

Sample Ombudsman packets mailed and/or emailed to consumers:

The titles ***in bold*** are the packets that have been copied for your review of resources used in the Ombudsman's office. The entire packet that may be mailed or emailed is listed below.

- ***Who Should I Call?***
- ***KanCare Grievance, Appeals and State Fair Hearing Process***
 - KanCare and Your Plan of Care: Know Your Rights (by Kansas Advocate for Better Care)
 - KanCare Ombudsman Brochure
 - Personal or Office Business Card
- ***Medicaid Grievances and Medicaid Hearings***
 - KanCare Ombudsman Brochure
 - Personal or Office Business Card
- ***Spenddown Fact Sheet***
 - KanCare Ombudsman Brochure
 - Personal or Office Business Card
- ***Estate Recovery Fact Sheet***
 - KanCare Ombudsman Brochure
 - Personal or Office Business Card
- Application packet for Elderly and Disabled
 - Clearinghouse contact information (half page)
 - ***Flow Chart for KanCare application process***
 - ***Assistance for people who are Uninsured or have a high spenddown***
 - KanCare Ombudsman Brochure
 - Personal or Office Business Card
- Application packet for Children and Families
 - Clearinghouse contact information (half page)
 - Flow Chart for KanCare application process
 - Assistance for people who are Uninsured or have a high spenddown
 - KanCare Ombudsman Brochure
 - Personal or Office Business Card
- Application for Medicare Savings Program
 - Brochure for Medicare Savings Program
 - Clearinghouse contact information (half page)
 - Flow Chart for KanCare application process
 - Assistance for people who are Uninsured or have a high spenddown
 - KanCare Ombudsman Brochure
 - Personal or Office Business Card



Who Should I Call? – CONSUMERS

Questions or Issues	Contact
<p>KanCare Clearing House</p> <ul style="list-style-type: none"> • If you have questions about the application • To check status of your application • If you are having problems with application process • Transferring from another state to Kansas • Close an account because moving out of state • For renewals of applications • To change the Responsible Party on your case • To update your address and get your information • If mother has newborn baby that needs to be added • Spend Down issues (including where to send the receipts) • Client Obligation /Patient Liability issues • To apply by phone (We do NOT encourage this; please only suggest this if it is someone who has no other options of completing the application. They may at some point stop offering this as an option.) 	<p>KanCare Clearinghouse: 800-792-4884</p> <p>KanCare Clearinghouse Mailing Address (both types of applications): P.O. Box 3599, Topeka, KS 66601-9738</p> <p>Apply online: www.applyforkancare.ks.gov</p> <p>Fax for Children and Families documents: 800-498-1255</p> <p>Fax for Elderly and Disabled documents: 844-264-6285</p>
<p>Kansas Eligibility Help Desk</p> <ul style="list-style-type: none"> • If you are having technical problems with the online application 	<p>Kansas Eligibility Help Desk: 877-782-7358</p>
<p>KMAP- Kansas Medical Assistance Program</p> <ul style="list-style-type: none"> • For CONSUMER questions about KMAP (FFS/Fee for Service questions, QMP, MediKan...) • If you need to verify whether or not you “currently” have KanCare coverage. • If you need to change your health plan/MCO (Must be within your open enrollment period). • For PROVIDER questions about KMAP 	<p>KMAP Customer Service Center: 800-766-9012 TDD/TTY: 800-766-3777</p> <p>Website: https://www.kmap-state-ks.us/hcp/member</p> <p>KMAP for Providers: 800-933-6593</p>
<p>Managed Care Enrollment Center</p> <ul style="list-style-type: none"> • To find out what managed care organization (MCO) you are assigned to • To find out your Medicaid ID# • If you did not receive an enrollment package • To find out your open enrollment period dates • If you have a Good Cause Reason for changing your health plan/MCO (not during the open enrollment period). 	<p>Managed Care Enrollment Center: 866-305-5147 TTY: 800-766-3777 Email: KanCare@kdheks.gov</p>
<p>Premium Billing For questions about paying premium bills (CHIP and Working Healthy)</p>	<p>Premium Billing: 866-688-5009</p>

<p>Health Plans (customer service lines) contact for these types of needs (these are just a few examples):</p> <ul style="list-style-type: none"> • Haven't received medical ID card/lost medical ID card • Change your primary care physician • Find out if a service is covered • Help finding a doctor, dentist, or other provider • To file a grievance or complaint about your MCO or one of its providers • To file an appeal or a state fair hearing from a denial of a service or notice of action 	<ul style="list-style-type: none"> • Amerigroup: 800-600-4441 (TTY: 711) • Sunflower: 877-644-4623 (TTY: 888-282-6428) • United: 877-542-9238 (TTY: 711)
<p>Pharmacy</p> <ul style="list-style-type: none"> • To ask a question about a prescription drug 	<p>Call the appropriate number for your health care plan: Medicaid Fee For Service (FFS):800-766-9012</p> <ul style="list-style-type: none"> • Amerigroup: 800-600-4441 (TTY: 711) • Sunflower: 877-644-4623 (TTY: 888-282-6428) • United: 877-542-9238 (TTY: 711)
<p>To Schedule a ride to a medical appointment</p>	<p>Call the appropriate number for your health care plan:</p> <p>KMAP Medicaid FFS consumers call: 800-766-9012 Amerigroup members call Access2Care: 855-345-6943 Sunflower members call Logisticare at: 877-644-4623 United members call Logisticare at: 877-796-5847</p>
<p>To talk to a nurse after hours</p>	<p>Your health plan: Amerigroup: 1-866-864-2544 Sunflower: 1-877-644-4623 United: 1-877-542-9238</p>
<p>Waiver Program Managers:</p> <ul style="list-style-type: none"> • For all Waiver and Waiting List questions, contact the appropriate waiver program manager. <hr/> <p>• MFP, QA - Money Follows the Person, Quality Assurance: Community Transition Program that provides HCBS Waiver services and other extended services to eligible beneficiaries after being in an institution for 90 or more days without Medicare funding.</p> <hr/> <p>• PACE Program - Program for All-Inclusive Care for Elderly: Program designed to promote the provision of quality, comprehensive health services for adults ages 55 and older. The primary care physicians & interdisciplinary team of professionals provide & coordinate all services for you, providing a "one stop shopping" for your needs. Most</p>	<ul style="list-style-type: none"> • Autism (AU) Waiver (Sam Philbern): 785-296-6843 • Frail/Elderly (F/E) Waiver (Claire Magee): 785-296-8288 • Intellectual /Developmental Disability (I/DD) Waiver (Laura Leistra): 785-296-4980 • Physical Disability (PD) Waiver (John Barry): 785-296-1708 • Serious Emotional Disturbance (SED) Waiver (Sam Philbern): 785-296-6843 • Technical Assistance (TA) Waiver and ICF/IDD (Karla Werth): 785-296-0787 • Traumatic Brain Injury (TBI) Waiver (Kimberly Reynolds): 785-296-0648 <hr/> <p>MFP, QA (Larry Kelley): 785-296-7744</p> <hr/> <p>PACE Program Manager (Claire Magee): 785-296-8288</p>

