Medical Eligibility

Data Collection – Non-Financial Information

Objective: Learn the most relevant and common pages used.

You will learn to:

- Add Non-Financial case information
- View specific member information such as Individual Demographics, Household Status, and Medical Conditions
- Edit Non-Financial information of a case

Non-Financial pages are used to provide direction and ensure that all appropriate information is gathered from the applicant during the initial interview, redetermination, or review.

The Non-Financial pages are the foundation of a case. The information entered on these pages is used when running EDBC and is necessary to generate the correct benefit amount. Therefore, it is imperative all the information obtained from the consumer is entered accurately.

Medical Eligibility: Non-Financial Data Collection

Course Agenda

Lesson 1. Contact

Lesson 2. Individual Demographics

Lesson 3. Citizenship/Identity

Lesson 4. Household Status

Lesson 5. Relationship

Lesson 6. Non-Citizenship

Lesson 7. Pregnancy

Lesson 8. Residency

Lesson 9. Other Program Assistance

Lesson 10. Non-Compliance

Lesson 11. Customer Options

Lesson 12. Employment

Lesson 13. Living Arrangements

Lesson 14. LTC Data (Long Term Care Data)

Lesson 15. Noncustodial Parents

Lesson 16. Medical Condition

Course Agenda

Non Financial
- Contact
- Root Questions
- Individual Demographics
- Citizenship/Identity
- Household Status
- Relationship
- Non-Citizenship
- Pregnancy
- Residency
- Other Prog. Assist.
- Non-Compliance
- Customer Options
- Money Mngmt
- Time Limits
- Purch. and Prep.
- School Attend.
- Employment
- Work Regist.
- Living Arrgmt
- LTC Data
- Noncustodial Parents
- Medical Condition

The following pages will not be utilized when processing medical applications or reviews:

- Root Questions
- Money Management
- Time Limits
- Purchase & Prepare
- School Attendance
- Work Registration

Non Financial
- Contact
- Root Questions
- Individual Demographics
- Citizenship/Identity
- Household Status
- Relationship
- Non-Citizenship
- Pregnancy
- Residency
- Other Prog. Assist.
- Non-Compliance
- Customer Options
- Money Mngmt
- Time Limits
- Purch. and Prep.
- School Attend.
- Employment
- Work Regist.
- Living Arrgmt
- LTC Data
- Noncustodial Parents
- Medical Condition

PPS frequently utilizes the following pages:
- **Contact**
- **Individual Demographics**
- **Citizenship/Identity**
- **Other Program Assistance**
- **Living Arrangement** (for placements in detention)
- **LTC Data** (for PRTF or HCBS services)

Non Financial
- **Contact**
- Root Questions
- Individual Demographics
- Citizenship/Identity
- Household Status
- Relationship
- Non-Citizenship
- Pregnancy
- Residency
- Other Prog. Assist.
- Non-Compliance
- Customer Options
- Money Mngmt
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Add of update address information for all current household members using the Contact hyperlink in the Task Navigation menu.

This includes mailing and physical addresses, as well as county of residence.

Medical Eligibility: Non-Financial Data Collection
Lesson 1: Contact

PPS
Enter the Contract Manager's office as the mailing and physical address for the child, not the actual placement address. This is to ensure confidentiality of the foster home placement

PPS

Addresses:
- KVC – FC; 416 S. Main Suite 2 & 3; Ottawa, KS 66067
- St. Francis - FC; 501 E. Elm; Salina, KS 67401

KDOC-JS and Tribal Cases
Enter the placement address of the youth.
- If a normalized address is found, the county will auto-populate
- If no normalized address is found, select the User-Entered address and enter the county of placement

Lesson 1: Contact

If you are *updating* an old address **Add** the new address record in order to keep historical address records.

NOTE: Editing an existing address will simply override the existing address. This should not be done if any correspondence has been sent to the consumer.

Add
Complete the mandatory fields and then click "**Save and Return**".

Select Address

Below is the normalized address to your entry.

Normalized Address
⦿ 534 S KANSAS AVE TOPEKA, KS 66603-3451

If you are sure you entered a correct address, you can still save it as entered.

Please note that proximity searching will not work from this address.

User-entered Address
○ **Use the entered address:** 534 S KANSAS AVE TOPEKA, KS 66604

Select

Select the radio button next to the option that best represents the consumer's address.

- The "Normalized Address" should include the "zip +4" to assist the postal service with accurate and timely delivery of sensitive agency correspondence.

Click "**Select**" to return to the "**Contact Summary**" page.

Effective Dating Confirmation List

This is the record you have added or updated:

Person	Type	Address	Begin Date	End Date
Karla Rossi	Physical	2106 SW KINGSROW RD TOPEKA, KS 66614-5619	12/22/2014	

The system will make corrections to your additions/updates:

The system will adjust the effective dates of this record:

Person	Type	Address	Begin Date	End Date
Karla Rossi	Physical	534 S KANSAS AVE, TOPEKA,KS 66603	12/01/2014	12/21/2014

Click Save to continue or Cancel to undo this action. [Save] [Cancel]

The Effective Dating Confirmation List page will appear when an address is being updated.
The previous address of record has an end date listed.

Kansas Eligibility Enforcement System (KEES)

Contact Summary

Search Results Summary					Results 1 - 4 of 4

Continue

Display From: 12/01/2014

To: 12/22/2014

View

Search Address   Add

Person	Type	Address	Begin Date	End Date	Action
Rossi, Karla	Mailing	2106 SW KINGSROW RD TOPEKA, KS 66614-5619	12/22/2014		Edit
Rossi, Karla	Mailing	534 S KANSAS AVE TOPEKA, KS 66603-3451	12/01/2014	12/21/2014	Edit
Rossi, Karla	Physical	2106 SW KINGSROW RD TOPEKA, KS 66614-5619	12/22/2014		Edit
Rossi, Karla	Physical	534 S KANSAS AVE TOPEKA, KS 66603-3451	12/01/2014	12/21/2014	Edit

Search Address   Add

To see the address change history, enter dates in the **Display From** and **To** fields and select the **View** button.

