



*Sedgwick County...
working for you*

Sedgwick County
Developmental Disability Organization
Dee E. Staudt, LMSW, LCAC – Director

615 N. Main • Wichita, Kansas 67203 • T (316) 660-7630 • F (316) 660-4911 • TTY (316) 660-4893

SEDGWICK COUNTY DEVELOPMENTAL DISABILITY COMMUNITY COUNCIL

Meeting Minutes

April 20, 2018

12:00 P.m. – 1:00 p.m.

3033 W. 2nd Street, Wichita, KS

- I. Madeleine Bowens, Working Healthy Program Coordinator, and Marsha Patterson, S.C. Kansas Region Benefit Specialist, with the Kansas Department of Health and Environment, provided a presentation on Kansas Medicaid (see attached PowerPoint).

- II. Several participants asked questions or sought clarification during the presentation on Medicaid. One of the issues discussed was the annual Medicaid review. These reviews were stopped when the State transitioned Medicaid application processing to the clearinghouse but they have begun sending reviews out. Services will not be discontinued if you respond within 12 days of receiving the review notification; however, individual experience on receiving the review documents timely has varied and resulted in lapse of coverage. Ms. Bowens pointed out that Medicaid recipients can do a new application, instead of going through the review. The review process will also be implemented for individuals receiving Supplemental Security Income (SSI), which is new. Folks can expect to begin receiving reviews and should respond as soon as possible.

The presentors emphasized how important it is for individuals with disabilities that have Medicaid to apply for Social Security adult benefits when they turn 18; if this is not done, benefits will be stopped until adult benefits are approved. If receiving Home and Community Based Services (HCBS) Medicaid services before 18, you can continue receiving the services after the age of 18 but have to get the adult Social

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Security benefits in place and maintain Medicaid. Targeted Case Managers (TCM) should be letting families know about this requirement.

A spend-down is implemented if a person makes more money than allowed on Medicaid. Spend-downs function somewhat like insurance deductibles; Medicaid only covers medical expenses once the client meets their spend-down (i.e. if spend-down is \$1,000, Medicaid coverage will not start until the client has paid the first \$1,000). Spend-downs are for six months. Questions on spend-downs can be posed to Care Coordinators. Anyone with Medicaid should have a Care Coordinator but those not receiving HCBS services may have to call a centralized number to talk to one.

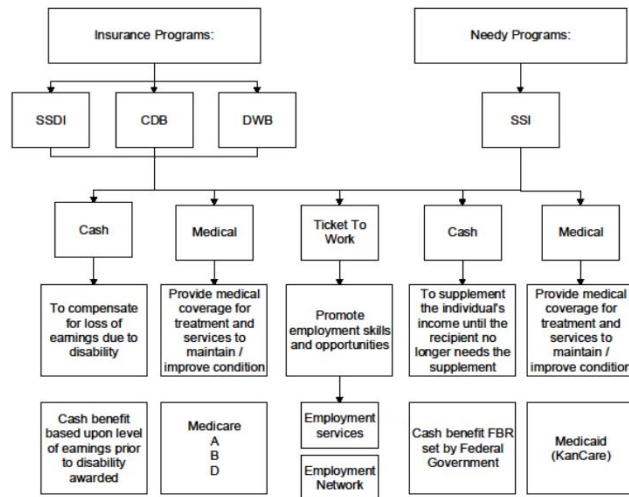
III. Adjourn

The Ah Ha Moment Navigating State Benefits



The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.

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TITLE XVI

SSI-Supplemental Security Income

Persons receiving Title XVI may be referred to as
"recipients."

SSI is for the aged, blind, or disabled (including
children).

Benefits are based on economic need.

Individuals must meet a financial needs test (resource
& income limits).

Benefits are paid on the 1st day of the month.

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Title II

Social Security Insurance programs: (for Adults)
SSDI Social Security Disability Insurance – paid
contributions

Auxiliary Benefits:

CDB Childhood Disability Benefits Parent paid
contributions

DWB Disabled Widows(er) Benefits Spouse paid
contributions.

