To: All Aged and Disabled Waiver (ADW) Providers

RE: Changes to ADW CareConnection© to Accommodate Financial Eligibility First Process

ADW CareConnection© has been modified to accommodate changes to the workflow for initial applicants to the Aged and Disabled Waiver program required by the new policy which went into effect on December 1, 2015. Please take time to review and become familiar with the following changes to the process.

You will no longer receive a fax when an initial applicant has chosen your Case Management Agency (CMA) to assist with the Financial Eligibility Process. In CareConnection©, you will receive the SDM Referral Notification. The Selection form will be attached to the applicant's record in CareConnection© for your records.

CMAs should note that the reason for selection for applicants (not yet approved for services) will always be Initial FE Verification and the member's eligibility status will be Applicant FE.

The CMA should either accept or reject the referral. If you accept:

- You will have access to the applicant's record in CareConnection©. You should contact the applicant and assist them with obtaining financial eligibility.
- You will receive the Initial FE Verification Notification. This is a reminder to enter the determination of financial eligibility when received from DHHR.
- The CMA should click the **Financial Eligibility** button and indicate whether the member is financially eligible. If the member is eligible "yes" then the system will prompt the CMA to enter the date of financial eligibility approval (from the signed DHS-2 form).
- The CMA should attach the approved yellow DHS-2 form into CareConnection©. The user should select Type of Document as Other and should label the DHS-2 file they are saving to the system with the file naming structure of LastName_DHS-2_YYYYMMDD. Note: APS cannot proceed with scheduling the medical eligibility assessment until the approved DHS-2 form is available in CareConnection©.
- NOTE: If your CMA accepts the referral, then transfers, please select only "Initial FE Verification" reason when making the transfer so the new CMA will have the notification to enter the financial eligibility verification.

If you reject the referral:

- You will have no access to the applicant's record.
- Referral will be made to a different agency.

Upon receipt of the Initial FE Entered notification, APS staff will verify the financial eligibility and move the applicant to Applicant PAS status.

Once an eligible applicant is released from the Managed Enrollment List, applicants will be sent the Service Delivery Model Selection forms along with CMA and HMA Selection Forms. If the applicant chooses the same CMA they selected to help them with financial eligibility, APS will resend the referral to the original CMA, who will then be prompted to verify/enter financial eligibility again. If it has been

more than 90 days from the initial verification, financial eligibility will have to be established again when the slot is released.

Either the CMA or PPL (as applicable) will be sent notification **Financial Eligibility and Medicaid validation requested** for the referral. If greater than 90 days since first established, the original financial eligibility (necessary to be assessed initially) will need to be updated with a more recent approval from DHHR. From the Financial Eligibility screen, the CMA or PPL should click **Update** in the Action column to update the financial eligibility information. This update will prompt APS to enter an Anchor Date for the member and for BoSS to activate the member in the system.

We anticipate these changes will improve the efficiency of the new Financial First process for all parties involved. If you have questions, please contact the Long Term Care staff at APS Healthcare at 844-723-7811.