In this lesson you learned:

- The consumer name listed on the **Summary** or **List** page is a hyperlink that allows for view-only access
- The **Edit** button allows the worker to edit/update information
  - Edit should be used only to make same day corrections
- The **Add** button allows the worker to add new or updated information
- The **Continue** button takes the worker to the next page listed in the Task Menu Navigation list
- Some pages in the Task Menu Navigation list will not be utilized
- How to add a new address
- How to normalize an address
- How to end date an address
- How to multi-select address types
- The importance of maintaining address history
- How to view the address history

Medical Eligibility: Non-Financial Data Collection

Course Agenda

Lesson 1. Contact

Lesson 2. Individual Demographics

Lesson 3. Citizenship/Identity

Lesson 4. Household Status

Lesson 5. Relationship

Lesson 6. Non-Citizenship

Lesson 7. Pregnancy

Lesson 8. Residency

Lesson 9. Other Program Assistance

Lesson 10. Non-Compliance

Lesson 11. Customer Options

Lesson 12. Employment

Lesson 13. Living Arrangements

Lesson 14. LTC Data (Long Term Care Data)

Lesson 15. Noncustodial Parents

Lesson 16. Medical Condition

An **Individual Demographic** record is automatically created for each member associated with the case during the registration process.
Use this page to add or update information such as:

- Date of Birth
- Decease Date
- Social Security Number
- Marital Status
- Race/Ethnicity

Individual Demographics List

Continue

► Root Questions			
Name	**SSN**	**DOB**	
Rossi, Karla	509-77-1234	03/01/1960	Edit

☐ Complete

Continue

Individual Demographics Detail

* - Indicates required fields

Name

First Name: *
Karla

Middle Name/Initial:

Last Name: *
Rossi

Suffix:

Maiden Name:

Social Security Number:
509-88-1234

SSN Status: *
Good Cause

Client ID:
0010002006

Marital Status:

Gender: *
- Select -

Date of Birth:
03/01/1975

Verified:
Pending

Is this individual a Veteran?

Spouse of a Veteran?

Good Cause
HUB-SSA
No SSN Available
SSA-SVES
SSN Provided
SSN application filed at SSA

Race/Ethnic Origin:

☐ American Indian or Alaskan Native

☐ Korean

☐ Asian Indian

☐ Native Hawaiian

☐ Black or African American

☐ Other Pacific Islander

☐ Chinese

☐ Samoan

☐ Filipino

☐ Unknown

☐ Guamanian or Chamorro

☐ Vietnamese

☐ Japanese

☐ White

Individual Demographics Detail

* - Indicates required fields

Name

First Name:*	Middle Name/Initial:	Last Name:*
Karla		Rossi

Suffix: ▢

Maiden Name:

Social Security Number:
509-88-1234

SSN Status: *
Good Cause

Client ID:
0010002006

Good Cause
HUB-SSA
No SSN Available
SSA-SVES
SSN Provided
SSN application filed at SSA

Marital Status: ▢

Gender: *
- Select -

Date of Birth:
03/01/1975

Verified:
Pending

Is this individual a Veteran? ▢

Spouse of a Veteran? ▢

Race/Ethnic Origin:

▢ American Indian or Alaskan Native	▢ Korean
▢ Asian Indian	▢ Native Hawaiian
▢ Black or African American	▢ Other Pacific Islander
▢ Chinese	▢ Samoan
▢ Filipino	▢ Unknown
▢ Guamanian or Chamorro	▢ Vietnamese
▢ Japanese	▢ White

PPS

If SSN is not verified via the HUB or SVES – Use "Good Cause".

Tribe:

Decease Date:

Emancipation Date:

Spoken Language: *
- Select -

Written Language: *
- Select -

Language of Correspondence: *
Spanish

Preferred Method of Contact:
Email
Text

Other Communication Needs:

Is it OK to call this individual at work?
No

Email:
Receive message via Email ☐

Phone Numbers

Phone Number		Phone Number Type	
	ext.		Add

Previous Names

Last Name	First Name	Middle Name/Initial	Suffix	SSA Indicator	
Alias					Add

Previous Social Security Numbers

Social Security Number	
123456789	Add

Dangerous Person Indicator:
Yes

MCO Choice:

Duplicate List   Save and Return   Cancel

Previous Names

Last Name	First Name	Middle Name/Initial	Suffix	SSA Indicator	
Smith	Michelle		▾	▾	Add

Previous Social Security Numbers

Social Security Number	
389554953	Add

Dangerous Person Indicator:
▾

MCO Choice:
▾

Duplicate List   Save and Return   Cancel

PPS
If a name change has occurred complete the Previous Names **Last Name**, **First Name**, and **Middle Name** fields. Then click **Add**.

If a change of Social Security Number has occurred complete the **Previous Social Security Number** field and click **Add**.

In this lesson you learned:

- A record is automatically created for each member associated with the case during the registration process
- Additional information is required to run EDBC
- The **Dangerous Person** indicator appears as an asterisk next to the consumer's name on the **Case Summary** page
- **Individual Demographics** is where personal identifying information is found, such as **Marital Status**, **Date of Birth**, and **Decease Date**

Medical Eligibility: Non-Financial Data Collection
Course Agenda

Lesson 1. Contact

Lesson 2. Individual Demographics

Lesson 3. Citizenship/Identity

Lesson 4. Household Status

Lesson 5. Relationship

Lesson 6. Non-Citizenship

Lesson 7. Pregnancy

Lesson 8. Residency

Lesson 9. Other Program Assistance

Lesson 10. Non-Compliance

Lesson 11. Customer Options

Lesson 12. Employment

Lesson 13. Living Arrangements

Lesson 14. LTC Data (Long Term Care Data)

Lesson 15. Noncustodial Parents

Lesson 16. Medical Condition

Kansas
Eligibility Enforcement
System (KEES)

Images

Continue

Citizenship/Identity List

Add

Name	Citizenship	Identity	Verified
No Data Found			

Add

☐ Complete

Continue

Citizenship/Identity is utilized to capture a person's citizenship record and identification.
If the consumer is not known or the case is new, the worker will select **Add**.

Continue

Citizenship/Identity List

☐ Name	Citizenship	Identity	Verified	
☐ **Rossi, Karla**	U.S. Birth Certificate	U.S. Military dependent's identification card		Edit

Remove

☐ Complete

Continue

The **Verified** status will not be populated most of the time. To validate verification status click the consumer name hyperlink.

