	A	B	C	D	E	F
1	**Question**	**Answer**	**Policy Reference**	**Date Answered**	**Additional Resource**	**Additional Resource**
2	If a consumer files for the wrong coverage or incorrect information, can they correct after submission on the portal or do they have to call in to get corrected?	They cannot correct the information submitted on the online application. The consumer can call or submit a letter explaining what was incorrect on the application	N/A	1/23/2025		
3	Facilitator Form - Would we put single names or admin role.	KanCare's Facilitator Form was updated back in 2020 to allow for "combined facilitator roles". The link in column E is the policy memo that provides policy and guidance on the form. It's ultimately up to the consumer on the type of role they are allowing.	MKEESM 2111 - Facilitator	1/23/2025	Facilitator Policy - DHE-DHCF POLICY NO: 2020-02-01	
4	What steps can a provider take when a consumer's Medicaid is discontinued.	Ask the consumer if they have a discontinuance notice. Review KMAP to determine when coverage was lost. If more than 1 month ago and not related to failure to provide a review, it is recommended they submit an application. If it is unknown or less than 30 days (month after the month since KMAP shows coverage has ended), it is recommend you reach out to your direct unit if there is a facilitator form on file. If no facilitator form, the consumer should call the 1-800 number or submit a new application. Review Reconsideration policy applies as of today, which is in regards to failure to provide review forms or information to process the review.	MKEESM 1423 - Reinstatement	1/23/2025	MKEESM 9350 - Review Reconsideration	
5	ADRC Missing Functional Assessment, what steps are needed to get this rectified	Review KMAP to determine when HCBS was lost and confirm with consumer why it was lost. If the HCBS was terminated solely for lack of functional assessment and they are still Medicaid active, then determine how long it's been since HCBS ended. If HCBS level of care ended less than 30 days (month after the month since KMAP shows coverage has ended), reach out to the MCO or ADRC to request they submit a 3161 advising of the date of reassessment. You can also reach out to your direct unit to explain the date of the reassessment. If more than 30 days (month after the month, the consumer should call the 1-800 number to request HCBS. Note: This does not apply if the reason for closure has not been cured within the month after the month of termination. HCBS Ends the day it is ran in KEES - new policy.	MKEESM 1423 - Reinstatement	1/23/2025	MKEESM 8272	
6	Request to have MCO's included in this meeting.	KDHE has taken this back				
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