services are provided in your home & at the PACE Center.	
Medicare Questions: <ul style="list-style-type: none"> • For general Medicare questions. • If someone calls about Medicare, refer them to Senior Health Insurance Counseling for Kansas SHICK (SHICK Counselors can help your consumers to understand Medicare mail that comes in). 	National Medicare Number: 800-633-2274 SHICK Counselor: 800-860-5260
Not sure where your question fits	Managed Care Enrollment Center: 866-305-5147 (TTY: 800-766-3777) Email: KanCare@kdheks.gov
Social Security Office Questions: <ul style="list-style-type: none"> • To find location and phone numbers for local Social Security offices (See Resource Maps on KCDC Website) 	Social Security Office (National): 800-772-1213 Social Security Office (Local) see KCDC website: https://kcdcinfo.ks.gov/resources/service-maps (pg. 31 of KCDC Map book).
Adult Abuse/Complaint Hotlines: <ul style="list-style-type: none"> • To report abuse, neglect or exploitation occurring in adult care facility, medical care facility or home health agency (nursing homes, hospitals, and home health agencies). The person who reviews is a quality assurance person who ultimately reviews their credentials/license. • To report adult abuse and neglect (in long term care facilities) • To report adult abuse and neglect (in the home) 	KDADS Abuse, Neglect or Exploitation Hotline (In Home, Facilities, Home Health Agencies, Registered Operators): 800-842-0078 Adult Abuse and Neglect (LTC Ombudsman): 877-662-8362 Adult Abuse and Neglect (In Home): 800-922-5330
Long Term Care Ombudsman- The LTC Ombudsman helps LTC residents obtain the highest quality of life, helps LTC staff meet the needs and concerns of those who reside in their facility and receives and investigates complaints with a goal of achieving an equitable solution.	LTC Ombudsman: 877-662-8362 Website: www.kansasombudsmanksgov.com
KanCare Ombudsman - The KanCare Ombudsman's office provides help to KanCare/Medicaid members and Kansas consumers in resolving problems regarding their services, coverage, access and rights. In particular, the Ombudsman's office provides assistance to KanCare members in the Home and Community Based Services (HCBS) waiver programs and others who get their long-term care services through KanCare. The Ombudsman's office provides members and consumers with information about the KanCare grievance process and the appeal and state fair hearing process as well as the Medicaid grievance process and Medicaid hearing process (eligibility)	KanCare Ombudsman: 1-855-643-8180 Email: Kancare.Ombudsman@ks.gov Website: www.KanCare.ks.gov/ombudsman.htm



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KanCare Grievance, Appeals and State Fair Hearing Process

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I. GRIEVANCE

What is a Grievance?

A grievance is an expression of dissatisfaction.

If you have a problem with an MCO's or network providers services concerning such things as quality of care, access to care, your rights and dignity, or poor behavior of a provider or an MCO associate, you may file an official complaint:

- Call or write to the MCO about it; or
- Ask a representative of your choice to call or write to the MCO

If you ask a provider or other person to call or write to the MCO, you will need to include written approval for them to represent you.

Possible subjects or examples of a grievance might be:

- You are unhappy with the quality of your care or services provide
- Poor behavior by an employee of the MCO or their provider
- The failure to respect a member's rights and dignity
- You received a bill from a provider that should be covered by KanCare (your MCO) and the MCO said they are not covering it

Basics

Members must file a grievance within 180 days of the action taken by the MCO. The MCO must acknowledge in writing the grievance was received within 10 business days; 98% of all grievances must be resolved in 30 business days. If the MCO believes an additional 30 business days may be needed to resolve the grievance, this request must be made to KDHE/HDCF two business days in advance of the 30 business day deadline. 100% of grievances must be resolved in 60 business days.



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Phone: 1-855-643-8180
TTY: 771
Email: KanCare.Ombudsman@ks.gov
Website: www.kancare.ks.gov/ombudsman.htm

For grievance/complaint process for your managed care companies call these main numbers.

- **Amerigroup** Toll Free:(1-800-600-4441) (TTY: 711); Direct: 913-749-5955 (TTY 711)

Mail to:

Administrative Review and Grievance Department
Amerigroup Kansas, Inc.
9225 Indian Creek Parkway, Building #32
Overland Park, KS 66210

Visit us in person at:

Amerigroup Kansas, Inc., Administrative Review and Grievance Department
9225 Indian Creek Parkway, Building #32
Overland Park, KS 66210

- **Sunflower** Toll Free: (1-877-644-4623) (TTY: 1-888-282-6428)

Fax: 1-888-453-4755

Mail to:

Sunflower Health Plan Quality Department
8325 Lenexa Dr., Suite 200
Lenexa, KS 66214

- **United Healthcare** (1-877-542-9238) (TTY: 711)

Mail to:

United Healthcare
Grievance and Appeals
P.O. Box 31364
Salt Lake City, UT 84131-0364

II. APPEALS

What is an appeal?

An appeal is your request for a review of an Adverse Action. An Action is when a managed care organization (MCO) *such as Amerigroup, Sunflower or United, or a state agency such as Kansas Department of Health and Environment, Kansas Department of Aging and Disability Services or Kansas Department of Children and Families:*

- Denies or limits a service you want;
- Reduces, suspends or terminates payment for a service you are getting ;
- Fails to authorize a service in the required time; or
- Fails to respond to a grievance or appeal in the required time.

-Portions taken from United 2015 Member Handbook, p.43

With an MCO appeal, the Managed Care Organization (Amerigroup, Sunflower or Untied) team will review your case information and any new documentation you send to determine if they agree with you or with the original decision.

A “**notice of action**” or “**notice of adverse action or determination**” letter is mailed to tell a KanCare member that there has been a change in the KanCare services. It will tell the member that there is an option to appeal the action. The appeal must be filed within a 30 days plus 3 days if the notice was mailed.

Basics

- You should not be treated differently by your MCO or MCO Care Coordinator if you file an appeal.
- ***DO NOT WAIT. Turn in the appeal right away.*** You can always dismiss the action if you decide not to go forward with the appeal. They do not make exceptions for missed deadlines.
- **What documentation do I need?**
 - Send in your appeal letter as soon as possible saying you want to appeal. It does not have to state your case yet.
 - Follow up with documentation showing why you are appealing the case and disagree with the decision. It can be a letter from yourself and other professionals that can identify:
 1. the change that has been determined by the managed care organization
 2. why this should not be done and the problems it will cause
 3. the effect it will have short and long-term on the physical well-being of the member.
 - For HCBS member, get a copy of the plan of care (current) and the new one with the changes and compare them by line and state the case based on the changes (line by line.) For example, decreasing meal preparation from 8 hours/wk. to 4 hours/wk.; decreasing bathing from 6 hours wk. to 3 hours/wk.). How will this impact the member short and long term? Have the professionals write something as well as the member. It will be helpful if the medical provider knows the specific things that are being denied and why. If it is not the plan



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of care hours being reduced, ask for the detail and note what services specifically so the provider can help explain why those services are needed based on your issues.

- **Filing an MCO appeal:**
 - **Sunflower** Toll Free: (1-877-644-4623) (TTY: 1-888-282-6428)
Fax: 1-888-453-4755
Mail to:
Sunflower Health Plan Quality Department
8325 Lenexa Dr., Suite 200
Lenexa, KS 66214
 - **Amerigroup** Toll Free:(1-800-600-4441) (TTY: 711); Direct: 913-749-5955 (TTY 711)
Mail to:
Central Appeals Processing
Amerigroup Kansas, Inc.
PO Box 62429
Virginia Beach, VA 23466-2429
Visit us in person at:
Amerigroup Kansas, Inc., Administrative Review and Grievance Department
9225 Indian Creek Parkway, Building #32
Overland Park, KS 66210
 - **United Healthcare** (1-877-542-9238) (TTY: 711)
Mail to:
United Healthcare
Grievance and Appeals
P.O. Box 31364
Salt Lake City, UT 84131-0364
- **What happens to my services while I am appealing?**
 - Non Home and Community Based Services - If you file an appeal related to services that are not provided as a Home and Community Based Service (HCBS), you may ask to keep getting those services while the appeal is in progress.
 - The request must be made within 10 days of the mailing of the letter noting the action. You may ask for services to continue within your request for an appeal. Some of the MCO's may have the member pay for the care if the decision is not in your favor.
 - Home and Community Based Services (HCBS) – If you file an appeal related to services that are provided as Home and Community Based Services (HCBS), you will keep



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getting those services while the appeal is being decided. You will **not** have to pay for this care if the appeal decision is not in your favor unless fraud is present.

-Portions taken from Sunflower 2015 Member Handbook, p.52

Which appeal should I file first?

If you want to file both an appeal and a state fair hearing, there are two options:

- File the MCO appeal, see if you are accepted or denied. If denied, then file a state fair hearing after you receive the denial letter from the MCO. You have 30 days to appeal after receiving the denial letter from the MCO.
- File the MCO appeal and the state fair hearing at the same time.

