



KanCare Ombudsman Office
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**Senate Public Health and Welfare Committee
Testimony by Kerrie Bacon, KanCare Ombudsman
February 14, 2017**

Good morning Chairman Schmidt and Senators,

I appreciate the opportunity to be here this morning and share information with you about the ombudsman's office in order to help clarify your understanding about how the Ombudsman's office currently works. My testimony is intended to be informational and as such is neutral. There are three documents that I want to bring to your attention.

1. Appendix A (pages 2-4) is a description from the Center for Medicare and Medicaid Services (CMS) Special Terms and Conditions regarding KanCare section 42 regarding the Ombudsman. This description was updated in December 2013 in partnership between KDHE and CMS and has been used as a guide by this office.
 - The information provides the organizational structure, functions and data collection along with the action by the Ombudsman's office.
2. Appendix B (pages 5-12) is the 4th quarter and 2016 annual report for the Ombudsman's office. This report is typically provided on a quarterly basis to the Robert Bethell Joint Committee on HCBS and KanCare Oversight Committee each quarter. It is also provided to other groups that meet and request updates from the Ombudsman's office. The reports are also made available on the Ombudsman's webpage at www.kancare.ks.gov/kancare-ombudsman-office.
3. Appendix C (pages 13-46) is the examples of Resources that the Ombudsman's office provides to KanCare members and others who contact our office.

The one comment I have in regard to Senate Bill 160 is to make sure you realize that the bill is focused only on one portion of KanCare members, that is, recipients of home and community based services. The Ombudsman's office currently serves all 420,000 plus members along those who are seeking to become members and have questions.

That concludes my testimony. I am happy to answer any questions you may have.

SENATE PUBLIC HEALTH & WELFARE
DATE 2-14-17
ATTACHMENT 12

Appendix A – Ombudsman office description by CMS STC 42, December 2013

Organizational Structure:

1. If the Ombudsman operates within a sister state agency, the State shall establish protections such that no undue influence will be imposed that restricts the ability of the Ombudsman to perform all of the core functions.
 - The Ombudsman's Office operates in KDADS rather than KDHE
 - The Ombudsman meets with the Secretary of KDADS 1-2 times per month
 - Since starting over 2 1/2 years ago, sister agencies have been very helpful when approached for assistance; there has not been interference with the Ombudsman's office.
 - Right after starting as Ombudsman, created a new letterhead using the KanCare logo and had KDADS marketing put Ombudsman directly underneath for a new logo. Have used this for letterhead and all marketing materials that have gone out from this office since. There have been no issues from any of the Secretaries (there have been three since I've started.) I do this to identify this office as separate from the state as much as possible and its own entity.
 - Ombudsman staff uses the KanCare logo for business cards rather than the KDADS logo. (same reason as above)
2. The organizational structure of the Ombudsman shall demonstrate transparency and collaboration with beneficiaries, MCOs, community based organizations, and state government.
 - The Ombudsman's office demonstrates transparency by providing the past quarterly and annual reports on the Ombudsman website for anyone interested in reviewing them; starting with 2013. The Ombudsman's office has a new pages on the new KanCare website. It is easier to navigate and has additional information. The reports are available on that website. (www.kancare.ks.gov/kancare-ombudsman-office)
 - Collaboration between MCO's, community based organizations, state agencies and the beneficiaries is the only way services can be provided to applicants and members through this office in a truly meaningful way. The Ombudsman depends on all of the above to assist on various contacts to provide the answers or follow up in order to help the person who has contacted our office. Collaboration is very important.

Functions:

1. Shall serve as an access point for complaints and concerns about access to services and other related matters when the beneficiary isn't able to resolve their concern directly with a provider or health plan.
 - The Ombudsman's office has a toll free number, two satellite offices (one in Wichita and one in Kansas City metro area), website presence, and consistent outreach throughout the year by the Ombudsman, Project Coordinator and Volunteer Coordinator.

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- Resources: Who should I call? Information page, Ombudsman Brochure; Flow Chart for KanCare application process; Assistance for people who are Uninsured; KanCare Applications; KDHE fact sheets.
 2. The Ombudsman shall help enrollees understand the state's Medicaid fair hearing process, grievance and appeal rights and grievance and appeal processes provided by the health plan, and shall assist enrollees in navigating those processes and/or accessing community legal resources, if needed/requested.
 - Created two separate documents for assisting people with Grievances, Appeals and State Fair Hearings if the beneficiary has Medicaid and is concerned about services that are being denied. There is another document for applicants or members who have applied for KanCare/Medicaid or renewed their KanCare and it has been denied. Then they can file a grievance or state fair hearing in regard to the eligibility process.
 - Resources: Grievance, Appeal and State Fair Hearings information packet; Medicaid Grievances and Medicaid Hearings information packet.
 3. The Ombudsman shall develop a protocol for referring unresolvable issues to the State Medicaid Agency and other state officials as necessary to ensure the safety and well-being of beneficiaries.
 - KDHE – Russell Nittler, Senior Manager of Eligibility
 - DCF – Randy Lind – Director of Client Services
 - KDADS – Brant Haehn – Commissioner of Community Services and Programs
 4. The Ombudsman shall develop and implement a program of training and outreach with the KanCare MCOs, providers and community based organizations to facilitate cross-organizational collaboration, understanding and the development of system capacity to support beneficiaries in obtaining covered plan benefits.
 - The KanCare Lunch and Learn Bi-Weekly Conference Call Series is multi-functional. It is provided for consumers, MCO's, community based organizations and state agencies to broaden the knowledge base regarding KanCare service, community based services, and resources that may be available to members of KanCare.
 - Resources: See Lunch and Learn Notes and Handouts:
www.kancare.ks.gov/kancare-ombudsman-office/lunch-learn-con-call-series
 5. The Ombudsman shall assist enrollees to understand and resolve billing issues, or notices of action.
 - Recent example: Assisted individuals and families, and nursing facilities (including the three main nursing associations) in understanding the payment process when Medicaid is assigned and backdated over several months (more than three months).
 - Notices of action: Discussion about what the members' issues are, discuss letter that was sent, determining what needs to be done, timelines, what their options are, if they want to do an appeal/hearing then sending them the appropriate hearing packet.

- Resources: Who should I call? Information page, Grievance, Appeal and State Fair Hearings information packet; Medicaid Grievances and Medicaid Hearings information packet.

Data Collection

1. The Ombudsman Quarterly and Annual reports have the data requested in the STC 42 since Q3, 2014.
 - The Ombudsman on-line tracker was updated during second quarter 2014 to include the data that was listed on STC 42.a.vi.
 - Public reports are submitted to the legislature on a quarterly basis and then posted on the Ombudsman webpage to ensure transparency for the Ombudsman's office.
 - Similar reports are also provided to KDHE on a quarterly and annual basis and are then sent on to CMS.
2. The Ombudsman participates in the Consumer Special Interest workgroup through KDHE and uses this group to request feedback on reports, consumer resources, etc.



