

## 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.

**People:** 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	<ul style="list-style-type: none"> <li>• When some household members have answered the question and others have left blank: Determine eligibility for household members who answered Yes.</li> <li>• If only one individual is on the application and left the question blank – assume Yes.</li> <li>• If all individuals on the application are blank, must obtain the answer</li> </ul>
Special types of Medical	<p>The special medical types determine what is entered into ABMS for the Requested Medical Type.</p> <ul style="list-style-type: none"> <li>• Working Healthy RMT <ul style="list-style-type: none"> <li>○ Working Healthy</li> </ul> </li> <li>• Long Term Care RMT <ul style="list-style-type: none"> <li>○ HCBS</li> <li>○ Nursing Home</li> <li>○ Child in an Institution</li> <li>○ PACE</li> </ul> </li> <li>• Medical RMT <ul style="list-style-type: none"> <li>○ Medicare Costs</li> <li>○ None of These</li> </ul> </li> </ul>

Application Question	Eligibility Action
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
In a hospital for more than 30 days	Required for a spousal impoverishment assessment. Otherwise, assume no.
Served in the military	Assume No, if left blank
Spouse or widow of military	Assume No, if left blank
Pay for medical expenses	Assume No, if left blank

**Prior Medical:** This section is in reference to the additional questions that are asked when an application requests assistance with unpaid medical bills.

- If prior medical is requested, then these follow-up questions must also be answered:
  - Changes in the household in the last 3 months
  - Changes in income during the last 3 months
- If prior medical has not been requested, then these answers are not required.
- If the original prior medical question was left blank and it was assumed that the consumer was not requesting prior medical, 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.

### **Immigration Status**

The individual's name (as it appears on their immigration documents) and the Immigration number are required when a non-citizen has requested medical assistance.

### **Tax Household**

This section is required for the Primary Applicant. If answered by the Primary applicant, the answers can be inferred for other household members. Example: Primary applicant lists the children's names as dependents – then it is inferred that the children are not filing tax returns and are claimed as a dependent by the primary applicant

**Disability**

Disability that will last 12 months or result in death	Assume No, if left blank
Applied for Social Security	Assume No, if left blank
Social Security questions	If above question answered Yes – then all remaining are required. However, staff should attempt to obtain all information from EATSS.

**Resources**

Cash, Checking Account, Savings Account, CD, Retirement Plan, Nursing Facility Accounts, and Stocks and Bonds	Must obtain answer
Names on Resources, Amount, Location of Resource and Account Number	Required for all 'Yes' answers in the categories above
Funeral or Burial Plans and Burial Plots	Assume No, if left blank
Other	Assume No, if left blank
Have a vehicle	Assume No, if left blank
Life Insurance	Must obtain answer
Own a home	Must obtain answer
Own other real estate	Must obtain answer
Life estate or life interest in any property	Must obtain answer
Trust	Must obtain answer
Annuity or similar investment	Must obtain answer
Owed money through promissory note or loan	Must obtain answer
Other Assets	Must obtain answer
Loan against property (second mortgage, reverse mortgage)	Only required if requesting Long Term Care
Waived rights to an inheritance or will	Only required if requesting Long Term Care
Worked with an attorney for Estate Planning purposes	Must obtain answer
Sold or given away property	Only required if requesting Long Term Care

**Household Income:**

<b>Application Question</b>	<b>Eligibility Action</b>
Anyone in the household has a job	Assume No, if left blank
Follow-up wage questions	<p>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:</p> <ul style="list-style-type: none"> <li>• Amount paid</li> <li>• Frequency</li> </ul> <p>If these questions are not answered on the application form, but found elsewhere, such as with pay verification provided, that is acceptable.</p>
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	If left blank, send the self-employment worksheet and a request for the tax return. See the Verification policy document for more information.
Work Expenses	Assume No, if left blank
Other Income: Social Security, SSI, Veteran's benefits, Railroad retirement, Trust payments, Annuity payments, Other retirement, Worker's compensation, Unemployment, Tribal payment, Oil royalties, Contract Sale, Rental income, Child support, Spousal support	An answer is required for every individual question
Other Income Sources	Assume No, if left blank

**Health Insurance:**

<b>Application Question</b>	<b>Eligibility Action</b>
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	When the applicant has answered Yes to the above question, enough information is required in this section to make a TPL referral. This generally includes the policy holder's name, SSN, and name of the insurance company. However, an application shall not be delayed to obtain additional health insurance information.

### **Dependents and Household Expenses**

- Assume No, if left blank.

### **Choose your Health Plan**

- Not required.

### **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.