III. EXPEDITED APPEALS – for an appeal related to services that put your health at immediate risk, you may file an expedited appeal with your MCO. The appeal will be reviewed within 3 working days of the request. They can be submitted in writing or verbally (by phone). A member may not file a state fair hearing at the same time as an expedited appeal.

IV. STATE FAIR HEARINGS

What is a State Fair Hearing?

The state fair hearing is done through the Office of Administrative Hearings (OAH) with the State of Kansas. It is an opportunity for the member to speak about his/her issue. The member and MCO meet before a Presiding Officer that is an administrative law judge, who is an impartial individual. He or she will enter an initial order based upon what is presented by the agency and by you at the hearing.

It is usually done on the phone as a conference call, but a member can request to have the hearing in person. There is no expense for this.

A “**notice of action**” or “**notice of adverse action or determination**” letter is mailed to tell a KanCare member that there has been a change in the KanCare services. It will tell the member that there is an option to appeal the action. The appeal or hearing must be filed within a 30 days plus 3 days if the notice was mailed.

Basics

- You should not be treated differently by your MCO or MCO Care Coordinator if you file a state fair hearing.
- ***DO NOT WAIT. Turn in the state fair hearing right away.*** You can always dismiss the action if you decide not to go forward with the state fair hearing. They do not make exceptions for missed deadlines.
- **What is the timing of the state fair hearing?**
You have **30 days** (plus three if it was mailed) from the date on the **“Notice of Action” letter** to turn in a state fair hearing.
 - If you wish to ask for a State Fair Hearing **instead of** an MCO appeal **or at the same time** as an MCO appeal, the Kansas Office of Administrative Hearings must receive your state fair hearing request within 33 days of the date of the Notice of Adverse Action.
 - If you wish to ask for a state fair hearing **after** an MCO appeal has decided your appeal, the Kansas Office of Administrative Hearing must receive your request for a state fair hearing within 33 days after the date of the MCO’s response letter advising you of the outcome of your MCO’s appeal.

Filing a state fair hearing:

- State fair hearing; by mail or fax
 - Office of Administrative Hearings
1020 S. Kansas Ave.
Topeka, Kansas 66612
 - Fax: 785-296-4848
 - Phone: 785-296-2433

What happens to my services while I am filing a state fair hearing?

- **Non Home and Community Based Services** - If you file a state fair hearing related to services that are not provided as a Home and Community Based Service (HCBS), you may ask to keep getting those services while the state fair hearing is in progress.
 - The request must be made within 10 days of the mailing of the letter noting the action. You may ask for services to continue within your request for a state fair hearing. Some of the MCO’s may have the member pay for the care if the decision is not in your favor.
- **Home and Community Based Services (HCBS)** – If you file a state fair hearing related to services that are provided as Home and Community Based Services (HCBS), you will keep getting those services while the state fair hearing is being decided (This is called continuation of care). You will **not** have to pay for this care if the state fair hearing decision is not in your favor unless fraud is present.

-Portions taken from Sunflower 2015 Member Handbook, p.52

What documentation do I need?

For a State fair hearing:

- Send in your state fair hearing letter as soon as possible saying you want a hearing. It does not have to state your case yet. Follow up with a letter and documentation from yourself and other professionals. It can identify:
 1. the change that has been determined by the managed care organization
 2. why this should not be done and the problems it will cause
 3. the effect it will have short and long-term on the physical well-being of the member.
- For HCBS member, get a copy of the plan of care (current) and the new one with the changes and compare them by line and state the case based on the changes (line by line.) For example, decreasing meal preparation from 8 hours/wk. to 4 hours/wk.; decreasing bathing from 6 hours wk. to 3 hours/wk.). How will this impact the member short and long term? Have the professionals write something as well as the member. It will be helpful if the medical provider knows the specific things that are being denied and why. If it is not the plan of care hours being reduced, ask for the detail and note what services specifically so the provider can help explain why those services are needed based on your issues.

Other State Fair Hearing Information:

- You may have an attorney represent you at the hearing. The attorney will be at your expense. If you hire an attorney, he or she must be licensed in the State of Kansas and enter their appearance on your behalf prior to the hearing. If you choose Kansas Legal Services or Disability Rights Center of Kansas, they do not charge a fee. The Ombudsman's office recommends members consider having a lawyer assist with preparing for the state fair hearing and come to the state fair hearing with them.
- ***Deadlines for this information will come by letter from the Office of Administrative Hearing. Be sure to read every letter from them thoroughly.***
- The ***most frequent mistake*** made by individuals during the process of preparing is failing to read the notices and documents issued as part of the hearing process. Read everything you receive ***very carefully***.
- Most state fair hearings are done by phone on conference call. If you prefer to meet in person, you can request it.



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Legal Services

The Disability Rights Center of Kansas

The Disability Rights Center of Kansas (DRC) is a public interest legal advocacy agency empowered by federal law to advocate for the civil and legal rights of Kansans with disabilities. DRC is the Official Protection and Advocacy System for Kansas and is a part of the national network of federally mandated and funded protection and advocacy systems.

Contact Information

214 SW 6th St., Suite 100
Topeka, KS 66603
Voice: (785) 273-9661
Toll Free Voice: (877) 776-1541

Kansas Legal Services

Kansas Legal Services is a statewide non-profit organization dedicated to helping low-income Kansans meet their basic needs through the provision of essential legal, mediation and employment training services. Kansas Legal Services can assist individuals with cases involving health issues, housing, employment, juvenile issues (delinquent, termination of parental rights), income maintenance, Indian laws, family issues, individual rights and consumer issues.

Legal Assistance Toll Free Central Intake Line

Phone: (800) 723-6953
Main Office: (785) 233-2068 (voice)

Managed Care Organization (MCO) Handbook Information on Grievances, Appeals and State Fair Hearings

- Amerigroup Handbook
https://www.myamerigroup.com/Documents/KSKS_Member_Handbook_ENG.pdf
 - Grievances: p. 68-69
 - Appeals and State Fair Hearings: p. 70-74
- Sunflower Handbook
http://www.sunflowerhealthplan.com/files/2016/02/SH_KA_MemberHandbook_ENG.pdf
 - Grievances: p. 50-51
 - Appeals and State Fair Hearings: p. 52-54
- United Handbook
<http://www.uhcommunityplan.com/content/dam/communityplan/plandocuments/handbook/en/KS-MemberHandbook.pdf>
 - Grievances: p. 58
 - Appeals and State Fair Hearings: p. 58-60

REQUEST FOR MEDICAID ADMINISTRATIVE HEARING – MEMBER/CONSUMER APPEALS



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Phone: 1-855-643-8180
TTY: 771
Email: KanCare.Ombudsman@ks.gov
Website: www.kancare.ks.gov/ombudsman.htm

Date: _____

Name: _____

Address: _____

Representative (if applicable): _____

Representative's Address: _____

If you are a provider representing a member, please use this request form for consumers/members. Please also include your authorized representative form when submitting this form to the Office of Administrative Hearings.

I request an administrative hearing to review the decision or action taken by:

State Agency (DCF, KDADS, or KDHE): _____

List MCO: _____

Local Agency Office (if applicable): _____

Type of Program: _____

Date of Action Being Appealed: _____

I am requesting consideration of this matter because:
(Explain why decision or final action is not satisfactory in your circumstances)

(continue on attached page if necessary)

Please attach a copy of the notice from which you are appealing.

I understand that this is a hearing before an impartial Presiding Officer of the Office of Administrative Hearings.

Signature: (Person Requesting Administrative Hearing)

Office of Administrative Hearings; Page 1

RULES AND REGULATIONS RELATING TO MEDICAID FAIR HEARINGS

1. K.S.A. 75 - 7403, as amended, provides authority to the Secretary of Health and Environment for " implementation and administration of the powers, duties and functions prescribed for or transferred to the department as provided by law", including the authority to " enter into contracts as may be necessary to perform



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the powers, duties and functions of the department". Today, the Secretary of KDHE administers Medicaid by delegating various functions of that program to the Department for Children and Families (DCF) and to the Department for Aging and Disability Services (KDADS), each of which must provide for fair hearings in accord with the Kansas Administrative Procedure Act (KAPA) found at K.S.A. 77-501 et seq.

