



FLORIDA HEALTH JUSTICE PROJECT

Pre-Enrollment List Release Letter Templates

Eligibility Categories		
Category	Correspondence Code	Category Description
Category 1	100MYF	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 pre-enrollment 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 pre-enrollment list and will have to contact your local Aging and Disability Resource Center (ADRC) at 1-800-963-5337 to be placed on the pre-enrollment 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>

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://myaccess.myflfamilies.com>

(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 pre-enrollment 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 doctor of medicine or osteopathy (M.D./D.O), Physician Assistant, or Advanced Practice Registered Nurse complete the enclosed Form 5000-3008 by <Enter Date 30 Calendar Days from Date of Letter> .	Complete a DCF ACCESS Florida Medicaid application by <Enter Date 45 Calendar Days from Date of Letter> . Online at: http://myaccess.myflfamilies.com	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 pre-enrollment list and will have to contact your local Aging and Disability Resource Center (ADRC) at 1-800-963-5337 to be placed on the pre-enrollment 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>

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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>
<ADRC Email 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 45 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 45 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 pre-enrollment 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 doctor of medicine or osteopathy (M.D./D.O), Physician Assistant, or Advanced Practice Registered Nurse 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.
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 pre-enrollment 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>

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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, Physician's Assistant or Advanced Practice Registered Nurse.

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

<ADRC Address>
<ADRC Email 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 pre-enrollment 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 <Enter Date 45 Calendar Days from Date of Letter> . Online at: https://myaccess.myflfamilies.com	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 pre-enrollment list and will have to contact your local Aging and Disability Resource Center (ADRC) at 1-800-963-5337 to be placed on the pre-enrollment 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.

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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 45 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 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 pre-enrollment 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 pre-enrollment list and will have to contact your local Aging and Disability Resource Center (ADRC) at 1-800-963-5337 to be placed on the pre-enrollment list again.		

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

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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 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 doctor of medicine or osteopathy (M.D./D.O), Physician Assistant, or Advanced Practice Registered Nurse 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.
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 pre-enrollment list and will have to contact your local Aging and Disability Resource Center (ADRC) at 1-800-963-5337 to be placed on the pre-enrollment 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>

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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, Physician's Assistant or Advanced Practice Registered Nurse.

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

<ADRC Address>
<ADRC Email 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.