

COMMONWEALTH OF KENTUCKY  
Cabinet for Health and Family Services  
Department for Community Based Services

OPERATION MANUAL  
Volume VI

OMTL-412

KAMES HANDBOOK

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MS 1010

SHARED INFORMATION

KAMES stores and shares information on both a case and member level. Case level information is data that applies to a certain case, such as household composition. Member level information applies to one member, such as SSN, date of birth, or income. Case level information affects only the case into which it is entered. Member level information affects any case to which that member belongs.

- A. Certain actions you take on a member in a case, can affect benefits received in another case.

EXAMPLE: [Mr. Smith is a member in both a K-TAP case and an FS case.] He goes back to work and reports this at his FS recertification. Wages are verified and entered. During disposition of the FS case, related case processing occurs. [The system takes the income entered in the FS case, adds it to the K-TAP case and makes new eligibility determinations based on that information.]

- B. Case actions may affect not only the application, recertification or case change that you intend, but will also affect any other case on KAMES which shares that member information. You must carefully review related case disposition screens for correctness, while completing any action.
- C. The disposition screens appear for all related cases. Use care in reviewing the screens to ensure the correct amount of income is considered in each case. If the income or benefits are not correct, take action to correct the case. If the related case is assigned to a different worker, contact the other worker to resolve the problem.
- D. If related cases are carried by separate workers, the worker not involved in a case change finds his/her related case changed without knowing what triggered the case action. If you are responsible for a related case, communicate with the other caseworker by completing a manual form PAFS-628, to provide more information than the automated spot check contains.
- E. Some screens, used for both FS and IM cases, require you to indicate which program's policy is to be applied to information on that screen. Enter "FS", "IM" or "JT" (both FS and IM) so that KAMES will apply the appropriate policies and guidelines to the information. These entries are not limited to the program you are updating. When a specific type of income is only countable in one program, use "FS" or "IM" as appropriate; otherwise use "JT". You must use the correct code for accurate income computation and eligibility determination.

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MS 1020

WHEN YOU NEED HELP

When a problem occurs on KAMES, DO NOT attempt to resolve it on your own; seek immediate help from your supervisor and the unit expert. It is extremely important that Field Services Supervisors (FSS) be actively involved in the process. The FSS will be aware of other problems that have occurred in your office and how they were resolved.

- [A. Do not continue to access a case over and over, in an effort to correct the problem.
- B. If a resolution has not previously been addressed, call the KAMES Help Desk at (502) 564-0104 and choose option 1 or toll free at 866-231-0003 and choose option 1. Follow the instructions given by the Help Desk immediately and exactly as they are given to ensure additional problems are not created. The sequence of events not only helps to resolve the problem, it also assists programmers in tracking what caused the problem. If Help Desk staff advised you that they will call back, allow at least 24 hours before recontacting them.
- C. The following information is provided as a general guideline to make the most effective use of KAMES system support. Using these procedures ensures all staff obtain the necessary help.]

Problem	Action to Take
[1.] Abend or technical system error.	Do Not press any key. Stay on the screen. [Call the KAMES Help Desk at (502) 564-0104 and choose option 1 or toll free at 866-231-0003 and choose option 1.] Do not take any action other than calling the Help Desk.
[2.] A problem with a case or action on KAMES.	Research the problem using resources within your office, such as the supervisor, office KAMES expert, news messages, policy updates, etc. [If it cannot be resolved on a local level, call the KAMES Help Desk at (502) 564-0104 and choose option 1 or toll free at 866-231-0003 and choose option 1.]
[3.] More than one user in the Office has a problem (see item B) and needs to contact the Help Desk.	[Once the first user has been assisted by the Help Desk, the telephone line may be transferred to other workers. When transferring the line ensure

the worker with a problem is at a terminal, and is accessing the case in question.]

DO NOT put the Help Desk on hold while a worker is being located or is signing on. Please remember there are over a thousand other workers who may be trying to reach the Help Desk while the Help Desk is waiting on you. Also, if the Help Desk asked you to leave the case pending so research can be done, DO NOT dispose the case. This prevents the problem from being resolved.

- [4.] Following up on a previous problem that could not be resolved or was unreported at the time it occurred. The KAMES Help Desk is slightly more accessible between 7 a.m. and 8 a.m. EST, at lunch time and after 5:30 p.m., EST. Try calling at one of these times, if unable to get through at other times of the day.
- [5.] An item on the DCSR is incorrect; For example, a disposed application is still listed as pending, an incorrect timely date, etc. [Call the KAMES Help Desk at (502) 564-0104 and choose option 1 or toll free at 866-231-0003 and choose option 1.]
- [6.] What member ID code to use, how income should be considered, what exactly does a news message mean and other policy questions or issues. Research the problem in the local office then, if necessary, refer the problem to the appropriate branch within the Division of Family Support through your Regional Office.]
- [7.] The Help Desk requested that screen prints of the problem be sent to them. [Follow the directions exactly as given by the Help Desk as to the method used to get the screen prints to them.]
- [8.] The Help Desk is calling back on a problem. Deal with the problem as requested at that time unless this is impossible because you have a recipient at your desk, etc. The Help Desk has limited access to outgoing telephone lines and it is important to work with them when they can call out. Do not refuse to accept the call.

- |   |   |
|---|---|
| [9.] Lightning bolts, long clocks on KAMES, printer problems, KYIMS problems, etc.                          | [Call the Commonwealth Service Desk at (502) 564-7576. Do not call the KAMES Help Desk.]                |
| [10.] The CESN problems: user revoked, password violation, etc., IMS problems; JAME password problems, etc. | [Call Security at (502) 564-0104 and choose option 2 or toll free at 866-231-0003 and choose option 2.] |
| [11.] Facility reports nonreceipt of form MAP-552 from KAMES system.  | Access RDS, locate the notice and print a copy for the facility.  |

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MS 1030

SAME FOR PROCESSING

SAME FOR processing is used to enter data that has changed or will change in a given month. Indicate on the appropriate screen in which month(s) the data is different by changing "Y" to "N" as needed. You MUST PRINT the first SAME FOR screen when entries are made and file it in the case record, because your entries may not be shown again the way you entered them. For example, when the application was entered, you answered SAME FOR as shown below.

MAY	JUNE	JULY	AUG (APP.)	SEPT (CHG)
Y	N	N	—	Y

The next time you access the screen, the SAME FOR line may be different.

MAY	JUNE	JULY	AUG (APP.)	SEPT (CHG)
N	N	N	—	Y

- A. KAMES uploads the SAME FOR indicators to reflect the system response to your entries. These uploaded indicators MUST NOT be changed unless it is necessary to correct an error in the initial entries. A review of the screens displayed for each month provides sufficient information regarding your entries. All screens with a SAME FOR indicator of "Y" will be uploaded with the same information. If the information for any specific month is incorrect, it can be corrected on that month's screen. CHANGING THE UPLOADED SAME FOR INDICATORS RESULTS IN THE DELETION OF ALL WORKER ENTRIES FOR THOSE MONTHS.
- B. Following are examples designed to give more insight into what is taking place within the KAMES system.

EXAMPLE 1: An FS applicant is employed, earning \$50.00 weekly. On the earned income screen for the application month of June, the SAME FOR entries made are: MAR Y APR N MAY N JULY Y. Income is entered on the April and May screens for calculation of June benefits. When you revisit the June earned income screen before disposing the case, the system will have changed SAME FOR to: MAR N APR N MAY N JULY Y.

EXAMPLE 2: [In a June interview, a K-TAP applicant reported resources of \$2000.00 for the month of April.] She stated she sold a piece of jewelry in that month and paid back rent with the money received. Her resources in every other month were \$500.00. Complete the SAME FOR lines on the June screen with these entries: MAR Y APR N MAY Y JULY Y. The case pends for verification of resources. When you return to the case to enter verification, the SAME FOR line entries will be system changed based on segments created: MAR N APR N MAY Y JULY Y.

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MS 1040

NEXT ACTION COMMANDS

In the lower right corner of each KAMES screen, "Next" is uploaded to allow you to proceed to the next appropriate screen of your case action. You can replace "Next" with another Next Action Command that changes the natural screen progression in the system. These commands allow you to navigate throughout the system, faster than normal case processing, when you are updating an application, recertification, member add or program transfer.

In order to navigate using Next Action, you must have first accessed the screen except when using "Incomp". After you have entered all required information on the specific screen, type the appropriate Next Action Command to tell the system where you want to go next in the case.

Next Action Commands are in three categories as follows:

A. General

1. "NEXT": Allows you to go to the next screen in the navigational flow. Used in application, recertification, member add, program transfer, and case change processing.
2. "STOP": Allows you to stop, at any point in the process, the collection of information on a screen displayed from a trigger question. Used in application, recertification, member add, program transfer, and case change processing.
3. "LAST": Takes you to the last screen you input. Used in application, recertification, member add, program transfer, and case change processing.
4. "APPL": Takes you to the application month when you are in Same For processing and entering data for a retroactive month. This command returns you to the same screen for the application month's data. Used in application, recertification, member add, program transfer, and case change processing.
5. "INCOMP": Takes you to the first screen that is incomplete. This is helpful in adding information in situations such as completing an alternate program action. Used in application, recertification, member add, program transfer, and case change processing.

B. Case Level

1. "NAMES": Takes you to the first Household Member screen containing the names for each member in the household. You may then review, add, delete or change the members within a case. Used in application, recertification, member add, program transfer, and case change processing.

2. "FIRST": Takes you to the Address screen, which is the first actual screen in the navigational flow. Used in application, recertification, and program transfer, only.
  3. "ACTION": Triggers the calculator and displays the Related Cases screen, the first screen in the disposition process.
  4. "NOTES": Takes you to the Comments screen. [Used in application, recertification and program transfer.]
  5. "RFI": Takes you to the first RFI screen at the beginning of the application, recertification, program transfer, or member add.
  6. "VEHICL": [Takes you to the first Vehicle screen within the application, recertification or program transfer.]
  7. "SELFEM": Takes you to the first Self-Employment screen of the first self-employment venture within the case. Used in applications, recertifications, and program transfer.
  8. "FARM": Takes you to the first Farm Income screen of the first farm income venture within the case. Used in applications and recertifications.
  9. "SHELTE": Takes you to the first Shelter screen within the case. Used in applications, recertifications, and program transfers.
  10. "KASES": Takes you to the first referral screen. Used in applications and recertifications.
- C. Member Level commands can be entered on the Household Member screen when you select a specific member. These commands can be used in application, recertification, member add, program transfers, and case change processing.
1. "TRIGGE": Returns you to the Member Information screen for the member whose data you are currently navigating through.
  2. "DISABL": Takes you to the Disability Information screen for the member whose data you are currently navigating through.
  3. "BATCHM": Takes you to the Batch Match screen for the member whose data you are currently navigating through.
  4. "DEPRIV": Takes you to the first member level screen where deprivation information is captured for the member whose data you are currently navigating through.
  5. "EARNED": Takes you to the first earned income screen within a case for the member whose data you are currently navigating through.

6. "UNEARN": Takes you to the first Unearned Income screen for the member whose data you are currently navigating through.
7. "RESOUR": Takes you to the first Resource screen within a case for the member whose data you are currently navigating through.
8. "MEDICA": Takes you to the first Medical Deductions screen for the member whose data you are currently navigating through.
9. "TUITIO": Takes you to the Member Information screen capturing information on tuitions and fees for the member whose data you are currently navigating through.
10. "STUDEN": Takes you to the Student screen for the member whose data you are currently navigating through.

MS 1050

CODES

The codes used on KAMES are found on RMDS or online help.

A. On RMDS, the report HR KIMR51 IM Codes-List contains all the codes used on KAMES. This report is updated on a regular basis by KAMES staff. To find the code you need on this report, do the following:

1. Use the Table of Contents on this report to find the appropriate codes list; and
2. Use the find command and the name of the appropriate list from the Table of Contents to go to the correct list.

EXAMPLE: You need to find an IM ID code for an individual applying for K-TAP. On the Table of Contents you locate "IM ID Codes: 36". Use the find command by entering F space 'IM ID Codes' on the command line and press enter. This takes you to the correct list; or

3. Use the page number from the Table of Contents to go to the correct list.

EXAMPLE: You locate "IM ID Codes: 36" on the Table of Contents. Enter P space 36 on the command line and press enter. This takes you to the correct list.

[B. On RMDS, the report HR KIMR51 Den.Discont.List contains all the KAMES denial and discontinuance reasons. This is the best place to look for denial codes, case discontinuance codes, member disqualification codes, and member status codes. Use the find command to locate the code you need on this report.

C.] If you are entering an application, recertification, etc., on KAMES and you need a code, enter "?" in the field in question and press enter. This gives you online help. To return to your screen from online help, press PF4/PF16.

MS 1207

## Z RECERTIFICATIONS

Do not use the appointment code "RC" to enter these recertifications on your appointment calendar. Use another appointment type if you choose to block out time on your calendar to process these recertifications. Manually send form PAFS-2 and PA-2Q. Upon receipt of a completed form PA-2Q, enter the recertification on KAMES using information provided on the returned form along with information contained in the case record.

