


**Kentucky HEALTH QRG: Self-Attesting Medically Frailty in the  
benefind Self-Service Portal  
August 2018**

**Self-Attesting Medical Frailty in the benefind Self-Service  
Portal**

 **Introduction**

Assisters may use this document to explain how an individual may self-attest a Medically Frail status in the benefind Self-Service Portal (SSP). Individuals may also self-attest to being Medically Frail with a DCBS Caseworker on the **Health Screening** screen in Worker Portal/IEES.

**How to Self-Attest in benefind during Application**

 Individuals may self-attest to a condition that may deem them Medically Frail when submitting a Medicaid application in benefind. During the application process, the **Health Screening Details** screen displays in the *Post-Eligibility* section of application intake prior to the **Fast Track Payment** screen.

The individual should follow the steps below to complete the self-attestation process:

1. On the **Health Screening Details** screen, select the **correct tab** for the individual who would like to self-attest.
2. If the individual is not in good health, select **No** to the question *Are you in Good Health?*
3. If **No** is selected, additional questions display about the individual's health to determine if they have an ailment that might deem them Medically Frail. Select the **appropriate response** to these questions.
4. Complete the steps above for any other individuals on the case who want to self-attest.
5. Click **Next**.

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Overview Applications Plans & Programs Messages Assisters Settings

Case Number 100050433

Enter and Confirm Application **Review and Accept Eligibility** Select and Manage Plans Submit Application

Enter and Confirm Application

Review and Accept Eligibility

Post-Eligibility Questions

**Health Screening Details**

Fast Track Payment

Verification Screens

Eligibility Results

Select and Manage Plans

**Please contact your Managed Care Organization (MCO) and tell them you may be medically frail. The MCO may ask you some questions about your health and talk to your doctor. If you are medically frail, you may get extras like transportation to medical appointments. You could have the option to pay a monthly premium for better benefits. You might also take part in the PATH program, which has lots of great job resources, free of charge.**

**Health Screening Details** \*=Required field

KENN JIN SARAI

**Health Screening Details**

This information will help us understand if you have a serious, complex health condition that affects your ability to perform activities of daily living. It will be used to find the health plan that meets your needs.

Are you in good health? \*  YES  NO

Self-Attestation Date 09/01/2018

**Do any of the following apply?**

Has a doctor, nurse, or other health professional told you that you have:

Asthma or emphysema, cancer, diabetes, heart disease, HIV or AIDs, kidney disease, sever joint problem, sickle cell disease, stroke, and/or other severe physical health issue? \*  YES  NO

Anorexia nervosa or other eating disorder, autism, bipolar disorder, post-traumatic stress disorder, schizophrenia, severe depression, and/or other severe mental health issue? \*  YES  NO

An addiction to alcohol, heroin, street drugs, prescription drugs, pain medication, and/or "uppers" or "downers" ? \*  YES  NO

**Do you currently get help every day to:**

Use the toilet? Take a bath or shower? Walk around your house or outside? Take your medications? Prepare your meals? Get dressed? Walk more than 20 feet? \*  YES  NO

Are you currently homeless, such as living in a shelter, safe haven or place not meant for people to live in? \*  YES  NO

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**Please Note:** After answering the questions on this screen, the individual may have to take additional steps before the MCO evaluates them for Medical Frailty. If the individual answers **Yes** to any of the questions below, the individual **MUST** contact their MCO to be screened for Medical Frailty:

- Asthma, or emphysema, cancer, diabetes, heart disease, HIV or AIDs, kidney disease, severe joint problems, sickle cell disease, stroke, and/or other severe physical health issues?
- Anorexia nervosa or other eating disorder, autism, bipolar disorder post-traumatic stress disorder, schizophrenia, severe depression, and/or severe mental health issues?
- Has the individual ever been treated or told they should get treatment for an addiction such as to alcohol, heroin, street drugs, prescription drugs, pain medication, "Uppers" or "Downers", in the past 5 years?

If the individual answers **Yes** to any of the questions below, the individual is automatically determined Medically Frail for 6 months and does not have to contact their MCO to be evaluated. This status begins the first day of the month the individual started their application.