2. Medicaid fair hearings of these agencies shall be conducted by a Presiding Officer from the Office of Administrative Hearings (OAH). See, K.S.A. 75-37,121. However, in cases where a Medicaid service provider disputes agency action regarding the provider's Medicaid reimbursement, the provider must first satisfy all applicable appeal processes before requesting a fair hearing that goes before OAH.
3. A dissatisfied individual or entity must request an administrative hearing. The request for an administrative hearing must be submitted as specified in the notice of agency action that is being challenged, and/or the request may be sent directly in writing, signed by the requesting party, to the Office of Administrative Hearings, 1020 S. Kansas Ave., Topeka, Kansas 66612. This form may be used but it is not a requirement.
4. A request for administrative hearing must be received by the agency within 30 days (33 days if mailed) from the date of the order or notice of action taken by the agency. The individual or entity requesting the administrative hearing shall then be called an appellant and the State agency whose decision is appealed shall be called the respondent.
5. Written notice of the time and place of the hearing or prehearing shall be given by the Office of Administrative Hearings to the appellant and to the respondent at least ten days prior to the hearing.
6. The appellant may have a representative of his/her own choice at the hearing, along with the ability to have witnesses and produce documentary evidence relating to his/her appeal. Failure to participate in the scheduled hearing or any other matter scheduled regarding your appeal may result in your appeal being dismissed.
7. A recording shall be made of the hearing, and this recording shall be reduced to a transcript if requested for good cause shown by any of the parties to the hearing. If such a request is made, it will be the requesting party's responsibility to pay for the transcript.
8. A copy of the initial order of the Presiding Officer shall be mailed to the appellant and the respondent. In keeping with K.S.A. 77531, whenever there is a prescribed period after service of a notice or order and the notice or order is served by mail, three days shall be added to the prescribed period.
9. If an individual is in need of any special accommodation in order to be involved in their hearing, they should notify the Office of Administrative Hearings, 1020 S. Kansas Ave., Topeka, KS 66612.
10. The Office of Administrative Hearings does not accept any filings by e-mail.

Office of Administrative Hearings; Page 2

Medicaid Grievances and Medicaid Hearings

I. Grievance – What is a Grievance?

- ✚ A grievance is an expression of dissatisfaction.
- ✚ If you have a problem with eligibility services of KanCare concerning such things as customer service, access to care, or your rights and dignity, would like to file an official complaint, you may:
 - Call or write to the Kansas Department of Health and Environment (KDHE) about it; or
 - Ask a representative of your choice to call or write to KDHE
- ✚ If you ask a provider or other person to call or write to KDHE, you will need to include written approval for them to represent you.

Mail to:

Medicaid Eligibility Grievances/KDHE
Attention: Russell Nittler
900 SW Jackson, 9th floor
Topeka, KS 66612

II. State Fair Hearings –What is a State Fair Hearing?

The state fair hearing is done through the Office of Administrative Hearings (OAH) with the State of Kansas. It is an opportunity for the applicant/member to speak about his/her issue. The member and the state agency meet before a Presiding Officer that is an administrative law judge, who is an impartial individual. He or she will enter an initial order based upon what is presented by the agency and by you at the hearing.

- It is usually done on the phone as a conference call, but a member can request to have the hearing in person. There is no expense for this.
- A “**notice of action**” or “**notice of adverse action or determination**” letter is mailed to tell a KanCare member that there has been a change in the KanCare service (sometimes this means services have been denied or not renewed for various reasons). It will tell the member that there is an option to appeal the action. The Medicaid state fair hearing must be filed within a 30 days plus 3 days from when the notice was mailed.
- A Medicaid state fair hearing is usually
 - Due to a denial of a new application
 - Due to a denial of a renewal application or renewal process.

✦ **Basics**

- ***DO NOT WAIT. Turn in the state fair hearing right away.*** You can always dismiss the action if you decide not to go forward with the state fair hearing. They do not make exceptions for missed deadlines.
- **Where to file:**
 - Mail to:**

Office of Administrative Hearings
1020 S. Kansas Ave.
Topeka, KS 66612-1327
Or
Fax: 785-296-4848
 - **The form at the end of this packet is a “Request for Medicaid Administrative Hearing – Member/Consumer Appeals”.** You can use this form to turn in your appeal or send in a letter. Use the address above.

Q. My application was denied and I think an error was made. How do I get this fixed?

A. In many cases if you contact us (KanCare Clearinghouse, 1-800-792-4884) and let us know that you feel an error was made, we can review the processing of your application. If any errors are found, they will be corrected. You can also file an appeal. Appeals must be made in writing and sent to address listed above (Where to file).

Taken from ApplyForKanCare.ks.gov website

https://cssp.kees.ks.gov/apspsp/ssp.portal?nfpb=true&st=&windowLabel=informationLinks_1_1&urlType=action&wlpinformationLinks_1_1_page=frequentlyAskedQuestions&wlpinformationLinks_1_1_javax.portlet.action=content#wlp_informationLinks_1_1

What should my request/documentation include for the Medicaid state fair hearing?

- Full name, address, telephone number, a copy of the notice from which you are appealing (if you received one). If at any time during the appeal process your address changes, it is your responsibility to provide that address change to the Presiding Officer. There is also a form you can use if you prefer. It can be found at <http://oah.ks.gov/Documents/MedicaidConsumerRequestForAdminHearing.pdf>. Either a letter or the form will work.
- In the **Medicaid state fair hearing process**, the information you provide needs to show that the state or a state worker did not follow the rules in processing the claim, rather than show reasons why a person needs KanCare.
 - Example 1: Renewal was turned in on time with all information filled out and KanCare/Medicaid was still dropped with no other reasons given.
 - Example 2: My application was denied because I was lacking necessary information, but I have the fax receipt showing that this information was both sent and received on a specific date and was on time.

Other State Fair Hearing Information

- You may have an attorney represent you at the hearing. The attorney will be at your expense. If you hire an attorney, he or she must be licensed in the State of Kansas and enter their appearance on your behalf prior to the hearing. If you choose Kansas Legal Services or Disability Rights Center of Kansas, they do not charge a fee. The Ombudsman's office recommends members consider having a lawyer assist with preparing for the state fair hearing and come to the state fair hearing with them.
- **Deadlines for this information will come by letter from the Office of Administrative Hearing. Be sure to read every letter from them thoroughly.**
- The **most frequent mistake** made by individuals during the process of preparing is failing to read the notices and documents issued as part of the hearing process. Read everything you receive **very carefully**.
- Most state fair hearings are done by phone on conference call. If you prefer to meet in person, you can request it.

≠ See also the Medicaid Hearing resources at:

- Medicaid Hearings (<http://www.oah.ks.gov/hearings-medicaid.htm>)
- Frequently Asked Questions about DCF Hearings (<http://www.oah.ks.gov/faqs-srs.htm>)
- Other Hearings – FAQs (<http://www.oah.ks.gov/faqs-srs.htm>)



KanCare Ombudsman Office
Phone: 1-855-643-8180
TTY: 771
Email: KanCare.Ombudsman@ks.gov
Website: www.kancare.ks.gov/ombudsman

III. *Legal Services*

✚ **The Disability Rights Center of Kansas**

The Disability Rights Center of Kansas (DRC) is a public interest legal advocacy agency empowered by federal law to advocate for the civil and legal rights of Kansans with disabilities. DRC is the Official Protection and Advocacy System for Kansas and is a part of the national network of federally mandated and funded protection and advocacy systems.

