

Notice of Instruction

5905 Breckenridge Parkway, Suite F
Tampa, Florida 33610
(813) 740-3888
(800) 336-2226 (FL)
Fax (813) 623-1342

West Central Florida
Area Agency on Aging, Inc.



Assistance. Advocacy. Answers on Aging.

Notice of Instruction Number: #111908 – MBC Referral Procedures - kp

TO: All Lead Agencies
FROM: Katie Parkinson, Director of Program Management
DATE: November 19, 2008
SUBJECT: Medicaid Benefit Counselor (MBC) Referral Process
cc: WCFAAA Program Management, Intake and Screening, and Information and Referral Department Staff

The purpose of this notice is to provide procedures for case managers to use in referring to the ARC Medicaid Benefit Counselors (MBC) consumers requiring assistance with Medicaid Waiver (MW) Request for Assistance and eligibility process. WCFAAA Procedure # Client017 is attached to this Notice and outlines the steps to follow when requesting assistance from the MBC.

The ARC (Aging Resource Center) Referral Form must be submitted with the required attachments and must indicate the case manager is requesting the Medicaid Benefit Counselor assist their consumer with applying for Medicaid Waiver services.

If you have any questions or concerns about this notice, please feel free to contact this writer at (813) 676-5574. Thank you for your continued commitment to Florida's elders.

Attachments:

WCFAAA Procedure #Client017 Medicaid Benefit Counselor Referral Procedure-Case Management
ARC Referral Form

PUOP# Client017
Effective Date: 11/18/08

Prepared By: KP
Approved By: GDS

Title: MEDICAID BENEFIT COUNSELOR REFERRAL PROCEDURE-CASE MANAGEMENT

Policy: The Medicaid Benefit Counselor (MBC) will assist Medicaid Waiver (MW) probable consumers with obtaining their Medicaid benefits and securing enrollment in the Aged and Disabled Adult (ADA) and the Assisted Living Elderly MW programs.

Purpose: To outline the procedure used to ensure consumers referred by case managers are routed expeditiously through the Aging Resource Center (ARC) to the appropriate Medicaid Benefits Counselor.

Scope: This procedure applies to Assisted Living Elderly (ALE) and Aged and Disabled Adult (ADA) Medicaid Waiver (MW) consumers who have been recently screened and assessed using the DOEA 701-B Assessment form and appear eligible for the ADA or ALE MW program.

Responsibilities: The Medicaid Waiver Specialist is responsible for authorizing the consumers' enrollment into either the ALE and ADA MW consumers.

The Medicaid Benefits Counselor (MCB) is responsible for:

1. Coordinating necessary communication between the referring Case Management Agency, the WCFAAA ARC Enrollment Manager, and the Refer system, the CARES Unit staff and the Department of Children and Families (DCF).
2. Assisting the Medicaid Waiver probable consumer with completion of the Department of Children and Families (DCF) Request for Assistance (RFA).
3. Tracking and facilitating consumer eligibility determination..

The MBC located in the WCFAAA Tampa office is responsible for assisting consumers located in Hillsborough and Manatee Counties.

The MBC located in the WCFAAA Lakeland office is responsible for assisting consumers located in Polk, Highlands, and Hardee Counties.

The Case Management Agency Case Manager (CM) is responsible for completing the Department of Elder Affairs (DOEA) 701-B Assessment and ARC Referral forms in order to request assistance from the MBC, and when required assisting the client with the completion of the DCF RFA.

Procedure:

Enrollment and Assessment Process:

1. The Medicaid Waiver Specialist will authorize enrollment of a consumer into either the Assisted Living Elderly (ALE) or Aged and Disabled Adult (ADA) Medicaid Waiver (MW) program.
2. The Medicaid Waiver Specialist will notify the Lead Agency according to funding availability and prioritize consumer enrollment based on the consumer's priority score.
3. Upon release of the consumer from the ARC for enrollment, the CM will contact the client and make an appointment for completion of the necessary DOEA 701-B Assessment screening instrument tool.
4. Based on the results of the DOEA 701B Assessment, the CM will determine if the client appears to be eligible for MW program enrollment.
5. If the CM determines the client appears to be eligible for MW program enrollment, the CM will review with the client the steps required to determine financial and physical eligibility.

