



**Statewide Medicaid Managed Care  
Long-term Care Program**

**Enrollment Management System  
Procedures Manual**  
September 2018

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## Definitions and Acronyms

- 1. Agency for Health Care Administration (AHCA):** The Agency for Health Care Administration is designated as the single state agency authorized to make payments for medical assistance and related services under Title XIX of the Social Security Act and Section 409 Florida Statutes (F.S.)
- 2. Aging and Disability Resource Center (ADRC):** An agency designated by the Department of Elder Affairs (the Department or DOEA) to perform functions pursuant to Chapters 409 and 430, F.S.
- 3. AHCA 5000-3008 (Form 5000-3008):** This form is used by the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program to determine medical eligibility for Medicaid Waiver programs and must be completed and signed by a licensed physician or ARNP and returned to CARES.
- 4. Applicant List (APPL) SMMC LTC or Pipeline:** APPL is a status code in CIRTS designated to individuals who have been released from the enrollment management system (EMS) and are currently in the enrollment process for SMMC LTC.
- 5. Assessed Priority Consumer List (APCL) for SMMC LTC or Waitlist:** A program-specific list maintained in CIRTS when enrollment in the Statewide Medicaid Managed Care Long-Term Care Program (SMMC LTC) is not available.
- 6. Client Information and Registration Tracking System (CIRTS):** The Department's web-based application used by the aging network to manage client assessment data, register clients for services, plan client services, and maintain program waiting lists.
- 7. Department of Elder Affairs (DOEA):** The primary state agency responsible for administering human services programs to benefit Florida's elders and developing policy recommendations for long-term care in addition to overseeing the implementation of federally funded and state-funded programs and services for the state's elderly population. DOEA or its designee performs waitlist functions pursuant to Chapter 409, Florida Statutes and Chapter 2014-53, Laws of Florida.
- 8. Department of Children and Families (DCF):** The Department of Children and Families is responsible for the determination of financial eligibility for SMMC LTC.
- 9. Disenrollment:** AHCA's approved discontinuance of an enrollee's participation in SMMC LTC.
- 10. DOEA Form 701S or 701S screening:** Incorporated Form per Rule 58A-1.010. The DOEA Form 701S is used to telephonically screen and rescreen individuals for enrollment and maintenance on the APCL for SMMC LTC and Department administered programs and services. Completion of the form generates a rank and priority score for placement and prioritization on the APCL.
- 11. EMS Release:** A list of individuals, by PSA (Planning and Service Area), released from the SMMC LTC waitlist by the Department to the ADRCs for assistance with enrollment in SMMC LTC.
- 12. Enrollment Broker:** The state's contracted or designated entity that performs functions related to outreach, education, enrollment, and disenrollment of potential enrollees into a managed care plan.
- 13. Enrollment Management System (EMS):** The process by which an eligible Medicaid recipient signs up to participate in SMMC LTC.

- 14. Federal Financial Participation (FFP):** Federal matching funds, provided through Title XIX of the Social Security Act.
- 15. Florida Medicaid Management System (FLMMIS):** The Florida Medicaid claims processing system.
- 16. Financial Eligibility:** The review and analysis by the Department of Children and Families (DCF) of financial and technical program specific criteria to determine if an individual is qualified to receive Medicaid Program services, in accordance with federal requirements in Title XIX of the Social Security Act and provisions of state law. Financial-eligibility may also be determined by the Social Security Administration as Supplemental Security Income (SSI) Medicaid is an allowable form of Medicaid for SMMC LTC enrollment.
- 17. Form 701B:** Incorporated Form per Rule 58A-1.010. The Form 701B is administered face-to-face and used to complete initial comprehensive assessments and annual reassessments. Completion of the form generates a priority score for placement on the APCL.
- 18. Independent Consumer Support Program (ICSP):** The Independent Consumer Support Program (ICSP), is a coordinated effort by the Department's Bureau of Long-Term Care & Support (LTCS), working in collaboration with the statewide Long-Term Care Ombudsman Program (LTCOP), the local Aging and Disability Resource Centers (ADRCs), and the Agency for Health Care Administration (AHCA.) ICSP operates using the staff of LTCS, local ADRCs, and the LTCOP to provide independent and conflict-free support and education and to ensure that SMMC LTC consumers have multiple access points for information, complaints, grievances, appeals, or questions.
- 19. Individual:** An individual, or an individual's authorized representative or caregiver, who is not currently active in SMMC LTC, and contacts the ADRC in order to receive SMMC LTC services.
- 20. Initial Screening:** The completion of the DOEA Form 701S for any individual who is not APCL, APPL, or active in a Department administered program as verified on the CIRTSS enrollment screen.
- 21. Legal Representative:** According to 409.901 (12) F.S., "Legal Representative" means a guardian, conservator, survivor, or personal representative of a recipient or applicant, or of the property or estate of a recipient or applicant.
- 22. Long-Term Care Managed Care Plan (LTC Plan):** Managed Care Plan contracted with AHCA to provide home and community-based or nursing facility services to individual's enrolled in SMMC LTC.
- 23. Medical Eligibility:** The review and analysis of an individual's medical condition to determine if the individual meets nursing facility level of care (LOC) as defined in Chapters 59G-4.180 and 59G-4.290 of the Florida Administrative Code. CARES determines medical eligibility for SMMC LTC.
- 24. Medicaid Waiver Probables:** Individuals potentially eligible for SMMC LTC per the DOEA Programs and Services Handbook.
- 25. Planning and Service Area (PSA):** A designated selection of Florida counties assigned to an Area Agency on Aging, or ADRC, in which the clients residing therein must be served.

- 26. Qualified Medicare Beneficiaries (QMB) Program:** The QMB Program allows qualified individuals to have Medicaid pay for their Medicare premiums (Part A and B), Medicare deductibles and Medicare coinsurance (within prescribed limits.) Individuals must apply with DCF in order to receive QMB benefits.
- 27. Qualifying Individuals 1 (QI-1) Program:** The QI-1 Program allows qualified individuals to have Medicaid pay Medicare Part B premiums. Individuals must apply with DCF in order to receive QI-1 benefits.
- 28. Released Individual:** An individual who was previously screened and placed on the SMMC LTC waitlist by the ADRC and has been released by DOEA to begin the SMMC LTC enrollment process.
- 29. Rescreening:** An annual DOEA Form 701S rescreening due within 13 months of the date the most recent DOEA Form 701S was completed, or the completion of the DOEA Form 701S due to a significant change. A rescreening due to a significant change is the process of documenting a significant change as defined in Chapter 409, F.S.
- 30. Special Low-Income Medicare Beneficiaries (SLMB) Program:** The SLMB Program allows qualified individuals to have Medicaid pay Medicaid directly for Medicare Part B premiums. Individuals must apply with DCF in order to receive SLMB benefits.
- 31. Significant Change:** Per Chapter 409, F.S., a significant change means a change in an individual's health status after an accident or illness, an actual or anticipated change in the individual's living situation, a change in the caregiver relationship, loss of or damage to the individual's home or deterioration of his or her home environment, or loss of the individual's spouse or caregiver.
- 32. Supplemental Security Income (SSI):** The SSI program pays benefits to disabled adults and children who have limited income and resources. SSI benefits also are payable to people 65 and older without disabilities who meet the financial limits. Individual eligible and receiving SSI benefits are considered to already be eligible for Medicaid in the state of Florida and do not need to apply for Medicaid under TXIX of the Social Security Act.
- 33. Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC):** A component of the Statewide Medicaid Managed Care program, which is authorized by the 2011 Florida Legislature creating Part IV of Chapter 409, F.S., and is a statewide, integrated managed care program for all covered services. The long-term care component of SMMC provides both home and community-based services and nursing facility services to SMMC LTC enrollees.
- 34. Title XIX (TXIX):** TXIX of the Social Security Act established regulations for the Medicaid program, which provides funding for medical and health-related services for persons with limited income. Individuals must be found eligible for TXIX Medicaid benefits in order to enroll in SMMC LTC. Individuals must apply with DCF in order to receive TXIX benefits.

## Enrollment Management System (EMS) Overview

The enrollment management system (EMS) is the process by which individuals seeking home and community-based services (HCBS) through the Statewide Medicaid Managed Care Long-Term Care Program (SMMC LTC) are screened for services, placed on the SMMC LTC waitlist, released from the SMMC LTC waitlist, and assisted with the SMMC LTC eligibility and enrollment process. The Agency for Health Care Administration (AHCA) may limit the number of Medicaid recipients who may be enrolled in SMMC LTC, in order to not exceed the total SMMC LTC waiver program allocation in the General Appropriations Act, Chapter 409, Florida Statutes (F.S.). The frequency of SMMC LTC EMS releases, is evaluated on a regular basis and may vary based on expenditures and projected expenditures.

Pursuant to federal and state law, individuals must be determined financially and medically eligible for SMMC LTC prior to SMMC LTC enrollment. The Department of Children and Families (DCF) determines financial eligibility for Medicaid, pursuant to 65A-1.205, Florida Administrative Code (F.A.C), and the Department of Elder Affairs' (DOEA) Comprehensive Assessment and Review for Long-Term Care Services (CARES) program determines medical eligibility, pursuant to 409.985, F.S., and 59G-4.180, 59G-4.290, F.A.C.

The first step for enrollment in SMMC LTC is release from the SMMC LTC waitlist. Once released, the financial and medical eligibility must be determined for each individual through the completion of the following steps:

1. Submit a complete and correct Medical Certification for Medicaid Long-Term Care Services and Patient Transfer form (AHCA 5000-3008) signed by a Florida licensed doctor of medicine or osteopathy (M.D. or D.O.), an Advanced Registered Nurse Practitioner (ARNP), or a Physician Assistant (PA), to the Aging and Disability Resource Center (ADRC) or CARES;
2. Complete and submit an ACCESS Florida Application, including supporting documentation, to DCF, and;
3. Complete a 701B face-to-face assessment with CARES staff.

These steps, and the required timeframes in which these steps must be completed, are described in detail under the "EMS Release Steps: Eligibility" section of this document.

# **SECTION 1: SCREENING AND WAITLIST PLACEMENT PROCESS**



## 701S Screening Process

The DOEA Form 701S is the only DOEA approved screening instrument to be used when screening for potential eligibility and placement on the SMMC LTC waitlist. The 701S screening may only be administered by certified ADRC staff for SMMC LTC waitlist placement. In addition, only designated ADRC staff may place potentially Medicaid eligible individuals on the assessed priority consumer list (APCL) for SMMC LTC, which is accomplished by opening an LTCC APCL enrollment span in CIRTS. All individuals with an open LTCC APCL<sup>1</sup> enrollment span must have a current 701S screening in CIRTS that was completed by a certified ADRC staff member. For an annual rescreening, or a rescreening for significant change, a new 701S screening must be completed in CIRTS by designated ADRC staff. The ADRC staff should not alter or update any previous 701S screening for the annual rescreening or for a rescreening for significant change.

The ADRC must attempt to contact all individuals for whom they received a request for screening for waitlist placement or significant change within three business days of receipt of the referral. The ADRC must make at least three telephonic attempts within three business days to contact an individual to complete the screening process. If the 701S screening cannot be completed at contact, the ADRC may schedule the 701S screening for a future date, not to exceed 14 business days from the date of the initial referral per the DOEA Programs and Services Handbook.

If the ADRC is unable to make contact with an individual within three business days, the ADRC will send written correspondence to the last known address of the individual, and to any authorized representative<sup>2</sup> listed for that individual, requesting the individual or their authorized representative contact the ADRC within 30 calendar days of the date of the notice. The notice must indicate that failure to complete the screening or rescreening will result in his or her termination from the screening process and/or the SMMC LTC waitlist. The requirement to send a 30-day notice also applies to individuals who fail to keep screening appointments with the ADRC.

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<sup>1</sup> LTCC refers to the program code used in CIRTS to delineate an individual waiting to receive SMMC LTC services. APCL is the enrollment status code used in CIRTS to delineate an individual as on the waitlist, whereas an enrollment status code of APPL delineates a pipeline status.

<sup>2</sup> According to 409.962 F.S., an “authorized representative” means an individual who has the legal authority to make decisions on behalf of a Medicaid recipient or potential Medicaid recipient in matters related to the managed care plan or the screening or eligibility process.

If the individual fails to respond to the three telephonic attempts and the written correspondence, the ADRC will remove the individual from the program waitlist(s) and/or the screening queue due to the inability to make contact and perform the 701S rescreening.

### Annual Rescreening

All individuals on the waitlist for SMMC LTC must have a 701S screening completed and recorded in CIRTS at least once every 13 months. The ADRC must also make up-to three telephone contact attempts followed by written correspondence as listed in paragraph three of the previous section for individuals requiring an annual 701S rescreening.

All client contacts, including the issuance of notices, must be documented accordingly in ReferNet and CIRTS as outlined in Section 5: Quality Assurance.

### Significant Change Rescreening

According to Chapter 409.979 F.S., an individual may contact the ADRC at any time to request a significant change rescreening. A “significant change” means a change in an individual’s health status after an accident or illness; an actual or anticipated change in the individual’s living situation; a change in the caregiver relationship; loss of or damage to the individual’s home, or deterioration of his or her home environment; or loss of the individual’s spouse or caregiver.