Contact Information

214 SW 6th St., Suite 100
Topeka, KS 66603
Voice: (785) 273-9661
Toll Free Voice: (877) 776-1541

✚ **Kansas Legal Services**

Kansas Legal Services is a statewide non-profit organization dedicated to helping low-income Kansans meet their basic needs through the provision of essential legal, mediation and employment training services. Kansas Legal Services can assist individuals with cases involving health issues, housing, employment, juvenile issues (delinquent, termination of parental rights), income maintenance, Indian laws, family issues, individual rights and consumer issues.

Legal Assistance Toll Free Central Intake Line

Phone: (800) 723-6953
Main Office: (785) 233-2068 (voice)



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TTY: 771
Email: KanCare.Ombudsman@ks.gov
Website: www.kancare.ks.gov/ombudsman

Kansas – Office of Administrative Hearings/ Other Hearings; Frequently Asked Questions (FAQs)

Q. What is an administrative hearing?

A. An administrative hearing is very similar to a trial in court with witnesses, exhibits, and rules of evidence. The hearing is your chance to tell your side to an impartial Presiding Officer. The hearing is recorded. The recording will become part of the official record of your case.

Q. How do I request an administrative hearing?

A. Send your written request for a hearing to the address indicated on the notice you received. It must be received within the time period stated on the notice.

Q. What should my request include?

A. Be sure to include your full name, address, telephone number, a copy of the notice from which you are appealing, the agency name and a description of the action you are appealing. If at any time during the appeal process your address changes, it is your responsibility to provide that address change to the Presiding Officer.

Q. When will the hearing be held and how will I be notified of the hearing date?

A. Notice of the date, time, and place of the hearing will be sent to you at least 10 days before the hearing.

Q. Where will the hearing be held?

A. Hearings are usually held in Topeka. Portions of the hearing may be conducted by telephone. Appear on time to your hearing with your witnesses (if any) and documents. If you don't show up your case will be dismissed in favor of the state.

Q. May I review the information relied upon by the agency in making the decision or taking the final action?

A. You may request to review such information prior to the hearing date.

Q. What will I need to bring to the hearing?

A. You may bring any other information you think will help to prove that the agency's decision or final action was incorrect. Please review your Notice of Hearing for any deadlines imposed on providing copies of documents you intend to offer at the hearing.



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Website: www.kancare.ks.gov/ombudsman

Q. May I bring an attorney to the hearing?

A. Yes. You may have an attorney represent you at the hearing. The attorney will be at your expense. If you hire an attorney, he or she must be licensed in the State of Kansas and enter their appearance on your behalf prior to the hearing.

Q. May I bring a witness to the hearing?

A. Yes. You may bring any person with you to the hearing that has information about your case. You should notify the Presiding Officer in advance, in the event arrangements need to be made to assist in providing their testimony.

Q. Can witnesses be subpoenaed?

A. Yes. The Presiding Officer can issue a subpoena that requires the subpoenaed person to attend the hearing. If you want a subpoena issued, you must make a written request to the Presiding Officer of the witness's name and address prior to the hearing. You are responsible for serving the subpoena and complying with all witness fees and expenses.

Q. Who conducts the fair hearing?

A. A Presiding Officer from the Office of Administrative Hearings conducts the hearing.

Q. Does the Presiding Officer represent me or the agency?

A. Neither. The Presiding Officer is an administrative law judge, who is an impartial individual. He or she will enter an initial order based upon what is presented by the agency and by you at the hearing.

Q. If I am dissatisfied with the initial order of the Presiding Officer, what is the next step?

A. You may request a review in writing. The Initial Order will indicate the agency head to whom a request for review should be addressed. Observe any deadline mentioned in your order. Further appeal rights will be outlined in the initial order. The agency head will issue a final order indicating their decision.

Q. If I am dissatisfied with the final order issued by the Agency Head, what is the next step?

A. You may file a petition for judicial review pursuant to K.S.A. 77-601 *et. seq.*

Q. What is the most frequent mistake made by individuals during the administrative hearing process?

A. Failing to read the notices and documents issued as part of the hearing process. Read everything you receive **very carefully**.



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Kansas – Office of Administrative Hearings/ Frequently Asked Questions About DCF Hearings

Q. What is a fair hearing?

A. A fair hearing is very similar to a trial in court with witnesses, exhibits, and rules of evidence. The hearing is your chance to tell your side to an impartial Presiding Officer. The hearing is tape recorded. The recording will become part of the official record of your case.

Q. How do I request a fair hearing?

A. The local DCF office will explain the hearing procedure and supply you with the necessary forms. If requested, staff at the local office will assist you in filling out the forms and mailing them to the Office of Administrative Hearings. A fair hearing request must be received within 30 days of the decision or final action you want reviewed. Send your written request to the address indicated on the notice you received. A fair hearing request for food assistance only must be received within 90 days of the decision or final action you want reviewed.

Q. When will the hearing be held and how will I be notified of the hearing date?

A. Generally, the hearing is held within 45 days after your request is filed with the agency. Notice of the date, time, and place of the hearing will be sent to you at least 10 days before the hearing.

Q. Where will the hearing be held?

A. Hearings are usually held at your local or area DCF office. The hearing may be conducted by telephone.

Q. May I review the information relied upon by the agency in making the decision or taking the final action?

A. Yes. You or your representative may review such information at your local DCF office prior to the hearing date.

Q. What will I need to bring to the hearing?

A. Please bring a copy of the summary statement sent to you, which outlines the facts of your case. You may bring any other information that you think will help to prove that the agency's decision or final action was incorrect.

Q. May I bring an attorney or other representative to the hearing?

A. Yes. You may have an attorney and in some instances, you may have a non-attorney represent you at the hearing. If you have a question, you should contact the presiding officer handling your case. The



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Website: www.kancare.ks.gov/ombudsman

attorney or other representative will be at your expense. If you hire an attorney, he or she must be licensed in the State of Kansas and enter their appearance on your behalf prior to the hearing.

Q. May I bring a witness to the hearing?

A. Yes. You may bring any person with you to the hearing who has relevant information about your case.

Q. Can witnesses be subpoenaed?

A. Yes. The Presiding Officer can issue a subpoena that requires the subpoenaed person to attend the hearing. If you want a subpoena issued, you must make a written request to the Presiding Officer of the witness's name and address at least 7 days before the hearing. You will be responsible for serving the subpoena on the witness and any costs associated with the witness attending the hearing.

Q. Who conducts the fair hearing?

A. A Presiding Officer from the Office of Administrative Hearings conducts the hearing.

Q. Does the Presiding Officer represent me or the agency?

A. Neither. The Presiding Officer is impartial and he or she will enter an initial order based upon what is presented by the agency and by you.

Q. If I am dissatisfied with the initial order of the Presiding Officer, what is the next step?

A. You may request a review in writing and send it to the State Appeals Committee, 1020 S. Kansas Avenue, Topeka, Kansas 66612-1327, within 15 days of the initial order. Your request should include the specific reasons why you feel that the initial order was in error. There will not be another hearing. The State Appeals Committee will review the record of the hearing, the initial order and your reasons for appeal.

Q. What is the State Appeals Committee?

A. It is a three-member panel made up of individuals from the agencies involved. These individuals have knowledge of the agency's programs and policies. They will review the presiding officer's initial order and the reasons for the appeal. The State Appeals Committee will issue a final order.

Q. If I am dissatisfied with the final order of the State Appeals Committee, what is the next step?

A. You may file a petition for review with the district court clerk in the county in which the order or agency action you are appealing was issued pursuant to K.S.A. 77-601 *et. seq.*



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REQUEST FOR MEDICAID ADMINISTRATIVE HEARING – MEMBER/CONSUMER APPEALS

Date: _____

Name: _____

Address: _____

Representative (if applicable): _____

Representative's Address: _____

If you are a provider representing a member, please use this request form for consumers/members. Please also include your authorized representative form when submitting this form to the Office of Administrative Hearings.

I request an administrative hearing to review the decision or action taken by:

State Agency (DCF, KDADS, or KDHE): _____

List MCO: _____

Local Agency Office (if applicable): _____

Type of Program: _____

Date of Action Being Appealed: _____

I am requesting consideration of this matter because:
(Explain why decision or final action is not satisfactory in your circumstances)

(continue on attached page if necessary)

Please attach a copy of the notice from which you are appealing.
I understand that this is a hearing before an impartial Presiding Officer of the Office of Administrative Hearings.