The following parameters regarding program enrollment and eligibility determination must be reviewed with the consumer in order to determine the client's eligibility for the MW program:

- a. The client must meet the Level of Care (LOC) requirements for MW program enrollment established by the DOEA CARES Unit, and
 - b. The DCF must determine the client meets the financial eligibility standards for receipt of the MW services.
6. If the CM determines that the client will be advancing with the process of obtaining their LOC and DCF MW eligibility determination, the CM can request the assistance of the ARC MBC.
 7. The CM will review the WCFAAA MBC Documentation List that itemizes the information the client must gather for submission of the Medicaid Application. The CM reviews this list with the client and requests the client gather this information in preparation for the MBC visit.

Case Management Referral Process to Aging Resource Center Medicaid Benefit Counselor:

1. The CM the ARC Referral Form in its entirety.

2. The ARC Referral Form must be submitted with the required documentation attached and must indicate the case manager is requesting the Medicaid Benefit Counselor to assist their consumer with applying for Medicaid Waiver services.
3. The ARC Referral Form must have the following documents attached:
 - a. The consumers DOEA 701-B Assessment form
 - b. Level of Care if it has already been received
 - c. The completed Physician Referral Form 3008, or indicate that it has been requested
 - d. DCF Informed Consent Form 2040 signed by the consumer or their designated representative, and
 - e. DCF Form 2515 completed with the date case management began

Medicaid Benefit Counselor Responsibilities:

1. Upon receipt of the ARC Referral Form, the MBC will contact the case manager to confirm the receipt of the request for assistance (RFA).
2. The MBC will review the documentation included in the referral packet with the case manager.
3. Based on the volume of referrals received by the ARC, the MBC will confirm with the CM their ability to accept the referral.
4. The MBC will:
 - a. Contact the consumer and arrange a client visit to complete the on-line Request for Assistance (RFA).
 - b. Meet with consumer or the designated representative and complete the RFA utilizing the DCF ACCESS System at www.myflorida.com/accessflorida for Medicaid Waiver services.
 - c. Coordinate gathering of any necessary documentation for the completion of the RFA with the case manager, the DCF, the CARES Unit and the consumer (i.e. bank statements, status of 3008, status of LOC, etc...).
 - d. Inform the case manager when the DCF eligibility determination has been made. If eligibility is approved, the MBC will provide the CM with the consumer's Medicaid Waiver number.

Scheduling Limitations:

The ARC has two (2) Medicaid Benefits Counselors on staff. Should client workload and scheduling limitations prohibit the MBC from accepting the CM's referral, the CM will be advised and the referral will be marked as "**MBC Unable to Accept Referral-returned to CM/CARES**" and the referral will be returned to the case manager.

The CM will then coordinate the client's Medicaid eligibility with DCF unassisted by the ARC.

MBC Contact Information:

**Medicaid Benefits Counselor
Hillsborough and Manatee
WCFAAA
5905 Breckenridge Parkway,
Suite F
Tampa, FL 33610
813-676-5601 / 813-386-7421 fax
813-957-1771 cell**

**Medicaid Benefits Counselor
Hardee, Highlands and Polk
WCFAAA
200 North Kentucky Ave,
Suite 302
Lakeland, FL 33801
863-413-3473 / 863-413-3475 fax
813-416-2553 cell**

Toll free Number: 866-827-6095 - This number is shared between both Medicaid Benefit Counselors and prompts you to press #1 for the MBC in Hillsborough/Manatee and #2 for the MBC in Polk/Highlands/Hardee.

Attachments:

ARC Referral Form
Medicaid Benefit Counselor Documentation List (Documentation Needed for Medicaid Application)

Revision History:

| Revision | Date | Description of changes | Requested By |
|----------|----------|---|---|
| 1 | 11/18/08 | Established ARC Benefit Counselor Procedures for Case Management MW Referrals | Katie Parkinson, Director of Program Management |
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ARC Referral Form

FAX COVER SHEET

TO: (Please fax this information to the I&S fax line at 1(888) 401-4606)

FROM:

SUBJECT:

DATE: November 19, 2008

OF PAGES: 2 (including cover sheet)

Message...