### SMMC LTC Waitlist Placement

Individuals are placed on the SMMC LTC waitlist pursuant to the screening process as outlined in Chapter 409 F.S., The DOEA Programs and Services Handbook, and related DOEA Notices of Instruction.

For individuals determined appropriate for SMMC LTC waitlist placement following the completion of a 701S screening, the ADRC shall notify the individual or the individual’s authorized representative that the individual has been placed on the waitlist using the DOEA approved letter.

If the completion of the 701S screening results in a rank of five (5) or higher, the ADRC will send a copy of the Form 5000-3008 and the accompanying instructions for completing the form to each individual and his/her Primary Care Physician, Physicians’ Assistant (PA), or Advance Practice Registered Nurse (ARNP), if needed.

## Imminent Risk for SMMC LTC

Imminent Risk is designated when individuals living in their home or a community setting, are unable to perform self-care because of deteriorating mental or physical health condition(s), have no capable caregiver, **and** for who nursing facility services are likely needed within a month or very likely within three (3) months.

The ADRCs must follow instructions related to imminent risk policy as it is released by DOEA.

## **The Identification and Referral of Individuals Requesting TBI Waiver Services, Project AIDS Care (PAC) Waiver Services, or Adult Cystic Fibrosis (ACF) Waiver Services.**

The Agency for Health Care Administration (AHCA) received legislative approval during the 2017-2018 session to consolidate the Traumatic Brain and Spinal Cord Injury (TBI), Adult Cystic Fibrosis (ACF), and Project AIDS Care (PAC) Waivers into the Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC). This transition occurred January 1, 2018. As of this date, the following changes to the EMS process were implemented:

### **TBI Clients**

Individuals potentially eligible for services under the legacy TBI Waiver program must complete the standard EMS process for SMMC LTC enrollment. General questions regarding non-Medicaid DOH brain and spinal cord injury programs may still be referred to the Department of Health.

- Central Registry Toll-Free Number: 1 (800) 342-0778
- Website: <http://www.floridahealth.gov/%5C/provider-and-partner-resources/brain-and-spinal-cord-injury-program/index.html>

### **ACF Clients**

Individuals potentially eligible for services under the legacy ACF Waiver program must be identified by the ADRC during the intake and screening process and referred to DOEA using the following contact information:

- Email: Medwaiver@elderaffairs.org
- Phone: (866) 232-3733
- Fax: (850) 354-5095

These individuals do not need to be screened, be placed on the waitlist, or complete the standard EMS eligibility steps in order to enroll in SMMC LTC.

### **PAC Clients**

Individuals potentially eligible for the legacy PAC Waiver program and in need of home and community-based services must complete the standard EMS process for SMMC LTC enrollment.

Individuals in need of PAC managed medical assistance (MMA) may apply directly with DCF for MMA medical services. The services offered through PAC MMA may be found on AHCA's website at:

[http://ahca.myflorida.com/Medicaid/Policy\\_and\\_Quality/Policy/federal\\_authorities/federal\\_waivers/PAC\\_waiver\\_changes.shtml](http://ahca.myflorida.com/Medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/PAC_waiver_changes.shtml)

When identified by the ADRC, the ADRC should refer potential PAC Medicaid managed medical assistance (MMA) enrollees to apply with DCF through the online ACCES database at <https://dcf-access.dcf.state.fl.us/access/index.do>. Once they have begun the application, the applicant should select "Medical Assistance for Individuals in HCBS/Waivers" as a program they would like to apply for. If an individual is interested in PAC MMA services ONLY, and is not in need of home and community-based services, they do not need to complete the standard EMS process and should only be referred to DCF to apply for MMA benefits.

# **SECTION 2: EMS RELEASE PROCESS**

## Access to the EMS Release

DOEA will notify the ADRC via email when a new EMS release has been posted in CIRTS. Upon notification of an EMS release, the ADRC will access the EMS release under the Reports tab in CIRTS. Click CIRTS, and then select the CIRTS “Waiver Release Report,” under the Enrollments section. (Please see the “CIRTS Enrollments Report: Waiver Release Report Field Descriptions” in the Appendix for a list of all fields available in the CIRTS Waiver Release Report.)

## Pre-Release Assessment of Interest

The Pre-Release Assessment of Interest is defined as the verbal confirmation process by which the ADRC shall verify that the individual is still in need of SMMC LTC services, and that the individual is interested in pursuing the SMMC LTC enrollment process.

Following the completion of the Pre-Release Assessment of Interest, the individual may have an APPL enrollment span opened in CIRTS and continue with the SMMC LTC eligibility process. Individuals who do not verify interest in pursuing the eligibility process, or who are unable to proceed, should be terminated from the waitlist. This is completed by the closing of the individual’s APCL enrollment span in CIRTS. An individual may request to be screened, if needed, and placed back on the SMMC LTC waitlist at any time.

## EMS Release Process

After the ADRC receives notification of waitlist release from DOEA, the ADRC must complete the following steps:

### **Step 1**

#### **Complete Eligibility Research**

In order to personalize communications, the ADRC must first research whether the individual already meets any of the eligibility prerequisites by completing the following checklist:

- 1) Does the individual’s demographic information match across systems (CIRTS/ReferNet/FLMMIS?) Y/N

*(If an individual’s demographic information does not match, the ADRC should determine which information is correct, and either update CIRTS or ReferNet, and/or direct the individual to contact the Social Security Administration or DCF if his/her information needs to be updated in FLMMIS [see page 25, Correcting Demographic Information, for more detailed information.]*

2) Does the individual have a current Level of Care (LOC) in CIRTS?

Y/N

3) Does the individual have a current 701B assessment completed by CARES on file in CIRTS? Y/N

4) Does the individual have a current Form 5000-3008 on file with the ADRC? Y/N

5) Does the individual have current SSI coverage according to FLMMIS?Y/N

6) Does the individual have current Medicaid coverage in FLMMIS (TXIX, QMB, SLMB, QI1, MN)?

Y/N

The following eligibility table represents the combinations of eligibility an individual may have at the time of release.

| Eligibility Categories |                     |   |
|------------------------|---------------------|---|
| Category               | Correspondence Code | Category Description                      |
| Category 1             | 100YMYF             | Some form of Medicaid/YES Form 5000-3008  |
| Category 2             | 200NMNF             | NO Medicaid/NO Form 5000-3008             |
| Category 3             | 300YMNF             | Some form of Medicaid / NO Form 5000-3008 |
| Category 4             | 400NMYF             | NO Medicaid/ YES Form 5000-3008           |
| Category 5             | 500SSYF             | SSI/YES Form 5000-3008                    |
| Category 6             | 600SSNF             | SSI/ NO Form 5000-3008                    |

*Note: The eligibility process for each individual will vary depending on which eligibility step(s) each individual needs to complete (See “EMS Release Steps: Eligibility” for the eligibility process instructions by variable steps.) The timeframes for each step will not change.*

## Step 2

### Telephone Contact and Written Notification of Waitlist Release

After the Eligibility Research for each individual has been determined, each individual included on the EMS release must be contacted by the ADRC both verbally and in writing within 14 calendar days following DOEA’s notification of the EMS release in order to complete the Pre-Release Assessment of Interest. If the ADRC was unsuccessful contacting an individual via phone in the initial 14 calendar days,

and documents such attempts, the ADRC will have 7 additional calendar days to make two more contact attempts via phone.

In addition, the ADRC must send a written notification of waitlist release to the last known address of each individual on the EMS release. Notification of waitlist release letters for individuals of whom the ADRC is unsure of the correct address may have their letter sent following phone contact in order for the ADRC to confirm the individual's address. The notification of waitlist release must contain information on the enrollment process, instructions on the completion of the required eligibility steps, and the timeframes in which these steps need to be completed. The timeframes to be communicated to the individual are as follows:

1. **30 calendar days** to submit a complete, correct, and signed Form 5000-3008,
2. **35 calendar days** to submit an Automated Community Connection to Economic Self Sufficiency (ACCESS) Florida Application to DCF.

The written notification of waitlist release must contain **language that if the timeframes for eligibility are not met, the individual may not be able to complete the eligibility process and may be terminated from the SMMC LTC enrollment process or “pipeline”**. **The written notification must be accompanied by the following documents, as applicable:**

1. A copy of the Form 5000-3008,
2. Information on the Form 5000-3008 and instructions to follow-up with his/her Primary Care Physician, PA, or ARNP on completing the Form 5000-3008, and
3. Information on the ACCESS Florida Application process.

The written correspondence should reflect only the eligibility steps that need to be completed by the individual based on the ADRC's eligibility research. The timeframes in which the individual has to complete the eligibility step(s) should be calculated beginning the day the written correspondence is mailed by the ADRC. *(Please see page 40, EMS Release Letter Templates, for a table and letter templates for each eligibility category.)*

If the ADRC is unable to reach the individual following all telephonic and written attempts, the ADRC may close the individual's APCL enrollment span in CIRTS “TALO” – “Terminated APCL Unable to Locate”. If an individual terminated TALO responds to the ADRC's telephonic attempts and/or written correspondence within 6 months of release with a request to pursue the eligibility process, the ADRC must follow the “Return to Pipeline” procedures listed on page 28. The submission of the Form 5000-3008 to the ADRC constitutes a request by the individual to pursue eligibility, and a verbal continuation



of the eligibility process should be initiated by the ADRC if the Form 5000-3008 is received within the 6-month timeframe. If the Form 5000-3008 is received outside of this timeframe, the individual may be screened (if needed) and placed back on the APCL.

**SECTION 3: SMMC LTC  
ELIGIBILITY  
DETERMINATION PROCESS**

For those individuals expressing continued interest in SMMC LTC after being released from the SMMC LTC waitlist, the following steps must be completed by the individual and the ADRC in order for the individual's eligibility to be determined for enrollment into SMMC LTC:

#### Step 1: Form 5000-3008 Submission

The Form 5000-3008 must be completed correctly and signed by a Florida licensed M.D./ D.O., PA, or ARNP, and returned to the ADRC within **30 calendar days** from the date the written notification of waitlist release was sent. The ADRC must record the date the Form 5000-3008 was received on the Medicaid Waiver Timeline screen in CIRTS on the day the Form 5000-3008<sup>3</sup> is received. *(If a Form 5000-3008 is received by the ADRC prior to an individual being released from the SMMC LTC waitlist, the ADRC may still enter the date the Form 5000-3008 was received into the Medicaid Waiver Timeline screen in CIRTS on the day it is received.)*

If the individual had a priority score 5 and the individual's Primary Care Physician, PA, or ARNP was sent the Form 5000-3008 and the instructions for completion prior to release, the individual will still have 30 days, if necessary, to submit a correct and complete form to the ADRC following the EMS release and the dissemination of the written correspondence.

If the Form 5000-3008 is not received within **30 calendar days** from the date the written instructions were sent, the ADRC must terminate the individual from the SMMC LTC pipeline since their eligibility cannot be determined (See "EMS Terminations").

*Note: If an individual has a current Form 5000-3008 on file with the ADRC, the individual does not need to complete Step 1, and the ADRC should skip to Step 2.*

#### Step 2: ACCESS Florida Application Submission

The individual must submit an ACCESS Florida Application to DCF within **35 calendar days** from the date the written notification of waitlist release is disseminated. The ADRC will assist the individual with the submission of the ACCESS Florida Application, if requested by the individual.

The minimum information required on the ACCESS Florida Application to DCF one's full **name, Social Security Number (SSN), date of birth, address, phone number** and **signature** of the individual applying for SMMC LTC eligibility. This application **MUST** be submitted within **35 calendar days** of

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<sup>3</sup> If the Form 5000-3008 was received prior to the individual's release from the waitlist, the original date the Form 5000-3008 was received should be recorded.

the date on written notification of release. There is no transfer file to FMMIS (AHCA) without the SSN and DOB in the SMMC LTC categories (MI/MW).

Individuals should be instructed to submit their ACCESS Florida Application as soon as it is completed with the minimum information required, listed above, and NOT wait until all required documentation has been collected. It is recommended by DCF that the individual create a MyACCESS Account to view pending status and verification(s) required to determine his/her eligibility.

If the individual chooses to receive application assistance from the ADRC, the ADRC must facilitate the submission of the application on the individual's behalf by the date listed on the written notification of waitlist release.

If the ADRC is assisting the individual in submitting the ACCESS application, the ADRC should submit the application as soon as it has been completed with the minimum information listed above. The ADRC should not wait until all documentation has been collected before submitting the ACCESS Florida Application on behalf of the individual. Prior to enrollment, if needed, the ADRC may continue to work with the individual and DCF after the application has been submitted to ensure all documentation needed by DCF is submitted.

In order for the ADRC to assist an individual with submitting the ACCESS Florida web-based application to DCF, the information the ADRC enters on the application must be entered based on answers provided by the individual or the individual's authorized representative either in person or by phone at the time the application is submitted.

If the individual themselves is providing the information to the ADRC, the ADRC should select the option on the Benefit Selection page as "Applying for myself" or "Applying for myself and my family".

If an authorized representative is providing the information either over the phone or in person, the ADRC should select "Applying for another individual (not myself)".

If the button "Applying for another individual (not myself)" is selected, a signed "Authorized Representative" form must be submitted to DCF in order for the application to be submitted. If the individual or their authorized representative is not physically present at the time the application is completed and not able to e-sign the application, the ADRC may not submit the application on the individual's behalf until the individual has submitted his/her signature.

The ADRC may obtain the individual's signature by either:

1. Providing the ACCESS application number and password to the individual with instructions on how to finish the application on a home internet, library, community partner site, or local DCF office.
2. Having the individual send or fax the ADRC a signed copy of the signature page of the paper ACCESS Florida application.
  - a. Once the ADRC receives the signed copy of the signature page of the paper ACCESS Florida application, the ADRC should fax a copy of the signature page to the DCF processing unit with the e-signed ACCESS Web application number written on it. The ADRC may then sign the electronic application on the individual's behalf.
3. Having the individual sign the online application over the phone using DCF's "voice signature" program.

If the individual chooses not to receive ADRC assistance with the submission of an application to DCF, the individual must provide proof of submission within **10 business days** of the ACCESS Florida Application submission deadline listed on the written instructions, or the ADRC must verify submission within **10 business days**.

If the ACCESS Florida Application was submitted prior to the ADRC receiving the Form 5000-3008, and DCF is unable to complete the financial eligibility determination using the ADRC's submission of the "Certification of Enrollment Status Home and Community-Based Services" (Form 2515-Step 5), the Medicaid application may be denied. In the case of a denial from DCF, a new application may need to be submitted to DCF in order for the individual to continue the SMMC LTC eligibility process.

*Note: If an individual has effective SSI, or current TXIX, QMB, SLMB, QII, or MN benefits, the ADRC does not need to assist the individual with Step 2 and should skip to Step 3. For individuals with current TXIX, QMB, SLMB, QII, or MN benefits, the submission of the Form 2515 marked as a "change" is sufficient to denote application for home and community-based waiver services.*

### Step 3: Request for Level of Care

The ADRC will request a Level of Care (LOC) from CARES staff by emailing the CARES office (See "CARES Intake Inboxes for ADRCs") a complete and correct PDF copy of the Form 5000-3008 on the day the ADRC receives the form, or on the day the individual verifies interest in continuing the eligibility process, if the Form 5000-3008 was submitted to the ADRC prior to release. The ADRC will use the following naming convention for the PDF document:

- **CARES office designation\_EMS\_CIRTS Client ID#\_YYYY.MM.DD**

For example, on February 3, 2016, the ADRC emails a complete and correct PDF copy of the Form 5000-3008 to CARES 3A for an individual on the EMS release. The following naming convention for the PDF is used:

3A\_EMS\_0000000000\_2016.02.03.pdf.

CARES policy permits CARES to only complete LOCs for community residents following an EMS release in CIRTS. The ADRC should replace the ‘EMS’ portion of the above naming convention when sending an LOC request for individuals not included on an EMS release, which includes individuals referred by APS for SMMC ALF services (*see page 30, DCF/APS ALF Placement and SMMC LTC Referral*), and individuals needing reenrollment assistance following a SIXT benefit span and SMMC LTC termination (*see page 29, SIXT Enrollment and Disenrollment*).

For individuals referred by APS for SMMC ALF services, the ADRC should replace “EMS” with the word “APS”. The ADRC must also attach the original APS for SMMC LTC ALF services referral, and any additional referral documents provided by DCF, to the LOC request email.

For individuals needing reenrollment assistance after SIXT, the ADRC should replace the word “EMS” with the word “SIXT.” This will signify to CARES the special condition of the LOC request for individuals not included on an EMS release.

*Note: Only one (1) Form 5000-3008 PDF per email should be submitted to CARES.*

For EMS release individuals, face-to-face 701B assessments are valid for six months from the date of the assessment. If the individual does not have Medicaid eligibility determined by the end of the sixth month, CARES will close the case in CIRTS, and the ADRC must submit a new LOC request to CARES in order for CARES to complete a new face-to-face 701B assessment and LOC staffing.

#### **Step 4: Completion of the Level of Care**

Once CARES receives the LOC request from the ADRC, CARES will contact the individual to schedule a time to complete the 701B assessment. CARES will make the first telephonic attempt to schedule a face-to-face visit within three business days of the CARES office receiving the referral. The second telephonic attempt to schedule a face-to-face visit should occur within **10 business days** of the CARES office receiving the referral.

If there is no response from this subsequent attempt, the CARES letter (DOEA Form 612) (Appendix) will be sent **20 calendar days** following the date the referral was received to inform the individual that

the case will be closed on the 30th calendar day if no action has been taken by the individual to schedule a visit. The case should be closed when three unsuccessful attempts have occurred and the required **60 calendar days** from the date the referral was received by CARES have passed. When a case is closed, the individual is considered terminated from the pipeline.

If the individual cannot be reached by CARES to complete a 701B Assessment within the 60 calendar days, CARES will send notification to the ADRC via email (See “ADRC Intake Inboxes”), and the ADRC will terminate the individual’s APPL enrollment span in CIRTS (See “EMS Terminations”).

Once the face-to-face assessment is complete, a LOC staffing is completed by CARES. The LOC staffing date and program recommendation will be available to the ADRCs in CIRTS. The ADRC can access this information either by individual on the CIRTS application demographics page, or comprehensively on the “EMS Report” or “Authorized LOCs sent to Enrollment Broker for SMMC LTC” CIRTS reports.

#### Step 5: Transmittal of the 2515 to DCF

Once the LOC is generated by CARES and the ACCESS Florida Application has been submitted, ADRC staff will complete and submit the “Certification of Enrollment Status Home and Community-Based Services” (Form 2515) to DCF, selecting the “application” option for individuals newly applying for Medicaid and including the effective date of the potential recipient’s LOC and the date the individual became eligible for HCBS services. This date should be the first of the month in which the ADRC submits the Form 2515. For individuals with current TXIX, QMB, SLMB, QI1, or MN benefits, the ADRC will complete the Form 2515, including the effective date of the potential recipient’s LOC and the date the individual became eligible for HCBS services, and submit the Form as a “change”.

The ADRC should access CIRTS LOC information and, if needed, Florida System Medicaid information, **daily** in order to transmit the Form 2515 to DCF as soon as possible following the LOC staffing. The Form 2515 should be submitted to DCF on the day the ADRC confirms the staffing of an LOC and the submission of a Medicaid application, if applicable. The ADRC will record the date the Form 2515 was submitted to DCF on the Medicaid Waiver Timeline screen in CIRTS on the day of the transmission.

*Note: Submission of the Form 2515 by the ADRC to DCF with LOC information is not required for individuals that already have SSI (FMMIS Program Code MS).*

#### Completion of the Eligibility Process

If needed, the ADRC shall continue to assist an individual with his/her eligibility until the individual is either terminated from the APCL or APPL due to the individual being unable or unwilling to complete the

eligibility process, or when an individual is successfully enrolled in SMMC LTC. Upon SMMC LTC enrollment, an individual's APPL enrollment span will automatically be closed, and an MLTC ACTV<sup>4</sup> enrollment span will be populated in CIRTS by DOEA. Once an individual's SMMC LTC enrollment is in effect in CIRTS or FLMMIS, the eligibility and enrollment process is complete.

The ADRC should continuously monitor the progress of EMS release individuals who have completed all eligibility steps to ensure the individual is enrolled in SMMC LTC. If an individual continues to not become enrolled after all eligibility steps have been completed, the ADRC should research the individual's status in all systems to ensure that demographic information matches, additional documentation or a denial of benefits has not been determined by DCF, or that the individual is not receiving benefits that may prevent enrollment. After the research is complete, the ADRC should either resolve the issue, or if the issue cannot be resolved by the ADRC, notify the ADRC Medicaid contract manager of the issue, including the individual's demographic information and all previous research and/or steps taken to resolve the issue.

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<sup>4</sup> MLTC ACTV refers to the CIRTS program code, MLTC, which represents the SMMC LTC program, followed by ACTV, which is the enrollment span representing an active and open enrollment in the program.



# **SECTION 4: CONDITIONAL PROCEDURES**

## Correcting Demographic Information

The ADRC must ensure correct demographic information is available in CIRTS to prevent systems issues occurring throughout the SMMC LTC eligibility process. This includes immediately correcting or updating an individual's name, social security number, Medicaid number, address, or phone number in CIRTS when made aware that information is incorrect or has changed. If CIRTS contains the correct information, but it is discovered that FLMMIS reflects incorrect demographic information, the ADRC should encourage, and assist when possible, an individual to update his/her demographic information with the necessary entity (DCF, social security administration, vital statistics, etc.)

### Date of Death

DOEA receives nightly data from The Office of Vital Statistics, and automatically updates the date of death field in CIRTS **if** the date of death is blank, **and** the SSN, name, and date of birth are the same in CIRTS as in the vital statistics data. If the ADRC finds that a social security number has wrongly been reported in the vital statistics data, the person must contact The Office of Vital Statistics to make a correction:

Ken Jones  
Deputy State Registrar  
Florida Department of Health  
Office of Vital Statistics  
Post Office Box 210  
Jacksonville, Florida 32231  
(904) 359-6982  
Fax (904) 359-6931  
Ken\_Jones@doh.state.fl.us

If an enrollment span needs to be closed on the Enrollments Screen in CIRTS, the end date of the enrollment span should reflect the date the enrollment span is closed, which may differ from the date of death.

### Incorrect Social Security Number

If it is discovered that an individual included on an EMS release has an incorrect social security number in CIRTS, the following steps must be followed to ensure release information remains intact:

- If the correct SSN does not exist in CIRTSS, the CIRTSS Administrator or CARES Supervisor can use the “change SSN” screen in CIRTSS. The EMS release information will move to the correct SSN automatically.
- If the correct SSN does exist in CIRTSS, the “change SSN” screen will not work. The records must be manually merged by entering information from the incorrect SSN to the correct SSN then deleting the incorrect SSN. The ADRC may need to coordinate with the CARES offices prior to deleting for CARES to likewise enter information from the incorrect SSN to the correct SSN. Once all information has been moved to the correct SSN, the CIRTSS Administrator or CARES Supervisor can use the “delete client” screen in CIRTSS.
- If the correct SSN in CIRTSS does not contain the individual’s most recent release date in the “Most Recent EMS Release Date” box at the top of the individual’s enrollment screen, the ADRC must contact the ADRC Medicaid functions contract manager via encrypted email prior to the ADRC deleting the duplicate account. The email should include the following information about both CIRTSS accounts, denoting which information is for the correct account and which information is pending deletion:

1. First name
2. Last Name
3. SSN
4. Client ID
5. DOB, and
6. Most recent release date

#### When an EMS Release Individual Moves

Individuals included on an EMS release who are pending enrollment into SMMC LTC and also move to a different planning and service area (PSA) may remain released if they continue to meet the requirements. The ADRC in the original PSA must coordinate with the ADRC and CARES office in the new PSA to which the recipient has or will be relocating. To ensure the individual’s place is held on the APPL, the CIRTSS entries shall be made in the following order:

1. ADRC staff in the originating PSA closes the APPL on the enrollments screen with the CIRTSS code “TPMO = TERMINATED APPL CLIENT MOVED” and on the MedWaiver Timeline with the date the APPL enrollment span is closed on an indicator in the comments that the client has moved.
2. ADRC staff in the originating PSA informs the receiving ADRC.

3. ADRC staff in the receiving PSA enters a new APPL enrollment span in CIRTS in both the enrollments screen and the MedWaiver Timeline using the date the ADRC in the receiving PSA receives notification of the client's relocation.
4. The receiving ADRC shall also update the client's demographic information in CIRTS, as needed.

*Note: When an individual who has completed the eligibility process, has been made SMMC LTC active, and has been assigned an LTC plan, moves to another region, it is the responsibility of the originating LTC plan to coordinate services during the move and ensure the enrollee transitions seamlessly to the other region and plan, if applicable. It is not the responsibility of the ADRC to update CIRTS with demographic information for active enrollees unless the enrollee contacts the ADRC directly.*

### EMS Terminations

When an individual is determined either ineligible, is no longer interested in continuing the SMMC LTC eligibility process, or is unable to complete the eligibility process in the required timeframes, the ADRC staff must update CIRTS enrollment spans on the same day of discovery or notification. The purpose of CIRTS updates is to ensure APCL and/or APPL enrollment spans are closed appropriately and timely so that enrollment and releases may be accurately managed.

*Please see Page 51, CIRTS SMMC LTC Termination Codes, for a full list of termination codes that should be used by the ADRC when closing SMMC LTC enrollment spans in CIRTS.*

### Individuals Determined Ineligible for SMMC LTC

Individuals who do not meet the eligibility requirements for SMMC LTC as determined by DCF and/or CARES must be terminated from the eligibility process. If the individual wishes to further pursue SMMC LTC enrollment, the individual may request to be rescreened, if needed, and placed back on the APCL for SMMC LTC. Once he/she is released, the individual may begin the eligibility process again, which includes completing the required eligibility determination steps for establishing financial and medical eligibility.

