

To: EES Staff

Date: April 13, 2007

From: Jeanine Schieferecke
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RE: PMDT Referral Processes

The purpose of this memo is to announce new procedures for referring cases to the Presumptive Medical Disability Team (PMDT). These changes are necessary to improve operational procedures between the PMDT and the SRS offices and improve data collection. All changes are effective for referrals sent on or after receipt of this memo.

A. Initial Referrals

The ES-3901, Presumptive Medical Disability Team Referral, is critical to the operation of the PMDT. The information on this form is necessary to properly identify the applicant/recipient in the PMDT Central Data Base. Various problems have occurred due to inaccurate or untimely information, including missed appointments and mismatched records. It is critical for the PMDT to receive referrals quickly and even more important is that the information be legible. Two new processes are implemented to facilitate timely and accurate information collection by the PMDT:

1. The ES-3901 must be received from the eligibility worker within 7 working days of scheduling the telephone consultation. The form must be sent even if the worker does not have all of the necessary forms from the client.
2. The KAECSES CAP1 and CAP 2 screens must be included with the ES-3901. Send the screens with the initial fax to the PMDT. Although the **CAP1 and CAP2 screens do not replace the ES-3901**, it is not necessary to repeat CAP1 or CAP2 information on the ES-3901.

On the ES-3901, complete the first two lines of the form (e.g. 'Initial Referral' and 'Type of Referral'). But, for sections A and C, the eligibility worker must complete the client name and the other questions in these sections can be marked N/A, as the information is on CAP1 and CAP2. Complete the rest of the form with available information.

B. Review Referrals

Policy Memo 06-09-03 instructs staff to hold the ES-3901 until the review has been processed. Because the TC request is made at the time of the interview, several weeks may pass before the referral is sent. This instruction has been problematic. The PMDT relies on the referral for updates

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State Employee Health
Benefits and Plan Purchasing:
Phone: 785-296-6280
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State Self Insurance Fund:
Phone: 785-296-2364
Fax: 785-296-6995

the Data Base, the late referral is causing tracking problems. This procedure is being changed to receive the referral timely.

1. For review referrals, the ES-3901 must be received from the eligibility worker within 7 working days of scheduling the telephone consultation. The PMDT will follow the same procedure as for new application referrals. CAP1 and CAP2 must be included with these referrals as well.
2. The eligibility worker must notify the PMDT of any reviews that fail to requalify.

C. Rescheduled Telephone Consultation

If a Telephone Consultation is rescheduled, a process to notify the eligibility worker of that action was not included in the original Policy Memo. Because the MS program is left pending, eligibility staff are unable to take final action on the case until the results of any rescheduled TC are available.

1. The PMDT will notify the eligibility worker of any rescheduled TC immediately using the ES-3906. A comment will denote the action in the 'other' field.
2. The eligibility worker will be notified on the ES-3906 if the client fails to keep this appointment.

D. Completing the Telephone Consultation Guide Prior to the Telephone Consultation

Case Development Specialists report more successful outcomes of the TC when a copy of the guide is provided to the PMDT prior to the actual TC. A completed guide can also cut time off of the actual Telephone Consultation, especially if questions 11-19 are answered by the client. The PMDT strongly encourages all applicants and recipients to return a completed TC Guide to the PMDT.

To prevent delays due to postage expenses, KHPA will supply the regions with self-addressed envelopes to be used for this purpose. An initial supply of envelopes will be mailed to the regions when they become available. The EES PA is responsible for distribution to the Service Centers in the region. Additional supplies will be available through the SRS Warehouse and can be ordered through normal processes.

The following process is being implemented to facilitate early receipt of the completed guides:

1. At intake, the Eligibility Worker is responsible for the following:
 - Provide the TC Guide to the applicant/recipient along with a postage-paid envelope, pre-addressed to the PMDT. **Strongly encourage** the individual to complete the guide and return it to the PMDT within 10 days. Inform the client a completed guide may help the PMDT reach a quicker decision.
 - Encourage the applicant/recipient to ask family members, case managers and other professionals for help with completing the form. Stress to the client the importance of returning a thoroughly completed guide.
 - Write the individual's name and SSN on the form so the PMDT can track the form when it is received in the office.
 - Photocopy page one of the TC Guide, with the time and date of the TC, for the client to retain after the original is mailed to the PMDT. Or, provide the client with two copies of the TC Guide, one to mail and one to keep for the consultation.

2. For cases where no face-to-face interview is conducted, the guide and envelope are mailed to the client with instructions to return the guide to the PMDT within 10 days.
3. Once the Telephone Consultation Guide is received, the PMDT can use the information to begin evaluating the case prior to the TC, and request medical records, etc. It is expected the completed form will reduce the average length of the TC.
4. In very rare situations, the TC may not be necessary due to the information reported on the guide. Persons with severe disabilities or living in an institution are most likely to fall into this category. The worker must never instruct a client that a TC may not be necessary unless the PMDT provides such information regarding a specific client.
5. Negative action will not be taken on a client who fails to return the completed TC Guide.

E. Required Case Actions On Cases Pending Over 45 Days

Because of TC scheduling, an increased number of cases involving non-cooperation after the initial 45 day processing period has passed is reported. Policy regarding the agency's obligation in these cases is being clarified.

1. Per KEESM 1414.2(3), an application shall be denied for failure to provide information or cooperate. The individual is to be given 10 days from the date on the notice to respond to a request for information or cooperate within the 45 day application processing time or the 10 day request period, whichever is longest. If the applicant cooperates timely, the application will be reactivated back to the original application date.
2. If the case is awaiting a PMDT determination and processing is not completed within the 45 day time frame and a denial for non-cooperation occurs, the applicant shall be given 10 days from the date on the notice to resolve the cooperation issue before the application is denied. This rule applies only to the first cooperation failure that occurs after the 45 day time frame has expired.
3. If true, the eligibility worker will issue G221 – GA Denial – Post 45 days. This will allow the applicant 10 days from the date of the notice to remedy the non-cooperation. This 10 day window is only available for the first instance of non-cooperation that occurs after the initial 45 day processing period has expired.
4. Instances of non-cooperation that occur prior to the expiration of the initial 45 day processing period or represent an occurrence of non-cooperation after the situation described in Item 1 should be denied using either G201 GA – Failure to Cooperate or G220 GA Denial – Non Coop with PMDT.

We express our appreciation to staff for working through these processes as the PMDT continues to develop. If you have any questions, please feel free to contact the appropriate program contact or the PMDT at PMDT@khpas.gov

TITLE: G221 GA DENIAL – Post 45 Days

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Your application for General Assistance received on &&GAAPPREC&&, has been denied effective &&TODAYS&& due to your failure to cooperate with the Presumptive Medical Determination Team in determining your eligibility. @ @

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Explanation:

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If this information is provided within 10 days of the date of this notice, we will reconsider your eligibility and you will not have to complete a new application. @ @

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This action is based on

%%%%%%%%%%
@ @

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Please read the back of this letter. It has important information. It tells you about your right to a fair hearing. @ @

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If you have questions, call

%%%%%%%%%% at
%%%%%%%%%% between the hours of
%%%%%%%%%. @ @

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Copies sent from local office to: #####

@ @

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Other: