Aid Code and/or Benefit Plan. Careful attention should be given to any case experiencing a change in either. A report of all cases with suspect results will be provided.

Note: The batch should never produce brand new eligibility for any individual. For example, a person should not move from an FRI to a MEM due to the mass change. If cases are discovered where this appears to have occurred, a KEES incident is to be created.

B. CONTINUOUS ELIGIBILITY PERIOD:

Program blocks with expired CE periods are being excluded from the batch EDBC, so new CE periods should not result from the COLA batch EDBC. For programs within an existing CE, the Batch EDBC will execute, and any coverage change that occurs will follow existing KEES rules and is considered appropriate. Cases where coverage changes have occurred will be included on the suspect eligibility report.

C. COST SHARING:

When income is recalculated, cost sharing responsibilities will likely change too. Cases could experience a change in spenddown amount, patient liability, client obligation, participant obligation, or premium. Cases with correctly entered Income Allocation, Medicare Expenses and other Medical Expenses may also impact cost sharing. New Cost sharing amounts are calculated with the Batch EDBC and will be communicated to the member and LTC entity. Special attention should be given to any case that has a large cost sharing change. This is true of CHIP cases as well. Reports will be provided of all cases with unusual cost sharing changes.

D. DISCONTINUANCE:

The COLA EDBC should never result in any member being discontinued. The batch is programmed so that a Read Only EDBC is the outcome for any case that resulted in a discontinued program or individual.

These cases require manual review. The Read Only EDBC is generally the result of incorrect or inconsistent data in KEES and the data must be corrected for the case to execute properly. Instructions provided for the Pre-COLA clean up can be used when processing these cases Post-COLA. If an actual discontinuance results, the person/program may be discontinued, but must be given timely and adequate notice. Reports of cases with Read Only EDBC (AKA COLA Skips) are provided.

9. NOTICES

As part of the EDBC Batch process, a notice will be generated for any identified change. These will include changes in aid code and benefit plan as well as new base periods and changes in cost sharing. The Batch EDBC should generate notices from the change only when there is a change in coverage. Notices are to be generated for the recipient as well as any appropriate Administrative Role when a change has occurred as a result of the mass change. Notices will not be generated for any facility, HCBS MCO or PACE entity (See Section 9.C below).

A. SPECIAL PROCESSES

Special processes have been developed for notices generating from the COLA batch to provide for the following concerns:

1. The COLA is running in early December and the change is effective 01-01-2019; additional changes may take place in the interim that require action. Multiple notifications may confuse the recipient.
2. Notices that are generated from the batch may be incorrect and require changes.

B. DELAYED MAILING

Notices produced from the batch run will not be mailed immediately. Notices will be held for a later release to give staff time to review and delete any incorrect notices. Although COLA notices will generate and be viewable on the Distributed Documents page, notice mailing will occur in December

Notices generated from the batch will be placed in an 'ON HOLD' status. This will allow the user to review the notice and, if necessary, delete the notice and generate an appropriate notice. Staff will not be able to modify the COLA notice but must delete a bad notice. Once deleted, a change notice will usually generate upon running EDBC and, if the resulting notice is appropriate, a COLA-specific fragment is added to the notice. The Standard Text for Copy and Paste spreadsheet has been updated with the new fragment. Additional information regarding the specific steps will be provided in training material.

Staff will have through COB December 13, 2018 to delete any notice. After that date, any notice that is in On Hold status will be targeted for mailing. Staff cannot delete any notices after this date. Notices will be sent to the Central Printer for mailing. Mailing is expected to take several days but will be complete prior to negative action deadline.

Note: Notices recreated through a 'normal' EDBC by a human will not be held. Those notices will be mailed according to the general mailing schedule.

C. FACILITY NOTICES

As indicated above, individual facility notices are not generated out of the batch. Facilities will be notified of any liability change through a special report. On or about December 22, 2018 a list of all recipients with a liability change as a result of Mass Change will be included on a special report. Each facility will receive a special report. The report will list the new liability for each resident and the effective date. A similar report will be provided for each MCO for HCBS and PACE cases. The reports will be mailed from Central Office. Because these reports are generated based on the LTC provider listed on the LTC Data Details page, it is critical that staff ensure the provider listed on the LTC Data Details page is correct.

10. JOURNAL

As part of the COLA batch process, an automated journal entry will be written to the case. The journal entry reads:

'As part of the COLA Batch process, updates were made to the COLA specific Data Collection records and a Batch EBDC was ran, accepted and saved'.

Staff should create journal entries for any additional action taken that may be related to COLA.

11. SPOUSAL IMPOVERISHMENT/INCOME ALLOCATION

The cost-of-living adjustments may have an impact on the amount of income being made available to a community spouse through the spousal impoverishment/income allocation provisions. If the community spouse is also an OASDI recipient, the increase could impact the amount being made available if the maximum permitted income allowance amount has not been reached. KEES will recalculate the amount of the allocation automatically but the result may not be correct. There are a number of issues to consider:

- a. The SSA income of the community spouse must be adjusted due to the COLA increase. However, the incomes may not all be automatically adjusted with the mass change. KEES will only adjust the income of persons who are associated with the program, therefore excluding many persons only listed as a 'dependent'. Staff are responsible for ensuring the community spouse, and other dependents, SSA income has been adjusted effective 01-01-19. The new amount can be obtained from EATSS, the case file or can be computed as per 4(d) above.
- b. If the community spouse has other income, staff should check the case record to determine if any new amounts have been reported and utilize those amounts in the budget. Other income must be verified at the next review.

- c. Cases where conversion clean-up has not been completed must be reviewed to ensure the correct information is recorded in KEES. The appropriate clean-up steps must be completed at this time. For cases that don't appear to have requested income allocation, it is appropriate for staff to assume this is correct unless a non-zero patient liability/obligation results from the mass change. In these cases, it is necessary to research the case file, including OneNote, to determine if an allocation request was made.
- d. All cases potentially eligible for allocation must be manually reviewed by staff. A report is provided.
- e. It is important to evaluate the income included with the final budget by viewing the LTC Allocation Detail page from the EDBC.
- f. The new spousal impoverishment standards were implemented earlier in the year. The following are currently in effect:

A. Maximum Community Spouse Income Allowance	\$ 3,160.00
B. Excess Shelter Deduction	\$ 260.00
C. Maximum Community Spouse Resource Allowance:	\$ 126,420.00
D. Minimum Community Spouse Resource Allowance:	\$ 25,284.00

12. PROGRAM SPECIFIC INSTRUCTIONS

A. PROTECTED MEDICAL GROUPS

KEES has been updated with new multipliers for the Protected Medical Groups for 2019. Cases that are correctly coded in KEES should be redetermined as part of the mass change. In addition, cases may be newly approved for a PMG group as part of the mass change. In these situations, any existing medically needy base period will end. These cases must be reviewed to ensure action is correct.

Cases where conversion clean-up has not been completed or with improper KEES coding may experience a change in coverage. This will generally require manual processing. Although the mass change results may have placed them in a new aid code, this result is incorrect in most cases. Staff must review these cases and ensure KEES is properly updated. For converted cases, information regarding the original determination will be necessary to complete this step.

For cases that may be new PMG, staff must follow the processes outlined in KDHE Policy Memo 2018-10-01, SSI Termination. Each case must be evaluated to determine if a new application is necessary and/or if contact with SSA is required.