Signature: (Person Requesting Administrative Hearing)

Office of Administrative Hearings; Page 1

RULES AND REGULATIONS RELATING TO MEDICAID FAIR HEARINGS

1. K.S.A. 75 - 7403, as amended, provides authority to the Secretary of Health and Environment for " implementation and administration of the powers, duties and functions prescribed for or transferred to the department as provided by law", including the authority to " enter into contracts as may be necessary to perform the powers, duties and functions of the department". Today, the Secretary of KDHE administers Medicaid by delegating various functions of that program to the Department for Children and Families (DCF) and to the Department for Aging and Disability Services (KDADS), each of which must provide for fair hearings in accord with the Kansas Administrative Procedure Act (KAPA) found at K.S.A. 77-501 et seq.
2. Medicaid fair hearings of these agencies shall be conducted by a Presiding Officer from the Office of Administrative Hearings (OAH). See, K.S.A. 75-37,121. However, in cases where a Medicaid service provider disputes agency action regarding the provider's Medicaid reimbursement, the provider must first satisfy all applicable appeal processes before requesting a fair hearing that goes before OAH.
3. A dissatisfied individual or entity must request an administrative hearing. The request for an administrative hearing must be submitted as specified in the notice of agency action that is being challenged, and/or the request may be sent directly in writing, signed by the requesting party, to the Office of Administrative Hearings, 1020 S. Kansas Ave., Topeka, Kansas 66612. This form may be used but it is not a requirement.
4. A request for administrative hearing must be received by the agency within 30 days (33 days if mailed) from the date of the order or notice of action taken by the agency. The individual or entity requesting the administrative hearing shall then be called an appellant and the State agency whose decision is appealed shall be called the respondent.
5. Written notice of the time and place of the hearing or prehearing shall be given by the Office of Administrative Hearings to the appellant and to the respondent at least ten days prior to the hearing.
6. The appellant may have a representative of his/her own choice at the hearing, along with the ability to have witnesses and produce documentary evidence relating to his/her appeal. Failure to participate in the scheduled hearing or any other matter scheduled regarding your appeal may result in your appeal being dismissed.
7. A recording shall be made of the hearing, and this recording shall be reduced to a transcript if requested for good cause shown by any of the parties to the hearing. If such a request is made, it will be the requesting party's responsibility to pay for the transcript.
8. A copy of the initial order of the Presiding Officer shall be mailed to the appellant and the respondent. In keeping with K.S.A. 77531, whenever there is a prescribed period after service of a notice or order and the notice or order is served by mail, three days shall be added to the prescribed period.
9. If an individual is in need of any special accommodation in order to be involved in their hearing, they should notify the Office of Administrative Hearings, 1020 S. Kansas Ave., Topeka, KS 66612.
10. The Office of Administrative Hearings does not accept any filings by e-mail.

Office of Administrative Hearings; Page 2

Medically Needy Health Care Program

Spenddown

The Medically Needy program offers coverage to people who have income over the maximum allowable income standard. The spenddown amount is your share of your family's medical bills. The spenddown amount is like an insurance deductible. If you have a spenddown amount (deductible), you are responsible for that amount and we would pay any medical bills over that amount.

Who can get Medically Needy coverage

A spenddown can be set up for you if you are in any one or more of the following groups:

- Pregnant Women
- Children under the age of 19
- Seniors age 65 and over
- Persons determined disabled by Social Security

Countable Resources

For pregnant women and children, there is no resource test. For seniors and people with disabilities, there is a resource limit of \$2000 for singles and \$3000 for couples. Examples of resources are bank accounts, cars, property and stocks, to name a few, that are owned by you or someone in your household.

How much is the spenddown?

The spenddown amount is different for every person or family. The countable income of yourself and your family over the protected income limit becomes the amount of the spenddown.

The protected income limit for the elderly and people with disabilities is \$495.00 for one or two people and \$500 for three people. For adults, only the income of the person needing coverage and their spouse is used.

For children, the protected income limit is \$475.00 for one or two people and \$480.00 for three people. The income of the children and the parents who live with them is counted.

For pregnant women, the protected income limit is \$475 for two people and \$480 for three people. The unborn baby is counted as part of the household, so a household of two or three, if the father of the unborn is living in the home, is applicable. The income of the pregnant woman and the father of the baby, if living in the home, is counted.

Extra deductions from income are given for earned income:

- For seniors and people with disabilities, over half of the wages are deducted.

How long is the spenddown?

The spenddown period is usually six months. The spenddown period starts with the month you apply.

EXAMPLE 1:

A 70 year old woman receives \$795 in Social Security income. She applies for medical assistance on June 2nd. The spenddown period is June to November.

Calculating the Spenddown Amount

\$795 (social security income)

- \$495 (protected income level)

= \$300 monthly spenddown amount

\$300x 6 months = \$1,800 total spenddown

Example 2:

A pregnant woman earns \$1,000 a month and her husband earns \$2,000 a month. They apply for medical assistance on August 4th. Her spenddown period is August to January.

Calculating the Spenddown Amount

\$3,000 (total monthly income)

-\$480 (Protected Income Level)

= \$2,520 x 6 months = \$15,120 total spenddown

How does the spenddown process work?

The eligibility worker determines the amount of the spenddown amount and sends a letter to you. A medical card is sent for each person in your family who lives with you and is on your spenddown program. But the medical card will not pay any bills until the spenddown amount is met. You can send in medical bills for yourself and all members of your family that are on your program to meet the spenddown. When medical care is needed, the medical provider (doctor, dentist) can also send in bills. When all of the bills added together meet the spenddown amount, the medical card can be used for all the rest of the medical bills during the 6 month spenddown period.

What medical bills can be used to meet a spenddown?

You may use most of the medical bills for yourself, your spouse living with you, and your minor children living with you. The medical bills may include doctor, hospital, dental, vision, hearing, prescriptions, transportation to get medical care, premiums paid for health insurance and Medicare, old medical bills still owed, and some over the counter drugs and medical supplies ordered by a doctor. You cannot use any bills or parts of any bills already paid by Medicare or other health insurance.

What happens when the spenddown amount is met?

Once the spenddown amount has been met, the medical card can be given to the medical provider and they can ask for payment from KanCare. The bills used to meet the spenddown amount remain your responsibility to pay. A new spenddown period may begin after you reach the end of the first spenddown period.

Kansas Medical Assistance

Estate Recovery

What is Estate Recovery?

Estate Recovery is a program mandated by federal law for the recovery of medical assistance payments from the assets and estates of recipients of medical assistance. Medical assistance is commonly known as Medicaid.

Who is affected by Estate Recovery?

This will depend on the nature of the care and the age of the recipient. If the recipient is 55 year of age or older, they would be subject to estate recovery. If the recipient is under 55 years of age, they would only be subject to estate recovery if they have been in long-term care at a nursing facility.

What types of services are included in the medical assistance claim?

The majority of the claims are for the following services:

- Nursing facility care;
- Home and Community based services; and
- Any related hospital care and prescription drug services provided while receiving nursing facility care or care at home or in a community setting.

Are QMB services exempt?

Beginning January 1, 2003, the agency will not establish a claim for persons who only received coverage under the Medicare Savings Program (QMB and LMB programs). If other programs are used, though, the agency would collect for all programs.

How does Estate Recovery work?

The Estate Recovery Unit uses agreements with heirs, claims against financial accounts, and the filing of claims in a court action. In certain situations after July 1, 2004, Estate Recovery could use a lien on the recipient's real property to preserve the medical assistance claim.

How does a recovery through a probate action work?

If the recipient owned an asset, the Estate Recovery Unit would review the case and determine whether the family has started a probate action. If there is a case filed, the Unit will file a claim in the probate case.

What happens if the family does not want to start a probate action?