Appendix B: KanCare Ombudsman Quarterly Report
Kerrie J. Bacon, KanCare Ombudsman
4th Quarter and Annual 2016 Report

Accessibility by Ombudsman's Office

The KanCare Ombudsman was available to members and potential members of KanCare (Medicaid) by phone, email, written communication and in person during the fourth quarter of 2016. In 2014 and 2015 there were approximately 2,000 contacts through these various means. In the first three quarters of 2016, there were 2,663 contacts. It is evident from the chart below that the biggest increase in contacts was in 1st quarter and has continued to drop off as the year has progressed compared to the average of the prior two years. Fourth quarter is basically flat to the average of the prior two years.

Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Total	Comments
2013	615	456	436	341		this year does not include emails
2014	545	474	526	547	2092	
2015	510	462	579	524	2075	Qtr. Avg. for 2014/2015 is 521
2016	1130	846	687	523	3186	Yrly. Avg for 2014/2015 is 2084
% incr./dec.	117%	63%	32%	0.4%	53%	Increase over average of 2014/2015

MCO related	Q1/15	Q2/15	Q3/15	Q4/15	Q1/16	Q2/16	Q3/16	Q4/16
Amerigroup	53	69	63	45	92	46	45	31
Sunflower	96	92	72	62	92	57	59	46
United Healthcare	75	47	52	32	66	47	37	31
Total	224	208	187	139	250	150	141	108

The KanCare Ombudsman webpage (www.kancare.ks.gov/kancare-ombudsman-office) is **NEW and UPDATED**. It continues to provide information and resources to members of KanCare and consumers. It is updated on a regular basis.

Outreach by Ombudsman's office

- Goodwill Industries Presentation, January 18, 2016
- Volunteer Fair at Wichita State University, January 28, 2016
- Women's Recovery Center presentation, February 18, 2016
- Attended KDHE Spec Health Care Needs Program Regional Meeting in Topeka, KS – February 24, 2016.
- Wichita State University social work practicum class presentation, March 10, 2016 and March 17, 2016
- Health Fair in Wichita, KS, March 30, 2016
- Provided report and requested feedback from the KanCare Consumer Specialized Interest (CSI) Workgroup – March 31, 2016
- Provided quarterly and annual Ombudsman report to the KanCare Advisory Committee – March 31, 2016
- Created an explanation for the KanCare application process as an outreach tool.
- Provided a report and testimony for the Robert Bethel Joint Committee on HCBS and KanCare Oversight, April 18, 2016.
- Attended the Employment First Summit and provided a vendor booth for outreach for the Ombudsman's office, April 21-22, 2016.
- Attended the May KanCare Listening Sessions in Hays, Wichita; May 24, 26, 2016.
- Attended the Final Rule Listening Session in Topeka and Overland Park; June 15, 16, 2016.
- Provided vendor outreach for the SACK Conference, June 25, 2016.
- Revised/Updated the appeal and state fair hearing information provided to members needing assistance.
- Attended the Poverty Conference and shared information on the KanCare Ombudsman's Office, Topeka, KS, July 20-21, 2016
- Provided a report and testimony for the Robert Bethel Joint Committee on HCBS and KanCare Oversight, August 5, 2016.
- Attended and shared information on the KanCare Ombudsman's office at the Midwest Ability Summit, Overland Park, KS, August 27, 2016
- Shared information on the KanCare Ombudsman's office at the Northeast Kansas Head Start Conference, September 6, 2016.
- Shared information on the KanCare Ombudsman's office with the Western Kansas Long term Care Ombudsman's Regional team and local community providers; Salina, KS, September 19, 2016
- Keynote speaker for Silver-haired Legislature, October 4, 2016

- Provided a report and testimony for the Robert Bethel Joint Committee on HCBS and KanCare Oversight, The Ombudsman's office sponsors the KanCare (I/DD), November 18, 2016
- Attended Consumer and Specialized Issues Workgroup meeting (KDHE), December 15, 2016
- **Publications:** Outreach post and/or article about the KanCare Ombudsman office services.
 - Livable Neighborhoods Neighborhood News (Wyandotte Co. newsletter) (October & November)
 - Active Age newsletter – Wichita, KS (October)
 - Shepherd's Center of Kansas City, KS (November)
 - 2Mas2KC Bilingual Newspaper (November)
 - Public Service Announcement (Voice: Daniel Lassley) went out to all Kansas City radio stations. (November)
 - Senior Bluebook (Kansas City, KS and Kansas City, MO) (December)
 - Center for Public Health Initiatives Newsletter, Wichita (December-January)
- **Local Churches:** These churches agreed to post our flyers and to provide members with KanCare Ombudsman office brochures.
 - Bethel Baptist Church, Wyandotte, KS (October)
 - Eighth Street Baptist Church, Wyandotte, KS (October)
 - First Baptist Church, Wyandotte, KS (November)
 - Mt Zion Baptist Church, Wyandotte, KS (November)
 - St. Marks United Methodist Church, Wichita, KS (October)
 - New Spring Church, Wichita, KS (October)
 - River Community Church, Wichita, KS (October)
 - All Saints Church, Wichita, KS (November)
- **Presentations:** (educational, networking, referrals, advertisement)
 - Livable Neighborhoods Task Force meeting (Wyandotte Co.) (October)
 - InterHab Conference (October)
 - Social Work Classes presentations (WSU – 10/26 & 11/2)
 - K-State Research & Extension office (Linn Co.) (November)
 - Franklin County Aging and Disability Network monthly group meeting (December)
- **Educating Kansas Area Agencies on Aging about the KanCare Ombudsman office:** (networking, referrals, advertisement)
 - Wyandotte/Leavenworth Area Agency on Aging (November)
 - East Central Kansas Area Agency on Aging (November)
 - Northeast Kansas Area Agency on Aging (November)
 - Northeast Kansas Area Agency on Aging (November)
- Friends and Family Advisory Council which met six times during the 2016 year.



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- Hosted the KanCare Member Lunch-and-Learn bi-weekly conference calls for all KanCare members, parents, guardians, consumers and other interested parties. Calls address topics of interest, resources in the community, emerging issues and includes a question and answer time. Managed care organizations continue to participate on the calls and answer questions as needed.

Outreach through the KanCare Ombudsman Volunteer Program Update.

- The ***KanCare Ombudsman Johnson County Satellite Office*** is in its third quarter of providing assistance to KanCare members.
- The ***KanCare Ombudsman Southern Kansas Satellite Office (Wichita)*** completed a full year of providing assistance to KanCare members. Two of the volunteers at the site have been there since it opened and are charter volunteer members!
- Both Satellite offices are assisting consumers with filling out applications on the phone and by appointment in person.
- Volunteer Applications are available on the ***NEW and UPDATED*** KanCare Ombudsman webpage. www.KanCare.ks.gov/kancare-ombudsman-office.



Data by Ombudsman's Office

The Ombudsman on-line tracker has been updated to include the main Ombudsman office and Ombudsman satellite offices covered by volunteers. Starting with the fourth quarter report, we are able to provide the number of contacts made to the main office and the Ombudsman's satellite offices across Kansas.