MS 1208\*

AUTOMATIC RECERTIFICATION/SCHEDULING

On the night of the 18th calendar day, or the prior work day if the 18th is on a weekend or holiday, KAMES schedules appointments for recertifications still on your DCSR and generates appointment letters. These are scheduled from 8:00 a.m. to 3:00 p.m., including lunch, in time slots which have not been blocked out.

- A. KAMES schedules the appointments one hour apart. One hour increments must be available, even for 1/2 hour appointments, or the appointment will be scheduled in the next available hour time slot. If insufficient time is available to schedule all appointments, you will be required to manually schedule these cases for recertification.
- B. If a FS and IM case are both due for recertification, and have the same head of household, KAMES schedules them together and sends out a joint notice.
- C. To determine which cases need manual appointment letters, you must do the following:
  1. On the 19th of the month, an RMDS listing, HR KIMP05 Cal Rect App Nte Nt/St, is posted. It contains those cases which could not be scheduled by the system.
  2. Manually send form PAFS-2 to schedule the recertification appointment for each case on your RMDS listing.
- D. KAMES does not schedule appointments for Z or State Supplementation case reviews. See [MS 1206](#) and [1207](#) for more information.

MS 1220

DAILY CASE STATUS REPORT

The Daily Case Status Report lets you see General Information, the daily appointment schedule, and all pending case actions. This information is automatically displayed at the first sign-on of the day and may be inquired throughout the day by selecting Function "F" from the KAMES Main Menu.

A. Most items on the DCSR are self-explanatory. Additional information is provided as follows:

1. General Information is generally known as the Daily News, News Messages and Tip of the Day. These messages are created in Central Office.
2. Expiring Enumerations list members who have pseudo numbers and are close to ineligibility for failing to comply with enumeration requirements. If a verified SSN is not entered, the unenumerated member is removed from the assistance group.
3. Automatic Discontinuances lists the cases that will be system-discontinued.

[a.] If the discontinuance is not appropriate, make whatever changes or corrections are necessary.

[b. TMA cases may display a future discontinuance date.]

4. Exception List contains batch match hits.
5. Actions Nearing Time Limit is provided to the FSS to track the timeliness of worker actions.
6. When a required action is taken, such as an application being approved, the matching listing is system-deleted from the DCSR. Some spot checks must be deleted manually.

B. Use KAMES Main Menu Option G, Daily Case Status Maintenance, to update the DCSR.

C. [KAMES Implementation Memo 97-5-568, KAMES Spot Check Guide, contains an overview of the spot check process and a guide to individual spot checks.] In addition to the instructions contained in the Spot Check Guide, the supervisor can view or delete one worker's spot checks at a time by using the following procedure:

1. Select Option "G" from the KAMES Main Menu;
2. Select Option "B" on the Daily Case Status Maintenance Menu; and
3. Enter a Caseload Code or Worker ID in the fields provided.

Using these procedures will improve system response time.

MS 1240

CASE TRANSFERS - INTRODUCTION

ANY case that is active or pending on KAMES can be transferred to another county or to another caseworker in the same county. For FS, it is no longer necessary to discontinue the case before transferring it out of county. One FSS or a selected individual is designated in each county to receive cases transferred between counties on KAMES. Cases transferred between workers within the same county can be done by any supervisor. Upon receipt, the designated FSS transfers the case to the appropriate caseload. Pending applications as well as cases with pending recertifications can be transferred. Additionally, active cases can be transferred to another county when a representative living in one county is applying for or wanting to provide information for recertification or change for an applicant or recipient residing in another county.

MS 1245

BASIC CASE TRANSFER PROCEDURES

The following procedures are used to transfer an active or pending case between counties.

A. When a household reports moving to another county, the sending county must:

1. Access Case Change and enter the new home and/or mailing address, including the new county code. Enter the previous verification source, unless new verification has been provided. Do not pend the change for verification of residency as this could have an adverse effect on companion cases. Residence must be reverified at the next recertification;
2. Access Case Change - Case General Information and delete or enter new verification of household size as necessary;
3. Document Comments;
4. The sending FSS must immediately transfer the case to the supervisory caseload code for the new county. Enter "N" to "Send Notice?". If a notice is generated, it carries the name of the FSS in the new county as the caseworker.
5. Mail the case record to the new county, accompanied by form PAFS-25 addressed to the FSS identified by on-line help. If a claim exists for the household, follow procedures found in [Vol. I, MS 1587](#) for transferring that material.
6. The following procedures are unique for transferring FS and KWP cases.
  - a. [Change the address. For food stamps, follow procedures in OM [Volume II, MS 6765](#).]
  - b. If the case being transferred contains a KWP participant, follow the procedures specific for transferring a KWP case located in [Vol. I, MS 0170](#).
  - c. If a transferred FS case contains an ABAWD, make any necessary changes to the member's Tracking Report or disqualification file, if appropriate, prior to transfer. Notify the receiving county concerning the member's eligibility or ineligibility.
  - d. If a transferred FS case contains a member who has served, but not yet cured, a work related disqualification and the county of receipt is a waiver county, change the Cure Ind. to "Y" before the case is transferred.

B. The receiving county must follow these procedures:

1. The FSS receives a spot check "Case Transferred In-Do Reassign" the first workday after the sending county makes the caseload code change. The FSS reassigns the case to the appropriate worker and answers "Y" to "Send Notice?"; and

2. Your DCSR will display all spot checks and other DCSR messages related to the case. You must access the case and take any required action.
  3. If the case is received in an inactive ETP/ABAWD county, process a member add for any ineligible ABAWD or work registrant whose work related disqualification has been served and Cure Ind has been changed to "Y".
- C. Distribute verification received after case transfer as follows:
1. Verification received in the new county - hold and give to the appropriate caseworker when the case is assigned; and
  2. Verification received in the old county - forward to the new county on the same day received.
- D. When an active case with vendor payment requires transfer to another county, transfer the case in active vendor payment status. The receiving county completes the discharge transaction from the previous facility and the admission transaction to the new facility or address change to a private residence, as appropriate.
- E. If the recipient reports the change of address to the new county, or applies for benefits and the worker discovers that an active case already exists in another county, do the following:
1. Obtain the recipient's current address and verify household size and shelter expenses;
  2. Contact the worker responsible for the active case and request that it be transferred, giving all necessary information verbally; and
  3. Conduct or reschedule a recertification interview, if it is the final month of the certification period and no recertification interview has been done in the other county.
- F. When an FS case is transferred from an active ETP/ABAWD county to an inactive ETP/ABAWD county, the FSS takes the following action:
1. The active county acts on all outstanding work related spot checks before transferring the case;
  2. The inactive county checks the DCSR for outstanding work related spot checks;
  3. Within 24 hours of receiving a case with an outstanding work related disqualification, the inactive county verbally contacts the active county and returns the case for resolution; and
  4. After the work related disqualification is entered and comments document these actions, the active county transfers the case to the inactive county.
- G. If an individual comes into the office to apply, provide change information or request a recertification interview for a recipient in another county for whom they are responsible, take the following action:
1. The FSS or designated individual responsible for transfers is to call the county of residence for the applicant/recipient and request the case to be transferred to their county for case processing;

2. The caseworker enters the application, recertification or change information and accepts verification provided;
3. The RFI is given to the representative for return of the information to the county of residence for the recipient. Ensure they have the correct office address for mailing;
4. The FSS or designated individual responsible for transfers calls the recipient's county of residence to advise the case is being transferred back to the originating county; and
5. If information is returned to your office at a later date, ensure it is forwarded to the appropriate county for case completion.

MS 1247\*

### COUNTY TRANSFER CODES

One caseload code in each county is designated to receive all cases transferred from other counties.

- A. Obtain this number by entering "?" in the new caseload field on the case reassignment screen. On-line help displays the designated caseloads for county transfers.
- B. Update a designated caseload code by reporting the change to KAMES security at (502) 564-7514.

MS 1250

CASE REASSIGNMENT

The FSS or Principal Caseworker reassigns a case from one caseworker to another in the same county, by selecting Function "R" on the Main Menu. Complete the screen across, from left to right.

Your DCSR will display all spot checks and messages for a case that is reassigned to you.

MS 1260

SUPERVISORY OVERRIDE

The FSS or Principal Casework Specialist returns a disposed case to pending status by selecting Function "A" on the Main Menu, and Option "5" on the Application/Recertification Menu. The override must be completed the same day the application, recertification or program transfer is disposed.

- A. When companion IM and FS cases are disposed on the same day, you have the option of overriding either case or both cases.

Do not override a companion case action unless it is necessary to correct the related case. Answer "Y" on the Supervisor Override Related Cases Display screen if the related case needs to be overridden. As a rule, the related case action usually does not require an override.

- B. Do not override a case unless it is necessary to process correctly on KAMES. For instance, do not override a case action to document Comments. Use case change for that function.
- C. Process EACH pending application, recertification or program transfer that was overridden as follows:
  - 1. Select Function "A" on the Main Menu;
  - 2. Select the Option to update the appropriate action on the Application/Recertification Menu;
  - 3. Make necessary changes; and
  - 4. Dispose the action.
- D. Select Function "U" on the Case Change Menu to override a case change action.

MS 1265\*

## PROFILE SELECTION

The profile entered for each worker, through the 25th of the month, is used to select cases for supervisory review for the following month. If no profile is entered by the 25th of the month, the system uses either the prior month's profile or, if no profile was previously entered, the default profile. For FS cases, the default profile is 4 or more household members with earned income greater than \$199 and coupon allotment greater than \$150. For IM cases, the default profile is earned income.

- A.. For selection of cases for supervisory review based on established profiles, do the following:
1. Select Function "E" from the main menu; and
  2. Enter up to 15 caseworker's KAMES User ID's and indicate the appropriate profile codes in the FS and IM columns.
  3. Enter "Y" to delete the profile entered for a worker.
- B. Cases matching the profile processed during the month are displayed on the supervisor's DCSR on a weekly basis. Only one profile per month may be entered for a worker for each program. For example, you may enter FS profile 01 and IM profile 02 for worker AAAA.

For display of cases to be reviewed by a supervisor, do the following:

1. Select "F" from the Main Menu; and
2. Select "J" from the Daily Case Status Report Menu.
3. KAMES displays worker code, case number, case name, review profile and date of case action.

MS 1275

FUNCTION X

[Use Function X for conversion cases when a member is on KAMES with one number, either SSN or pseudo number, but is also on the PA-62 system with another number.] Failure to use Function X appropriately may cause the PA-62 case not to discontinue after being converted. Problems with Medicaid billing or DCSE referrals may also result. Function X is used to correct SSN's on the conversion file, for matching purposes only. [It does not change or correct an SSN on PA-62.]

- A. Use the following procedure to reconcile multiple SSN's.
  1. Select Function "X" from the KAMES Main Menu.
  2. Enter the PA-62 member number. This is a number that you have chosen NOT to use as the member number on KAMES.
  3. Enter the corresponding 5-digit last name and date of birth as shown on PA-62. If the last name and date of birth entered do not match what is on the conversion data base, an error message will display.
  4. Enter the member number to be used on KAMES. This may be a pseudo number or a real SSN.
  
- B. Function X may be used before or after the conversion recertification is entered.
  1. Use Function X before the conversion recertification is entered, if you know that there are different member numbers on KAMES and PA-62.
  2. Take the following steps if you discover the situation when the name/SSN match screen displays during the conversion recertification:
    - a. Answer "Is this the same person?" with "Y" and press enter. [The system then returns to the Household Members screen with a message allowing you to delete the member.]
    - b. PF22 to the Main Menu.
    - c. Select "X" and process as outlined in item A above.
    - d. PF22 to the Main Menu and select "A". KAMES returns you to the Household Members screen in the conversion recertification.
    - e. [Press enter and the name/SSN match screen displays again.] Enter "Y" for "Is this the same person?"
  
- C. Using Function X sends an SSN change from KAMES to EZ, KASES, or JAS. It does not send changes back to PA-62.

MS 1410

HOW TO FIND A CASE NUMBER

If you do not know the case number for an individual, do the following:

- A. Select "B" on the Main Menu and press enter;
- B. Select "A" on the Inquiry Menu and press enter; and
- C. On the Case/Pending Inquiry Menu:
  1. Leave "Case Number" blank;
  2. Enter "A" in "Segment"; and
  3. Enter the individual's SSN in "Member Number" and press enter.

If the individual is not found in any case, the message "Member not found" displays.

If the individual is only in one case, the system uploads the "Case Number" field.

If the individual is included in multiple cases, you receive the Inquiry - Case/Member Selection screen. This screen displays all active and inactive cases the individual is in or has been in and the individual's status in each case. To inquire any of the displayed cases, enter the "Select" number and press enter. This takes you back to the Case/Pending Inquiry Menu and uploads the case number you selected.

MS 1420

INQUIRY BY NAME

To find an individual by name, do the following on the Case/Pending Inquiry Menu:

- A. Leave "Case Number" blank;
- B. Enter "A" in "Segment";
- C. Leave "Member Number" blank;
- D. Enter the individual's first name, middle initial (leave blank if not known), and last name, and press enter.

Entering the individual's date of birth or county if known, before pressing enter, reduces the list of names produced by the system.

