STATE OF KANSAS
DEPARTMENT OF HEALTH AND ENVIRONMENT
DIVISION OF HEALTH CARE FINANCE

NOTIFICATION OF KANCARE/HCBS/MFP/WH/WORK SERVICES CHANGES/UPDATES

ES-3161
Rev. 11-14

I. CONSUMER INFORMATION

Name: _____

Case Number (if known): _____ KanCare ID No: _____

Address Change (if applicable): _____

Responsible Person or Contact Change (if applicable): _____

II. KANCARE INFORMATION CHANGES (to be completed by DCF eligibility staff)

☐ Review Complete ☐ Approval Status: Select ☐ Working Healthy/WORK – Temporary Unemployment Plan Needed

Review Effective Date: _____ Next Review Due: _____ Date Last Employed: _____

Reason for Unemployment: _____

☐ HCBS/MFP Client Obligation Type: Select Client Obligation Changes: $ _____ Effective Date: _____

$ _____ Effective Date: _____

☐ KanCare Case Closed Effective: _____ Reason for Closure: Select _____

☐ HCBS Ends Effective: _____

☐ HCBS/MFP Select Client Employed – Possible Working Healthy/WORK Eligibility

☐ Other: _____

Comments: _____

Completed by Date

III. HCBS/MFP/WORK SERVICE CHANGE (to be completed by ADRC, MCO, HCBS Manager, IDD Manager, or WORK Manager)

☐ Service Type: Select ☐ Service Review Status: Select Effective Date: _____

☐ Level of Care Waiver Change: Select Effective Date: _____

☐ Monthly Cost of Care Changes To: $ _____ Effective Date: _____

☐ Terminated Service Type Select Effective Date: _____ Reason for HCBS closure: Select _____

☐ Medical Bills For Client Obligation (bills attached)

☐ Entered Nursing Facility: Date Entered: _____ Facility: _____

Anticipated Length of Stay: _____ Stay is: Select _____

☐ Other: _____

Comments: _____

Completed by Select Date

Completed by Select Date

Completed by Select Date

Completed by Select Date

Completed by Select Date

IV. WORKING HEALTHY INFORMATION (to be completed by Benefit Specialist)

☐ Temporary Unemployment Plan Information: ☐ Plan Developed

☐ Client Failed to Comply – Reason: _____

☐ Premium Repayment: ☐ Agreement Signed - Date Received: _____

☐ Other: _____

Comments: _____

Attachments: ☐ Yes ☐ No