Citizenship/Identity Detail

Name: *
Rossi, Karla

Adopted:

Was this person born in a US State/Territory?:
Yes

Birth City:

Birth State/Territory: *
Kansas

Birth County:

Birth Certificate Information

Applicant's Name on Birth Certificate

Last Name:	**First Name:**	**Middle Name:**

Mother's Name on Birth Certificate

Last Name:	**First Name:**	**Middle Name:**

Father's Name on Birth Certificate

Last Name:	**First Name:**	**Middle Name:**

U.S. Citizenship Verification

Document Type on File: *
U.S. Birth Certificate

Medical Citizenship Verified: *
Verified

Non-Medical Citizenship Verified:

Identity Verification

Document Type: *
U.S. Military dependent's identification card

Medical Identity Verified: *
Verified

Non-Medical Identity Verified:

U.S. Citizenship Verification

Document Type on File: *

Admin Papers from a nursing/skilled care facility with U.S. place of birth
American Indian Card (I-872) with the classification code 'KIC'
Certificate of Citizenship (Form N-560 or N-561)
Certificate of Naturalization (Form N-550 or N-570)
Certification of Birth Abroad (Form FS-545)
Certification of Report of Birth (DS-1350)
Consular Report of Birth Abroad of a Citizen of the USA (FS-240)
Evidence of U.S. Government civil service employment before 6/1/76
Exempt From Verification
Federal Data HUB
Federal/State census of U.S. citizenship/U.S. place of birth and age
Final Adoption Decree showing the child's name and a U.S. place of birth
Hospital record established at time of birth showing a U.S. place of birth
Life, health or other insurance record showing a U.S. place of birth
Medical record (not immunization) showing a U.S. place of birth
Naturalized Citizen from Puerto Rico/US Virgin Islands/N. Marianna Islands
Navaho Indian Affairs census record showing a U.S. place of birth
Northern Mariana Identification Card (I-873)
Official U.S. Military record showing a U.S. place of birth
Reasonable Opportunity - Medical
Seneca Indian tribal census record showing a U.S. place of birth
Statement signed by the birth physician or midwife who was in attendance
U.S. Birth Certificate
U.S. Citizen I.D. Card (Form I-197 or I-179)
U.S. Public Birth Record issued before age 5
U.S. Vital Statistics notification of birth showing a U.S. place of birth
U.S. public birth record amended more than 5 years after person's birth
United States Passport - issued without limitation
Written Affidavits

U.S. Citizenship Verification

Document Type on File: *

Medical Citizenship Verified: *

- Select -
- Select -
Not Applicable
Pending
Refused
Verified

Identity Verification

Document Type: *

Medical Identity Verified: *

- Select -

- Select -
Not Applicable
Pending
Refused
Verified

Non-Medical Identity Verified:

Identity Verification

Document Type: *

Certificate of Citizenship (Form N-560 or N-561)
Certificate of Naturalization (Form N-550 or N-570)
Child Identification Card
Driver's license issued by U.S. State or Territory with a photograph
Exempt From Verification
Federal Data HUB
ID card issued by the government with the same info as a driver's license
Immunization Record
Medicaid Application signed by a parent or guardian
Medical Record
Other Identifications for TANF/FA
Reasonable Opportunity - Medical
School identification card with a photograph
School, nursery, or daycare records for a child under age 16
U.S. Coast Guard Merchant Mariner card
U.S. Indian/Alaskan Cert of Degree of Blood or tribal document with Photo
U.S. Military dependent's identification card
U.S. military card or draft record
United States Passport - issued without limitation
United States passport issued with limitations
Written Affidavits

Citizenship/Identity List

	Name	Citizenship	Identity	Verified	
☐	**Mitchell, Michelle**	Exempt From Verification	Exempt From Verification		Edit

[Continue]

[Remove]

Citizenship/Identity Detail

Name: *
Mitchell, Michelle 14 ▼

Adopted:
▼

Was this person born in a US State/Territory?:
▼

Birth City:

Birth Certificate Information

U.S. Citizenship Verification

Document Type on File: *
Exempt From Verification ▼

Reason: *
Child in Foster Care or Recipient of Foster Care Maintenance ▼

Medical Citizenship Verified: *
Verified ▼

Non-Medical Citizenship Verified:
▼

Identity Verification

Document Type: *
Exempt From Verification ▼

Reason: *
Child in Foster Care or Recipient of Foster Care Maintenance ▼

Medical Identity Verified: *
Verified ▼

Non-Medical Identity Verified:
▼

In this lesson you learned:

- Citizenship/Identity Detail page is completed for all who are citizens and are applying for KanCare.

- Determines benefit entitlement back to the original date of aid or the date of verification provided.

Course Agenda

Lesson 1. Contact

Lesson 2. Individual Demographics

Lesson 3. Citizenship/Identity

Lesson 4. Household Status

Lesson 5. Relationship

Lesson 6. Non-Citizenship

Lesson 7. Pregnancy

Lesson 8. Residency

Lesson 9. Other Program Assistance

Lesson 10. Non-Compliance

Lesson 11. Customer Options

Lesson 12. Employment

Lesson 13. Living Arrangements

Lesson 14. LTC Data (Long Term Care Data)

Lesson 15. Noncustodial Parents

Lesson 16. Medical Condition

Household status information is used to determine who lives in the home and who is permanently or temporarily out of the home. This is required for budgeting purposes.

If no record exists KEES will operate on the assumption that unless otherwise stated, everyone listed on the case is in the home.

Complete the required and appropriate fields, then select:
- **Save and Add Another** – if adding more than one record
- **Save and Return** – if adding only one record
- You may select **Cancel** if you opened this page inadvertently. Selecting **Cancel** will take the worker back to the **Household Status List** page without saving the record.

Living in the Home Status: *

In the Home ▼
Added in Error
In the Home
Permanently Out of the Home
Temporarily Out of the Home

- **In the Home** – A person who lives in the home and who may or may not be aided (receiving assistance).

- **Permanently Out of the Home** – A person who was previously in the home but no longer living there.

- **Temporarily Out of the Home** – A person who is not living in the home at this time, but is expected to return. This could be a person who is placed in the hospital due to an accident or illness, or a child that is placed in foster care.

   Household status is entered for all household members on the case.

In this lesson you learned:

- **Household Status** is used to determine who lives in the home and who is permanently or temporarily out of the home.

- **Household Status** is used to determine eligibility.

Course Agenda

Lesson 1. Contact

Lesson 2. Individual Demographics

Lesson 3. Citizenship/Identity

Lesson 4. Household Status

Lesson 5. Relationship

Lesson 6. Non-Citizenship

Lesson 7. Pregnancy

Lesson 8. Residency

Lesson 9. Other Program Assistance

Lesson 10. Non-Compliance

Lesson 11. Customer Options

Lesson 12. Employment

Lesson 13. Living Arrangements

Lesson 14. LTC Data (Long Term Care Data)

Lesson 15. Noncustodial Parents

Lesson 16. Medical Condition

All case persons need to have an entry on the **Relationship** page.

- Every member must have a Relationship established to the other case members

- Relationships need only be established one way

- Relationship may be used to help determine eligibility

In order to correctly determine eligibility relationship information must exist for all persons associated with the case.