MS 1430

PENDING ACTIONS

Inquire pending applications, recertifications, program transfers, member adds or case changes on the Case/Pending Inquiry Menu by doing the following:

- A. Enter the case number, member number or the member's name;
- B. Enter "A", or other appropriate segment; and
- C. Answer "Y" to "Do you want to view the pending app/recert/prog. T./mbr. add/case chg?" and press enter.

MS 1440

## CASE/MEMBER SEGMENTS

[On the Case/Pending Inquiry Menu, the Case Segments, A through W, are case specific, and do not require a "Member Number".]

The Member Segments, AA through XX, are member specific and require a "Member Number" for access.

The most recent information displays when you access a segment. To view previous information on a segment, press PF8/PF20. To page backwards, press PF7/PF19.

If there are multiple pages on an Inquiry segment, press enter to obtain the additional pages. For example, Segment AA, General Info, consists of 3 pages. The first page is displayed when you access the segment. Press enter to receive pages 2 and 3. You can view previous entries for the questions contained on each of the 3 screens by pressing PF8/PF20.

MS 1445

## UNEARNED INCOME

To inquire unearned income, select "BB" on the Case/Pending Inquiry Menu. The Unearned Income Menu displays each possible type of unearned income with a corresponding selection number. If the member has unearned income on the data base, an asterisk displays in front of the selection number for that source. To view a particular type of unearned income, enter the "Selection" number.

Only nonpending income will display on this screen. Different information may display between related cases, as income may be pending in one case but not pending in the other.

EXAMPLE: FS recertification is pending for verification of shelter expenses. New verified unearned income has been entered. The related K-TAP case is not pending for recertification. The new income will display if the K-TAP case number is entered on the Inquiry Menu, because it is already being counted in the C case. The new income will not display if the FS case number is entered on the Inquiry Menu because it is not yet being used in the pending FS recertification.

Unearned income history will display when "Sel #" is entered for a month that has previous data. The type of unearned income displayed will be uploaded in the spaces following "Unearned Income" and "MM/YY" will be uploaded following "History For".

MS 1450

CHILD CARE EXPENSES

When child care expenses are entered in both the IM and FS case, different amounts display, due to the difference in policy. You must inquire Segment "AA" for each child with child care expenses, in both the IM and FS case.

Inquire each case separately to view the child care expense.

- A. The IM case displays the child care expense that was entered in the IM case with zero in the FS field.
- B. The FS case displays the child care expense entered in the FS case, with zero in the IM field.

MS 1455

AVAILABILITY FOR FULL-TIME EMPLOYMENT

To inquire the question "Is he/she available for full-time employment?" for the qualifying parent in a W case, inquire the deprivation segment "JJ" for the child whose deprivation is coded unemployment.

MS 1470

IM AND FS ISSUANCE INQUIRY

To review issuance history, access Segment "J" on the Case/Pending Inquiry Menu. The most recent issuance month displays.

MS 1485\*

COMMENTS INQUIRY

Do the following to view multiple comments screens through the inquiry function.

- A. Use PF8/PF20 to access the next set of notes screens.
- B. Press enter to view the next page.

MS 1500

## SSN VERIFICATION

Enter SSN verification as follows:

- A. If verification is provided, enter the appropriate verification source code on the member's General Information screen.
- B. If the SSN is known but no verification is provided enter "CS" as the verification code.
- C. Refer to [Volume I, MS 0656](#) for enumeration procedures, when an individual has no SSN.
- D. The verification code of "SA" is uploaded for all SSN's that are system verified by the Social Security Administration.

MS 1505

SVES

A computer tape is sent to the Social Security Administration (SSA) at the end of each workday, containing the SSN of active members in all categories of cases on KAMES.

- A. SSA verifies each member's SSN, name, date of birth and sex code.
- B. If the SSN is verified, the verification code of "SA" is uploaded.
- C. If the information sent does not match the SSA records, the SSN is returned as nonverified.
  1. Nonverified SSNs appear as spot checks on the KAMES DCSR on the day after the SVES tape is processed.
    - a. (DOB) Verified as (DOB) is one of the spot checks. It indicates that the KAMES DOB does not match the DOB verified by SSA.
    - b. The spot check has a timely date of 30 days and is displayed on the Supervisor's DCSR after 20 days, if unresolved.
    - c. The specific reason the SSN is unverified determines the text of the spot check.
  2. For each spot check, take the following action:
    - a. Review the case record for accuracy. [For non-SR cases, compare the case member's name, date of birth and SSN as it appears on the system to any available documentary evidence in the case to ensure these items are entered accurately.] If an error is found, correct the information and clear the spot check.
    - b. If no recording error is found, discuss the discrepancy with the household at the recertification interview. If the interview has already been conducted, contact the household by form PAFS-7 scheduling an interview to discuss the discrepancy. At this point, request an SSN card or other acceptable document to verify the accuracy of the number. If an error is found between the system-entered information and the documentary evidence, correct the case information and delete the spot check.
    - c. If the household provides verification that indicates the SSA information is inaccurate, clear the spot check and document in Comments the reason the discrepancy was not resolved. Refer the member to SSA for corrections.
    - d. If the household refuses to cooperate in resolving the discrepancy, discontinue the case and document in Comments the reason for the discontinuance. Use the discontinuance code for noncooperation. Do not approve the

household for benefits until the household agrees to cooperate in resolving the discrepancy.

[3. For each spot check, for SR cases, any system-generated spot checks that workers receive which are not "verified upon receipt" should not be acted upon during the certification period. Copy and file the spot check notice in the case record to be acted upon at the next recertification.]

D. Some nonverified SSNs appear as spot checks on KAMES, when they were actually sent from the PA-62 system. The spot check does not indicate this. Check KAMES for correctness of the information identified in error.

1. If the information on KAMES is correct, document in Comments and clear the spot check.
2. If the information is not correct, take steps to resolve the discrepancy, per item C, 2.

MS 1510           NONENUMERATED DEEMED ELIGIBLE NEWBORN

For K-TAP cases, when the SS-5 date for a deemed eligible newborn that is not enumerated is 90 days old, take the following steps.

- A. If the recipient is cooperating with enumeration requirements for the deemed eligible newborn, and:
  1. The recipient states the SSN card has not been received, complete a second form SS-5. Change the SS-5 date for the appropriate individual on KAMES to reflect the date the second form SS-5 was forwarded to the Social Security Administration; or
  2. The recipient provides the SSN card, use Function "V" on the Case Change menu to change the pseudo number to the verified SSN. When the pseudo number is changed to the SSN, the SS-5 date is deleted by the system.
- B. If the recipient is not cooperating with enumeration requirements for the deemed eligible newborn, the system sends a notice to the recipient and changes the deemed eligible newborn to an MA only child.

MS 1530\*

## HOUSEHOLD SIZE VERIFICATION

Household size is required verification for FS, K-TAP, L and N cases. It is not required for Adult MA, I, Y, P and U cases. Use the household size field to verify that a child lives with the SR.

MS 1640            DEATH OF THE SR DURING PENDING APPLICATION

In order to provide MA coverage for the eligible SR who dies after application is made, but before it is processed, do the following:

- A. Deny the application;
- B. Enter a reapplication with a new SR;
- C. Backdate the application date to the original date; and
- D. List the deceased parent as SP in the reapplication, with appropriate "from/to" dates.

The system approves the case for the new SR and the children. A medical card is issued for the deceased SP based on the "from/to" dates.

MS 1660

## MA CHILDREN IN K-TAP CASES

K-TAP cases including MA only children do not always budget correctly. To avoid these problems, set up separate K-TAP and MA cases. Separate Y or I cases can be set up at recertification or case change. The recipient does not need to make a new application.

If the cases are separated as a result of a case change, document thoroughly and create separate case records by copying all original material in the initial case.

The recertification dates in these cases must match.

MS 2000

## DISABILITY SCREEN FOR SSI RECIPIENTS

When the disability screen question "Does he/she receive..?" is answered "01" and the verification source is entered, disability for adult MA has been established. If any or all other questions are inappropriate, leave them blank. The system does not require entries. If they are answered "N", the system pends the case for verification of disability.

MS 2010

INCAPACITATED STEPPARENT

[When a stepparent or his spouse alleges incapacity and requests MA coverage, follow these procedures according to whether the children are active in a K-TAP or Family MA case.]

- A. Use IM ID code M08 in an L case, for a stepparent when there is no common child and he or his spouse alleges incapacity or disability.
  1. Prepare form KIM-100, Supplement M, Part I, on the stepparent or parent claiming to be disabled or incapacitated;
  2. Include the stepparent (M08) in the case. Answer the question "Is he/she or spouse incapacitated or disabled?" "Y", but leave the verification field blank.
    - a. If verification is not provided timely, KAMES changes the M08 to R40 and denies benefits.
    - b. If incapacity/disability is not met, change the answer to "N" and KAMES processes the action accordingly.
  3. If a member add is pending for an incapacity determination from MRT, answer "Y" to "Pend over 30 days".
- B. K-TAP: [Establish a separate Family MA case for the stepparent.] Include one child from the household as R62 in this case. [The child is necessary to determine technical eligibility for Family MA, but the child's income and resources are not counted and the child is not included in the MA family size.]

MS 2100

DEEMED ELIGIBLE NEWBORNS

General procedures for adding a newborn child to an IM case are as follows:

- A. When the IM recipient reports the birth of a child, access the Member General Information screen for the mother, through case change.
  1. Indicate that the member is no longer pregnant, by answering the question "Is she pregnant?" with an "N".
  2. Delete the expected delivery date;
  3. Enter the actual delivery date; and
  4. Answer "Y" if appropriate, to "Was she receiving MA when child under one year born?".
  
- B. Process a member add for the newborn child.
  - [1. Use member ID code MO2 or M17 for the newborn.
  - 2.] The effective date is the date the change is reported. This is not usually the date the child is born.
  - [3.] If eligible, supplemental benefits are prorated from the effective date.
  - [4.] It is not necessary to enter verified medical expenses to obtain MA coverage retroactive to the birth month.
  - [5.] Answer "N" to "Will he/she apply for SSN?" if application for ongoing benefits is not being made at the time of the member add. KAMES determines the deemed eligible newborn MA eligible even with this question answered "N".
  - [6.] If K-TAP or ongoing MA is requested for the child, the specified relative must cooperate with enumeration requirements or have good cause.
  
- C. [If the recipient requests a program transfer while reporting a newborn, add the newborn to the active MA case first and then enter the program transfer. This ensures that the newborn correctly receives MA coverage, even if the program transfer denies.]

MS 2350

MEDICAL SUPPORT ENFORCEMENT

Deprivation screens do not appear for a P case, as deprivation is not a technical eligibility requirement. It is still possible to enter an MSE referral if required. Answer "Y" to "Do you want to initiate a new AP referral?" to start the referral process.

MS 2360

OUT OF FOSTER CARE

Sometimes it is necessary to take a P application after the child has already left foster care. If it is appropriate to approve retroactive or current month MA coverage for the P child, do the following:

- A. Enter the application, indicating that the child still has a foster care placement;
- B. Approve the application with retroactive MA coverage as needed;
- C. Immediately go through case change, answering "Y" to "Is child leaving foster care?"; and
- D. The P case discontinues.

MS 2370

INCOME OR RESOURCE INELIGIBLE FOSTER CHILD

Foster care children who receive Medicaid must do so under program code P.

- A. If the foster child is ineligible under the regular MA scale, KAMES applies the increased MA scales as used for I cases.
- B. The child must meet the age requirement for the MA scale used.
- C. The MA program code remains P.
- D. Process as a spend down application, if the foster child fails to meet the increased MA scales for regular coverage.

MS 2380\*

### P CASE RESPONSIBILITY

P cases involve children who are in foster care or subsidized adoption. The child may be under the supervision of the Division of Protection and Permanency (DPP) or a number of other public and private agencies.

- A. If the DPP is the responsible agency, the P case is maintained by the appropriate Child Benefit Worker.
- B. If an agency or individual other than the DPP is the responsible agency, the Family Support worker maintains the case.
- C. Inquire Member Segment II, Foster Care, to identify the responsible agency for an existing case.

MS 2750

DENIAL OF Z APPLICATION

See: OM Pol. Upd. 03-01, [MS 99602](#), 1/1/03.

[When a Z application denies for excess income, explore QI1 and QI2 eligibility. If income ineligible for them as well and there are medical expenses, enter a spend down application in the J, K or M category.]

MS 3010

DELETING LIFE INSURANCE

Delete life or burial insurance as follows:

- A. Leave "Is he/she covered by life/burial insurance policies / prepaid burial funds?" on the trigger screen answered "Y";
- B. Erase the entry in "Name of Bank/Ins/Funeral Home" and press enter.

"Insurance Deleted" will display and the trigger question will change to "N" if there are no other life or burial segments.

MS 3040

## LUMP SUM

Lump sum is considered as income for IM and a resource for FS.