Upon DCF's determination of financial eligibility, the individual and the ADRC will receive a Notice of Case Action (NOCA) letter from DCF stating the result of the eligibility determination. If the individual was determined financially ineligible for SMMC LTC by DCF, the ADRC must terminate the APPL enrollment span for that individual using the appropriate CIRTS code. If an individual is found medically

ineligible by CARES, CARES will notify the ADRC via email, and the ADRC must terminate the individual's APPL enrollment span in CIRTS using the appropriate CIRTS code.

*Please see page 52 for the list of ADRC email addresses designated for CARES communication.*

## Return to Pipeline

Until further notice from DOEA, if an individual contacts the ADRC and was previously terminated from the SMMC LTC APCL or APPL for one of the following termination reasons, the individual may return to the pipeline to continue enrollment without being re-released:

- TALO/TPLO – Terminated APCL/APPL lost contact
- TPNF – Terminated APPL no Form 5000-3008
- TPMA – Terminated APPL no Medicaid Application
- TPIF – Terminated APPL Incomplete Financial Eligibility Process
- TPCU – Terminated APPL CARES Unable to Assess for SMMC LTC Eligibility
- TAHS/TPHS – Terminated APCL/APPL Client Hospitalized
- TANH/TPNH – Terminated APCL/APPL Client in Nursing Home

Individuals terminated for a reason listed above and requesting to return to the pipeline to complete the SMMC LTC eligibility process may only reenter the pipeline if they meet the following conditions:

1. Funding is available<sup>5</sup>,
2. The individual contacts the ADRC and demonstrates an intent to pursue eligibility by having completed the eligibility step that caused the APPL termination, (i.e. submits a complete/correct Form 5000-3008 to the ADRC after being terminated TPNF), and
3. The individual was released within 6 months of the date of the request to return to the pipeline.

If all of the above conditions are met, current contact information should be verified, and a new APPL enrollment span for LTCC entered on the CIRTS enrollments screen along with a separate line on the individual's Medicaid Waiver Timeline reflecting the new APPL start date. If an individual does not meet

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<sup>5</sup> Continuation of the enrollment process for individuals terminated from the waitlist due to not meeting a required timeframe is contingent upon available funding, and direction may be given by DOEA/AHCA at any time to halt this process. Unless direction is given to the ADRC by DOEA to halt this process, funding may be considered to be available.

the above criteria, the individual must be rescreened, if needed, and placed back on the SMMC LTC waitlist.

If the Department halts the return to the pipeline of individuals who failed to complete a required eligibility step, the Department will notice the ADRC to this effect.

### SIXT Enrollment and Disenrollment

SMMC LTC enrollees who have lost Medicaid eligibility will remain enrolled with his/her LTC plan for **60 days** following the loss of financial eligibility. This period of enrollment will be reflected with a SIXT benefit plan in FLMMIS. If the enrollee regains his/her Medicaid eligibility within **60 days**, then the enrollee may remain enrolled with his/her current LTC plan. The enrollee should be assisted by his/her LTC plan with regaining Medicaid eligibility during this time, and assistance should not be requested of the ADRC. The ADRC cannot open an APCL or APPL enrollment span in CIRTS for enrollees with a current SIXT benefit span as they are considered active in SMMC LTC and will have an open MLTC ACTV enrollment span in CIRTS.

If an enrollee loses Medicaid eligibility and does not regain it within **60 days**, then the enrollee's SIXT benefit span will be closed and the individual will be disenrolled from SMMC LTC. At this time, his/her MLTC ACTV enrollment span will be automatically closed in CIRTS with the CIRTS termination code TRBC – terminated active by client<sup>6</sup>.

If funding is available<sup>7</sup>, a disenrolled individual whose SIXT benefit span ended in FMMIS within the previous 6 months, **and** who has not yet regained his/her Medicaid eligibility contacts the ADRC to re-enroll in SMMC LTC, the ADRC should **not** place the individual on the APCL for SMMC LTC, but should proceed with reenrollment by completing the following steps in CIRTS:

1. Review the CIRTS Demographics Screen and either create a new screen or update historical information to reflect the most recent data for the individual (i.e., contact person, phone number, etc.).

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<sup>6</sup> TRBC is the CIRTS termination code used for all SMMC LTC disenrollments regardless of reason (involuntary and voluntary).

<sup>7</sup> Continuation of the enrollment process for individuals terminated from the waitlist due to not meeting a required timeframe is contingent upon available funding, and direction may be given by DOEA/AHCA at any time to halt this process. Unless direction is given to the ADRC by DOEA to halt this process, funding may be considered to be available.

2. Enter a new APPL enrollment span for LTCC on the CIRTS enrollments screen.
3. Add a separate line on the individual's Medicaid Waiver Timeline, and enter, at a minimum, the individual's APPL start date and the term 'SIXT' in the comments box.

Once a new APPL enrollment span is entered in CIRTS, the ADRC must assist the individual with completing any required eligibility steps needed in order to reenroll in SMMC LTC.

If an individual has a current LOC, but has not yet reestablished his/her Medicaid, the ADRC shall assist the individual with reestablishing his/her Medicaid. Once the individual's Medicaid has been established, the ADRC shall send the individual's information to the DOEA ADRC Medicaid Unit contract manager via encrypted email, and include the individual's full name, social security number, Medicaid ID, and date of birth. The DOEA ADRC Medicaid Unit contract manager will then submit the individual's LOC to the enrollment broker, if needed.

If the individual needs both a new LOC and Medicaid established after disenrollment from SMMC LTC, the ADRC does not need to send the individual's information to the DOEA Medicaid Unit contract manager, as the individual's LOC data will be transmitted to the enrollment broker when the new LOC is entered into CIRTS.

Individuals disenrolled for reasons other than loss of Medicaid, including individuals found medically ineligible by CARES or who disenrolled by choice, should not be entered as APPL in CIRTS, but may be screened and placed on the SMMC LTC waitlist pursuant to the screening process as outlined in Chapter 409 F.S., the DOEA Programs and Services Handbook, and related DOEA Notices of Instruction.

#### DCF/APS ALF Placement and SMMC LTC Referral

When DCF determines placement in an assisted living facility (ALF) is needed for an individual not currently enrolled in SMMC LTC as a result of an APS investigation, DCF will place that individual in an ALF and arrange services for the individual as determined, authorized, funded, and administered by DCF. These individuals will not be entered into the Adult Protective Services Referral Tracking Tool, also known as the ARTT, since the services are being provided by DCF.

Instead of ARTT notification, the individuals will be referred by APS staff, on a case-by-case basis, to the ADRC in the region where the ALF is located via encrypted email to the ADRC Intake Inbox. The email should be titled "APS ALF Referral for SMMC LTC." The purpose of the referral is to notify the ADRC

that the individual requires ADRC assistance with the eligibility process for SMMC LTC<sup>8</sup>. The email from DCF to the ADRC must include the following:

1. Individual's first and last name
2. Individual's date of birth
3. Individual's SSN
4. Individual's phone number or the phone number of their legal representative<sup>9</sup>
5. Name (and contact information if available) of caregiver and/or legal representative
6. Any other available information that may be relevant to the SMMC LTC enrollment process
7. Name and contact information of the ALF where the individual was placed

DCF must copy the following DOEA headquarters staff on the encrypted emails at [DOEAHQ\\_HR\\_APSALF@elderaffairs.org](mailto:DOEAHQ_HR_APSALF@elderaffairs.org).

If the ADRC receives a referral from DCF that does not have DOEA staff copied, the ADRC must forward the referral to DOEA via encrypted email upon receipt of the referral.

Within **two business days** of receipt of the referral from DCF, the ADRC will contact the individual by telephone, initiating the EMS eligibility process. The ADRC must perform all steps of the eligibility process as needed, including entering the following in CIRTS on the day the ADRC makes contact with the individual or his/her legal representative:

1. Review the CIRTS Demographics Screen and either create a new CIRTS entry or update historical information to reflect the most recent data for the individual (i.e., contact person, phone number, etc.).
2. Enter a new APPL enrollment span for LTCC on the CIRTS enrollments screen.
  - a. An APCL enrollment span does not need to be entered into CIRTS if the individual does not already have an APCL enrollment span. The new APPL enrollment span may be

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<sup>8</sup> APS ALF referrals should be accepted by the ADRC for individuals who have been determined by APS to need ALF services who either (1) currently reside in the ALF, or (2) do not reside in an ALF, but for whom DCF/APS is actively seeking ALF placement.

<sup>9</sup> Please note that DCF staff may be the legal representative or contact person for individuals referred by APS to the ADRC through the APS ALF placement and SMMC LTC referral process, and will be available to provide information and assist the ADRC and/or individual with the eligibility process.



entered directly since the individual is considered to be in the eligibility process upon contact.

- b. If an individual already has an open LTCC APCL enrollment span in CIRTS, this enrollment span must be closed before an APPL enrollment span can be entered.

3. Enter a new line on the MedWaiver Timeline including, at a minimum, the individual's APPL start date and the term "APS ALF" in the comments section of the timeline.

*Note: A 701S screening does not need to be completed upon receipt of the referral.*

DCF may continue to provide ALF services until eligibility is determined and enrollment in SMMC LTC is effective. If financial and medical eligibility requirements are met, then the individual will be enrolled in SMMC LTC. If an individual is determined ineligible for SMMC LTC by either DCF or CARES, the ADRC should terminate the APPL enrollment span in CIRTS using the proper CIRTS code, and notify DCF the DOEA APS by encrypted email that the individual did not meet SMMC LTC eligibility requirements.

#### Eligibility and Enrollment Assistance Not Performed by the ADRC

The following populations are enrolled in SMMC LTC with the assistance of other state entities, and do not need to be processed by the ADRCs through the EMS:

1. **Medically complex recipients** between the ages of 18 – 20, as defined in Chapter 59G-1.010, F.A.C. Children's Medical Services Specialty Plan and Medicaid Managed Medical Assistance (MMA) managed care plans are required to refer enrollees receiving enhanced care coordination services to CARES six months prior to the enrollee's 21<sup>st</sup> birthday, if the enrollee or authorized representative chooses to enroll SMMC LTC. These enrollees are receiving either private duty nursing, or reside in a skilled nursing facility, and do not have to complete the 701S screening and waitlist placement, or meet the former restrictions of being "cognitively intact, medically complex or technologically dependent." However, all Children's Medical Services Specialty Plan and MMA Plan enrollees must meet all SMMC LTC financial and Level of Care eligibility requirements prior to enrollment. If the ADRC receives a medically complex recipient referral, the ADRC should refer the individual to his/her Children's Medical Services Specialty Plan or MMA managed care plan.

2. **Nursing facility residents** – The ADRCs should only perform a 701S screening for SMMC LTC waitlist placement on individuals residing in a "permanent" residential setting. Individuals seeking SMMC LTC services who currently reside in a nursing facility should be referred by the nursing facility to CARES for SMMC LTC enrollment assistance, if applicable. If the ADRC receives a

referral from an individual in an institutional setting, including individuals residing in a nursing facility or intermediate care facility for the developmentally disabled, the ADRC should provide SMMC LTC program education. If the individual residing in the nursing facility wishes to pursue SMMC LTC enrollment as a nursing facility client, direct the individual and/or nursing facility to CARES for assistance. Likewise, individuals who currently reside in the community but wish to be admitted to a nursing facility and receive SMMC LTC services should be referred to CARES for assistance.

The ADRC should inform individuals seeking SMMC LTC services through the SMMC LTC program education process that individuals may not be dually enrolled in the PACE Program or another Florida waiver program if they wish to enroll in SMMC LTC, including but not limited to the Developmentally Disabled (DD) Waiver or Traumatic Brain Injury and Spinal Cord Injury (TBI) Waiver. Individuals interested in enrolling or disenrolling from other Medicaid-funded programs and services should be referred to the correct entity, including the Agency for Persons with Disabilities (APD) for DD Waiver services, Department of Health for TBI Waiver services, and AHCA for Project AIDS Care (PAC Waiver) and other select AHCA administered programs and services, for assistance.

#### ADRC Eligibility Assistance Requests for Enrollees

The ADRC should not accept SMMC LTC eligibility assistance requests for individuals currently enrolled in SMMC LTC. If the ADRC receives a referral from APS for an individual enrolled in SMMC LTC, the ADRC should reject the referral and immediately contact APS to notify them of the incorrect referral so a correct referral can be made. If the ADRC receives written correspondence from DCF regarding an enrollee's eligibility or a notice of case action (NOCA), the ADRC does not need to assist the individual, but should forward this communication to the DOEA ADRC Medicaid Unit contract manager for follow-up. Current enrollees in need of SMMC LTC financial or medical eligibility assistance should be referred back to his/her managed care plan.

SMMC LTC information and referral assistance must still be provided to SMMC LTC enrollees upon request per ADRC contract and DOEA policy, including the provision of ADRC assistance to SMMC LTC enrollees with filing complaints and grievances.

# **SECTION 5: QUALITY ASSURANCE**

## Managing an EMS Release

DOEA staff will be available to provide technical assistance to the ADRCs on an ongoing basis. DOEA staff will also monitor timeframes for movement of individuals from the date of release to SMMC LTC enrollment using CIRTS data and information submitted by the ADRCs.