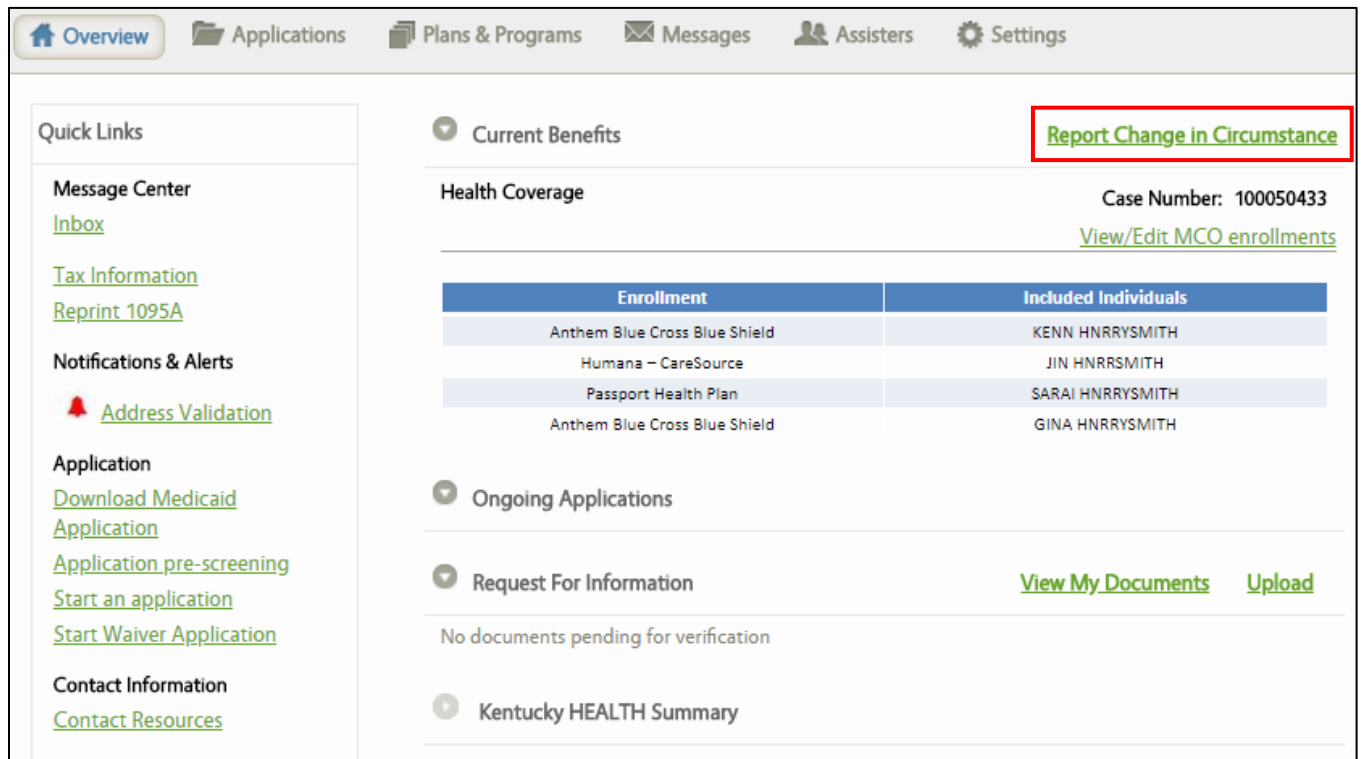
- Does the individual currently get help every day with Activities of Daily Living? ADL's include toileting, bathing, dressing, preparing meals, walking in the home or outside, or walking more than 20 feet.
- Is this individual homeless, such as living in a shelter, safe haven, or place not meant for people to live in

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## ➤ How to Self-Attest in benefind After Application

Individuals may also self-attest outside of the application process by navigating to the **Health Screening Details** screen. The individual should follow the steps below to navigate to this screen:

1. From the **benefind Dashboard** screen, click **Report Change in Circumstance**.



The screenshot displays the benefind dashboard interface. At the top, there is a navigation bar with icons for Overview, Applications, Plans & Programs, Messages, Assisters, and Settings. On the left side, there is a 'Quick Links' sidebar with sections for Message Center (Inbox, Tax Information, Reprint 1095A), Notifications & Alerts (Address Validation), Application (Download Medicaid Application, Application pre-screening, Start an application, Start Waiver Application), and Contact Information (Contact Resources). The main content area is titled 'Current Benefits' and features a 'Health Coverage' section with a 'Case Number: 100050433' and a 'View/Edit MCO enrollments' link. Below this is a table with two columns: 'Enrollment' and 'Included Individuals'. The table lists three enrollment types: Anthem Blue Cross Blue Shield (KENN HNRRYSMITH), Humana - CareSource (JIN HNRRSMITH), and Passport Health Plan (SARAI HNRRYSMITH). A fourth row shows Anthem Blue Cross Blue Shield with GINA HNRRYSMITH. Below the table, there are sections for 'Ongoing Applications', 'Request For Information' (with 'View My Documents' and 'Upload' links), and 'Kentucky HEALTH Summary'. The 'Report Change in Circumstance' link is highlighted with a red rectangular box.

