



Clients Name _____ Managed Care Organization _____

Talking points for Working Healthy Benefits Specialists when meeting with potential candidates for WORK.

1)	<p>Assure that they indeed do qualify for WH and that they understand that they will be paying a premium. Determine if the person is currently a KanCare recipient. There must be current KanCare coverage without an unmet spenddown in order to pay for the assessment with federally matched funds. Working Healthy coverage will need to be in place, or the WORK candidate be receiving HCBS, before a request for an assessment may be sent to the WORK Program Manager. If the candidate is not receiving HCBS or is not already open on Working Healthy, discuss the anticipated start date for WH and any associated premiums, letting the person know Working Healthy will need to be open before an assessment for WORK can be requested. If it is necessary for someone to be opened on Working Healthy (they are not currently open on HCBS, or they are currently on a spenddown, QMB only, or LMB only), discuss the delay that may occur between your request for Working Healthy conversion, actual approval of Working Healthy, and the assessment request. There could be a delay in the start month for WORK services if it takes time for eligibility staff to act on a Working Healthy approval request.</p> <p>If you are unsure whether someone has KanCare, check with the WH Program Coordinator prior to referral.</p>
2)	<p>Discuss current supports and the planning necessary to assure a smooth transition to WORK supports. HCBS should continue through the end of the month prior to WH/WORK beginning. Never leave a consumer without personal supports unless they understand and request the change from Waiver supports to Working Healthy before WORK supports are ready to go!!</p>
3)	<p>In order to be assessed for WORK services, the WORK Program Manager will check for waiver or waiver waiting list eligibility. If not on a waiver or waiting list, the WORK PM will ask for a waiver screening. The screening must indicate waiver eligibility or placement on the waiting list before a WORK assessment will be completed. The ADRC or CDDO will contact the individual to schedule screenings and/or assessments.</p>
4)	<p>Provide benefits planning as needed.</p>
5)	<p>If on a waiver and within a year of being age 65; advise that they must go back on the waiver prior to the month they turn age 65. If still on WORK at age 65, the only option will be the FE waiver from age 65 forward.</p>
6)	<p>Discuss the differences between HCBS waiver services and WORK:</p> <ul style="list-style-type: none"> • Household income is considered when determining premiums and this is different from how an HCBS client obligation is determined. • WH/WORK individuals may be charged a premium instead of a client obligation. • Individuals who come to WORK from a waiver or waiting list are allowed to return to the waiver or waiting list should they need to.
7)	<p>Discuss the timeline for desk reviews, the importance of staying current with premiums, and the consequences of not being current with premium payments. Consequences could include the loss of WORK services for one or more months if premiums are not paid on time. Working Healthy with WORK attached must be authorized by the DCF Monthly Medical Card Deadline in the current month for the next month's WORK services. If Working Healthy with WORK is authorized after this deadline, WORK services will not be available for the next month.</p>

8)	Discuss unemployment plans, who to notify when not employed or work effort changes, and the importance of reporting timely.
9)	Discuss the assessment process and the timeline for approval before beginning services. Note: If the DCF Eligibility Team is notified by the WORK Program Manager of acceptance into WORK by the 18th of the month, WORK services will begin the first day of the following month. If the DCF Eligibility Team is notified of acceptance into WORK after the 18th day and the end of the month, WORK services cannot begin until the first day of the second month following acceptance.
10)	Discuss the Allocation and the options. Important to note the allocation cannot : a. be used to pay WH premiums b. be counted as an IRWE (services paid for with the allocation are not IRWEs) c. be used to fund a PASS d. be used to purchase gifts e. be used to make loans f. be used to pay someone to be your representative g. be used to pay mortgage, rent, or utilities h. be used to pay for vehicles or vehicle repairs i. be used to purchase clothes j. be used to purchase food k. be used to purchase lottery tickets l. be used for entertainment or entertainment devices (TVs, DVD players, iPods, etc.) m. be used for alcohol, tobacco, or other drugs n. be used for items that are available through other sources (employer, VR, EN, etc.)
11)	Provide an orientation to WORK a. All about options b. All about control c. Fact sheet d. The Individualized Budget (the document that identifies Personal Assistant Services (PAS) or alternatives to PAS, the Choice Form, the Emergency Back-up Plan must be received and approved by the WORK Program Manager before a note can be sent to the DCF Eligibility Team to start WORK services. e. Fiscal Management (allocation to fiscal manager in their name, timesheets signed by them go to the fiscal manager, employer of record for their PAs). f. Self-direction or agency direction, or both.
12)	Discuss other options that are available to support employment. i.e. AT Kansas, Vocational Rehabilitation, K-Loans, etc.
13)	Estate Recovery Provision – If anyone receives medical assistance after the age of 54, or while in a long-term care institution, including the PACE program.
14)	Remind consumers who receive services that it is their responsibility to notify agencies that currently provide services of the change to WORK.
15)	Third Party Liability: Ask if the person has health insurance, other than Medicare (Parts A and/or B, Medicare Advantage, or Medicare Part D). If so, get the following information: Insurance Company (Carrier) Name _____; Policy Number _____; Member Number (if different from policy number) _____; Group Number _____; Coverage (check all that apply): Hospital ____ Doctor ____ Prescription drugs ____ Dental ____ Optical ____ Other (specify): _____; Start date (if known): _____.

_____ Date
Customer Signature
Your signature above indicates the above information was discussed with you by the Working Healthy Benefits Specialist.

_____ Date
WHBS Signature