Dear

Thank you for calling the Aging and Disability Resource Center/Elder Helpline for assistance. As a result of our conversation and the screening information you provided, we have added your name to the Enrollment Management List for the following programs:

**Community Care for the Elderly (co-pay required)**

We understand that the information given to you at the time of your screening may need to be reviewed from time to time or may need to be shared with others. Therefore, we are including a brief summary of the screening and selection process:

In order to receive Long Term Care Services in a Community or Assisted living setting, you must be screened by one of our Medicaid Benefit Counselors. Each person requesting services receives an identical screening and is placed on an Enrollment Management List for all programs for which they appear to be eligible.

The responses to the questions on the screening determine your position on the Enrollment Management List. Therefore, it is extremely important to answer the questions as accurately as possible.
Some programs may have a co-pay associated with the receipt of services. Others may require medical certification (form 3008) and an application to the Department of Children and Families for Medicaid Eligibility Determination.

When funding becomes available for any of the programs, you will be contacted and assisted with completing any eligibility requirements that are necessary.

If you have not been selected for a program, the Medicaid Benefit Counselor will re-contact you to update the screening information in one year. However, if the situation changes in regard to ability for self-care, caregiver issues, diagnosis of dementia, or other major changes, you or your caregiver should contact the ADRC with the new information so that the screening reflects these changes.

Please contact us at 1-800-963-5337 if you have other questions or need to update your screening.
Date

Client Name
Address
City, State Zip

The individual above expressed an interest in the Statewide Medicaid Managed Care Long Term Care (SMMCLTC) Program. This program is intended to provide home and community-based services to individuals who meet physical and financial eligibility criteria.

We can begin to obtain the documents which will be needed for your application and eligibility, pending the availability of funds and authorization.

Enclosed please find the Physician's Referral (Form 3008). Please take this form to your physician to be completed and signed. This form is valid for one year. We have also included instructions to complete the Physician's Referral (Form 3008).

Once the form is complete, please forward it to our address as follows:

Alliance for Aging, Inc.
760 NW 107th Avenue
Suite # 214
Miami, FL 33172-3155

The form may also be faxed to (305) 222-4139

If you have any questions regarding this letter or the SMMCLTC Program, please contact us at (305) 670-4357 (HELP)
Date

Client Name
Address
City, State Zip

Addressee Name,

Thank you for contacting the Aging & Disability Resource Center Helpline. Our records show that you have been screened by our agency for long term care services and placed on the Priority List(s) for appropriate programs that will best meet their needs, and for which they appear eligible.

The priority screening takes into account the amount of help needed, the amount of help available, and other factors. All clients are asked the same questions to produce a prioritized wait list. If funding becomes available, you would be contacted and assisted with completing any required eligibility steps.

Some programs may have a co-pay for services. Others may require Medical Certification Form 5000-3008 and a Department of Children and Families application for Medicaid eligibility determination.

If you have not been selected for a program, the Aging & Disability Resource Center will contact you to update your information in one year. However, if major changes, such as the ability to self-care, living situation, or other significant changes occur, you may contact the Helpline at (305) 670-4357 to request a re-screening.

Attachments:
1) HIPAA/Privacy Health Information/Social Security Information

If you have any questions, please contact our Helpline at (305) 670-4357.
Thank you for contacting Your Aging & Disability Resource Center Helpline. Our records show that 
Enter first and last name has been screened by our agency for long term care services and placed on the 
Priority List(s) for appropriate programs that will best meet their needs, and for which they appear eligible.

The priority screening takes into account the amount of help needed, the amount of help available, and other 
factors. All clients are asked the same questions to produce a prioritized wait list. If funding becomes 
available, you would be contacted and assisted with completing any required eligibility steps.

Some programs may have a co-pay for services. Others may require Medical Certification Form 5000-3008 
and a Department of Children and Families application for Medicaid eligibility determination.

If you have not been selected for a program, Your Aging & Disability Resource Center will contact you to 
update your information in one year. However, if major changes, such as the ability to self-care, living 
situation, caregiver issues, diagnosis of dementia, or other major changes occur, you or your caregiver should 
contact us at 1-866-684-5885 to request a re-screening.

If you have any questions, please call us at

Best regards

Attachments:

1) Privacy Health Information
2) Social Security Information
Pursuant to Ch. 119 of Florida law, the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (AAA) is required to set forth, in writing, purposes for which it collects Social Security Numbers. The AAA is further required to provide individuals from whom it collects Social Security Numbers with a written statement setting forth those purposes.

