Case Examples for KEES

06-30-15

The following demonstrate general scenarios for processing cases in KEES.

Example 1:   Family Medical Application

A new application is received for mother, father and child.   Father reports income from wages ($1000) and mother gets unemployment ($100/week).

The case goes through No-Touch, but falls out before interfaces are called.

Worker evaluates and sees that the mother is a prior recipient and SSN and CitDoc are verified. But the child and the father have not.

Because there is no CitDoc or SSN on at least one of the members, the Worker pushes the RV button.   SSN and CitDoc verification come back for all members

The RC test ran on dad's earnings and returns a verified indicator.   The client attested amount is used in the budget.

Mom's unemployment is not verified.   No KDOL-UI check is done when the RV button is pushed.   Staff must inquire through the BARI interface to retrieve the verification. Because this is UI, the actual UI from the interface is used in the budget.

All elements have been verified. No additional information is necessary.

Example 2:   Nursing Facility Application

Bill applies for NF care on a paper app in a DCF office. Because all applicants meet the Big 4, DCF keeps the application.

Bill has never applied for assistance before.   No verifications were submitted with the application, but he reports $900 in Social Security, $250/month in pension and a $1500 bank account.   He has Medicare and BC/BS Supplemental.

The application info is data entered.   Verifications are left as pending, because Bill didn't turn in any documents with the application.

Following data entry, the RV button is pushed.   Bill's SSN and CitDoc return verified.

The remaining elements are evaluated:

- Staff expect to have the SSA income verified through SVES or the TPQY within the next three days.
- The Medicare info will be available through the TBQ in the next couple of days.

This leaves only the Bank Account, Pension and BC/BS remaining.   Since there are no Tier 1 or Tier 2 interfaces for these elements, staff request information from Bill.   The CARE and 2126 must also be obtained.

Ten days later a staff person returns to the case.   Bill has provided necessary information and the LTC elements are available. The SSA income record is recorded as a Family Medical income type, in order to allow the use of automated income records. The case is approved and notices sent to both the client and the facility.

Example 3: Disabled Mother and MAGI Child

An application for Mother and Child received through the SSP.

Mother is disabled and reports SSA disability of $1200 and Medicare

Child receives SSA from the mother's disability of $200 and child support from her dad of $300. She also reports a bank account of $4000, a 1991 Olds Alero and a home valued at $25,000.

The case is received at the Clearinghouse.   It falls out of no-touch during File Clearance because both mother and child have been on assistance before.   Interfaces were not called during the no-touch process. The case is registered.

The case undergoes data acceptance.   The worker evaluates:

- CitDoc and SSN have been verified for both applicants.
- A Medicare records exists for mother in KEES already.
- The child support is exempt for the child
- SSA income is not verified, but a TPQY is requested.

The case is reviewed three days later.   The TPQY is available with the income information.   The SSA amounts from the TPQY are used and verified.   The income is recorded on the Family Medical income type.

All verifications are complete. EDBC is executed.

Child is eligible for CHIP (mother's Social Security) and mother is not eligible for a Family Medical program.

The Clearinghouse follow processes to approve the child's CHIP case. But since the mother is disabled, a DCF program block is created for a Non-MAGI determination.

The case is received by DCF and evaluated. There is no verification of the bank account provided with the application. There is no Tier 1 or Tier 2 interface for this. Staff research the file and don't find verification within the last three months.

Verification is requested. Mom returns the bank statements, and the value is $3425.

The SSA income is left on the Family Medical Income Type.

LMB is approved for mom.

The case is maintained with two program blocks.

Example 4: Single Male – No Medicaid Program

DCF receives an application for a 25 year old man. He is employed - $2500/month in wages. He also reports a bank account of $75, a 2012 Ford Ranger and a bass boat. He doesn't report a disability and doesn't have any children. He fails the Big 4, so the application is sent to the Clearinghouse.

The Clearinghouse registers the application and it goes through No-Touch, but interfaces are not called.

The worker notes that neither CitDoc nor SSN are verified, so pushes the RV button. Verification for both is returned, but the RC test did not verify the income.

The case is evaluated for verification and the worker notes he doesn't meet categorical requirements – there is no program for him.

Rather than request verification, EDBC is executed and the case is denied by the Clearinghouse. No potential programs are listed on the EDBC summary, so application is denied.

THe QHP indicator is set to Y and the case is referred to the FFM.

Example 5:   MAGI Case – Income Change

Ongoing case for PLN child (MEM) and her non-recipient mother (FRI).

Mother has countable income of $1500/month. Income previously verified

In June, mom reports an income change to $1000. Processing the change on June 15.

Since the only person on the case is subject to a CE period and no premium adjustment, end date the existing income record June 30. Create a new income record July 1 and it is high dated.   Do not push the RV button. Do not run EDBC.   Ensure the case is in the come up month.

A form is sent notifying of the action.

Example 6: HCBS PD – Income Change

Ongoing case for a 32 year old HCBS PD waiver recipient who has Social Security income.

On July 9 a Bendex alert is received notifying an income change.

The worker looks at the case and notes the income was updated effective July 1. Income increased from $625 to $1025. Because his mother retired, he is now drawing off of her record.

The worker notes the income is verified, so EDBC is executed for July. Negative action deadlines are built into KEES, so no change results. EBDC is then executed for August.   A client obligation results.

EDBC is saved and accepted with the new client obligation.   A notice is sent to the recipient. An off-system 3161 is sent to the MCO notifying of the change.

Example 7: Working Healthy Change

On June 10 a Working Healthy recipient reports an earned income change from $800/month to $1000/month.   His six month review is due for September.

Because this change will not impact his eligibility until September, the amount of income is end dated June 30 and a the new record with the new income is added beginning July 1. It is left in pending status without running EDBC.

Example 8: Income Change – SED Waiver and MAGI Children

On July 2, an earned income change is reported for a family with two children covered under Medicaid at the Clearinghouse and a third child on the HCBS-SED waiver at DCF.

Mother got a raise! Her income increased from $1200 to $1500/month. She is paid bi-weekly.

The income is currently recorded under a Family Medical income type for both programs.

Since all are in a CE period, the Clearinghouse end dates the record effective the end of July. A new record is created at the end of July and is left in pending status. The CH worker notifies DCF of the action according to protocol.

The HCBS is not subject to CE, if not already on a separate E and D income record, DCF must take that action (because income is not monthly).   The record is effective August 1.   The case is not subject to RC, so the RV button is not pushed.

Although the income is not verified, the worker executes EDBC.   As the income is not countable on the case, no verification is needed of the income and the EDBC is saved and accepted.

Example 9: Pregnant Mother with a Disability

Pregnant mother delivers a baby (her first) on August 13.   Birth is reported timely and the baby is added to the case.

The RV button is pushed and CitDoc verification is returned, but the Baby doesn't have an SSN. An application for the baby was made, so the baby is eligible. The CE date is 08-16

The review period is set to expire the last month of the post-partum period. The review batch sent out a pre-populated form and it is returned to the Clearinghouse.   The income reported is entered in the system and the RV button is pushed.   The income is verified through RC.   EDBC is executed and mom is no longer eligible for a MAGI program.   The new review date is then set to match the CE date of the baby.

Mom reports a disability on the review application.

A new program block is established for DCF and the case transferred.   The worker determines resource information and disability status info isn't available.   The Application Supplement is mailed to the client.   It is returned indicating the disability will not last more than one year.   Income reports are consistent with the current budgeted amount, so no additional updates to the income records are made. The review application is denied by DCF for failure to meet disability criteria.