Contacts by Office	Q4/16
Main	432
Johnson County	21
Wichita	70
Total	523

Contact Method	Q1/15	Q2/15	Q3/15	Q4/15	Q1/16	Q2/16	Q3/16	Q4/16
phone	415	378	462	438	862	644	507	394
email	94	82	112	83	265	191	174	125
letter	1	1	0	2	2	3	1	0
in person	0	1	5	1	0	8	3	3
online	0	0	0	0	1	0	2	1
Total	510	462	579	524	1130	846	687	523

Caller Type	Q1/15	Q2/15	Q3/15	Q4/15	Q1/16	Q2/16	Q3/16	Q4/16
Provider	111	94	102	93	179	110	100	71
Consumer	366	343	426	385	866	601	544	352
MCO employee	3	3	5	3	7	4	10	8
Other	30	22	46	43	78	131	33	92
Total	510	462	579	524	1130	846	687	523



Contact Information. The average number of days it took to resolve an issue during third quarter was six.

	Q1/15	Q2/15	Q3/15	Q4/15	Q1/16	Q2/16	Q3/16	Q4/16
Avg. Days to Resolve Issue	7	7	11	6	7	5	6	4
% files resolved in one day or less	54%	38%	36%	45%	49.6%	56%	54%	52%
% files closed	87%	88%	93%	83%	77%	88%	87%	80%

The most frequent calls regarding home- and community-based services (HCBS) waivers during the fourth quarter of 2016, most of 2016 and for all of 2015 were in regard to the physical disability waiver and the intellectual/developmental disability waiver. Occasionally more than one option can be chosen; for example when mental health or substance abuse might be included in addition to a waiver or a nursing facility.

Waiver	Q1/15	Q2/15	Q3/15	Q4/15	Q1/16	Q2/16	Q3/16	Q4/16
PD	57	48	33	28	48	22	13	9
I/DD	35	25	29	28	48	27	21	11
FE	15	12	16	18	23	19	10	7
Autism	4	3	4	5	1	2	2	1
SED	1	7	5	4	4	0	1	3
TBI	10	9	7	9	10	3	7	5
TA	11	13	11	13	10	9	4	4
MFP	2	2	3	1	8	5	3	0
PACE	0	0	1	1	0	0	0	0
Mental Health	5	9	7	11	8	6	3	2
Substance Use Disorder	0	0	0	2	0	0	0	0
Nursing Facility	12	28	33	29	47	27	16	27
Other	512	320	443	391	941	739	612	456
Total	664	476	592	540	1148	859	692	525



The Issue Categories listed below reflect the last eight quarters in alphabetical order. The top five issues for each quarter are highlighted. The issues that carry across many quarters are Medicaid Eligibility Issues, Other and Billing. There may be multiple issues for a member/contact.

Issues	Q1/15	Q2/15	Q3/15	Q4/15	Q1/16	Q2/16	Q3/16	Q4/16
Access to Providers	3	11	1	12	7	6	9	13
Appeals, Grievances	42	33	47	26	49	42	36	16
Billing	36	40	41	30	43	39	37	26
Care Coordinators	10	8	9	8	7	3	6	4
Change MCO	8	4	10	9	15	3	0	6
Dental	7	5	1	4	4	5	5	5
Durable Medical Equipment	25	12	7	8	7	7	2	4
Guardianship Issues	5	1	2	1	0	1	2	2
HCBS Eligibility issues	11	15	24	30	45	33	21	9
HCBS General Issues	60	36	54	34	69	32	16	15
HCBS Reduction in hours of service	10	8	13	16	12	4	3	3
HCBS Waiting List issues	11	8	9	11	18	2	2	4
Housing issues	1	6	4	3	8	2	2	3
Medicaid Eligibility Issues	139	108	206	182	512	244	173	174
Medicaid Service Issues	20	24	27	21	29	20	10	12
Nursing Facility Issues	15	34	34	29	40	25	22	22
Other	130	150	141	149	332	377	381	224
Pharmacy	25	33	14	20	24	13	11	8
Questions for Conf Calls	5	2	0	1	0	0	1	2
Thank you	14	15	11	12	72	85	114	100
Transportation	12	17	8	7	6	8	6	1
Unspecified	31	12	36	21	79	38	21	17
Total	620	582	699	634	1378	989	880	670



The Resource Category below shows what resources were used to resolve an issue. If a Question/Issue is resolved, then it is answered without having to call, refer to another resource, or provide another resource for assistance. If an issue is resolved using a resource, then one of the other categories below is also usually noted to indicate which resource was accessed to find the help needed, or to which resource the member was referred, or possibly what document was provided. Often multiple resources are provided to a member/contact.

Resource Category	Q1/15	Q2/15	Q3/15	Q4/15	Q1/16	Q2/16	Q3/16	Q4/16
Question/Issue Resolved	84	61	65	58	122	239	233	214
Used Issues/Resources Resolved	262	234	321	296	463	394	313	166
KDHE Resources	95	77	124	87	214	97	97	111
DCF Resources	20	13	25	37	6	2	1	4
MCO Resources	79	73	48	62	48	43	44	31
HCBS Team	32	43	36	29	28	21	12	5
CSP Mental Health Team	0	1	0	2	1	1	0	0
Other KDADS Resources	31	31	38	58	53	16	44	38
Provided Resources to Member	85	108	177	184	361	239	115	88
Referred to State/Community Agency	22	54	75	72	111	40	53	14
Referred to DRC and/or KLS	26	16	19	5	13	7	4	3
Closed	14	29	60	72	198	313	111	17
Total	750	740	988	962	1618	1412	1027	691

Next Steps for Ombudsman's Office

KanCare Ombudsman Volunteer Program

- The Ombudsman Volunteer Coordinator, Lisa Churchill, and Ombudsman Project Coordinator, Percy Turner, will begin providing training to interested community service organizations regarding Medicaid. Trainings will be in various formats, but most commonly used will be three one-hour trainings with topics such as: How to assist with Medicaid applications, Medicaid related resources, and Home and Community Based Services.