The AAA collects the Social Security Numbers of applicants or recipients of AAA-funded programs and services for the following purpose(s):

- To determine eligibility and to assist individuals with applications for publicly-funded programs and services.
- If applicable, to share information with the Florida Department of Elder Affairs, Florida Department of Children and Families and/or the Florida Department of Health for purposes of Medicaid funding.

The AAA may share with the State of Florida, and/or an agency providing programs or services funded in whole or in part by the AAA, the Social Security Number of an individual who is an applicant for or recipient of any such programs or services.
Thank you for contacting Your Aging & Disability Resource Center Helpline. Our records show that has been screened by our agency for long term care services and placed on the Priority List(s) for appropriate programs that will best meet their needs, and for which they appear eligible.

The priority screening takes into account the amount of help needed, the amount of help available, and other factors. All clients are asked the same questions to produce a prioritized wait list. If funding becomes available, you would be contacted and assisted with completing any required eligibility steps.

Some programs may have a co-pay for services. Others may require Medical Certification Form 5000-3008 and a Department of Children and Families application for Medicaid eligibility determination.

The first step toward Statewide Medicaid Managed Care Long-Term Care eligibility is completion of the Medical Certification (Form 5000-3008). A completed form does not mean you will automatically receive services. However, if funding becomes available in the future, a completed 3008 would assist in completing the eligibility process more quickly.

The 5000-3008 form to send to your physician is enclosed. This form needs to be completed and signed by your physician or Advanced Registered Nurse Practitioner and returned to the address or FAX provided below.

If you have not been selected for a program, Your Aging & Disability Resource Center will contact you to update your information in one year. However, if major changes, such as the ability to self-care, living situation, caregiver issues, diagnosis of dementia, or other major changes occur, you or your caregiver should contact us at 1-866-684-5885 to request a re-screening.

If you have any questions, please call us at

Best regards

Attachments:
1) Privacy Health Information
2) Social Security Information
3) Medical Certification Form 5000-3008
Pursuant to Ch. 119 of Florida law, the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (AAA) is required to set forth, in writing, purposes for which it collects Social Security Numbers. The AAA is further required to provide individuals from whom it collects Social Security Numbers with a written statement setting forth those purposes.

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- To determine eligibility and to assist individuals with applications for publicly-funded programs and services.
- If applicable, to share information with the Florida Department of Elder Affairs, Florida Department of Children and Families and/or the Florida Department of Health for purposes of Medicaid funding.

The AAA may share with the State of Florida, and/or an agency providing programs or services funded in whole or in part by the AAA, the Social Security Number of an individual who is an applicant for or recipient of any such programs or services.
Date

Name
Address

Thank you for contacting the Aging & Disability Resource Center Helpline. Our records show that [name] has been screened by our agency for long term care services and placed on the Priority List(s) for appropriate programs that will best meet their needs, and for which they appear eligible.

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If you have not been selected for a program, the Aging & Disability Resource Center will contact you to update your information in one year. However, if major changes, such as the ability to self-care, living situation, caregiver issues, diagnosis of dementia, or other major changes occur, you or your caregiver should contact us at [contact information] to request a re-screening.

If you have any questions, please call us at (850) 494-7101.

Attachments:
1) Privacy Health Information
2) Social Security Information

Thanks,

Northwest Florida Area Agency on Aging, Inc.
Disability Resource Center
5090 Commerce Park Circle
Pensacola Florida 32505
Phone: 850(494-7101)
Fax: 850(494-7122)
www.nwfiaaa.org/
Date

First Last Name
Address
City, State Zip Code

First Last Name,

Thank you for contacting the Aging & Disability Resource Center Helpline. Our records show that the above named individual has been screened by our agency for long term care services and placed on the Priority List(s) for appropriate programs that will best meet their needs, and for which they appear eligible.

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Some programs may have a co-pay for services. Others may require Medical Certification Form 5000-3008 and a Department of Children and Families application for Medicaid eligibility determination.

If you have not been selected for a program, the Aging & Disability Resource Center will contact you to update your information in one year. However, if major changes, such as the ability to self-care, living situation, caregiver issues, diagnosis of dementia, or other major changes occur, you or your caregiver should contact us at 1-888-242-4464 to request a re-screening.