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Transition from Children's Benefits

- Apply to Social Security for adult benefits
- Apply for E@D Kancare (request HCBS)
- KDADS places member on HCBS/Waiver waiting list for services
- Medically Needy Kancare (if Title II)
- Automatic full coverage Kancare if Title XVI
- If member reports employed, Options:
- Working Healthy/WORK

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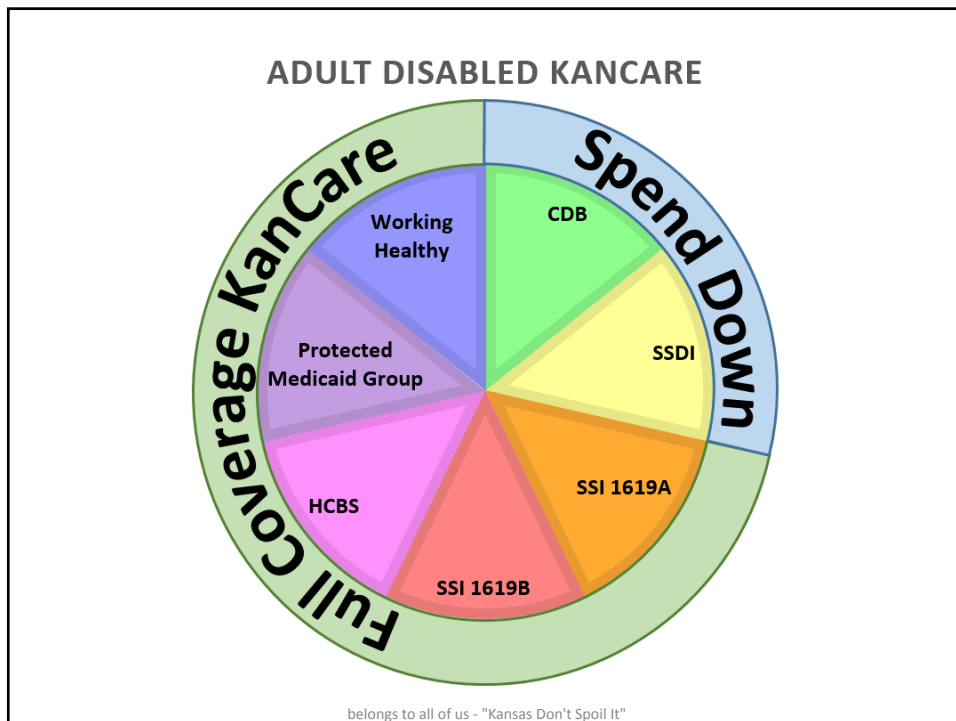
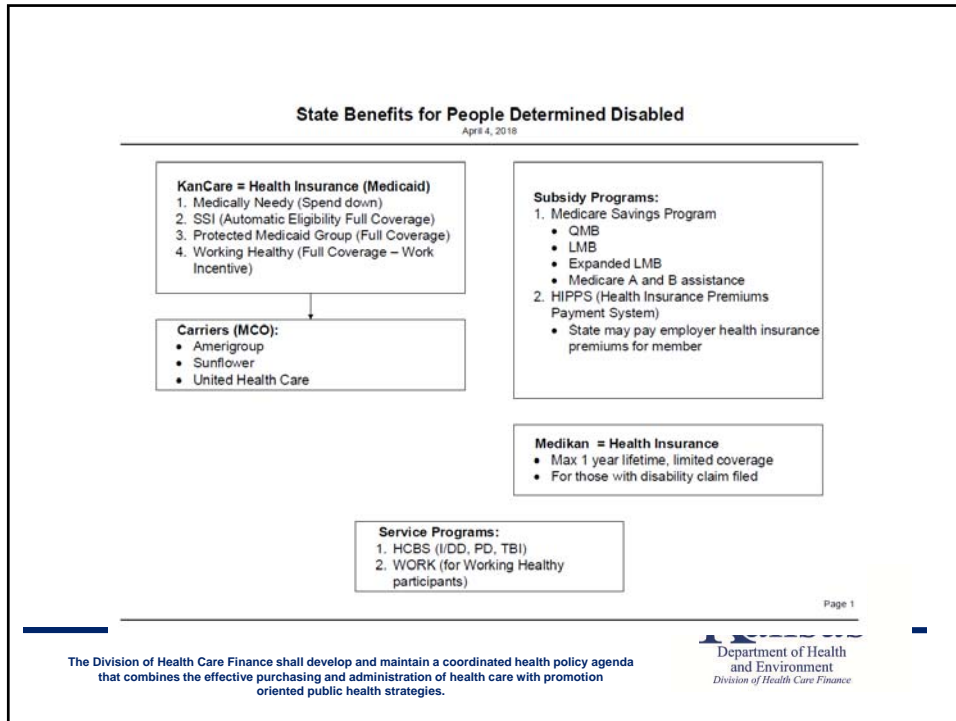