Appendix C: 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?*** (pages 14-17)
- ***KanCare Grievance, Appeals and State Fair Hearing Process*** (pages 18-29)
 - 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*** (pages 30-37)
 - KanCare Ombudsman Brochure
 - Personal or Office Business Card
- ***Spendedown Fact Sheet*** (pages 38-39)
 - KanCare Ombudsman Brochure
 - Personal or Office Business Card
- ***Estate Recovery Fact Sheet*** (pages 40-41)
 - 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*** (page 42)
 - ***Assistance for people who are Uninsured or have a high spenddown*** (pages 43-47)
 - 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



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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</p> <p>For questions about paying premium bills (CHIP and Working Healthy)</p>	<p>Premium Billing: 866-688-5009</p>



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<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: 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>HCBS Waiver Programs</p> <ul style="list-style-type: none"> • For questions about whether or not someone may be a good candidate for a specific waiver program or for a “functional assessment” contact the appropriate single point of entry (SPOE). • For general questions and Waiting List questions, contact the appropriate waiver program manager. 	<p><u>Autism (AU) Waiver</u> SPOE (KVC): (913) 322-4900 AU Waiver Program Mgr. (Sam Philbern): 785-296-6843</p> <p><u>Serious Emotional Disturbance (SED) Waiver</u> SPOE (Community Mental Health Center): (785) 234-4773 SED Waiver Program Mgr. (Sam Philbern): 785-296-6843</p> <p><u>Frail/Elderly (F/E) Waiver</u> SPOE (ADRC): 855-200-2372 FE Waiver Program Mgr. (Sandy Chatham): 785-296-3537</p> <p><u>Intellectual /Developmental Disability (I/DD) Waiver</u> SPOE (CDDO): 913-826-2626 I/DD Waiver Program Mgr. (Kimberly Reynolds): 785-296-0648 ICF/IDD (Karla Werth): 785-296-0787</p> <p><u>Physical Disability (PD) Waiver</u> SPOE (ADRC): 855-200-2372 PD Waiver Program Mgr. (John Barry): 785-296-1708</p> <p><u>Technical Assistance (TA) Waiver</u> SPOE (CRC-KS): (785) 233-1365 TA Waiver Program Mgr. (Karla Werth): 785-296-0787</p>



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

<p>-----</p> <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> <p>-----</p> <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 services are provided in your home & at the PACE Center.</p>	<p>Traumatic Brain Injury (TBI) Waiver SPOE(ADRC): 855-200-2372 TBI Waiver Program Mgr. (Kimberly Reynolds): 785-296-0648</p> <p>-----</p> <p>MFP, QA (Larry Kelley): 785-296-7744</p> <p>-----</p> <p>PACE Program Manager (Claire Magee): 785-296-8288</p>
<p>Medicare Questions:</p> <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). 	<p>National Medicare Number: 800-633-2274</p> <p>SHICK Counselor: 800-860-5260</p>
<p>Not sure where your question fits</p>	<p>Managed Care Enrollment Center: 866-305-5147 (TTY: 800-766-3777) Email: KanCare@kdheks.gov</p>
<p>Social Security Office Questions:</p> <ul style="list-style-type: none"> •To find location and phone numbers for local Social Security offices (See Resource Maps on KCDC Website) 	<p>Social Security Office (National): 800-772-1213</p> <p>Social Security Office (Local) see KCDC website: https://kcdcinfo.ks.gov/resources/service-maps (pg. 31 of KCDC Map book).</p>
<p>Adult Abuse/Complaint Hotlines:</p> <ul style="list-style-type: none"> • To report abuse, neglect or exploitation occurring in adult care facility, medical care facility or home health agency (For all Long Term Care Facilities: 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 the home) 	<p>KDADS Abuse, Neglect or Exploitation Hotline (In Home, Facilities, Home Health Agencies, Registered Operators): 800-842-0078</p> <p>Adult Abuse and Neglect (In Home): 800-922-5330</p>
<p>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.</p>	<p>LTC Ombudsman: 877-662-8362 Website: www.kansasombudsmanksgov.com</p>
<p>KanCare Ombudsman - The KanCare Ombudsman’s office provides help to KanCare/Medicaid members and Kansas consumers in resolving problems regarding their services,</p>	<p>KanCare Ombudsman: 1-855-643-8180 Email: Kancare.Ombudsman@ks.gov Website: www.kancare.ks.gov/kancare-ombudsman-office</p>



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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 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.

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



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

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 current Integrated Service Plan (ISP) (plan of care) 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 ISP (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.

- **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 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
 - o Office of Administrative Hearings 1020 S. Kansas Ave.
Topeka, Kansas 66612
 - o Fax: 785-296-4848
 - o 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.
 - o 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:

- o 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 current ISP (plan of care) 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.

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.uhccommunityplan.com/content/dam/communityplan/plandocument/s/h_andbook/en/KS-MemberHandbook.pdf
 - Grievances: p. 58
 - Appeals and State Fair Hearings: p. 58-60



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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

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. 77-531, 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.

Appeals Worksheet (send to MCOs only)

- **Request your appeal** as soon as possible informing the Managed Care Organization (MCO) you want to appeal the adverse action. Appeals may be made by phone or in writing.
- **Options:** You may use the following worksheet as a script to guide you on the phone, in writing a letter, or you may mail or fax the worksheet as an alternative to a phone call or letter to file the initial appeal.
- **Do Not Wait:** Appeals have a **30 day deadline from the date on the “Notice of Action Letter.”** The initial request for appeal does not have to state your case yet.
- **Follow up** with a letter or this worksheet and any additional documentation from yourself and other professionals that support your case.

This documentation should be able to identify:

- (1) The change that has been determined by the MCO or state agency,
- (2) Why this should not be done and problems it will cause,
- (3) The effect it will have short and long-term on the physical well-being of the member.

- **HCBS Services:** If you file an appeal related to services that are provided as Home and Community Based Services (HCBS), you will keep getting those services automatically 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.
- **Non-HCBS Services:** You have a **10 day deadline from the date on the “Notice of Action Letter”** to request that non-HCBS services continue during the appeals process. Please keep in mind that you *may* have to pay for those services if you lose the appeal.

For HCBS MEMBERS: State the case based on the changes line by line.

Get a copy of the “**current Integrated Service Plan (ISP)**” (current plan of care) and the “**new ISP**” and compare them line by line to show the unwanted changes and help providers to identify what issues and risks may be involved.

For example: (1) Decreasing meal planning & preparation from 8 hours/week to 4 hours/week, (2) Decreasing dressing/grooming from 7 hours/week to 3 hours/week. Write out how each of these will impact the member (1) short term, (2) long term.

Have the professionals write something as well as the member.

The letter(s) would be about why this should not be done and problems it will cause, stating the short and long term effects it will have on the physical well-being of the member.

Note: It will be helpful for the medical provider knows the specific things that are being denied and why. If it is not the ISP (plan of care) hours being reduced, tell the provider which services specifically are being reduced or suspended, so the provider can help explain why those services are needed based on your issues.



Appeals Worksheet (send to MCOs only)

- To avoid missing critical deadlines, the KanCare Ombudsman's office recommends that the member contacts their MCO by phone immediately to inform them of their (1) request to appeal and (2) request to keep non-HCBS services during the appeals process...
This is not a legal form or document and is intended to help the KanCare consumer to organize important information needed to request an appeal with their Managed Care Organization (MCO).