Consumer requires assistance with the following:

Information and Referral

Intake and Screening- to be assessed (DOEA Form 701A completed) for further assistance

Medicaid Benefits Counselor

Applying for Medicaid Waiver

Applying for State Plan Medicaid

ARC Referral Form

| | |
|---|--|
| Lead Agency/Service Provider: | Worker name: |
| Date: | Worker email address: |
| | Contact info: Phone _____ Fax _____ |
| Name of consumer: | Social Security #: |
| Address: | |
| Zip Code: | County: |
| Phone number: | Alternate phone number, if applicable: |
| Best time to call: | |
| Situation: | MBC Referral Supportive Documentation: <input type="checkbox"/> 701B Assessment-Date_____ (required) <input type="checkbox"/> Level of Care- status: Requested/Included (circle one) <input type="checkbox"/> DCF Informed Consent Form 2040 <input type="checkbox"/> DCF Form 2515 indicating date Case Management began <input type="checkbox"/> Other (please specify): |
| Is the client currently receiving any services? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what services? |
| Is their information currently in CIRTS? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have any other referrals already been given? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what referrals were given? |
| Does the consumer have a Caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Any other pertinent information? | |
| Date fax sheet was sent to the WCFAAA ARC: | |
| <p>*For use by the MBC only: Please note that the MBC may not be able to accept all referrals due to scheduling limitations. If the MBC determines that they are unable to accept a referral from CARES or the Lead Agency Case Manager, the MBC will notify the referring worker so that other arrangements can be made.</p> <input type="checkbox"/> MBC Unable to Accept Referral-returned to CM/CARES | |

ARC Referral Form

**WEST CENTRAL FLORIDA
AREA AGENCY ON AGING
Medicaid Benefits Counselor
Consejero(a) de Beneficios del Medicaid**

**Documentation Needed for Medicaid Application
Documentos necesarios para la Solicitud del Medicaid**

If you have any or all of these documents it would be very helpful in getting the application approved faster. Once we have gathered this information below, we can forward to the Department of Children & Family (DCF) so a determination can be made on your Medicaid application.

Su solicitud podría ser procesada con mayor prontitud si usted tiene disponibles algunos ó todos los documentos mencionados a continuación. Nosotros podemos enviar toda su información directamente al Departamento de la Familia y de los Niños (Department of Children & Family) y de esa manera se podrá hacer una determinación de su solicitud para obtener Medicaid.

Thank you for gathering these materials. I look forward to your phone call to set up an appointment.

Muchas gracias por conseguir estos documentos. Esperaré su llamada para establecer una cita.

| | |
|--|--|
| 1. ___ Social Security Card | <input type="checkbox"/> Tarjeta de Seguro Social |
| 2. ___ Medicare card | <input type="checkbox"/> Tarjeta del Medicare |
| 3. ___ Photo ID or driver's license | <input type="checkbox"/> Licencia de conducir o identificación con foto |
| 4. ___ Bank Statements (last 3 months) | <input type="checkbox"/> Estados de cuenta bancario (últimos 3 meses) |
| 5. ___ Savings Account (last 3 months) | <input type="checkbox"/> Cuenta de ahorro (últimos 3 meses) |
| 6. ___ Utility Bills (Last 3 months statements) a. ___ Electric b. ___ Gas c. ___ Water/Sewage d. ___ Telephone e. ___ Property Tax statement f. ___ Propane | <input type="checkbox"/> Cuentas de servicios (últimos 3 meses) a. Electricidad b. Gasolina c. Servicio de agua d. Teléfono e. Cuenta de impuestos a la propiedad f. Gas propano |

| | |
|---|--|
| 7. ___Mortgage payments or rent receipts | <input type="checkbox"/> Pagos de hipoteca o recibos de renta |
| 8. ___Insurance policies (if you have term or whole life insurance) | <input type="checkbox"/> Pólizas de seguro (si tiene seguro de vida parcial o completo) |
| 9. Vehicle information a ___car insurance paid | <input type="checkbox"/> Información de vehículo a. Seguro de vehículo pagado |
| 10. Any other asset information a. ___Stocks/bonds b. ___Annuities c. ___Money market funds d. ___Any real property (real estate agreement) | <input type="checkbox"/> Información de otros bienes a. Acciones/bonos b. Anualidades c. Fondos en bolsa de valores d. Propiedad inmobiliariaj/bienes raices |
| 11. ___Home Owner's Insurance | <input type="checkbox"/> Seguro de Propiedad |
| 12. ___Any unpaid medical bills less than a year | <input type="checkbox"/> Recientes cuentas médicas pendientes de pago |
| 13. ___Any other bills paid out | <input type="checkbox"/> Otras cuentas por pagar |
| 14. ___Social Security Awards letter | <input type="checkbox"/> Carta de otorgamiento de Seguro Social |
| 15. ___Veterans Administration Awards letter | <input type="checkbox"/> Carta de otorgamiento de la Administración de Veteranos |