Relationship List

Number of relationships remaining to be created: **0**

Search Results Summary						Results 1 - 3 of 3

Display by Relationship: All Related

From: | **To:**

Person 1	Relationship	Person 2	Parental Control	Begin Date	End Date	
APatterson, AFrank	Spouse	BRamos, BLouella	No	01/01/2009		Edit
	Parent	CThomas, CMary	No	01/01/2009		Edit
BRamos, BLouella	Parent	CThomas, CMary	No	01/01/2009		Edit

Continue

View
Add
Add

- Use the drop-down menus to select the **First Individual , Relationship** and **Second Individual**
- Complete the **Begin Date,** verify accuracy of the **Medical Verified** drop-down before continuing as well
- If the relationship being established is Parent/Child the "**Use Person DOB as Begin Date**" may be utilized

Relationship Detail

Save and Add Another | Save and Return | Cancel

* - Indicates required fields.

First Individual: *
AFrank APatterson

Relationship: *
Grandparent (up to 3 greats)

Second Individual: *
- Select -
AFrank APatterson
BLouella BRamos
CMary CThomas

☐ **Has Care and Control**
☐ **Use Person DOB as Begin Date**

Begin Date: *
01/01/2009

End Date:

Medical Verified
Verified

Non-Medical Verified:

Save and Add Another | Save and Return | Cancel

Start by selecting the individual with the most connections –
like the mother or father of the case. In the example above
we are able to select that AFrank is the grandparent to
multiple people on the case.

In this lesson you learned:

- Relationships are established between all persons in the household

- Relationship information must exist for all household members

- Relationships are important because benefits may be determined by household information

Course Agenda

Lesson 1. Contact

Lesson 2. Individual Demographics

Lesson 3. Citizenship/Identity

Lesson 4. Household Status

Lesson 5. Relationship

Lesson 6. Non-Citizenship

Lesson 7. Pregnancy

Lesson 8. Residency

Lesson 9. Other Program Assistance

Lesson 10. Non-Compliance

Lesson 11. Customer Options

Lesson 12. Employment

Lesson 13. Living Arrangements

Lesson 14. LTC Data (Long Term Care Data)

Lesson 15. Noncustodial Parents

Lesson 16. Medical Condition

Users will use the **Non-Citizenship Status Detail** page to document non-citizens, including Refugee and SOBRA Emergency applicants.

Complete the **Non-Citizenship Status Detail** page if it has not been completed by an interface.

If the worker indicated on the **Individual Demographics Detail** page that an individual is not a U.S. Citizen, a non-citizenship record is required.

Non-Citizenship Status Detail

Save and Add Another Save and Return Cancel

*- Indicates required fields

Name: *
- Select - Retrieve Information

Name upon US Entry:

Alien Number:

Alien Type:

USCIS Document: *
- Select -

I-94 Number/Admission Number:

INS Document ID:

First Name as it appears on document:

Middle Name as it appears on document:

Last Name as it appears on document:

Card Number:

SEVIS ID:

Date of Birth as it appears on document:

Visa Number:

Country of Citizenship: *

Passport Number:

USCIS Issue Date:

USCIS Expiration Date:

Date of Entry: *

USCIS Adjustment Date:

Country of Issuance:

Receipt Number:

**Document Number /
Certificate of Naturalization:**

Verified: *
Pending

Users must adhere to policy for **Systematic Alien Verification for Entitlements** (SAVE) verifications.
The SAVE process does not apply to undocumented aliens.

USCIS Document: *

- Select -

- Select -
Birth Record - Canadian or Mexican Born Northern Amer. Indian
Certificate of Citizenship- N-560,N-561,FS-240,FS-545 or DS-1350
Certificate of Naturalization N-550, N-570, N-571, or N-578
DD Form 214
DS 2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)
Grant Letter / Certificate
HHS Certification-Trafficking
I-130
I-151, I-551, Passport or I-94 Annotated with I-551 & No Section Code
I-151, I-551, Passport or I-94 Annotated with I-551 & Section Code
I-179 or I-197 - US Citizen Identification Card
I-181
I-181a
I-181b
I-20 (Certificate of Eligibility for Nonimmigrant (f-1) Student Status)
I-210
I-327
I-485 or VAWA Application
I-512
I-571
I-688 or I-688A
I-688B or I-766
I-766
I-797
I-797C
I-807
I-914
I-94
I-94 Endorsed "Pending Asylum"

USCIS Document: *

- Select -

I-20 (Certificate of Eligibility for Nonimmigrant (f-1) Student Status)
I-210
I-327
I-485 or VAWA Application
I-512
I-571
I-688 or I-688A
I-688B or I-766
I-766
I-797
I-797C
I-807
I-914
I-94
I-94 Endorsed "Pending Asylum"
Immigration Court Order
Immigration Court Order Indef. Volunt. Depart./Stay of Deportation
Indian Tribe Membership Card
Minor Consent - Satisfactory Immigration Status
Passport Annotated with I-181a
Passport Annotated with I-181b
Passport Only - Not Annotated
SSI/SSP Recipient
Special Immigrant Juvenile Status (SIJS)
T Vis+D5a
Tribal Affidavit - Canadian Born Northern Amer. Indian
Tribal Affidavit - Mexican Born Northern Amer. Indian
US Passport
Undocumented
Visitor/VISA

SEVIS ID:

Date of Birth as it appears on document:

Visa Number:

Country of Citizenship: *

Passport Number:

USCIS Issue Date:

USCIS Expiration Date:

USCIS Adjustment Date:

Country of Issuance:

Receipt Number:

**Document Number /
Certificate of Naturalization:**

Verified: *
Pending

Student & Exchange Visitor Information System (SEVIS) ID is not required. This is a nationwide internet-based system the U.S. government uses to maintain accurate and current information on non-immigrant students, exchange visitors, and their dependents.

Date of Entry and the status of the verification are required on this page.

The **Systematic Alien Verification of Entitlements** (SAVE) request is required.

Initial Save Status:

- Asylee
- Cuban/Haitian Entrant
- Institute Additional Verification
- Lawful Permanent Resident
- Non-Immigrant
- Refugee
- United States Citizen

Initial Save Status:

Begin Date: *

Sponsored?
No

If the SAVE system indicates "Resubmit with Docs", the agency will need to submit a request for the form G-845 by mail or electronically. You will need to indicate the type of documentation and/or the immigration status that you requested through the SAVE program.

The **Begin Date** should be the date that the first request to the SAVE system was initiated.

In this lesson you learned:

If non-citizenship is indicated on the **Individual Demographics Details** page a **Non-citizenship Status Detail** page must be completed.

The required fields.