A report, PMG Cases, that switched aid code or lost PMG coverage as a result of the Mass Change will be distributed.

B. MEDICARE SAVINGS PROGRAMS

For all MSP, the amount of the COLA increase is not included in any determination for the first quarter of the calendar year, or until the new poverty levels are implemented for the calendar year. KEES accommodates this policy and will apply a disregard for any MSP budget determined through an online or batch EDBC.

New Resource limits for these programs are also effective January 1, 2019. The levels in KEES will be updated to reflect the new standards.

Single Person: From \$7,560.00 to \$ 7,620.00

Couple: From \$11,340.00 to \$11,430.00

Determinations for the benefit month of January 2019 and later will be made using the new resource standards.

C. WORKING HEALTHY

An increase in income does not impact a Working Healthy case except at review. Because of this, changes to Working Healthy cases due to the COLA are rare. However, because this protection is not built into KEES, cases may come out of the COLA batch with a new premium or a change in premium. All Working Healthy cases with a premium change must be reviewed and a correct notice issued. Eligibility will need to be adjusted for cases with a premium increase. A new notice may need to be created for cases with a premium decrease. A report, Working Healthy cases with a premium change, will be provided.

D. MEDICALLY NEEDY

Income and Medicare expense records will be updated for all Medically Needy cases. However, cases that do not have a current Medically Needy base are excluded from the EDBC portion of the batch. This is done to avoid establishing a new base period. Any case with an active Medically Needy program and a base period that expires on or before December 31, 2018 will appear on the 'Medically Needy Exclusion' report and must be reviewed. Staff must determine if a new base period is appropriate for these cases using existing rules and processes. Some cases may also be up for review in January.

Regarding the Medical RMT: Any program block for an MSP only case that has an RMT of 'Medical' would likely have a new base period established when the Batch EDBC runs. Staff must take extra care to ensure the correct RMT is in place when completing any processing to avoid a similar change in the future.

All other Medically Needy cases should be updated by the batch and a new spenddown amount will be established. The new amount will include the new SSA benefit as well as any Medicare premium updates.

It is possible that some cases will actually be redetermined in the Medically Needy group following the execution of the EDBC. If the case was properly coded in KEES, this would be a rare occurrence. Because of this, cases with a change to a Medically Needy program must be reviewed. These cases will appear on the report 'Suspect Cases.

E. LONG TERM CARE

When the COLA processes a long term care case, the EDBC process will recalculate both eligibility and the Patient Liability/client obligation/participant obligation. Most individuals are eligible under a 300 Aid Code and will have a new obligation established with the COLA updates. A case is identified as LTC by the presence of an active LTC record on the LTC Data Details page in KEES. If the information on this page is inaccurate or incomplete, unexpected changes could result. Medical expenses listed on KEES will also impact the outcome of both the EDBC and any resulting liability change.

- a. **MN3 Aid Codes:** For cases previously determined eligible under this group, the automated mass change process is expected to calculate correctly. Cases with incomes in excess of the 300% limit will recalculate and, if the cost of care listed on the LTC Data Details page exceeds the resulting liability, the case will continue eligibility with only a liability update. However, if, after the mass run, the liability is now greater than the cost of care, a change in coverage will likely result. These will most likely convert to a straight medically needy program. Staff must review each of these cases to ensure the action is correct.

Note: For these programs, it is critical that a Facility NOA/Form be sent by the worker as the special process noted above regarding the Facility Lists will not include cases that do not have a patient liability.

Cases newly determined eligible for the MN3 code are considered accurate if the cost of care on the LTC Data Details page is correct. However, because staff were not required to obtain this information for cases under 300% income threshold, it is highly unlikely the case is accurate. Therefore, it is necessary to review all cases newly determined eligible for MN3.

Lists of cases that are impacted by either issue will be included on a special MN3 Report. Staff must review these cases and make updates as necessary.

- b. **SSI Recipients** The following LTC Populations will be impacted by COLA:

- i. Some residents of state institutions or nursing facilities who receive SSI income may also have a patient liability if their income is above the \$62 PIL; primarily, residents of NF MH facilities who are between the ages of 22 and 64. The SSI income record will be updated, and eligibility will be recalculated for these individuals. Notices will be generated automatically through the mass update process. Cases that come out of the COLA with a patient liability inconsistent with their situation will be included on a special report of Suspect Cases. Staff are expected to review these cases and ensure the eligibility outcome is correct based on the individual's situation. In some cases, other coding issues, such as incorrect level of care codes, may be causing a problem. A report of suspect SSI cases in a Nursing Facility with an obligation is included.
- ii. Persons in HCBS, MFP or Community-Based PACE who receive SSI do not have a client obligation. However, an existing defect in KEES will determine an obligation if income exceeds the PIL. These cases must be evaluated to ensure a Client Obligation is not established. In addition, if an obligation was previously set, an underpayment must be considered. A report – SSI recipients in HCBS or TC – is provided and must be processed.
- iii. Persons in a Temporary Care arrangement who receive SSI do not have a patient liability. An existing defect in KEES will determine a liability if income exceeds the appropriate PIL. These cases must be evaluated to ensure a Client Obligation is not established. In addition, if an obligation was previously set, an underpayment must be considered. A report – SSI recipients in HCBS or TC – is provided and must be processed.

F. SUBSTANTIAL HOME EQUITY

The Substantial Home Equity limit is increasing to \$585,000 effective January 1, 2019. Cases that are impacted by this increase are to be identified no later than the next review and appropriate action taken. A report of cases with home equity limits more than this amount will be provided.

13. CASES WITH UNEXPLAINED AID CODE OR COST SHARING CHANGES

For most cases, changes as a result of COLA will be relatively minor – small adjustments in Patient Liability or spenddown or a minor change in aid code. However, some cases will experience a significant change following execution of COLA. This may be a large change in cost share of hundreds, or even thousands, of dollars, incorrect eligibility or unexplained notices. These changes usually indicate a problem with data on the system. As previously indicated, this could be the result of incomplete conversion clean up. However, several other factors may also cause a case to experience unexplained changes. Reports of various

Suspect Cases are provided. When reviewing these cases, several items must be explored to determine if additional action is needed:

- a. A case that experienced data changes but EDBC was not executed. This could include cases with expired expenses, income changes, updated medical conditions, etc. If this is the first time EDBC was executed following those updates, changes to coverage could be significant. In many instances, the resulting eligibility is correct based on the data. However, the notice of action may not fully explain the change. In these cases, it may be necessary to send a supplemental notice or make other adjustments.
- b. Incorrect RMT. If the RMT is set as Medical for a case, all programs will be considered and may actually be authorized from the mass change.
- c. Cases in Progress. Although the mass change will not execute against a pending case, cases that have incomplete process changes may be mass changed. These may include cases transitioning living arrangements, undergoing a change brought on by the new Protected Filing Date policy or other changes.

To mitigate this issue, KEES will exclude from processing all cases in the E and D State and Outstationed Worker Queue to avoid shifts in coverage prior to authorization. State staff must ensure they are considering the changes related to mass change when processing actions on or after November 30. A report is provided.