Enrollment	Included Individuals
Anthem Blue Cross Blue Shield	KENN HNRRYSMITH
Humana - CareSource	JIN HNRRSMITH
Passport Health Plan	SARAI HNRRYSMITH
Anthem Blue Cross Blue Shield	GINA HNRRYSMITH

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- The **Type of Change You Are Reporting** screen displays. Mark the **box** next to *Someone in my household has a reason to report a change that is not listed in the reasons shown above.*
- Click **Continue**.

Overview Applications Plans & Programs Messages Assistors Settings

### Type of Change You Are Reporting \*Required field

Please answer the questions as they apply to you or a member of your household. If there has been a major change in your lives, you may be eligible for special enrollment. This allows you to make changes to your healthcare coverage outside of the normal open enrollment period.

**Please select all statements that apply to you or someone in your household:**

- I wish to self-attest to filing taxes in a previous year
- My household income or work hours have recently changed.
- My household expenses have recently changed.
- My household resources have recently changed.
- Someone in my household recently lost a job.
- The employer of someone in my household recently stopped providing healthcare coverage.
- Someone in my household lost minimum essential health insurance coverage within the past 90 days.
- There was a recent change in my household size due to someone getting divorced.
- There was a recent change in my household size due to someone moving out of the household.
- There has been a death in my household.
- Someone in my household recently gained a dependent through marriage.
- Someone in my household recently gained a dependent through birth or adoption.
- Someone in my household has recently moved in.
- Someone in my household has recently been released from or has entered jail or prison.
- Someone in my household has had a recent change in citizenship or lawful presence status.
- Someone in my household will either lose Employer Sponsored Health Insurance in the future or it will be no longer affordable to him/her
- There was a recent change related to a household member's school attendance.
- Someone in my household has a reason to report a change that is not listed in the reasons shown above.

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4. The **Household Information** screen displays. If the individual does not wish to report any changes on this screen, click **Next**.
5. The screens in the *Household Member Information*, *Financial Information*, *Additional Medical Assistance Questions* sections of the application also display. Click **Next** on each of these screens if the individual does not wish to report any changes to their application.
6. On the **Sign & Submit** screen, mark the **box** next to *By entering my name below, I am electronically signing my application*.
7. In the *First Name*, *M.I.*, and *Last Name* fields, enter the **individual's name as it appears on the application**.
8. Click **Submit**.

Overview Applications Plans & Programs Messages Assisters Settings

Case Number 100050485

Enter and Confirm Application Review and Accept Eligibility Select and Manage Plans Submit Application

Start Application

Household Member Information

Financial Information

Additional Medical Assistance Questions

Good Cause

Fast Track Payment

Authorized Representative Information

Review and Submit

Post Application Submission

**Sign & Submit** \*=-Required field

**Additional Information for Medicaid**

I understand:

- That if Medicaid pays for a medical expense, any other health insurance or legal settlement payments will go to Medicaid to reimburse it for the expense.
- That I will be asked to cooperate with the agency that collects medical support. However, if doing so will harm me or my children, I can tell Medicaid and I will not have to cooperate.

WIZ SMITH E-Signature

\* By entering my name below, I am electronically signing my application.

Consented by phone.

\* First Name M.I. \* Last Name Suffix

--Select--

Please note: The name listed on the signature field must be the applicant's name.

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- The **Voter Registration** screen displays. Select the **appropriate response** under *Would you like to apply to register to vote?*
- Click **Next**.