- A. The lump sum question on the Member Gen Info screen applies ONLY to IM cases.
- B. If an FS member has lump sum, answer "Y" to resources and enter the amount as "food stamp lump sum."
- C. There is no processing attached to the IM member Lump Sum screen. It is for informational purposes only.
  1. When a recipient gets a lump sum from RSDI do the following:
    - a. Enter that amount on the lump sum screen;
    - b. Manually post a spot check for the end of the 6-month exclusion period; and
    - c. At the end of the 6 months, list the verified remainder on the appropriate resource screen.
  2. Enter lump sum disqualifications manually on the disqualification screen.

MS 3045

### ANTICIPATED LUMP SUM

Enter data on the Lump Sum screen when the IM household reports the anticipated receipt of lump sum income during the certification period. If no verification is provided, enter the "Verified Rec'd/Expt Date". The change will pend for 10 days. An RFI will be produced requesting the verification.

MS 3100\*

### CALCULATION CODES

Enter the appropriate "Calculation Code" needed to correctly budget income, based on the following definitions.

C1 - Average and convert income for this month only.

C2 - Average and convert income for this month and the previous month.

C3 - Average and convert income for this month and the 2 previous months.

P1 - Average and convert income for the previous month only.

P2 - Average and convert income for the 2 previous months.

P3 - Average and convert income for the 3 previous months.

CA - Actual income for this month.

CU - Actual income this month. Income for this month is unstable, or was not received in this month, and it is not used in averaging income for a future month's benefit.

MS 3130\*

CORRECTING INCOME

- A. When you are entering an application or updating a pending application, and discover an incorrect entry for "Amount" on the Earned Income screen, correct it as follows:
  1. If the amount is wrong, but the income still exists, do not use the delete function. Use the erase EOF key and enter the correct amount.
  2. If the income amount is greater than zero and no longer exists, enter "Y" in "Delete" and press enter.
  3. If the income no longer exists and zero displays in "Amount":
    - a. EOF the zero entry;
    - b. Enter one cent in "Amount" and press enter;
    - c. Return to the income screen using "Next Action" commands; and
    - d. Enter "Y" in "Delete" and press enter.

Do not use at recertification.

- B. Self-employment or farm income must be end-dated to remove the segment. Enter the correct information on blank screens.
- C. To correct an amount on the unearned income screens, enter the new amount or erase the zero and enter one cent.

MS 3250

INTEREST INCOME FOR VENDOR PAYMENTS

When you enter a case in vendor payment status, enter the monthly amount of interest income to be counted in the vendor payment calculation as "Other" unearned income. Document comments with the amount of interest income used for MA eligibility.

MS 3270

PASS INCOME

If you are entering a MA application and Plan for Achieving Self Support (PASS) income is discovered, deny the application and enter on the PA-62 system.

If an active MA recipient reports PASS, discontinue the case and enter on the PA-62 system.

MS 3280

CHANGING UNEARNED INCOME AT CASE CHANGE

Use the following procedures to enter a new source of unearned income or to change an existing source or amount.

- A. Select Function "C" from the Main Menu;
- B. Select "A" from the Case Change Menu and enter "Y" in the month the change occurred;
- C. Select "BB" from the Case Segment Change Menu and enter "y" in the month the change occurred;
- D. On the Unearned Income screen:
  1. Enter "Reason Code";
  2. Enter "Type";
  3. Complete all fields required for the income type; and
  4. Enter "Ver Src" if verification is provided. Leave this field blank if verification is needed.
- E. If the change pends and verification is later provided enter the "Source Code".

MS 3285

REMOVING UNEARNED INCOME AT CASE CHANGE

Use the following steps to delete unearned income:

- A. Erase the "Verified Amount" and enter zero;
- B. Enter "CA" or "CU" in "FS Calc" and "IM Calc";
- C. Enter "1" in "How many periods ...";
- D. Leave the frequency field unchanged;
- E. Leave "Verification Source" blank to produce RFI for loss of income if necessary; and
- F. When verification is provided, enter verification source code.

MS 3310\*

NUMBER OF JOBS WORKED

Enter "How many jobs..." each member now has, or has had, during the time period indicated.

Earned income screens display for each job indicated, and must be completed even if the job has terminated.

MS 3370\*

## CONTRACT WAGES

KAMES will annualize and prorate contract income in accordance with each program's policy. To process contract wages do the following:

- A. Access the employed member's earned income segment;
- B. If verification of the contract income is provided, enter "C" for the type of verification entered; and
- C. On the Wage/Hours Verification screen, enter the total amount of the contract income in the Contract Wage field. Enter the length of the contract in the "From" and "To" fields.
- D. The system will annualize the contract wages for food stamp cases and prorate the total amount of the contract wages, based on the number of months entered in the date fields, for IM cases.

**EXAMPLE:** If the total amount of a signed contract income is \$6,000.00 for a period of 1/1/96 through 9/30/96, the system will process the case as follows:

For food stamp cases, the monthly amount will equal \$500.00/month (\$6,000 divided by 12). For IM and Adult Medicaid cases, the monthly income will equal \$667.00/month (\$6,000 divided by 9).

MS 3380

GAINING AND LOSING EMPLOYMENT

Do the following when a recipient reports new employment and terminated employment at the same time.

- A. If the verification of both is present, update the old job with verified zero income, enter the new job with verified income, and end session.
- B. If the new job is verified, but the old, terminated one is not, update the old job with zero income, enter the new job with verified income, and end session. The new job will process, while the old job pends for verification.
- C. If the old, terminated job is verified, but the new job is not, update the old job with zero income and leave the verification source blank. Enter the new job and leave the verification source blank.
  1. Both income segments pend for verification.
  2. Wait until the new job verification is provided, then update both wage segments.
  3. If the new job verification is not received by the 10th day, KAMES processes the case in batch and starts counting the new job in the FS case. On the next day, update the old job with zero income and verification source.

MS 3390\*

WORK STUDY INCOME

Do not enter excluded work study income on the wage screens in Food Stamp cases. Use excluded income code 'WS' to indicate receipt of excluded work study. Use "Is he/she placed in higher education through JTPA or participating in an educational assistance program?" to show that the student is receiving work study. Do not enter excluded work-study income on the wage screens of the food stamp case. Use excluded income code "WS" to indicate receipt of excluded work-study.

MS 3510                    CALCULATING CHILD CARE FOR JOINT APPLICATIONS

Use the following procedure when entering a joint FS and K-TAP application:

- A. Enter the verified amount of dependent care in both "FS" and "IM" fields on the child's first Member General Information screen.
- B. Dispose the K-TAP case first.
- C. Calculate the dependent care expense to enter in the FS case as follows:
  1. Review the K-TAP Grant Calculation screen;
  2. Locate the "Grant w/ Dep. Care" and the "Grant without Dep. Care" amounts;
  3. Determine the difference;
  4. Subtract the difference from the verified amount of dependent care to determine the FS allowable child care expense.
- D. On the FS disposition screen that contains the IEVS code, type "Names" in the "Next Action" field.
- E. Select the child with the dependent care expense from the Household Member screen and press enter.
- F. Enter the allowable child care expense in the "FS" field on the child's first General Information screen.

MS 3555

COMMUNITY SPOUSE INCOME ALLOWANCE

Completion of forms PA-1A, Supplement C, Institutionalized Spouse Resource and Income Statement, and PA-22, Resource Assessment, are required as verification that the community spouse income allowance is to be given and must be entered on the Community Spouse Resource/Income screen.

MS 3560

PASS THROUGH

The method KAMES uses to calculate the pass through is determined by the field "If yes, enter the gross amount of RSDI benefits at time SSI/SSP was lost?"

- A. When the RSDI amount is entered as indicated and verified, it is subtracted from the current RSDI to obtain the pass through amount. When the uploaded zero is left in place, the current RSDI amount is used as the pass through amount.
- B. Specific instructions for each type of pass through are as follows:
  1. If the answer is "Y" to "Did he/she receive SSI/SSP concurrently with RSDI and lost SSI/SSP for any reason including an RSDI cost of living increase (COLA)?", enter the gross RSDI amount received when the SSI or SSP was discontinued.
  2. If the answer is "Y" to "Did he/she receive SSI/SSP concurrently with RSDI and lost SSI/SSP due to change in actuarial reduction formula (ARF)?", enter the gross RSDI amount received when the SSI or SSP was discontinued.
  3. If the answer is "Y" to "Did he/she lose SSI due to entitlement/increase in disabled adult child benefits (DAC)?" and
    - a. Is due to entitlement to DAC, leave the zero uploaded; or
    - b. Is due to an increase in DAC, enter the gross RSDI amount received when the SSI or SSP was discontinued.
  4. If the answer is "Y" to "Did he/she lose SSI/SSP due to the receipt of early widow's or widower's RSDI and between the ages of 60 and 64?", leave the zero uploaded.
  5. If the answer is "Y" to "Did he/she lose SSI/SSP due to the receipt of disabled widow's and widower's or disabled surviving divorced spouse's RSDI?", leave the zero uploaded.

MS 3600

## REVIEWS

[Twelve-month reviews of state supplementation cases are system-posted on the Cases Requiring Recert screen of your DCSR the month prior to its due date.] Do NOT schedule the review as a recertification on the appointment calendar. KAMES appropriately discontinues the case if no recertification is entered, when one has been scheduled.

MS 3650

MEDICAL EXPENSES FOR SPEND DOWN CASES

When taking a spend down application to cover the current quarter circumstances and expenses, choose the case number already on the system from the Case SSN/Name Match screen. The case is uploaded with all medical expenses that were used in the retroactive month spend down quarters.

- A. Delete all uploaded medical expenses.
- B. Enter medical expense data for the current quarter.
- [C. Do not enter expenses as "N" for "One-Time only?"]

MS 3750\*

RESOURCES AND A COMMUNITY SPOUSE

Enter the appropriate verification code on the Community Spouse Resource/Income Screen to show that forms PA-1A, Supplement C, Institutionalized Spouse Resource and Income Statement, and PA-22, Resource Assessment, have been completed and eligibility for the community spouse income allowance met. If verification is not entered, the community spouse allowance is not allowed in the patient liability calculation.

MS 3760

EXCESS RESOURCES OF A COMMUNITY SPOUSE

KAMES does not allow resources to exceed the current community spouse resource allowance maximum. If there is a court order or hearing decision granting the community spouse resources in excess of the allowance maximum, do the following:

- A. Enter resources as equal to the total community spouse resource allowance.
- B. Enter the actual total of all resources in Comments.
- C. Check this amount each time a change in resources or resource limits occurs.

MS 3770

AUTHORIZING PATIENT ADMISSION/DISCHARGE

KAMES can process both an LTC admission and discharge in the same action before ending session.

Form MAP-552 is generated for each case action.

MS 3780

CORRECTING LTC INFORMATION

See: OM Pol. Upd. 03-20, [MS 99627](#). 5/1/03.

Some LTC information can be corrected using the LTC/Waiver screen.

- A. If there is a mistake on the LTC/Waiver screen other than a wrong provider number, and the error is found before disposition, access the screen and correct the entry.
- B. To correct a provider number when the error is found before disposition:
  1. Enter "Y" to the correction question at the top of the LTC/Waiver screen;
  2. Press enter; and
  3. Answer "Y" to add/provider change to bring up another LTC screen where the information is entered correctly.
- C. [If the error is found after the LTC segment has been disposed and:
  1. Involves future liability and requires ongoing correction:
    - a. Access case change segment LL;
    - b. Enter a discharge date equal to the admission date;
    - c. If the information needs to be reentered, answer "Y" to the add/provider change question; and
    - d. Reenter the information correctly on the new LTC/Waiver screen.
  2. Involves past or current liability, use segment KK to process the correction. See [MS 3790](#).]

MS 3785

INCREASED PERSONAL NEEDS ALLOWANCE

When patient liability must reflect an increased personal needs allowance due to receipt of VA, do the following:

- A. Enter the reduced VA pension on the unearned income screen; and
- B. Enter "R" for the pension code.

MS 3790

CORRECTING PATIENT LIABILITY

Option "KK" on the Case Segment Change Menu, corrects patient liability for current or prior months. Option "KK" can be used for active and inactive cases.

- A. Do the following to correct patient liability:
  - 1. Access "KK" from the Case Segment Change Menu;
  - 2. Enter the provider number;
  - 3. [Enter the manually calculated liability as a dollar amount; ]
  - 4. If the patient liability is zero, enter only one zero in the liability field.
  - 5. Enter the "From/Thru" dates for the period to be corrected. The "Thru" date cannot be later than the last day of the current month;
  - 6. Enter the admission date;
  - 7. Enter other appropriate data depending on the particular case situation;  
and
  - 8. Document comments.
  
- B. If the change must be corrected in a future month due to adverse action, KAMES does not process the change but displays the spot check "Do KK For This Months Liability" on the first workday of the future month.

MS 3800

LTC DISCONTINUANCE

Use the following steps to discontinue an LTC case.

- A. [At recipient request on discharge from LTC:]
1. Select "LL" from the Case Segment Change Menu.
  2. Answer "Y" to "Has client been discharged" and enter the date of discontinuance in the discharge date field. The date cannot be a future date.
  3. Select "D" from the Case Change Menu and enter "Reason for Discontinuance:".

As a reminder, a prompt will display "LTC Indicated, Access LTC Segment". If you have entered the date of discontinuance in Segment LL, no further action is required.