14. OTHER CASES THAT REQUIRE MANUAL PROCESSING

The following sections outline additional cases that will require manual processing:

- a. Overridden Budgets. Cases with overridden budgets will produce a read-only EDBC as part of the mass change process. This means these cases will continue to receive coverage at the same level as prior to the mass change until the next time an on-line EDBC is executed. Overridden cases must be manually processed in order for the COLA increase and other changes to take effect. In cases where the override is no longer needed, simply reauthorizing coverage may be sufficient to properly work the case. However, if the override is still needed to ensure accurate results, the case must be manually processed. A report of cases with Overridden Budgets is included, with high priority given to Long Term Care cases.
- b. Skipped Cases: Cases may be skipped by the Mass Change if there are issues with the date on the case that will prevent the EDBC from executing. Staff must review these cases to determine the issue and make necessary corrections. However,

coverage will continue at the same level as in place prior to the mass change. Manual processing is required, and a report will be provided. This report will be combined with the report of discontinued cases noted in Item 8, Discontinued Cases. Report of Read Only/Skipped Cases

15. COLA CHANGES – COORDINATION WITH REVIEWS

December reviews (where coverage expires December 31, 2018) were processed through the review batch on November 15, 2018. Notices and forms were mailed to consumers and administrative roles as required. Passive and Super Passive reviews were given updated information regarding benefits and coverage for January 2019. Pre-Populated reviews were instructed to return their review by December 1st or coverage would end December 31, 2018.

Because the review batch was processed BEFORE COLA mass change, reviews were processed using the old income amounts – prior to the income update. When the COLA batch executed, and new income amounts were determined, a new notice may have resulted. This will likely be different than the notice generated from the review batch.

The following outlines specific instructions for processing reviews associated with the COLA mass change.

A. PASSIVE REVIEWS

Passive Reviews are processed using the 2018 SSA income amounts, as the new income amounts will not have been added to the case prior to the Passive Review being processed in KEES. This could cause an increase in Passive Review Responses, as the consumers call to report the change in their SSA income amount.

If the only thing that the consumer is calling to report is a change in the SSA income amount, then it isn't necessary to record this as a PR Response because the income has now been updated in the system for 01/2019, processed, and a change notice sent to the consumer if applicable. A separate task is not required.

If other changes are reported in addition to the SSA income change, then it shall be recorded as a PR Response. In KEES, the Document Status on the Review and IR record must be updated from 'Sent' to 'Received' in order for it to be reported as a Passive Review Response. All changes reported shall be processed in the month of January 2019 to be consistent with the COLA change. However, if a change is reported prior to the end of November that will result in a positive change to the consumer then it shall be processed in the benefit month of December 2018 to be consistent with current policy.

As indicated above, two notices may be generated for a consumer regarding January benefits. The COLA notice will be the last one sent out and will be the most current, so no

action is necessary on these cases unless the consumer has a change or there is another issue with the case. However, the consumer may receive two notices.

B. PRE-POPULATED REVIEWS

The Pre-Populated Review form was generated prior to the COLA change and therefore will display the 2018 SSA income amount on the form. We expect consumers will report these changes when the review form is returned. However, COLA will still run for cases where a pre-populated review was sent. In many instances, a new notice will be produced with updated information for January coverage. This notice could be confusing to the consumer, or even incorrect, especially if the review form is not completed and returned timely. Therefore, the following special processes apply.

a. COLA Notices and EDBC

In order to avoid an incorrect notice and EDBC result, both will be withheld from the COLA process executing the weekend of December 1-2. Exclusion will only apply to those reviews that expire December 31, 2018 and were sent a Pre-Populated review form.

A new accurate notice and EDBC for January 2019 must be produced when the review is processed. That notice and EDBC will consider the new SSA benefit amount and other COLA related changes. If the case is ultimately discontinued for failure to return a review, a notice regarding January coverage will be sent at that time.

b. Reviews Returned:

Currently, if the review form is returned, coverage will continue for all recipients on the program block. This is true even if the review has not yet been processed. In addition, the information currently in KEES will be sent to MMIS and used for downstream case processing.

For most of the year, the consumer would have been properly informed of the last action. However, if the determination was impacted by COLA and coverage has changed (including a patient liability, program, etc.), the change has not yet been processed in KEES. Therefore, it is necessary to prioritize December reviews for any case that is included in COLA Mass Change. A list of cases where a pre-populated review has been returned will be provided.

C. PRE-POPULATED REVIEWS – REVIEW NOT RETURNED

Pre-Populated reviews that are not returned by the consumer will be automatically discontinued by the discontinuance batch on December 19. A notice will be sent to the consumer informing them of the termination.

16. GENERAL PROCESSING GUIDELINES

When accessing a case that has been impacted by COLA, it is important that staff evaluate the updates made by COLA. The following general steps are applicable to cases subject to manual processing where a specific Job Aid is not available as well as other situations where action is taken on a case updated by COLA:

1. Evaluate changes in eligibility – the specific aid code(s) which the client was eligible as well as any change in coverage. Determine if the change is logical and is supported by the action. This information can be obtained from the Case Summary page.
2. Evaluate the income page to determine if new or changing updated SSI records were created. If more recent information is available from EATSS or is in the case file, it is likely the SSI income record is incorrect and must be updated.
3. Evaluate the income page to determine if the SSA income amount is correct. If the 2019 amount was entered on the income page prior to COLA, the amount of SSA income budgeted is likely incorrect and it must be updated. It is also possible the original SSA amount was incorrect and would still be incorrect following COLA. The record is dated 01-01-2019
4. The Medical Condition page may have been updated by COLA if the individual was identified as an SSI recipient. This page should also be reviewed.
5. Ensure all Post-Conversion Clean-Up has been completed on the case. Refer to the KEES User Manual for instructions. Pay special attention to LTC data and the PMG questions on the income detail page.
6. Check the Medicare Expense page. COLA is updating the Medicare expense records for cases that have one of the two standard Part B premiums. These records are set with a payer of 'State'. This means the Medicare premium will not be allowed as an expense in the medical budget. If the worker is expecting an allowance, the payer must be adjusted.
7. Ensure the expense page correctly captures all expenses. If any expenses are listed on the Medical Expense page, staff should refer to existing Job Aids.
8. Check EDBC. Pay close attention to any base period as well as the eligibility that results. Staff may need to run EDBC to complete any changes made during the above review/clean up.
9. Always check the Notice of Action. Any incorrect notice must be deleted prior to 12-13-18 and a correct notice generated.
10. Journal any actions – especially any changes that were made as part of the review.

17. SUMMARY – CASES EXCLUDED FROM COLA BATCH PROCESSING

The following is a complete list of all cases excluded from COLA Batch processing. Cases may be completely excluded or excluded only from one of the updates. Issues that require manual processing by staff are noted in Section 15 below.

- a. Medically Needy with an Expired Base Period: Cases that have a Medically Needy base expiring on or before 12-31-18 will be updated with all steps (SSA income, SSI income, Medicare, Medical Condition) but will be excluded from the Batch EDBC. These cases will require manual processing.
- b. Cases with An Expired CE Period: Cases that have an expired CE period will be excluded from the batch to avoid an incorrect change in coverage. All steps (SSA income, SSI income, Medicare, Medical Condition) will be executed. Only the final Batch EDBC will be eliminated. No Manual Processing is required.
- c. Work In Progress – State and Outstationed Worker Queue: Cases in the State E and D and Outstationed Worker queues will be updated by all phases of the batch (SSA income, SSI, Medicare, Medical Condition) except the EDBC Batch update. Manual Processing is required.
- d. Skipped/Read Only/Potentially Discontinued Cases: Any case or person that would have discontinued by the batch EDBC will be excluded from automatic EDBC update. Coverage is to remain in effect until the case is reviewed. Some cases will indeed result in discontinuance following the review. Manual Processing is required.
- e. Presumptive Eligibility Cases: Any case with an open PE Block is excluded from the mass EDBC. Social Security/Medicare/SSI updates will occur. Manual processing is required.
- f. Pre-Populated Reviews – Cases where a Pre-Populated Review was sent for a case with a review due in December 2018 are withheld from the EDBC update. Income updates will be made on the case, but there will not be an EDBC update or NOA.