A. Contact Information & Important Dates:

- Name (KanCare member):
Mailing Address:
Phone: Medicaid ID#:
Date on "Notice of Action" Letter from MCO/State Agency:
Make a copy of the "Notice of Action Letter" and send the copy in with your appeal letter or this worksheet.
Date member requested appeal (by phone): (30 day deadline from date on "Notice of Action Letter.")
Date member requested that Non-HCBS related services continue during the appeals process (by phone): (10 day deadline from date on "Notice of Action Letter.") Please keep in mind that the consumer may have to pay for those services if they lose the appeal.
Date member sent the appeal letter (or this worksheet) and any additional documentation from KanCare member that supports member's case:
Optional: Date member sent the appeal letter (or this worksheet) and any additional documentation from professionals (doctors, therapists, etc.) that supports member's case:

B. State your case by answering the following questions for each change on your benefits/services:

- What service(s)/benefit(s) are being changed?
How will this impact your physical/mental/emotional well-being short term (up to 6 months)?
How will this impact your physical/mental/emotional well-being long term (over 6 months)?

Medicaid Grievances and Hearings (Eligibility & Renewal)

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: Dorothy Noblit
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/apsspssp/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>)

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)

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.

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**.

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



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

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.



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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.

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. 77-531, 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.

Spendedown Fact Sheet

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.

Division of Assets Fact Sheet

(Federal Spousal Impoverishment Provisions)

The spousal impoverishment provisions of the Medicaid program changes the Medicaid eligibility requirements for a person who needs long term care in a nursing home or Home and Community-Based Services (HCBS) setting when there is a spouse who remains at home. It protects a portion of the couple's income and resources so the spouse at home is not reduced to poverty. At the same time, these provisions help the spouse needing long-term medical care to qualify for Medicaid benefits, which can help in paying for that care.

Resource Limits:

As of 04/15, the amount of the couple's nonexempt resourced which can be protected is the greater of:

- \$23,844 or
- 1/2 of the value of the couple's nonexempt resources owned at the time the husband or wife first entered long term care, not to exceed \$119,220

These \$23,844/\$119,220 allowance limits are subject to change annually due to increases in the federal consumer price index.

Only nonexempt resources are considered. This would include such things as checking and savings accounts, land and/or buildings other than an exempted home. The protected resources must usually be transferred to the spouse in the community and are not considered in determining the eligibility of the person in long term care.

Income Limits:

The amount of the couple's combined income which can be protected is either:

- Up to \$1,912 per month, or
- Up to \$2,981 per month if there are excess shelter expenses

In addition, up to \$664 per month can be protected for each dependent family member who lives with the spouse who remains at home. A dependent family member is defined as a minor or adult child, a parent, or a brother or sister of either the husband or wife who has



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been dependent on the couple because of legal, financial, or medical reasons.

Only nonexempt income is considered. This includes income from such sources as Social Security, Veterans, Railroad Retirement benefits, wages, income from investments, and other public or private retirement or disability benefits. The protected income must be allocated each month to the spouse in the community and any dependent family members. The amount of this income is then exempted from consideration in determining the liability of the person in long term care for his or her cost of care.

Related Information:

Frequently Asked Questions on Division of Assets on the Kansas Department for Aging and Disability Services (KDADS). (<http://www.kdads.ks.gov/commissions/commission-on-aging/spousal-impooverishment-law>)

For more information you may call 1-800-792-4884.

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) <https://kchap2.kdhe.state.ks.us/kfmam/policyDocs/ES-3100.8%20Medicare%20Savings%20Program%20application.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 assistance information for people without insurance. The information is found at <http://www.kancare.ks.gov/kancare-ombudsman-office/resources> 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
 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	(816) 590-7577
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
County	Clinic Name (Medical Services)	Phone
Jefferson	Jefferson Co. Health Department	(785) 863-2447



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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 –currently not accepting Medicaid	(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) 251-5600
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 (Pregnant, Trans. or HIV)	(913) 722-3100
Wyandotte	Swope Health Services	(816) 923-5800
Wyandotte	Turner House Children's Clinic	(913) 342-2552



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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
 1. 1739 S. Elpyco; (316) 685-8699
 2. 350 N. Market St.; (316) 263-2769
 3. 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	816-590-7577
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	816-590-7577
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	816-590-7577
Shawnee	Marian Clinic	785-233-2800
Wyandotte	Swope Health Wyandotte (7 locations)	816-923-5800



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

\$300 x 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

$$\begin{aligned} & \$3,000 \text{ (total monthly income)} \\ & -\$480 \text{ (Protected Income Level)} \\ & =\$2,520 \times 6 \text{ months} = \$15,120 \text{ total spenddown} \end{aligned}$$

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 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@khpa.ks.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

Medicaid Grievances and Hearings (Eligibility & Renewal)

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: Dorothy Noblit
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.



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✚ 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/apsspssp/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>)



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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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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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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?



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

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.



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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 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.



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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 ADMINISTRATIVE HEARING

Date: _____ Case Number: _____
Name: _____ Date of Birth: _____
Address: _____

Representative: _____
Representative's Address: _____

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

Worker/Employee/Agent: _____
Agency Office: _____
Type of Program: _____
Date of Action Being Appealed: _____

I am requesting consideration of this matter because: *(continue on attached page if necessary)*
(Explain why decision or final action is not satisfactory in your circumstances)

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

Signature: Person Requesting Administrative Hearing

FOR FOOD ASSISTANCE ONLY:

Until the hearing: *(Check one)*

_____ I want to continue receiving the amount of food assistance I currently receive.
_____ I do not want to continue receiving the amount of food assistance I currently receive.

I UNDERSTAND THAT IF THE HEARING RESULTS SHOW THE ACTION WAS CORRECT, I OWE THE VALUE OF THE EXTRA FOOD ASSISTANCE I RECEIVED WHILE AWAITING THE DECISION.

Signature: Person Requesting Administrative Hearing



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RULES AND REGULATIONS RELATING TO FAIR HEARINGS

1. K.S.A. 75-3306, as amended, provides that “The secretary ... shall provide a fair hearing for any person ... who appeals from the decision or final action of any agent or employee of the secretary”. The hearing shall be conducted in accordance with the provisions of the Kansas administrative procedure act, K.S.A. 77-501 et. seq.
2. A dissatisfied individual or entity must request an administrative hearing in writing and sign it (except for food assistance where the request may be oral). This form may be used but it is not a requirement. The request for an administrative hearing should be returned to the local agency office or sent to the Office of Administrative Hearings, 1020 S. Kansas Ave., Topeka, KS 66612. The individual or entity requesting the administrative hearing shall then be called an appellant and the party whose decision is appealed shall be called the respondent.
3. 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.
4. 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.
5. The hearing shall be conducted by a Presiding Officer from the Office of Administrative Hearings. (K.S.A. 75-37,121)
6. 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.
7. A copy of the initial order of the Presiding Officer shall be mailed to the appellant and the respondent.
8. A request for administrative hearing shall be in writing (except in food assistance where the request may be oral) and received by the agency within 30 days (90 days for food assistance) from the date of the order or notice of action taken by the agency.
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 without prior approval of the Presiding Officer or their designee.



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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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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



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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 current Integrated Service Plan (ISP) (plan of care) 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



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member. It will be helpful if the medical provider knows the specific things that are being denied and why. If it is not the ISP (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.

- **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.



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- 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 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.