The screenshot shows the user interface of the Kentucky HEALTH QRG Self-Service Portal. At the top, there is a navigation bar with icons and labels for Overview, Applications, Plans & Programs, Messages, Assisters, and Settings. Below this is a progress bar with four steps: Enter and Confirm Application (checked), Review and Accept Eligibility (current step), Select and Manage Plans, and Submit Application. A yellow banner states: "We have some additional questions. Your answers to these questions will not affect your eligibility." The main content area is titled "Voter Registration" and contains the following text: "If you are not registered to vote or not registered where you currently live, we can help you. The decision to register is up to you. It does not affect your eligibility. If you choose yes and would like to apply to register to vote, you will be sent an application form in the mail. Help in filling out the form is available and is explained on the form." Below this is the question: "Would you like to apply to register to vote? An application will be mailed to you." with two radio button options: YES and NO. A red box highlights these options. Below the question is a "Please Note" section: "Please Note: If you do not select an option, you will be considered to have decided not to register to vote at this time." This is followed by a section titled "You may file a complaint if you believe that someone has interfered with" with a bulleted list: "your right to register or not register to vote", "your right to privacy in deciding whether or not to register to vote; or", and "your right to choose your own political party or other political choice". Below this is the text "To file a complaint, call or send your concern to:" followed by contact information for the Complaints Department: "Complaints Department", "State Board of Elections", "140 Walnut Street", "Frankfort, KY 40601", and "(502) 573-7100". At the bottom right, there is a green "Next" button with a right-pointing arrow, highlighted with a red box.

Case Number 100050485

Overview Applications Plans & Programs Messages Assisters Settings

Enter and Confirm Application Review and Accept Eligibility Select and Manage Plans Submit Application

We have some additional questions. Your answers to these questions will not affect your eligibility.

### Voter Registration

If you are not registered to vote or not registered where you currently live, we can help you. The decision to register is up to you. It does not affect your eligibility. If you choose yes and would like to apply to register to vote, you will be sent an application form in the mail. Help in filling out the form is available and is explained on the form.

Would you like to apply to register to vote? An application will be mailed to you.

YES  NO

Please Note: If you do not select an option, you will be considered to have decided not to register to vote at this time.

You may file a complaint if you believe that someone has interfered with

- your right to register or not register to vote
- your right to privacy in deciding whether or not to register to vote; or
- your right to choose your own political party or other political choice

To file a complaint, call or send your concern to:

Complaints Department  
State Board of Elections  
140 Walnut Street  
Frankfort, KY 40601  
(502) 573-7100

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11. The **Veteran Information** screen displays. Select the **appropriate response** under *Have you or your family member ever served in the U.S. military?*

12. Click **Next**.

Case Number 100050433	<span>✓</span> Enter and Confirm Application	Review and Accept Eligibility	Select and Manage Plans	Submit Application
<span>○</span> Enter and Confirm Application	<b>We have some additional questions. Your answers to these questions will not affect your eligibility.</b>			
<span>▼</span> Review and Accept Eligibility	<b>Veteran Information</b> <span style="float: right;">*Required field</span>			
<b>Post-Eligibility Questions</b>	<b>*Have you or your family member ever served in the U.S. military?</b>			
Health Screening Details	<input type="radio"/> YES <input checked="" type="radio"/> NO			
Fast Track Payment				
Verification Screens				
Eligibility Results				
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13. The **Waiver Gatepost** screen displays. This screen asks questions that may make someone eligible for the 1915c Waiver. Select the **appropriate answers** to the questions on this screen for each member of the case.

14. Click **Next**.

Case Number 100050433

Enter and Confirm Application **Review and Accept Eligibility** Select and Manage Plans Submit Application

\*=Required field

KENN JIN SARAI

**KENN's Information**

- \*Does KENN have an acquired brain injury?  YES  NO
- \*Is KENN dependent on a ventilator?  YES  NO
- \* Does KENN require assistance in order to be able to remain in his or her home?  YES  NO
- \* Does KENN have an intellectual or developmental disability?  YES  NO
- \* Is KENN currently receiving services in a facility that he would like to continue receiving in the home or community?  YES  NO

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15. The **Health Screening Details** screen displays. Select the **correct tab** for the individual who would like to self-attest.
16. Follow the steps on the first two pages of this document to complete the self-attestation process.

Overview Applications Plans & Programs Messages Assisters Settings

Case Number 100050433

Enter and Confirm Application Review and Accept Eligibility Select and Manage Plans Submit Application

Enter and Confirm Application

Review and Accept Eligibility

Post-Eligibility Questions

**Health Screening Details**

Fast Track Payment

Verification Screens

Eligibility Results

Select and Manage Plans

Please contact your Managed Care Organization (MCO) and tell them you may be medically frail. The MCO may ask you some questions about your health and talk to your doctor. If you are medically frail, you may get extras like transportation to medical appointments. You could have the option to pay a monthly premium for better benefits. You might also take part in the PATH program, which has lots of great job resources, free of charge.