18. SUMMARY - CASES THAT REQUIRE MANUAL PROCESSING

The following types of cases will require some form of manual processing. Reports will be provided along as soon as available following the COLA run. In addition, Job Aids have been developed to assist staff with processing and will be available to staff when the report is distributed.

- a. Medically Needy with Expired Base Periods – These cases must be processed to determine if a new base period is appropriate. Staff should use existing processes to

determine if a new base period is to be established. Although the SSA income should be updated as part of the COLA process, staff should check the income budgeted on the case when processing. Staff use existing processes to complete this work. Necessary case work must be completed prior to medical card cutoff for January 2019.

- b. Protected Medical Group Cases – These cases are currently eligible for a PMG benefit or are potential PMG cases. For current PMG cases, staff must ensure a valid ES-3104.6 is on file and ensure all coding in KEES is accurate. The Job Aid, PMG and Using the ES-3104.6 is used for this process.
- c. Allocated Income – This report identifies all cases with a current income allocation. These cases must be reviewed to determine if the allocation is correct. This involves checking both the income of the LTC spouse as well as that of the Community Spouse and all dependents. The Job Aid, Income Allocation, is used for this process.
- d. Cases Where EDBC processed with Override – These cases will not execute properly out of the EDBC Batch due to an Overridden EDBC. These cases must be reviewed and manually processed to ensure correct eligibility is provided. The Job Aid, EDBC Overridden, is used for this process. Cases at greatest risk for error are identified as high priority cases.
- e. Cases with Income Over 300% SSI (MN3) – These are cases that are currently receiving coverage under the MN3 Aid Code or need to be considered for coverage under this category. These cases must be reviewed to ensure coding is correct, including the Cost of Care on the LTC Data Details page. The Job Aid, Income over 300%, is used for this process
- f. Skipped/Read-Only/Potentially Discontinued Cases: Cases resulting in a denied or skipped EDBC are processed as Read-Only by the batch. This means the case will continue at current benefit levels until the next time it is touched. Many of these cases have inconsistent or incorrect data in KEES that is causing the problem. These cases should be reviewed to determine the issue. Some cases will indeed result in discontinuance following the review. Manual Processing is required. Several Job Aids have been developed for this clean up.
- g. SSI Cases with HCBS or in Temporary Care – These cases are incorrectly determined with a liability or obligation. Staff must review and process to ensure the case does not have a liability. Use the Job Aid SSI Cases in HCBS or in TC.
- h. Working Healthy With a New Premium – Working Healthy Premiums cannot increase outside of a review period and some cases may have incorrectly changed. In addition, the FPL caused a reduced premium for some cases. Staff must review all cases with a Working Healthy change.

- i. SSI Cases That Appear to be Losing SSI – This report identifies cases that appear to be losing SSI based on information received from SSA. Staff must research these cases and take appropriate action. These cases will continue to receive coverage at previous levels until action is taken. Note that information provided with KDHE Policy Memo 2018-10-01, SSI Termination, changes the process used in previous years. Use the Job Aid, SSI Cases that Appear to Be Losing SSI.
- j. Suspect Cases: Those with unexplained aid code changes, large liability fluctuations or other suspect results from the Mass Change. All cases must be researched to determine if changes must be processed. Various reports may be provided. Use the Job Aid, Suspect Cases.
- k. MediKan Cases: MediKan cases that switch to SSI are considered correct because the SSI information comes directly from Social Security. However, cases with changes to other Aid Codes or a Share of Cost must be reviewed. Use the Job Aid, MediKan Cases.
- l. State Queue Cases – These cases were withheld from the Batch EDBC because action is necessary by State Staff. Process according to existing instructions. Note: a special report will not be provided as existing processes will be used to identify these cases.
- m. Outstationed Worker Cases – These cases were withheld from the Batch EDBC because action is needed by State Staff. Process according to existing instructions. Note: a special report will not be provided as existing processes will be used to identify these cases.
- n. SSI cases in an NF with an Obligation – The EDBC batch will redetermine a patient liability for these cases and generate a notice. However, cases with inconsistent results will require manual review. Staff must ensure the case is processed correctly. Use the Job Aid, SSI Cases in an NF with an Obligation.
- o. Family Medical Suspect Cases – This is a list of Family Medical cases that have a suspect change- generally a suspicious share of cost or aid code change. These cases must be reviewed to determine if the action was correct and rework the case as necessary. Use the Job Aid Family Medical Suspect Cases
- p. BC/ BS Recipients: A report of Medicaid recipients and their total premium who are currently enrolled in a BC/BS of Kansas Medicare supplemental plan will be generated. The expense page must be updated and EDBC run, as indicated above, with the new information. Updates based on the report are effective January 1, 2019.
- q. Railroad Retirement Recipients: A report of all individuals who have Railroad Retirement benefits currently budgeted was sent to the RRB. Upon receiving updated

information from RRB, the new income amounts will be provided to staff to update the budget. This information is not expected to be available until late December, so these changes will be budgeted for February eligibility.

- r. VA Benefit Recipients: A report of all individuals who have Veterans Benefits currently budgeted was sent to the VA. Upon receiving updated information from VA, the new income amounts will be provided to staff to update the budget. As VA has not acknowledged the request to date, the information is not expected to be available through a centralized process. Updates are dependent upon client report.
- s. Pre-Populated Review Cases: A report of cases with a pre-populated review that have been returned but not processed will be issued around December 15. These cases should be prioritized when processing reviews that expire in December to ensure the new COLA benefit amount is budgeted.

19. KDHE FORM UPDATES

The following forms and other documents are being updated as a result of the COLA. New versions of these documents will be available on the KDHE Policy website prior to the COLA mass run.

- a. ES-3014.6 (Pickle Worksheet)
- b. ES-3162 (Resource Assessment and Allowance Determination)
- c. ES-3163 (Income Allowance Determination)
- d. F-8 (Kansas Medical Assistance Standards)
- e. KC-7000 (300% Income Chart)
- f. KC-2700 (Medicare Savings Program Brochure)
- g. KC-2700S (Medicare Savings Program Brochure – Spanish)
- h. Division of Assets – Fact Sheet
- i. Overview of Programs for Elderly and Persons with Disabilities

20. CONCLUSION

For questions or concerns related to this document, please contact one of the KDHE Medical Policy Staff listed below.

Jerri Camargo, Family Medical Program Manager - Jerri.M.Camargo@ks.gov
Erin Kelley, Elderly and Disabled Program Manager – Erin.Kelley@ks.gov
Jeanine Schieferecke, Senior Manager – Jeanine.Schieferecke@ks.gov

Questions regarding any KEES issues are directed to the KEES Help Desk at KEES.HelpDesk@ks.gov



Determination Worksheet for Pickle Eligibles and Other Protected Medical Groups

Case Name:	
Case Number:	
Applicant/Recipient (if different than above):	

Instructions: Complete all lines for Pickle determinations (see KEESM 2681). For Disabled Widows and Widowers and Adult Disabled Children determinations, completed Lines 3 through 9 (See KEESM 2682 and 2683). For Early Widow/Widower determination, complete Lines 4 through 9 (see KEESM 2684).