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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



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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 current ISP (plan of care) 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](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](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.uhccommunityplan.com/content/dam/communityplan/plandocuments/handbook/en/KS-MemberHandbook.pdf>
 - Grievances: p. 58
 - Appeals and State Fair Hearings: p. 58-60



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REQUEST FOR ADMINISTRATIVE HEARING

Date: _____ Case Number: _____
Name: _____ Date of Birth: _____
Address: _____

Representative: _____
Representative's Address: _____

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

Worker/Employee/Agent: _____
Agency Office: _____
Type of Program: _____
Date of Action Being Appealed: _____

I am requesting consideration of this matter because: *(continue on attached page if necessary)*
(Explain why decision or final action is not satisfactory in your circumstances)

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

Signature: Person Requesting Administrative Hearing

FOR FOOD ASSISTANCE ONLY:

Until the hearing: *(Check one)*

_____ I want to continue receiving the amount of food assistance I currently receive.
_____ I do not want to continue receiving the amount of food assistance I currently receive.

I UNDERSTAND THAT IF THE HEARING RESULTS SHOW THE ACTION WAS CORRECT, I OWE THE VALUE OF THE EXTRA FOOD ASSISTANCE I RECEIVED WHILE AWAITING THE DECISION.

Signature: Person Requesting Administrative Hearing



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RULES AND REGULATIONS RELATING TO FAIR HEARINGS

1. K.S.A. 75-3306, as amended, provides that “The secretary ... shall provide a fair hearing for any person ... who appeals from the decision or final action of any agent or employee of the secretary”. The hearing shall be conducted in accordance with the provisions of the Kansas administrative procedure act, K.S.A. 77-501 et. seq.
2. A dissatisfied individual or entity must request an administrative hearing in writing and sign it (except for food assistance where the request may be oral). This form may be used but it is not a requirement. The request for an administrative hearing should be returned to the local agency office or sent to the Office of Administrative Hearings, 1020 S. Kansas Ave., Topeka, KS 66612. The individual or entity requesting the administrative hearing shall then be called an appellant and the party whose decision is appealed shall be called the respondent.
3. 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.
4. 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.
5. The hearing shall be conducted by a Presiding Officer from the Office of Administrative Hearings. (K.S.A. 75-37,121)
6. 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.
7. A copy of the initial order of the Presiding Officer shall be mailed to the appellant and the respondent.
8. A request for administrative hearing shall be in writing (except in food assistance where the request may be oral) and received by the agency within 30 days (90 days for food assistance) from the date of the order or notice of action taken by the agency.
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 without prior approval of the Presiding Officer or their designee.



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Appeals Worksheet (send to MCOs only)

- **Request your appeal** as soon as possible informing the Managed Care Organization (MCO) you want to appeal the adverse action. Appeals may be made by phone or in writing.
- **Options:** You may use the following worksheet as a script to guide you on the phone, in writing a letter, or you may mail or fax the worksheet as an alternative to a phone call or letter to file the initial appeal.
- **Do Not Wait:** Appeals have a **30 day deadline from the date on the "Notice of Action Letter."** The initial request for appeal does not have to state your case yet.
- **Follow up** with a letter or this worksheet and any additional documentation from yourself and other professionals that support your case.

This documentation should be able to identify:

- (1) The change that has been determined by the MCO or state agency,
- (2) Why this should not be done and problems it will cause,
- (3) The effect it will have short and long-term on the physical well-being of the member.

- **HCBS Services:** If you file an appeal related to services that are provided as Home and Community Based Services (HCBS), you will keep getting those services automatically 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.
- **Non-HCBS Services:** You have a **10 day deadline from the date on the "Notice of Action Letter"** to request that non-HCBS services continue during the appeals process. **Please keep in mind that you may have to pay for those services if you lose the appeal.**

For HCBS MEMBERS: State the case based on the changes line by line.

Get a copy of the "**current Integrated Service Plan (ISP)**" (current plan of care) and the "**new ISP**" and compare them line by line to show the unwanted changes and help providers to identify what issues and risks may be involved.

For example: (1) Decreasing meal planning & preparation from 8 hours/week to 4 hours/week, (2) Decreasing dressing/grooming from 7 hours/week to 3 hours/week. Write out how each of these will impact the member (1) short term, (2) long term.

Have the professionals write something as well as the member.

The letter(s) would be about why this should not be done and problems it will cause, stating the short and long term effects it will have on the physical well-being of the member.

Note: It will be helpful for the medical provider knows the specific things that are being denied and why. If it is not the ISP (plan of care) hours being reduced, tell the provider which services specifically are being reduced or suspended, so the provider can help explain why those services are needed based on your issues.



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Appeals Worksheet (send to MCOs only)

- To avoid missing critical deadlines, the KanCare Ombudsman's office recommends that the member contacts their MCO by phone immediately to inform them of their (1) request to appeal and (2) request to keep *non-HCBS services* during the appeals process (HCBS services will automatically continue during the appeals process.). Then follow up with appeal letter or worksheet as well any additional documentation that supports the member's case.
- This is not a legal form or document and is intended to help the KanCare consumer to organize important information needed to request an appeal with their Managed Care Organization (MCO). The KanCare member can file an appeal without using this document.

A. Contact Information & Important Dates:

1. Name (KanCare member): _____
2. Mailing Address: _____
3. Phone: _____ Medicaid ID#: _____
4. Date on "Notice of Action" Letter from MCO/State Agency: _____
5. Make a copy of the "Notice of Action Letter" and send the copy in with your appeal letter or this worksheet. If you are appealing by phone, have the "Notice of Action Letter" in front of you when you make the call.
6. Date member requested appeal (by phone): _____ (**30 day deadline from date on "Notice of Action Letter."**)
7. Date member requested that Non-HCBS related services continue during the appeals process (by phone): _____ (**10 day deadline from date on "Notice of Action Letter."**) **Please keep in mind that the consumer may have to pay for those services if they lose the appeal.**
8. Date member sent the appeal letter (or this worksheet) and any additional documentation from KanCare member that supports member's case: _____
9. Optional: Date member sent the appeal letter (or this worksheet) and any additional documentation from professionals (doctors, therapists, etc.) that supports member's case: _____

