

www.Florida Health Justice.org

# **Wait List 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 wait list.

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: Submit Form 5000-3008.	Step 2: Apply for Medicaid.	Step 3: 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 wait list and will have to contact your local Aging and Disability Resource Center (ADRC) at 1-800-963-5337 to be placed on the wait list 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>

# **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; <u>however</u>, 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.

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 wait list.

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:	Step 2:	Step 3:
Submit Form 5000-3008.	Apply for Medicaid.	Complete a medical
		assessment.
Have your primary care	Complete a DCF ACCESS Florida	A CARES assessor will
doctor, Physician	Medicaid application by <b>&lt; Enter Date</b>	contact you to schedule a
Assistant, or Advanced	35 Calendar Days from Date of	face-to-face assessment.
Registered Nurse	Letter>.	
Practitioner complete the		
enclosed Form 5000-3008	Online at:	
by <b><enter 30<="" b="" date=""></enter></b>		
Calendar Days from Date	http://www.myflorida.com/accessflori	
of Letter>.	<u>da/</u>	

**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 wait list and will have to contact your local Aging and Disability Resource Center (ADRC) at 1-800-963-5337 to be placed on the wait list 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>

# **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.

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 wait list.

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: Submit Form 5000-3008.	Step 2: Apply for Medicaid.	Step 3: Complete a medical assessment.
Have your primary care doctor, Physician Assistant, or Advanced Registered Nurse Practitioner complete the enclosed Form 5000-3008 by <enter 30="" calendar="" date="" days="" from="" letter="" of="">.</enter>	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 wait list and will have to contact your local Aging and Disability Resource Center (ADRC) at 1-800-963-5337 to be placed on the wait list 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>

# **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; <u>however</u>, 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.

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 wait list.

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

**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 wait list and will have to contact your local Aging and Disability Resource Center (ADRC) at 1-800-963-5337 to be placed on the wait list 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>

# **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.

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 wait list.

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: Submit Form 5000-3008.	Step 2: Apply for Medicaid.	Step 3: 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 wait list and will have to contact your local Aging and Disability Resource Center (ADRC) at 1-800-963-5337 to be placed on the wait list 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>

# **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.

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 wait list.

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: Submit Form 5000-3008.	Step 2: Apply for Medicaid.	Step 3: Complete a medical assessment.
Have your primary care doctor Physician Assistant, or Advanced Registered Nurse Practitioner complete the enclosed Form 5000-3008 by <enter 30="" calendar<br="" date="">Days from Date of Letter&gt;.</enter>	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 wait list and will have to contact your local Aging and Disability Resource Center (ADRC) at 1-800-963-5337 to be placed on the wait list 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>

# **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.