Health Screening Details \*Required field

KENN JIN SARAI

Health Screening Details

This information will help us understand if you have a serious, complex health condition that affects your ability to perform activities of daily living. It will be used to find the health plan that meets your needs.

Are you in good health? \*

YES NO

Self-Attestation Date 09/01/2018

Do any of the following apply?

Has a doctor, nurse, or other health professional told you that you have:

Asthma or emphysema, cancer, diabetes, heart disease, HIV or AIDs, kidney disease, sever joint problem, sickle cell disease, stroke, and/or other severe physical health issue? \*

YES NO

Anorexia nervosa or other eating disorder, autism, bipolar disorder, post-traumatic stress disorder, schizosphrenia, severe depression, and/or other severe mental health issue? \*

YES NO

An addiction to alcohol, heroin, street drugs, prescription drugs, pain medication, and/or "uppers" or "downers" ? \*

YES NO

Do you currently get help every day to:

Use the toilet? Take a bath or shower? Walk around your house or outside? Take your medications? Prepare your meals? Get dressed? Walk more than 20 feet? \*

YES NO

Are you currently homeless, such as living in a shelter, safe haven or place not meant for people to live in? \*

YES NO

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17. After the individual completes the **Health Screening** screen, a screen displays that lets the individual know if additional documents are needed to verify the information. Click **Next**.

Overview Applications Plans & Programs Messages Assisters Settings

Case Number 100050433

✔ Enter and Confirm Application
 Review and Accept Eligibility
Select and Manage Plans
Submit Application

Enter and Confirm Application

● Review and Accept Eligibility
 \*Required field

Post-Eligibility Questions

### Thank You

Thank you for completing your application. Please see the below list of documents that we need to determine your Medicaid eligibility. For all other benefits that you have applied for, you will need to come into your local office for an interview.

Your case number is 100050433. Please keep this number handy.

Print

Health Screening Details

### Verification Results

The chart below will tell you if we were able to confirm your answers on the application.

You and Your Dependents	Results of Verification	Requires More Proof	Examples of documents that can be used as proof (You only need to send 1 document for each area requiring proof)	Date Due
KENN	✔	None		
JIN	✔	None		
GINA	✔	None		
SARAI	✔	None		

Fast Track Payment

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Verification Screens

Eligibility Results

Select and Manage Plans

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18. The **Programs You Qualify For** screen displays. Click **Next**.

Overview Applications Plans & Programs Messages Assisters Settings

Case Number 100050433

Enter and Confirm Application Review and Accept Eligibility Select and Manage Plans Submit Application

Enter and Confirm Application

Review and Accept Eligibility

Post-Eligibility Questions

Health Screening Details

Fast Track Payment

Verification Screens





Eligibility Results

Select and Manage Plans

### Programs You Qualify For ?

Below is a summary of your current eligibility results and the Renewed eligibility results for the next benefit year. These eligibility results are based on the information you have told us during the Renewal process. On the following pages, we will walk you through these Renewal results for each individual in your household. We will also tell you about your different coverage options. You will be asked at the end of this process about applying any of these changes to your existing health coverage. Click Next to start reviewing this information.

You may be eligible for assistance and health insurance through healthcare.gov. Please contact 1-800-318-2596 or visit www.healthcare.gov at your earliest convenience.

Household Member	Prior Results	New Results
 KENN	Medicaid	Not Eligible
	Medicaid - Kentucky HEALTH	Eligible
	KCHIP	Not Eligible
 JIN	Medicaid	Not Eligible
	Medicaid - Kentucky HEALTH	Eligible
	KCHIP	Not Eligible
 GINA	Medicaid	Not Eligible
	Medicaid - Kentucky HEALTH	Eligible
	KCHIP	Not Eligible
 SARAI	Medicaid	Not Eligible
	Medicaid - Kentucky HEALTH	Eligible
	KCHIP	Not Eligible

Individuals who are eligible for Medicaid may not be eligible for claims payment or MCO enrollment. The recipient must call the Department for Community Based Services (DCBS) at 855-306-8959 or use the Report A Change in Circumstance link from the Overview to make changes to their case.

?
Get Help

Click here if you or anyone in your household would like to get help from people in Kentucky trained to help you enroll.