### CIRTS Entries

The ADRC must complete the appropriate CIRTS action on the day the ADRC is notified to complete the action. The objective is for CIRTS to accurately reflect ADRC actions as they occur. For entries in CIRTS that require a date, the date should reflect the date the ADRC is entering the enrollment span in CIRTS, which should be the date that the ADRC is notified of the need for the action. For example, if the ADRC receives notification of an individual's demise, the APCL close date should not be the actual demise date but the date the ADRC was notified of the demise date and performed the action, which in this case is closing the enrollment span in CIRTS. In other words, the "action" is the enrollment span closure, which is what should be represented. The demise date and the date the APCL enrollment span was closed do not have to match.

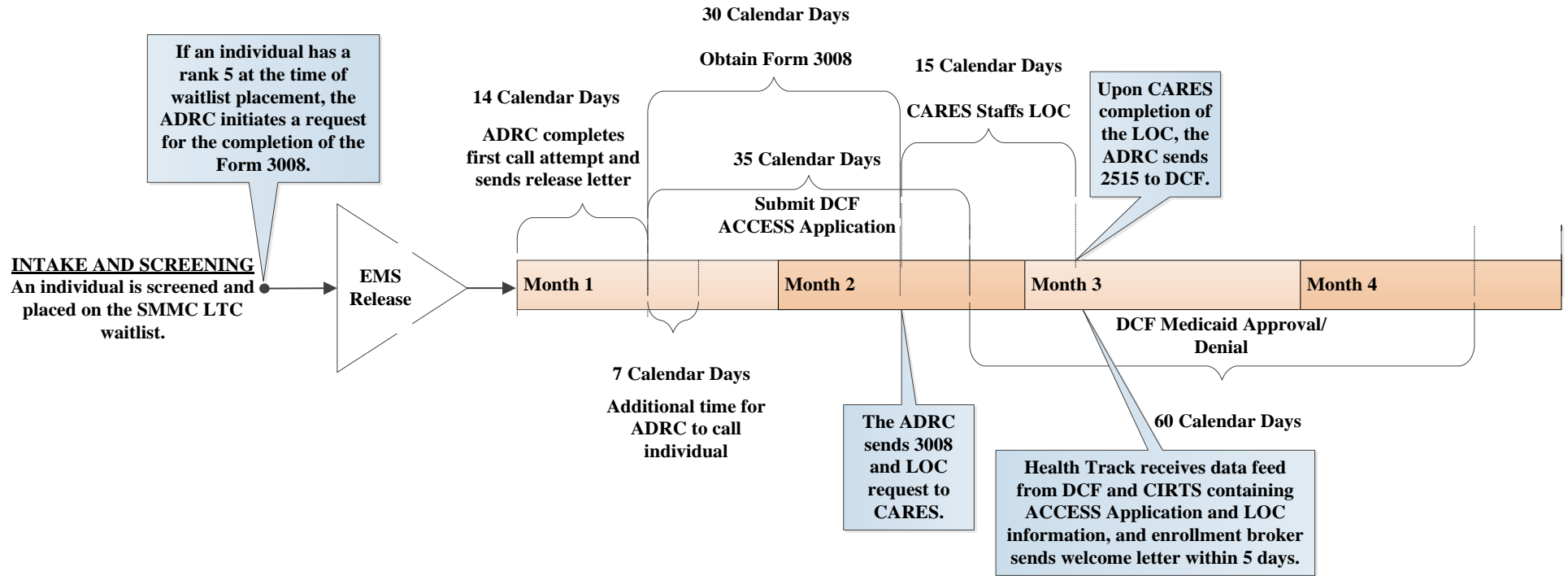
Appropriate field(s) must also be entered in the MedWaiver Timeline as eligibility steps occur. A separate line should be entered on an individual's Medicaid Waiver Timeline to track each eligibility progression, including the entry of a new line whenever an individual terminated from a prior release returns to the pipeline to complete the eligibility process.

### EMS Release Tracking and Reporting

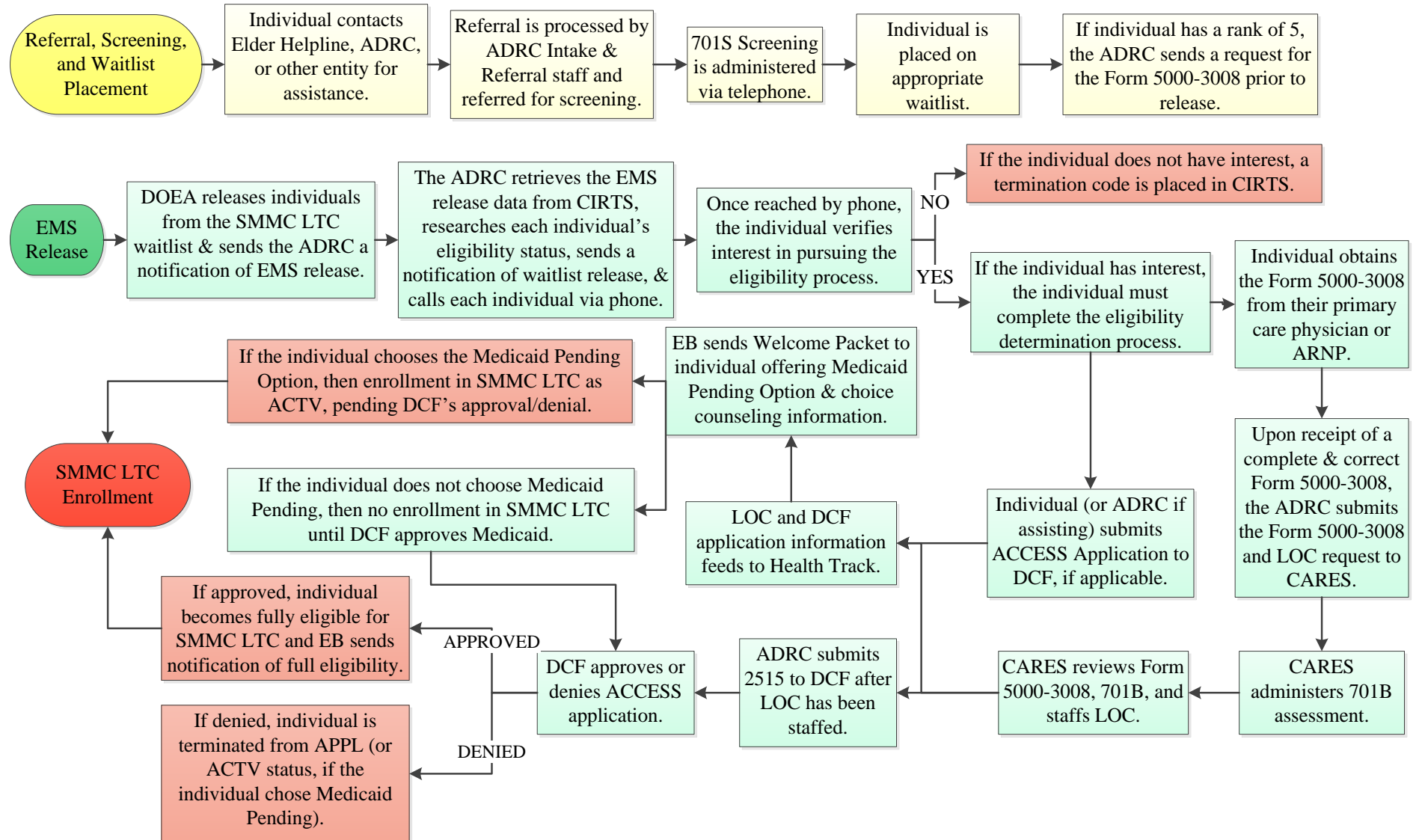
The ADRC is encouraged to use all available resources in order to track the progress of EMS releases. Available resources may include CIRTS reports, ReferNet Reports, and excel spreadsheets. DOEA may request information from the ADRC regarding the EMS release tracking process, including ReferNet reports, spreadsheets, or other information, as needed.

# APPENDIX

EMS Release Timeline



## EMS Release Process Map



EMS Release Letter Templates

| Eligibility Categories |                     |   |
|------------------------|---------------------|---|
| Category               | Correspondence Code | Category Description                      |
| Category 1             | 100YMYF             | Some form of Medicaid/YES Form 5000-3008  |
| Category 2             | 200NMNF             | NO Medicaid/NO Form 5000-3008             |
| Category 3             | 300YMNF             | Some form of Medicaid / NO Form 5000-3008 |
| Category 4             | 400NMYF             | NO Medicaid/ YES Form 5000-3008           |
| Category 5             | 500SSYF             | SSI/YES Form 5000-3008                    |
| Category 6             | 600SSNF             | SSI/ NO Form 5000-3008                    |

**Category 1 Letter: 100YMYF**

Date

<Applicant/POA Name>

Address Line 1

Address Line 2

City, State ZIP

Our records show that the person below is now able to begin the eligibility process for the Statewide Medicaid Managed Care Long-term Care (SMMC LTC) program:

<Applicant Name>

If you are no longer interested in SMMC LTC, please call us at <ADRC Number> to be removed from the waitlist.

To continue, you must meet medical and financial eligibility requirements. In order to meet those requirements, you will need to complete the following steps:

|                                   |                                |  |
|-----------------------------------|--------------------------------|--|
| Step 1:<br>Submit Form 5000-3008. | Step 2:<br>Apply for Medicaid. | Step 3:<br>Complete a medical assessment.                                |
| N/A                               | N/A                            | A CARES assessor will contact you to schedule a face-to-face assessment. |



**IMPORTANT:** If we cannot contact you or you do not complete Steps 1 and 2 by the due dates, you will be removed from the waitlist and will have to contact your local Aging and Disability Resource Center (ADRC) at 1-800-963-5337 to be placed on the waitlist again.

Please see the back of this letter for details on the eligibility steps you must complete.

The role of the ADRC is to assist you with the eligibility process, including helping you fill out forms and answering questions you may have about the above eligibility steps.

<ADRC Information>

Please note that we cannot provide any legal advice or advice on the Medicaid eligibility determination process performed by the Department of Children and Families (DCF). The DCF Automated Community Connection to Economic Self Sufficiency (ACCESS) number is 1-866-762-2237 and the website is <http://www.myflorida.com/accessflorida/>.

(BACK)

## SMMC LTC Eligibility Steps Explained

**Step 1:** Submit Form 5000-3008.

Our records show that you have already completed this step.

**Step 2:** Submit Medicaid Application to DCF

Our records show that you have a Medicaid benefit plan; **however**, the Department of Children and Families (DCF) may need more information in order to determine your eligibility for Home and Community-Based Medicaid benefits.

If DCF contacts you, it is important to quickly submit all the documentation that DCF requests.

**Step 3:** Complete a 701B Assessment with CARES.

The Department of Elder Affairs' CARES Program will contact you to set up a 701B assessment—completing step three in the eligibility process. The 701B assessment, in addition to the Form 5000-3008, helps CARES staff to see if you meet the medical eligibility that is required for program enrollment. If CARES staff is unable to reach you or unable to set up a time to complete the 701B you will not be able to continue the eligibility process.

### Category 2 Letter: 200NMNF

Date

<Applicant/POA Name>

Address Line 1

Address Line 2

City, State ZIP

Our records show that the person below is now able to begin the eligibility process for the Statewide Medicaid Managed Care Long-term Care (SMMC LTC) program:

<Applicant Name>

If you are no longer interested in SMMC LTC, please call us at <ADRC Number> to be removed from the waitlist.

To continue, you must meet medical and financial eligibility requirements. In order to meet those requirements, you will need to complete the following steps.

|   |   |  |
|---|---|--|
| Step 1:<br>Submit Form 5000-3008.   | Step 2:<br>Apply for Medicaid.  | Step 3:<br>Complete a medical assessment.                                |
| Have your primary care doctor, Physician Assistant, or Advanced Registered Nurse Practitioner complete the enclosed Form 5000-3008 by <b>&lt;Enter Date 30 Calendar Days from Date of Letter&gt;</b> .  | Complete a DCF ACCESS Florida Medicaid application by <b>&lt;Enter Date 35 Calendar Days from Date of Letter&gt;</b> .<br><br>Online at:<br><a href="http://www.myflorida.com/accessflorida/">http://www.myflorida.com/accessflorida/</a> | A CARES assessor will contact you to schedule a face-to-face assessment. |
| <b>IMPORTANT:</b> If we cannot contact you or you do not complete Steps 1 and 2 by the due dates, you will be removed from the waitlist and will have to contact your local Aging and Disability Resource Center (ADRC) at 1-800-963-5337 to be placed on the waitlist again. |   |  |

Please see the back of this letter for details on the eligibility steps you must complete.

The role of the ADRC is to assist you with the eligibility process, including helping you fill out forms and answering questions you may have about the above eligibility steps.

<ADRC Information>

Please note that we cannot provide any legal advice or advice on the Medicaid eligibility determination process performed by the Department of Children and Families (DCF). The DCF Automated Community Connection to Economic Self Sufficiency (ACCESS) number is 1-866-762-2237 and the website is <http://www.myflorida.com/accessflorida/>.

