

**AGENT Reminder September 22, 2022**

**EBD/LTC**

* When someone is applying for Family Care, we have to have the referral and functional screen per MEH 28.1.  If someone calls to apply for EBD programs, please ask them if they are working with the ADRC.  We have noticed that sometimes people call before the ADRC has time to submit the proper documentation and this may cause a case to fail under regular program rules.  Without the referral and functional screen, we cannot apply spousal impoverishment rules to assist with eligibility for LTC programs.  Please review and follow the processes in the LTC Resource Guide when working with ADRCs, MCOs, and ICAs.
* Reminder on LTC:
* All new requests, intakes, and asset assessments for LTC should be completed by the county of residence after following the below instructions.
	+ Discuss options for setting a filing date with the caller.  Advise the caller that LTC applications are processed by appointment through the local agencies.  Stress the importance of setting a filing date.
	+ If the caller is applying on behalf of another individual, ask how the individual is related to the applicant. Document the relationship (Spouse, POA, Guardian, AR, etc.).
	+ Based on the individual applying, tell the caller that supporting documentation, such as POA, Auth Rep, or guardianship paperwork will be needed to complete the application process.
	+ Collect the signature from the caller.
	+ Schedule the appointment for a phone or FTF intake with the local office.
* NOTE: If the caller applying is reporting that they are acting on behalf of an incapacitated individual, we are still to collect the signature.  Tell the caller we will need documentation of incapacitation.

Important Details:

* For cases that are open for other MA categories and are requesting LTC services, schedule an appointment with the county of residence. Do not create a new RFA.
* Collect any information, if available, related to admission date to the nursing home or hospital, hospitalization prior to nursing home stay, and what type of facility it is (nursing home, assisted living, CBRF, etc.)
* If the client is requesting Family Care or Iris and is not already working with the local ADRC, please refer them to the agency for assistance.  We cannot process cases for Family Care/IRIS programs without the appropriate referral/functional screen on file for Community Waiver from the ADRC for new requests.
* If an individual is losing Group A Medicaid Status (MAPP, BCP, NS, MS, etc.), and they are enrolled with a Family Care or Iris agency, it is appropriate to transition them over to confirm Group B waiver status and assess any cost share amount required.  Make sure we have the correct information on file to make the switch.  In cases where they are eligible for Waiver programs, we should not leave them in Group A status due to the PHE.

**General**

* If a customer gives verbal permission for someone else to complete an interview for FoodShare on their behalf, that is acceptable for that specific phone call only. Document in case comments that the customer requested you speak with the other individual on their behalf.  The other individual would be allowed to complete an interview but not sign the application.  The customer would have to sign themselves during that phone call (renewals) or we’d have to have the signature on the access or paper application from the client unless an AR has been designated.  Per policy, you cannot apply or sign on someone else’s behalf unless the person is designated in writing as Auth Rep.
* When a Prisoner Discrepancy is received, workers must verify the match results through a secondary source (online or direct contact with the correctional facility and/or individual). **If you cannot verify the information, b**efore taking action to confirm eligibility when a match is received, 10 days should be allowed for the household to respond unless the match can be independently verified.

**For cases with FoodShare and other programs**
During the 10-day refutation period, FS benefits must not be negatively affected or ended unless the incarceration information is verified by another source or the household. If the prisoner match cannot be independently verified via another source, the agency must send a verification request by updating the living arrangement verification to Q? on the Current Demographics page and add the text below to the VCL explaining the match and steps needed for the household to take to address the match.

**For FoodShare only cases** if the prisoner match cannot be independently verified via another source (VINELink is not allowable) the agency must send a verification request by updating the living arrangement verification to Q? on the Current Demographics page and add the following text to the VCL explaining the match and steps needed for the household to take to address the match.

**Text to add to VCL**
Our records show that <First Last> is incarcerated and had applied for or was getting benefits.  If this information is correct, you don't need to do anything.  The benefits for this person will end.  If the information isn't correct, **you must call the agency phone number listed at the top of this letter by MMDDYY. If you don't call, this person's benefits will end**.

At the end of the refutation period if the household hasn’t responded, update the living arrangement to 26-incarcerated and confirm eligibility.

* Workers are only required to enter the Connection ID in case comments when doing an application or renewal.
* When an application comes in with no reported income, we cannot question employment unless we have a reason it is questionable.  As part of the review of the data exchanges, if you find employment questionable, be sure you document why you found it questionable.
* When someone calls for a due date extension, it should be extended 10 days from the due date.  Customers are allowed 1 due date extension.  Use your best judgement and document the reason the extension is needed in comments.