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# Kentucky HEALTH QRG: Self-Attesting Medically Frailty in the benefind Self-Service Portal August 2018

19. The **Enrollment Manager** screen displays. Click **Next**.

Overview
Applications
Plans & Programs
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Case Number  
100050433
✔ Enter and Confirm Application
✔ Review and Accept Eligibility
Select and Manage Plans

You have made changes to your case, which may affect your enrollments. Please review your enrollments and make any necessary changes.

### Enrollment Manager

Welcome to the Enrollment Manager! Here you can find your historical enrollment information and any current eligibility or enrollment in Medicaid or KCHIP.

For eligibility and enrollment information for 2017 or to apply for a 2017 Qualified Health Plan, please visit [HealthCare.gov](http://HealthCare.gov)

**Current Eligibility**

Below is the summary of your current eligibility:

Member	Current Eligibility	Enrolled
KENN	Medicaid-Kentucky HEALTH : 09/01/2018 -	✔
JIN	Medicaid-Kentucky HEALTH : 09/01/2018 -	✔
SARAI	Medicaid-Kentucky HEALTH : 09/01/2018 -	✔
GINA	Medicaid-Kentucky HEALTH : 11/01/2018 -	✔

**Medicaid Plans (MCOs)**

**Anthem Blue Cross Blue Shield**

Premium Amount	Member	Coverage Dates	Status	Enrollment ID	Plan Type	Copy	Actions
\$1.00 per month Is 5 % Limit Met?: No	KENN HNRYSMITH	09/01/2018	Enrolled	1000030746	State	No	<a href="#" style="background-color: green; color: white; padding: 2px;">Request MCO Char</a>
	Cost Share Optional						
\$1.00 per month Is 5 % Limit Met?: No	GINA HNRYSMITH	11/01/2018	Enrolled	1000030760	State	No	<a href="#" style="background-color: green; color: white; padding: 2px;">Request MCO Char</a>
	Cost Share Optional						

**Humana – CareSource**

Premium Amount	Member	Coverage Dates	Status	Enrollment ID	Plan Type	Copy	Actions
\$1.00 per month Is 5 % Limit Met?: No	JIN HNRYSMITH	09/01/2018	Enrolled	1000030747	State	No	<a href="#" style="background-color: green; color: white; padding: 2px;">Request MCO Char</a>
	Cost Share Optional						

**Passport Health Plan**

Premium Amount	Member	Coverage Dates	Status	Enrollment ID	Plan Type	Copy	Actions
\$1.00 per month Is 5 % Limit Met?: No	SARAI HNRYSMITH	09/01/2018	Enrolled	1000030748	State	No	<a href="#" style="background-color: green; color: white; padding: 2px;">Request MCO Char</a>
	Cost Share Optional						

Payment History
View History
Add Plan

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20. The **benefind Dashboard** screen displays. If the individual self-attested to chronic homelessness or a disability that impacts ADL, no further action is needed. If the individual self-attested to any other condition, the individual must contact their MCO to complete further screening.

The screenshot displays the 'benefind Dashboard' interface. At the top, there is a navigation bar with tabs for Overview, Applications, Plans & Programs, Messages, Assisters, and Settings. The main content area is divided into several sections:

- Quick Links:** A sidebar on the left containing links for Message Center (Inbox), Tax Information (Reprint 1095A), Notifications & Alerts (Address Validation), Application (Download Medicaid Application, Application pre-screening, Start an application, Start Waiver Application), and Contact Information (Contact Resources).
- Current Benefits:** A section with a dropdown arrow and a link to 'Report Change in Circumstance'. It displays 'Health Coverage' with a 'Case Number: 100050433' and a link to 'View/Edit MCO enrollments'.
- Enrollment Table:** A table with two columns: 'Enrollment' and 'Included Individuals'.

Enrollment	Included Individuals
Anthem Blue Cross Blue Shield	KENN HNRRYSMITH
Humana – CareSource	JIN HNRRSMITH
Passport Health Plan	SARAI HNRRYSMITH
Anthem Blue Cross Blue Shield	GINA HNRRYSMITH
- Ongoing Applications:** A section with a dropdown arrow.
- Request For Information:** A section with a dropdown arrow, a link to 'View My Documents', and an 'Upload' button. Below this, it states 'No documents pending for verification'.
- Kentucky HEALTH Summary:** A section with a dropdown arrow.