1. Current OASDI Benefit		\$
2. COLA amount Disregarded for Pickles	(Line 1 x)	\$

In table below: Locate the Year and Month of last SSI payment, find COLA Ratio to right of date. Example: last payment was 8-2001 – ratio is .3347. Current SSA payment \$1000 x .3347 = \$334.70 COLA disregard.

3. COUNTABLE OASDI (1-2)	\$
4. Other Gross Unearned Income (Specify)	\$
5. Other Gross Unearned Income (Specify)	\$
6. Gross Earned Income (Specify)	\$
7. Total Income	\$
8. SSI Disregard (\$20 or as computed on PA-3105.5)	\$
9. Countable income (7-8)	\$
If Line 9 is less than SSI benefit level indicated below, enter, yes or no	Eligible:
If Line 9 is greater than or equal to SSI benefit level indicated below, enter, yes or no	Ineligible:

Worker's signature:		Date:	
---------------------	--	-------	--

If individual lives with spouse, separate calculations are required to determine countable OASDI Pickle Determinations.

SSI BENEFIT LEVEL (check one)	Total COLA Ratio – For Pickle Determinations			
	Period of Last SSI Payment	COLA RATIO	Period of Last SSI Payment	COLA RATIO
____ \$771.00 Individual in own home (including spouse with no income)	1-19 through 12-19	0.0280	1-98 through 12-98	0.3725
	1-18 through 12-18	0.0463	1-97 through 12-97	0.3901
	1-17 through 12-17	0.0492	1-96 through 12-96	0.4056
	1-16 through 12-16	0.0492	1-95 through 12-95	0.4218
____ \$1157.00 individual with spouse in own home (spouse has income or is eligible for Pickle status)	1-15 through 12-15	0.0651	1-94 through 12-94	0.4364
	1-14 through 12-14	0.0789	1-93 through 12-93	0.4529
	1-13 through 12-13	0.0943	1-92 through 12-92	0.4724
	1-12 through 12-12	0.1257	1-91 through 12-91	0.4994
	1-11 through 12-11	0.1257	1-90 through 12-90	0.5219
	1-10 through 12-10	0.1257	1-89 through 12-89	0.5403
	1-09 through 12-09	0.1737	1-88 through 12-88	0.5588
____ \$514 Individual in household of another	1-08 through 12-08	0.1923	1-87 through 12-87	0.5645
	1-07 through 12-07	0.2181	1-86 through 12-86	0.5776
	1-06 through 12-06	0.2489	1-85 through 12-85	0.5918
	1-05 through 12-05	0.2686	1-84 through 12-84	0.6056
____ \$771.33 Individual with spouse in household	1-04 through 12-04	0.2836	7-82 through 12-83	0.6328
	1-03 through 12-03	0.2935	7-81 through 6-82	0.6698
	1-02 through 12-02	0.3114	7-80 through 6-81	0.7111
	1-01 through 12-01	0.3347	7-79 through 6-80	0.7371
	1-00 through 12-00	0.3509	7-78 through 6-79	0.7548
	1-99 through 12-99	0.3593	7-77 through 6-78	0.7705



**RESOURCE ASSESSMENT
AND ALLOWANCE DETERMINATION FORM**

Applicant/Recipient's Name _____

Name of Spouse _____

Case Number _____

This form is to be used to determine the total amount of resources owned by a married couple and the amount of the community spouse resource allowance. It is also to be used to determine the amount of resources to be considered as available to the spouse in long term care for eligibility purposes.

SECTION I - RESOURCES OWNED AS OF THE MONTH AND YEAR THE CLIENT ENTERED LONG-TERM CARE

MONTH AND YEAR ENTERED LONG TERM CARE _____

List all countable resources the couple owns as of the first month of long term care. Do not list items that are exempt. In the column labeled "Equity Value," list the equity value of the resource as of the date that care began. (Attach additional sheets if necessary).

A. REAL PROPERTY - List all real property except the home if occupied by a Spouse.

	Legal Description Commonly Known Address	Names of Owners	Equity Value
1.	_____	_____	_____

2.	_____	_____	_____

3.	_____	_____	_____

B. LIQUID ASSETS - List all business or personal accounts including checking, savings, credit union, IRA, KEOGH, retirement or other accounts, and certificates of deposit, stocks, bonds, and any other liquid assets.

	Type of Asset	Financial Institution	Account or Certificate Numbers	Name of Owners	Equity Value
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

C. MOTOR VEHICLES - List all vehicles such as cars, trucks, motorcycles, campers, boats, or recreational vehicles. Do not list the one vehicle which is to be exempted.

	Year, Make, and Model	Type	Titled Owners	Equity Value
1.				
2.				
3.				

C. MOTOR VEHICLES (Cont'd)

	Year, Make and Model	Type	Titled Owners	Equity Value
4.	_____			

D. LIFE INSURANCE POLICIES - If the combined face value of all of the life insurance policies each spouse owns is more than \$1500, list the policies for that spouse below and their cash value. If the combined face value was \$1500 or less, do not list any of the policies.

	Name of Company	Policy Number	Face Value	Owners	Cash Value
1.	_____				
2.	_____				
3.	_____				
4.	_____				
5.	_____				
6.	_____				
7.	_____				
8.	_____				
9.	_____				
10.	_____				

E. OTHER ASSETS - List all other assets, such as machinery, equipment, livestock, mobile homes, business inventory, mineral rights, boats, trailers, etc.

	Description	Equity Value
1.	_____	

2.	_____	

3.	_____	

4.	_____	

E. OTHER ASSETS (Cont'd)

	Description	Equity Value
5.	_____	

6.	_____	

7.	_____	

8.	_____	

9.	_____	

10.	_____	

11.	_____	

12.	_____	

F. TOTAL COMMUNITY SPOUSE RESOURCE ALLOWANCE - Total all equity values of resources listed in Parts A through E of Section I and list below.

Total Equity Value of
Resources Owned at time Client
Entered Long Term Care.....\$ _____

1/2 of This Amount.....\$ _____

If the 1/2 value is \$25,284 or less, \$25,284 shall be the amount of the community spouse resource allowance for eligibility purposes. If the 1/2 value is more than \$25,284 the amount of the above value not to exceed \$126,420 is the community spouse resource allowance for eligibility purposes.

Total Community Spouse Resource Allowance.....\$ _____

SECTION II - RESOURCES OWNED AS OF DATE OF APPLICATION

Complete this section only if an application has been filed on behalf of the spouse in long term care and the current resources and/or equity values differ from those listed in Section I.

List all resources owned at the present time and the equity value of each. If the resource has been listed in Section I, use the same item number as listed in that section. For example, if a piece of real estate is listed on line A1 of Section I, put "A1" on the description line below. If the resource is not listed in Section I, provide a complete description. (Attach additional sheets if necessary.)

