KC1500 Elderly and Disabled Medical Application
Eligibility Processing Job Aid

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

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

Section A: Tell us why you are applying

This section is not required but provides helpful information in understanding what medical programs the individual may be applying for.

Section B and C: Primary Applicant and Household Members

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

Application Question	Eligibility Action
Name (First, middle, last)	Must obtain answer
Maiden Name	Not required, but needed to run EVVE vital statistics
Relationship	Must obtain answer; use Mother's and Father's name and 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 live 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	- When some household members have answered the question and others have left blank: Determine eligibility for household members who answered Yes. - If only one individual is on the application and left the question blank – assume Yes. - If all individuals on the application are blank, must obtain the answer

Application Question	Eligibility Action

Special types of Medical	The special medical types determine what is entered into ABMS for the Requested Medical Type.
	• Working Healthy RMT
	    o Working Healthy
	• Long Term Care RMT
	    o HCBS
	    o Nursing Home
	    o PACE
	• Medical RMT
	    o Medically Needy
	    o Medicare Costs

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.
State and Country of birth	Not required, but needed to run EVVE vital statistics
Race	Required for ABMS. If left blank, choose Other
Ethnicity	Required for ABMS. 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.
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.
Living Situation	Assume 'Own Home' if left blank, unless the applicant has requested Long Term Care, then assume 'Nursing Facility or other institution'.
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
In a hospital for more than 30 days	Required for a spousal impoverishment assessment. Otherwise, assume no.
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

Application Question	Eligibility Action
Pay for medical expenses	Assume No, if left blank
How much is the expense?	Required in order to determine if the expense is allowable.
How often?	Required in order to determine if the expense is allowable.
Describe the expense	Required in order to determine if the expense is allowable.

Help with Medical Bills:

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

Application Question	Eligibility Action
Changes in the household during the last 3 months	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.

Immigration Status

This section is required when an individual as declared themselves to be a non-citizen and is requesting medical assistance. It is not required for non-applicants.

Application Question	Eligibility Action
Name (First, middle, last)	Required
Document Type	Required to request verification through the VLP. A manual SAVE may be completed if not available.
Immigration Number	Required to request verification through the VLP. A manual SAVE may be completed if not available.
Immigration Status	

Tax Household

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

Section D: Disability

This section provides information about the applicant's disability.

Application Question	Eligibility Action

Application Question	Eligibility Action
Disability that will last 12 months or result in death	Assume No, if left blank
Applied for Social Security	Assume No, if left blank
Was the application denied?	If above question answered Yes – then all remaining are required. 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	

Section E: Resources

This section provides information about the applicant's assets.

Application Question	Eligibility Action
Cash	Yes or No answer is required.
Checking Account	Yes or No answer is required.
Savings Account	Yes or No answer is required.
Certificate of Deposit (CD)	Yes or No answer is required.
Retirement Plan	Yes or No answer is required.
Nursing Facility Accounts	Yes or No answer is required.
Stocks and Bonds	Yes or No answer is required.
Names on Resources Amount or Value Location of Resource Account Number	Required for all 'Yes' answers in the categories above
Funeral or Burial Plans	Assume No, if left blank
Burial Plots	Assume No, if left blank

Application Question	Eligibility Action
Other	Assume No, if left blank

Application Question	Eligibility Action
Vehicle	Assume No, if left blank
Year	Required if answer is Yes.
Make	Required if answer is Yes.
Model	Required if answer is Yes.
Owner	Assume the applicant is the sole owner, if left blank.
Estimated Value	Staff will determine value
Balance Owed	Assume $0 if left blank
Registered in Kansas	Not required
How vehicle is used	Not required

Application Question	Eligibility Action
Life Insurance	Yes or No answer is required.
Policy Owner	Assume the applicant is the sole owner, if left blank.
Insurance Company	Required if answer is Yes.
Policy Number	Required if answer is Yes.
Face Value	Required if answer is Yes.
Cash Value	Required if answer is Yes.

Application Question	Eligibility Action
Own a home	Yes or No answer is required.
Owners	Assume the applicant is the sole owner, if left blank.
Address	Required if answer is Yes.
Date Purchased	Not required
Value	Required if answer is Yes and is a countable asset.
Amount Owed	Assume $0 if left blank
Who lives in the home	These four questions are used together to determine if the home is exempt as the primary residence or countable as other property.
Explanation if owner not living in the home	
Intent to return home	
When intend to return	

Application Question	Eligibility Action
Own other real estate	Yes or No answer is required.
Description of Property	Required if answer is Yes.
Rental or Income Producing	Not required
Owners	Assume the applicant is the sole owner, if left blank.