- Name
- USCIS Document
- Section Code for the document entered
- Issue Date
- Date of Entry
- Verified
- Begin Date
- SAVE Verification is required

Medical Eligibility: Non-Financial Data Collection
Course Agenda

Lesson 1. Contact

Lesson 2. Individual Demographics

Lesson 3. Citizenship/Identity

Lesson 4. Household Status

Lesson 5. Relationship

Lesson 6. Non-Citizenship

Lesson 7. Pregnancy

Lesson 8. Residency

Lesson 9. Other Program Assistance

Lesson 10. Non-Compliance

Lesson 11. Customer Options

Lesson 12. Employment

Lesson 13. Living Arrangements

Lesson 14. LTC Data (Long Term Care Data)

Lesson 15. Noncustodial Parents

Lesson 16. Medical Condition

Pregnancy Detail

*- Indicates required fields

Mother:*
Karla Valentino Rossi

Father:

Presumptive Eligibility Card Indicator:
No

Number of Unborn Children:*
1

Date Reported:*
12/09/2014

Due Date:*
08/08/2015

Delivery/Termination Date:

Verified:*
Verified

The **Pregnancy Detail** page is where you identify if an individual is pregnant or delivered/terminated the pregnancy. This page only needs to be completed when applicable. Pregnancies will be identified on the **Case Summary** page under **All People Associated with a Case**.

In this lesson you learned:

- The **Pregnancy** page should be completed when it is reported that there is a pregnant woman on the case.

- When adding a newborn to the case, utilize the **Delivery/Termination Date** field.

- An existing pregnancy record has to be ended before a new one can be added.

- If the father is listed in the household, select the appropriate name from the drop-down option.

Medical Eligibility: Non-Financial Data Collection
Course Agenda

Lesson 1. Contact

Lesson 2. Individual Demographics

Lesson 3. Citizenship/Identity

Lesson 4. Household Status

Lesson 5. Relationship

Lesson 6. Non-Citizenship

Lesson 7. Pregnancy

Lesson 8. Residency

Lesson 9. Other Program Assistance

Lesson 10. Non-Compliance

Lesson 11. Customer Options

Lesson 12. Employment

Lesson 13. Living Arrangements

Lesson 14. LTC Data (Long Term Care Data)

Lesson 15. Noncustodial Parents

Lesson 16. Medical Condition

The **Residency Detail** page allows the user to enter a residency record for a person and captures the person's residency status.
This includes those individuals who are institutionalized or are migrant workers.

Name: *

| - Select - ▾ | Retrieve Information |

Residency Status: *

| - Select - ▾ |

- Select -
Attending school/Job Corp and claimed as tax dependent by parent(s) who reside in KS
Institutionalized in KS and became incapable of intent after age 21
Institutionalized in KS, capable of intent and 18 or older or under 18 and emancipated or married
Institutionalized in KS, became incapable of intent before age 21 and parents/guardian resides in KS
Institutionalized in KS, became incapable of intent before age 21 and parents/guardian do not reside in KS
Institutionalized in KS, became incapable of intent before age 21, parents reside in a state without reciprocity agreement
Institutionalized in KS, became incapable of intent before age 21, parents reside in state w/ reciprocity agreement
Living in KS temporarily to work/seek work
Migrant Construction Worker
Migrant/Seasonal Farm Worker
None of the Above
Placed in a KS institution for LTC by an Out of State agency
Placed in an Out of State institution for LTC by KS State agency
Receive KS state supplementary payments while living out of state
Receiving a IVE payment from KS but residing in another state
Receiving a IVE payment from a state other than KS
Reside in Kansas (with intent to remain)
Residence in Kansas - Out–of-State Mailing Address
Temporary absence with intent to return)

In this lesson you learned:

The **Residency Detail** page allows the user to enter a residency record for a person and captures the person's residency status including if the consumer is not living/residing in Kansas.

This page is required for EDBC to determine benefits.

Lesson 1. Contact

Lesson 2. Individual Demographics

Lesson 3. Citizenship/Identity

Lesson 4. Household Status

Lesson 5. Relationship

Lesson 6. Non-Citizenship

Lesson 7. Pregnancy

Lesson 8. Residency

Lesson 9. Other Program Assistance

Lesson 10. Non-Compliance

Lesson 11. Customer Options

Lesson 12. Employment

Lesson 13. Living Arrangements

Lesson 14. LTC Data (Long Term Care Data)

Lesson 15. Noncustodial Parents

Lesson 16. Medical Condition

Other Program Assistance is used for adding or editing information needed for specific programs that do not have rules in KEES. This page is used for **MediKan**, **MediKan Reintegration**, **WORK**, and **SOBRA Emergency** eligibility information.

These programs need to be recorded in KEES for historical purposes. These programs may include:

Adoption Assistance	Child Support
Early Detection Works	Food Assistance
Foster Care	Kinship Guardianship Assistance Program (Kin-GAP)
MediKan	MediKan – Reintegration
SOBRA Labor & Delivery	SOBRA Emergency
TANF (Temporary Assistance for Needy Families)	Tuberculosis (TB)
Work Opportunities Reward Kansans (WORK)	

Other Program Assistance Detail

Save and Add Another   Save and Return   Cancel

* - Indicates required fields.

Name:*
- Select -   Retrieve Information

Type of Assistance:*
- Select -

State: **County:**   **Review Due Date:**

Begin Date:*   **End Date:**

| - Select - |
| Adoption Assistance |
| Child Support |
| Children With Special Health Care Needs |
| Early Detection Works |
| Food Assistance |
| Foster Care |
| Kin-GAP |
| MediKan |
| MediKan-Reintegration |
| Medical |
| Reintegration |
| SOBRA Emergency |
| SOBRA Labor and Delivery |
| TANF |
| TB |
| Tribal Food Distribution |
| WORK |

Medical Verified:*
Pending   **Non-Medical Verified:**

Save and Add Another   Save and Return   Cancel

Other Program Assistance Detail

Save and Return   Cancel

* - Indicates required fields.

Name:*
Michelle L Mitchell

Type of Assistance:*
Foster Care

State:
KS

County:
Shawnee

Review Due Date:

Aid Code:

Begin Date:*
11/05/2014

End Date:

Medical Verified:*
Verified

Non-Medical Verified:

Foster Care Information

Agency:
DCF

Placement Type:

Court Hearing List

	Court Number*	Judicial District*	Court Hearing Date
☐	2014215	03 - Shawnee	

Add

Remove

Lesson 9: Other Program Assistance

Field	Note
Name	Required
Type of Assistance	Select: Foster Care
State	Select: KS
County	County of Jurisdiction
Aid Code*	Enter the IV-E funding code
Begin Date**	Date foster care medical begins
Medical Verified	Select: Verified
Agency	Select: DCF
Placement Type	Optional
Court Number	Numeric field
Judicial District	Select from drop-down

Other Program Assistance Detail

Save and Return   Cancel

* - Indicates required fields.