- B. [If the recipient dies in the facility:]
1. Select "LL" from the Case Segment Change Menu.
  2. Answer "Y" to "Has client been discharged?".
  3. Enter the date of death in "If yes, date of discharge".
  4. Enter "Y" to "Was discharge due to death?".

The case will discontinue.

MS 3830

MULTIPLE PROVIDERS

Use the following procedures when entering multiple providers due to a move between facilities, for the LTC applicant.

- A. Enter the facility the recipient was admitted to first;
- B. Process the application without doing discharge; and
- C. Do a case change to discharge from the first facility and admit to the new facility.

MS 3840

COMMUNITY SPOUSE ALLOWANCE CHANGE

Use case change Function F to make community spouse changes. This allows you to access the Community Spouse Resources/Income Disposition and Community Spouse Income Allocation screens.

MS 3850\*

## END-DATED PROVIDERS

HCBS providers are certified for a specific period of time and must be recertified.

- A. If the recertification process is not completed by the end of the current period, the provider number becomes invalid.
- B. The prompt "Provider number not current, contact Help Desk" appears on the LTC screen during recertification or case change when this occurs.
- C. Contact the Help Desk immediately.
- D. The Help Desk contacts DMS regarding the provider.
- E. DMS updates the provider number, if appropriate, and the Help Desk notifies the worker that the provider is now current.
- F. Dispose the pending recert or complete the case change.

MS 4000

CASE NAME

Enter the case name as follows:

- A. First name, middle initial and last name.
- B. If there is no middle initial, enter a pound sign "#".
- C. When the applicant is a Jr, II, III, etc.:
  - 1. Enter the last name;
  - 2. Press the space bar once and type Jr, II, III, etc.
  - 3. If any other method is used, an error message displays.

MS 4010

COMPANION CASE NAMES

The case name is entered according to the individual program policy. If, according to policy, the K-TAP case is to be in one name and the FS case is to be in another member's name, the cases are entered as separate cases with each appropriate case name. When the name matches occur and the questions are answered correctly to indicate the individual is the same person, the information entered on the individual in the first case is uploaded into the second case.

MS 4020

CASE NUMBER

All case numbers on KAMES are 10 digits, consisting of the SSN and for IM cases, an alpha identifier. The 10th digit in an FS case is a space. KAMES assigns a unique identifier for companion cases with the same case name. The alpha identifier is system assigned for any case other than FS, if there is a companion case.

MS 4030

CASE NUMBER AT REAPPLICATION

[It is very important to assign the correct case number for K-TAP, Food Stamps and MA cases when entering a reapplication.] The case number assigned impacts all the systems that interface with KAMES (JAS, KASES, etc.).

- A. [When entering a reapplication for a K-TAP or MA case that has previously been entered on KAMES, you do NOT enter the alpha identifier.] An FS case number does not contain an alpha identifier. If a case has been entered using the same SSN, a Case SSN/Name Match screen appears. Each matched case will have a separate screen. The questions on the Case SSN/Name Match screen must be answered correctly. You must give special attention to the case number, program code, and case identifying information that appears. Assigning a different alpha identifier creates multiple problems. If the system does not allow selection of the appropriate case, contact the Help Desk. To resolve case SSN/Name matches, do the following:
1. Enter "Y" to "Is the member in your case and the member in matched case the same person?" if the individual listed on the screen is the same person that is applying. An "N" response returns you to the Household Members screen. Resolution of member matches will take place at the time of occurrence, one member at a time.
  2. [If an FS case has been previously entered on the system or there is a K-TAP or MA application pending for that individual, the "Select" field is protected and uploaded with "N" for these cases on the Case SSN/Name Match screen.]
  3. Enter "N" to "Do you wish to start a new case...?" to select the previous case.
- B. If the above instructions are followed, the previous member data already in the system uploads and the previous case number is assigned. If a previous case is not selected, an edit forces you to answer "Y" to "Do you wish to start a new IM Case or Enter a Conversion Recertification?". The new case record is separate from the previous record and the case history is incomplete without reviewing both case records. This has an impact on all future actions as the system does not interface the two separate cases and looks at the records as different cases.
- C. Extreme caution is to be used when completing the Case SSN/Name Match screens at reapplication. Questions must be answered correctly unless otherwise directed by the Help Desk. If you have questions on how to assign a previous case number, contact the Help Desk before completing the Case SSN/Name Match screen.
- D. When a reapplication is entered correctly, all members from the original case will be uploaded on the Household Members screen. If previous

case members are not listed on the Household Members screen, you have created a duplicate case. The case number will display an alpha identifier of B,C, etc. Contact the Help Desk for deletion of the duplicate case.

MS 4060

PROGRAM TRANSFER

Program transfer is used to take any MA category to a higher level of assistance or to take a C case to a W case, or a W case to a C case. The system uses alternate programming to decrease levels of assistance. See [MS 4230](#) for information on alternate programming.

- A. DO NOT use program transfer to take a C case based on incapacity to a W case. Policy requires the C case based on incapacity to be discontinued and an application for a W case to be entered, per [Volume III, MS 3670](#).
- B. A program transfer can be processed in a recertification month, either before the recertification is entered or after the recertification is processed. A program transfer and recertification cannot be entered on the same day.
- C. The following program code changes are done through program transfer:
  - 1. C to W;
  - 2. W to C;
  - 3. L to C, W, or N;
  - 4. N to C, W, or L;
  - 5. Y to C, W, L, or N;
  - 6. I to C, W, L, N, or Y;
  - 7. U to C or W;
  - 8. F to G, H, or FP;
  - 9. G to F, H, FP, or GP;
  - 10. H to F, G, FP, or HP;
  - 11. J to FP;
  - 12. K to FP or GP;
  - 13. M to FP or MP; and
  - 14. Z to any other IM program code.

MS 4062

PROGRAM TRANSFER BEFORE CUT-OFF

See: OM. Upd. 04-09, [MS 99661](#), 2/1/04".

For any program transfer, C to W or W to C, entered before cut-off:

- A. Enter the program transfer on KAMES.
- B. If the system inappropriately denies the transfer for the application month but approves it for the anticipated change month:
  1. [Manually calculate any supplemental grant for the application month and issue it through the supplemental function; and]
  2. Determine if any new MAID's are needed and issue through special circumstance.
- C. If a C to W or W to C program transfer pends past cut-off and the system inappropriately denies the transfer for both the application month and the anticipated change month:
  1. Re-enter the program transfer the first of the next month. Use the first day of that month as the application date;
  2. [Manually calculate and issue any supplemental grant due for the months the system denied benefits;] and
  3. Determine if any new MAID's are needed and issue through Special Circumstance.

MS 4064

PROGRAM TRANSFER AFTER CUT-OFF

- A. For any program transfer OTHER THAN W to C entered AFTER cut-off:
1. You can enter a program transfer after cut-off UNLESS there has been a case change entered or disposed after cut-off, including changes that pended for negative action.
  2. If it is after cut-off and a case change has been entered or disposed:
    - a. Complete a hardcopy application;
    - b. Enter the hardcopy application the first of the next month;
    - c. If the case was pended for negative action, enter the hard copy application after the negative action is applied. Use the first day of THAT month as the application date and not the original hardcopy application date;
    - d. Manually calculate any supplement necessary for the original application month; and
    - e. Determine if any MAID's are needed and issue through Special Circumstance.
- B. For any program transfer C to W or W to C taken AFTER cut-off:
1. Complete a hardcopy application;
  2. Enter the program transfer on KAMES the first of the next month. Use the first day of that month as the application date;
  3. If the system inappropriately denies the program transfer for the month the hardcopy application is entered but approves it for the anticipated change month:
    - a. Manually calculate any supplemental grant for the months the system denied benefits; and
    - b. Determine if any new MAID's are needed and issue through Special Circumstance.

MS 4070

APPLICATIONS AND MASS CHANGE

Use the following procedure when an application is approved in the month before mass change occurs.

For all applications taken two months before the mass change and approved after mass change runs in the next month, enter a "J" no change action the day the application is approved. This "J" action causes the calculator to use the new eligibility tables for the conversion month.

EXAMPLE: An application is taken in August and approved after mass change runs in September. Enter a "J" no change action the day the application is approved and the new tables will affect October benefits.

MS 4080

DUPLICATE PARTICIPATION

See: OM. Upd. 04-09, [MS 99661](#), 2/1/04.

KAMES has edits to prevent individuals from receiving duplicate benefits from different systems or locations.

A. KAMES prevents an application from being entered if the case has received benefits for the current month on the PA-62 system for the program for which they are making application.

1. KAMES matches for each household member through the SSN/Name-DOB matching process and requires members to be deleted from the current application if they are found active or have received current month benefits on the other system.

[2. If the PA-62 case is still active, complete a conversion recertification matching the PA-62 case. Then enter a program transfer or complete the necessary case change, as appropriate. If supplemental benefits are needed, issue them through special circumstance. This does not apply to TMA cases, SSI alert, and other cases which stay on the PA-62 system.

3.] When a case is converted to KAMES, but discontinued the same month and the recipient reapplies within the month of discontinuance, apply the following procedures:

a. If benefits were issued for that month on the PA-62 system, take a hardcopy and enter the reapplication on KAMES on the first day of the effective month of discontinuance; or

b. If benefits were issued for that month on KAMES, or no benefits were issued at all for the application month, enter the reapplication on KAMES.

[B. Process cases that have received benefits on KAMES as follows:

1. If a case is discontinued on KAMES after the next month's benefits have been issued, and a reapplication is taken in the same month the discontinuance action was taken, take a hardcopy reapplication.

a. Enter it on the system the first work day of the following month.

b.] Enter the application date as the first day of the month the application is entered on KAMES.

[c.] The application denies for the application month for having already received benefits, and approves for the following month, if eligible.

EXAMPLE: A food stamp case is discontinued on 6/27/95 effective 8/1/95. July benefits have already been issued. [If the recipient reapplies on 6/29/95, take a hardcopy reapplication and input it on 7/3/95 with an application date of

7/1/95.] The system denies the application for 7/95 and approves the household effective 8/1/95, if eligible.

[2.] If new household members are involved, KAMES approves them for the month the application is entered and denies the former members for having already received. If the new member is eligible for a supplement for the month the hardcopy application is taken, manually calculate and issue the supplement because the new member is not on the system for that month.

[C.] When you accept an application for FS for a household or member who received in another state, follow these procedures to prevent duplicate participation:

1. Telephone the other state agency to determine:
  - a. The effective date of discontinuance;
  - b. The last day benefits were received; and
  - c. The period of time the last issuance covered.
2. If the other state does not issue FS benefits on a calendar month basis, do the following:
  - a. Accept a hardcopy application if the benefit period from the other state is still in effect;
  - b. Enter the application date as the first day of potential eligibility in Kentucky;
  - c. Answer "N" to "Received in another state"; and
  - d. Document the action in comments.

KAMES approves the application with benefits prorated from the date you entered as the application date.

EXAMPLE: Household received benefits in Alabama on 6/24/96, which covered the period from 6/15/96 through 7/14/96. You will enter the application date as 7/15/96, the first day of potential eligibility in Kentucky.

MS 4090

ENTERING COMMENTS

Use Comments to record all required case documentation. Access the Comments screen by typing "NOTES" in "Next Action", or by accessing Segment "G" on the Case Segment Change Menu, and document each case action.

- A. When completing an application or recertification, "Notes" is system displayed on the Disposition screen that contains the Pended, Approved, Denied, etc. disposition.

Press Enter to access the Comments screen. Document comments on the case and press enter again. You will return to the same disposition screen where the application or recertification will proceed through disposition as usual.

- B. With a few exceptions, you may go directly to the Comments screen while processing an application or recertification. It is helpful to document comments as you proceed through the case rather than trying to remember all required documentation at case disposition. To go to notes, do the following:
  1. Type "Notes" in the next action field;
  2. Press enter;
  3. Enter your comments on the screen; and
  4. Press enter again to return to the screen you last completed in the application or recertification.

The exceptions that will not accept "Notes" are the first screens of a set of screens, and some of the disposition screens.

- C. For case change, the Comments screen displays at disposition, or you may select Function "G" from the Case Change Menu to enter comments. If you select Function "G", comments will not display at disposition. All notes display on separate screens when inquired.
- D. The only time Comments entered on one case display in the related case, is the first time you page through the joint application. Comments are not updated between related cases. They must be entered on the IM case and on the FS case separately.
- E. For companion cases, comments that relate to both cases may be entered in one case and cross-referenced in the other.
- F. KAMES uploads the date your comments are entered on the screen.
- G. Answer "Y" to "are additional comments needed?" to obtain additional pages.
- H. Comments can be updated even when the case is inactive, as long as the case is still online.

MS 4100

## ADJUSTING CERTIFICATION PERIODS

Review the system-assigned certification period and adjust, if necessary, before disposition. [KAMES will not allow you to adjust certification periods of Simplified Reporting (SR) households or expedited FS approvals for which verification is postponed. The K-TAP and FS recert dates must match once in a 12-month period.]

MS 4120

ADDRESS ENTRY

To ensure accurate postal delivery, special attention must be given to the address entry.

[A.] Do not use any punctuation when entering address data.