B. State your case by answering the following questions for each change on your benefits/services:

1. What service(s)/benefit(s) are being changed?

2. How will this impact your physical/mental/emotional well-being short term (up to 6 months)?

3. How will this impact your physical/mental/emotional well-being long term (over 6 months)?



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: 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>HCBS Waiver Programs</p> <ul style="list-style-type: none"> • For questions about whether or not someone may be a good candidate for a specific waiver program or for a “functional assessment” contact the appropriate single point of entry (SPOE). • For general questions and Waiting List questions, contact the appropriate waiver program manager. 	<p><u>Autism (AU) Waiver</u> SPOE (KVC): (913) 322-4900 AU Waiver Program Mgr. (Sam Philbern): 785-296-6843</p> <p><u>Serious Emotional Disturbance (SED) Waiver</u> SPOE (Community Mental Health Center): (785) 234-4773 SED Waiver Program Mgr. (Sam Philbern): 785-296-6843</p> <p><u>Frail/Elderly (F/E) Waiver</u> SPOE (ADRC): 855-200-2372 FE Waiver Program Mgr. (Sandy Chatham): 785-296-3537</p> <p><u>Intellectual /Developmental Disability (I/DD) Waiver</u> SPOE (CDDO): 913-826-2626 I/DD Waiver Program Mgr. (Kimberly Reynolds): 785-296-0648 ICF/IDD (Karla Werth): 785-296-0787</p> <p><u>Physical Disability (PD) Waiver</u> SPOE (ADRC): 855-200-2372 PD Waiver Program Mgr. (John Barry): 785-296-1708</p> <p><u>Technical Assistance (TA) Waiver</u> SPOE (CRC-KS): (785) 233-1365 TA Waiver Program Mgr. (Karla Werth): 785-296-0787</p> <p><u>Traumatic Brain Injury (TBI) Waiver</u> SPOE(ADRC): 855-200-2372 TBI Waiver Program Mgr. (Kimberly Reynolds): 785-296-0648</p>

<p>-----</p> <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> <p>-----</p> <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 services are provided in your home & at the PACE Center.</p>	<p>-----</p> <p>MFP, QA (Larry Kelley): 785-296-7744</p> <p>-----</p> <p>PACE Program Manager (Claire Magee): 785-296-8288</p>
<p>Medicare Questions:</p> <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). 	<p>National Medicare Number: 800-633-2274</p> <p>SHICK Counselor: 800-860-5260</p>
<p>Not sure where your question fits</p>	<p>Managed Care Enrollment Center: 866-305-5147 (TTY: 800-766-3777) Email: KanCare@kdheks.gov</p>
<p>Social Security Office Questions:</p> <ul style="list-style-type: none"> • To find location and phone numbers for local Social Security offices (See Resource Maps on KCDC Website) 	<p>Social Security Office (National): 800-772-1213</p> <p>Social Security Office (Local) see KCDC website: https://kcdcinfo.ks.gov/resources/service-maps (pg. 31 of KCDC Map book).</p>
<p>Adult Abuse/Complaint Hotlines:</p> <ul style="list-style-type: none"> • To report abuse, neglect or exploitation occurring in adult care facility, medical care facility or home health agency (For all Long Term Care Facilities: 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 the home) 	<p>KDADS Abuse, Neglect or Exploitation Hotline (In Home, Facilities, Home Health Agencies, Registered Operators): 800-842-0078</p> <p>Adult Abuse and Neglect (In Home): 800-922-5330</p>
<p>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.</p>	<p>LTC Ombudsman: 877-662-8362 Website: www.kansasombudsmanksgov.com</p>
<p>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.</p>	<p>KanCare Ombudsman: 1-855-643-8180 Email: Kancare.Ombudsman@ks.gov Website: www.kancare.ks.gov/kancare-ombudsman-office</p>

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)



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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	(816) 590-7577
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



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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 –currently not accepting Medicaid	(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) 251-5600
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 (Pregnant, Trans. or HIV)	(913) 722-3100
Wyandotte	Swope Health Services	(816) 923-5800
Wyandotte	Turner House Children's Clinic	(913) 342-2552



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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 | • Olathe (913) 782-3640 |
| • El Dorado (316) 321-4070 | • Pittsburg (620) 231-0415 |
| • Emporia (620) 342-3093 | • Salina (785) 823-2251 |
| • Garden City (620) 276-4027 | • Topeka (785) 233-9648 |
| • Hutchinson (620) 663-3353 | • Wichita |
| • Kansas City, KS (913) 232-5400 | 1. 1739 S. Elpyco; (316) 685-8699 |
| • Lawrence (785) 843-4188 | 2. 350 N. Market St.; (316) 263-2769 |
| • Leavenworth (913) 682-6523 | 3. 1910 S. Everett St.; (316) 943-9893 |
| • Manhattan (785) 341-0751 | |

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.



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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	816-590-7577
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	816-590-7577
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	816-590-7577
Shawnee	Marian Clinic	785-233-2800
Wyandotte	Swope Health Wyandotte (7 locations)	816-923-5800

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](http://www.kdheks.gov/hcf/medical%20assistance/apply%20for%20assistance.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](http://www.kdheks.gov/hcf/Medicaid/download/Medicare%20Savings%20Brochure.pdf) and (application) <https://kchap2.kdhe.state.ks.us/kfmam/policyDocs/ES-3100.8%20Medicare%20Savings%20Program%20application.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 assistance information for people without insurance. The information is found at <http://www.kancare.ks.gov/kancare-ombudsman-office/resources> 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.

ATTENTION

KANCARE CLEARINGHOUSE INFORMATION

Phone number: 1-800-792-4884

Please mail this Application to:

KanCare Clearinghouse

PO Box 3599

Topeka, KS 66601-9738

Or Fax to:

Families and Children Fax: 1-800-498-1255

Elderly or Disabled Fax: 1-844-264-6285

Satellite Offices to help with applications:

Olathe: 913-353-9141 Mon.-Thurs. 10-1pm

Wichita: 316-978-3566 Mon.-Fri. 10-4pm



KanCare



KanCare Ombudsman

☆ HERE TO ASSIST YOU ☆

1-855-643-8180

KanCare.Ombudsman@ks.gov

www.kancare.ks.gov/ombudsman.htm

Who Should I Call? ☆ for consumers ☆

Call the KanCare Clearinghouse

- To ask questions about applying
- To check on your application or if you are having problems with application process
- For renewals of applications
- To update your information
- To change the responsible party on your case
- To disenroll from KanCare/Medicaid

KanCare Clearinghouse: 1-800-792-4884
Children and Families Fax: 1-800-498-1255
Elderly and Disability Fax: 1-844-264-6285
Apply online: www.ApplyForKanCare.ks.gov

MAILING ADDRESS: KanCare Clearinghouse
 PO Box 3599, Topeka, KS 66601-9738

Call the Managed Care Enrollment Center

- To find your assigned managed care organization (MCO)
- If you did not receive an enrollment package
- For reassignment or exceptions
- To change your MCO

Managed Care Enrollment Center 1-866-305-5147

Call your Health Plan Customer Service line

- If you haven't received or have lost your medical ID card
- To change your primary care physician
- To ask about a prescription drug
- To find out if a service is covered
- For help finding a doctor, dentist or other provider
- To file a complaint/grievance about your MCO or provider
- To file an appeal or a state fair hearing

Amerigroup 1-800-600-4441 | #711 (TTY)
Sunflower 1-877-644-4623 | 1-888-282-6428 (TTY)
United 1-877-542-9238 | #711 (TTY)

**What is a
MEDICARE SAVINGS PROGRAM?**

These are programs that help millions of people with Medicare save money each year. States have programs for people with limited income and resources that pay some or all of Medicare's premiums and may pay Medicare deductibles and coinsurance.

