FLORIDA HEALTH JUSTICE PROJECT

Post-Screening Letter Samples

Category 1 Letter: Priority Rank 1 or 2

Date

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

Dear <Applicant Name>,

Thank you for contacting <Aging and Disability Resource Center Name>. Our records show that the person listed above has been screened by our agency for long-term care services and programs, including the Statewide Medicaid Managed Care Long Term Care (SMMC LTC) program.

This letter is to notify you that your recent telephone screening resulted in a **priority score**[1] **#**<0-29> and **rank #**<1/2>. All callers are asked the same questions, which produces a prioritized waiting list status. The priority score considers the amount of help needed, the amount of help available, and other factors. The priority score and rank are used to determine waitlist eligibility and/or placement on the waitlist.

Based on your above rank, you are currently **not eligible** to be placed on the SMMC LTC waitlist.

If you are on a waitlist for other programs and enrollment becomes available, you will be contacted. Some programs may require a co-pay. If enrollment does not become available for you, the Aging and Disability Resource Center (ADRC) will contact you in one year to update your information.

You or your Authorized Representative[2] may request a copy of your screening by contacting us at <ADRC phone number>. You may also contact us to request a rescreening if you have a significant change. A significant change is when any of the following happens:

(a) A change in an individual's health status after an accident or illness;
(b) An actual or anticipated change in an individual's living situation;

(c) A change in the caregiver relationship;
(d) Loss of or damage to the individual's home or deterioration of his or her home environment; or
(e) Loss of the person's spouse or caregiver.

For more information about the SMMC LTC program and eligibility process, please visit the *Accessing Long-Term Care Services* website at:
http://ahca.myflorida.com/Medicaid/statewide_mc/smmc_ltc.shtml

If you or your authorized representative disagrees with the outcome, or believes the answers given to the screener were recorded incorrectly, you can contact the ADRC to update your screening, or you may request a Medicaid Fair Hearing within ninety (90) days of this letter. To request a Medicaid Fair Hearing, please contact:

Florida Department of Children and Families
Office of Inspector General
Appeal Hearings Section
2415 North Monroe Street Suite 400-I
Tallahassee, FL 32303-4190
Telephone: (850) 488-1429
Facsimile: (850) 487-0662
Email: appeal.hearings@myflfamilies.com

If you have any questions, please call us at <ADRC phone number>.

Kind regards,

<ADRC Name>

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[1] Priority Score -Automatically generated number based on a Department of Elder Affairs (DOEA) screening completed in accordance with rule 58A-1.010, Florida Administrative Code (F.A.C.).

[2] As per section 409.962, Florida Statutes (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.

Category 2 Letter: Priority Rank 3, 4, or 5

Date

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

Dear <Applicant Name>,

Thank you for contacting <Aging and Disability Resource Center Name>. Our records show that the person listed above has been screened by our agency for long-term care services and programs, including the Statewide Medicaid Managed Care Long Term Care (SMMC LTC) program.

This letter is to notify you that your recent telephone screening resulted in a **priority score**[i] **#**<30+> and **rank #**<3/4/5>. All callers are asked the same questions, which produces a prioritized waiting list status. The priority score considers the amount of help needed, the amount of help available, and other factors. The priority score and rank are used to determine waitlist eligibility and/or placement on the waitlist.

Based on your above rank, you are being added to the SMMC LTC waitlist. If enrollment becomes available for the program, you will be contacted by us, and we will provide you with guidance on completing any eligibility steps needed to enroll.

If you are on a waitlist for other programs and enrollment becomes available, you will be contacted. Some programs may require a co-pay. If enrollment does not become available for you, the Aging and Disability Resource Center (ADRC) will contact you in one year to update your information.

You or your Authorized Representative[ii] may request a copy of your screening by contacting us at <ADRC phone number>. You may also contact us to request a rescreening if you have a significant change. A significant change is when any of the following happens:

(a) A change in an individual's health status after an accident or illness;
(b) An actual or anticipated change in an individual's living situation;
(c) A change in the caregiver relationship;
(d) Loss of or damage to the individual's home or deterioration of his or her home environment; or

(e) Loss of the person's spouse or caregiver.

For more information about the SMMC LTC program and eligibility process, please visit the *Accessing Long-Term Care Services* website at:
http://ahca.myflorida.com/Medicaid/statewide_mc/smmc_ltc.shtml

If you or your authorized representative disagrees with the outcome, or believes the answers given to the screener were recorded incorrectly, you can contact the ADRC to update your screening, or you may request a Medicaid Fair Hearing within ninety (90) days of this letter. To request a Medicaid Fair Hearing, please contact:

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If you have any questions, please call us at <ADRC phone number>.

Kind regards,

<ADRC Name>

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[i] Priority Score -Automatically generated number based on a Department of Elder Affairs (DOEA) screening completed in accordance with rule 58A-1.010, Florida Administrative Code (F.A.C.).

[ii] As per section 409.962, Florida Statutes (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.