[B.] Enter the city name in full; for example, enter Louisville, not Lou.

[C.] If the address takes 2 lines to complete, the 2nd line should contain the street address.

EXAMPLE: Apt 5  
101 W Weathers St

[D.] Enter the code for county of residence in Kentucky. If the applicant does not reside in Kentucky, enter three zeros and the application denies.

[E.] When a resident of Kentucky has a home address served by a postal district in a border state, enter the abbreviation for a state other than Kentucky in the "State" field of the home address. For entries other than "Ky", the prompt "Is State or Home Address Correct?" is displayed as a reminder to check the entry for accuracy before proceeding.

[F.] When accessing the case change address segments, do not enter a change reason code for any field other than the one you are actually changing. If the recipient has a home address ONLY and any change reason code is entered for the mailing address, notices, ID cards, etc. are printed with a blank address.

MS 4125\*

### SYSTEM-LOADED ADDRESS

KAMES uses a program called Code 1 Plus to make addresses on KAMES meet postal requirements.

- A. Enter the recipient's home address and mailing address, if appropriate, on the address screen. Do not enter "Box" as the first word of an address, unless it is a post office box. Complete the rest of the screen and press enter;
- B. KAMES uses Code 1 Plus to review the entered address.
  1. If a different address is found, KAMES overlays the entered address with Code 1 address and displays the message "Code-1 Plus Generated Address - Hit Enter";
  2. If the address entered is insufficient for a Code-1 match, the entered address redisplay with the message "Code-1 Plus Insufficient Address Info. for Match";
  3. If the zip code does not match the state entered, the error message "Zip Code Not Valid for State Entered" displays and you cannot leave this screen until they match;
- C. Review the new address. If the address is correct, press enter;
- D. If the new address is not correct, reenter the correct address and press enter; and
- E. The address that is on the screen after enter is pressed the 2nd time is the address KAMES will use.

MS 4130

RESIDENCY VERIFICATION

When an active member on KAMES applies for benefits in another program, do not erase residency verification to force the application to pend. Residency is member data, and KAMES recognizes its verification anywhere that it appears on the database. If residency is unverified, the active case is recalculated and discontinued immediately on-line. This process is true for an active FS case with a pending IM application, or an active IM case with a pending FS application.

To forcibly pend the application:

- A. [For FS, K-TAP, L, or N, cases leave verification of household size blank.] Since household size is case data, the system does not recalculate and discontinue the active case.
- B. [For Adult MA, I, Y, P, or U cases leave a verification source other than residency or household size blank to forcibly pend the application.]

MS 4140

INCOMPLETE APPLICATION

[See OM Upd. No. 07-20, MS 99769, 10/1/07](#)

KAMES requires entries on several screens to pend, approve or deny any case.

- A. [Complete form KIM-77 to protect the application filing date when the applicant cannot stay.]
- B. When an applicant walks out of the interview, refusing to complete the application process prior to reaching the Communal Dining screen, do the following:
  - 1. Complete a hardcopy form PAFS-97, Assistance Program Inquiry.
  - 2. Call the Help Desk to delete the application if it is stopped prior to the Communal Dining screen.
- C. When an applicant walks out of the interview, refusing to complete the application process on the Communal Dining screen or later, do the following:
  - 1. Complete the screen;
  - 2. Type "Action" in "Next Action";
  - 3. Document Comments; and
  - 4. Deny the application.

MS 4150

JOINT APPLICATION

- A. If a case is a joint application or a related case, the system automatically calculates the IM case first and then the FS case. If a case is listed as "Next Case", press enter to see the disposition/calculation for that case and complete the action for that case.

If you wish to return to the application to change data, type "Names" in the "Next Action" field that contains the word "Notes" on the Disposition screen. After this screen, return to the Household Members screen is not possible, and the case must be placed into pending status through supervisory override if necessary to prevent benefits from issuing in error.

- B. When a joint application is pending, each application must be updated separately. Update and dispose the IM application first, then dispose the FS case, if all verification for both cases has been returned. If verification is present for the FS case, but not the IM case, process the FS case first.
- [C. If the K-TAP case is approved after the 26th of the month, the K-TAP grant is not counted in the FS case for that month. There is no way for the applicant to receive the K-TAP check in the approval month. K-TAP income is counted for ongoing months.]

MS 4165\*

POTENTIALLY SSI ELIGIBLE

Do the following when an F, G, H, J, K, or M case will be denied or discontinued as potentially eligible for SSI:

- A. If the individual is potentially eligible for SSI, allow KAMES to deny the application.
- B. If the individual is not eligible for SSI for a reason not captured on KAMES, for example, he has a resource that SSI counts but Medicaid doesn't:
  - 1. Answer "Y" to "Is client ineligible for SSI due to a financial or technical reason?", on the IM disposition screen. Press enter.
  - 2. "Names" uploads in the next action field. Press enter again.
  - 3. The household member screen appears. Dispose the case again, the case recalculates and the SSI test is bypassed.

MS 4170

S OR X DISCONTINUANCE

[When entering a K-TAP application, if a member included in the application is included in an S or X case KAMES member match processing prevents the child from being a member in the K-TAP case. Notify the DSS worker by form PAFS-628 that the S or X child is a K-TAP applicant. Process a K-TAP member add after the DSS worker discontinues the S or X case]

MS 4190

JOINT FS AND SSI APPLICATION

Use the following procedure when FS application form FNS-385 is received from the Social Security Office:

- A. Enter an agency contact.
- B. Complete hardcopy form KIM-100 and appropriate supplements.
- C. Conduct a telephone interview and complete any missing information on form KIM-100.
- D. Attach form FNS-385 to the unsigned form KIM-100 and file in case record.
- E. Document Comments.
- F. Enter completed application/recertification on KAMES with application date as the date of form FNS-385.

MS 4200

REQUEST FOR INFORMATION (RFI)

The RFI is system-generated to request missing information or verification for both case and member levels. If it is necessary for the applicant to bring in verification that is not listed on the RFI, type the request for the necessary verification in "Other", and the information will print on the hardcopy RFI.

When updating a pending application or recertification:

- A. The Last RFI screens display at the beginning of a pending application when you update or inquire it. Use this information to determine if all missing information has been provided.
- B. The Last RFI screen displays "More" at the top to indicate that there are more RFI screens to display. PF20 to access additional screens.

MS 4230

ALTERNATE PROGRAMMING

When eligibility cannot be established for a particular IM program, KAMES uses a method called alternate program processing to determine eligibility for another program, if potential eligibility exists for that alternate program. This corresponds to taking an application in one category and approving it in another.

A. KAMES is programmed to follow a natural progression of alternate program processing as follows:

- |                     |             |
|---------------------|-------------|
| 1. C to L to Y to I | 6. F to J   |
| 2. L to Y to I      | 7. G to K   |
| 3. W to N to Y to I | 8. H to M   |
| 4. N to Y to I      | 9. FP to J  |
| 5. Y to I           | 10. GP to K |
|                     | 11. HP to M |

B. You can enter an alternate program code, in addition to the automatic progression by KAMES.

1. If the applicant is potentially eligible as a Z, you must enter "Z" as the alternate program code. KAMES does not upload Z.
2. You can manually enter a code and skip some of the automated ones, such as going directly from C to I.
3. If you enter an alternate program code that qualifies as a program transfer, system edits prevent the transaction and display an "Invalid Alternate Program" error message.
- [4. The alternate program code field is protected when a K-TAP case discontinues and is TMA eligible.]

C. Alternate program processing begins on the IM disposition screen that displays the IEVS question by uploading a denial or discontinuance decision for the original case entered.

1. The field "If case denied/disc, explore eligibility in the following category:" is uploaded with the alternate program code, based on the natural progression that is built into the system.
2. If you press enter without making any changes on the screen, the system determines eligibility for the alternate program code that was uploaded, based on available information.
3. If you enter "Names" in "Next Action" you receive a prompt that if you want to change the original program application, you must erase the alternate program code. If you do not need to change the original application, press enter and alternate programming begins. This allows you to change or enter information necessary for an eligibility determination in the alternate program code.
4. Review the household members' ID codes and deprivation factors and change them if necessary for the new program code. KAMES does not change these codes for you.

- D. THE ONLY WAY YOU CAN PREVENT ALTERNATE PROGRAM PROCESSING FROM BEGINNING IS TO ERASE THE ALTERNATE PROGRAM CODE ON THE IM DISPOSITION SCREEN BEFORE PRESSING ENTER. This causes the denial or discontinuance to remain pending in the original category for the return of requested verification, etc.
1. If the denial or discontinuance is due to an error, type "Names" in the next action field before pressing enter.
  2. When enter is pressed, you return to the household members screen and can make necessary changes to correct the case for eligibility determination in the original program code.
  3. When a case remains pending, the word "preliminary" appears at the top of the calculation screen, indicating that the case is pending, alternate program processing can still begin. DO NOT assume that the case is pending in the original category or that no other action is required.
- E. When supervisory approval is required for a case with alternate programming, the supervisor must:
1. Enter code and password on the first disposition screen;
  2. Check for alternate program processing and prevent inappropriate processing;
  3. If you return to "Names" from the Disposition screen, the case does not dispose and your code and password are deleted;
  4. Upon returning to Disposition, re-enter your code and password to dispose the case.
- F. Supervisory override returns the case to pending status, with the same program code it was disposed in. Supervisory override does not return the case to the original program code.
- G. If a case is approved in the wrong category, deny or discontinue the inappropriate case and enter the reapplication in the correct program code.

MS 4232\* STATE SUPPLEMENTATION ALTERNATE PROGRAMMING

- A. When a state supplementation case alternate programs to the J, K, or M category, a spot check, Review Cert Period, SSP Alt Prog, posts to your DCSR the first work day following the completion of the action.
- B. The spot check shows a timely date of 10 days from the date it appears. It moves to the FSS's DCSR 5 days after it appears on the caseworker's DCSR.
- C. The spot check is a reminder to access inquiry to check the recertification date and determine if a recertification is required.
- D. If the recertification month is between the 12th month and 24th month, access the Case General Information screen and shorten the recertification period to the month after the alternate programming.
- E. Delete the spot check after action has been taken.

MS 4235           ALTERNATE PROGRAMMING FOR ONE MONTH ONLY

KAMES cannot determine one program code for the application month and a different program code for the anticipated change month, if the application pends for supervisory approval.

- A. For example, a W application is entered by a probationary worker, with excess income in the application month and no income in the anticipated change month. [The application should approve as an "I" for the application month and approve as a W for the anticipated change month, but if the K-TAP case is allowed to alternate program to a MA only case for the application month and pends for supervisory approval, the ongoing K-TAP benefits are lost.]
- B. To avoid this, do the following:
  - 1. [The probationary worker stops the case from alternate programming at the point of the K-TAP denial by erasing, using the EOF key the entry uploaded in "If case is denied/disc, explore eligibility in the following category:" on the Disposition screen for the application month.
  - 2. The supervisor allows the K-TAP case to deny for the application month and alternate program, then approves the case for the anticipated change month and ongoing months.
- C. If these procedures are followed all appropriate MA and K-TAP benefits issue correctly.]

MS 4240

RETROACTIVE MA ELIGIBILITY

Enter a medical expense for each appropriate retroactive month to determine non-spend down retroactive MA eligibility. Although the amount of the medical expense does not have to be verified, you must enter "CS" as the verification source code in order to leave the screen. Enter one cent if applicant is unsure of the amount.

- A. Do the following to review retroactive MA dates and calculations at disposition:
  - 1. Enter "Y" in the retroactive months on the Application-IM Eligibility Info screen to see MA dates and member status.
  - 2. Enter "Y" in the retroactive months on the Application-MA Calculation screen to see retroactive income.
  
- B. It is not necessary to enter an expense to obtain MA retroactive to the birth month for a deemed eligible newborn.

MS 4245

SECOND ANTICIPATED MONTH CHANGE

It is possible to make a change in benefits for the second anticipated change month. For example, an application is taken in June, is still pending in July and new income is reported which will not be received until August. Do the following:

- A. Use the application month's circumstances to issue the application month's benefits;
- B. Use the anticipated month's circumstances to issue the next month's benefits;
- C. Dispose the application; and
- D. Immediately process a case change, which will affect the second anticipated month.

MS 4250

ELIGIBLE FOR APPLICATION MONTH ONLY

Process an application which is income eligible in the application month, but over the income scale for the anticipated month, as follows.

- A. Enter the income to be considered in the application month, on that month's screen. Use the calculation code "CU";
- B. Indicate that the next month's income is not the same, using same for processing;
- C. Enter the anticipated income on the next month's screen, using "CA" or "C1" as appropriate; and
- D. The application correctly approves for the application month and denies ongoing benefits.

[For K-TAP, this process only applies when the application is NOT processed within the standard of promptness through no fault of the applicant.]

MS 4265

TMA REPORTING

TMA recipients are required to meet certain reporting requirements. Most of this reporting process is automated.