If the heirs of the deceased recipient choose to not initiate probate proceedings, ERU may start the probate action. In these instances, ERU determines whether to proceed with probate based on the amount of the agency's claim, value of estate assets, and the cost-effectiveness of the action.

I have left my property to my children in my Will. Can the state still take my property?

Any creditor, including the State, has a legal right to recover its claim from the property in your estate. Creditors' claims usually take priority over any bequest to heirs or beneficiaries.

Can a probate action deal with property that the recipient owned with another person?

Possibly. If the recipient received benefits on or after July 1, 2004, the agency could file a claim for those benefits against all property that the recipient had any legal title or interest immediately before or at the time of death to the extent of that interest. The main example of this type of property is joint tenancy property or property transferred by a pay-on-death provision. If the recipient only received benefits before July 1, 2004, then the agency's claim would only apply to property solely owned by the recipient.

Does anyone else do estate recovery in Kansas?

Yes. Health Management Systems has a contract with the State to do part of the estate recovery program.

Can you file a lien against my real property?

Yes. As of July 1, 2004, if the recipient is presently receiving inpatient care at a nursing home or other medical facility that is partially or totally paid by Medicaid, the agency could impose a lien on the recipient's home or real property.

When will you consider using a lien?

If the recipient has received 6 months or more of inpatient care at a nursing home or other medical facility, the agency may determine that the recipient is not returning home. If the agency makes that decision, then the agency must notify the recipient of that conclusion and the agency's intent to impose a lien on the recipient's real property.

Can the recipient challenge the agency's decision about the lien?

Yes. The recipient has 30 days from the date they received the agency's notice to request a fair hearing. At the fair hearing, the issue would be whether the recipient could reasonably be expected to return to their home.

When would the lien be filed?

If there is no challenge by the recipient, the lien would be filed after 30 days from the notice date. If there is a challenge, the agency would only file the lien if the fair hearing and any subsequent legal action ruled in their favor.

Will the agency proceed with a lien or probate action when there is a spouse or a dependent child living in the home?

No. If there is a surviving spouse, surviving child under the age of 21 years, blind or permanently disabled child according to Social Security criteria, the agency does not pursue a probate claim nor a lien at that time. You should check with the Estate Recovery Unit for specific rules.

Can I request a waiver of the estate recovery action?

Yes. The family may request a waiver of the estate recovery action under certain financial or hardship situations.

How do I contact Estate Recovery?

To contact Estate Recovery:
Call 785-296-6707
E-mail to eeseru@khpas.gov
Mail to Estate Recovery Unit
P.O. Box 2428
Topeka, KS. 66601

To contact the contractor, Health Management Systems:
Call 800-817-8617
E-mail to: KSestaterecovery@hms.com
Fax to 646-465-6530

Flow Chart for KanCare application process

1. File an application

- KanCare/Medicaid On-line application at www.ApplyForKanCare.ks.gov
- KanCare/Medicaid application (Paper copy) - can download the two paper copies from http://www.kdheks.gov/hcf/medical_assistance/apply_for_assistance.html
 - Application for Medical Assistance for Families with Children
 - Application for Medical Assistance for the Elderly and Persons with Disabilities
- Medicare Savings Program (brochure)
http://www.kdheks.gov/hcf/Medicaid/download/Medicare_Savings_Brochure.pdf and (application) http://www.kancare.ks.gov/download/advisory_council/ES-3100.pdf
- For questions when filling out the application, call KanCare Clearinghouse customer service at 1-800-792-4884 or for help filling out the applications, call the KanCare Ombudsman's office at 1-855-643-8180.
- Where to send paper applications and documentation:
 - By Mail: KanCare Clearinghouse, PO Box 3599, Topeka, KS 66601-9738
 - By Fax:
 - Families with Children applications: 1-800-498-1255
 - People with Disabilities and Elderly and/ or Medicare Savings: 1-844-264-6285

2. Application process

- Takes approximately 45 days to process the application. If it takes longer, you can contact the KanCare Clearinghouse to check on your application at 1-800-792-4884.
- They may send a letter asking for additional information. If so, it should be responded to as soon as possible. Watch for the deadlines on the letters; a missed deadline may cause a denial. If you have questions, call the KanCare Clearinghouse customer service line for assistance; 1-800-792-4884.
- During the wait process, if people have health concerns, the Ombudsman's office has a four page medical information document with medical, pharmacy, vision and dental information for people without insurance. The information is found at http://www.kancare.ks.gov/download/Medical_Assistance.pdf or call 1-855-643-8180.

3. Notification

- The person who applied will be notified by letter if their application has been approved or denied.
- The letter will also note that they have the option to a hearing if they feel they have cause to do so. Information for a Medicaid eligibility hearing can be found at www.oah.ks.gov.
- In the Medicaid eligibility process, the hearing information would need to show that the state did not follow the rules in processing the application, rather than show reasons why a person needs KanCare. For questions about the Medicaid hearing process, the member can contact the KanCare Ombudsman's office at 1-855-643-8180.



Assistance for people who are Uninsured or Have a high spenddown

- Medical – page 1-2
- Pharmacy – page 3
- Vision – page 3
- Dental – page 4

Kansas Medical Assistance:

- **Hospital and clinic bills** – ask about *Patient Financial Assistance Programs*. Ask “what are the qualifications?” for each hospital or clinic. The hospital or clinic may write off the patient co-pay (bill) or allow the patient to make a lower payment if eligible for the program.
- **Kansas Association Medically Underserved (KAMU) clinics and safety net clinics**
 The clinics review each patient based on eligibility and a sliding scale. Many of the clinics take Medicaid, but not all; it is best to ask when you first contact them. If they say they take Medicaid, you should ask if they take your company’s insurance (Amerigroup, Sunflower, United).

County	Clinic Name (Medical Services)	Phone
Allen	Community Health Center of SE Kansas/ Iola	(620) 365-6400
Atchison	Atchison Comm Health Center	(913) 367-4879
Barton	Heart of Kansas Family Health Care	(620) 792-5700
Bourbon	Mercy Health System	(620) 223-2200
Cherokee	Comm Health Center of SE Kansas/Baxter Spr	(620) 856-2900
Cherokee	Comm Health Center of SE Kansas/Columbus	(620) 429-2101
Cheyenne	Cheyenne County Hospital Clinics	(785) 332-2682
Cheyenne	Cheyenne County Hospital Clinics/ Bird City	(785) 734-2306
Cowley	Cowley County Health Department	(620) 231-9873
Crawford	Comm Health Center of South East Kansas	(620) 380-6600
Crawford	Mercy Health System	(620) 347-4033
Douglas	Health Care Access	(785) 841-5760
Douglas	Heartland Comm Health Center	(785) 841-7297
Ellis	First Care Clinic	(785) 621-4990
Ellis	Tyree Health and Dental	(316) 681-2545
Finney	United Methodist Mexican-American Ministries	(620) 275-1766
Ford	United Methodist Mexican-American Ministries	(620) 225-6821
Franklin	Franklin County Health Department	(785) 229-3530
Geary	Kansas Statewide Farmworkers Health Program	(785) 296-2671
Geary	Konza Prairie Comm Health Center	(785) 238-4711
Grant	United Methodist Mexican-American Ministries	(620) 356-4079
Greeley	Greeley County Family Practice	(620) 376-4251
Greenwood	Flint Hills Community Health Center/ Eureka	(620) 583-7436
Hamilton	Hamilton County Family Practice	(620) 384-7461



KanCare Ombudsman Office
 Phone: 1-855-643-8180
 TTY: 771
 Email: KanCare.Ombudsman@ks.gov
 Website: www.KanCare.ks.gov/ombudsman.htm