A. REAL PROPERTY - List all real property currently owned except the home occupied by a spouse.

	Legal Description or Commonly Known Address	Names of Owners	Equity Value
1.	_____		

2.	_____		

3.	_____		

B. LIQUID ASSETS - List all business or personal accounts currently owned including checking, savings, credit union, IRA, KEOGH, retirement or other accounts, and certificates of deposit, stocks, bonds, and any other liquid assets.

	Type of Asset	Account or Financial Institution	Certificate Numbers	Name of Owners	Equity Value
1.	_____				
2.	_____				
3.	_____				
4.	_____				
5.	_____				
6.	_____				

B. LIQUID ASSETS (Cont'd)

Type of Asset	Account or Financial Institution	Certificate Numbers	Name of Owners	Equity Value
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

C. MOTOR VEHICLES - List all vehicles currently owned such as cars, trucks, motorcycles, campers, boats, or recreational vehicles. Do not list the one vehicle which is to be exempted.

Year, Make, and Model	Type	Titled Owners	Equity Value
1.			
2.			
3.			
4.			

D. LIFE INSURANCE POLICIES - If the combined face value of all of the life insurance policies each spouse owns is more than \$1500, list the policies for that spouse below and the cash value. If the combined face value is \$1500 or less, do not list any of the policies.

	Name of Company	Policy Number	Owners	Face Value	Cash Value
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

E. OTHER ASSETS - List all other assets currently owned such as machinery, equipment, livestock, mobile homes, business inventory, mineral rights, boats, trailers, etc.

	Description	Equity Value
1.	_____	_____
	_____	_____
2.	_____	_____
	_____	_____
3.	_____	_____
	_____	_____
4.	_____	_____
	_____	_____
5.	_____	_____
	_____	_____
6.	_____	_____
	_____	_____

E. OTHER ASSETS (Cont'd)

	Description	Equity Value
7.	_____	

8.	_____	

9.	_____	

10.	_____	

11.	_____	

12.	_____	

SECTION III - INITIAL RESOURCE TEST

The amount of resources owned at the time of application in excess of the community spouse resource allowance amount listed in Section I-F shall be considered available to the spouse in long term care for eligibility purposes.

Total Equity Value of Currently Owned Resources (Total of Values in Parts A Through E of Section I or II)..... \$ _____

Total Community Spouse Resource Allowance (Section I-F)..... -\$ _____

Amount to be Considered Available to Spouse in Long Term Care..... =\$ _____

Person Completing Form: _____

Signature: _____

Date Form Complete: _____



INCOME ALLOWANCE DETERMINATION FORM

Applicant/Recipient Name _____

Name of Spouse _____

Case Number _____

This form is to be used to determine the total amount of income received by a married couple and the amount of the community spouse and/or family member income allowance. List all of the couple's countable income below. (Attach additional sheet if necessary)

SECTION I – INCOME

A. EARNED INCOME – List all earned income including self-employment income.

	Source	Wage Earner	Monthly Gross (or Adjusted Gross for Self-employment)
1.	_____	_____	_____
2.	_____	_____	_____

B. UNEARNED INCOME – List all unearned income. Examples: alimony, unemployment income, royalties, dividends, rent, mortgage, sales contract income, military or VA benefit, retirement pension, worker's compensation, etc. If income is received jointly, list both spouses' names.

	Source	Spouse(s) Receiving Income	Monthly Gross
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

C. INCOME TOTALS – Total all earned and unearned income from page 1 and list below.

- | | | |
|-------------------------------|----|---------|
| 1. Income Received by Wife | \$ | _____ |
| 2. Income Received by Husband | \$ | + _____ |
| 3. Income Received Jointly | \$ | + _____ |
| 4. Total Income of Couple | \$ | = _____ |

If total income is less than or equal to \$2,058 go to Section III. If total income is greater than \$2,058 complete Section II first.

SECTION II – SHELTER EXPENSES

List monthly shelter expenses below for the community spouse and compute the excess shelter amount.

- | | | |
|---|-----------------------|----------|
| 1. Rental Cost | \$ | _____ |
| 2. Mortgage Payment | \$ | _____ |
| 3. Property Taxes (if not included in item 2 above) | \$ | _____ |
| 4. Home Insurance (if not included in item 2 above) | \$ | _____ |
| 5. Other (Condominium/Cooperative charges) | \$ | _____ |
| | Add items 1 through 5 | \$ _____ |
| | Subtract | \$ -260 |
| 6. Total Excess Shelter | \$ | = _____ |

SECTION III – COMMUNITY SPOUSE INCOME ALLOWANCE

The community spouse may retain up to \$2,058 per month of the couple’s total income. The community spouse’s share can be increased by the amount of excess shelter expense calculated above. In any event, the maximum community spouse income allowance is \$3160 per month.

Calculate the total amount of income which can be allocated to the community spouse.

- | | | |
|--|----|---------|
| 1. \$2,058 minimum allowance | \$ | _____ |
| 2. Total excess shelter (Line II-6) | \$ | + _____ |
| 3. Total allowable community spouse allowance | \$ | + _____ |
| 4. Community spouse’s gross income | \$ | - _____ |
| 5. Net community spouse income allowance which can be provided | \$ | _____ |

SECTION IV – FAMILY INCOME ALLOWANCE

Each family member who lives with the community spouse can receive \$686 per month of the income of the spouse in long term care as long as that member’s gross monthly income does not exceed \$2,058. If the income is in excess of \$2,058 no income allowance can be provided to that member. A family member is defined as a minor dependent child, dependent parent, or dependent brother or sister of either spouse.

List the dependent family members, type of dependency (minor child, disabled, etc.), and amount of gross income for each below.

Name	Dependency	Amount of Gross Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Qualifying Members _____

Calculate the total amount of income which can be allocated to each family member.

- | | | |
|---|----------|-------|
| 1. Monthly income allowance per family member | \$ = 686 | _____ |
| 2. Number of qualifying family members | \$ x | _____ |
| 3. Total family allowance which can be provided | \$ + | _____ |

SECTION V – SHARE OF INCOME FOR SPOUSE IN LONG-TERM CARE

Calculate the institutionalized spouse's share of the total non-exempt income.

- | | | |
|---|------|-------|
| 1. Total income of the institutionalized spouse | \$ | _____ |
| 2. Income to be allocated to the community spouse | \$ - | _____ |
| 3. Income to be allocated to other family members | \$ - | _____ |
| 4. Institutionalized spouse's share of total income | \$ = | _____ |

SECTION VI – TOTAL ALLOCATION

Based on the total allowance amount(s) which can be provided as indicated above, the couple's income will be allocated as follows:

- | | | |
|--|------|-------|
| 1. Community spouse's share of total income | \$ | _____ |
| 2. Spouse in long-term care share of total income | \$ + | _____ |
| 3. Family member(s) share of total income | \$ + | _____ |
| 4. Total income of couple
(Should be the same as Section I, Line C-4 above) | \$ = | _____ |

Person Completing Form _____

Signature _____

Date Form Completed _____

Kansas Medical Assistance Standards

Standards in the Kansas Medical Assistance Programs – To be financially eligible, the total countable income must not exceed the income limit for the specified program. Income limits are based on the number of individuals included in the household size of the determination. Unless otherwise specified, all standards are monthly amounts.

1. MAGI programs updated 4/1/18

The following chart outlines the income limits for the MAGI Poverty Level programs.