- A. Refer to FSOM, [Vol. IV, MS 2930-2960](#) for TMA reporting requirements. The same time frames apply to KAMES as PA-62, but KAMES automatically sends form PA-800. Select Inquiry segment N, TMA, to see if form PA-800, TMA Form, has been sent. [Other TMA notices, KIP-801, 801A, 802, 803 and 804 can be checked on inquiry Segment Q, Notice History.]
- B. There is no TMA tracking log for KAMES cases, as the necessary notices are automated. Once the TMA case is approved, no worker action is required until form PA-800, is returned by the TMA recipient or the TMA case appears on the DCSR discontinuance list. KAMES discontinues the TMA case automatically.
- C. Upon receipt of form PA-800, do the following:
  1. Select option G, Acknowledge TMA Report, from the Case Change Menu;
  - [2. A change cannot be processed through option G unless form PA-800 has been system-generated;
  - 3.] Enter the first 5 letters of the case last name;
  - [4.] Enter the date the report was received and whether it was complete (C) or incomplete (I).
    - a. If the TMA report is acknowledged as complete, proceed to the next item.
    - b. If the report was incomplete, enter as many incomplete reason codes as necessary; and
    - c. KAMES issues the second form PA-800 and notice KIP-801 or 801A.
  - [5. If the TMA report is received complete and untimely make a good cause determination and enter a good cause code if appropriate. If good cause does not exist, allow the case to discontinue per item E.]
- D. Once the TMA report has been acknowledged as complete, process any case change using the action reason code "TM":
  1. Enter verified income for the past 3 months using P3 as the current month IM calculation code and CA in the past 3 months; and
  2. A Pending TMA Report appears on the DCSR, listing all TMA reports that have been acknowledged as complete, but on which no "TM" action has been processed.

- E. KAMES discontinues the TMA case, when:
  - 1. No "TM" case change action is completed; or
  - 2. TMA eligibility no longer exists.
  
- F. The discontinuance effective date depends on the report month. If no "TM" case change action is completed:
  - 1. In the 4th month, the case discontinues effective with the 7th TMA month.
  - 2. In the 7th month, the case discontinues effective the 8th TMA month.

MS 4305

IM NO SHOW RECERTIFICATIONS

The following explains the procedures related to the automatic discontinuance of IM cases for failure to keep recertification appointments.

- A. When an individual fails to keep an IM recert appointment, form KIM-105.6 is generated that evening to inform the individual that his/her case will be discontinued. At the end of the 10-day timely notice period, the system discontinues the case.

Example: The individual fails to keep his/her appointment on 6/3. The KIM-105.6 is generated the evening of the no show appointment. The case will discontinue the evening of 6/13, effective 7/1.

- B. [KAMES recognizes only one rescheduled recert appointment if the appointment is rescheduled on KAMES no later than the end of the day of the first scheduled appointment.]

Example 1: [The individual is scheduled for a K-TAP recert on 6/6.] The individual calls on 6/5 to reschedule her appointment to 6/12. The worker reschedules the appointment on KAMES that same day. Form KIM-105.6 is not generated on 6/6, but if the individual fails to show on 6/12, form KIM-105.6 will be generated the evening of 6/12.

Example 2: [The individual is scheduled for a K-TAP recert on 6/3.] The individual fails to show and form KIM-105.6 is generated the evening of 6/3. On 6/6, the individual calls to reschedule her appointment for 6/11. [If the individual fails to keep her 6/11 recert appointment, the K-TAP case will discontinue the evening of 6/13.] The discontinuance date of 6/13 was set based on the individual failing to show for the original 6/3 recert date because she did not reschedule her appointment prior to 6/3.

If the individual reschedules a second time or more, even if the additional appointments are rescheduled on KAMES, the system only recognizes the first rescheduled appointment date in applying the IM no show recert process. If you reschedule the original appointment on KAMES due to a conflict in your own schedule, this counts as the first rescheduled appointment.

- C. If the appointment is not kept or rescheduled on or before the first appointment date, the IM auto discontinuance processing is started and the only thing that will keep the case from discontinuing is if the individual comes in for interview and the recert is entered on KAMES before the end of the 10-day period or cutoff, whichever comes first.

1. If during the 10-day period, the individual reschedules and keeps his/her recert appointment and the RECERT is entered on the system within the 10-day period, the case will not discontinue.
  2. If a recert is not entered by the 10th day of the timely notice period, the case will be discontinued as scheduled.
  3. If an individual calls to reschedule the recert appointment prior to the end of the 10-day period, but the appointment cannot be rescheduled until after the expiration of the 10-day period, when the individual shows for the rescheduled appointment, the case must be REINSTATED and a RECERT completed on KAMES. Also, remember that a case must be reinstated in the month the discontinuance action is taken.
  4. If the timely notice period expires after the monthly cutoff date, the system will discontinue the case at cutoff. In this instance, if the individual comes in for recert during the 10-day period (but the case was already discontinued at cutoff), REINSTATE the case and complete the RECERT on KAMES.
- D. The case is entered as a REAPPLICATION if the case was correctly discontinued (e.g., the individual failed to show and/or call to reschedule his/her recert appointment prior to the end of the 10-day period).
- E. If an IM case alternate programmed at discontinuance to a Medicaid case for a deemed eligible child or pregnant woman, you must complete a program transfer instead of a reapplication or reinstatement.

MS 4310

PENDING IM RECERTIFICATION

Use the question "Pend over 10 days?" on the last disposition screen for IM recertifications as follows:

- A. Answer "Y" when you have advance knowledge that more time is required, such as MRT redetermination is due.
- B. Answer "N" to allow 10 days for requested information or verification. If the information is not provided timely:
  1. Case discontinues at end of RFI period effective next month when:
    - a. RFI expires before cut-off; and
    - b. There are 10 days left in the month.
  2. Case discontinues next month, effective the following month, when the RFI expires after cut-off because benefits for next month are issued at cut-off.
  3. A reapplication is not entered until the month following the effective month of discontinuance.
- C. If you answer "N" and the requested information or verification is provided timely:
  1. Promptly enter the new information.
  2. If information is not updated timely, and the case discontinues incorrectly, you must reinstate and update the case. [See MS 4460](#).

MS 4330

## LTC RECERTIFICATIONS

Do the following for Long Term Care (LTC) case recertification ONLY:

- A. Schedule the recertification appointment on the KAMES calendar. As the KAMES appointment letter DOES NOT currently explain the telephone option, form PAFS-2 must be sent explaining the option to the representative.
- B. When the representative calls, select the Recertification Option and complete the screens, based on representative response. When the RFI screen displays, type in the representative's requirement to sign and return form KIM-101, along with the requested verification.
- C. Send the RFI and the original KIM-101 for signature to the representative. Provide a non-postage paid self-addressed envelope for return mailing. Retain a copy of forms KIM-101 and RFI in the case record. Destroy the copy of KIM-101 upon return of the original.
- D. If the application form with signature and requested verification are not returned, KAMES sends notice of proposed discontinuance based on information not returned.
- E. When the original signed KIM-101 and verification are returned, access the pending recertification, complete verification entries on the screens and process the case.

Previously verified, unchanged insurance policies, stock certificates, etc. do not need to be resubmitted. [Photocopy verification submitted and immediately return the original verification to the representative. Process the recertification and file the returned, signed form KIM-101 and verification in the case record.]

MS 4340

## CONVERSION RECERTIFICATION

When a conversion recertification is entered on KAMES, it must remain pending or active through that night's batch cycle. If the recertification is denied on KAMES on the same day it is entered, the PA-62 case will not be system discontinued.

MS 4420

ACTING ON CHANGES

When a household reports a change, enter the reported change and any verification provided the same day it is reported. The reported change, if all verification is present, affects the next possible monthly issuance. [Only voluntarily reported changes are entered on the system in SR households. See [Volume II, MS 6707](#) for procedures for acting on changes for SR households.]

- A. Enter the change for the month the change took place. If the change is ongoing, select the anticipated change month and enter the information. Changing the current month only, may not affect ongoing benefits when the change is entered after next month's benefits have been issued.
- B. If verification is not provided, the system produces an RFI to obtain necessary verification. The case change pends for 10 calendar days. (If the 10th day falls on a weekend or holiday the system takes the action on the evening of the next workday.) If verification is not entered within the 10 days, the system acts according to individual program policy.
- C. If verification of the change is provided, the system applies the change effective with the next appropriate issuance. If the change is completed without 10 calendar days left in the month and results in decreased benefits, the case pends for adverse action.
- D. If a change pends for adverse action, when you end session, the benefit calculation screen does not reflect the change. It reflects information for the last applied action. Use Function "H" on the Case Change Menu to view the changed benefit information.
- E. DO NOT enter changes that affect benefits after cut-off when the case is due recertification next month. Enter the reported change as part of the recertification. Process actions such as address changes, replacements, supplements or restorations, even though a recertification is due next month, since these actions do not affect ongoing benefits.

MS 4430

BENEFIT CALCULATION SCREEN

When completing a case change, confirm that the data entered is correct prior to ending session. Review the case calculations by entering Function "H" on the Case Change Menu.

A. If the calculation is correct:

1. Complete the disposition screens although they will not affect your case change; and
2. End Session.

B. If the calculation is incorrect and you need to change data, you must complete disposition of Function H. When you are returned to the Case Change Menu:

1. Select Function "A";
2. Enter appropriate changes to the segment;
3. PF15 to the Case Change Menu; and
4. Enter Function "H" and check calculations prior to ending session.

MS 4440

INACTIVE CASE CHANGES

After a case has been discontinued, the following case change segments may still be accessed.

- A. Batch Match;
- B. Correct Patient Liability;
- C. Comments;
- D. Replacement;
- E. Special Circumstance; and
- [F. Restoration/Supplemental.]

MS 4450

IM DISCONTINUANCE

There are two functions on the Case Change Menu that are used to discontinue an IM case. Make every effort to discontinue the IM case using the correct discontinuance reason on KAMES.

- A. Function "D", Discontinue Case, No Alt Prmg, discontinues the case, and does not explore eligibility for ongoing Medicaid.
- B. Function "W", Discontinue Case, with Alt Prmg, discontinues the case, and explores ongoing eligibility for Medicaid.
- C. K-TAP discontinuances require the entry of a "K-TAP Client Reason". These reasons are:
  - 1. Client request due to earned income;
  - 2. Client request due to marriage;
  - 3. Client request to protect TANF time limit;
  - 4. Not applicable; and
  - 5. Moved out-of-state, obtained employment.

MS 4460

REINSTATEMENT

Use the following guidelines to reinstate a case that is discontinued in error.

A. Follow these procedures to process a reinstatement ONLY if the discontinuance took place as the result of a case change and it is the month of discontinuance.

1. Determine the cause of discontinuance and decide what action is needed to restore eligibility.
2. Enter the case number and select Function "C" from the Case Change Menu. Enter "Y" for "Do you want to reinstate this case?" and press enter.
3. The message "Review KASES Referral Date" appears. Press enter.
4. The Case Change Menu reappears with the prompt "Complete appropriate case changes, prior to disp" displayed. The case will be exactly as it was before discontinuance.
5. Take whatever action is necessary to establish correct ongoing eligibility.
6. [If any case member has an incorrect member status code of "I" or "D", a member add must be completed on that individual, in order to correctly reinstate the case to its previous eligibility and benefit status.] Using the reinstatement function alone does not return an ineligible member to active status.
7. If not sure that the case has been corrected, select Function "H" to view what effect the change had on the case.
8. Only if case is now correct, proceed to end session by selecting Function "I" and complete the case change process.
9. If the case erroneously discontinues again, wait until the next day to try another reinstatement. KAMES does not allow more than one reinstatement on the same case per day.

B. Enter a reapplication to reinstate a case when:

1. A recertification discontinues in error. If reinstatement is attempted, the prompt "Reinstatement not allowed-do reapp" appears; and
2. The case was discontinued through case change and it is no longer the month of discontinuance.
3. When a reapplication is entered in any month other than the month of discontinuance, it must be backdated appropriately so that correct benefits are issued.
4. Answer "Y" to "Reinstatement" on the disposition screen.
5. An LTC case is discontinued without a discharge date being entered.

MS 4490

## MEMBER ADD

[For member-adds, if mandatory information is not verified (such as household size, income or resources for new member), the case will discontinue for failure to provide information. If the member-add is pending optional information (such as an expense), then the member-add should process without using the unverified information.] Do the following to add a case member:

- A. Select "C" from the Main Menu;
- B. Enter "Case Number" and select Function "B";
- C. Enter "IC" or other appropriate code in "Reason" and:
  1. Enter the new member's name, SSN, date of birth, sex, status, ID codes and the date the member-add is reported.
  2. If the new member has no SSN enter all nines. The system assigns the member a pseudo number.
  3. Enter the household size verification source, if provided. Otherwise, leave blank.

MS 4492

RETROACTIVE MA AT MEMBER ADD

Determine eligibility for retroactive MA when adding a new member (other than a deemed eligible newborn) to an IM case as follows:

- A. Determine if the child was technically eligible;
- B. Determine if the child met income requirements for the retro months;
- C. If eligible for retro MA, enter the beginning retro MA date in the "Date Entered" field on the household members screen;
- D. Enter the date the change was reported in the member-add effective date field;
- E. If there are medical expenses in the retro months, enter them; and
- F. KAMES issues a MAID covering the appropriate months.