Kansas offers the following programs:

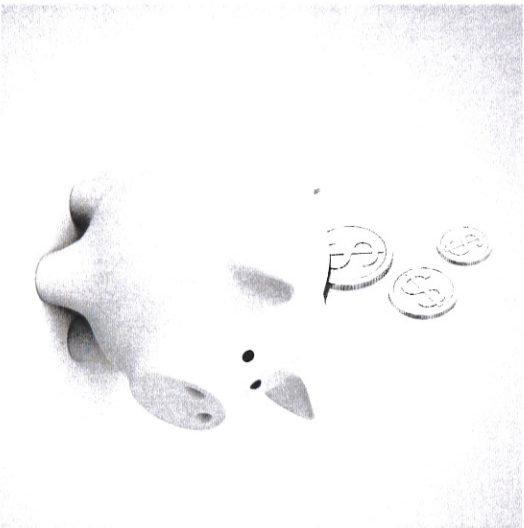
- Qualified Medicare Beneficiary (QMB)
- Low Income Medicare Beneficiary (LMB)
- Expanded Low Income Medicare Beneficiary (ELMB)

WHERE DO I CALL OR GO?

For more information, questions, or to apply for a Medicare Savings Program, call or visit your local DCF Service Center.

Call 1-888-369-4777 for the nearest DCF Service Center, or visit www.dcf.ks.gov and click on Find DCF Locations.

You may also apply online at www.applyforKanCare.ks.gov



Do you want an extra \$2500 a year in your pocket?

**Medicare
Savings
Program**

Medicare Savings Programs pay for Medicare Part A, Part B and/or Part D premiums, deductibles, and copayments.

WILL THE STATE TAKE MY HOME IF I APPLY FOR MEDICARE SAVINGS PROGRAM?

12-89

How do I know if I qualify for a Medicare Savings Program?
 If you can answer YES to the following 3 questions, you should apply for public funding to pay your Medicare premiums.

NO.

1. Do you have Medicare Part A, also known as hospital insurance?
2. Are your resources at or below \$7,280 for an individual or \$10,930 for a married couple? Resources include money in a checking, savings or CD account, stocks and bonds. When you count your resources don't include the house you live in, your car or household items.
3. Is your income at or below the income limits listed in the table below?

Your home and your assets will not be touched by the state if you only receive public funding from the Medicare Savings Program.

Medicare Savings Programs	Individual Monthly Income Limit*	Married Couple Monthly Income Limit*	The Medicare Savings Program May Pay Your:
Qualified Medicare Beneficiary (QMB)	\$981	\$1328	Part A, Part B and Part D premiums, copayments, deductibles and coinsurance
Low Income Medicare Beneficiary (LMB)	\$1177	\$1593	Part B premiums and Part D premiums, copayments, deductibles and coinsurance
Expanded Low Income Medicare Beneficiary (ELMB)	\$1325	\$1793	Part B premiums and Part D premiums, copayments, deductibles and coinsurance

SHOULD I APPLY?

Even if your income or resources are higher than the amounts discussed in this brochure, you could be eligible for the Medicare Savings Program.

If you are on a fixed income, the Medicare Savings Program could save you money to spend for your other needs.

B. (s), resources, and income guidelines can change at any time.

Application/Redetermination Medicare Savings Plans

This application is only for the following types of medical coverage:

- Qualified Medicare Beneficiary (QMB)
- Low Income Medicare Beneficiary (LMB)
- Expanded Low Income Medicare Beneficiary (ELMB)

Estate Recovery does not apply to these programs.

Agency Use Only	
Date Received:	_____
Date Registered:	_____
Case #:	_____
Worker:	_____

Instructions:

- Complete the whole form. If you need more room to write, attach additional pages.
- Include copies of documents where requested.
- Sign the application at the bottom of the last page. Your application is not complete until it is signed.
- Read your rights and responsibilities on the last page.

Tell us Your Mailing Address

Last Name		First Name		MI
Address			Apt. #	
City		State	Zip Code	
Telephone	E-mail		County	

Do you want your spouse to manage your medical assistance?		No	Yes
Do you want someone in addition to, or instead of, your spouse to manage your medical assistance?			
In addition to your spouse? <input type="checkbox"/> No <input type="checkbox"/> Yes		Instead of your spouse? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If you said yes to someone in addition to, or instead of, your spouse, please list the person below and sign below:			
Last Name		First Name	Telephone
Address			Apt. #
City	State	Zip	E-mail

I appoint the person named above to be my representative to apply for and manage my medical assistance case.

Signature: _____

Language: Do you prefer a language other than English or need other media to communicate (e.g., Braille?)			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Spoken: _____	Written: _____
Other Media (Be specific): _____			

Personal Information:

	Last Name	First Name	MI	Date of Birth	Social Security Number	Sex
You						
Spouse						

Do you and/or your spouse have Medicare coverage?			Medicare Claim Number	U.S. Citizen		Race/Ethnic Group (codes below)	City and state of birth
You	N	Y	Circle plan type: A B C D		N	Y	
Spouse	N	Y	Circle plan type: A B C D		N	Y	

FOR Race/Ethnic Group: Use any of these codes that apply. Your coverage will not be affected if you do not answer. **(A)** American Indian/Alaskan native; **(B)** Black; **(H)** Hispanic/Latino; **(P)** Native Hawaiian/Pacific Islander; **(S)** Asian **(W)** White

Do you and/or your spouse have other health insurance? No Yes, list below:

List company(s) and provide copies of the card(s):

Unearned Income:
List all sources of income for you and/or your spouse. Some examples include:

- Social Security
- Veterans Benefits
- Pensions or Retirement
- Rent, Contract Sale or Promissory Note Income
- Support or Alimony
- Oil Royalties/Mineral Rights
- Payment from Annuities and/or Other Investments

List all income below.

Provide Proof of All Income		Amount Before Deductions	How Often Received
Name	Type and Source of Income		

Wages or Self-Employment Income:

1. Do you and/or your spouse work? No Yes, complete the following:

Provide Proof of All Income		Amount Before Deductions	How Often Received
Name	Employer Name and Address		

2. Do you have expenses related to your disability that help you stay employed, such as special transportation?

No Yes, list expenses and amounts:

Resources: Do you and/or your spouse have any assets and/or resources?

No

Yes, list below and **provide proof.**

Type	Balance/ Value	Where is Asset Held? (Name Of Bank, Company, etc.)	Owner(s)	Account Number	Agency Use
Bank Accounts	\$				
	\$				
Stocks & Bonds	\$				
	\$				
Funeral &/or Burial Plans	\$				
	\$				
Trust Funds &/or Annuities	\$				
	\$				
Contract Sale &/or Promissory Note	\$				
	\$				
Other	\$				

Motor Vehicles	Year	Make	Model	Owner(s)

Life Insurance - Provide copies of all policies.

Policy Owner	Insurance Company	Policy Number	Face Value

Do you and/or your spouse own a home? No Yes, list value _____

Do you and/or your spouse have any other property or assets? No Yes, describe below:

Property and/or Assets Description	Property/Asset Owner	Value