Application Question	Eligibility Action
Address	Required if answer is Yes.
Date Purchased	Not required
Value	Required if answer is Yes.
Amount Owed	Assume $0 if left blank

Application Question	Eligibility Action
Life estate or life interest in any property	Yes or No answer is required.
Description of Property	Required if answer is Yes.
Rental or Income Producing	Not required
Owners	Assume the applicant is the sole owner, if left blank.
Address	Required if answer is Yes.
Date Purchased	Not required
Value	Required if answer is Yes.
Amount Owed	Assume $0 if left blank

Application Question	Eligibility Action
Trust	Yes or No answer is required.
Type	
Owners	
Amount	Verification required. All information will be obtained via the trust document.
Purpose	

Application Question	Eligibility Action
Annuity or similar investment	Yes or No answer is required.
Owners	
Value	Verification required. All information will be obtained via the document.
Company	

Application Question	Eligibility Action
Owed money through promissory note or loan	Yes or No answer is required.
Explanation	Not required. Verification of the document is required.

Application Question	Eligibility Action
Other Assets	Yes or No answer is required.
Description	Required if answer is Yes
Owners	Assume the applicant is the sole owner, if left blank.
Value	Required

Application Question	Eligibility Action
Loan against property (second mortgage, reverse mortgage)	Only required if requesting Long Term Care

Application Question	Eligibility Action
Waived rights to an inheritance or will	Only required if requesting Long Term Care

Application Question	Eligibility Action
Worked with an attorney for Estate Planning purposes	Only required if requesting Long Term Care
Name of Attorney	Required if answer is Yes
Date	Required if answer is Yes

Application Question	Eligibility Action
Sold or given away property	Only required if requesting Long Term Care

Section F: Earned Income

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

Application Question	Eligibility Action
Anyone in the household has a job	Assume No, if left blank
Follow-up wage questions	When the applicant has answered Yes to the above question, enough information is required in this section to make a determination. Therefore, the following two elements are required: • Amount paid • Frequency If these questions are not answered on the application form, but found elsewhere, such as with pay verification provided, that is acceptable.
Jobs include tips, commissions, or bonuses	Assume No, if left blank
Anyone in the household self-employed	Assume No, if left blank
Were taxes filed on this income last year	Verification of self-employment income is always required. If answered yes, request a copy of the tax return. If answered no, send the self-employment worksheet. If left blank, send the self-employment worksheet AND request a copy of the tax return.

Application Question	Eligibility Action
Work Expenses	Assume No, if left blank
Type of Expense	Required if answer is Yes
Monthly Amount	Required if answer is Yes

Section G: Other Income

This section captures information about all other sources of income.

Application Question	Eligibility Action
Social Security	Yes or No answer is required.
Supplemental Security Income (SSI)	Yes or No answer is required.
Veteran's Benefits	Yes or No answer is required.
Railroad retirement	Yes or No answer is required.
Trust payments	Yes or No answer is required.
Annuity payments	Yes or No answer is required.
Other retirement	Yes or No answer is required.
Worker's compensation	Yes or No answer is required.
Unemployment	Yes or No answer is required.
Tribal payments	Yes or No answer is required.

Application Question	Eligibility Action
Oil royalties	Yes or No answer is required.
Contract Sale	Yes or No answer is required.
Rental income	Yes or No answer is required.
Child support	Yes or No answer is required.
Spousal support	Yes or No answer is required.
Other Income Sources	Assume No, if left blank
Names of Recipient Amount Received How Often Claim No.	Required for all 'Yes' answers in the categories above

Section H: Health Insurance

Application Question	Eligibility Action
Medicare Questions	Information will be obtained through an interface
Anyone in the household have other health insurance	Assume No, if left blank
Follow-up insurance questions	A TPL referral is completed with all information known. All answers are not required in order to approve Medicaid coverage. If additional information is needed about the health insurance policy, it will be requested after Medicaid approval, and only after the MMIS fiscal agent has a chance to verify the information.

Section I: Dependents and Household Expenses

Assume No, if left blank.

Choose your Health Plan

This section is used to capture the applicant's choice of KanCare MCOs. The answer will be entered into KEES so the individual can be assigned to this MCO if determine eligible. If the applicant has not made a choice, they will be assigned automatically to one of the MCOs.

Choosing Someone to help with the medical assistance case

- If the applicant has appointed someone to help them with their medical assistance case, but has NOT identified if that person is to be a Facilitator or a Medical Representative:
  - Assume the person is a Facilitator (this will generate copies of the letters to the individual)
  - Send a notice asking the applicant if they intended to appoint the person as their Medical Representative. This does not prevent the application from being processed.