Name:*
Michelle L Mitchell

Type of Assistance:*
Adoption Assistance

Amount or Value of Services:

State:
KS

County:
Shawnee

Review Due Date:

Aid Code:

Begin Date:*
11/05/2014

End Date:

Medical Verified:*
Verified

Non-Medical Verified:

Save and Return   Cancel

In this lesson you learned:

- **Other Program Assistance** pages include information on assistance received by members of a case from other states and other programs that are issued outside of KEES.

- The **Type of Assistance** drop-down box is a dynamic field. The screen will change to enter additional information depending on the **Type of Assistance** chosen.

Medical Eligibility: Non-Financial Data Collection
Course Agenda

Lesson 1. Contact

Lesson 2. Individual Demographics

Lesson 3. Citizenship/Identity

Lesson 4. Household Status

Lesson 5. Relationship

Lesson 6. Non-Citizenship

Lesson 7. Pregnancy

Lesson 8. Residency

Lesson 9. Other Program Assistance

Lesson 10. Non-Compliance

Lesson 11. Customer Options

Lesson 12. Employment

Lesson 13. Living Arrangements

Lesson 14. LTC Data (Long Term Care Data)

Lesson 15. Noncustodial Parents

Lesson 16. Medical Condition

Non-Compliance is most frequently a failure to provide, failure to cooperate, failure to pursue potential resources, or a penalty record. This record is used by EDBC to deny or discontinue a consumer or a program. Rules use the non-compliance record when determining eligibility.

Eligibility Non-Compliance Detail

| Save and Add Another | Save and Return | Cancel |

Name: *
- Select -   [Retrieve Information]

Comments:

Type: *
- Select -

Reason: *
- Select -

Begin Date: *   **End Date:**   **Override End Date:**

* - Indicates required fields

| Save and Add Another | Save and Return | Cancel |

- Select -
Child Support
FA - Fraud, Identity or Residence
FA - Fraud, Permanently Disqualified
FA - Transfer Property
Failure to Cooperate
Failure to Provide
Failure to Pursue Potential Resources
Fraud FA
Fraud TANF and CC
Fugitive Felons
Potential Employment
Quality Control
TANF AJS
Trading FA for drugs
Transfer of property
Work Programs

In this lesson you learned:

It is very important to remember to view and/or update this page when you are making any changes to a case.

The system does not alert you when a non-compliance record is established or not established.

Always check this page when working on a case.

Course Agenda

Lesson 1. Contact

Lesson 2. Individual Demographics

Lesson 3. Citizenship/Identity

Lesson 4. Household Status

Lesson 5. Relationship

Lesson 6. Non-Citizenship

Lesson 7. Pregnancy

Lesson 8. Residency

Lesson 9. Other Program Assistance

Lesson 10. Non-Compliance

Lesson 11. Customer Options

Lesson 12. Employment

Lesson 13. Living Arrangements

Lesson 14. LTC Data (Long Term Care Data)

Lesson 15. Noncustodial Parents

Lesson 16. Medical Condition

The **Customer Options Detail** page is used to indicate when a consumer has opted to be EXCLUDED FROM certain Medical eligibility tests or programs.

Customer Options List

Display From:

To:

[View]

[Add]

Name	Type	Begin Date	End Date
No Data Found			

Clicking the **Add** button takes you to the Customer Options Detail page.

Customer Options Detail

Save and Add Another   Save and Return   Cancel

* - Indicates required fields.

Name:*
Waylon Spooner

Type:*
Title XXI (SCHIP)

Begin Date*

End Date:

- Select -
Adoption Support Medical
Breast and Cervical Cancer
Caretaker Medical
Extended Medical
Foster Care
MediKan
Medically Needy
Medicare Saving Plan
Poverty Level Programs
Presumptive Eligibility
Protected Medical Groups
Refugee Medical Cash Eligible
SSI Recipients
Title XXI (SCHIP)
Transitional Medical
Tuberculosis
Working Healthy

When an individual is eligible for more than one medical program the worker will need to determine which program the individual will not receive and record it on the **Customer Options Detail** page.

In this lesson you learned:

- The option selected in the **Type** drop-down will exclude that program for the consumer

Medical Eligibility: Non-Financial Data Collection
Course Agenda

Lesson 1. Contact

Lesson 2. Individual Demographics

Lesson 3. Citizenship/Identity

Lesson 4. Household Status

Lesson 5. Relationship

Lesson 6. Non-Citizenship

Lesson 7. Pregnancy

Lesson 8. Residency

Lesson 9. Other Program Assistance

Lesson 10. Non-Compliance

Lesson 11. Customer Options

Lesson 12. Employment

Lesson 13. Living Arrangements

Lesson 14. LTC Data (Long Term Care Data)

Lesson 15. Noncustodial Parents

Lesson 16. Medical Condition

Employment Detail

Save and Return   Cancel

* - Indicates required fields

Name: *
- Select -   ←

Category: *
- Select -   ←

Employer Information

Employer: *
[   ] Select   ←

Address: **Contact:**

Job Information

Job Title: **Date Hired:**

Termination Date:

In the past 6 months, did this person:
☐ Change jobs
☐ Stop working
☐ Start working fewer hours

Created Date:

Status Information

Status	Hours/Week	Hourly Wage	Begin Date	End Date
				Add

Verified: *
Verified

Save and Return   Cancel

Complete *ONLY* the **Name**, **Category** and **Employer Information** section of the page. The rest of this page is solely used for Work Programs.
Click **Select** under **Employer Information** to draw current contact information from the Resource Databank for the consumer's employer.

In this lesson you learned:

- Employment information is important to collect as it is tied to the Income Detail page

- There are 3 fields that we are able to complete, remaining fields are for Work Programs only

Medical Eligibility: Non-Financial Data Collection
Course Agenda

Lesson 1. Contact

Lesson 2. Individual Demographics

Lesson 3. Citizenship/Identity

Lesson 4. Household Status

Lesson 5. Relationship

Lesson 6. Non-Citizenship

Lesson 7. Pregnancy

Lesson 8. Residency

Lesson 9. Other Program Assistance

Lesson 10. Non-Compliance

Lesson 11. Customer Options

Lesson 12. Employment

Lesson 13. Living Arrangements

Lesson 14. LTC Data (Long Term Care Data)

Lesson 15. Noncustodial Parents

Lesson 16. Medical Condition

Living Arrangements Detail

[Save and Add Another] [Save and Return] [Cancel]

* - Indicates required fields.