(BACK)

## SMMC LTC Eligibility Steps Explained

**Step 1:** Submit Form 5000-3008 by **<Enter Date 30 Calendar Days from Date of Letter>**.

Enclosed is the required Medical Certification form, also known as the Form 5000-3008. Please have your doctor complete the enclosed Form 5000-3008 as soon as possible. A cover letter and instructions for your doctor are included. All highlighted sections are required and must be legibly completed. Please note that the form must be signed by your doctor, a Physician Assistant, or an Advanced Registered Nurse Practitioner.

Either you, your doctor, Physician Assistant, or Advanced Registered Nurse Practitioner can return the signed Form 5000-3008 to:

<ADRC Address>

If you need help getting the form completed, please call us at <ADRC Number> for assistance. If the correctly completed form is not received by <Enter Date 30 calendar Days from Date of Letter>, you will not be able to continue the eligibility process.

**Step 2:** Submit Medicaid Application to DCF by <Enter Date 35 calendar Days from Date of Letter>.

The Department of Children and Families (DCF) ACCESS Florida Medicaid application is the second step in the eligibility process and is required to determine your financial eligibility.

In preparation to receive help with completing the application, please begin to gather the following items as soon as possible:

- DCF Financial Information Release, which must be signed by the person applying;
- Identification (Social Security Card, Medicare ID, and Photo ID);
- Power of Attorney and DCF Designated Representative form, if applicable; and any
- Proof of income and assets (pensions, checking, savings, annuities and life insurances).

Please note that we can help with completing the application, but only DCF can determine whether you meet financial requirements. If you have not submitted your Medicaid application to DCF by <Enter Date 35 Calendar Days from Date of Letter>, you will not be able to continue the eligibility process. Once the application is filed, it is important to quickly submit all the documentation that DCF requires.

**Step 3:** Complete a 701B Assessment with CARES.

The Department of Elder Affairs' CARES Program will contact you to set up a 701B assessment—completing step three in the eligibility process. The 701B assessment, in addition to the Form 5000-3008, helps CARES staff to see if you meet the medical eligibility that is required for program enrollment. If CARES staff is unable to reach you or unable to set up a time to complete the 701B you will not be able to continue the eligibility process.

**Category 3 Letter: 300YMNF**

Date

<Applicant/POA Name>

Address Line 1

Address Line 2

City, State ZIP

Our records show that the person below is now able to begin the eligibility process for the Statewide Medicaid Managed Care Long-term Care (SMMC LTC) program:

<Applicant Name>

If you are no longer interested in SMMC LTC, please call us at <ADRC Number> to be removed from the waitlist.

To continue, you must meet medical and financial eligibility requirements. In order to meet those requirements, you will need to complete the following steps.

|   |                                |  |
|---|--------------------------------|--|
| Step 1:<br>Submit Form 5000-3008.   | Step 2:<br>Apply for Medicaid. | Step 3:<br>Complete a medical assessment.                                |
| Have your primary care doctor, Physician Assistant, or Advanced Registered Nurse Practitioner complete the enclosed Form 5000-3008 by <Enter Date 30 Calendar Days from Date of Letter>.  | N/A                            | A CARES assessor will contact you to schedule a face-to-face assessment. |
| <b>IMPORTANT:</b> If we cannot contact you or you do not complete Steps 1 and 2 by the due dates, you will be removed from the waitlist and will have to contact your local Aging and Disability Resource Center (ADRC) at 1-800-963-5337 to be placed on the waitlist again. |                                |  |

Please see the back of this letter for details on the eligibility steps you must complete.

The role of the ADRC is to assist you with the eligibility process, including helping you fill out forms and answering questions you may have about the above eligibility steps.

<ADRC Information>

Please note that we cannot provide any legal advice or advice on the Medicaid eligibility determination process performed by the Department of Children and Families (DCF). The DCF Automated Community Connection to Economic Self Sufficiency (ACCESS) number is 1-866-762-2237 and the website is <http://www.myflorida.com/accessflorida/>.

(BACK)

## SMMC LTC Eligibility Steps Explained

**Step 1:** Submit Form 5000-3008 by <Enter Date 30 Calendar Days from Date of Letter>.

Enclosed is the required Medical Certification form, also known as the Form 5000-3008. Please have your doctor complete the enclosed Form 5000-3008 as soon as possible. A cover letter and instructions for your doctor are included. All highlighted sections are required and must be legibly completed. Please note that the form must be signed by your doctor or a nurse practitioner. A physician’s assistant signature is not allowable.

Either you, your doctor or nurse practitioner can return the signed Form 5000-3008 to:

<ADRC Address>

If you need help getting the form completed, please call <Call Center> for assistance. If the correctly completed form is not received by <Enter Date 30 Calendar Days from Date of Letter>, you will not be able to continue the eligibility process.

**Step 2:** Submit Medicaid Application to DCF

Our records show that you have a Medicaid benefit plan; **however**, the Department of Children and Families (DCF) may need more information in order to determine your eligibility for Home and Community-Based (HCBS) Medicaid benefits.

If DCF contacts you, it is important to quickly submit all the documentation that DCF requests.

**Step 3:** Complete a 701B Assessment with CARES.

The Department of Elder Affairs’ CARES Program will contact you to set up a 701B assessment—completing step three in the eligibility process. The 701B assessment, in addition to the Form 5000-3008, helps CARES staff to see if you meet the medical eligibility that is required for program enrollment. If CARES staff is unable to reach you or unable to set up a time to complete the 701B you will not be able to continue the eligibility process.

**Category 4 Letter: 400NMYF**

Date

<Applicant/POA Name>

Address Line 1

Address Line 2

City, State ZIP

Our records show that the person below is now able to begin the eligibility process for the Statewide Medicaid Managed Care Long-term Care (SMMC LTC) program:

<Applicant Name>

If you are no longer interested in SMMC LTC, please call us at <ADRC Number> to be removed from the waitlist.

To continue, you must meet medical and financial eligibility requirements. In order to meet those requirements, you will need to complete the following steps.

|                                   |   |  |
|-----------------------------------|---|--|
| Step 1:<br>Submit Form 5000-3008. | Step 2:<br>Apply for Medicaid.  | Step 3:<br>Complete a medical assessment.                                |
| N/A                               | Complete a DCF ACCESS Florida Medicaid application by <Enter Date 35 Calendar Days from Date of Letter>.<br><br>Online at:<br><br><a href="http://www.myflorida.com/accessflorida/">http://www.myflorida.com/accessflorida/</a> | A CARES assessor will contact you to schedule a face-to-face assessment. |

**IMPORTANT:** If we cannot contact you or you do not complete Steps 1 and 2 by the due dates, you will be removed from the waitlist and will have to contact your local Aging and Disability Resource Center (ADRC) at 1-800-963-5337 to be placed on the waitlist again.

Please see the back of this letter for details on the eligibility steps you must complete.

The role of the ADRC is to assist you with the eligibility process, including helping you fill out forms and answering questions you may have about the above eligibility steps.

<ADRC Information>

Please note that we cannot provide any legal advice or advice on the Medicaid eligibility determination process performed by the Department of Children and Families (DCF). The DCF Automated Community Connection to Economic Self Sufficiency (ACCESS) number is 1-866-762-2237 and the website is <http://www.myflorida.com/accessflorida/>.

(BACK)

## **SMMC LTC Eligibility Steps Explained**

**Step 1:** Submit Form 5000-3008 by.

Our records show that you have already completed this step.

**Step 2:** Submit Medicaid Application to DCF by **<Enter Date 35 Calendar Days from Date of Letter>**.

The Department of Children and Families (DCF) ACCESS Florida Medicaid application is the second step in the eligibility process and is required to determine your financial eligibility.

In preparation to receive help with completing the application, please begin to gather the following items as soon as possible:

- DCF Financial Information Release, which must be signed by the person applying;
- Identification (Social Security Card, Medicare ID, and Photo ID);
- Power of Attorney and DCF Designated Representative form, if applicable; and any
- Proof of income and assets (pensions, checking, savings, annuities and life insurances).

Please note that we can help with completing the application, but only DCF can determine whether you meet financial requirements. If you have not submitted your Medicaid application to DCF by **<Enter Date 35 Calendar Days from Date of Letter>**, you will not be able to continue the eligibility process. Once the application is filed, it is important to quickly submit all the documentation that DCF requires.

**Step 3:** Complete a 701B Assessment with CARES.

The Department of Elder Affairs' CARES Program will contact you to set up a 701B assessment—completing step three in the eligibility process. The 701B assessment, in addition to the Form 5000-3008, helps CARES staff to see if you meet the medical eligibility that is required for program enrollment. If

CARES staff is unable to reach you or unable to set up a time to complete the 701B you will not be able to continue the eligibility process.

**Category 5 Letter: 500SSYF**

Date

<Applicant/POA Name>  
Address Line 1  
Address Line 2  
City, State ZIP

Our records show that the person below is now able to begin the eligibility process for the Statewide Medicaid Managed Care Long-term Care (SMMC LTC) program:

<Applicant Name>

If you are no longer interested in SMMC LTC, please call us at <ADRC Number> to be removed from the waitlist.

To continue, you must meet medical and financial eligibility requirements. In order to meet those requirements, you will need to complete the following steps.

|   |                                |  |
|---|--------------------------------|--|
| Step 1:<br>Submit Form 5000-3008.   | Step 2:<br>Apply for Medicaid. | Step 3:<br>Complete a medical assessment.                                |
| N/A   | N/A                            | A CARES assessor will contact you to schedule a face-to-face assessment. |
| <b>IMPORTANT:</b> If we cannot contact you or you do not complete Steps 1 and 2 by the due dates, you will be removed from the waitlist and will have to contact your local Aging and Disability Resource Center (ADRC) at 1-800-963-5337 to be placed on the waitlist again. |                                |  |

Please see the back of this letter for details on the eligibility steps you must complete.

The role of the ADRC is to assist you with the eligibility process, including helping you fill out forms and answering questions you may have about the above eligibility steps.

<ADRC Information>

Please note that we cannot provide any legal advice or advice on the Medicaid eligibility determination process performed by the Department of Children and Families (DCF). The DCF Automated Community Connection to Economic Self Sufficiency (ACCESS) number is 1-866-762-2237 and the website is <http://www.myflorida.com/accessflorida/>.

(BACK)

**SMMC LTC Eligibility Steps Explained**

**Step 1:** Submit Form 5000-3008.

Our records show that you have already completed this step.

**Step 2:** Submit Medicaid Application to DCF.

Our records show that you have a Medicaid or Social Security benefit that meets the requirements of this program.

**Step 3:** Complete a 701B Assessment with CARES.

The Department of Elder Affairs’ CARES Program will contact you to set up a 701B assessment—completing step three in the eligibility process. The 701B assessment, in addition to the Form 5000-3008, helps CARES staff to see if you meet the medical eligibility that is required for program enrollment. If CARES staff is unable to reach you or unable to set up a time to complete the 701B you will not be able to continue the eligibility process.

**Category 6 Letter: 600SSNF**

Date

<Applicant/POA Name>  
Address Line 1  
Address Line 2  
City, State ZIP

Our records show that the person below is now able to begin the eligibility process for the Statewide Medicaid Managed Care Long-term Care (SMMC LTC) program:

<Applicant Name>

If you are no longer interested in SMMC LTC, please call us at <ADRC Number> to be removed from the waitlist.

To continue, you must meet medical and financial eligibility requirements. In order to meet those requirements, you will need to complete the following steps.

| Step 1:<br>Submit Form 5000-3008.   | Step 2:<br>Apply for Medicaid. | Step 3:<br>Complete a medical assessment.                                |
|---|--------------------------------|--|
| Have your primary care doctor Physician Assistant, or Advanced Registered Nurse Practitioner complete the enclosed Form 5000-3008 by <b>&lt;Enter Date 30 Calendar Days from Date of Letter&gt;</b> . | N/A                            | A CARES assessor will contact you to schedule a face-to-face assessment. |



**IMPORTANT:** If we cannot contact you or you do not complete Steps 1 and 2 by the due dates, you will be removed from the waitlist and will have to contact your local Aging and Disability Resource Center (ADRC) at 1-800-963-5337 to be placed on the waitlist again.

Please see the back of this letter for details on the eligibility steps you must complete.

The role of the ADRC is to assist you with the eligibility process, including helping you fill out forms and answering questions you may have about the above eligibility steps.

<ADRC Information>

Please note that we cannot provide any legal advice or advice on the Medicaid eligibility determination process performed by the Department of Children and Families (DCF). The DCF Automated Community Connection to Economic Self Sufficiency (ACCESS) number is 1-866-762-2237 and the website is <http://www.myflorida.com/accessflorida/>.

(BACK)

## **SMMC LTC Eligibility Steps Explained**

**Step 1:** Submit Form 5000-3008 by <Enter Date 30 Calendar Days from Date of Letter>.

Enclosed is the required Medical Certification form, also known as the Form 5000-3008. Please have your doctor complete the enclosed Form 5000-3008 as soon as possible. A cover letter and instructions for your doctor are included. All highlighted sections are required and must be legibly completed. Please note that the form must be signed by your doctor or a nurse practitioner. A physician's assistant signature is not allowable.

Either you, your doctor or nurse practitioner can return the signed Form 5000-3008 to:

<ADRC Address>

If you need help getting the form completed, please call us at <ADRC Number> for assistance. If the correctly completed form is not received by <Enter Date 30 Calendar Days from Date of Letter>, you will not be able to continue the eligibility process.