If you have any questions, please call us at 1-888-242-4464.

Attachments:
1) Privacy Health Information
2) Social Security Information
Thank you for contacting the Aging & Disability Resource Center Helpline. Our records show that you have been screened by our agency for long term care services and placed on the Priority List(s) for appropriate programs that will best meet your needs, and for which you appear eligible.

The priority screening takes into account the amount of help needed, the amount of help available and other factors. All clients are asked the same questions to produce a prioritized wait list. If funding becomes available, you would be contacted and assisted with completing any required eligibility steps.

Some programs may have a co pay for services. Others may require Medical Certification Form 5000 3008 and a Department of Children and Families application for Medicaid eligibility determination.

If you have not been selected for a program, the Aging & Disability Resource Center will contact you to update your information in one year. However, if major changes, such as the ability to self care, living situation, caregiver issues, diagnosis of dementia, or other major changes occur, you or your caregiver should contact us to request a re-screening.

If you have any questions, please call us at (954) 745-9779.

Sincerely,

Area Agency on Aging of Broward County
Thank you for contacting the Aging & Disability Resource Center Helpline. Our records show that you have been screened by our agency for long-term care services and placed on the Priority List(s) for appropriate programs that will best meet your needs, and for which you appear eligible.

The priority screening takes into account the amount of help needed, the amount of help available and other factors. All clients are asked the same questions to produce a prioritized wait list. If funding becomes available, you would be contacted and assisted with completing any required eligibility steps.

Some programs may have a co-pay for services. Others may require Medical Certification Form 5000-3008 and a Department of Children and Families application for Medicaid eligibility determination.

The first step toward Statewide Medicaid Managed Care Long-Term Care eligibility is completion of the Medical Certification (Form 5000-3008). A completed form does not mean you will automatically receive services. However, if funding becomes available in the future, a completed 3008 would assist in completing the eligibility process more quickly.

The 5000-3008 form to send to your Physician is enclosed. This form needs to be completed and signed by your Physician (MD, DO), Physician Assistant (PA), or Advanced Registered Nurse Practitioner (ARNP) and returned to the address or FAX provided below.

If you have not been selected for a program, the Aging & Disability Resource Center will contact you to update your information in one year. However, if major changes, such as the ability to self-care, living situation, caregiver issues, diagnosis of dementia, or other major changes occur, you or your caregiver should contact us to request a re-screening.

If you have any questions, please call us at (954) 745-9779.

Encl: Medical Certification Form 5000-3008
First Last Name
Address
City, State Zip Code

First Last Name,

Thank you for contacting the Aging and Disability Resource Center. Our records show that the person listed above has been screened by our agency for long term care services and placed on the Priority List(s) that will best meet their needs, and for which they appear eligible.

The priority screening takes into account the amount of help needed, the amount of help available, and other factors. All clients are asked the same questions to produce a prioritized wait list. If funding becomes available, you will be contacted and assisted with completing any required eligibility steps.

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The first step toward Statewide Medicaid Managed Care Long-Term Care eligibility is completion of the Medical Certification (Form 5000-3008). A completed form does not mean you will automatically receive services. However, if funding becomes available in the future, a completed 5000-3008 Form would assist in completing the eligibility process more quickly.

The 5000-3008 Form to send to your physician is enclosed. This form needs to be completed and signed by your physician or Advanced Register Nurse practitioner and returned to the address or FAX number provided.

If you have not been selected for a program, the Aging and Disability Resource Center will contact you in one year to update your information. However, if major changes, such as the ability to self-care, living situation, caregiver issues, diagnosis of dementia, or other major changes occur, you should contact us at 1-800-262-2243 to request a re-screening.

If you have any questions, please call us at 1-800-262-2243.

Attachments:
Notice of Privacy Practice
Notice of Use of Social Security Number
Medical Certification Form 5000-3008
First Last Name
Address
City, State Zip Code

First Last Name,

Thank you for contacting the Aging & Disability Resource Center Helpline. Our records show that the above named individual has been screened by our agency for long term care services and placed on the Priority List(s) for appropriate programs that will best meet their needs, and for which they appear eligible.

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If you have any questions, please call us at 1-888-242-4464.

Attachments:
1) Privacy Health Information
2) Social Security Information
3) Medical Certification Form 5000-3008