Name:*
- Select - [▼] [Retrieve Information]

Living Arrangement Type:*
- Select - [▼]

Arrival Date:*
[ ]

Departure Date:
[ ]

Verified:*
Pending [▼]

- Select -
Battered Woman and Child Shelter
Campus Housing - Meals Provided
Commercial Boarding Facility
Drug and Alcohol Rehabilitation Center
Federally Subsidized Housing for the Elderly
Homeless
Hospital - Acute Hospital Care
In Home
Incarcerated
Institution -Mental Disease
Licensed Group Home for Blind or Disabled (SSA)
Live-in Attendant
Native American Reservation
Nursing Home/Long Term Care
Other
Room & Board < 3 meals, pay 2/3 allotment
Room & Board < 3 meals, pay < 2/3 allotment
Room & Board => 3 meals per day

[Save and Add Another] [Save and Return] [Cancel]

PPS

Living Arrangements is utilized for youth placed in detention.

EDBC is run after the detention facility information is entered. This discontinues the case.

When the youth returns to foster home placement, the departure date is entered. The case needs to be rescinded.

- **Name:** Select from the drop-down
- **Living Arrangement Type:** Incarcerated
- **Arrival Date:** Date entered detention
- **Verified:** Select "Verified"

In this lesson you learned:

- Living Arrangements page shows where case persons are living who are outside the home:
  - An assisted care facility
  - Women's shelter
  - Incarcerated
  - Institutionalized

Course Agenda

Lesson 1. Contact

Lesson 2. Individual Demographics

Lesson 3. Citizenship/Identity

Lesson 4. Household Status

Lesson 5. Relationship

Lesson 6. Non-Citizenship

Lesson 7. Pregnancy

Lesson 8. Residency

Lesson 9. Other Program Assistance

Lesson 10. Non-Compliance

Lesson 11. Customer Options

Lesson 12. Employment

Lesson 13. Living Arrangements

Lesson 14. LTC Data (Long Term Care Data)

Lesson 15. Noncustodial Parents

Lesson 16. Medical Condition

LTC Data List

| Continue |

Search Results Summary				Results 1 - 1 of 1

Display
From: | **To:**

| View |
| Add |

	Name ▼	Type ▽	Recorded Date ▽	
☐	**Mitchell, Jacie**	Institutional Care	12/29/2014	Edit

| Remove | | Add |

| Save and Add Another | Save and Return | Cancel |

LTC Data Detail

Name: *
- Select -

Recorded Date: *

LTC Type: *
- Select -

- Select -
HCBS
Institutional Care
MFP
PACE

* - Indicates required fields.

| Save and Add Another | Save and Return | Cancel |

LTC Data Detail

Name: *
Dana Lou Mitchell

LTC Type: *
HCBS

Recorded Date: *
12/29/2014

HCBS Information:(to be completed by Case Manager)

Agency: *
AND GUIDANCE FAMILY SERVICE [Select]

Case Manager:

Phone:
9999999999

Fax:

Email:

Address Line 1:
327 SW FRAZIER

Address Line 2:

City: **State:** **ZIP Code:**
TOPEKA KS   66604

HCBS Waiver Type *   **Waiver/LOC Threshold Met:** **Placed on Waiting List:** **Date:**   **Request Withdrawn:** **Choose HCBS:** **Date** *
SED [▼]   Yes [▼]   [▼]   [ ]   [▼]   [▼]   12/05/2014

Estimated Monthly Cost of Care: *   **Effective Date of HCBS Services (Approved by Program Manager or Other Authority)** *
900   12/05/2014

Change Comments:
[ ]

MCO Choice:
[▼]

HCBS Authorized Agent: **Phone:**   **Date:**
[ ]   [ ]   [ ]

Nursing Facility Admission Date: **Anticipated Length of Stay:** **HCBS Terminated:**   **Termination Effective Date:** **Termination Reason:**
[ ]   [▼]   [▼]   [ ]   [ ]

Dependents of LTC/Applicant/Member or Dependents of Spouse

Dependent	Begin Date	End Date
		[Add]

KEES Kansas Eligibility Enforcement System (KEES)

Save and Return | Cancel

LTC Data Detail

Name:*
Jacie L Mitchell

Recorded Date:*
12/29/2014

LTC Type:*
Institutional Care

Facility Information

Provider Number:
1047864

Facility Name/Location:*
KIDS TLC
Select

Phone:
9999999999

Facility Fax:

Facility Email:

Address Line 1:
480 S. ROGERS RD

Address Line 2:

City:
OLATHE

State:
KS

ZIP Code:
66062

Name of Agency/Person Placing Resident:
KVC

Facility Placement/Discharge

ADMISSION INFORMATION: Yes

Admission Date*
12/05/2014

Anticipated Length of Stay:
30 days or more

Admitted From:
Private Home

Previous Admission Date:

Pay Status on Admission: Medicaid   **Other:**   **Current Level Of Care in Your facility*** Psychiatric Residential Treatment Facility (PRTF)   **Cost Of Care:*** 9,000.00

DISCHARGE INFORMATION:

Dependents of LTC/Applicant/Member or Dependents of Spouse

Dependent	Begin Date	End Date

Add

Care Screening

Care Screening Met*
Yes

Date Screening Completed*
12/05/2014

81

LTC Data Detail

Name: *
Rita R Mitchell

LTC Type: *
MFP

Recorded Date: *
12/29/2014

MFP Information(to be completed by Case Manager)

Agency: *
CENTER HETLINGER DEV. Select

Case Manager:

Phone:
9999999999

Fax:

Email:

Address Line 1:
PO BOX 2204

Address Line 2:

City:
EMPORIA

State:
KS

ZIP Code:
66801

MFP Waiver Type *

Waiver/LOC Threshold Met:

Placed on Waiting List:

Date:

Request Withdrawn:

Choose MFP:

Date: *

Estimated Monthly Cost of Care: *
9000.00

Effective Date of MFP Services (Approved by Program Manager or Other Authority) *

Comments:

DD
FE
HI-TBI
PD

MCO Choice:

MFP Authorized Agent:

Phone:

Date:

Nursing Facility Admission Date:

Anticipated Length of Stay:

MFP Terminated:

Date:

Termination Reason:

Dependents of LTC/Applicant/Member or Dependents of Spouse

Dependent	Begin Date	End Date

Add

LTC Data Detail

Name:[*]
- Select -

Recorded Date:[*]

LTC Type:[*]
PACE

Pace Enrollment Information

PACE Provider[*]	Case Manager:	Provider Phone:	Provider Fax:	Provider email:
Retrieve Information				

Anticipated Enrollment Date:	Financial App Sent:	Medicaid Referral:	Service Information:	Cost Of Care:[*]

COMPLETE FOR NEW PACE APPLICANTS

Enrollment Accepted:

Date of PACE Assignment:

Enrollment Denied by Customer:

Reason:

PACE Team Denied Enrollment:

Reason:

Complete for Current PACE Enrollees

Nursing Home Placement:

	Temporary:	Admit Date:	Discharge Date:	Facility Name:	Estimated Length of Stay:
	Permanent:	Admit Date:	Discharge Date:	Facility Name:	

Disenrollment Information:

Voluntary Disenrollment:	Effective Date:	Reason:

Involuntary Disenrollment:	Effective Date:	State Approved:

Death:

Date of Death:

Comment:

Dependents of LTC/Applicant/Member or Dependents of Spouse

Dependent	Begin Date	End Date
		Add

Care Screening

Care Screening Met[*]

Date Screening Completed[*]

In this lesson you learned:

- Notification of HCBS requires the LTC Data selection of "HCBS"

- Notification of Facility Admission/Discharge requires the selection of "Institutional Care"

- Notification of MFP from the Independent Living Centers, Community Developmental Disability Organization or the Area Agency on Aging requires the selection of "MFP"

- Notification of PACE Information requires the selection of "PACE"

- Care Screening is a process done outside of KEES by the Department of Aging and Disability Services

Medical Eligibility: Non-Financial Data Collection
Course Agenda

Lesson 1. Contact

Lesson 2. Individual Demographics

Lesson 3. Citizenship/Identity

Lesson 4. Household Status

Lesson 5. Relationship

Lesson 6. Non-Citizenship

Lesson 7. Pregnancy

Lesson 8. Residency

Lesson 9. Other Program Assistance

Lesson 10. Non-Compliance

Lesson 11. Customer Options

Lesson 12. Employment

Lesson 13. Living Arrangements

Lesson 14. LTC Data (Long Term Care Data)

Lesson 15. Noncustodial Parents

Lesson 16. Medical Condition

Kansas
Eligibility Enforcement
System (KEES)

Noncustodial Parent Detail

* - Indicates required fields

Case Head
Applicant Name :
AFrank APatterson

*

CHILDREN (IN YOUR HOME) OF NONCUSTODIAL PARENT							
Child Name	**Gender**	**SSN**	**DOB**	**Birth City**	**Birth State**	**Paternity Status**	**Referral**
CThomas, CMary	Male	370143880	06/19/2012		KS	Unknown ▼	☐ Referral

Confirmed
Not Confirmed
Unknown

NONCUSTODIAL PARENT

Parent Name:*
Other ▼

**Living in the Home Status
(Does this parent live with you?):**

► A. Potential Noncustodial Parent Personal Information

► B. Employment

► C. Health Insurance

► D. Marital Status

► E. Court Order

Support Services (Voluntary Referral)

Do you want other child support services?
▼

Certification and Agreement:*
I agree to cooperate ▼

Comments:

Expand each section by
clicking the black caret.

Save   Cancel

▼ A. Potential Noncustodial Parent Personal Information

First Name:
Frederick

Middle Name/Initial:

Last Name: *
Smith

Suffix:

Gender:
Male

Social Security Number:

Date of Birth:

Birth Place:

Phone Number:

When did you last hear from or get mail from this parent?

Email:

Reason noncustodial parent not in home:

Physical Address

Address Line 1:

Address Line 2:

City:

State:

ZIP Code:

ZIP Code Suffix:

Country:

When was this address current?

▼ B. Employment

What kind of income does this parent have?

☑ Earnings ☐ Unemployment/Disability Insurance Benefits

☐ Social Security ☐ None ☐ Other

Last Known Employer:
Natural Grocers

Type of Work:

Phone Number:
7852289100

Address Line 1:
5836 SW 21st St

Address Line 2:

City:
Topeka

State:
KS

ZIP Code:
66604

Support Services (Voluntary Referral)

Do you want other child support services?

[▼]

Certification and Agreement: *

| I agree to cooperate | ▼ |

Comments:

[   ]

Save   Cancel

| I agree to cooperate |
| I claim good cause and refuse to cooperate at this time |
| I claim good cause as I am a single or adoptive parent |
| I refuse to assign child/spousal support rights (cash aid) |
| I refuse to assign medical support rights(cash aid and Medicaid) |

In this lesson you learned:

- Noncustodial Parent may be named as someone on the case or as "Other"
- Workers are to complete as much of the information about the noncustodial parent as possible
- Policy dictates how the **Certification and Agreement** drop-down is to be populated

Medical Eligibility: Non-Financial Data Collection
Course Agenda

Lesson 1. Contact

Lesson 2. Individual Demographics

Lesson 3. Citizenship/Identity

Lesson 4. Household Status

Lesson 5. Relationship

Lesson 6. Non-Citizenship

Lesson 7. Pregnancy

Lesson 8. Residency

Lesson 9. Other Program Assistance

Lesson 10. Non-Compliance

Lesson 11. Customer Options

Lesson 12. Employment

Lesson 13. Living Arrangements

Lesson 14. LTC Data (Long Term Care Data)

Lesson 15. Noncustodial Parents

Lesson 16. Medical Condition

Images

Continue

Medical Condition List

▶ Root Questions

Search Results Summary	Results 1 - 1 of 1

Display

From: **To:**

View

Add

	Name ▼	Category ▽	Medical Condition Type ▽	Begin Date ▽	End Date ▽	
☐						Edit

Remove

Medical Condition Category:* [▼]

Add

☐ Complete

Continue

Active
Declared
Presumptive

The **Medical Condition** drop-down selection will affect the **Medical Condition Detail** page fields available.

Medical Condition Category:
Active

Medical Condition Type: *

| - Select - | ▼ |

- Select -
1619B Blind
1619B Disabled
DDS Blind
DDS Disabled
Incapacity - Verifiable and at Least 30 Days
Other Food Assistance Disability
SSA Blind
SSA Disabled
SSI Blind
SSI Disabled

Medical Condition Category:
Presumptive

Medical Condition Type: *

| - Select - | ▼ |

- Select -
PMD Tier 1
PMD Tier 2

Depending upon the selection of the **Medical Condition Category** (Active or Presumptive) a list of medical conditions will appear in the drop-down options under **Medical Condition Type** on the **Medical Condition Detail** page.

This page tracks the status and type of medical condition. You can add, edit, and view medical condition information on this page.

In this lesson you learned:

- That there are two different types of Medical Condition Categories.

  - Active
  - Presumptive

- Dynamic fields allow the worker to select the best possible option on the page based on the initial field selection.

Course Summary

You learned:
- How to add, view, and edit non-financial case information
- The most relevant and common pages to complete to ensure accuracy
- How to gather appropriate information from the applicant
- How to verify and collect information simultaneously