**Step 2:** Submit Medicaid Application to DCF.

Our records show that you have a Medicaid or Social Security benefit that meets the requirements of this program.

**Step 3:** Complete a 701B Assessment with CARES.

The Department of Elder Affairs' CARES Program will contact you to set up a 701B assessment—completing step three in the eligibility process. The 701B assessment, in addition to the Form 5000-3008, helps CARES staff to see if you meet the medical eligibility that is required for program enrollment. If CARES staff is unable to reach you or unable to set up a time to complete the 701B you will not be able to continue the eligibility process.



## CIRTS SMMC LTC Termination Codes

The following termination codes are the termination codes used in CIRTS for SMMC LTC enrollment spans. Codes with an asterisk\* are used only by DOEA. APCL and APPL termination codes follow the CIRTS program code LTCC. The SMMC LTC ACTV code follows the CIRTS program code MLTC.

| Term Code   | Code Description                                   | Code Definition  |
|-------------|--|--|
| <b>APCL</b> |  |  |
| TAAS*       | TERMINATED APCL MOVED TO ACTIVE STATUS*            | To be used by DOEA if an individual becomes active in SMMC LTC.  |
| TABC        | TERMINATED APCL BY CLIENT                          | To be used by the ADRC if an individual no longer wishes to be on the waitlist and/or continue the eligibility process for SMMC LTC.   |
| TACD        | TERMINATED APCL CLIENT DIED                        | To be used by the ADRC if an individual is deceased according to the office of vital statistics.                                       |
| TAEL        | TERMINATED APCL DETERMINING ELIGIBILITY            | To be used by the ADRC after the ADRC has confirmed an individual wishes to continue the eligibility process following an EMS release. |
| TALO        | TERMINATED APCL LOST CONTACT                       | To be used by the ADRC if the ADRC is unable to contact an individual on the SMMC LTC waitlist and/or EMS release.                     |
| TAHS        | TERMINATED APCL CLIENT HOSPITALIZED                | To be used by the ADRC if an individual can no longer continue the SMMC LTC eligibility process due to a long-term hospitalization.    |
| TAMO        | TERMINATED APCL CLIENT MOVED                       | To be used by the ADRC if an individual moves out of the PSA..   |
| TANH        | TERMINATED APCL PLACED IN NURSING HOME OR HOSPITAL | To be used by the ADRC if in individual permanently resides in a nursing facility.   |

| Term Code   | Code Description   | Code Definition  |
|-------------|--|--|
| <b>APPL</b> |  |  |
| TPAS*       | TERMINATED APPL MOVED TO ACTIVE STATUS*                  | To be used by DOEA if an individual becomes active in SMMC LTC.  |
| TPBC        | TERMINATED APPL BY CLIENT                                | To be used by the ADRC if an individual no longer wishes to continue the eligibility process for SMMC LTC.   |
| TPCD        | TERMINATED APPL CLIENT DIED                              | To be used by the ADRC if an individual is deceased according to the office of vital statistics.   |
| TPCU        | TERMINATED APPL CARES UNABLE TO ASSESS FOR SMMC LTC      | To be used by the ADRC after the ADRC has been notified by CARES that CARES was unable to complete the 701B.   |
| TPHS        | TERMINATED APPL CLIENT HOSPITALIZED                      | To be used by the ADRC if an individual can no longer continue the SMMC LTC eligibility process due to a long-term hospitalization.                  |
| TPIF        | TERMINATED APPL INCOMPLETE FINANCIAL ELIGIBILITY PROCESS | To be used by the ADRC after DCF has denied an individual's request for Medicaid due to not receiving documentation needed to determine eligibility. |
| TPNF        | TERMINATED APPL NO FORM 5000-3008                        | To be used by the ADRC if an individual did not submit a Form 5000-3008 in 30 days.  |
| TPLC        | TERMINATED APPL LEVEL OF CARE NOT MET (CARES)            | To be used by the ADRC after the ADRC has been notified by CARES that an individual does not meet clinical eligibility criteria (Level of Care).     |
| TPLO        | TERMINATED APPL LOST CONTACT                             | To be used by the ADRC if the ADRC has lost contact with an individual in the pipeline.  |
| TPMA        | TERMINATED APPL NO MEDICAID APPLICATION SUBMITTED        | To be used by the ADRC if an individual did not submit a Medicaid application within 35 days.  |
| TPMO        | TERMINATED APPL CLIENT MOVED                             | To be used by the ADRC if an individual moves out of the PSA.  |
| TPNE        | TERMINATED APPL CLIENT NOT FINANCIALLY ELIGIBLE (DCF)    | To be used by the ADRC after DCF has determined an individual financially ineligible for SMMC LTC by reason of not meeting asset limits.             |
| TPNH        | TERMINATED APPL PLACED IN NURSING HOME OR HOSPITAL       | To be used by the ADRC if in individual permanently resides in a nursing facility or hospital.   |



## CIRTS Enrollments Report: Waiver Release Report Field Descriptions<sup>10</sup>

**Rank when Released** – The priority rank of the individual at the time of release as assigned by CIRTS based upon the Department of Elder Affairs’ (DOEA) 701S screening instrument.

**PSA When Released** – The PSA where the individual was residing at the time of the release.

**County of Services** – County where the release individual is located.

**Program** – Program in which individual was released for enrollment. All releases after 03/01/2014 should contain only LTCC for this field as the implementation of the Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) was complete.

**Release Date** – The date AHCA/DOEA released the individual for completion of the SMMC LTC eligibility process.

**Owner ID** – CIRTS Provider ID of “Owner” of release individual in CIRTS. Usually the ADRC in the PSA when released.

**APCL Enrollment** – The last APCL enrollment span available, including the CIRTS code and date, as listed on the CIRTS enrollments screen.

**APPL Enrollment** – The last APPL enrollment span available, including the CIRTS code and date, as listed on the CIRTS enrollments screen.

**Staffing PSA** – The PSA where the CARES office that staffed the Level of Care (LOC) is located. Only applicable if the LOC has been staffed.

**CARES Level of Care** – Description of Level of Care designation, staffing date, program recommendation (i.e. nursing facility, community), and effective date.

**2515 and LOC to DCF – MWTL** – The date the ADRC submitted the Form 2515 and LOC to the Department of Children and Families (DCF) for processing. Only applicable if recorded by ADRC on Med Waiver Timeline in CIRTS.

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<sup>10</sup> Fields for client identifiers have been omitted from the list (i.e. name, birth date, SSN)

**First CARES 701B after Release Date** – The date the first 701B was completed by CARES after the individual was released. Only applicable if a 701B was completed after the release date.

**ACTV Enrollment** – The CIRTS program enrollment code and enrollment start date as listed on the enrollments screen in CIRTS. Only applies to Medicaid waiver enrollment.

**Open Enrollment** – List of any other program affiliations in CIRTS. Will include other program waitlists and enrollments.

**DCF App Filed Date** – The date recorded on the Med Waiver Timeline that individual submitted an application to DCF. Only applicable for individuals in need of submitting an application to DCF. May also be used if the ADRC needs to submit a 2515 to DCF marked “application” instead of “change” for individuals who do not need to submit a new Medicaid application.

**Received 3008** – The date recorded on the Med Waiver Timeline that the ADRC received the Form 5000-3008 from the individual.

**Medicaid Elig** – The type and enrollment span of any open Medicaid benefit spans in FLMMIS that is relevant to the EMS process, including, TXIX, SSI, QMB, SLMB, and QI1.

**CERTIFICATION OF ENROLLMENT STATUS  
HOME AND COMMUNITY BASED SERVICES (HCBS)  
CF-ES 2515, 06/2014  
Instructions for Medicaid LTC Program**

**Purpose:**

This form is used to communicate with the Department of Children and Families (DCF) regarding home and community-based services (HCBS) waiver recipients. While the form is used by several Medicaid waiver providers, these instructions are specific to the Medicaid Managed Care Long-Term Care (LTC) Program waiver only. This form should be used by the entities designated below for the following situations:

| Event   | Responsible Party                                     | Completing Form   |
|---|---|---|
| <p><b><u>Initial Eligibility:</u></b><br/>A waiver slot has been authorized for an individual and they have been determined medically eligible for the program; financial eligibility needs to be determined.</p>   | <p>Aging and Disability Resource Centers (ADRCs)</p>  | <p><b>Check “Application” and complete Sections II., III. a) and b), IV., VI., and VII. e) (if appropriate)</b></p> |
| <p><b><u>Initial LTC Plan enrollment:</u></b><br/>An LTC Program waiver recipient has selected their first LTC plan, is now enrolled, and the LTC Plan needs to be listed as the case manager on record.</p>  | <p>Medicaid LTC Plan or LTC plan case manager</p>     | <p><b>Check “Change” and complete Sections II., IV., VI., and IX.</b></p>   |
| <p><b><u>Change in LTC Plans:</u></b><br/>An LTC Program waiver recipient changes LTC Plans and the new LTC Plan needs to be listed as the case manager on record.</p>  | <p>New Medicaid LTC Plan or LTC plan case manager</p> | <p><b>Check “Change” and complete Sections II., IV., VI., and IX.</b></p>   |
| <p><b><u>Nursing Facility Transition:</u></b><br/>An individual residing in a nursing facility with Institutional Care Program (ICP) eligibility (aid category codes beginning MI*) and enrolled with a Medicaid LTC Plan is transitioning into the community and will be receiving HCBS waiver services.</p> | <p>Medicaid LTC Plan or LTC plan case manager</p>     | <p><b>Check “Change” and complete sections II., III. d), IV., VI., and VII.</b></p>                                 |
| <p><b><u>Recipient Deceased:</u></b><br/>An individual enrolled with an LTC plan as an HCBS member is now deceased.</p>   | <p>Medicaid LTC Plan or LTC plan case manager</p>     | <p><b>Check “Change” and complete sections II., III. f), IV., and VI.</b></p>                                       |



|   |  |  |
|---|--|--|
| <p><b><u>Recipient Move</u></b><br/>An individual enrolled with an LTC plan as an HCBS member moves to another location. If the new location is a nursing facility, the 2515 form should NOT be used. Instead, the 2506A form should be completed and submitted to DCF.</p> | <p>Medicaid LTC Plan or LTC plan case manager</p>                              | <p><b>Check “Change” and complete sections II., III. d), IV., VI, and VII.</b></p> |
| <p><b><u>Disenrollment</u></b><br/>An individual enrolled with an LTC plans requests a disenrollment from the program.</p>  | <p>TBD – will <b>not</b> be the Medicaid LTC Plan or LTC plan case manager</p> |  |

**CF-ES 2515, 06/2014**  
**Instructions for Medicaid LTC Program**  
Section by Section Instructions

**Header Section:**

|                           |  |
|---------------------------|--|
| <p><i>Application</i></p> | <p>Check this box when the information contained on the form is for an individual applying for Medicaid HCBS waiver eligibility; if the individual already has existing Medicaid (other than SSI coverage, i.e., MS aid category code), select the “change” box.</p> |
| <p><i>Change</i></p>      | <p>Check this box when the information contained on the form is for an individual already receiving HCBS eligibility or already receiving another form of Medicaid eligibility (other than SSI) and needs to change to HCBS eligibility.</p>                         |

**Section II.**

|   |   |
|---|---|
| <p><i>Name of Applicant/Recipient</i></p>   | <p>Enter the full name of the individual for whom the request is being made, their social security number, and, if appropriate, their designated/authorized representative.</p> |
| <p><i>Client Social Security Number</i></p> |   |
| <p><i>Designated Representative</i></p>     |   |

**Section III.**

|  |  |
|--|--|
| <p>Check the appropriate box for either a), b), c), d), e) or f)</p> |  |
| <p><i>a) was enrolled in the Medicaid (HCBS) waiver on...</i></p>    | <p>Enter the date the applicant was initially authorized to be enrolled in the LTC Program waiver. <b>This information should be completed by the ADRC only.</b> <i>Note: ADRCs must use the first of the month in which the ADRC submits the Form 2515.</i></p> |
| <p><i>b) Level of Care effective date:</i></p>                       | <p>Check the appropriate Level of Care box (Skilled, Intermediate I, Intermediate II) and enter the Level of Care effective date. <b>This information should be completed by the ADRC only.</b></p>  |
| <p><i>c) will not be enrolled in the Medicaid HCBS waiver</i></p>    | <p>If the individual filed an application with DCF to receive HCBS but will not be enrolled in the waiver, enter the reason why. For the LTC Program, this item should only be completed by the ADRC or CARES staff.</p>   |
| <p><i>d) has a change in living arrangement</i></p>                  | <p>If there has been any change in the individual’s living arrangement, this box must be checked and the accompanying information in Section VII., must also be completed in its entirety.</p>   |
| <p><i>e) was disenrolled from the Medicaid waiver (HCBS) on:</i></p> | <p>This section should never be completed by the LTC Plan/case manager.</p>  |
| <p><i>f) died on</i></p>   | <p>Enter the date of death for the individual.</p>   |