County	Clinic Name (Medical Services)	Phone
Jefferson	Jefferson Co. Health Department	(785) 863-2447
Johnson	Health Partnership Clinic of Johnson Co Olathe	(913) 648-2266
Johnson	Mercy and Truth Medical Missions	(913) 248-9965
Johnson	Public Health Department, Mission	(913) 826-1200
Johnson	Public Health Department, Olathe	(913) 894-2525
Labette	Labette Health	(620) 820-5800
Labette	Parsons Community Health Clinic	(620) 820-5575
Leavenworth	St. Vincent Clinic	(913) 651-0020
Linn	Mercy Health System	(913) 352-8379
Lyon	Flint Hills Comm Health Center	(620) 342-4864
Miami	Health Partnership Clinic / Paola	(913) 294-9223
Montgomery	Mercy Health System	(620) 336-2131
Montgomery	Comm Health Center of SE Kansas/ Coffeyville	(620) 251-4300
Pottawatomie	Community Health Ministries	(785) 456-7872
Pratt	Agape Health Clinic	(620) 388-4191
Reno	Hutchinson Area Student Health Services	(620) 662-7416
Reno	Reno Co Health Department	(620) 694-2900
Reno	Prairie Star Comm Health Center	(620) 663-8484
Riley	Flint Hills Community Clinic	(785) 323-4351
Riley	Riley County-Manhattan Health Dept	(785) 776-4779
Saline	Salina Family Health Care	(785) 825-7251
Sedgwick	Center For Health and Wellness	(316) 691-0249
Sedgwick	EC Tyree Health and Dental	(316) 681-2545
Sedgwick	GraceMed Health Clinic	(316) 866-2000
Sedgwick	GraceMed Health Clinic/ Satellite Clinics	(316) 866-2000
Sedgwick	Guadalupe Clinic	(316)264-8974
Sedgwick	Hunter Health Clinic	(316) 262-3611
Sedgwick	May Flower Clinic	(316) 558-3991
Seward	United Methodist Mexican-American Ministries	(620) 624-0463
Shawnee	Shawnee County Health Agency	(785) 368-2000
Sheridan	Hoxie Medical Clinic	(785) 675-3018
Wabaunsee	Community Health Ministries/ Alma	(785) 765-2250
Wallace	Wallace County Family Practice	(785) 852-4230
Wyandotte	Children's Mercy West	(913) 233-4400
Wyandotte	Duchesne Clinic	(913) 321-2626
Wyandotte	Mercy and Truth Medical Missions	(913) 621-0074
Wyandotte	Silver City Health Center	(913) 945-7300
Wyandotte	Southwest Blvd Family Health Care	(913) 722-3100
Wyandotte	Swope Health Services	(816) 923-5800
Wyandotte	Turner House Children's Clinic	(913) 342-2552
Statewide	Kansas Statewide Farmworkers Health Program	(785) 296-2671

Pharmacy Assistance:

- **Prescription Assistance Program:** www.KansasDrugCard.com As a resident of Kansas, you and your family have access to a statewide Prescription Discount Card. Create and print your FREE discount prescription drug card below. This card will provide you with Rx medication savings of up to 75% at pharmacies across the state including Dillons, CVS/pharmacy, Hy-Vee, Walgreens, Kmart, Target, Walgreens, Wal-Mart, and many more. You can create as many cards as you need. This card is pre-activated and can be used immediately.
- **Needy Meds:** Find help with the cost of medicine: www.needymeds.org
- **RX Assist:** Patient Assistance Program Center: www.rxassist.org
- **Patient Assistance Programs:** For some medications, drug manufacturers have Patient Assistance Programs available. These programs help cover the partial or full cost of medications for uninsured patients. To access Patient Assistance Programs, patients will need to work with their prescriber.
- **Manufacturer Coupons:** Patients should check with their prescriber to see if there are coupons from the company that makes their medications. Patients can then take these coupons to their pharmacy to receive discounts on their medications.

Vision Assistance:

- **Vision USA program – sponsored by Kansas Optometric Association and the local Salvation Army.** Providing Free Eye Exams to Low-Income Americans across the U.S. In Kansas, contact your local Salvation Army and ask about the Vision USA program. <http://www.aoafoundation.org/about/>

Dodge City (620) 225-4871
 El Dorado (316) 321-4070
 Emporia (620) 342-3093
 Garden City (620) 276-4027
 Hutchinson (620) 663-3353
 Kansas City, KS (913) 232-5400
 Lawrence (785) 843-4188
 Leavenworth (913) 682-6523
 Manhattan (785) 341-0751

Olathe (913) 782-3640
 Pittsburg (620) 231-0415
 Salina (785) 823-2251
 Topeka (785) 233-9648
 Wichita

- 1739 S. Elpyco; (316) 685-8699
- 350 N. Market St.; (316) 263-2769
- 1910 S. Everett St.; (316) 943-9893

See To Learn Program – sponsored by the Kansas Optometric Association; call 1-800-960-3937. A free vision assessment for your three-year-old by a participating Eye Care Council optometrist. This is designed to detect vision conditions that require correction at an early age.

For eyeglass assistance, contact the local Lions Club to see if they might be able to assist with this type of request. To find your local Lions Club go to: <https://directory.lionsclubs.org/?language=EN> and type in your city or a nearby city. Once you find a club, look for a website, phone numbers are not usually listed. On the website, look for a “contact us” section where you can send an email of inquiry. If your town says no they don’t have the resources, go to a nearby town (county seat) and ask them.

Kansas Dental Assistance

- **Kansas Mission of Mercy Dental Services** – mostly extractions, cleanings, and fillings. **January 27-28, 2017** in Manhattan, KS at the National Guard Armory. Sponsored by the Kansas Dental Association Charitable Foundation (www.ksdentalfoundation.org/patients)
- **Kansas Donated Dental Services** – Assists people who are disabled, elderly, or medically at risk who have no other way to obtain comprehensive dental care. They have an application you can complete and they will see if there is a dentist in your area who is willing to donate the dental service you need. Phone: 1-888-870-2066 <https://dentallifeline.org/kansas/>
- **Marian Clinic** in Topeka; doesn't care where you live, they will provide services – 3164 SE 6th Ave, Topeka, 785-233-2800
- **Kansas Association Medically Underserved (KAMU) clinics and safety net clinics**
 The clinics review each patient based on eligibility and a sliding scale. Many of the clinics take Medicaid, but not all; it is best to ask when you first contact them. If they say they take Medicaid, you should ask if they take your company's insurance (Amerigroup, Sunflower, United).

County	Clinic Name (Dental Services)	Phone
Allen	Community Health Center of SE Kansas	620-365-6400
Atchison	Atchison Community Health Clinic	913-367-4879
Cherokee	Comm. Health Center of SE Kansas	620-856-2900
Crawford	Mercy Health Systems	316-660-1100
Crawford	Community Health Center of SE Kansas	620-231-6788
Douglas	Douglas County Dental Clinic	785-312-7770
Ellis	First Care Clinic	785-621-4990
Finney	United Methodist Mexican-American Ministries	620-272-0570
Ford	United Methodist Mexican-American Ministries	620-227-9797
Geary	Kansas Statewide Farmworker Health program	785-296-2671
Geary	Konza Prairie Comm. Health Center	785-238-4711
Harvey	Health Ministries Inc.	316-283-6103
Jackson, MO	Swope Health (7 locations)	816-923-5800
Johnson	SW Boulevard Family Health Center	913-722-3100
Johnson	Health Partnership Clinic (uninsured children)	913-648-2266
Lyon	Flint Hills Community Clinic	620-342-4864
Montgomery	Comm. Health Center of SE Kansas	620-251-4300
Pottawatomie	Community Health Ministries	785-456-7872
Rawlins	Rawlins County Dental Clinic	785-626-8290
Reno	Prairie Star Health Center	620-633-8484
Riley	Kansas Statewide Farmworker Health program	785-296-2671
Saline	Salina Family Health Center	785-826-9017
Sedgwick	Hunter Health Clinic	316-262-3611
Sedgwick	EC Tyree Health and Dental	316-681-2545
Sedgwick	GraceMed Health Clinic	316-866-2000
Shawnee	Shawnee Co Health Agency	785-251-2000
Shawnee	Kansas Statewide Farmworker Health program	785-291-1200
Shawnee	Marian Clinic	785-233-2800
Wyandotte	Swope Health Wyandotte (7 locations)	816-923-5800