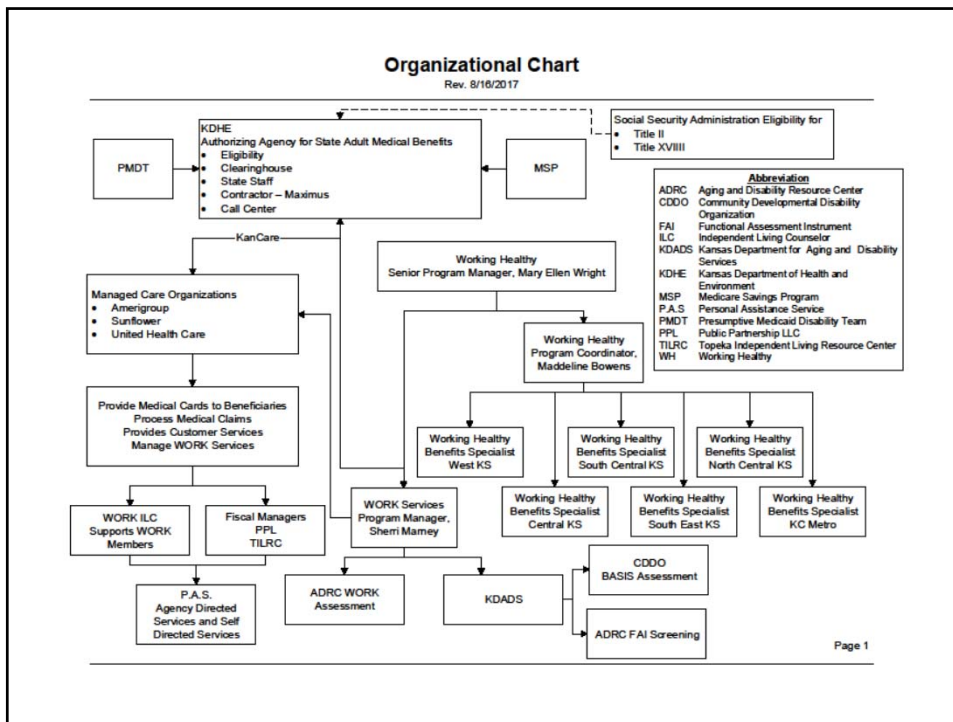
Transition to Adult Benefits

- Apply to Social Security for adult benefits
- Apply for E@D Kancare (request HCBS)
- KDADS places member on HCBS/Waiver waiting list for services
- Medically Needy Kancare (if Title II)
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What is Medicare?

- Medicare is the Federal Medical Benefit with Title II.
- Wait period of 24 months after cash benefits start
- Medicare A (hospital) is at no cost
- Medicare B (Out patient) has a premium (usually \$134)
- Medicare D (prescription) based on policy purchased

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Medicare and Medicaid

- Medicare primary payer
- Kancare payer of last resort
- Medicare – out of state coverage Federal
- Medicare paid by SSA Trust Funds
- Kancare - In- State coverage only
- Kancare paid by Federal Tax dollars and State Tax dollars
- Kancare has 3 MCO's
- Medicare has multiple Insurance Carriers

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Questions



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Working Healthy Administrators

**Mary Ellen Wright
Sr. Program Manager**

MaryEllen.Wright@ks.gov

**Madeleine Bowens Working Healthy Program
Coordinator**

Madeleine.bowens@ks.gov

**Sherri Marney
WORK Program Manager**

[Sherri Marney@ks.gov](mailto:Sherri.Marney@ks.gov)

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