MS 4495

BATCH MATCH ON INACTIVE MEMBER

Resolve a batch match for an inactive member as follows:

- A. Enter the case number only on the Case Change Menu; and
- B. On the Case Segment Change Menu, enter the member's SSN and choose segment "HH".

MS 4500

## DELETING MEMBERS

Remove a case member by entering "M" or "D" to "Has member moved out or died?". Use "M" if the member is removed for any reason other than death. Removing the member also removes all income and any vehicle belonging to the member.

MS 4515

SYSTEM ACTION ON IM CHANGES WITH  
MISSING VERIFICATION

KAMES takes the following action after 10 days when an IM change is entered with no verification:

- A. Discontinues the case; or
- B. Processes the case without the dependent care deduction, if the dependent care is the only missing verification.

MS 4520

PENDING CASE CHANGE

On the Case Segment Change Menu, when you receive the prompt "Enter 'Y' for one month only", do the following:

- A. Enter the change in the current month only.
- B. If the change involves income, manually compute the monthly amount to be considered.
- C. Enter the monthly amount using the calculation code "CA".
- D. Leave the verification source blank if verification has not been provided.
- E. Document the method used to obtain the monthly amount in Comments.
- F. Once verification is returned, enter the information in the correct month and use the appropriate calculator indicator.

If a probationary worker enters a case change for one month, no other month can be changed until the first change is approved by the supervisor.

## SHARED ADDRESS CHANGES

[Address changes made to one case update the address in any other case containing the same case number. KAMES will not update a related case with a different case number.]

EXAMPLE: [K-TAP Case 111 22 3333A containing Jane, Joe, Mary, and Sally]  
MA Only 111 22 3333B Jane payee for Tom  
FS Case 111 22 3333 Jane, Joe, and Tom  
FS Case 444 55 6666 Mary and Sally

[Even though all 4 cases are considered related cases, when the address is changed on Jane's K-TAP case, the MA only case and her FS case are the only other cases that are automatically updated.]

Mary's FS case will not be updated with the new address as she does not have the same number as Jane. You need to manually update this address.

Don't forget to update Mary's case with the new address. [When you end session on Jane's K-TAP case, related case processing pulls Mary's case through the calculator, but does not update the address.] See [MS 1010](#) and [MS 4110](#) for additional information on shared information.

MS 4525

PENDING RELATED CASES

Even though information is shared between related cases, the system's decision to pend a case for verification is made separately for each case.

When a case change is entered, pends for verification, and is also to be used in a related case, follow these steps after End Session is completed on the first case:

- A. On the Case Change Menu, enter the related case number and select Function "A";
- B. On the Case Segment Change Menu, enter the appropriate member number and select the same "Segment" and "Same For" month that was processed in the original case;
- C. On the Pending Change/ Status Change screen, enter "1" to add verification or other data;
- D. On the Case Change screen, press enter. Do not make any changes unless the data previously entered is incorrect. System displays "Verification Not Entered". Press enter again and KAMES displays "Request Processed";
- E. PF15 to the Case Change Menu and select Function "I". The system shows both cases pended and produces an RFI for each case; and
- F. Once both cases pend, the system will correctly process each case at the end of 10 days.

MS 4550

### ADVERSE ACTION

Clients are entitled to a 10 day notice of adverse action. This notice is system-generated when a negative action is entered.

- A. If there are less than 10 days left in the month, negative actions such as a decrease or discontinuance of benefits, are held pending until the 10 day adverse action period expires. This applies to all programs and cannot be overridden.
- B. If there are more than 10 days left in the month, the negative action processes immediately. If the case must be returned to its prior status because of a hearing, etc. reinstate the case and take the necessary actions.
- C. [Food stamp IPV disqualifications are exempt from adverse action policy and procedures. These disqualifications do not pend for adverse action and no adverse action notice is sent.
- D. MA vendor payments are subject to adverse action when increasing patient liability for waiver and Hospice cases. LTC vendor payment is NOT subject to adverse action notice. See [Vol. IVA, MS 3600.](#)]

MS 4560

### CUT-OFF

Monthly issuance of ongoing benefits takes place on the eighth workday for IM, or seventh workday for FS before the end of each month. Once monthly issuance takes place, next month's benefits have been processed and cannot be changed. Any change after cut-off is not effective until the month after next.

MS 4600

ISSUANCE CYCLES

- A. The following daily issuances for all programs are created every work night of the month:
1. Approvals;
  2. Supplementals;
  3. Replacements; and
  4. Lump Sum Restorations.
- B. There are two regular monthly issuances for all active IM cases:
1. First Monthly - occurs on the eighth workday before the end of the month.
  2. Second Monthly - occurs on the last workday of the month.
- C. There are three regular monthly issuances for active FS cases:
1. First Monthly - occurs the night of the seventh workday before the end of each month.  
  
All cases active prior to first issuance are issued benefits at this time, except the following:
    - a. Cases approved after the 15th of the month that have already received their second month's benefits.
    - b. Cases with expiring certification and no recertification have been completed.
  2. Second Monthly - occurs the night of the third workday before the end of the month.  
  
All cases approved or recertifications completed after the first issuance are issued at this time, with the same exceptions that appear under First Monthly.
  3. Third Monthly - occurs on the last workday of the month.  
  
[All cases approved or recertifications completed after the second issuance are available at this time with the same exceptions that appear under First Monthly.]
- D. The FS monthly issuance availability schedule displays on General Information each month, for replacement purposes.]

MS 5450

SPECIAL CIRCUMSTANCE OVERVIEW

[See: OM. Upd. 04-09, MS 99661, 2/1/04.](#)

- A. Use the Special Circumstance Function in the following IM situations to:
1. Issue a MAID card when the MA eligibility date has been moved to a prior date;
  2. Authorize a retroactive special payment to correct an administrative error on a denied or discontinued case. On currently active cases, corrected payments for prior months are issued as supplementals;
  3. Issue a vendor payment for a recipient who is active in an S or X case, and has been admitted and discharged from a facility;
  4. Issue a vendor payment for an inactive case;
  5. [Correct patient liability for an inactive case or one that was active on PA-62 rather than KAMES during the period needing correction; and]
  6. Issue spend down MA coverage for an active Z case.
- B. To inquire a special circumstance transaction, do the following:
1. Select "B" on the KAMES Main Menu;
  2. Select "L" on the Inquiry Menu;
  3. Enter the case number you are inquiring to the right of item L and press enter.
  4. Enter the selection number of the transaction you wish to view on the Inquiry Special Circumstance Menu and select the appropriate segment. The options include issuance, comments, notices, and corrected patient liability.
  - [5. Special Circumstance actions may not be displayed in chronological order. Use PF8/20 to view all issuances.]

MS 5460

SPECIAL CIRCUMSTANCE PROCEDURES

[See: OM. Upd. 04-09, MS 99661, 2/1/04.](#)

Specific procedures for using KAMES special circumstance are as follows:

- A. When using special circumstance to issue a vendor payment or correct patient liability, inquire and screen print Member General Information Segment "AA" to obtain the recipient status code. Also check inquiry to determine if Medicaid eligibility did or did not exist for the time period to be covered by the special circumstance action, and to determine whether a Medicaid card has already been issued for the time period covered by this action.
- B. Enter the case number and select Function "R" on the Case Change Menu.
- C. The Special Circumstance Menu appears. Any previously entered special circumstance actions that are pending are listed and can be selected and updated. If there is no special circumstance action pending, or if you need to create a new special circumstance, answer "Y" to "Do you wish to add a selection not listed above?" and indicate whether this new action is for a grant or medical card.
- D. Special Circumstance - 1 screen appears. Complete the screen as appropriate, using information from the case record. Most of the fields are self-explanatory, but additional information is provided below on some specific entries.
  1. If the special circumstance action has been initiated in error, use "Delete" to delete the segment. This can only be done before the requested grant or MAID card is issued, the same day disposed or while action is still pending.
  2. "Grant Begin Date" is the benefit start date for the period to be covered. This is a past month.
  3. The "MA End Date" must be the last day of the month MA eligibility expires.
  4. Complete "List SSN's of members" by entering information about the case members included in the request. If one member needs a MAID card, list that member only.
  - [5. Enter the case name, address and other information carefully, as several fields are not matched against existing cases.]
- E. Special Circumstance - 2 screen appears. Complete the screen as appropriate, using information from the case.

1. The Help function contains all of the codes used on this screen;
  2. If you are issuing an LTC vendor payment or correcting patient liability, answer "Y" to "Do you want to add corrected patient liability?"
- F. Change - Corrected Patient Liability screen appears if needed. Complete the screen as appropriate, using information from the case.
- G. Special Circumstance - Supervisor Approval screen appears next. Supervisor approval is required for all special circumstance transactions. If not entered, the transaction pends.

MS 5600

LUMP SUM INELIGIBILITY PERIODS

[A disqualification/ineligibility period is applicable in the K-TAP or Family Related MA case based on receipt of lump sum income.]

- A. Enter lump sum income as follows:
  1. For application or recertification answer the question regarding receipt of a lump sum as "N". If adding a lump sum through case change, bypass this step and go on to Item 2.
  2. Document the amount of the lump sum in Comments.
  3. Calculate the ineligibility period outside the system.
  4. Access "Q" from the Main Menu.
    - a. Enter "343" or "423" reason code, as appropriate, for each member of the case.
    - b. Enter the number of months calculated above, and press enter.
    - c. [The system applies the "Begin" and "End" dates.]
- B. When an individual has a lump sum disqualification, and moves to a new household, do the following to determine if the disqualification is still applicable:
  1. Review the prior case to determine if the lump sum income belongs to this member.
  2. If it does, the disqualification remains.
  3. If it does not, delete the lump sum disqualification for that individual.
  4. Document comments.

MS 5630

GOOD CAUSE AND HARDSHIP

Use the following procedures to record a transfer of resources in HCBS and LTC cases.

- A. Do not answer the questions related to good cause and hardship until you receive:
  - 1. DSI determination of good cause; or
  - 2. DMS confirmation of undue hardship.
  
- B. When good cause and undue hardship are denied:
  - 1. Enter that information on the Transferred Resources screen; and
  - 2. KAMES applies the appropriate disqualification period.

You may view this sanction through disqualification inquiry.

MS 5700

## IPV DISQUALIFICATION

[When an FS member is determined to have committed an IPV, enter an IPV disqualification through Function "Q" on the Main Menu, even if that member is not currently participating in an active FS household.]

DO NOT delete IPV disqualifications that have been served.

MS 5710

IPV PROCEDURES

- A. Enter the disqualification on the system within 3 workdays of receiving notice of the IPV determination.
- B. The IPV disqualification does not pend for adverse action. No adverse action notice is sent. All other notice policy is followed as appropriate.
- C. When an IPV disqualification is entered on the Disqualification File, KAMES adds 3 calendar days to the "Disqual Decision Date" to set the "Disqual From Date". The 3 calendar days allow for mailing the disqualification notice.
  - 1. If the "Disqual Decision Date" plus 3 days ends on or before food stamp cut-off, the "Disqual From Date" is the first day of the following month.
  - 2. If the "Disqual Decision Date" plus 3 calendar days ends after cut-off, the "Disqual From Date" is the first day of the month after the month following the disqualification decision month.
  - 3. The "Date Worker Added the Disqual" field does not affect the "Disqual From Date".
- D. Disqual "Through Date" is system assigned.
  - 1. The "Through Date" is set based on the entry for "Number of Months Disqualified".
  - 2. Individual who are permanently disqualified have the "From Date" set as described in Item C above. The "Through Date" is set with 9's.
  - 3. The disqualification period is automatically uploaded after all the required disqualification information is entered.
- E. If an applicant is not on the Disqualification File and notice of IPV determination is received while the case is pending, enter the IPV disqualification on the system.
  - 1. KAMES sets the disqualification period based on the information that is entered.
  - 2. After KAMES uploads the disqualification dates, return to the pending application and page through it.
  - 3. The disqualification is applied to the application when it disposes.

MS 5715\*

ADDITIONAL IPV PENALTIES

Some disqualifications are common between K-TAP and FS.

- A. Spot checks are generated by disqualification entry to notify the other program that a violation has occurred.
  - 1. Fraud/Duplicate benefits.
  - 2. Felon/Prob./Parole Violator
  
- B. Enter the corresponding FS or K-TAP disqualification immediately upon notification.

MS 5720

OUT-OF-STATE IPV DISQUALIFICATION

[See OM Upd. No. 07-24, MS 99773, 11/12/07](#)

If a DRS match is verified, the other state's IPV and disqualification must be entered to ensure that correct penalties are applied and appropriate notices are generated by KAMES for any additional violations.

A. Use the following procedures:

1. Allow KAMES to upload the disqualification period as appropriate; and
2. If the disqualification period does not match the period established by the other state, access the Change Disqual Segment and change the "From Date" and "Through Date" to match the other state's disqualification period.

B. [If the individual already has a disqualification on KAMES as the first offense and we realize that the other state's IPV actually was the first, delete our disqualification from the system.] Enter the out-of-state disqualification as the first offense, then add our disqualification as the second offense so that appropriate penalties are applied. [Reenter the same decision date so the correct disqualification from and to dates are set.]