Medicaid Children and Pregnant Women							M-CHIP	
Household Size	113% Children ages 6 – 18		149% Children ages 1-5		171% PW & Infants under age 1		113 - 133% Children ages 6–18	
	Lower Limit	Upper Limit	Lower Limit	Upper Limit	Lower Limit	Upper Limit	Lower Limit	Upper Limit
1	0	1144	0	1508	0	1730	1144.01	1346
2	0	1550	0	2044	0	2346	1550.01	1825
3	0	1957	0	2581	0	2962	1957.01	2304
4	0	2364	0	3117	0	3577	2364.01	2782
5	0	2771	0	3653	0	4193	2771.01	3261
6	0	3178	0	4190	0	4808	3178.01	3740
7	0	3584	0	4726	0	5424	3584.01	4219
8	0	3991	0	5263	0	6040	3991.01	4698
Extra Person		407		537		616		479

CHIP Children											
Household Size	134 - 166% Children ages 6–18 No premium		150 - 166% Children ages 1–5 No premiums		167 - 191% Children ages 0–18 \$20 premium			192 - 218% Children ages 0–18 \$30 premium		219 - 240% Children ages 0-18 \$50 premium	
	Lower Limit	Upper Limit	Lower Limit	Upper Limit	Lower Limit		Upper Limit	Lower Limit	Upper Limit	Lower Limit	Upper Limit
					Infants under 1	Children 1-18					
1	1346.01	1680	1508.01	1680	1730.01	1680.01	1933	1933.01	2206	2206.01	2428
2	1825.01	2277	2044.01	2277	2346.01	2277.01	2620	2620.01	2991	2991.01	3292
3	2304.01	2875	2581.01	2875	2962.01	2875.01	3308	3308.01	3776	3776.01	4156
4	2782.01	3473	3117.01	3473	3577.01	3473.01	3996	3996.01	4560	4560.01	5020
5	3261.01	4070	3653.01	4070	4193.01	4070.01	4683	4683.01	5345	5345.01	5884
6	3740.01	4668	4190.01	4668	4808.01	4668.01	5371	5371.01	6130	6130.01	6748
7	4219.01	5265	4726.01	5265	5424.01	5265.01	6058	6058.01	6915	6915.01	7612
8	4698.01	5863	5263.01	5863	6040.01	5863.01	6746	6746.01	7700	7700.01	8476
Extra Person		598		598			688		785		864

Kansas Medical Assistance Standards

updated 4/1/18

Caretaker Medical	
Household Size	38% Caretakers and Children
1	385.00
2	522.00
3	659.00
4	795.00
5	932.00
6	1069.00
7	1206.00
8	1343.00
Extra Person	137.00

Undefined update

Medically Needy – PW and Children	
Household Size	
1	475
2	475
3	480
4	497
5	558
6	619
7	680
8	741
Extra Person	61

Kansas Medical Assistance Standards

2. Non-MAGI Programs updated 4/1/18

Standards in the QMB, LMB, and QWD Programs

Household Size	QMB 100%	LMB 120%	ELMB 135%	QWD 200%
1	0-1012	1012.01-1214	1214.01-1366.00	2024
2	0-1372.00	1372.01-1646	1646.01-1852.00	2744
3	0-1732.00	1732.01-2078	2078.01-2338.00	
Extra Person	360	432	486	

Standards for Independent Living

Number of Months	Number of Persons in Independent Living							
	1	2	3	4	5	6	7	8
1 mo.	475	475	480	497	558	619	680	741
2 mos.	950	950	960	994	1116	1238	1360	1482
3 mos.	1425	1425	1440	1491	1674	1857	2040	2223
4 mos.	1900	1900	1920	1988	2232	2476	2720	2964
5 mos.	2375	2375	2400	2485	2790	3095	3400	3705
6 mos.	2850	2850	2880	2982	3348	3714	4080	4446
Extra Person	For each additional person, add \$61							

Standards for Long Term Care/HCBS

See section 8160 and 8260 for application of the standards. The Institutional standard is applicable in determining eligibility in either the month the care begins or the following month as specified in 8113. The HCBS standard is applicable beginning the month the choice form is signed, or as per 8270.

The current monthly (updated 1/1/19) 300% special income standard for 1 person:

Institutional/HCBS/MFP/PACE: \$2313

The current monthly standards for 1 person:

Institutional/PACE: \$ 62.00
 HCBS/MFP/PACE: \$727.00

The current monthly standards for 2 people:

Institutional/PACE: \$ 124.00

Kansas Medical Assistance Standards

Standards for Presumptive Medicaid Disability: SI-Related updated 1-1-19

To be eligible, the total countable income must not exceed the applicable SSI federal benefit rate for the appropriate size household:

Eligible individual In Own Home	\$771.00
Eligible Individual with eligible spouse in home	\$1157.00
Eligible individual in household of another	\$514
Eligible individual in Medicaid funded LTC placement	\$30.00
Eligible individual with eligible spouse - both in household of another	\$771

Standards in the Working Healthy Program updated 4/1/18

To be eligible, total countable income must not exceed the monthly 300% poverty level standard for the number of persons in the assistance plan.

Number of Persons in Plan	Monthly 300% Poverty Level Index
1	3035
2	4115
3	5195

For premium purposes, the following standards apply:

1 person household		2 person household		3 person household	
Net Income	Monthly Premium	Net Income	Monthly Premium	Net Income	Monthly Premium
0 – 1012	0	0 – 1372	0	0 – 1372	0
1012.01 – 1265	55	1372.01 – 1715	74	1372.01 – 1715	74
1265.01 – 1518	69	1715.01 – 2058	93	1715.01 – 2058	93
1518.01 – 1771	83	2058.01 – 2400	112	2058.01 – 2400	112
1771.01 – 2024	97	2400.01 – 2744	130	2400.01 – 2744	130
2024.01 – 2277	110	2744.01 – 3087	149	2744.01 – 3087	149
2277.01 – 2530	124	3087.01 – 3430	168	3087.01 – 3430	168
2530.01 – 2783	138	3430.01 – 3773	186	3430.01 – 3773	186
2783.01 – 3035	152	3773.01 – 4115	205	3773.01 – 4115	205
				4115.01 - 5195	205

Standards in the MediKan Program undefined update

The MediKan program shall include either a single adult or a married couple living together as noted in 7430 (5).

The current monthly standard for 1 person: \$250.00

The current monthly standard for 2 people: \$325.00

Kansas Medical Assistance Standards

Spousal Impoverishment Limits updated 1/1/19 or 7/1/18

Type	Amount	Month of update
Minimum Resource Allowance	\$25,284	Jan 2019
Maximum Resource Allowance	\$126,420	Jan 2019
Minimum Income Allowance	\$2058	July 2018
Maximum Income Allowance	\$3160	Jan 2019
Dependent Family Member Allowance	\$686	July 2018
Excess Shelter Deduction	\$260	Jan 2019
Maximum Excess Shelter Allowance	\$1102	Jan 2019



Questions?

To learn more, or to get an application, call the KanCare Clearinghouse at **1-800-792-4884**

Interpreters are available, if needed. You can ask for an application in another language.

1-800-792-4292 (TTY) for persons with hearing impairments
1-800-498-1255 (Fax)

Apply online at www.applyforKanCare.ks.gov



KC2700 REV 01-2019



Medicare Savings Programs

Find out if you qualify for help with:

- Medicare premiums
- Medicare deductibles
- Medicare co-insurance

Apply now!