**Section IV.**

|   |   |
|---|---|
| <i>Case Management Agency</i>               | For the LTC Program, enter either the ADRC's agency name or the LTC Plan's name. This information will be included in the individual's record in order to receive future eligibility notices. |
| <i>Waiver Program</i>                       | Enter <b>SMMC LTC Program</b>   |
| <i>Mailing Address</i>                      | Enter either the corresponding ADRC full address or LTC Plan's full address in order to receive copies of the eligibility notices.  |
| <i>Telephone Number (include area code)</i> | Enter either the ADRC's phone number or the LTC Plan's phone number.  |

**Section VI.**

|  |  |
|--|--|
| <b>Certified By:</b><br><i>Case Manager's Name (print)</i> | The individual completing the form at the ADRC or the LTC Plan must print their name, sign, and date the form prior to submitting the document to DCF. This individual should be knowledgeable to answer any questions regarding the submitted form. |
| <i>Case Manager's Signature</i>                            |  |
| <i>Date</i>  |  |

**Section VII. LIVING ARRANGEMENT INFORMATION:**

|  |  |
|--|--|
| <i>a) Previous address:</i>  | Enter the full address for where the individual was living prior to the change being reported. This applies to Nursing Facility transitions as well as community moves.  |
| <i>b) New address:</i>   | Enter the full address for where the individual is now residing.   |
| <i>c) Effective date of new address:</i>   | Enter the actual date when the individual moved.   |
| <i>d) Note type of living arrangement</i>  | Indicate whether or not the individual is now living in the community, has moved into an Assisted Living Facility (ALF), etc. If the individual has moved into a nursing facility and will need ICP Medicaid, STOP. Do not use this form. Submit the 2506A form to DCF.  |
| <i>e) For ALFs only: Usual and Customary Room and Board Rate documentation provided:</i> | <p>In order to appropriately calculate the individual's patient responsibility amount and complete the financial eligibility, documentation of the ALF's usual and customary room and board rate is required.</p> <p>The assisted living facility (ALF) statement must provide the following information on the ALF's letterhead:</p> <ol style="list-style-type: none"> <li>1. ALF's name, address, and telephone number;</li> <li>2. Date letter was completed;</li> <li>3. Resident's first and last names;</li> <li>4. Date resident placed in the ALF;</li> <li>5. A statement that: "The usual and customary charge for a semi-private room and 3 meals in _____ (name of ALF) is currently \$_____ per day, or \$_____ per month.";</li> <li>6. Printed name and signature of person with ALF that is providing the information; and</li> <li>7. Printed title of person with ALF that is providing the information.</li> </ol> <p>Submitting this documentation with the 2515 Form alerting DCF of this living arrangement will expedite processing and prevent the change request or application from pending for this documentation.</p> <p><i>Note: ALF Usual and Customary Room and Board Rate letter must be on the ALF's letterhead.</i></p> |

ADRC Intake Inboxes

| <b>PSA</b> | <b>Email Account</b>   |
|------------|--|
| <b>1</b>   | <a href="mailto:adrc1_intake@nwflaaa.org">adrc1_intake@nwflaaa.org</a>                     |
| <b>2</b>   | <a href="mailto:psa2adrcintake@aaanf.org">psa2adrcintake@aaanf.org</a>                     |
| <b>3</b>   | <a href="mailto:psa3_cares@agingresources.org">psa3_cares@agingresources.org</a>           |
| <b>4</b>   | <a href="mailto:psa4_adrc_intake@myeldersource.org">psa4_adrc_intake@myeldersource.org</a> |
| <b>5</b>   | <a href="mailto:psa5-intake@aaapp.org">psa5-intake@aaapp.org</a>                           |
| <b>6</b>   | <a href="mailto:cares@agingflorida.com">cares@agingflorida.com</a>                         |
| <b>7</b>   | <a href="mailto:adrc@sraflorida.org">adrc@sraflorida.org</a>                               |
| <b>8</b>   | <a href="mailto:psa8intake@aaaswfl.org">psa8intake@aaaswfl.org</a>                         |
| <b>9</b>   | <a href="mailto:efaxintakecares@youradrc.org">efaxintakecares@youradrc.org</a>             |
| <b>10</b>  | <a href="mailto:psa10triage@adrcbroward.org">psa10triage@adrcbroward.org</a>               |
| <b>11</b>  | <a href="mailto:adrc@allianceforaging.org">adrc@allianceforaging.org</a>                   |

CARES Intake Inboxes for ADRCs

| <b>Area</b> | <b>Email Account</b>   |
|-------------|--|
| <b>1</b>    | <a href="mailto:psa1_intake@elderaffairs.org">psa1_intake@elderaffairs.org</a>   |
| <b>2</b>    | <a href="mailto:psa2a_intake@elderaffairs.org">psa2a_intake@elderaffairs.org</a><br><a href="mailto:psa2b_intake@elderaffairs.org">psa2b_intake@elderaffairs.org</a>     |
| <b>3</b>    | <a href="mailto:psa3a_intake@elderaffairs.org">psa3a_intake@elderaffairs.org</a><br><a href="mailto:psa3b_intake@elderaffairs.org">psa3b_intake@elderaffairs.org</a>     |
| <b>4</b>    | <a href="mailto:psa4a_intake@elderaffairs.org">psa4a_intake@elderaffairs.org</a><br><a href="mailto:psa4b_intake@elderaffairs.org">psa4b_intake@elderaffairs.org</a>     |
| <b>5</b>    | <a href="mailto:psa5a_intake@elderaffairs.org">psa5a_intake@elderaffairs.org</a><br><a href="mailto:psa5b_intake@elderaffairs.org">psa5b_intake@elderaffairs.org</a>     |
| <b>6</b>    | <a href="mailto:psa6a_intake@elderaffairs.org">psa6a_intake@elderaffairs.org</a><br><a href="mailto:psa6b_intake@elderaffairs.org">psa6b_intake@elderaffairs.org</a>     |
| <b>7</b>    | <a href="mailto:psa7a_intake@elderaffairs.org">psa7a_intake@elderaffairs.org</a><br><a href="mailto:psa7b_intake@elderaffairs.org">psa7b_intake@elderaffairs.org</a>     |
| <b>8</b>    | <a href="mailto:psa8_intake@elderaffairs.org">psa8_intake@elderaffairs.org</a>   |
| <b>9</b>    | <a href="mailto:psa9a_intake@elderaffairs.org">psa9a_intake@elderaffairs.org</a><br><a href="mailto:psa9b_intake@elderaffairs.org">psa9b_intake@elderaffairs.org</a>     |
| <b>10</b>   | <a href="mailto:psa10_intake@elderaffairs.org">psa10_intake@elderaffairs.org</a>   |
| <b>11</b>   | <a href="mailto:psa11a_intake@elderaffairs.org">psa11a_intake@elderaffairs.org</a><br><a href="mailto:psa11b_intake@elderaffairs.org">psa11b_intake@elderaffairs.org</a> |

| County   | Administrator          | Work Phone   | Email  |
|--|------------------------|--------------|--|
| HQ State Contact   | Roy Carr               | 850-717-4381 | <a href="mailto:Roy.Carr@myflfamilies.com">Roy.Carr@myflfamilies.com</a>                           |
| HQ State Contact   | Lee Ann Christenson    | 850-717-4380 | <a href="mailto:Leeann.Christenson@myflfamilies.com">Leeann.Christenson@myflfamilies.com</a>       |
| Alachua, Dixie, Flagler, Gilchrist, Levy, Putnam, St. Johns, Volusia                         | Judy Palaia            | 386-763-5204 | <a href="mailto:Judy.Palaia@myflfamilies.com">Judy.Palaia@myflfamilies.com</a>                     |
| Baker, Clay, Columbia, Duval, Hamilton, Lafayette, Madison, Nassau, Suwannee, Taylor, Union  | Terry Campbell         | 904-723-5707 | <a href="mailto:Terry.Campbell@myflfamilies.com">Terry.Campbell@myflfamilies.com</a>               |
| Bay, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Wakulla, Washington | Theresa Justice        | 850-872-4830 | <a href="mailto:Theresa.Justice@myflfamilies.com">Theresa.Justice@myflfamilies.com</a>             |
| Brevard, Seminole  | Alfonso Ortiz          | 407-551-0206 | <a href="mailto:Alfonso.Ortiz@myflfamilies.com">Alfonso.Ortiz@myflfamilies.com</a>                 |
| Broward  | Maria Chiari           | 954-713-3005 | <a href="mailto:Maria.Chiari@myflfamilies.com">Maria.Chiari@myflfamilies.com</a>                   |
| Charlotte, Collier, Glades, Hendry, Lee  | BeLinda AmanKwaa       | 239-895-0161 | <a href="mailto:BeLinda.AmanKwaa@myflfamilies.com">BeLinda.AmanKwaa@myflfamilies.com</a>           |
| Citrus, Hernando, Lake, Marion, Sumter   | Sheri Peterson         | 352-330-5604 | <a href="mailto:Sheri.Peterson@myflfamilies.com">Sheri.Peterson@myflfamilies.com</a>               |
| Desoto, Manatee, Sarasota  | Lisa Voigt             | 941-554-1830 | <a href="mailto:Lisa.Voigt@myflfamilies.com">Lisa.Voigt@myflfamilies.com</a>                       |
| Escambia, Okaloosa, Santa Rosa, Walton   | Tom Watts              | 850-344-0187 | <a href="mailto:Tom.Watts@myflfamilies.com">Tom.Watts@myflfamilies.com</a>                         |
| Hardee, Highlands, Polk  | Sheila Watkins         | 863-578-1701 | <a href="mailto:Sheila.Watkins@myflfamilies.com">Sheila.Watkins@myflfamilies.com</a>               |
| Hillsborough   | Angel Williams         | 813-337-5994 | <a href="mailto:Angel.Williams@myflfamilies.com">Angel.Williams@myflfamilies.com</a>               |
| Holmes   | Theresa Justice        | 850-872-4830 | <a href="mailto:Theresa.Justice@myflfamilies.com">Theresa.Justice@myflfamilies.com</a>             |
| Indian River, Martin, Okeechobee, St. Lucie  | Nicholas Cocoves       | 772-223-3165 | <a href="mailto:Nicholas.Cocoves@myflfamilies.com">Nicholas.Cocoves@myflfamilies.com</a>           |
| Miami-Dade, Monroe   | Cristina Reboredo-Leon | 786-257-5247 | <a href="mailto:Cristina.RedoredoLeon@myflfamilies.com">Cristina.RedoredoLeon@myflfamilies.com</a> |
| Orange, Osceola  | Robert Roy             | 407-317-7826 | <a href="mailto:Robert.Roy@myflfamilies.com">Robert.Roy@myflfamilies.com</a>                       |
| Palm Beach   | John Novy              | 561-837-5400 | <a href="mailto:John.novy@myflfamilies.com">John.novy@myflfamilies.com</a>                         |
| Pasco, Pinellas  | Kitty Kelleher         | 813-337-5839 | <a href="mailto:Kathryn.Kelleker@myflfamilies.com">Kathryn.Kelleker@myflfamilies.com</a>           |

## Information Only: Selecting a Plan

The AHCA Enrollment Broker system receives daily data feeds from DOEA containing LOC information, as well as notification from DCF of an individual's ACCESS Florida Application submission. If both conditions are met, the Enrollment Broker will mail the individual a welcome packet within **five days** of receiving the individual's LOC and ACCESS Florida Application information.

For those individuals with SSI, once the LOC and SSI information is provided in the daily feed, the Enrollment Broker sends the individual a welcome packet within **five days**.

The next step is for the individual to contact the Enrollment Broker to choose an LTC plan and to opt into the Medicaid Pending enrollment option, if desired. If the individual chooses the Medicaid Pending option, an ACTV MLTC enrollment status will automatically populate for the first of the next month on the CIRTS enrollments screen following data transfers. After the individual has been made MLTC ACTV as Medicaid Pending, the individual's LTC plan will assist the individual with the continuation of the Medicaid eligibility determination process per the SMMC LTC contract between AHCA and the LTC plans. The individual may not switch LTC plans while enrolled as Medicaid Pending.

Individuals who choose the Medicaid Pending option and are ultimately denied Medicaid by DCF may be subject to repayment to the LTC plan for SMMC LTC for services rendered during the individual's Medicaid Pending (MEDP) benefit span. For more information on Medicaid Pending, [Click Here](#) to view the "SMMC LTC Medicaid Pending" webinar, or visit AHCA's website at [http://ahca.myflorida.com/Medicaid/recent\\_presentations/index.shtml](http://ahca.myflorida.com/Medicaid/recent_presentations/index.shtml).

If the individual does not choose the Medicaid Pending option, enrollment will not begin until after he/she has been approved by DCF to receive Medicaid. Upon receipt of the approved Medicaid financial eligibility determination, the individual will either be enrolled in the plan that he/she selected the first of the next month, or be auto-assigned to an LTC plan if no plan choice was made within 30 days of the individual becoming eligible for SMMC LTC in Health Track.

After the individual has been enrolled and Medicaid eligibility has been determined, the enrollee will have **90 days** to switch to a different LTC plan, if desired. Recipients will only be able to switch LTC plans once the **90 days** have elapsed if they have a good-cause reason, as outlined in the SMMC LTC contract between AHCA and the LTC plans. Good-cause determinations are rendered by AHCA. Additionally, enrollees may switch plan during the open enrollment period each year.