Medicare Savings Programs (MSP)

Kansas has 3 Medicare Savings Programs (MSP). They pay or lower Medicare Part A, Part B and Part D premiums, deductibles and co-pays.

You may qualify for one of the programs!

What are Medicare Savings Programs (MSP)?

MSP are programs that help people with Medicare save money each year. For people with limited income and resources, MSP pays some or all of your Medicare premiums. MSP may also pay your Medicare deductibles and co-insurance.

Should you apply for the MSP?

Yes. Even if your income or resources are above the limits, you could qualify for MSP.

If you are on a fixed income, MSP could save you money!

Will the State take your home and assets if you are in MSP?

No. The State will not take your home or assets.

Will MSP help with my Part D prescription drug cost?

Yes. Your prescription co-pays will be lower. And you won't have a Part D coverage gap ("Doughnut Hole").

If you answer "Yes" to all 3 of these questions, you should apply for MSP:

1. Do you have Medicare Part A (hospital insurance)?
2. Is your income at or below the income limits in this chart?

3. Are your **resources** at or below \$7,620 for one person or \$11,430 for a married couple?

Resources include money in checking and savings accounts, CDs, and stocks and bonds.

Do not count as resources the house you live in, household items, or your car.

Medicare Savings Program	Monthly income limit for one person	Monthly income limit for a married couple	MSP pays or lowers
q	q	q	q
Qualified Medicare Beneficiary (QMB)	\$1,005	\$1,354	Part A, Part B and Part D premiums, co-pays, deductibles and co-insurance.
Low Income Medicare Beneficiary (LMB)	\$1,206	\$1,624	Part B and Part D premiums
Expanded Low Income Medicare Beneficiary (ELMB)	\$1,357	\$1,827	Part B and Part D premiums

Remember: MSP benefits, resources, and income guidelines can change at any time.



¿Preguntas?

Para obtener más información o para obtener una solicitud, llame a KanCare Clearinghouse al 1-800-792-4884.

1-800-792-4292 (TTY) para personas con impedimentos auditivos 1-800-498-1255 (Fax)

Solicite en línea en www.applyforKanCare.ks.gov



KC2700S 1-19



Programas de ahorro de Medicare (MSP)

Kansas tiene 3 Programas de Ahorro de Medicare (MSP). Pagan o reducen las primas, los deducibles y los copagos de Medicare Parte A, Parte B y Parte D.

¡Usted puede calificar para uno de los programas!



Programas de ahorro de Medicare (MSP)

Averigüe si califica para recibir ayuda con:

- Primas de Medicare
- Deducibles de Medicare
- Coaseguro de Medicare



¡Aplica ya!



Que son Medicare Programas de Ahorro (MSP)?

MSP son programas que ayudan a las personas con Medicare a ahorrar dinero cada año. Para personas con ingresos limitados y recursos, MSP paga algunas o todas sus primas de Medicare. MSP también puede pagar sus deducibles y coseguros de Medicare.

¿Debería solicitar el MSP?

Sí. Incluso si sus ingresos o recursos están por encima de los límites, puede calificar para MSP.

Si tiene un ingreso fijo, MSP podría ahorrarle dinero

¿Tomará el estado tu hogar y activos si estás en MSP?

No. El Estado no tomará su hogar o activos

¿Me ayudará MSP con mi Parte D? costo de medicamentos recetados?

Sí. Sus copagos de recetas serán más bajos. Y no tendrá una brecha de cobertura en la Parte D ("Donut Hole").

Si responde "**Sí**" a las 3 preguntas, debe solicitar MSP:

1. ¿Tiene Medicare Parte A (seguro de hospital)?

2. ¿Su ingreso está en o por debajo de los límites de ingresos en esta tabla?

3. ¿Sus recursos están en o debajo de \$ 7,620 por persona o \$ 11,430 para una pareja casada

Los recursos incluyen dinero en cuentas corrientes y de ahorro, CD, acciones y bonos.

No cuente como recursos la casa en la que vive, artículos para el hogar o su automóvil.

Programa de ahorros de Medicare	Límite de ingreso mensual para una persona	Límite de ingresos mensuales para una pareja casada	MSP paga o disminuye
Beneficiario calificado de Medicare (QMB)	\$1,005	\$1,354	Las primas de la Parte A, Parte B y Parte D, los copagos, los deducibles y el coseguro.
Beneficiario de bajos ingresos de Medicare (LMB)	\$1,206	\$1,624	Las primas de la Parte B y la Parte D
Beneficiario de Medicare de Bajos Ingresos Ampliado (ELMB)	\$1,357	\$1,827	Las primas de la Parte B y la Parte D

Recuerde: los beneficios, los recursos y las pautas de ingresos de MSP pueden cambiar en cualquier momento.

300% Special Income Limit for Long Term Care

To be eligible for Medicaid coverage of long term care services (nursing home, HCBS, PACE, MFP), an individual must have income at or below 300% of the SSI one-person standard (for 2019 that amount is \$771/month X 3 = \$2,313/month). If income exceeds that amount, eligibility may be determined under the Medically Needy (MN) program. For nursing home, HCBS, PACE and MFP, if income exceeds the 300% income limit and the liability/obligation exceeds the cost of care, the case is budgeted as independent living with a \$475/month PIL and 6 month base period – spousal impoverishment does not apply.

Program Type	Income	Cost of Care	Coverage	Budgeting	PIL	Base Period	Spousal Impoverishment
NF	≤ 300%	N/A	Medicaid	NF	\$62	1 mo	Applies
	> 300%	PL ≤ CC	NM	NF	\$62	1 mo	Applies
	> 300%	PL > CC	MN	IL	\$475	6 mo	Does Not Apply
HCBS	≤ 300%	N/A	Medicaid	HCBS	\$727	1 mo	Applies
	> 300%	CO ≤ CC	MN	HCBS	\$727	1 mo	Applies
	> 300%	CO > CC	MN	IL	\$475	6 mo	Does Not Apply
PACE – NF	≤ 300%	N/A	Medicaid	NF	\$62	1 mo	Applies
	> 300%	PO ≤ CC	MN	NF	\$62	1 mo	Applies
	> 300%	PO > CC	MN	IL	\$475	6 mo	Does Not Apply
PACE – HCBS	≤ 300%	N/A	Medicaid	HCBS	\$727	1 mo	Applies
	> 300%	PO ≤ CC	MN	HCBS	\$727	1 mo	Applies
	> 300%	PO > CC	MN	IL	\$475	6 mo	Does Not Apply
MFP	≤ 300%	N/A	Medicaid	HCBS	\$727	1 mo	Applies
	> 300%	CO ≤ CC	MN	HCBS	\$727	1 mo	Applies
	> 300%	CO > CC	MN	IL	\$475	6 mo	Does Not Apply

If income exceeds the 300% limit, eligibility is then determined allowing income allocation to the community spouse and/or dependent family members, and post-eligibility treatment of income. If the patient liability/client obligation/participant obligation is then less than the cost of care, the case is budgeted as long term care with a 1 month base period. If the patient liability/client obligation/participant obligation exceeds the cost of care, the case is re-budgeted as independent living with a 6 month base period, and post-eligibility treatment of income and spousal impoverishment does not apply.

Qualifying Income Trust (QIT)

A Qualifying Income Trust (QIT), also known as a Miller Trust, is not valid in Kansas due to the Medically Needy (MN) provisions which requires an individual to “spend down” income on medical expenses to the income standard.